



Dental, Vision, Hearing (DVH) | California

Dental, Vision, Hearing Plans for individuals age 65 and older



UNITEDHEALTHCARE INSURANCE COMPANY IS THE UNDERWRITER OF THESE POLICIES. BENEFITS ARE ADMINISTERED AS FOLLOWS: DENTAL BENEFITS - DENTAL BENEFIT PROVIDERS, INC., VISION BENEFITS - SPECTERA, INC., AND HEARING BENEFITS - UNITEDHEALTHCARE HEARING

Policy Forms: DEN-P-UHC-04 (500 & 500 Plus plans), DEN-PBM-UHC-04 (1000 & 1000 Plus plans), DEN-PBMD-UHC-04 (2000 & 2000 Plus plans), and DEN-PBMI-UHC-04 (3000 & 3000 Plus plans)

UnitedHealthcare[®]
UnitedHealthcare Insurance Co.

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Dental, Vision, Hearing (DVH) Highlights

Coverage for your oral, eye and hearing health all together in one convenient plan designed with budget-friendly premiums in mind.



Use dental benefits right away, no wait for most services

Our plans offer you coverage without waiting periods for preventive, basic and most major services¹ so you can start using them right away! This means you have immediate coverage for routine services like exams and cleanings, plus major repairs like crowns and root canals.



Eye exams and eyewear, no waiting period

Vision health and routine eye exams are not only important for seeing better, but also have been shown to help with early detection of serious medical conditions like diabetes, heart disease, even Parkinson's disease. Our plans offer coverage for your annual vision exams, plus coverage for glasses or contacts. The vision network includes private practice and leading retail providers.



Help with hearing aids, including over-the-counter

Hearing loss is an invisible problem that can affect your social life, safety and overall well-being. Our plans include benefits from UnitedHealthcare Hearing, which has straight-forward benefits for annual hearing exams and hearing aids, including over-the-counter (OTC) hearing aids, when you use a network provider.

¹ Major services not covered on 500 and 500 Plus plans.

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone, and the complete terms of the coverage will be determined by the policy.



Why Dental, Vision and Hearing Insurance?

Taking care of your health goes beyond regular medical checkups. Dental, vision and hearing health are just as important to your overall well-being. **Original Medicare (Parts A & B) does not cover routine dental and eye exams.** It also does not cover routine hearing exams or hearing aids. Having a supplemental plan like UnitedHealthcare Dental, Vision, Hearing can help provide the additional coverage you need to protect your overall health, and budget.

Helping to enhance your quality of life

Your overall health and well-being rely greatly on your dental, hearing and vision care. When you smile more, and can hear and see better, life is naturally more enjoyable. Choosing a DVH plan can help enhance your quality of life and help you feel good about yourself.

Dental Plan Options

Our plan options allow you to select a plan that best balances your premium and out-of-pocket expenses, with your anticipated benefit use, giving you the freedom to choose what works best for you. And no matter which dental plan you choose, vision and hearing benefits are included (see pages 6-9 for details).

Plan Availability¹ All benefits are per covered person, per calendar year		DVH 500²	DVH 1000²	DVH 2000²	DVH 3000²
Dental Waiting Period		None	None	None	None, except for Implants benefit only
Deductible		None	None	None	None
Dental Calendar Year Maximum	We pay up to:	\$500	\$1,000	\$2,000	\$3,000
Preventive Services³ (includes exams and x-rays) Includes 2 routine exams and cleanings per calendar year	We pay:	100%	100%	100%	100%
Basic Services³ (includes simple fillings)	We pay:	Not covered	100%	100%	100%
Major Services³					
Bridges, Crowns, Extractions and Root Canals	We pay:	Not covered	50%	50%	50%
Dentures and Partial	We pay:	Not covered	Not covered	50%	50%
Implants (12 month waiting period) \$1,500 Implant Maximum Lifetime Benefit ⁴	We pay:	Not covered	Not covered	Not covered	50%

¹ Plan and network availability vary by ZIP code. ² For covered Dental expenses, non-network provider benefits are determined by ZIP code. They are either based on the network negotiated rate or are based on the reasonable and customary charge (reasonable and customary benefits are identifiable by the word "Plus" added to the plan name). Non-network dentists can bill a patient for any remaining amount up to the billed charge. ³ Limitations and exclusions may apply based on type of service. ⁴ The Implant Maximum Lifetime Benefit is separate from, and not subject to, the Dental Calendar Year Maximum.



Dental Benefits and How They Work

Dental benefits are administered by Dental Benefit Providers, Inc. We will cover dental services subject to the terms, conditions, exclusions and limitations of the policy. All services are subject to Dental Calendar Year Maximum and applicable coinsurance.

