



Delta Dental of Washington

Delta Dental PPOSM

Benefit Booklet Insert

Washington Education Association

Delta Dental of Washington, a Delta Dental Plan

Plans: **00186, 00187**

Plan Changes Effective: **November 1, 2016**

This insert supplements your Dental Care Service Contract with Delta Dental of Washington.

This notice forms part of and must be read together with your Benefits Booklet.

Your Benefit Booklet wording is amended as detailed on the following page(s). All other terms and conditions remain unchanged.

Benefit Booklet Insert

Group Number: 00186, 00187

Group Name: Washington Education Association

Substantive changes to your Benefit Booklet, which are outlined below, represent changes to your benefits and/or plan administration and text revisions which have been made to provide additional information, for clarity, or to ensure accuracy with how your Plan is administered.

New language is underlined and deleted language is shown with a ~~strike through~~ it.

Benefit Changes

Class II Restorative

Covered Dental Benefits

- Posterior Composites

Limitations

- ~~If a resin-based composite or glass ionomer restoration is placed in a posterior tooth (except those placed in the buccal (facial) surface of bicuspid), it will be considered an elective procedure and an amalgam allowance will be made, with any difference in cost being the responsibility of the patient.~~

Plan Administration Changes

None

Text Revisions for Clarity and Accuracy – Benefits Section

Class II Sedation

Covered Dental Benefits

- ~~General anesthesia when administered by a licensed Dentist or other Licensed Professional who meets the educational, credentialing and privileging guidelines established by the Dental Quality Assurance Commission of the state of Washington or as determined by the state in which the services are provided.~~
- ~~Intravenous sedation when administered by a licensed Dentist or other Licensed Professional who meets the educational, credentialing and privileging guidelines established by the Dental Quality Assurance Commission of the state of Washington or as determined by the state in which the services are provided.~~
- General Anesthesia
- Intravenous Sedation

Limitations

- General Anesthesia and Intravenous Sedation is a Covered Dental Benefit when administered by a licensed Dentist or other Licensed Professional who meets the educational, credentialing and privileging guidelines established by the Dental Quality Assurance Commission of the state of Washington or as determined by the state in which the services are provided.

Well Baby Checkups

*The **Well Baby Checkups** section has been removed and replaced in its entirety with the following text:*

For your infant child, Delta Dental of Washington offers access to oral evaluation and fluoride through your family physician. Please ensure your infant child is enrolled in your dental plan to receive these benefits. Many physicians are trained to offer these evaluations, so please inquire when scheduling an appointment to be sure your physician offers this type of service. When visiting a physician with your infant (age 0-3), DDWA will reimburse the physician, as a Non-Participating provider, on your behalf for Oral Evaluation and Topical Application of Fluoride services performed. Reimbursement will be based on 100 percent of the applicable Non-Participating provider fee for either Oral Evaluation or Topical Application of Fluoride, or both, depending on actual services provided.

Please see the “Benefits Covered by Your Plan” section of this booklet for any other limitations. Also, please be aware that Delta Dental of Washington has no control over the charges or billing practices of non-dentist providers which may affect the amount Delta Dental of Washington will pay and your financial responsibility.

If your provider has received training regarding Well Baby Checkups from DDWA they will have been provided instructions on how to submit a claim form. If your provider has not received training from DDWA, or if any provider has questions regarding how to file a claim they may contact us at 800-554-1907 for information on submitting a standard claim form for this service. If you have paid your provider directly and have a receipt for these services, please call us at 800-554-1907 for information on how to obtain reimbursement.

Text Revisions for Clarity and Accuracy – Plan Administration

Conversion Option

If your dental coverage stops because your employment or eligibility ends, the group policy ends, or there is an extended strike, or lockout or labor dispute, you may apply directly to DDWA to convert your coverage to ~~an individual policy~~ a Delta Dental Individual plan. You must apply within 31 days after termination of your group coverage or 31 days after you receive notice of termination of coverage, whichever is later. The benefits and premium costs of a Delta Dental Individual plan may be different from those available under your current plan. ~~There may be a gap in coverage between the dates your coverage under your current Plan ends and the date that coverage begins under an individual policy.~~

You may learn about our Individual Plans and apply for coverage under a DDWA individual Plan online at DeltaDentalCoversMe.com or by calling (800) 286-1885 to have an application sent to you. Converted policies are subject to certain benefits and limits 888-899-3734.

