

Your Summary of Benefits



Educational Purchasing Council - Edgewood Lumenos Health Savings Accounts Effective **January 1, 2019**

Covered Benefits	Network	Non-Network
Deductible Family coverage requires the family deductible to be met before coinsurance applies. The single deductible does not apply to family coverage.	Single: \$2,000 Family: \$4,000	Single: \$4,000 Family: \$8,000
Out-of-Pocket Limit	Single: \$2,000 Family: \$4,000	Single: \$8,000 Family: \$10,000
Physician Home and Office Services Including Office Surgeries, allergy serum, allergy injections and allergy testing	0%	30%
Preventive Care Services Services include but are not limited to: Routine Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams - Physician Home and Office Visits - Other Outpatient Services @ Hospital/Alternative Care Facility	No copayment/coinsurance	30%
Emergency and Urgent Care - Emergency Room Services @ Hospital (facility/other covered services) (copayment waived if admitted) - Urgent Care Center Services	0% 0%	0% 30%
Inpatient and Outpatient Professional Services Include but are not limited to: Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	0%	30%
Inpatient Facility Services (Network/Non-Network combined) Unlimited days except for: 60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) 100 days for skilled nursing facility	0%	30%
Outpatient Surgery Hospital/Alternative Care Facility Surgery and administration of general anesthesia	0%	30%
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Covered Benefits	Network	Non-Network
Other Outpatient Services (Network/Non-network combined) including but not limited to: - Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. - Home Care Services 100 visits (excludes IV Therapy) - Durable Medical Equipment and Orthotics - Prosthetic Devices - Prosthetic Limbs - Physical Medicine Therapy Day Rehabilitation programs - Hospice Care - Ambulance Services	0% 0% 0%	30% 0% 0%
Accidental Dental Services \$3,000 per accident (Network and Non-network combined)	0%	30%
Outpatient Therapy Services (Combined Network & Non-Network limits apply) - Physician Home and Office Visits - Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: - Cardiac Rehabilitation 36 visits - Pulmonary Rehabilitation 20 visits - Physical Therapy: 30 visits - Occupational Therapy: 30 visits - Manipulation Therapy: 12 visits - Speech therapy: 20 visits	0% 0%	30% 30%
Behavioral Health Services: Mental Illness and Substance Abuse¹ - Inpatient Facility Services - Physician Home and Office Visits - Other Outpatient Services @ Hospital/Alternative Care Facility	0%	30%
Human Organ and Tissue Transplants Acquisition and transplant procedures, harvest and storage.	0%	30%
Prescription Drugs Administered by CVS/Caremark	See Your Prescription Benefits Summary	See Your Prescription Benefits Summary
Lifetime Maximum	Unlimited	Unlimited

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Notes:

- All deductibles, copayments and coinsurance apply toward the out-of-pocket maximum including prescription drugs. (Excludes Non-network Human Organ and Tissue Transplants).
- Deductible(s) apply to covered services listed with a percentage (%) coinsurance, including 0%.
- Network and non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26
- 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- Benefit period = calendar year
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Private Duty Nursing – limited to 82 visits/Calendar Year.
- Wigs limited to 1 per benefit period

1 We encourage you to review the Schedule of Benefits for limitations. .

Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.

Pre-existing Exclusion Period: none

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

Here's an overview of your CVS Caremark benefits.

Edgewood HDHP 1/1/2019

If you have any questions about your prescription plan or costs, call us at 1-888-202-1654. We can help any time after your plan starts. For TDD assistance, please call 1-800-863-5488.

	Short-Term Medicines CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	Long-Term Medicines CVS Caremark Mail Service or CVS Pharmacy locations (up to a 90-day supply)
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	\$0 (after deductible) for a generic medicine	\$0 (after deductible) for a generic medicine
Preferred Brand-Name Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	\$0 (after deductible) for a preferred brand-name medicine	\$0 (after deductible) for a preferred brand-name medicine
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	\$0 (after deductible) for a non-preferred brand-name medicine	\$0 (after deductible) for a non-preferred brand-name medicine
Refill Limit	None	None
Annual Deductible	\$2,000 per individual / \$4,000 per family (combined with medical)	
Maximum Out-of-Pocket	\$2,000 per individual / \$4,000 per family (combined with medical)	
Out-of-Network Claims	Prescriptions filled at Out-of-Network pharmacies will be reimbursed at 100% after the non-network deductible is met.	
Prior Authorization	Certain medications may require prior authorization. Please contact Customer Care toll-free at 1-888-202-1654 or visit www.caremark.com for verification of prior authorization requirements.	
Specialty Medicines	Specialty medications are required to be filled through CVS Specialty Mail Order Pharmacy or at a retail CVS/pharmacy. Please contact Customer Care toll-free at 1-888-202-1654 for questions or to get started today.	

