Your Summary of Benefits

Anthem

Educational Purchasing Council - Clinton Massie
Lumenos Health Savings Account
Effective January 1, 2020

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: $1,500** **Family: $3,000**	**Single: $3,000** **Family: $6,000**
Out-of-Pocket Limit	**Single: $1,500** **Family: $3,000**	**Single: $10,000** **Family: $20,000**
Physician Home and Office Services o 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** o Physician Home and Office Visits o Other Outpatient Services @ Hospital/Alternative Care Facility	**No copayment/coinsurance**	**30%**
Emergency and Urgent Care o **Emergency Room Services @ Hospital (facility/other covered services)** (copayment waived if admitted) o **Urgent Care Center Services**	**0%** **0%**	**0%** **30%**
Inpatient and Outpatient Professional Services **Include but are not limited to:** o 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: o 60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) o 100 days for skilled nursing facility	**0%**	**30%**
Outpatient Surgery Hospital/Alternative Care Facility o Surgery and administration of general anesthesia	**0%**	**30%**
Blue 7.5		

Your Summary of Benefits

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, Orthotics and Prosthetics • 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/ Occupational Therapy: 60 visits combined • Manipulation Therapy: 20 visits • Speech therapy: 20 visits	 **0%** **0%**	 **30%** **30%**
Behavioral Health Services: **Mental Illness and Substance Abuse[1]** • 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 Benefit Plan Summary**	**See Your Prescription Benefit Plan Summary**
Lifetime Maximum	**Unlimited**	**Unlimited**

Your Summary of Benefits

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.
- 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.

Clinton-Massie Local Schools HDHP - 1/1/2020

Your annual deductible is $1,500 for an individual or $3,000 for a family. **Until this deductible amount is met, you will pay 100% for your prescriptions**. If you have any questions about your prescription plan or costs, call us at 1-888-202-1654. We can help anytime 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 Pharmacy 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 copay after the deductible is met** for a generic medicine	**$0 copay after the deductible is met** 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 copay after the deductible is met** for a preferred brand-name medicine	**$0 copay after the deductible is met** 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 copay after the deductible is met** for a non-preferred brand-name medicine	**$0 copay after the deductible is met** for a non-preferred brand-name medicine
Refill Limit	**None**	**None**
Maximum Out-of-Pocket	**$1,500 per individual / $3,000 per family (combined with medical)**	
Annual Deductible	**$1,500 per individual / $3,000 per family (combined with medical)**	
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.	
Prior Authorization	Certain medications may require prior authorization. Please contact Customer Care toll-free at 1-888-220-1654 or visit www.caremark.com for verification of prior authorization.	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates "dispense as written," you will pay the difference between the brand-name medication and the generic plus the brand copayment.

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.
If you access your pharmacy benefits information through the Caremark Web site, you can find Plan Members Rights and Responsibilities at www.caremark.com.

7471-WKL-HD_MCHOICE_AD_MOOP_SP_PA-1218

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

106-46657A 082718

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	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: 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	CHÚ Ý: 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 درج‌شده 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 बेनेफिट आईडी कार्ड पर दिए गए ग्राहक सेवा के फोन नंबर पर कॉल करें (TTY: 711)।
Հայերեն	ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ կարող են տրամադրվել թարգմանչի ծառայություններ: Զանգահարեք Հաճախորդների սպասարկման բաժին՝ ձեր նպաստների անհատական (ID) քարտի վրա նշված հեռախոսահամարով (TTY: 711).
ગુજરાતી	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક 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 ائی ڈی کارڈ پر فون نمبر (ٹی ٹی وائی: 711) پر کسٹمر کیئر کو کال کریں-
ខ្មែរ	យកចិត្តទុកដាក់៖ បើសនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាកម្មជនួយផ្នែកភាសា ដោយឥតគិតកថ្លៃមានផ្តល់ជូនសំរាប់លោកអ្នក។ សូមទូរស័ព្ទទៅផ្នែកថែទាំអតិថិជនតាមលេខទូរស័ព្ទនៅលើប័ណ្ណ ID អត្ថប្រយោជន៍របស់អ្នក (TTY: 711)។