General Text Revisions

Confirmation of Treatment and Cost (Formerly Called Predeterminations)

The term “Predetermination of Benefits” has been replaced with the new name for this service, “Confirmation of Treatment and Cost”, throughout.

Continuation of Coverage — “COBRA”

For Participating Employer Unit with 20 or more employees (as described by COBRA)

*The **Continuation of Coverage— “COBRA”** section provided in your previous benefit booklet was inadvertently missing text. The full section has been provided below, the previously omitted text is underlined:*

When group coverage is lost because of a “qualifying event” shown below, federal law and regulations require that the Participating Employer Unit offer qualified Enrollees an election to continue their group coverage for a limited time. (These laws and regulations are referred to in this Plan as “COBRA.”) Continued coverage is not automatic. Under COBRA, a qualified Enrollee must apply for continued coverage within a certain time period and may also have to pay the subscription charges for it.

If subscriber or any enrolled dependents do not elect COBRA coverage at this time, they may not enroll on the Plan at a later date.

The Participating Employer Unit must fulfill all of the obligations and responsibilities regarding continued coverage that are assigned by COBRA to the Participating Employer Unit, Plan sponsor or administrator and to the “group health Plan.” DDWA is not the COBRA Plan administrator, and our actions pertaining to COBRA continuation coverage under this Plan shall not be construed as relieving the participating employer of its responsibility under COBRA. We provide coverage only to the extent that Enrollees are entitled to continued coverage under COBRA and only to the extent of the other terms and Limitations of this Plan.

The following summary of continued coverage is taken from COBRA. Enrollees’ rights to this coverage and obligations under COBRA automatically change with further amendments of COBRA by the courts and federal regulatory agencies.

Qualifying Events and Length of Coverage

Please contact the participating employee group immediately when one of the qualifying events below occurs. The continuation periods listed extend from the date of the qualifying event.

Please Note: Covered domestic partners and their children have the same rights to COBRA coverage as covered spouses and their children.

- The participating employee group must offer the subscriber and covered dependents an election to continue coverage for up to 18 consecutive months if coverage is lost because of one of two qualifying events:
 - The subscriber’s work hours are reduced
 - The subscriber’s employment terminates, except for discharge due to actions defined by the participating employee group as gross misconduct

However, if one of the events listed above follows the covered employee’s entitlement to Medicare by less than 18 months, the participating employee group must offer the covered spouse and children an election to continue coverage for up to 36 months starting from the date of the Medicare entitlement.

COBRA coverage can be extended if an Enrollee who lost coverage due to a reduction in hours or termination of employment is determined to be disabled under Title II (IASDI) or Title XVI (SSI) or the Social Security Act at any time during the first 60 days of COBRA coverage. In such cases, all family members who elected COBRA may continue coverage for up to a total of 29 consecutive months from the date of the reduction in hours or termination. To be

eligible for the extended continuation period, you must give the group a copy of the determination of disability during the 18-month continuation period and no later than 60 days after you receive the determination.

The Participating Employer Unit must offer the covered spouse or children an election to continue coverage for up to 36 months if their coverage is lost because of one of the four qualifying events:

- The subscriber dies.
- The subscriber and spouse divorce.
- The subscriber becomes entitled to Medicare.
- A child loses eligibility for dependent coverage.

In addition, the occurrence of one of these events during the 18-month period described above can extend that period for a continuing dependent. The extended period will end no later than 36 months from the date of the first qualifying event.

A covered spouse or child is eligible for continued coverage due to a divorce or a child's loss of dependent eligibility only if the Participating Employer Unit is notified no more than 60 days after either the qualifying event date or the date the dependent's coverage ends, whichever is later.

Conditions of Continued Coverage

For continued coverage to become effective, all of the requirements below must be met:

1. You must notify the Participating Employer Unit if the "qualifying event" is divorce or a child's loss of eligibility for dependent coverage.
2. You must elect continued coverage no more than 60 days after either the date coverage was to end because of the qualifying event, or the date of the Participating Employer Unit notified you of your right to elect continued coverage, whichever is later.
3. You must send your first subscription charge payment to the Participating Employer Unit no more than 45 days after the date you elected continued coverage.
4. Subsequent subscription charges must be paid on a timely basis to the Participating Employer Unit.