Network Provider Services

You can see any dentist you want, anywhere across the country. When you choose a dentist who is part of the plan's large national network, National Options PPO 30, you can receive network discounts without the hassle of negotiations. Visit YourDentalPlan.com/DentistSearch to find a provider and present the provider with your dental ID card. We will pay the provider the covered benefit, and the provider will bill you for the remainder.



There are no claim forms to fill out when obtaining services from a network provider.

Non-network Provider Services

The non-network provider may submit the claim to us directly. The provider can then bill you for any remaining amount due up to the billed charge. If a provider does not wish to submit the claim to us, you will need to pay in full at the time of service. You can then submit the claim for reimbursement by going to myuhc.com and completing the dental claim form.

Vision Plan Benefits

These vision benefits are included with your DVH plan, regardless of the dental plan you choose.

Vision Benefits per covered person		
Vision Waiting Period	None	
	Network ¹	Non-network
Eye Exam Once every 12 months	We pay 100%	We pay up to a \$50 allowance
Standard Lenses² and Frames³ Once every 24 months in lieu of contact lenses ⁴	Single-Vision Lenses	We pay 100%
	Bifocal-lined Lenses	We pay 100%
	Trifocal-lined Lenses	We pay 100%
	Frames	We pay up to \$175 allowance
Contact Lenses Once every 24 months in lieu of frames and lenses ⁴ ; up to 12-month supply	Selection ⁵ : We pay 100%	
	Non-Selection: We pay up to a \$175 allowance; fitting and evaluation may be at an additional cost	We pay up to a \$105 allowance

What is an allowance? An allowance is the amount payable, only once per benefit period, up to the maximum amount, for a given service or material benefit.

¹ You may go outside the network, but you are eligible for discounts using network providers. Go to myuhcvision.com for a list of providers. ² Standard lenses include single vision, bifocal-lined, and trifocal-lined/lenticular lenses, including standard scratch-resistant coating for eligible lenses as prescribed by a vision provider. ³ Standard frames include eyeglass frames, their fitting, and subsequent adjustments to maintain comfort and efficiency. ⁴ Select either eyeglasses (lenses and/or frames) or contacts, not both. ⁵ If you choose disposable lenses, depending on frequency of replacement, this may not cover a full 12-month supply. Work with your provider to determine what is covered.



Vision Benefits and How They Work

Vision benefits are administered by Spectera, Inc. We will cover vision services subject to the terms, conditions, exclusions and limitations of the policy, Vision Benefit Rider SA-S-2074-UHC.

Network Provider Services

These plans use the UnitedHealthcare Vision Network.* You will get the most value from your coverage when you see a provider in this large national network of eye doctors, optometrists and ophthalmologists, including both local doctors and well-known retail providers. Choose from network providers by visiting myuhcvision.com. Contact the provider, identify yourself as having UnitedHealthcare Vision coverage, and provide your name and date of birth to get started.



No ID card is needed, and there are no claim forms to fill out when obtaining services from a network provider.

Non-network Provider Services

You will need to pay in full at the time of service. You may then submit the details to us for reimbursement of covered benefits. See Vision Rider in the policy for details.

* Not all providers participate in all plans. Check with your provider before using your benefits.



Hearing Plan Benefits

These hearing benefits are included with your DVH plan, regardless of the dental plan you choose.

Hearing Benefits per covered person

Hearing Waiting Period

None

Hearing Exam¹

Coverage for routine hearing exam once every calendar year

We pay 100%

Hearing Aid(s)¹

Once every 2 calendar years towards prescription or over-the-counter (OTC) hearing aids. Prescription hearing aid(s) include fitting evaluation. Hearing benefits are provided through network providers only.

We pay up to a \$750 allowance

¹ Benefits are per person and not per ear. Hearing benefits are available only for covered expenses incurred at, or purchased over-the-counter from, a hearing network provider.



Hearing Benefits and How They Work

Hearing benefits are administered by UnitedHealthcare Hearing. We will cover hearing services subject to the terms, conditions, exclusions and limitations of the policy and Hearing Benefit Rider SA-S-2071-UHC-04.

Hearing benefits are provided through network providers only.

You can begin your journey by contacting UnitedHealthcare Hearing at **1-844-571-4958** or visiting **UHChearing.com/SupplementalHearing**. Here you can learn more about hearing care and hearing aid options, find an in-network provider and request a no cost hearing test appointment. You'll work with a hearing provider to select and purchase a prescription hearing aid that will be a good fit for your needs and lifestyle. Plus, you'll have access to follow-up support from your provider.

Over-the-counter (OTC)* hearing aids are also covered when purchased through UnitedHealthcare Hearing. A hearing test is not required for OTC hearing aids and follow-up support may vary. Explore our selection of audiologist-approved OTC hearing aids by visiting **UHChearing.com/SupplementalHearing**.

