

***EPC - Preble County ESC
Blue AccessSM (PPO) – Core Summary of Benefits
Effective 10/01/2020***

Covered Benefits	Network	Non-Network
Deductible (Single/Family) <i>(Applies only to percent (%) copayments)</i>	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-Pocket Maximum (Single/Family)	\$2,000/\$4,000	\$4,000/\$8,000
Physician Office Services Including Office Surgeries, allergy serum and injections ¹ • Allergy testing	\$20 20%	40% 40%
Preventive Care Medical History Mammography ¹ , Pelvic Exams, Pap testing and PSA tests Immunizations ¹ Annual diabetic eye exam Annual Vision and Hearing exams	No copayment/coinsurance	40%
Outpatient Physical Medicine Therapies (Combined Network & Non-Network limits apply) Physical/Occupational therapy: 60 visits combined limit Spinal manipulations: 12 visit limit Speech therapy: 50 visit limit	Copayments based on place of service	Copayments based on place of service
Inpatient Services Unlimited days except for: 60 days Network/Non-Network combined for physical medicine/rehab 180 days Network/Non-Network combined for skilled nursing facility	20%	40%
Outpatient Surgery Hospital/Alternative Care Facility	20%	40%
Other Outpatient Services Hospital/Alternative Care Facility	20%	40%
Inpatient and Outpatient Professional Charges	20%	40%
Home Care Services 30 visits non-network limit for Home Care, excludes IV therapy	20%	40%
Hospice Services	20%	20%
Emergency and Urgent Care: Emergency Care in Emergency Room <i>(covers all services, copayment waived if admitted, then inpatient copayment applies)</i> Urgent Care Facility	\$100 \$50	\$100 \$50
Ambulance Services	20%	20%
Maternity Services	20%	40%
Behavioral Health Services: Mental Illness and Substance Abuse² • Inpatient Facility Services • Inpatient Professional Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional	 20% 20% No Cost Share No Cost Share	 40% 40% 40% 40%
Lifetime Maximum (Combined Network and Non-Network)	Unlimited	Unlimited

Covered Benefits	Network	Non-Network
Human Organ and Tissue Transplants except Kidney and Cornea transplants ³	Covered in full	50%
Medical Supplies, Equipment and Appliances	20%	40%
Prescription Drug Options: Administered by CVS/Caremark	See Your Prescription Benefit Plan Summary	See Your Prescription Benefit Plan Summary

Notes:

- All deductibles and copayments apply toward the Out-of-Pocket Maximum (except prescription drug, human organ and tissue transplants, excluding kidney and cornea, and flat dollar copayments for Preventive Care, Physician Office Services and Urgent Care).
 - Deductible(s) apply only to covered services listed with a percentage (%) copayment excluding prescription drugs and allergy testing (**Network**). Deductible(s) do apply to allergy testing on Saver Plans.
 - Network and Non-network deductibles, copayments and out-of-pocket maximums are separate and do not accumulate toward each other.
 - Dependent age: to the end of the year in which the child attains age 26.
- ¹ These covered services are covered in full if you have a flat dollar copayment and if rendered without an office visit.
- ² Mental health/substance abuse must be authorized by the mental health administrator for services to be covered at the highest benefit level. Refer to Schedule of Benefits for limitations.
- ³ Kidney and Cornea are treated the same as any other illness and subject to the medical benefits and lifetime maximum.

Precertification:

- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

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.

Here's an overview of your CVS Caremark benefits.

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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.	\$12 for a generic medicine	\$24 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.	\$24 for a preferred brand-name medicine	\$48 for a preferred brand-name medicine
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	50% (\$40 min / \$80 max) for a non-preferred brand-name medicine	\$80 for a non-preferred brand-name medicine
Refill Limit	None	None
Maximum Out-of-Pocket	\$3,000 per individual / \$6,000 per family	
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.	

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.

7471-WKL-MCHOICE_MOOP_SP_CUSTOM-0718

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: 711).

