

2019 – 2020 Dental Plan Benefits



An overview of the dental plan benefits offered to you as a Centura Health associate

Centura Health offers you a choice of two dental plans, administered through MetLife, to make taking care of all of your dental care needs easy: the Preventive Plan and the Preferred Dentist Program. You have the option to enroll in dental coverage that best fits the needs of you and your family.



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Definitions

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Questions

This guide is intended to provide you with a general overview of your dental benefits. While this guide should answer most of your questions, it does not provide all the details of the plan. For plan details please refer to the Summary Plan Description. Any information in this guide may be subject to change. Contact the Centura Health Benefits Service Center at 1-888-622-1111 if you have questions about the benefits described in this guide.

2019–2020 Dental Plan

Eligibility

Full-time and part-time associates budgeted to work at least 20 hours per week are eligible to participate in Centura Health's benefit plans. Non-benefit eligible associates who worked 30 hours or more per week based on Affordable Care Act (ACA) guidelines look-back period are eligible to participate in the dental plan.

A married couple working for this company may not receive duplicate coverage and cannot provide duplicate coverage to any shared dependent children. An associate's dependent child who works for this company may not receive duplicate coverage.

You may enroll your eligible dependents if you are also covered under the plan. Your dependents who are eligible for the plan include:

- Your spouse, including your common-law spouse. Spouse is limited to those individuals married to an associate either through a civil/religious marriage or a common-law marriage recognized under Colorado law.
- Your civil union partner as recognized under Colorado law.
- Your child from birth, stepchild or legally adopted child, or child of whom you have legal custody (from moment of placement in the home) until, in each case, the end of the month in which the child attains age 26.
- Your child over age 26 who is:
 - Mentally or physically disabled and unable to earn his or her own living and is dependent on you for a majority of support. Proof of incapacity must be provided to MetLife within 30 days of the date the child's coverage would have ended due to age. The child must be covered under the plan on the date just prior to the day coverage would have ended due to age, except during an open enrollment period.

Your benefits

You may choose between two plans:

- Preventive Dental Plan
- Preferred Dental Program (PDP)

Accessing your benefits

Find a MetLife dentist

Call MetLife at 1-800-942-0854 for the Preventive or Preferred Plan.

Go online with MetLife

Accessing information about your dental plan through MetLife's website is easy. Simply go to www.metlife.com/mybenefits to take advantage of MetLife's online features, including:

- Dentist search — find a local MetLife dentist
- Ask MetLife — get answers to frequently asked questions
- Online claim forms — download a claim form right from your computer
- Dental prevention and wellness information
- Glossary of dental terms
- Current claim information
- Eligibility information services from a primary care provider

Preventive Dental Plan

The Preventive Plan covers preventive dental services only, including routine cleanings, exams and x-rays. You may

Dental ID cards

Dental cards are NOT provided, as they are not needed in most cases. You can print a card by going online to My Virtual Workplace, Human Resources site. You also may provide your dentist with the following information:

Group Dental Insurance: MetLife
Group Name: Centura Health
Group Number: 303311

access any licensed dentist of your choice.

Annual deductible

You do not have an annual deductible if you participate in the Preventive Plan.

Maximum benefits

The maximum benefit is the total amount the dental plan will pay each plan year. You are responsible for all charges after you reach the maximum benefit level.

The maximum benefit for services in the Preventive Plan is \$250 per covered person each plan year.

Filing claims

You do not have to file any claims for services performed by a MetLife dentist. If you receive care from a non-MetLife dentist, you might have to file your own claim.

What's covered

Preventive Plan Benefits

Preventive Treatment

- Oral exam — two per plan year
- Cleaning — two per plan year
- Full mouth X-ray — one complete set every five plan years
- Bitewing X-ray — one every six months
- Panoramic X-ray — one every three plan years
- Fluoride application — one per plan year for children under age 16
- Sealants to posterior teeth — one treatment per tooth every three plan years for children under age 19
- Space maintainers — limited to non-orthodontic treatment for children under age 14

Basic/Specialty Treatment

Amount you pay*

No charge

Not covered

Major Treatment

Not covered

Orthodontia Treatment

Not covered

**You will be responsible for charges above the usual, customary, and reasonable (UCR) limit when services are performed by an out-of-network dentist.*

Preferred Dental Program (PDP)

The Preferred Dental Program provides comprehensive coverage for a wide range of dental services from preventive, basic and major care to orthodontia.