When Continued Cobra Coverage Ends

Continued coverage will end on the last day for which subscription charges have been paid in the monthly period in which the first of the following occurs:

5. The applicable continuation period expires.
6. The next monthly subscription charge is not paid when due or within the grace period.
7. If you have extended COBRA coverage due to disability, it will end if Social Security determines that you are no longer disabled. In this case, coverage terminates at the end of the month that begins at least 30 days after Social Security's decision. For example, if Social Security decides on March 15 that you are not disabled, your coverage would end May 31. You must provide the Participating Employer Unit with a copy of the determination within 30 days after the date of the termination.
8. You become covered under another group dental Plan after the date you elect COBRA coverage. If, however, the new Plan contains an exclusion or limitation for your preexisting condition, coverage does not end for this reason until the exclusion or limitation no longer applies.
9. You become entitled to Medicare after the date you elect COBRA coverage.

The Participating Employer Unit ceases to offer this WEA Select Dental Plan. However, you should contact your Participating Employer Unit regarding participation in any other group dental Plan offered to your bargaining unit/employee classification.

Nondiscrimination and Language Assistance Services

Effective **October 18, 2016**, the Nondiscrimination Notices and Language Taglines have been added to the Certificate of Coverage per the Federal Department of Health and Human Services implementing Section 1557 of the Affordable Care Act.

Delta Dental of Washington complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Delta Dental of Washington does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of Washington:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language and service to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Delta Dental of Washington’s Customer Service at: 1(800)554-1907.

If you believe that Delta Dental of Washington has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Isaac Lenox, Compliance/Privacy Officer, PO Box 75983 Seattle, WA 98175, Ph: 1(800)554-1907, TTY: 1-800-833-6384, Fx: (206) 729-5512 or by email at: Compliance@DeltaDentalWA.com. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Isaac Lenox, Compliance/Privacy Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language	Tagline	Nondiscrimination Statement
Amharic	እርስዎ፡ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ Delta Dental of Washington ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1(800)554-1907 ይደውሉ።	ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Delta Dental of Washington ሽፋን አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀኖችን ፈልጉ። የጤናን ሽፋንዎን ለመጠበቅና በአከፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት። 1(800)554-1907 ይደውሉ።
Arabic	تاملو معلوما دةلمساعا على ول لحصا في لحقا كفيدا Delta Dental of Washington إن كفيدا نكا إن و ص يخص سئلا دةتساء ص شذ دى ل أو يلا دون نم كبلغت يةرور لضا 1(800)554-1907 ب ل تصا م جرمم مع دةللتد تكلفه	Delta Dental of Washington تماومعرا لاشعا هذا وييد ول للحصا كليلط و ص يخص مهمة تماومعرا لاشعا هذا وييد امة ه دة . لاشعا هذا في لهامة يخورا لانا ن ع ثبعا ل خلا نم ية تلغتعا على او لصحية ك ي تظتغ على ظللحفا معينة يخورا ت في راعا ذلاتعا جحتنا في لحقا كل . فلنكاليا 1(800)554-1907 فعد في دةلمساعا ل تصا تكلفه أي دون نم كبلغت دةلمساعوا تماومعرا على ور لحصا +
Cambodian (Mon-Khmer)	ប្រសិនបើអ្នក ឬសមាជិក ក្នុងលក្ខណៈកំពុងដេញយ មុនសំណួរ អ្នក ពី Delta Dental of Washington ប្រ អ្នក មិនស្របចំ ឬ មិនស្របចំ ចំពោះ ប្រព័ន្ធគ្រប់គ្រងសុខភាព របស់អ្នក ប្រើប្រាស់ប្រព័ន្ធគ្រប់គ្រងសុខភាព របស់អ្នក ប្រើប្រាស់ប្រព័ន្ធគ្រប់គ្រងសុខភាព ស្រប 1(800)554-1907 ។	បសចកកិច្ចនៃលិខិតប្រកាស៖ មុនពីចំណុច ដំបូង ។ បសចកកិច្ចនៃលិខិតប្រកាស៖ មុនពីចំណុចដំបូង ។ មុនពីចំណុចដំបូង ។ ការរៀនរង របស់អ្នកគាមរយៈ Delta Dental of Washington ។ សូមដឹងអ្នកកាលបរិច្ឆេទនៃលិខិតប្រកាស ចេញក្នុងបសចកកិច្ចនៃលិខិតប្រកាស៖ ។ អ្នកប្រើប្រាស់ប្រព័ន្ធគ្រប់គ្រងសុខភាព

