

Equal Funding

Choose a better experience
with your ***health insurance***



Moda Health Plan, Inc.

Better value and a ***better experience***

When you choose Moda Health,
you'll receive high-quality
health plans, expert guidance,
and curated wellness services,
tools and programs.

Proven

with **70 years** of
offering insurance plans
in the Pacific Northwest

Easy

with **no referrals**
required for specialists

Convenient

with **modern ways** to stay healthy, like
texting a doctor and virtual appointments



Quality, evidence-based plans

Our flexible benefit designs support the long-term health of your clients' employees, including preventive exams, women's annual exams, well-baby care, immunizations and many screenings.



Prescriptions with choice

Your clients' employees get integrated pharmacy benefits with a comprehensive formulary design that provides them with maximum choice.
Approved drug list: modahealth.com/pdl



Benefits admin, made easy

Online tools put the power in your clients' hands, so they can jump on whenever they need to make a change, run reports, access resources and manage their bill.



modahealth.com/idaho

Founded in **1955**

we've been **helping our members** with evidence-based health plans, diverse provider networks, innovative member programs and **our signature caring customer service.**

Moda has

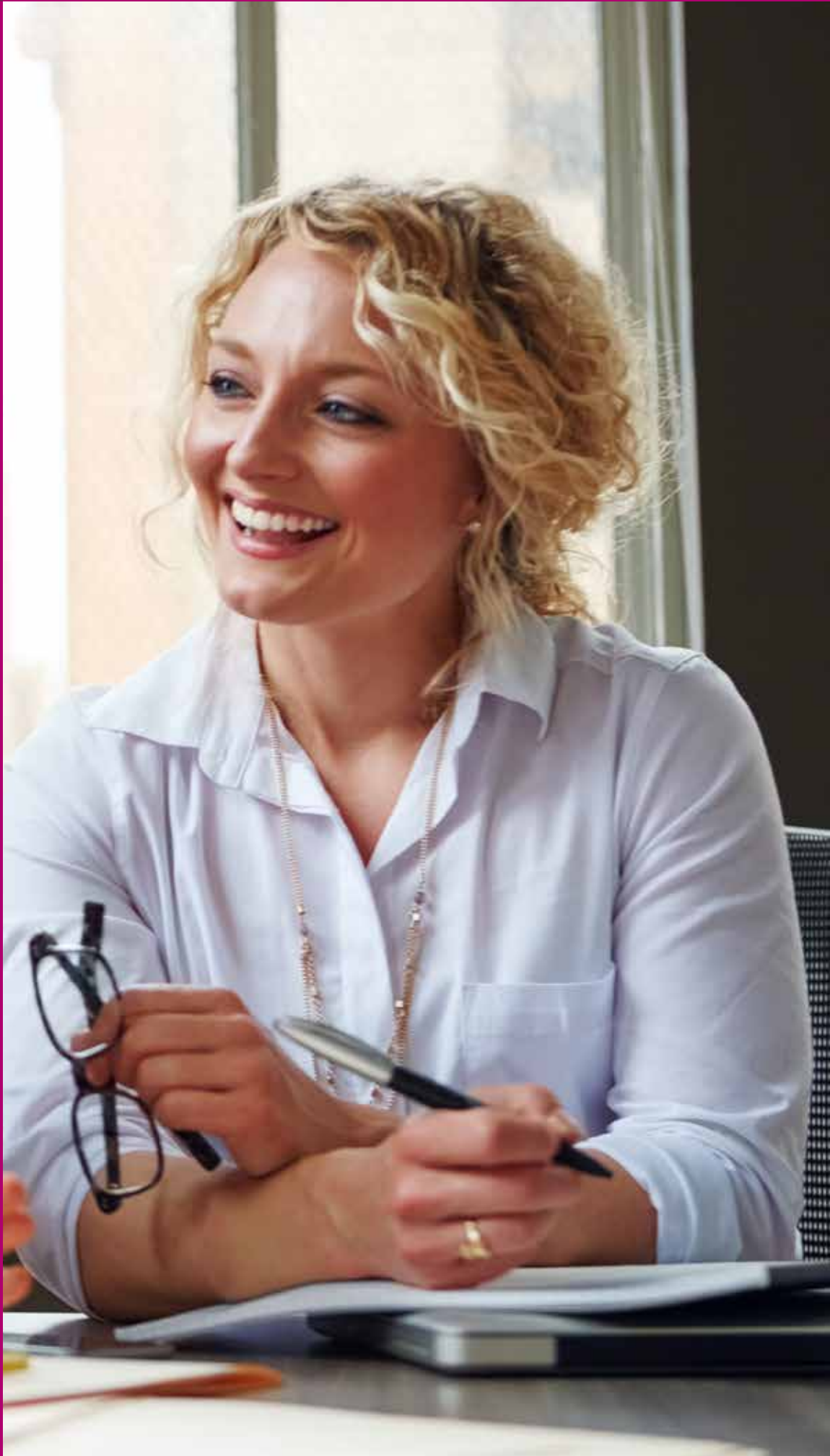
450,000+

members in our
medical plans

More than

775,000

members in our stand-alone
pharmacy segment





We know your
time is valuable.

Quick links

2025 Medical plans

The Moda Select Network

About Equal Funding

How to enroll

Member perks

Contact us



Your guide to *plan management*

We want to make it easy for you and your clients to enroll and manage their account.



Enrollment, made easy

1 Confirm client's eligibility Your client's business must:

- Be in Idaho
- Have 25+ full-time employees on average during the preceding calendar year
- Have at least 25 employees enrolled on the first day of the plan year

2 Enroll by the 10th of the month

New group enrollment information must be received no later than the 10th of the month prior to the desired effective date. Late enrollment can be accommodated upon request.

3 Choose an employee-eligibility waiting period

It cannot exceed 90 days for medical plans.

4 Make changes to plans upon renewal

Changes may include, but are not limited to, eligibility waiting periods, group plan choices, employer-eligibility changes, and contribution or participation amounts.

Faster benefits administration

The Employer Dashboard was created to help your clients quickly access and manage the details of benefits administration.

It's self-service, easy-to-use and available 24/7.

- Review employee-enrollment information and history
- Generate an enrollment census of covered employees and/or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages
- Order ID cards



To learn more about the Employer Dashboard, contact your *Moda Health sales representative at 800-578-1402*

Flexible, cost-savings plans *with equal monthly payments*

For some employers, the benefits of self-funding their health insurance come with concerns about managing wildly fluctuating monthly costs. Moda Health’s Equal Funding provides the flexibility and cost savings your clients want, with the stability of equal monthly payments they need. It’s peace of mind and a great first step to becoming fully self-funded.



A three-part plan





Predictability, flexibility and control

Equal Funding limits your clients’ risk while providing granularity on where their collective healthcare dollars are being spent. Your client pays the same every month. If claims are higher than expected, the stop-loss insurance policy will cover them. And if claims are lower than expected, your clients will receive a credit towards the next plan year’s administrative fees.

Stability

-  **Equal monthly payments**
for easier cost management
-  **Insight into plan performance**
throughout the year, for more informed decision-making at renewal time

Protection

-  **Safety from the unexpected**
whether from large catastrophic claims by covered individual(s) or combined medical and pharmacy claims from the entire employee population that exceed the expected annual limit
-  **Clients may see lower costs**
with any surplus at the end of the policy period appearing as an administrative fee credit for the following policy year



A partner in better outcomes and cost management

Moda Health works closely with your clients to maximize their healthcare investment. Our Equal Funding medical plans are designed to help your clients’ employees be their healthy best. Plus, we take the time to understand your clients’ business – top to bottom, so you’ll have the insights needed to make informed recommendations about your clients’ health plan.

Supporting a healthy population

-  **Inspiration and support**
for your clients’ employees to improve their health, managing chronic conditions, and navigating their plan and care options
-  **Improved morale and productivity**
from happier and healthier employees

Transparency and reporting

-  **Identifying cost-savings opportunities**
short-term trends and long-term needs with robust reporting
-  **Personalized service and support**
with industry-leading case management team

How Equal Funding *works*

Moda Health’s Equal Funding plan allows your clients to pay for their maximum exposure **over 12 predictable monthly payments**.

Once the policy period ends, if there is a surplus between the premium amount paid and the total cost of claims for your client, an administrative fee credit will be applied to the following policy year.