Purchasing through UnitedHealthcare Hearing does not require a claim submission. You are responsible for any amount in excess of the hearing benefit allowance or frequency in the policy.

* OTC hearing aids are intended for adults with self-diagnosed mild-to-moderate hearing loss. If you have questions about your degree of hearing loss, it is recommended you meet with a licensed hearing provider.

Exclusions/Limitations

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy.

Dental Exclusions & Limitations

General Exclusions and Limitations

No benefits will be paid for any service or treatment for which no charge is made. You will be fully responsible for payment for any services for which charges incurred are not covered expenses under the policy.

For ALL plans, the policy does not pay benefits for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Provided prior to the effective date or after the termination date of the policy.
- In excess of the frequency limitations or maximum benefits as shown in the policy.
- Covered expenses which exceed the non-network provider reimbursement, as shown in the policy.
- A service that is not rendered or that is not rendered within the scope of the provider's license.
- Telephone consultations or for failure to keep a scheduled appointment without giving the dental office the notice required.
- Experimental or investigational treatment or for complications there from.
- Which arise out of, or in the course of, employment for wage or profit for which benefits are paid under any workers' compensation insurance.
- Intentionally self-inflicted bodily harm.
- Any act of declared or undeclared war.
- The covered person taking part in a riot.
- The covered person's commission or attempt to commit a felony.
- Provided by a government plan, program, hospital or other facility, unless by law a covered person must pay and it is otherwise a covered expense or which by law must be provided by an educational institution.
- Provided without cost to a covered person in the absence of insurance covering the charge.
- Provided by an immediate family member or someone who ordinarily resides with a covered person.
- Received outside of the United States, except for a dental emergency.
- Related to the temporomandibular joint (TMJ), upper and lower jaw bone surgery or orthognathic surgery.
- Teeth that can be restored by other means; for purposes of periodontal splinting; to correct abrasion, erosion, attrition, bruxism, abfraction, or for desensitization; or teeth that are not periodontally sound or have a questionable prognosis.
- Performed solely for cosmetic/aesthetic reasons.
- Mouthguards; precision or semi-precision attachments; duplicate dentures; harmful habit appliances; occlusal guard except if expressly provided in the policy; replacement of lost or stolen appliances; treatment splints; bruxism appliance; sleep disorder appliance.
- Oral hygiene instructions; plaque control; charges for completing dental claim forms; photographs; any dental supplies including but not limited to take-home fluoride; sterilization fees; diagnostic casts; treatment of halitosis and any related procedures; lab procedures.
- Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the covered person's dental visit.
- Hospital or other facility charges and related anesthesia charges.
- Charges for dental services that are not documented in the dentist records, that are not directly associated with dental disease, or that are not performed in a dental setting.
- Two or more dental services are submitted and the dental services are considered part of the same dental service to one another, we will pay the most comprehensive dental service.

Exclusions/Limitations continued

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy.

Dental Exclusions & Limitations, continued

- Two or more dental services are submitted on the same day and the dental services are considered mutually exclusive (when one dental service contradicts the need for the other dental service), we will pay for the dental service that represents the final treatment.

For plans covering Major Services, the policy does not pay benefits for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Veneers, implant crowns, and $\frac{3}{4}$ crowns.
- Replacement of bridges, crowns, or onlay which can be repaired or restored to natural function.
- Billed for incision and drainage if the involved abscessed tooth is removed on the same date of service.
- Reconstructive surgery when the primary purpose is to improve physiological functioning of the involved part of the body.
- Changing vertical dimension; restoring occlusion; bite analysis, congenital malformation.
- Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional (surgical) removal.
- Treatment of malignant neoplasms or congenital anomalies of hard or soft tissue, including excision.

- Replacement of crowns, if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the dentist. If replacement is necessary because of the covered person's non-compliance, the covered person is liable for the cost of the replacement.
- Separate charges for temporary crowns and temporary prosthetics and provisional crowns and provisional prosthesis.
- Altering vertical dimension and/or restoring or maintaining occlusion. Non-intravenous conscious sedation, analgesia, anxiolysis, inhalation of nitrous oxide and conscious sedation, unless expressly provided for in the policy.
- Orthodontic services.
- Acupuncture; acupressure and other forms of alternative treatment.
- Bone grafts, guided tissue regeneration, biologic materials to aid in soft and osseous tissue regeneration when performed in edentulous (toothless areas, ridge augmentation or preservations).
- Surgical extractions of wisdom teeth.

Exclusions/Limitations continued

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy.

