



Equal Funding

Choose a better experience
with your ***health insurance***



2026

Required filings that relate to these 2026 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.



Moda Health Plan, Inc.

Better value and a ***better experience***

When you choose Moda Health,
you'll receive high-quality
health plans, expert guidance,
and curated wellness services,
tools and programs.

Proven

experience offering insurance
plans for **over 70 years**

Easy

with **no referrals**
required for specialists

Convenient

ways to **stay healthy**, like texting
a doctor and virtual appointments



Quality, evidence-based plans

Our flexible benefit designs support the long-term
health of your clients' employees, including
preventive exams, women's annual exams,
well-baby care and many immunizations.



Prescriptions with choice

Your clients' employees get integrated
pharmacy benefits with an open formulary
design that provides them with maximum choice.
Approved drug list: modahealth.com/pdl



Benefits admin, made easy

Online tools put the power in your clients'
hands, so they can jump on whenever they
need to make a change, run reports, access
resources and manage their bill.



modahealth.com/idaho

Founded in **1955**

we've been **helping our members** with evidence-based health plans, diverse provider networks, innovative member programs and **our signature caring customer service.**

Moda has

500,000+

members in our
medical plans

More than

900,000

members in our stand-alone
pharmacy segment





We know your
time is valuable.

Quick links

2026 Medical plans

The Moda Select Network

About Equal Funding

How to enroll

Member perks

Contact us



Your guide to *plan management*

We want to make it easy for you and your clients to enroll and manage their account.



Enrollment, made easy

1 Confirm client's eligibility

Your client's business must:

- Be in Idaho
- Have an average of 51 or more full-time employees during the preceding calendar year, with the majority employed in Idaho
- Have at least 25 employees enrolled on the first day of the plan year

2 Enroll by the 10th of the month

New group enrollment information must be received no later than the 10th of the month prior to the desired effective date. Late enrollment can be accommodated upon request.

3 Choose an employee-eligibility waiting period

It cannot exceed 90 days for medical plans.

4 Make changes to plans upon renewal

Changes may include, but are not limited to, eligibility-waiting periods, group plan choices, employer eligibility changes, and contribution or participation amounts.

Faster benefits administration

The Employer Dashboard was created to help you and your clients quickly access and manage the details of benefits administration.

It's self-service, easy-to-use and available 24/7.

- Review employee-enrollment information and history
- Generate an enrollment census of covered employees and/or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages
- Order ID cards



To learn more about the Employer Dashboard, contact your **Moda Health sales representative at 800-578-1402**

Flexible, cost-savings plans *with equal monthly payments*

For some employers, the benefits of self-funding their health insurance come with concerns about managing wildly fluctuating monthly costs. Moda Health’s Equal Funding provides the flexibility and cost savings your clients want, with the stability of equal monthly payments they need. It’s peace of mind and a great first step to becoming fully self-funded.



A three-part plan





Predictability, flexibility and **control**

Equal Funding limits your clients’ risk while providing granularity on where their collective healthcare dollars are being spent. Your client pays the same every month. If claims are higher than expected, the stop-loss insurance policy will cover them. And if claims are lower than expected, your clients will receive a credit towards the next plan year’s administrative fees.

Stability

-  **Equal monthly payments**
for easier cost management
-  **Insight into plan performance**
throughout the year, for more informed decision-making at renewal time

Protection

-  **Safety from the unexpected**
whether from large catastrophic claims by covered individual(s) or combined medical and pharmacy claims from the entire employee population that exceed the expected annual limit
-  **Clients may see lower costs**
with any surplus at the end of the policy period appearing as an administrative fee credit for the following policy year





A *partner* in better outcomes and **cost management**

Moda Health works closely with your clients to maximize their healthcare investment. Our Equal Funding medical plans are designed to help your clients’ employees be their healthy best. Plus, we take the time to understand your clients’ business – top to bottom, so you’ll have the insights needed to make informed recommendations about your clients’ health plan.