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Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. Your feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-202-1654. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle private health information.

Notice of Nondiscrimination

Federal civil rights laws prohibit certain health programs and activities from discriminating on the basis of race, color, national origin, age, disability, or sex. The laws apply to health programs and activities that receive funding from the Federal government, are administered by a Federal agency or are offered on a public Health Insurance Marketplace. Health plans that are subject to the laws include Medicare Part D plans, Medicaid plans, health plans offered by issuers on Health Insurance Marketplaces, and certain employee health benefit plans. If you have questions about whether these Federal civil rights laws apply to your plan, please contact your health plan at the number in your benefit plan materials.

If your health plan is subject to these Federal civil rights laws, it complies with the laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Your health plan:

- Provides appropriate aids and services, free of charge, when necessary to ensure that people with disabilities have an equal opportunity to communicate effectively with us, such as:
 - Auxiliary aids and services
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language assistance services, free of charge, when necessary to provide meaningful access to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Customer Care at the phone number on your benefit ID card.

If you believe these services have not been appropriately provided to you or you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail, fax, or email with your health plan's Civil Rights Coordinator.

You may also contact Customer Care and we will direct your grievance to your health plan's Civil Rights Coordinator:

Nondiscrimination Grievance Coordinator
PO BOX 6590, Lee's Summit, MO 64064-6590
Phone: 1-866-526-4075
TTY: 1-800-863-5488
Fax: 1-855-245-2135
Email: nondiscrimination@cvscaremark.com

If you need additional help filing a grievance, your health plan's Civil Rights Coordinator 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
1-800-368-1019, 1-800-537-7697 (TDD)

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

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call Customer Care at the number on your benefit ID card (TTY: 800-863-5488).

Español	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio al cliente al número telefónico que aparece en su tarjeta de identificación de beneficios (TTY:800-863-5488).
中文	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打您福利身份證上的電話號碼 (TTY:800-863-5488) 致電客戶關懷。
Tiếng Việt	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi cho Ban Chăm Sóc Khách Hàng theo số điện thoại có trên thẻ nhận dạng phúc lợi của bạn (TTY: 800-863-5488).
한국어	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본인의 혜택 ID 카드에 표시된 고객 지원 전화번호로 연락주시기 바랍니다. (TTY: 800-863-5488).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Customer Care sa numero ng telepono na nasa iyong ID card ng benepisyo (TTY: 800-863-5488).
Русский	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Свяжитесь с Отделом обслуживания клиентов по номеру телефона, указанному на вашей индивидуальной карте для социальных выплат (Телетайп: 800-863-5488).
العربية	ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل بفرق دعم العملاء على الرقم الموجود على بطاقة التعريف. (هاتف الصم والبكم: 800-863-5488).
Kreyòl Ayisyen	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Kliyan nan nimewo telefòn ki sou kat ID benefis ou an (TTY: 800-863-5488).
Français	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Service client au numéro de téléphone figurant sur votre carte de prestations (ATS:800-863-5488).
Polski	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń do Obsługi Klienta, korzystając z numeru podanego na Twojej karcie identyfikacyjnej korzyści (TTY: 800-863-5488).
Português	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para a Linha de Apoio ao Cliente, para o número escrito no seu cartão de identificação de beneficiário (TTY:800-863-5488).
Italiano	ATTENZIONE: Nel caso in cui la lingua parlata sia l'italiano, sono disponibili gratuitamente servizi di assistenza linguistica. Contattare l'Assistenza Clienti al numero che compare sulla propria tessera identificativa (TTY: 800-863-5488).
Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die Kundenbetreuung unter der Rufnummer auf Ihrer Versicherungskarte an (TTY: 800-863-5488).
日本語	注意事項：日本語を話される場合、無料で言語支援をご利用いただけます。保険カードに記載されているカスタマーケアの電話番号へ(TTY: 800-863-5488)お問い合わせください。
فارسی	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. از طریق شماره تلفن درج شده بر روی کارت شناسایی کمک هزینه های خود (TTY: 800-863-5488) یا بخش پشتیبانی مشتریان تماس بگیرید.
हिंदी	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। आपके बनिफिट आईडी कार्ड पर दिए गए ग्राहक सेवा के फोन नंबर पर कॉल करें (TTY: 800-863-5488)।
Հայերեն	ՈՒՇԱՊԴՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ անվճար կառող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք Հաճախորդների սպասարկում՝ ձեր նպաստների ID քարտի վրա նշված հեռախոսահամարով (TTY: 800-863-5488).
ગુજરાતી	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. તમારા બેનીફિટ આઈડી કાર્ડ ઉપરના ગ્રાહક સેવા નંબર પર કોલ કરો (TTY: 800-863-5488).
Hmoob	MLOOG ZOO: Yog koj hais lus Hmoob, peb muaj neeg txhais lus, pub dawb rau koj. Hu rau Cov Neeg Pab Qhua Lag Luam ntawm tus xov tooj nyob hauv koj daim ID siv qhov kev pab no (Rau cov neeg hais tsis tau lus thiab tsis nov lus siv tus xov tooj (TTY:800-863-5488).
اُردو	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ اپنے منفعت ائی ڈی کارڈ پر فون نمبر پر کسٹمر کیئر پر کال کریں (ٹی ٹی وائی: 800-863-5488)۔
ខ្មែរ	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្បឿនអាចមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកថែទាំអតិថិជនតាមលេខទូរស័ព្ទនៅលើប័ណ្ណ ID អត្តប្រយោជន៍របស់អ្នក (TTY:800-863-5488)។