For plans covering Dentures and Partials, the policy does not pay benefits for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Replacement within 60 consecutive months of the last placement for full and partial dentures.
- Replacement of complete dentures, fixed and removable partial dentures, if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the dentist. If replacement is necessary because of the covered person's non-compliance, the covered person is liable for the cost of the replacement.
- Replacement of full or partial removable dentures which can be repaired or restored to natural function.
- Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
- Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.

For plans covering Implants, the policy does not pay benefits for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Covered expenses incurred during the waiting period.
- Any implant procedures performed which are not listed as covered implant procedures.
- Replacement of implants, implant crowns, implant prosthesis and implant supporting structures (such as connectors), if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the dentist. If replacement is necessary because of the covered person's non-compliance, the covered person is liable for the cost of the replacement.

Vision Exclusions & Limitations

Covered vision expenses will not include and no benefits are payable for any charges incurred for the following:

- Services or treatments that are already excluded in the General Exclusions and Limitations.
- Orthoptics or vision therapy training and any associated supplemental testing.
- Non-prescription items (e.g. plano lenses).
- Oversize lenses.
- Lenses not listed in the policy.
- Replacement of eyeglass frame and eyeglass lenses furnished under the Vision Rider which are lost or broken except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- Any eye examination or any corrective eyewear, required by an employer as a condition of employment.
- Corrective vision treatment of an experimental or investigative nature.
- Corrective surgical procedures such as, but not limited to, Radial Keratotomy (RK) and Photo-refractive Keratectomy (PRK).
- Contact lenses if an eyeglass frame and eyeglass lenses are received in the same 24 months.
- Eyeglass frame and eyeglass lenses if contact lenses are received in the same 24 months.
- Eyewear except prescription eyewear.
- Charges that exceed the allowance amount listed in the policy.
- Optional lens extras.

Exclusions/Limitations continued

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy.

Hearing Exclusions & Limitations

Covered hearing expenses will not include, and no benefits are payable for, any charges incurred for the following:

- Services or treatments that are already excluded in the General Exclusions and Limitations.
- Services received by a hearing non-network provider.
- Assistive listening devices (ALDs).
- For medical and/or surgical treatment of the internal or external structures of the ear provided by a hearing aid dispenser.
- Ear protection devices or plugs.
- Replacement due to loss, theft, or damage to the hearing aid.
- Hearing aid maintenance including batteries, maintenance/service contracts, fittings, ear molds and other miscellaneous repairs.

Plan Provisions

This is only a general outline of the provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy.

Alternate Procedures

If two or more services are considered to be acceptable to correct the same dental condition, the amount payable will be based on the covered expenses for the least expensive service that will produce a professionally satisfactory result.

Calendar Year

A calendar year runs from January to December and starts over on January 1 of the following year. The maximum coverage amount applies during the calendar year.

Eligibility

The primary insured must be 64 and 11 months or older as of the effective date of the policy. The spouse or registered domestic partner can be any age. Dependent children are not eligible.

Misstatement of Age or Residence

If the covered person's age has been misstated and we would not have issued coverage for the covered person, we will refund the premium paid minus any benefit amounts paid by us, and coverage will be void from the effective date.

If you change your residence, you must notify us of your new residence within 60 days of the change. Your premium will be based on your new residence beginning on the first premium due date after the change. If your residence is

misstated on your application, or you fail to notify us of a change of residence, we will apply the correct premium amount beginning on the first premium due date you resided at that residence. If the change results in a lower premium, we will refund any excess premium. If the change results in a higher premium, you will owe us the additional premium.

Non-Network vs. Network

You may pay more using non-network providers. Non-network providers may bill you for any amount up to the billed charge after the portion covered by the policy has been paid. Network providers have agreed to discounted pricing for covered expenses with no additional billing to you other than the coinsurance and deductible amounts.

Premium

You will be given at least a 31-day notice of any change in your premium. We will make no change in your premium solely because of claims made by a covered person under the policy. The covered person's type and level of benefits and the place of residence on the premium due date are some of the factors that may be used in determining your premium rates.

Reimbursement

If dental services are caused by the acts or omissions of a third party, we have the right to assert a lien to be reimbursed to the extent of benefits we paid for dental services, as outlined in the policy.

Plan Provisions

This is only a general outline of the provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy.

Renewability and Termination

The policy is renewable until the earliest of the following:

- Nonpayment of premiums when due, subject to the Grace Period provision in the policy.
- The date we receive a request from you to terminate the policy, or any later date stated in your request.
- The date we decline to renew the policy, as stated in the Guaranteed Renewable Subject to Listed Conditions provision in the policy.
- The date of your death. NOTE: If there is a covered spouse on policy, the spouse can continue coverage upon the primary insured's death.

Right to Examine

It is important to us that you are satisfied with the coverage being provided.