		<p>លើកណែនាំថ្ងៃជាក់លាក់នានា ប្រើប្រាស់ប៊ីនីងរកលេខករណី រវាងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយបច្ចេកវិទ្យា។ អ្នកមិនសិរិចសិរិលេខករណីនេះ នឹងជំនួយប្រាក់និងការសម្របសម្រួលដោយមិនរងលុយ បើយើង។ សូមទូរស័ព្ទ 1(800)554-1907.</p>
Chinese	<p>如果您，或是您正在協助的對象，有關於[插入項目的名稱 Delta Dental of Washington 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1(800)554-1907.</p>	<p>本通知有重要的訊息。本通知有關於您透過[插入項目的名稱 Delta Dental of Washington 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 [在此插入數字 1(800)554-1907.</p>
Cushite (Oromo)	<p>Isin yookan namni biraa isin deeggartan Delta Dental of Washington irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1(800)554-1907 tiin bilbilaa.</p>	<p>Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Delta Dental of Washington tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 1(800)554-1907 tii bilbilaa.</p>
German	<p>Falls Sie oder jemand, dem Sie helfen, Fragen zum Delta Dental of Washington haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1(800)554-1907 an.</p>	<p>Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Delta Dental of Washington. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 1(800)554-1907.</p>
Japanese	<p>ご本人様、またはお客様の身の回りの方でも Delta Dental of Washington についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合 1(800)554-1907 までお電話ください。</p>	<p>この通知には重要な情報が含まれています。この通知には Delta Dental of Washington の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます 1(800)554-1907 までお電話ください。</p>
Korean	<p>만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Delta Dental of Washington 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1(800)554-1907로 전화하십시오.</p>	<p>본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Delta Dental of Washington 을 통한 커버리지 에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가</p>