ਪੰਜਾਬੀ	ਪਸ਼ਿਅਨ ਦਫਿ: ਜੇ ਤੁਸੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਚਿ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ਤੁਹਾਡੇ ਬੈਨੀਫਿਟ ID ਕਾਰਡ ਉੱਪਰ ਦਿੱਤੇ ਗਏ ਫੋਨ ਨੰਬਰ ਤੇ ਕਸਟਮਰ ਕੇਅਰ ਨੂੰ ਕਾਲ ਕਰੋ (ਟੀ ਟੀ ਵਾਈ: 800-863-5488)।
বাংলা	লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। কাস্টমার কেয়ারে ফোন করুন আপনার বেনিফিট আইডি কার্ডে দেওয়া নম্বর অনুযায়ী (TTY:800-863-5488).
שׂרָאק	אויפמערקזאם: אויב איר אראבער אדיריש, אנגען שפראך הילף פאר אפצאל, אוועקלעב פאר איין. (TTY: 800-863-5488) ID קארטע צו באניצער בענוצט ID קארטע.
አማርኛ	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። በጥቅማጥቅም መታወቂያ ካርድዎ ላይ በሚገኘው ስልክ ቁጥር ለደንበኞች አገልግሎት ይደውሉ (መስማት ለተሳናቸው:- 800-863-5488)።
ภาษาไทย	หมายเหตุ: ถ้าคุณพูดภาษาไทย เรามีบริการให้ความช่วยเหลือด้านทางภาษาให้คุณฟรี ให้โทรหาฝ่ายบริการลูกค้าที่หมายเลขโทรศัพท์ที่ระบุอยู่บนบัตรรหัสผลประโยชน์ของคุณ (โทร: 800-863-5488).
Oroomiffa	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Karaa lakkoosfa bilbila Kunuunsaa Maamiltootaa waraqaa eenyummaa faayidaa kee irratti argamu (TTY:800-863-5488) tiin bilbili.
Ilokano	PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Tawagan ti Customer Care iti numero ti telepono a nakasurat iti ID card ti benepisioyo (TTY: 800-863-5488).
ພາສາລາວ	ໂປດຊາບ: ຖ້າ ກ່ອນ ທ່ານ ອົງ ພາ ສາ ລາວ, ການ ບໍລິການ ຊ່ວຍ ເຫຼືອ ດ້ານ ພາ ສາ, ໂດຍ ບໍ່ ສັງຄ່າ, ຄຸ້ມ ມື້ ພ້ອມ ໃຫ້ ທ່ານ. ກະ ລຸນາ ໂທ ຫາ ສູນ ຊ່ວຍ ເຫຼືອ ລູກ ຄ້າ ຕາມ ຕົວ ໂທ ທີ່ ລະ ບຸ ຕິ ງ ບັດ ປະ ຈຳ ຕົວ ຜູ້ ຮັບ ການ ສົ່ງ ເຄາະ (TTY:800-863-5488).
Shqip	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Thirrni Kuidesin për Konsumatorët në numrin e telefonit në kartelën tuaj të beneficioneve (TTY: 800-863-5488).
Srpsko-hrvatski	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Pozovite službu koja brine o korisnicima na broju telefona koji se nalazi na vašoj ID kartici usluga (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 800-863-5488).