This product has a right to examine period, also commonly referred to as “free look.” After applying and after your policy is issued, if you are not satisfied the coverage will meet your insurance needs, you may return the policy to us within 30 days. Refer to policy for details.

Health Plan Notices of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

VIEW NOTICE HERE. Please review it carefully.

(<https://www.uhc.com/content/dam/uhcdotcom/en/npp/NPP-UHC-EI-UHOne-EN.pdf>)

Conditions Prior To Coverage (Applicable with or without the Conditional Receipt)

Subject to the limitations shown below, insurance will become effective if the following conditions are met:

1. The application is completed in full and is unconditionally accepted and approved by UnitedHealthcare Insurance Company.
2. The first full premium, according to the mode of premium payment chosen, has been paid on or prior to the effective date and any check is honored on first presentation for payment.
3. The policy is: (a) issued by UnitedHealthcare Insurance Company exactly as applied for within 45 days from date of application; (b) delivered to the proposed insured; and (c) accepted by the proposed insured.

After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded.

Keep an electronic copy of this document. It has important information.

The ratio of incurred claims to earned premiums (loss ratio) for total accident and health for UnitedHealthcare Insurance Company in all states in 2024 was 84.8%.

NOTICE OF NONDISCRIMINATION

and

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

UnitedHealthcare complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, age, disability, sex (including pregnancy, sexual orientation, gender, and gender identity), or marital status. UnitedHealthcare does not exclude, deny Covered Health Care Benefits to, or otherwise discriminate against any Member for participation in, or receipt of the Covered Health Care Services under, any of its health plans, whether carried out by UnitedHealthcare directly or through a Network provider or any other entity with which UnitedHealthcare arranges to carry out Covered Health Care Services under any of its health plans. We do not exclude people or treat them less favorably because of race, color, national origin, ancestry, religion, age, disability, sex or marital status.

We provide free auxiliary aids and services to help you communicate with us or your doctor. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number 1-800-657-8205. (TTY 711).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

If you need help filing a complaint, call the toll-free number 1-800-657-8205. (TTY 711).

If your complaint is not resolved, you can file a grievance with the *Department of Managed Health Care ("DMHC")*. Contact the *DMHC* Help Center at the toll-free telephone number (1-888-466-2219) or submit an inquiry in writing to the *DMHC*, California Help Center, 980 9th Street, Suite 500, Sacramento, CA 95814-2725 or through the website: <http://www.dmhc.ca.gov>. The hearing and speech impaired may use the California Relay Service's toll-free telephone number 1-877-688-9891 (TTY).

If your complaint is not resolved, you can file a grievance with the California Department of Insurance ("CDI"). Contact the CDI at the toll-free telephone number 1-800-927-HELP (1-800-927-4357) or submit an inquiry in writing to the California Department of Insurance, Consumer Communications Bureau, 300 South Spring Street, South Tower, Los Angeles, CA 90013 or through the website: www.insurance.ca.gov. The hearing and speech impaired may use the toll-free telephone number 1-800-482-4833 (TTY).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Phone: 1-800-368-1019, 800-537-7697 (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW

Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at: <https://www.uhc.com/legal/required-state-notices/california/nondiscrimination-notice>.

ATTENTION: You can get an interpreter to talk to your doctor at the time of your appointment or with us. If you speak English, free language assistance services and free communications in other formats, such as large print, are available to you. Call 1-800-657-8205. (TTY: 711). If you need more help, call DMHC Help Line at 1-888-466-2219 or call the Department of Insurance Hotline at 1-800-927-4357.

ENGLISH

ATTENTION: You can get an interpreter to talk to your doctor at the time of your appointment or with us. If you speak English, free language assistance services and free communications in other formats, such as large print, are available to you. Call 1-800-657-8205. (TTY: 711). If you need more help, call DMHC Help Line at 1-888-466-2219 or call the Department of Insurance Hotline at 1-800-927-4357.

AMHARIC

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ARABIC

يرجى الانتباه: يمكنك الحصول على مترجم فوري لمساعدتك في التحدث مع طبيبك خلال الموعد أو معنا. إذا كنت تتحدث العربية، يمكنك الاستفادة من خدمات المساعدة اللغوية المجانية، بالإضافة إلى وسائل اتصال مجانية بتنسيقات أخرى، مثل الطباعة كبيرة الحجم. اتصل على الرقم. (TTY:711). 1-800-657-8205 لمزيد من المساعدة، اتصل بخط المساعدة التابع لإدارة الرعاية الصحية المُدارة (DMHC) على الرقم 1-888-466-2219 أو بالخط الساخن التابع لإدارة التأمين على الرقم 1-800-927-4357.