Español	ATENCION: 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: 711).
中文	請注意：如果您使用繁體中文，您可以獲得免費的語言協助服務。請撥打您福利身份卡 (Benefit ID Card) 上的電話號碼 (TTY: 711) 致電客服中心。
Tiếng Việt	CHU Y: Nếu bạn nói Tiếng Việt, chúng tôi có cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi cho Ban Chăm Sóc Khách Hàng theo số điện thoại có trên thẻ nhận dạng phúc lợi của bạn (TTY: 711).
한국어	알림: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본인의 혜택 ID 카드에 표시된 고객 지원 전화번호로 연락 주시기 바랍니다 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, makakakuha ka 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: 711).
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: 711).
العربية	ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل بفريق دعم العملاء على الرقم الموجود على بطاقة التعريف. (رقم جهاز TTY للصم: 711).
Haitian Creole	ATANSYON: Si w pale Haitian Creole, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Kliyan nan nimewo telefòn ki sou kat ID avantajou an (TTY: 711).
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 : 711).
Polski	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy w tym języku. Zadzwoń do Biura Obsługi Klienta, korzystając z numeru podanego na Twojej karcie identyfikacyjnej (TTY: 711).
Português	ATENÇÃO: se você fala português, também pode obter informações sobre os serviços de assistência nesse idioma, sem nenhum custo adicional. Ligue para o Atendimento ao Cliente usando o número de telefone no seu cartão de beneficiário (TTY: 711).
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 dei benefit identificativa (TTY: 711).
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: 711).
日本語	注：日本語での会話を希望される場合は、無料の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(TTY: 711)へお問い合わせください。
فارسی	توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشد. از طریق شماره تلفن درج شده بر روی کارت شناسایی مزایای تان با بخش پشتیبانی مشتریان تماس بگیرید (TTY: 711)
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: 711)।
Հայերեն	ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, սպաս ձեզ կարող են տրամադրվել թարգմանչի ծառայություններ: Չանգահարեք Հաճախորդների սպասարկման բաժին՝ ձեր նպաստների անհատական (ID) քարտի վրա նշված հեռախոսահամարով (TTY: 711).
ગુજરાતી	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. તમારા બેનીફિટ આઈડી કાર્ડ ઉપરના ફોન નંબર પર કસ્ટમર કેરને કોલ કરો (TTY: 711).
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: 711).
اردو	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی معاونت کی خدمات مفت میں دستیاب ہیں۔ اپنے منفعت آئی ڈی کارڈ پر فون نمبر (ٹی ٹی وائی: 711) پر کسٹمر کیئر کو کال کریں۔
ខ្មែរ	យកចិត្តទុកដាក់: បេសជ្ជាអ្នកនយោបាយ ភាសាខ្មែរ, សេវាកម្មជន្លាយផ្នែកភាសាដោយឥតគិតថ្លៃមានជូនជំនួយសំរាប់លោកអ្នក។ សូមទូរស័ព្ទទៅផ្នែកថែទាំអតិថិជនតាមលេខទូរស័ព្ទនៅលើប័ណ្ណ ID អត្តប្រយោជន៍របស់អ្នក (TTY: 711)។