Find a MetLife dentist

Under the PDP, you may access any licensed dental care provider. However, you'll likely see lower out-of-pocket expenses, and you won't have to file claim forms when you visit a dentist who participates in the MetLife dental network.

To find a MetLife dentist, go to www.metlife.com/mybenefits. Enter Centura Health as the company name and follow the links to MetLife's online provider directory. You may also call MetLife at 1-800-942-0854.

Annual deductible

The annual deductible is the amount you pay before the plan begins to pay benefits for covered expenses. You do not need to satisfy the annual deductible to use preventive and orthodontia services.

You can meet your annual deductible either individually or as a family. The individual deductible is \$50; the family deductible is \$150.

What's covered

Preferred Dental program benefits

Annual deductible

Preventive/orthodontia

Amount you pay*

None

Preventive treatment

Oral exam — two per plan year

Cleaning — two per plan year

Full mouth X-ray — one complete set every five plan years

Bitewing X-ray — one every six months

Panoramic X-ray — one every three plan years

Fluoride application — one per plan year for children under age 16

Sealants to posterior teeth — one treatment per tooth every three plan years for children under age 19

Space maintainers — limited to non-orthodontic treatment for children under age 14

Emergency care — limited to care to relieve pain

No charge/No deductible

Basic/specialty treatment

Fillings

Root canal treatment

Repair or re-cementing of crowns, inlays, dentures, or bridgework

Periodontal scaling and root planing extractions

Anesthetics

Oral surgery

20% after deductible

Major treatment

Crowns

Dentures

Bridges

Implants

50% after deductible

Orthodontia treatment

Orthodontia services

No deductible, 50% benefit, up to \$1,000 lifetime per participant*

*Benefit levels for dental care outside of the MetLife dental network are based on usual, customary and reasonable (UCR) charges. You will be responsible for any charges above the UCR limit.

For example, all four members of one family make the following deductible payments during the year:

- Alice = \$50
- Ferdinand = \$50
- Perry = \$20
- Penelope = \$30

This family has met the annual deductible requirement, as they have paid a total of \$150.

Maximum benefits

The maximum benefit is the total amount that the dental plan will pay each year. You are responsible for all charges after you reach the maximum benefit level. The maximum benefit for services for the PDP is \$1,500 per covered person each plan year.

In addition, there is a \$1,000 lifetime orthodontia maximum benefit for each covered member. All charges both in and out of the MetLife dental network apply to your maximum benefit amount.

Using a MetLife network dentist

As you review the summary of covered services, it's important to understand why and how you can benefit from using a MetLife dentist even though the benefits are the same in and out of the MetLife dental network.

MetLife network dentists have agreed to provide services to Centura Health PDP participants at discounted contracted fees. You are responsible for only your share of these reduced fees, which means you will have lower out-of-pocket costs when you receive care from a MetLife dentist.

Obtaining dental care outside of the MetLife network

When you visit a non-network dentist, you are responsible for your share of "usual, customary and reasonable" (UCR) charges and the entire amount the provider charges in excess of the UCR amount. Thus, your out-of-pocket expenses may be higher when you visit a non-network dentist. A UCR charge is the usual fee charged in the geographic area for similar dental treatment or supplies given by a provider of comparable training and experience.

Filing claims

You do not have to file claims for in-network services. The MetLife dentist will do it for you. However, if you receive care from an out-of-network provider, you might

have to file your own claim.

Pre-treatment authorization

Your dentist should pre-authorize with MetLife any dental treatment required for services over \$400.

What's not covered

The following are examples of services and supplies not covered by the dental plans. Contact MetLife to determine if a specific service is covered.