Supporting a healthy population

-  **Inspiration and support**
for your clients’ employees to improve their health, managing chronic conditions, and navigating their plan and care options
-  **Improved morale and productivity**
from happier and healthier employees

Transparency and reporting

-  **Identifying cost-savings opportunities**
short-term trends and long-term needs with robust reporting
-  **Personalized service and support**
with industry-leading case management team

How Equal Funding *works*

Moda Health’s Equal Funding plan allows your clients to pay for their maximum exposure **over 12 predictable monthly payments**.

Once the policy period ends, if there is a surplus between the premium amount paid and the total cost of claims for your client, an administrative fee credit will be applied to the following policy year.



Date	Sample monthly billing cycle for May
April 7	eBill generated (viewable online within 48 hours)
May 1	<ul style="list-style-type: none">May payment dueMay remittance pulled via Electronic Fund Transfer (EFT)
May 10	<ul style="list-style-type: none">Moda Health confirms May payment has postedIf payments have not posted, all claims payments will be immediately pended
May 31	If May payment has not posted, plan will be terminated effective May 1, and May claims will be denied

- ⓘ

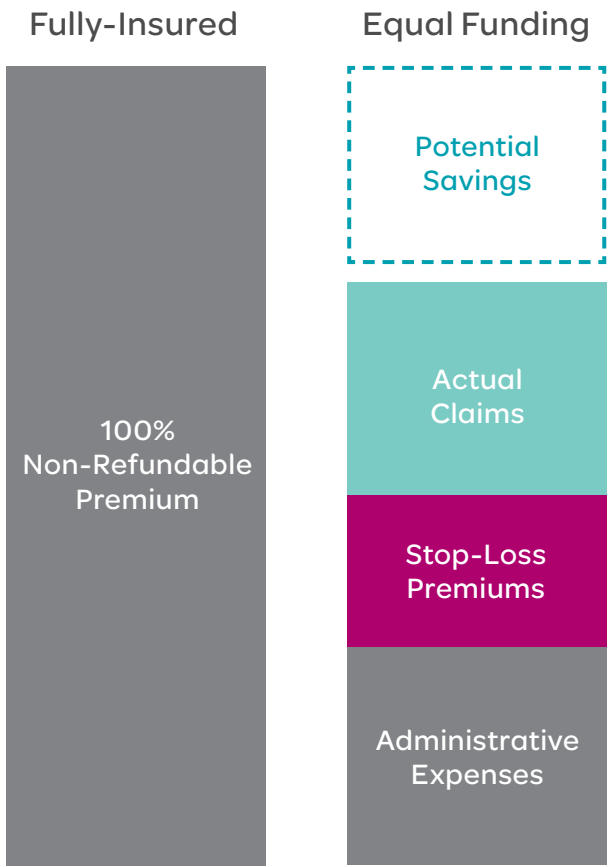
If actual claims are **less than expected**

the plan has a surplus. Part of the surplus will go to your clients as a credit on the next plan year’s administrative agreement fees.
- ⓘ