ARMENIAN

ՈՒՇԱԴՐՈՒԹՅՈՒՆ . Դուք կարող եք օգտվել բանավոր թարգմանչի ծառայություններից, որպեսզի խոսեք Ձեր բժշկի հետ Ձեր ժամանդության պահին կամ մեզ հետ: Եթե խոսում եք հայերեն, Ձեզ հասանելի են անվճար լեզվական աջակցության ծառայություններ և անվճար հաղորդակցություններ այլ ձևաչափերով, օրինակ՝ մեծատառով: Զանգահարեք 1-800-657-8205 հեռախոսահամարով: (TTY: 711): Եթե լրացուցիչ օգնության կարիք ունեք, զանգահարեք DMHC-ի օգնության գիծ՝ 1-888-466-2219 հեռախոսահամարով կամ Ապահովագրության բաժնի թեժ գիծ՝ 1-800-927-4357 հեռախոսահամարով:

CAMBODIAN-MON-KHMER

ចំណាំ: អ្នកអាចមានអ្នកបកប្រែ ដើម្បីនិយាយជាមួយគ្រូពេទ្យរបស់អ្នក នៅពេលណាដែល ឬនិយាយជាមួយយើងខ្ញុំ។ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាភាគតិចផ្លូវ និងការទំនាក់ទំនងភាគតិចផ្លូវជាទម្រង់ផ្សេងទៀត ដូចជាអក្សរធំ មានសម្រាប់អ្នក។ ហៅទូរសព្ទទៅលេខ 1-800-657-8205។ (TTY: 711)។ ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែម សូមហៅទូរសព្ទទៅកាន់ខ្សែទូរសព្ទជំនួយ សម្រាប់គ្រូសង្គ្រប់គ្រងការថែទាំសុខភាព (DMHC) តាមរយៈលេខ 1-888-466-2219 ឬហៅទូរសព្ទទៅកាន់ខ្សែទូរសព្ទរាយការណ៍បន្ទាន់នៃនាយកដ្ឋានធានារ៉ាប់រងតាមរយៈលេខ 1-800-927-4357។

CAROLINIAN

PÒLÒ: Na'ishte na' kayot tekyo chon wahu a chòta / kòta kisyon wo wahu chon. Si you lekon Senkirei, atu'ung assistensia lengua, si atu'ung komunikasion i difere' formatos, hao large print, ma'loyo hao. Kama' 1-800-657-8205. (TTY: 711). Si nu' iñao' ayuda, kama' DMHC Help Line 1-888-466-2219 o kama' Department of Insurance Hotline 1-800-927-4357.

CHAMORRO

ATENSION: Sina ha un konne' taotao para u intetpiti i fino' i doktu gi tiempo mu yan hami pat duranten i machek mu. Kumu un tungo fumino' CHamoru, guaha dibatde na setbision asistementon lengguahi, yan dibatde na otu siha na fotmat komunikasion, tatkumo dangkulo na letra. Agang 1-800-657-8205. (TTY: 711). Yanggen un nisisita mas ayudu, agang i DMHC Telefon Ayudu gi 1-888-466-2219 **pat** agang i Depattamenton i Siguridat telefon gi 1-800-927-4357.

CHINESE (TRADITIONAL)

請注意：您可以獲得一位口譯員，在您看診時與您的醫生溝通或平常與我們溝通。如果您說中文，我們可為您提供免費的語言協助服務和免費的其他溝通格式，例如大字版文件。請致電 1-800-657-8205。聽力語言殘障服務專線 (TTY: 711)。若您需要更多協助，請致電健康照護管理局 (DMHC) 協助專線 1-888-466-2219 或 保險局熱線 1-800-927-4357。

FARSI

توجه: شما می‌توانید یک مترجم برای صحبت با پزشک خود در زمان ویزیت یا برای گفتگو با ما، درخواست کنید. اگر افارسی صحبت می‌کنید، خدمات رایگان کمک زبانی و خدمات رایگان ارتباطاتی در سایر قالب‌ها، مانند چاپ با حروف درشت، در دسترس شما هستند. با 1-800-657-8205 تماس بگیرید. (TTY: 711). اگر به کمک بیشتری نیاز دارید، با خط تلفن راهنمای DMHC به شماره 1-888-466-2219 یا با خط تلفن رایگان وزارت بیمه به شماره 1-800-927-4357 تماس بگیرید.