- Services or supplies received by a covered person before the dental expense benefits start for that person.
- Services not performed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling and polishing of teeth or fluoride treatments.
- Cosmetic surgery, treatment or supplies, unless required for the treatment or correction of a congenital defect of a newborn dependent child.
- Replacement of a lost, missing or stolen crown, bridge or denture.
- Services or supplies which are covered by any worker's compensation laws or occupational disease laws.
- Services or supplies which are covered by an employer's liability laws.
- Services or supplies which any employer is required by law to furnish in whole or in part.
- Services or supplies received through a medical department or similar facility which is maintained by the covered person's employer.
- Repair or replacement of an orthodontic appliance.
- Services or supplies received by a covered person for which no charge would have been made in the absence of dental expense benefits for that covered person.
- Services or supplies for which a covered person is not required to pay.
- Services or supplies which are deemed experimental in terms of generally accepted dental standards.
- Services or supplies received as a result of dental disease, defect, or injury due to an act of war, or a warlike act in time of peace, which occurs while the dental expense benefits for the covered person are in effect.
- Adjustment of a denture or a bridgework which is made within 6 months after installation by the same dentist who installed it.

- Any duplicate appliance or prosthetic device.
- Use of material or home health aides to prevent decay, such as toothpaste or fluoride gels, other than topical application of fluoride.
- Instruction for oral care such as hygiene or diet.
- Periodontal splinting.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Services or supplies to the extent that benefits are otherwise provided under this plan or under any other plan which the employer (or an affiliate) contributes to or sponsors.
- Implantology
- Charges for broken appointments.
- Charges by the dentist for completing dental forms.
- Sterilization supplies.
- Treatment of temporomandibular joint disorders.



Usual, customary and reasonable (UCR) limits

The amount MetLife will pay for dental services performed by a non-participating dentist is based on usual, customary and reasonable limits (UCR), even if your dentist charges a greater amount. MetLife determines the UCR rate based on the normal range of charges made by dentists in your geographic area for the same service or supply along with the nature and severity of the condition being treated to determine the UCR rate.

If the actual charge is less than UCR, your benefits are based on the actual charge. If your non-participating dentist charges more than UCR, you are responsible for the difference.

Filing claims

Your dentist will usually file the claim for you. There may be times, such as when you use an out-of-network dentist in the Preventive or Preferred Program, when you will have

to file the claim yourself. Follow these steps to file a dental claim:

1. Pay the non-participating dentist for the services you received.
2. Fill out a claim form. You can download a form at My Virtual Workplace, Human Resources site or at www.metlife.com/mybenefits.
3. Send the completed form to MetLife with the appropriate receipts and descriptions of services attached. Send the form to the following address for the Preventive and Preferred Program:

MetLife Dental Claims
P.O. Box 981282
El Paso, TX 79998-1282
4. Receive reimbursement from MetLife for eligible expenses.

Coordination of benefits

If you and your dependents have coverage under another dental plan (such as your spouse's employer's plan), benefits are coordinated between the two plans. The primary plan pays your benefits first. Then the secondary plan pays any additional benefits that may be due.

The Centura Health dental plan is always considered primary for you as the associate. If you are also covered as a dependent on your spouse's plan, that plan will be secondary. If your spouse has coverage under his/her employer's plan, that plan will be considered primary for your spouse. If the other plan does not have a coordination of benefits provision, that plan will always pay first.

The Centura Health dental plan will pay expenses not paid by the primary plan, up to the amount that would have been payable under the terms of the Centura Health dental plan had it been the primary plan.

For your children

If your plan and your spouse's plan cover your dependent children, the primary payer will be determined by the "birthday rule." Under this rule, the plan of the parent whose birthday falls first during the calendar year (regardless of year of birth) will be primary. (If the birthdays of both parents are the same, the plan that has covered either of the parents longer is primary.)