If actual claims are **higher than expected**

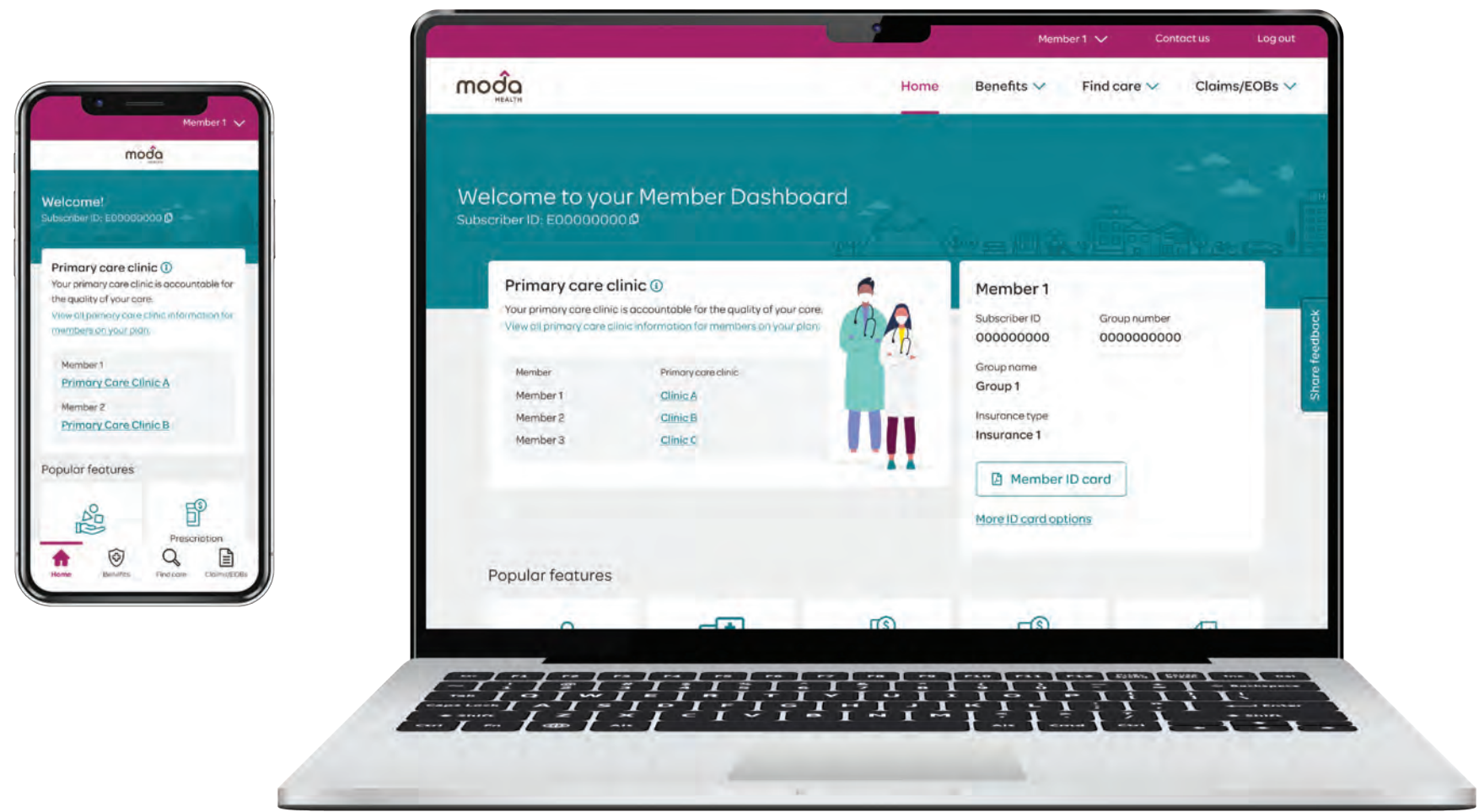
the stop-loss policy will cover these costs. Your clients will not be required to pay more.

Let’s look at the *components of a premium*





Member perks to improve *health and save*

Our comprehensive wellness programs have something for every employee, supporting their work toward better health with exclusive discounts, programs and tools.





Discounts

- Gym memberships 
- Acupuncture, chiropractic, therapeutic massage (*once alternative care benefit limit has been reached*)
- Hearing aids and exams 
- Popular health and fitness brands (*like Vitamix®, Fitbit® and Garmin®*)






Tools

- Health assessments
- Identity protection services
- Prescription price check
- Text-a-doctor 24/7 
- Employee assistance program 




Coaching and care

- Health coaching 
- Care coordination
- Diabetes management 
- Tobacco cessation
- Emergency medical assistance when traveling 