Date	Sample monthly billing cycle for May
April 7	eBill generated (viewable online within 48 hours)
May 1	<ul style="list-style-type: none">May payment dueMay remittance pulled via Electronic Fund Transfer (EFT)
May 10	<ul style="list-style-type: none">Moda Health confirms May payment has postedIf payments have not posted, all claims payments will be immediately pended
May 31	If May payment has not posted, plan will be terminated effective May 1, and May claims will be denied

- ⬇

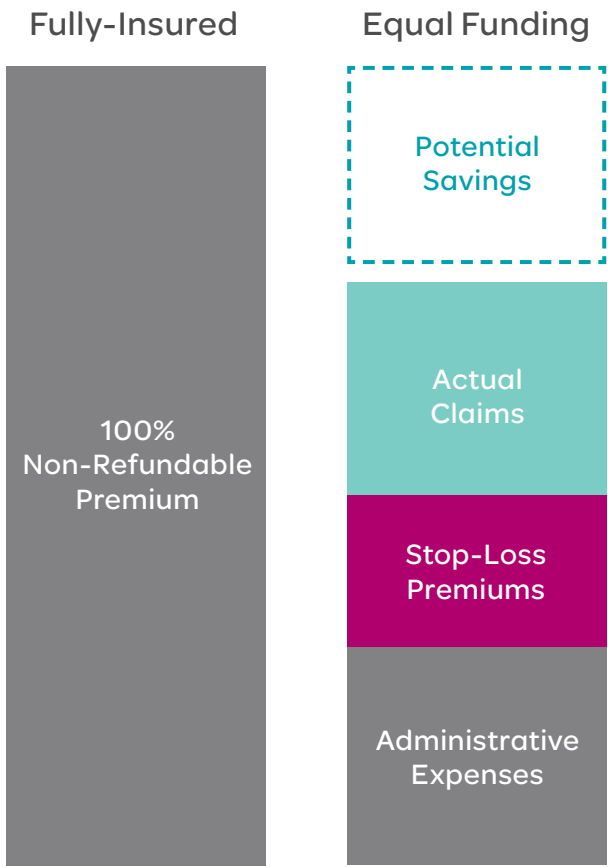
If actual claims are **less than expected**

the plan has a surplus. Part of the surplus will go to your clients as a credit on the next plan year’s administrative agreement fees.
- ⬆

If actual claims are **higher than expected**

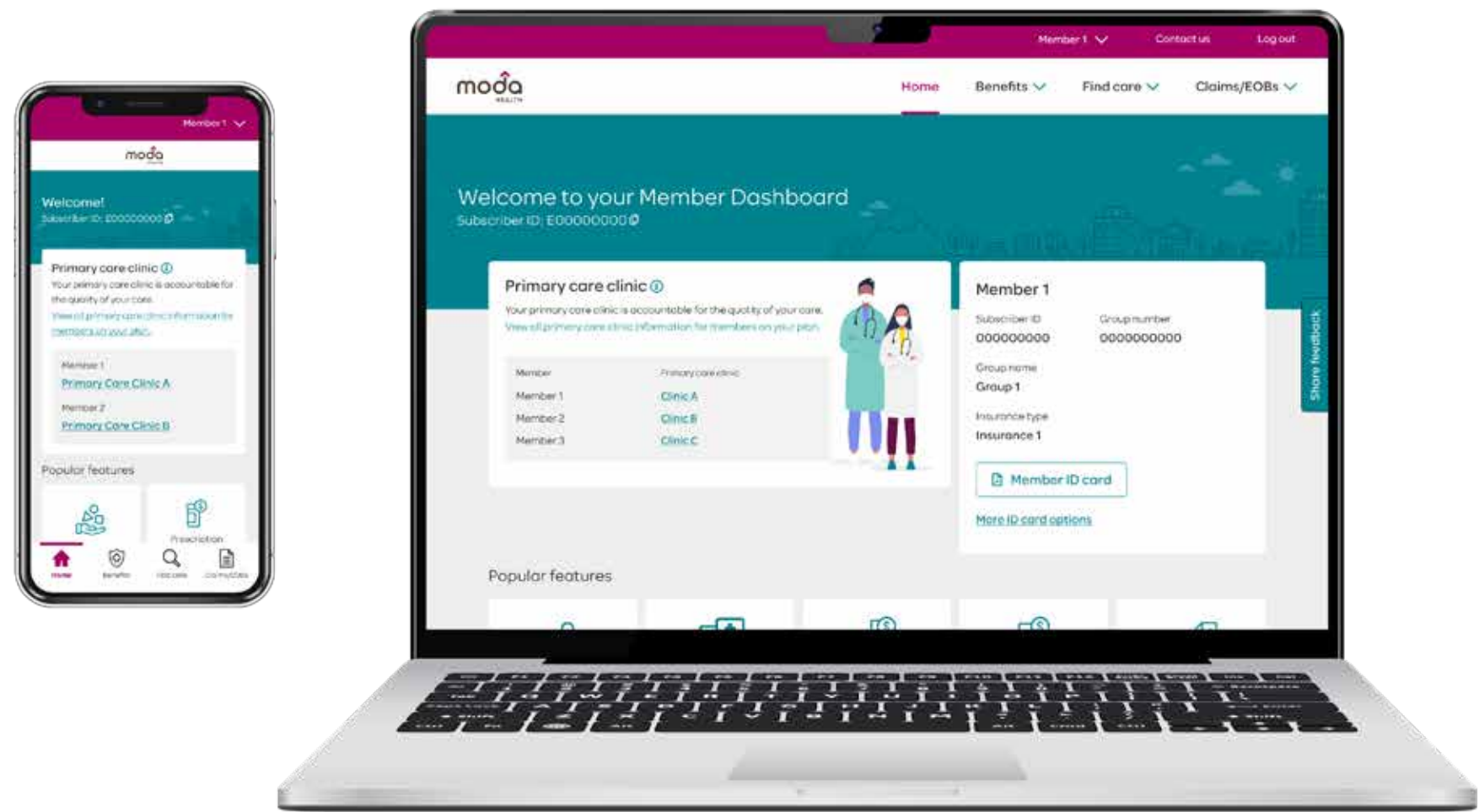
the stop-loss policy will cover these costs. Your clients will not be required to pay more.