ਪੰਜਾਬੀ	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਵਿੱਚ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਬੈਨੀਫਿਟ ਆਈਡੀ ਕਾਰਡ ਉੱਪਰ ਦਿੱਤੇ ਗਏ ਕਸਟਮਰ ਕੇਅਰ ਦੇ ਫ਼ੋਨ ਨੰਬਰ 'ਤੇ ਕਾੱਲ ਕਰੋ (TTY: 711)।
বাংলা	লক্ষ্য করুনঃ আপনি যদি বাংলা ভাষায় কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। কাস্টমার কেয়ারে ফোন করুন আপনার বেনিফিট আইডি কার্ডে দেওয়া (TTY: 711) নম্বর অনুযায়ী।
אידיש	אויפמערקזאם: אויב איר רעדט אידיש, זענען אוועילעבל פאר אייך שפראך היילף סערוויסעס פריי פון אפצאל. רופט קאסטומער קעיר אויפן טעלעפאן נומער וואס איז אויף אייער בענעפיט ID קארטל (TTY: 711).
አማርኛ	ማስታወሻ:- የአማርኛ ቋንቋ ተናጋሪ ከሆኑ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጀተዋል። 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	ຊືນຊາບ: 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 बेनिफिट आइडी 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	ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤ ကညီကျိာ် ဒုယိ, နမၤန့်ါ ကျိာ်တၢ်မၤစၢၤတဖဉ်, လၢတလၢာ်ဘူဉ်လာ်စ့ၤသ့နှဉ်လီၤ. ကိးတ်ါက ့်ထွဲပှၤစူးကါတၢ်ဖိ ဖဲနီဉ်ဂ်ါလၢအခိဉ်လၢနတၢ်နှ်ါဘျူး ID ခးကွအလိၤ (TTY: 711) တက့်.
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 Ṃajōḷ	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 benficii (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 nampan 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).
کوردی	ئاگاداری: ئەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگوزاریەکانی یارمەتی زمان، بەخۆڕایی، بۆ تۆ بەردەستە. پەیوەندی بە چاودێری بەکار بکە لە ڕێگەی ژمارەی سەر ناسنامەی سوودت (TTY: 711)
తెలుగు	శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగుభాష మాట్లాడితే, మీకు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. మీ బెనిఫిట్ ఐడి కార్డ్ పై ఉన్న నంబరు వద్ద (TTY: 711) కస్టమర్ కేర్‌కు కాల్ చేయండి
Thuɔŋjaŋ	PIŊ KENE: Na ye jam në Thuɔŋjäŋ, ke kuɔny yenë kɔc waar thok atö kuka lëu yök abac ke cïn wënh cuatë piny. Cɔl rän töŋ dë kɔc kë luɔi ye kɔc kuɔny në akuën dën tö në 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 parleu 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 προνομίων μέλους (TTY: 711).
Igbo asusu	NRỤBAMA: Ọ bụrụ na ị na asụ Ibo, ọrụ enyemaka asụsụ, bụ n'efu, dịịrị gị. Kpọọ Onye Ntuziaka na nọmba dị na kaadị NJ elele gị (TTY: 711).
èdè Yorùbá	Akiyesi: Bí o bá nsọ èdè Yoruba, iṣẹ́ ìrànlọ́wọ́ nípa èdè, láì sanwó, wà fún ọ. Pe Olùtọ́jú Oníbàárà lórí nọ́mbà ẹ̀rọ ìbánisọ̀rọ̀ ori káàdì ìdánimọ̀ alánfààni rẹ (TTY: 711).
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: 711).
Deitsch	Wann du Deitsch 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: 711).
ʻŌlelo Hawaiʻi	E kaulona mai: Inā ʻōlelo Hawaiʻi ʻoe, aia hoʻi nā lawelawe 'ōlelo, manawaleʻa hoʻi kēia no ʻoe. Kelepona mai i ka helu i luna o kāu pepa ola no ke kōkua iā ʻoe (TTY: 711).
Adamawa	MAANDO: To a waawii Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddir hakkilanooɓe limngal gonngal dow kaatiwol ID maaɗa (TTY: 711).
tsalagi gawonihisdi	ᏍᏆᏎᏍᏗ: ᎢᏳᏃ ᏜᏅᏂᏑ (ᏣᎳᎩ), ᎦᏅᏂᎯᏍᏗ ᎤᎾᏝᏍᏕᎸᏗ ᎢᏳᎾᏛᏁᏗ, ᎠᏎᏍ ᎪᎱᏍᏗ ᏧᎬᏩᎶᏗ ᏜᎩ ᏒᏣᏛᏥᎢᏍᏗᏓᏁᎸᎢ. ᎤᏂᏣᏍᏛ ᏧᎾᎦᏎᏍᏗᏁᏗ ᏫᏥᎯᏏᎳᏜᏏ ᎾᏍᏛ ᏗᏎᏍᏗ ᏥᎦᎠᏊᏢ ID ᎠᏆᏂᏲᏍᏗ ᏣᏉᏢ ᏠᏓ (TTY: 711).
I linguahén Chamoru	ATENSIÓN: Yanggen un tungo' 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).
ܣܘܪܝܬ	امبخلتا: اخني همزيمخ سورث اين ايلا بلاش. مخبرو رقم ديا ليا بطاقة مساعدة ديا. (لاشمي ولامصوثي (TTY: 711)(١٨٠٠٨٦٣٥٤٨٨
ကြမာနှုန	သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ သင့် အကျိုးပြုအိုင်ဒီကတ်ရှိ ဖုန်းနံပါတ် (TTY: 711) ဖြင့် ဖောက်သည်ဂရုပြုမှုကို ဖုန်းခေါ်ပါ။
Diné Bizaad	Díí baa ako' nínízíndoo. Diné Bizaad bee yá níłti' go, t'áá jii k'eh ná hóló, saad bee niká' a' ałyeedigíí. Koji' hó díít niih. (TTY: 711).
Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀	Dè ɖùǔ dyi nɔ̀mɔ̀ dyíin cáo: Ɔ jǔ ké m̀ dyi Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀ jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀ ɓéìn m̀ gbo kpáa. Sébél nsiŋga i Téda Nsòmb i yé ntilgaga i kat yòŋ yéŋè (TTY: 711).
Chahta	ANUMPA PA PISAH: Chahta illa ish anumpuli hokma, kvna kia Na Anumpa ya peh pilla ho chi tohshola 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).