Mental health support

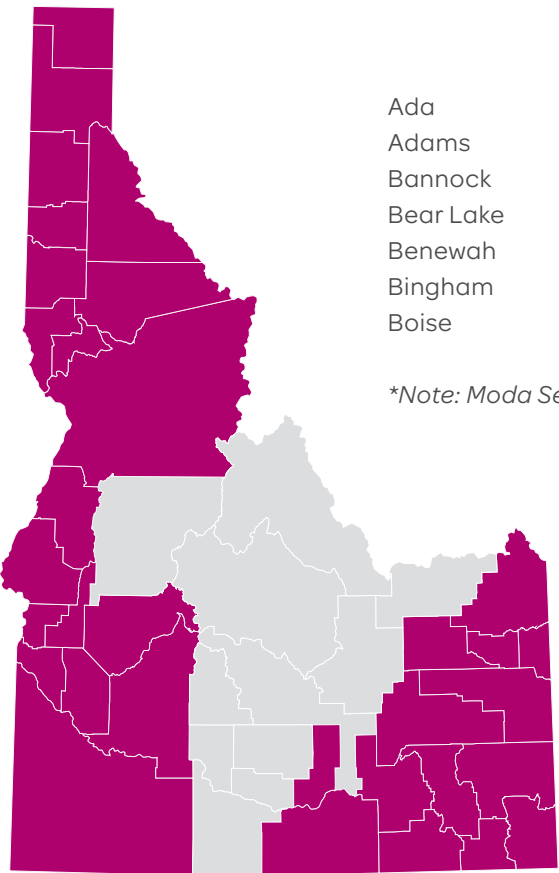
12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone 

These additional services are not insurance, may not be available in all areas, and may be discontinued at any time.

The *Moda Select* Network

We’ve carefully selected a community of primary care providers (PCPs), specialists and partner health systems, so your clients’ employees will have better value and better care.

The Moda Select Network is for employees living in the following counties*:



Ada	Bonner	Elmore	Latah	Payette
Adams	Bonneville	Franklin	Lewis	Power
Bannock	Boundary	Fremont	Madison	Shoshone
Bear Lake	Canyon	Gem	Minidoka	Teton
Benewah	Caribou	Idaho	Nez Perce	Washington
Bingham	Cassia	Jefferson	Oneida	
Boise	Clearwater	Kootenai	Owyhee	

**Note: Moda Select has additional in-network service areas in Texas and Alaska.*

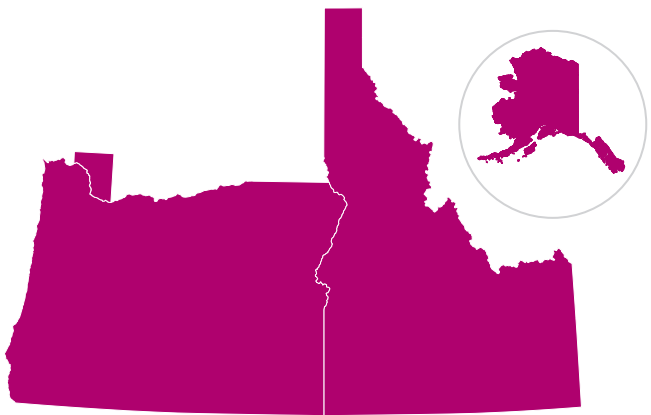


Can employees get care outside of the service area?

Yes! We have options based on where the care is located. Please contact our team at 844-248-7877 with questions about where employees can obtain care.



In 2026, Moda Health offers your large group clients with business in our Moda Select Service Area, the **Moda Select Network** or the **Connexus Network**—Moda’s largest PPO network in the Northwest. This multi-state network covers Oregon, Alaska, Idaho and SW Washington.



Outside of Idaho or the Connexus Network service area, your clients’ employees are covered by the **Aetna® PPO Network through Aetna Signature Administrators®**, which provides them with access to full-service medical care with in-network benefits.