Let’s look at the *components of a premium*





Member perks to improve *health and save*

Our comprehensive wellness programs have something for every employee, supporting their work toward better health with exclusive discounts, programs and tools.





Discounts

- Gym memberships 
- Acupuncture, chiropractic, therapeutic massage (*once alternative care benefit limit has been reached*)
- Hearing aids and exams 
- Popular health and fitness brands (*like Vitamix®, Fitbit® and Garmin®*)





Tools

- Health assessments
- Identity protection services
- Prescription price check
- Text-a-doctor 24/7 
- Employee assistance program 




Coaching and care

- Health coaching 
- Care coordination
- Diabetes management
- Tobacco cessation
- Emergency medical assistance when traveling 



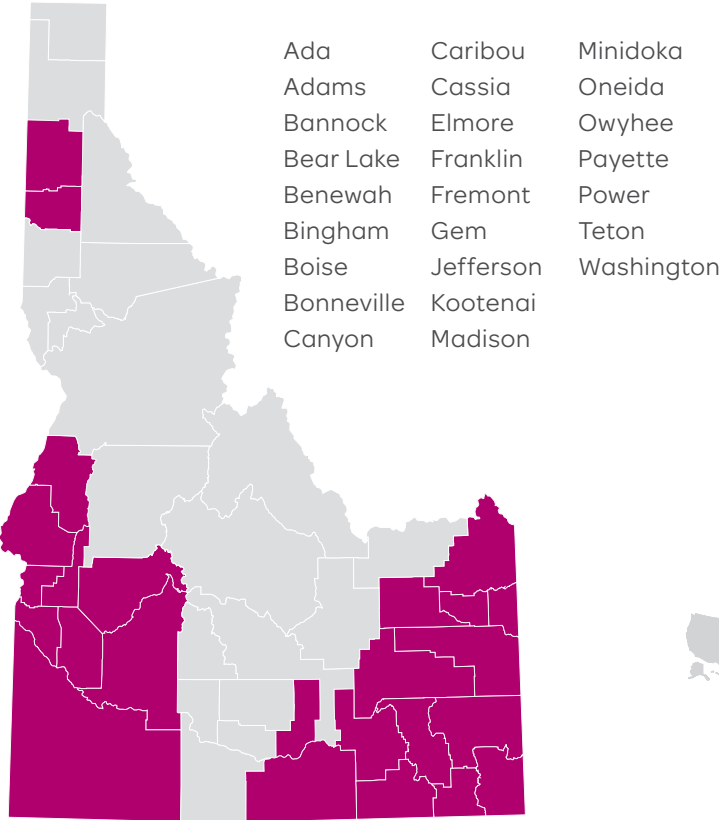
Mental health support

12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone 

The *Moda Select* Network

We’ve carefully selected a community of primary care providers (PCPs), specialists and partner health systems, so you’ll have better value and better care.