		<p>있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 1(800)554-1907 로 전화하십시오.</p>
Laotian	<p>ຖ້າ ທ່ານ, ື່ຫ ື ມີ ທ່ານ ກ້ ລົງ ອຸ ລຸ ດ ອ ຕ ື ຫ ອ, ື ມ ອາຖາມ ອ່ ກ ງ ວ ອ່ ກ ບ Delta Dental of Washington, ອ່ ທານີ ມີ ສ ດີ ທ ຈ ະ ໄ ັ ດ ອ່ ຮ ບ ການ ອຸ ລຸ ດ ອ ຕ ື ຫ ອ ລ ະ ດ ື ຂ ູ ມ ຸ ນ ອ່ ຂ າ ວ ສ າ ນີ ທ ຕ ື ດ ັ ບ ນ ພ າ ສ າ ຂ ອ ງ ອ່ ທານີ ມີ ມ ອ່ ຄ າ ໃ ັ ຊ ອ່ ຈ າ ຍ. ການ ໃ ັ ອ ື ດ ມ ອ່ ກ ບ ນ າ ຍ ພ າ ສ າ, ໃ ັ ຫ ື ທ ັ ທ ັ 1(800)554-1907.</p>	<p>ການ ຕ ື ຈ ງ ກ າ ນີ ັ ນີ ມ ື ຂ ູ ມ ຸ ນ ສ າ ອ່ ຄ າ ນ. ການ ຕ ື ຈ ງ ກ າ ນີ ັ ນີ ມ ື ຂ ູ ມ ຸ ນ ມີ ທ ສ າ ອ່ ຄ າ ນ ອ່ ກ ງ ວ ອ່ ກ ບ ອ່ ຮ ອ ງ ສ ະ ຫັ ມ ື ຫ ື ກ າ ນ ອຸ ຸ ອ ມ ອ ອ ງ ຂ ອ ງ ອ່ ທານີ ໄ ດ ຍ ອ່ ຜ າ ນ Delta Dental of Washington ຕ ື ບ ງ ສ າ ອ່ ລ ບ ກ າ ີ ນ ດ ັ ວ ມີ ທ ສ າ ອ່ ຄ າ ນ ໃ ນ ຕ ື ຈ ງ ກ າ ນີ ັ ນ. ອ່ ທານ ອາ ດ ອ າ ຕ ື ບ ນ ອ່ ຕ ອ ງ ໃ ັ ຊ ອ ວ ລ າ ອ່ ດ າ ຕ ື ນ ນ ກ າ ນ ໄ ດ ຍ ອ່ ກ າ ີ ນ ດ ັ ວ ລ າ ອີ ນ ທ ຕ ື ບ ນ ອ ນ ຈ ະ ອ່ ຮ ກ ສ າ ກ າ ນ ອຸ ຸ ອ ມ ອ ອ ງ ອຸ ສ ຂ ະ ພ າ ບ ຂ ອ ງ ອ່ ທານີ ຫ ື ຫ ື ກ າ ນ ອຸ ຸ ອ ມ ອ ອ ງ ຕ ື ຫ ື ອີ ທີ ມ ອ່ ຄ າ ໃ ັ ຊ ອ່ ຈ າ ຍ. ອ່ ທານີ ມີ ສ ດີ ທ ຈ ະ ໄ ັ ດ ອ່ ຮ ບ ັ ຂ ູ ມ ຸ ນ ອ່ ຂ າ ວ ສ າ ນີ ັ ນ ຕ ື ດ ັ ບ ນ ພ າ ສ າ ຂ ອ ງ ອ່ ທານີ ມີ ມ ອ່ ຄ າ ໃ ັ ຊ ອ່ ຈ າ ຍ. ໃ ທ 1(800)554-1907.</p>
Punjabi	<p>ਜੇ ਤੁਹਾਨੂੰ, ਜਾਂ ਤੁਸੀਂ ਜਜਸ ਦੀ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, Delta Dental of Washington ਕੋਈ ਸਵਾਲ ਹੈ ਤਾਂ, ਤੁਹਾਨੂੰ ਜਿਨਾ ਜਕਸੇ ਕੀਮਤ 'ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਜਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪਰਾਪਤ ਕਰਨ ਦਾ ਅਜਿਕਾਰ ਹੈ. ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗਿੱਲ ਕਰਨ ਲਈ, 1(800)554-1907 ਤੇ ਕਾਲ ਕਰ</p>	<p>ਇਸ ਨੇ ਜਿਸ ਜਵਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੇ ਜਿਸ ਜਵਚ [Delta Dental of Washington ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਿਾਰੇ ਮਹਿੱਤਵਪ ਰਨ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੇ ਜਿਸ ਜਵਚ ਖਾਸ ਤਾਰੀਖਾ ਲਈ ਵੇਖੋ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਗਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁਕਿੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਆੁੱਤਮ ਤਾਜਰਖ ਤੋਂ ਪਜਹਲਾਂ ਕੁਿੱਝ ਖਾਸ ਕਦਮ ਚੁਿੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ. ਤੁਹਾਨੂੰ ਮੁਫਤ ਜਵਚ 'ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਜਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪਰਾਪਤ ਕਰਨ ਦਾ ਅਜਿਕਾਰ ਹੈ. ਕਾਲ 1(800)554-1907.</p>
Russian	<p>Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Delta Dental of Washington, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1(800)554-1907.</p>	<p>Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Delta Dental of Washington. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 1(800)554-1907.</p>
Spanish	<p>Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Delta Dental of Washington, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1(800)554-1907.</p>	<p>Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Delta Dental of Washington. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 1(800)554-1907.</p>

Tagalog	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Delta Dental of Washington, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1(800)554-1907.	Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Delta Dental of Washington. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 1(800)554-1907.
Ukrainian	Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про Delta Dental of Washington, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на 1(800)554-1907.	Це повідомлення містить важливу інформацію. Це повідомлення містить важливу інформацію про Ваше звернення щодо страховального покриття через Delta Dental of Washington. Зверніть увагу на ключові дати, вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 1(800)554-1907.
Vietnamese	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Delta Dental of Washington, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1(800)554-1907.	Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Delta Dental of Washington. Xin xem ngay then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 1(800)554-1907.