Українська	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте у Відділ обслуговування клієнтів за номером, вказаним на вашій індивідуальній карті для соціальних виплат (Телетайп: 800-863-5488).
नेपाली	ध्यान दिनुहोस्: यदि तपाईंले [तपाईंको भाषा राख्नुहोस्] भाषा बोल्नुहुन्छ भने तपाईंको लागि नि:शुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। तपाईंको बनिफिट आईडी कार्डमा भएको ग्राहक स्याहारको फोन नम्बर (TTY:800-863-5488) मा फोन गर्नुहोस्।
Nederlands	AANDACHT: Als u Nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel de Klantenservice op het telefoonnummer op uw id-voordeelkaart (TTY:800-863-5488).
unD	ဟံသူတံဟံသး- နမ့်ကတိ၊ ကညိကိဝ် အယိ၊ နမ့်နု ကိဝ်တံမၤတၢ်တဖၣ်, လၢတလၢ်ကိဝ်လၢ်စ့ၤသ့န့ၣ်လိၤ. ကိးတံကိဝ် ၣ်ထွဲပုၤစူးကိတၢ်ဖိ ဝဲန့ၣ်ဂံၢ်လၢအဆိၣ်လၢနတၢ်န့ၣ်ဘျး ID ခးက့အလိၤ (TTY: 1-800-863-5488) တက့ၢ်.
Gagana fa'a Sāmoa	FAAALIGA: Afai e te tautala Faa-Samoa, o loo avanoa le fesoasoani mo le gagana mo oe, e leai se totogi. Telefoni atu i le Tautua mo le Lautele (Customer Care) i le numera o le telefoni o lo i lau pepa ID (TTY:800-863-5488).
Kajin Majōl	LALE: Ne kwoj konono kajin Majol, komaron in bok jipan ko ilo kajin ne am ejelok wonaan. Kirlok ro rej bok eddo im ej walok ilo ID kaat in jiban eo am (TTY: 800-863-5488).
Română	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la Relații Clienți la numărul de telefon de pe cardul dvs. de benficii (TTY: 800-863-5488).
Foosun Chuuk	MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kopwe kokkori nampan Anisi Chon Fiti won epekin om we taropwen esisinnan chon fiti. (TTY:800-863-5488).
Tonga	TOKANGA MAI: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'e totongi, pea teke lava 'o ma'u ia. Telefoni mai 'i he numera 'i he funga 'o ho'o kaati ID 'aonga (TTY: 800-863-5488)
Bisaya	ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawage ang Customer Care sa numero sa imong benepisyo nga ID kard. (TTY:800-863-5488).
Ikirundi	ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona serivisi y'ubudandaji kuri izi numero za terefone ku nyungu za karangamuntu yawe (TTY:800-863-5488).