This rule does not apply in the case of separation or divorce. Instead, determination may be based on which parent has legal custody of the child. If a court decree has been issued, the primary plan is determined by which

parent the court decree obligates to cover the dental care expenses of the child. Otherwise, if the parents are not married or are separated or divorced, the order of benefit payment for the child is:

- The plan of the custodial parent
- The plan of the spouse of the custodial parent
- The plan of the non-custodial parent
- The plan of the spouse of the non-custodial parent.

If the other plan does not have a coordination of benefits provision, that plan will always pay first. If none of the circumstances already described apply, the plan that has covered your dependents for a longer period of time will pay first.

Example:

Suppose your spouse incurs \$500 in dental expenses and his/her plan pays \$250. If the Centura Health dental plan would have paid \$300 as the primary, it will consider paying up to \$50 ($\$300 - \$250 = \50), subject to plan provisions, toward your spouse's expenses. If your spouse's plan pays \$400, which is more than the Centura Health dental plan would have paid as the primary, then no benefit would be paid by the Centura Health dental plan.

Subrogation of benefits (MetLife's right of recovery)

In some situations, a third party, such as another person or insurance company, can be legally responsible for your medical expenses. A car accident is an example of such a situation. In cases such as these, the dental plan is entitled to repayment for all dental expenses paid.

When you accept payment, you agree to provide any documents that would help MetLife recover payments it makes on your behalf. The legal term for MetLife's right of recovery is subrogation. If you receive payment from a third party and do not promptly refund the company the full amount, MetLife has the right to reduce future benefits that are payable under the dental plan. The reductions will equal the amount of the required refund. MetLife may have other rights in addition to the right to reduce future benefits.

Claims and appeals

If any part of your claim for a benefit is denied and you have questions or disagree with the judgment rendered on the claim, you may ask to have it reviewed. In most cases, you have 60 days from the receipt of the original denial to request a review. For more information about the claims and appeals process, call MetLife directly at 1-800- 942-0854.

Administrative information

When coverage begins

If you enroll in a dental plan, your coverage begins on the first day of the month following 30 days of active employment as an associate.

Acquisitions and mergers

After you meet the eligibility requirements, your benefits begin based upon the legal agreement of the acquisition or merger.

When coverage ends

Your dental coverage will end on the last day of the month in which your employment terminates. Benefit coverage under this plan will continue for up to six months after an associate begins an active military leave. To ensure uninterrupted coverage, the associate must simply continue their regular pay period contributions during this time.

Who pays the cost

You and Centura Health share the cost of coverage. Your portion is deducted from your paycheck on a pre-tax basis, reducing the amount of taxes you pay by reducing your taxable income.



Plan year

The plan year is July 1 through June 30.

Plan sponsor

Centura Health sponsors the plans.

Agent for legal processes

Plan Administrator
Centura Health
9100 E. Mineral Circle
Centennial, CO 80112

Plan administrator

Centura Health Benefits Committee
Associate Benefits
9100 E. Mineral Circle
Centennial, CO 80112

Your rights as a Plan participant

As a plan participant, you have the right to:

- Receive respectful, courteous service by all personnel and providers, regardless of race, creed, nationality, color, age or economic status
- Have all information received by Centura Health or its designated agent(s) held in confidentiality
- Submit a grievance or appeal to MetLife, without retribution, regarding the service received through the dental plan
- Obtain complete information from a provider regarding the service received from Centura Health or its designated agent(s)
- Obtain complete information from a provider regarding an illness, treatment options or prognosis, allowing the covered individual to make an informed decision
- Be advised by MetLife if a particular treatment or recommended service is a covered benefit.

Your responsibilities as a Plan participant

As a plan participant, you have the responsibility to:

- Understand the plan's coverage and appropriate use of its benefit
- Provide accurate information pertaining to the plan's coverage prior to receiving service
- Furnish complete information concerning all plans that cover the individual for whom a claim is made

- Present the dental group information to the service provider at the time of service
- Pay the applicable copays at the time of service
- Reasonably adhere to instructions and guidelines given by those providing dental services when you have accepted the course of treatment
- Pre-authorize all services requiring pre-authorization as described in the plan
- Respect the rights of other patients, providers, and staff.