Health partners in your area

Treasure Valley

North Idaho

South Central Idaho

Southeast Idaho

Eastern Idaho

Not all providers at these locations are in-network.
For a full list of provider groups, visit modahealth.com/modaselect to see the providers at these major medical groups that are in-network.

2026 *Medical plan* benefit table

Health savings account (HSA): Our HSA-compatible, high-deductible health plans (HDHP) give employees flexibility and choice. Your clients can choose to have integrated HSA administration with our preferred partner, BenefitHelp Solutions. This is an included service at no additional charge. Employees can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

	Plan name	Calendar-year costs			Care and services						
		Deductible per member / family	Coinsurance	Out-of-pocket max per member / family	Primary care provider (PCP) office visit	Specialist office visit	Virtual care office visit	Behavioral health office visit	Outpatient rehabilitation	Acupuncture and spinal manipulation services	Inpatient/ outpatient care
		In-network member pays			In-network member pays						
Moda Select Network	VBC_\$500_\$3000_\$25/\$40_20% ¹	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VBC_\$500_\$5000_\$30/\$45_20% ¹	\$500 / \$1,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VBC_\$1000_\$3000_\$25/\$40_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VBC_\$1000_\$5000_\$30/\$45_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VBC_\$1500_\$3000_\$25/\$40_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VBC_\$1500_\$5000_\$35/\$50_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible
	VBC_\$2000_\$4000_\$25/\$40_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VBC_\$2000_\$6000_\$35/\$50_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible
	VBC_\$3000_\$5000_\$25/\$40_20% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VBC_\$3000_\$7000_\$35/\$50_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible
	VBC_\$3000_\$5000_\$30/\$45_30% ¹	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	30% after deductible
	VBC_\$3000_\$7000_\$35/\$50_30% ¹	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	30% after deductible
	VBC_\$5000_\$8150_\$30/\$45_20% ¹	\$5,000 / \$10,000	20%	\$8,150 / \$16,300	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VBC_\$5000_\$8550_\$35/\$50_30% ¹	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	30% after deductible
Moda Select Network HDHP	HDHP_\$3400	\$3,400 / \$6,800	0%	\$3,400 / \$6,800	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
	HDHP_\$3400_\$7000_20%	\$3,400 / \$6,800	20%	\$7,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$3400_\$7000_30%	\$3,400 / \$6,800	30%	\$7,000 / \$14,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
	HDHP_\$5000	\$5,000 / \$10,000	0%	\$5,000 / \$10,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible

1 First three visits \$5/visit (including in-person or virtual primary care visits and behavioral health office visits)

Medical disclaimer: This brochure is a summary of the health plans and health plan benefits and is not a contract; limitations and exclusions apply. See the medical plan benefit summaries, SBCs, handbook or contract for details. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines.

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		In-network member pays			In-network member pays						
Connexus Network	VCBC_\$500_\$3000_\$25/\$40_20% ¹	\$500 / \$1,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VCBC_\$500_\$5000_\$30/\$45_20% ¹	\$500 / \$1,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VCBC_\$1000_\$3000_\$25/\$40_20% ¹	\$1,000 / \$2,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VCBC_\$1000_\$5000_\$30/\$45_20% ¹	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VCBC_\$1500_\$3000_\$25/\$40_20% ¹	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VCBC_\$1500_\$5000_\$35/\$50_20% ¹	\$1,500 / \$3,000	20%	\$5,000 / \$10,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible
	VCBC_\$2000_\$4000_\$25/\$40_20% ¹	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VCBC_\$2000_\$6000_\$35/\$50_20% ¹	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible
	VCBC_\$3000_\$5000_\$25/\$40_20% ¹	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	\$25 per visit	\$40 per visit	\$15 per visit	\$25 per visit	\$40 per visit	\$25 per visit	20% after deductible
	VCBC_\$3000_\$7000_\$35/\$50_20% ¹	\$3,000 / \$6,000	20%	\$7,000 / \$14,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	20% after deductible
	VCBC_\$3000_\$5000_\$30/\$45_30% ¹	\$3,000 / \$6,000	30%	\$5,000 / \$10,000	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	30% after deductible
	VCBC_\$3000_\$7000_\$35/\$50_30% ¹	\$3,000 / \$6,000	30%	\$7,000 / \$14,000	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	30% after deductible
	VCBC_\$5000_\$8150_\$30/\$45_20% ¹	\$5,000 / \$10,000	20%	\$8,150 / \$16,300	\$30 per visit	\$45 per visit	\$20 per visit	\$30 per visit	\$45 per visit	\$30 per visit	20% after deductible
	VCBC_\$5000_\$8550_\$35/\$50_30% ¹	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$35 per visit	\$50 per visit	\$25 per visit	\$35 per visit	\$50 per visit	\$35 per visit	30% after deductible
Connexus Network HDHP											
	CHDHP_\$3,400	\$3,400 / \$6,800	0%	\$3,400 / \$6,800	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
	CHDHP_\$3400_\$7000_20%	\$3,400 / \$6,800	20%	\$7,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	CHDHP_\$3400_\$7000_30%	\$3,400 / \$6,800	30%	\$7,000 / \$14,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
	CHDHP_\$5,000	\$5,000 / \$10,000	0%	\$5,000 / \$10,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible

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2026 *Pharmacy* benefit table

		Value	Select	Preferred	Non-Preferred	Select Specialty	Preferred Specialty	Non-Preferred Specialty
7 tier plans	R1.ID.26	\$5	\$10	\$30	\$50	\$10	20%	50%
	R2.ID.26	\$7	\$15	\$45	\$75	\$15	30%	50%
	R3.ID.26	\$10	\$20	\$60	50%	\$20	40%	50%
		Generic	Preferred Brand	Non-Preferred Brand				
3 tier plans	R4.ID.26	\$5	\$25	\$50				
	R5.ID.26	\$10	25%	50%				
	R6.ID.26	\$15	\$45	50%				

One copay for each 30 day supply

Expect quality pharmacy benefits

Quality prescription coverage is at the heart of a great health plan. We’re here to support the pharmacy needs of your clients’ employees, every step of the way.

Members have access to comprehensive prescription drug benefits through the Navitus pharmacy network. The Navitus network includes 87 percent of pharmacies in Idaho, and 62,000 pharmacies nationwide.

This means they can fill prescriptions almost anywhere, including these local and national drug store chains:

- Safeway and Albertsons
 - Costco
 - Walgreens
- CVS
 - Fred Meyer
 - Walmart
- Rite Aid

We also offer mail-order pharmacy services through Postal Prescription Services (PPS) and Costco.



Members can visit modahealth.com/pdl and choose “Large group” to search medications and find out their medication tiers and costs



2026 Limitations & Exclusions

Limitations

- Acupuncture is limited to 20 visits per year
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Biofeedback is limited to 10 visits per lifetime for tension or migraine headaches
- Brand tier medications – If members use a brand medication when a generic equivalent is available, they will have to pay the nonpreferred cost-sharing plus the difference in cost between the generic and brand medication
- Coordination of Benefits – When a member has more than one health plan, combined benefits for all plans is limited to the maximum plan allowance for all covered services
- Hearing aids are covered one aid per impaired ear every 36 months
- Infusion therapy – Some medications require use of an authorized provider to be eligible for coverage. Outpatient hospital setting is not covered for some medications
- Prescriptions are limited to a maximum 30-day supply per prescription for retail and most specialty pharmacies and up to a 90-day supply per prescription for participating retail and mail-order pharmacies
- Rehabilitation benefits are limited to 20 inpatient days, 36 sessions for outpatient cardiac and 30 sessions for other outpatient rehabilitation
- Skilled nursing facility is limited to 60 days per year
- Spinal manipulation is limited to 20 visits per year
- Home health services are limited to 130 visits per year