ਪੰਜਾਬੀ	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਵੱਲੋਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਬੈਨੀਫਿਟ ਆਈਡੀ ਕਾਰਡ ਉੱਪਰ ਦਿੱਤੇ ਗਏ ਕਸਟਮਰ ਕੇਅਰ ਦੇ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ (TTY: 711)।
বাংলা	লক্ষ্য করুন: আপনি যদি বাংলা ভাষায় কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। কার্ডুমার কেয়ারে ফোন করুন আপনার বেনিফিট আইডি কার্ডে দেওয়া (TTY: 711) নম্বর অনুযায়ী।
שְׂרָאית	אופקמקזאם: אויב איר רעדט שרייט, זענען אוועלעכע פאר אייך שפראך הילף געווען פון אפצאל. (TTY: 711) קאמטאטער קעיר אויפן טעלעפאן נומער וואס איז איינער בענעפער ID קארטא.
አማርኛ	ማስታወሻ:- የአማርኛ ቋንቋ ተናጋሪ ከሆኑ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያገለግሉት ተዘጋጅተዋል። በጥቅማጥቅም ካርድዎ ላይ በሚገኘው ስልክ ቁጥር ለደንበኞች አገልግሎት ይደውሉ (መስማት ለተሳናቸው:- 711)።
ภาษาไทย	หมายเหตุ: ถ้าคุณพูดภาษาไทย เรามีบริการให้ความช่วยเหลือทางด้านภาษาให้คุณฟรี โทรหาฝ่ายบริการลูกค้าที่หมายเลขโทรศัพท์ที่ระบุอยู่บนบัตรผลประโยชน์ของคุณ (โทร: 711)
Oroomiffa	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Karaa lakkoosfa bilbila Kunuunsaa Maamiltootaa waraqaa eenyummaa faayidaa kee irratti argamu (TTY: 711) tiin bilbili.
Ilokano	Pakdaar: No agsasao ka ti Ilocano, dagitti serbisyo nga tulong iti lengguahe nga libre, ket sidadaan para kenka. Tawagan ti Customer Care iti numero ti telepono iti ID card ti benepisyom (TTY: 711).
ພາສາລາວ	ເລື່ອງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີໃຫ້ແກ່ທ່ານ. ໃຫ້ໂທຫາຝ່າຍດູແລລູກຄ້າຕາມເບີໂທທີ່ລະບຸໄວ້ຢູ່ໃນບັດຜູ້ໄດ້ຮັບຜົນປະໂຫຍດຂອງທ່ານ (ໂທ TTY: 711).
Shqip	KUJDES: Nëse flisni Shqip, shërbimet e asistencës gjuhësore janë në dispozicionin tuaj, pa pagesë. Telefononi Kujdesin për Konsumatorët në numrin e telefonit në kartën tuaj të identifikimit të benefiteve (TTY: 711).
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: 711).
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: 711).
नेपाली	ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंको लागि नि:शुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। तपाईंको बनिफिट आईडी कार्डमा भएको ग्राहक स्याहारको फोन नम्बर (TTY: 711) 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: 711).
unD	ဟိသျှပ်ဟိသး- နမူကတိ၊ ကညီကျိာ် အသိ၊ နမူနာ ကျိတ်တိမတတဖ်, လတလတ်ဘျီလတ်စုသ့န့ဉ်လီ၊ ကိတ်က ဝဲလွဲပုစူးကတိတိ ဝဲနီဉ်ဂံလအဒိဉ်လအတိန့ဉ်ဘျူး ID ခးကုအလီ (TTY: 711) တက့၊
Gagana Sāmoa	FA'AALIGA: Afai e te tautala Fa'aSamoa, o lo'o 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'o i lau pepa ID (TTY: 711).
Kajin Majol	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: 711).
Română	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică gratuite. Sunați la Relații Clienți la numărul de telefon de pe cardul dvs. de beneficii (TTY: 711).
Foosun Chuuk	MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei áninisin chiakku, ese kamo. Kopwe kokkori nampán Ánisi Chon Fiti won epekin om we taropwen esisinnan chon fiti. (TTY: 711).
Tonga	TOKANGA'I 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: 711).
Bisaya	ATENSYON: Kung Cebuano imong sinultihan, adunay libreng serbisyo tabang sa lingguwahe nga imong magamit. Tawagi ang Customer Care ang numero ana-a sa imong benepisyong ID kard. (TTY: 711).
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: 711).
Kiswahili	KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata huduma za lughabila malipo. Piga simu kwenye Kituo cha Huduma kwa Wateja kupitia nambari ya simu iliyo nyuma ya kadi yako ya kitambulisho cha kupata manufaa (TTY: 711).