Separation of Centura Health and Centura Health Dental Plan

The following associates or classes of associates or other persons under the control of Centura Health may access protected health information when carrying out their job functions:

- Corporate Benefits
- Human Resources
- Integrity Hotline
- Designated Legal Counsel
- Designated Server Administrators

Centura Health shall restrict the access to and use of protected health information by such associates and other persons described above to the Plan administration functions that Centura Health performs for Centura Health Dental Plan, including payment and health care operations.

Centura Health shall provide an effective mechanism for resolving any issues of noncompliance by such associates or persons. This includes corrective action up to and including termination of employment and/or suspension or loss of privileges.

Definitions

Amalgam — A mixture of two or more metals in combination with mercury used as a restorative material.

Anesthesia — The loss of sensation or feeling with or without loss of consciousness.

Anterior — Front. The first six teeth in the upper and lower jaw.

Bitewing — X-ray film; generally diagnostic to detect the presence of dental decay.

Bridge (Fixed) — An appliance replacing missing

or extracted natural teeth, supported and held by attachments to restored (abutment) teeth and usually not removable.

Cast — Reproduction of the form of all or part of the dental arch (teeth and tissues) made from plaster or stone.

Crown — The portion of a human tooth covered by enamel. A dental prostheses restoring the function and an esthetics of part or whole of the coronal portion of the natural tooth, usually composed of gold, porcelain or acrylic resin.

Denture — An artificial substitute for missing natural teeth, either complete (full) or partial.

Denture Reline — To resurface the tissue areas of a denture with a new material.

Endodontics — A specialty area of dentistry concerned with diagnosis and treatment of diseases of the pulp chamber and canals.

Extraction — The separation and surgical removal of a tooth from its natural state.

Fluoride Treatment — A topical application of a fluoride solution to the teeth to protect against decay.

Full-Time Associate — An associate budgeted to work 70 to 80 hours per pay period.

Impacted Tooth — Condition in which the unerupted or partially erupted tooth is positioned against another tooth, bone or soft tissue, thereby preventing complete eruption of the tooth.

Implantation — An insert into bone to support a crown or crowns, a partial denture or complete denture.

Inlay — A filling made outside a tooth, inserted in one piece and retained by aid of cement.

Oral Hygiene Instruction — Instruction on proper care of teeth.

Palliative — Action that relieves pain but is not curative.

Panorex — X-ray film that shows the curve of each dental arch and all the teeth therein; full mouth X-ray.

Partial Denture — An artificial device that replaces one or more but less than all of the natural teeth and associated structures that are supported by the teeth, being either removable or fixed.

Part-Time Associate — An associate budgeted to work 40

– 69 hours per pay period.

Periodontics — The study and treatment of the gingival tissues; the tissues supporting the teeth.

Prophylaxis — A procedure of removing plaque, calculus and stains from tooth surfaces by scaling and polishing techniques; cleaning.

Rebase — A process of refitting a denture by replacement of the denture base material.

Resin — Organic substances that may be solid or semi-solid in form. Resins are used as a filling material and are named according to their chemical composition, physical structure and means of activation or curing or pontic by direct fusion, cementation or mechanical retention.

Restoration — The term applied to the end result of repairing and restoring or reforming the shape, form and function of part or all of a tooth.

Root Canal Therapy — Treatment of a tooth having a damaged pulp, usually performed by completely removing the pulp, sterilizing the pulp chamber and root canals, and filling these spaces with insert sealing material.

Sealants — Protective covering applied to the occlusal surfaces of permanent bicuspid and molars to prevent decay in children's teeth.

Space Maintainer — A fixed or removable appliance designed to preserve the space created by the premature loss of a tooth.

Temporomandibular Joint (TMJ) — The connecting hinge mechanism between the mandible (lower jaw) and the base of the temporal bone (skull).

Usual, Customary and Reasonable (UCR) Charge — The prevailing charge for the same or similar services in a geographic area, as determined by MetLife dental.