The Moda Select Network is for residents living in the following counties:



Can I get care outside of the service area?
Yes! We have options based on where the care is located. Please contact our team at 844-248-7877 with questions about where you can obtain care.

Health partners in your area



Not all providers at these locations are in-network.
For a full list of provider groups, visit modahealth.com/modaselect to see the providers at these major medical groups that are in-network.



2025 *Medical plan* benefit table

	Plan name	Calendar-year costs			Care & services					
		Deductible per member / family	Coinsurance	Out-of-pocket max per member / family	PCP office visit	Specialist office visit	Virtual care office visit	Behavioral health office visit	Outpatient rehabilitation	Acupuncture / spinal manipulation
		In-network member pays			In-network member pays					
Moda Select Network	VBC_\$500_\$3000_\$25/\$40_20% ¹	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$500_\$5000_\$30/\$45_20% ¹	\$500 / \$1,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$1000_\$3000_\$25/\$40_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$1000_\$5000_\$25/\$40_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$1000_\$3000_\$30/\$45_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$1000_\$5000_\$30/\$45_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$1000_\$3000_\$35/\$50_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$1000_\$5000_\$35/\$50_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$1500_\$3000_\$25/\$40_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$1500_\$5000_\$25/\$40_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$1500_\$3000_\$30/\$45_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$1500_\$5000_\$30/\$45_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$1500_\$3000_\$35/\$50_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$1500_\$5000_\$35/\$50_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$2000_\$4000_\$25/\$40_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$2000_\$6000_\$25/\$40_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$2000_\$4000_\$30/\$45_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$2000_\$6000_\$30/\$45_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$2000_\$4000_\$35/\$50_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$2000_\$6000_\$35/\$50_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$3000_\$5000_\$25/\$40_20% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$3000_\$7000_\$25/\$40_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit
	VBC_\$3000_\$5000_\$30/\$45_20% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$3000_\$7000_\$30/\$45_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$3000_\$5000_\$35/\$50_20% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$3000_\$7000_\$35/\$50_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$3000_\$5000_\$30/\$45_30% ¹	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$3000_\$5000_\$35/\$50_30% ¹	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$3000_\$7000_\$35/\$50_30% ¹	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$5000_\$8150_\$30/\$45_20% ¹	\$5,000 / \$10,000	20%	\$8,150 / \$16,300	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$5000_\$8550_\$35/\$50_20% ¹	\$5,000 / \$10,000	20%	\$8,550 / \$17,100	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
	VBC_\$5000_\$8550_\$30/\$45_30% ¹	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit
	VBC_\$5000_\$8550_\$35/\$50_30% ¹	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit
Moda Select Network HDHP	HDHP_\$1650_\$5000_20% ²	\$1,650 / \$3,300	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$2500_\$5600_20% ²	\$2,500 / \$5,600	20%	\$5,600 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$2500_\$5600_30% ²	\$2,500 / \$5,600	30%	\$5,600 / \$10,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
	HDHP_\$3300	\$3,300 / \$6,400	0%	\$3,300 / \$6,400	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
	HDHP_\$3300_\$7000_20%	\$3,300 / \$6,400	20%	\$7,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$3300_\$7000_30%	\$3,300 / \$6,400	30%	\$7,000 / \$14,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
	HDHP_\$5000	\$5,000 / \$10,000	0%	\$5,000 / \$10,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible

¹First three visits \$5/visit (including in-person or virtual primary care visits and behavioral health office visits) ² For coverage with two or more members, the entire family deductible must be met before benefits are payable for anyone

Medical disclaimer: This brochure is a summary of the health plans and health plan benefits and is not a contract; limitations and exclusions apply. See the medical plan benefit summaries, SBCs, handbook or contract for details. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines.