HINDI

ध्यान दें: आप अपनी अपॉइंटमेंट के समय या हमारे साथ अपने डॉक्टर से बात करने के लिए एक दुभाषिया प्राप्त कर सकते हैं। यदि आप हिंदी बोलते हैं, तो मुफ्त भाषा सहायता सेवाएँ और बड़े प्रिंट जैसे अन्य प्रारूपों में मुफ्त संचार सेवा आपके लिए उपलब्ध हैं। 1-800-657-8205 पर कॉल करें। (TTY: 711)। यदि आपको अधिक सहायता की आवश्यकता है, तो DMHC हेल्पलाइन पर 1-888-466-2219 पर कॉल करें या बीमा विभाग की हॉटलाइन पर 1-800-927-4357 पर कॉल करें।

HMONG

CEEBOOM: Koj tuaj yeem tau txais ib tug neeg txhais lus tham nrog koj tus kws kho mob thaum lub sijhawm kev teem caij los sis thaum tham nrog peb. Yog tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus pub dawb thiab kev pab cuam luam ua lwm hom qauv ntawv, xws li luam ua tus ntawv loj rau koj siv. Hu rau 1-800-657-8205. (TTY: 711). Yog tias koj xav tau kev pab ntxiv, hu rau DMHC Tus Xov Tooj Pab Cuam ntawm 1-888-466-2219 **los sis** hu rau Lub Tuam Tsev Saib Xyuas Kev Tuav Pov Hwm Tus Xov Tooj ntawm 1-800-927-4357.

ILOCANO

ATENSIÓN: Makaalaka iti interpreter a makisarita kadakami wenno iti doktormo iti oras ti appointment-mo. No makasaoka iti Ilocano, makaalaka iti libre a tulong iti lengguahe ken libre a pannakikomunikar iti sabali a format, kas iti dadakkel a letra. Tawagan ti 1-800-657-8205. (TTY: 711). No kasapulam iti ad-adu pay a tulong, tawagam ti DMHC Help Line iti 1-888-466-2219 **wenno** tawagam ti Department of Insurance Hotline iti 1-800-927-4357.

JAPANESE

ご注意：ご予約にお越しの際またはご来院の際、医師とお話になるための通訳者を手配することが可能です。あなたが日本語をお話になる場合、無料の言語支援サービスおよび大きい活字など他の形式による無料のコミュニケーションをご利用になれます。1-800-657-8205 までお電話ください。(TTY: 711)。その他お困りのことがありましたら、DMHC ヘルプライン (1-888-466-2219) もしくは保険部門 ホットライン (1-800-927-4357) までお電話ください。

KOREAN

주의: 진료 시 의사와 상담하거나 저희와의 소통을 위해 통역사 서비스를 받으실 수 있습니다. 한국어를 하시는 경우, 무료 언어 지원 서비스와 큰 활자체와 같은 다른 형식의 커뮤니케이션을 무료로 이용하실 수 있습니다. 1-800-657-8205 로 전화하십시오. (TTY: 711). 도움이 더 필요하시면 DMHC 헬프라인에 1-888-466-2219번으로 전화하거나 보험부 핫라인에 1-800-927-4357번으로 문의하십시오.

NAVAJO

SHOOH: Diné ata' halne'í ne'azee' íł'íni bił yah aninááh bee náhoo'a' góne' doodago nihí nihich'į' yákti'go bíighah. Bilagáana bizaad bee yáníłti'to, t'áá jii'eh saad bee áka'e'eyeed bee áka'anída'ow'í dóó t'áá jíik'eh náána łahgo át'éego bee hada'dilyaaígíí bee ahíł hane', dí nitsaago bik'e'ashchíní, ná dahólq. 1-800-657-8205 bee hodíłnih. (TTY: 711). Áka'e'eyeed łá' nááníndzingo, DMHC Áka'e'eyeed Bee Hane'í kohjí' 1-888-466-2219 hodíłnih **doodago** Béeso Ách'áqah Naa'nil Bił Haz'ání T'áá Jii'ah Bee Hane'í kohjí' 1-800-927-4357 bee hodíłnih.

PENNSYLVANIA DUTCH

WICHDICH: Du kannscht en Interpreter griege fer schwetze mit dei Dockter an dei Appointment odder mit uns. Wann du Deitsch schwetzsch un brauchsch Hilf fer communicat-e kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne differnti Sadde Schprooch-Hilf beigriege aa fer nix. Ruf 1-800-657-8205 uff. (TTY: 711). Wann du meh Hilf brauchsch, ruf fi DMHC Help Line uff an 1-888-466-2219 **odder** ruf die Department of Insurance Hotline an 1-800-927-4357.