Kiswahili	KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu kwenye Kituo cha Huduma kwa Wateja kupitia nambari ya simu iliyo nyuma ya kadi yako ya utambulisho ya manufaa (TTY: 800-863-5488).
Bahasa Indonesia	PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi Layanan Pelanggan di nomor telepon yang tertera pada kartu ID manfaat Anda (TTY: 800-863-5488).
Türkçe	DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. Sosyal Yardım Kimlik kartınızdaki telefon numarasından Müşteri Hizmetlerini arayın (TTY: 800-863-5488).
كوردی	ئاگادارى: ئىگەر بە زمانى كوردى قەسە دەكەیت، خزمەتگوزارىيەكانى يارمەتى زمان، بەخۆرايى بۆ تۆ بەردەستە. پەيوەندى بە چاودىرى بەكار بگە لە رىگەى ژمارەى سەر ناسنامەى سوودت (TTY: 800-863-5488).
తెలుగు	శ్రద్ధ: ధృవం: ఒకవేళ మేము తెలుగుభాష మాట్లాడుతున్నట్లయితే, మేం కూడా తెలుగు భాషా సహాయక సేవల ఉచితంగా లభిస్తాయి. మేం బహుళభాషా కార్యకర్తలతో సహా ఉన్న సహజం (TTY:800-863-5488) ద్వారా కస్టమర్ కేర్ కు కాలి చేయండి.
Thuɔŋjaŋ	PII KENE: Na ye jam në Thuɔŋjaŋ, ke kuony yenë kɔc waar thook atɔ kuka lɛu yɔk abac ke cɛn wɛnh cuatɛ piny.Cɔl rɛn tɔŋ dɛ kɔc kɛ luɔi ye kɔc kuony në nɛmba dɛn tɔ në I.D Kat du yic (TTY:800-863-5488).
Norsk	MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring kundeservice på telefonnummeret som står på fordels-ID-kortet. (TTY: 800-863-5488).
Català	ATENCIÓ: Si parles Català, tens disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu a Atenció al client al número de telèfon que apareix en la vostra targeta d'identificació de beneficis (TTY:800-863-5488).
λληνικά	Προσοχή: Εάν μιλάτε Ελληνικά, υπάρχει δωρεάν διαθέσιμη υπηρεσία γλωσσικής υποστήριξης. Καλέστε το Κέντρο Υποστήριξης Πελατών στο τηλέφωνο που αναγράφεται στην Κάρτα σας προνομίων μέλους Αριθμός για άτομα με προβλήματα ακοής/ομιλίας- TTY: 800-863-5488
Igbo asusu	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site. Kpọọ onye ntuzi aka na nomba ekwenti nke di na kaadi uru njirimara gi (TTY:800-863-5488).
èdè Yorùbá	Akiyesi: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro Olùtòjù Onibààrà sọrí nọmbà ori káádí alálfààni rẹ (TTY:800-863-5488).
Lokaiahn Pohnpei	Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Ma komw anahne sawas ah komw kak call nembe me mih ni sapwelmwomi Benefit ID card. (TTY:800-863-5488).
Deutsch	Wann du Deutsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die Englisch Schprooch. Ruf selli Nummer uff: Ruf die Leit bei Customer Care uff unnich die Namber as uff dei Benefit-ID-Card is. (TTY: 800-863-5488).
ho‘okomo ‘ōlelo	E kaulona mai: Inā ‘ōlelo Hawai‘i ‘oe, aia ho‘i nā lawelawe ‘ōlelo, manawale‘a ho‘i kēia no ‘oe. Kelepona mai i ka helu i luna o kāu pepa ola no ke kōkua iā ‘oe (TTY:800-863-5488).
Adamawa	MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu hakkilanobe to limngal gonngal dow kaatiwol ID maada (TTY:800-863-5488).
tsalagi gawonihisdi	Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. OʻhGʻoY ʃOʃ4oʻAʻA ʋʌʋBwʻb ʋoʻy J4oʻA ʃrSAʋʋP ID DʃhʃoʻA Gʻʋʌʌ. (TTY:800-863-5488)
I linguahén Chamoru	ATENSIÓN: Yanggen un tungó [I linguahén Chamoru], i setbision linguahé gaige para hagu dibatde ha. Agang i Ayudan Taotao gi numero gaige gi benefisiun ID kart-mu (TTY:800-863-5488).
አገልግሎት	ამხელთ: ახი ზემიხ სორთ აინ აილა ბლას. მხერო რე დია ლია ბუაყა მსაადე დია. (ლასმი ლამსოთი 18008635488) (TTY:800-863-5488)
ကြမာနုန	သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ သင့် အကျိုးပြုအိုင်ဒီကဒ်ရှိ ဖုန်းနံပါတ် (TTY: 1-800-863-5488) ဖြင့် ဖောက်သည်ဂရုပြုမှုကို ဖုန်းခေါ်ပါ။
Diné Bizaad	Díí baa ako’ nínízíndoo. Diné Bizaad bee yá nítłi’ go, t’áá jii k’eh ná hóló, saad bee níká’ a’ ałyeedigíí. Koji’ hó dííł niih. (TTY:800-863-5488).
Bàsɔ́w-wùdù -po-nyò	Dè dɛ nìà kɛ dyédé gbo: ɔ jù ké m̩ [Bàsɔ́w-wùdù-po-nyò] jù ní, nìí, à wuɖu kà kò dò po-poò ɓɛ́in m̩ gbo kpáa. Sébél nsinga i Tédá Nsòmb i yé ntilgaga i kat yòh yénè (TTY:800-863-5488)
Chahta	ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Chi na halbina holisso iskitini ma holhtena yvt takanli mako itatoba ahalaia ya i pava. (TTY:800-863-5488).