Exclusions

- Abortion, except if the mother’s life is at risk or the pregnancy is a result of rape or incest
- Care outside the United States, other than urgent or emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery if medically necessary and not specifically excluded)
- Court-ordered sex offender treatment
- Custodial care
- Dental examinations and treatment (except for accidental injury)
- Experimental or investigational treatment
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Injury resulting from practicing for or participating in professional athletic events
- Instruction programs, except as provided under the outpatient diabetic instruction benefit
- Massage or massage therapy
- Naturopathic supplies, including herbal, naturopathic or homeopathic medicines, substances or devices and any other nonprescription supplements
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services ordered or provided by the patient or a member of the patient’s immediate family
- Vision surgery to alter the refractive character of the eye





Ready to choose better health *for your clients?*

Questions?

Contact your Moda Health Sales representative

@ quotes@modahealth.com

📞 800-578-1402 | TTY users, please call 711

💻 modahealth.com/idaho

Portland office (corporate headquarters)
601 SW Second Ave., Portland, OR 97204-3156

For a list of medical plan exclusions, any reduction or limitations, contact Moda Health. These benefits and Moda Health policies are subject to change in order to be compliant with federal guidelines. Health plans provided by Moda Health Plan, Inc.



ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-605-3229 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-605-3229 (TTY: 711) o hable con su proveedor.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (Người khuyết tật: 1-877-605-3229 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-605-3229 (TTY: 711))번으로 전화하거나 서비스 제공 업체에 문의하십시오.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-605-3229 (TTY: 711) или обратитесь к своему поставщику услуг.

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-605-3229 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzenzienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-605-3229 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-605-3229 (TTY: 711) o makipag-usap sa iyong provider.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-605-3229 (TTY: 711) або зверніться до свого постачальника».

ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ አገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-877-605-3229 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-877-605-3229 (TTY: 711) ama la hadal bixiyahaaga.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-605-3229 (TTY: 711) ou parlez à votre fournisseur.

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电（文本电话：1-877-605-3229 (TTY: 711) ）或咨询您的服务提供商。

ද්‍රව්‍යය: ටෑෆෑන්ග්ෆෑසා ඌ,
ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ.
ມີເຄື່ອງຊ່ວຍ ແລະ
ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້.
ໂທຫາເບີ 1-877-605-3229 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-605-3229 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ - 1-877-605-3229 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ ”

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-877-605-3229 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि नि:शुल्क उपलब्ध छन्। 1-877-605-3229 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

ശ്രദ്ധിക്കുക: നിങ്ങൾ മലയാളം ഭാഷ സംസാരിക്കുമെങ്കിൽ, സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ നിങ്ങൾക്ക് ലഭ്യമാണ്. ആകസസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകാനുള്ള ഉചിതമായ അനുബന്ധ സഹായങ്ങളും സേവനങ്ങളും കൂടെ സൗജന്യമായി ലഭ്യമാണ്. 1-877-605-3229 (TTY: 711) ലേക്ക് വിളിക്കുക അല്ലെങ്കിൽ നിങ്ങളുടെ ദാതാവിനോട് സംസാരിക്കുക.

PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-877-605-3229 (TTY: 711) wenno makisarita iti mangipapaay kenka.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-877-605-3229 (TTY: 711) पर कल करें या अपने प्रदाता से बात करें।

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-877-605-3229 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاًئاً. اتصل على الرقم 877-605-3229 (TTY: 711) أو تحدث إلى مقدم الخدمة".

AKIYESI: Ti o ba sọ Yorùbá, awọn işẹ iranlọwọ ede ọfẹ wa fun ọ. Awọn iranlọwọ iranlọwọ ti o yẹ ati awọn işẹ lati pese alaye ni awọn ọna kika wiwọle tun wa laisi idiyele. Pe 1-877-605-3229 (TTY: 711) tabi sọrọ si olupese rẹ.

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-877-605-3229 (TTY: 711) au zungumza na mtoa huduma wako.

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-605-3229 (TTY: 711) ou fale com seu provedor.