PUNJABI

ਧਿਆਨ ਦਿਓ: ਤੁਸੀਂ ਆਪਣੀ ਅਪਾਇੰਟਮੈਂਟ ਦੇ ਸਮੇਂ ਆਪਣੇ ਡਾਕਟਰ ਨਾਲ ਜਾਂ ਸਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ, ਜਿਵੇਂ ਕਿ ਵੱਡਾ ਪ੍ਰਿੰਟ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। 1-800-657-8205 'ਤੇ ਕਾਲ ਕਰੋ। (TTY: 711)। ਜੇਕਰ ਤੁਹਾਨੂੰ ਹੋਰ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ DMHC ਹੈਲਪ ਲਾਈਨ ਨੂੰ 1-888-466-2219 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਬੀਮਾ ਵਿਭਾਗ ਦੀ ਹੱਟਲਾਈਨ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ।

RUSSIAN

ВНИМАНИЕ. Вы можете воспользоваться услугами устного переводчика для общения с вашим врачом во время приема или через наши услуги. Если вы говорите по-русски, вам предоставляются услуги языковой помощи и сообщения в других форматах бесплатно, например, с использованием крупного шрифта. Позвоните по номеру 1-800-657-8205. (Линия TTY: 711). За дополнительной помощью обращайтесь в справочную службу DMHC по телефону 1-888-466-2219 или на горячую линию Департамента страхования по телефону 1-800-927-4357.

SAMOAN

FAASILASILAGA: E mafai ona e maua se faamatala'upu e talanoa i lau foma'i poo matou i le taimi o lau siaki faatulagaina. Afai e te tautala i le gagana Samoa, o loo avanoa mo oe 'au'aunaga fesoasoani mo gagana, e pei o lomiga lapopo'a ma fesooota'iga e leai se totogi i isi faiga. Vala'au le 1-800-657-8205. (TTY: 711). Afai e te mana'omia atili se fesoasoani, valaau le Laina Fesoasoani a le DMHC i le 1-888-466-2219 **pe** valaau le Laina a le Matagaluega o Inisiua (Department of Insurance Hotline) i le 1-800-927-4357.

SPANISH

ATENCIÓN: Puede conseguir un intérprete para hablar con su médico en el momento de la cita o con nosotros. Si habla español, usted dispone de servicios gratuitos de asistencia en otros idiomas y comunicaciones gratuitas en otros formatos, como letra grande. Llame al 1-800-657-8205. (TTY: 711). Si necesita más ayuda, llame a la línea de ayuda del Departamento de Atención Médica Administrada (DMHC) al 1-888-466-2219 o llame a la línea directa del Departamento de Seguros al 1-800-927-4357.

TAGALOG

PAUNAWA: Maaari kang makakuha ng interpreter upang makausap ang iyong doktor sa panahon ng iyong appointment o sa pakikipag-usap sa amin. Kung nagsasalita ka ng Tagalog, maaari kang makakuha ng libreng mga serbisyo sa tulong sa wika at libreng pakikipag-ugnayan sa ibang mga anyo o pamamaraan, tulad ng malalaking titik. Tumawag sa 1-800-657-8205. (TTY: 711). Kung kailangan mo ng karagdagan pang tulong, tawagan ang DMHC Help Line sa 1-888-466-2219 o tawagan ang Hotline ng Departamento ng Insurance sa 1-800-927-4357.

THAI

หมายเหตุ: คุณสามารถขอล่ามมาพูดคุยกับแพทย์ของคุณได้ในเวลาที่คุณนัดหมายหรือกับเรา หากคุณพูดภาษาไทย เรายินดีให้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารฟรีในรูปแบบอื่นๆ เช่น ตัวอักษรขนาดใหญ่ โทร 1-800-657-8205. (TTY: 711). หากคุณต้องการความช่วยเหลือเพิ่มเติม โปรดติดต่อสายด่วน DMHC ที่หมายเลข 1-888-466-2219 หรือ โทรไปที่สายด่วนกรมการประกันภัยที่หมายเลข 1-800-927-4357.

UKRAINIAN

ЗВЕРНІТЬ УВАГУ! Під час прийому у лікаря або розмови з нами ви маєте змогу скористатися послугами усного перекладача. Якщо ви розмовляєте українською, ви можете безоплатно скористатися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як-от набрані великим шрифтом. Телефонуйте на номер 1-800-657-8205. (лінія TTY: 711). Якщо вам потрібна допомога, зателефонуйте на гарячу лінію Департаменту керованого медичного обслуговування (DMHC) за номером 1-888-466-2219 або на гарячу лінію Департаменту страхування (Department of Insurance) за номером 1-800-927-4357.

VIETNAMESE

LƯU Ý: Quý vị có thể có một thông dịch viên miễn phí để nói chuyện với bác sĩ thời điểm hẹn khám của mình hoặc nói chuyện với chúng tôi. Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí và thông tin liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in cỡ chữ lớn, sẽ được cung cấp cho quý vị. Gọi 1-800-657-8205. (TTY: 711). Nếu quý vị cần trợ giúp thêm, hãy gọi cho Đường dây trợ giúp DMHC theo số 1-888-466-2219 **hoặc** gọi cho Đường dây nóng của Sở Bảo hiểm theo số 1-800-927-4357.