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: 711).
Türkçe	DİKKAT: Eğer Türkce konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. Sosyal Yardım Kimlik kartınızdaki telefon numarasından Müşteri Hizmetlerini arayın (TTY: 711).
ಕುರ್ದಿ	. ناگاداری : نه گهر به زمانی کوردی قهسه ده کهیت، خزمه تڭوزا ربه کانێ یارمه تی زمان ، به خەڵاس . ئۆ بەردهسته . په پوهندی به چاو دییری به کار بکه له ریگی هه ژمارهی سه‌ر ناستنامه‌ی سوودت (TTY: 711)
తెలుగు	శ్రద్ధ ధర్మం పాటించండి: ఒకవేళ మౌన తెలుగుభాష మాట్లాడగల సహజంగా ఉన్నారైతే, స్వాచ్ఛ మరియు ఆరోగ్య కార్డు మీ బస్ ప్రయాణ సమాప్తికి సంబంధించిన అనుచితాలు తప్పకుండా చేయాలి. మరి బస్ ప్రయాణ విడ్డూ కాంటర్ లో ఏ ఇన్ ఫ్ నాంబరు వద్ద ద (TTY: 711) కస్టమరీ కేరింగు కూల్ చేయండ.
Thuongjanj	PID KENE: Na ye jam nē Thuonġjaŋ, ke kuony yenë koc waar thok atō kuka lœu yök abac ke cîn wênh cuatê piny. Cól rân tön dē koc kê luoi ye koc kuony nē akuën dên tõ nē I.D Kat du yic (TTY: 711).
Norsk	MERK: Hvis du snakker norsk er gratis språkhjelptjenester tilgjengelige for deg. Ring kundeservice på telefonnummeret som står på fordels-ID-kortet (TTY: 711).
Català	ATENCIÓ: Si parreu català, teniu 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: 711).
Ελληνικά	Προσοχή: Εάν μιλάτε Ελληνικά, υπάρχει δωρεάν διαθέσιμη υπηρεσία γλωσσικής υποστήριξης. Καλέστε το Κέντρο Υποστήριξης Πελατών στο τηλέφωνο που αναγράφεται στην Κάρτα σας προνομιών μέλους (TTY: 711).
Igbo asusu	NRUBAMA: O buri na i na asu Ibo, orụ nyemaka asusụ, bu n’efu, dijiri gi. Kporo Onye Ntuziaaka na nombaa di na kaadi NJ elele gi (TTY: 711).
èdè Yorùbá	Akíyèsì: Bí o bá nsò èdè Yoruba, ìṣẹ̀ iranlọwọ́ nípa èdè, láì sanwó, wà fún ọ. Pe Olutójú Onibàára lóri nǫmbà èro ibánísòrò ori káádì idánimọ aláńfàànì re (TTY: 711).
Lokaiahn Pohnpei	Ni songen mwohmw oh-te, komw pahñ 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: 711).
Deutsch	Wann du Deutsch schwetzschst, kannscht du mitaus Koschte ebber gricke, ass dihr helfft 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: 711).
'Ōlelo Hawai'i	E kaulona mai: Inā ‘ōlelo Hawai‘i ‘oe, aia ho‘i nā lawelawe 'ōlelo, manawale‘a ho‘i kāia no ‘oe. Kelepona mai i ka helu i luna o kāu pepa ola no ke kūkua iā ‘oe (TTY: 711).
Adamawa	MAANDO: To a waawii Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddir hakkilanoobe limngal gonngal dow kaatiwol ID maada (TTY: 711).
tsalagi gawonihsidi	ሪድፋል። ሀይማኖት (GWY), የአስተባባሪ ዕውቅና ተርጓሚያን D49 ለምለ፤ ዲጀታል አሃዱ ሪፎርም እውቂያ ነች። በአዲስ መረጃ ምሽት ሊመሠረት ይችላል። በእነዚህ መሆኑ ለፋል፤ ኩሉም ID ዘርፍ አልፏል። ሁሉም &L (TTY: 711).
I linguahén Chamoru	ATENSIÓN: Yanggen un tunggo'I fino' Chamorro, i setbision lengguahi gaige para hagu dibatde ha. Agang i Ayudan Taotao gi numero gaige gi benefisiun ID kart-mu (TTY: 711).
አማርኛ	امېختلا: اخني همزيغ سورث اين ايلا بلاش. مخبرو رقم ديا ليا بطافة مساعدة ديا. (الاشمي ولالمصوتي) (TTY: 711)(١٨٠.٥٦٣٥٤٨٨)
မြန်မာစကားပြောသူများအတွက်	သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ သင့် အကျိုးပြုအိုင်ဒီကတ်ရှိ ဖုန်းနံပါတ် (TTY: 711) ဖြင့် ဇောက်သည်ဂျွှပ်ဖိုလို့ ဖုန်းခေါ်ပါ။
Diné Bizaad	Díí baa akoʼ ninízindoo. Diné Bizaad bee ya nálti go, tʼáá jii kʼeh ná hólor, saad bee nikáʼ aʼ alyeedigít. Kojiʼ hó díł niih. (TTY: 711).
Bàsɔ̀-wùdù-po-nyò	Dè dùũ dyi nòmò dyín cáo: Ɵ jú ké m̄ dyi Bàsɔ̀-wùdù-po-nyò jú ní, níí, à wudu kà kò dò po-pòò béin m̄ gbo kpáa. Sébéł nsinga í Téda Nsóm̄b í yé ntílgaaga í kat yòn yénè (TTY: 711).
Chahta	ANUMPA PA PISAH: Chahta illa ish anumpuli hokra, kvna kia Na Anumpa ya peh pillla ho chi toshola hinla. Chi na halbena holisso iskitini ma holhtena yvt takanli mak_o itatoba ahalaia ya I paya. (TTY: 711).
Somali	DIGNIIN: Haddii aad ku hadasho Soomaali, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Ka wac Daryeelka Macmiilka lambarka ku yaalla kaarkaaga aqoonsiga ee dheeftaada (TTY: 711).