2025 *Pharmacy* benefit table

		Value	Select	Preferred	Non-preferred	Select specialty	Preferred specialty	Non-preferred specialty
	R1.ID.25	\$2	\$10	\$30	\$50	\$10	\$150	30%
	R2.ID.25	\$4	\$15	\$45	\$75	\$15	\$225	40%
	R3.ID.25	\$6	\$20	\$60	50%	\$20	30%	50%
		Generic			Preferred brand		Non-preferred brand	
3 tier plans	R4.ID.25	\$5			\$25		\$50	
	R5.ID.25	\$10			25%		50%	
	R6.ID.25	\$15			\$45		50%	

One copay for each 30 day supply

**Expect quality
pharmacy benefits**

Quality prescription coverage is at the heart of a great health plan. We’re here to support the pharmacy needs of your clients’ employees, every step of the way.

Members have access to comprehensive prescription drug benefits through the Navitus pharmacy network. The Navitus network includes over 90 percent of pharmacies in Idaho, plus more than 58,000 pharmacies nationwide.

This means they can fill prescriptions almost anywhere, including these local and national drug store chains:

- Safeway and Albertsons
 - CVS
- Costco
 - Fred Meyer
 - Rite Aid
- Walgreens
 - Walmart

We also offer mail-order pharmacy services through Postal Prescription Services (PPS) and Costco.



Members can visit modahealth.com/pdl and choose “Large group” to search medications and find out their medication tiers and costs



2025 Limitations & Exclusions

Limitations

- Acupuncture is limited to 20 visits per year
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Biofeedback is limited to 10 visits per lifetime for tension or migraine headaches
- Brand-tier medications – If members use a brand medication when a generic equivalent is available, they will have to pay the nonpreferred cost sharing plus the difference in cost between the generic and brand medication
- Coordination of Benefits – When a member has more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services
- Hearing aids are covered once every 36 months
- Infusion therapy – Some medications require use of an authorized provider to be eligible for coverage. Outpatient hospital setting is not covered for some medications
- Prescriptions are limited to a maximum 30-day supply per prescription for retail and most specialty pharmacies and up to a 90-day supply per prescription for participating retail and mail-order pharmacies
- Rehabilitation benefits are limited to 20 inpatient days, 36 sessions for outpatient cardiac and 30 sessions for other outpatient rehabilitation
- Skilled nursing facility is limited to 60 days per year
- Spinal manipulation is limited to 20 visits per year
- Home health services are limited to 130 visits per year

Exclusions

- Abortion, except if the mother’s life is at risk or the pregnancy is a result of rape or incest
- Care outside the United States, other than urgent or emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery if medically necessary and not specifically excluded)
- Court-ordered sex offender treatment
- Custodial care
- Dental examinations and treatment (except for accidental injury)
- Experimental or investigational treatment
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Injury resulting from practicing for or participating in professional athletic events
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Massage or massage therapy
- Naturopathic supplies, including herbal, naturopathic or homeopathic medicines, substances or devices and any other nonprescription supplements
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services ordered or provided by the patient or a member of the patient’s immediate family
- Vision surgery to alter the refractive character of the eye





Ready to choose better health *for your clients?*

Questions?

Contact your Moda Health Sales representative

@ quotes@modahealth.com

📞 800-578-1402 | TTY users, please call 711

🖥️ modahealth.com/idaho

Portland office (corporate headquarters)
601 SW Second Ave., Portland, OR 97204-3156

For a list of medical plan exclusions, any reduction or limitations, contact Moda Health. These benefits and Moda Health policies are subject to change in order to be compliant with federal guidelines. Health plans provided by Moda Health Plan, Inc.



Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, religion, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call:

844-931-1775 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Moda Partners, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

Scott White coordinates our nondiscrimination work:

Scott White,
Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY: 711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

بولتے ہیں تو لسانی (URDU) توح دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با تماس بگیرید. (TTY: 711) 1-877-605-3229

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意:日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

အသံထုတ်: နှိုက်တမ်း (မြန်မာစကားပြောသူများအတွက်) အခမဲ့ ဗြဟ္မစာ ဖတ်ရှုရန် အခမဲ့ အသံထုတ် 1-877-605-3229 (TTY: 711) သို့မဟုတ်

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIIISA: Yoo afaan Kshtik kan dubbattan ta’e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY: 711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA’AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala’au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoni: 1-877-605-3229 (obsługa TTY: 711)