Veneer — A layer of tooth-colored material, usually porcelain or acrylic resin, that is attached to the surface of a crown or pontic by direct fusion, cementation or mechanical retention.

Privacy practices

Permitted use and disclosure of protected health information

We, the Centura Health Group Health Plans, are required by federal law, specifically the Health Insurance Portability and Accountability Act, known as “HIPAA” to protect the privacy of your personal health information.

Centura Health may only use and disclose protected health information it receives from the benefit plan referenced in this document, as permitted and/or required by, and consistent with the HIPAA Privacy regulations.

This includes, but is not limited to, the right to use and disclose participant's protected health information in connection with payment, treatment, and health care operations.

You can request a copy of the Notice of Privacy Practices from your local Human Resources department and the Benefits Service Center. It is also available in your Annual Notices booklet, available on the benefits intranet site.

Questions

Contact the Centura Health Benefits Service Center for answers to your general benefit-related questions. Centura Health Benefits Service Center staff are available to assist you Monday through Friday, 8 a.m. to 4:30 p.m., Mountain Time. You can reach the Centura Health Benefits Service Center by telephone, e-mail or mail.

Phone: 1-888-622-1111

E-mail: Benefits@Centura.org

Address: Centura Health Benefits Service Center
9100 E. Mineral Circle
Centennial, CO 80112

Non-Discrimination Statement

Each Centura Health facility complies with applicable Federal civil rights laws and prohibits discrimination on the basis of race, color, national origin, age, disability, or sex. Centura Health facilities do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Each Centura Health facility provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats which may include: large print, audio, accessible electronic formats, or other formats

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

- Qualified interpreters
- Information written in other languages

If you need these services, please request assistance from staff. If staff is unable to assist you, please contact the facility Sections 504/1557 Coordinator.

It is against the law to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance. If you believe that a Centura Health facility has failed to

provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Antionette Garcia, or designee, and Sections 504/1557 Coordinator
9100 E Mineral Circle, Centennial, CO 80112
Phone 303-643-1000 | TTY: 711 | Fax 303-673-7102
CHPG_Patient_Advocate@Centura.Org

You can file a grievance in person or by mail, fax, or email within 60 days of the date you become aware of the alleged discriminatory act. If you need help filing a grievance, the above mentioned Sections 504/1557 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>

Proficiency of Language Assistance Services

Attention: If you speak a language other than English, assistance services, free of charge, are available to you. Call 1-303-643-1000 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-303-643-1000 (TTY: 711).

CHŪ Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-303-643-1000 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-303-643-1000 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-303-643-1000 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-303-643-1000 (TTY: 711).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-303-643-1000 (መስማት ለተሳናቸው፡ TTY: 711)።

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-303-643-1000 (TTY: 711). هاتف الصم والبكم: (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-303-643-1000 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-303-643-1000 (TTY: 711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-303-643-1000 (टिडिवाइ: (TTY: 711) ।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-303-643-1000 (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-303-643-1000 (TTY: 711) まで、お電話にてご連絡ください。

Nti: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-303-643-1000 (TTY: 711).

AKIYESI: Bi o ba nsọ èdè Yorùbù ọfè ni iranlọwọ lori èdè wa fun yin o. E pe ẹrọ-ibansọrọ yi 1-303-643-1000 (TTY: 711).

LA SOCO: Haddii aad ku hadashid Soomaali, waxaad heli kartaa adeegyada kaalmada luqadda, oo lacag la'aan ah. Wac telefoonka 1-303-643-1000 (TTY: 711).

توجه: اگر از صحبت کنندگان زبان فارسی باشید، خدمات کمک زبانی رایگان برای شما قابل دسترسی است. لطفاً روی شمار، 1-303-643-1000 تماس بگیرید (TTY: 711).

Dè ɖe nà kɛ dyédé gbo: Ɖ jũ kè m̄ [Bàsɔ ɔ -wùdù-po-nyo] jũ ní, n̄í, à wuɖu kà kò ɖò po-poò b̄e ìn m̄ gbo kpáa. Ɖá 1-303-643-1000 (TTY: 711).