

2025 L.A. Care Medicare Plus (HMO D-SNP)

Dental Benefits Highlight	L.A. Medicare Plus
<ul style="list-style-type: none"> • 0% Coinsurance Plan • Frequencies and Limitations Apply* • No Out-of-Network Benefits 	No Deductible
Covered Services	Member Responsibility
Diagnostic Services Oral evaluations, bitewing radiographic images	0%
Preventive Services Prophylaxis, topical application of fluoride varnish	0%
Restorative Services Crowns, Core Buildup	0%
Endodontic Services Endodontic therapy, pulp cap, pupal debridement	0%
Periodontal Services Deep cleaning, periodontal maintenance, gingival flap procedure, guided tissue regeneration	0%
Prosthodontics Services - Removable & Fixed Dentures, denture repair, rebases, relines, tissue conditioning, bridges (pontic & retainer crowns)	0%
Oral & Maxillofacial, Other Services Alveoloplasty, anesthesia, palliative treatment, consultation, teledentistry	0%

L.A. Care Medicare Plus (HMO D-SNP) has partnered with Liberty Dental Plan to provide covered dental services through participating dental providers. Liberty Dental Plan offers dental benefits to support improved oral health for whole-body wellness. Follow these simple steps to get started on your oral health journey.

How to Locate a Dental Provider

You may request a list of participating dental providers from Liberty Dental Plan or locate one online at libertydentalplan.com/lacaremedicare. Dental benefits are only available if they are provided by a contracted Liberty provider that is also contracted with Denti-cal. Please check with your dental office before receiving services to make sure the office is a Liberty/Denti-cal provider. To ensure the dental office is a participating dentist of our plan, please provide the office your L.A. Care Member ID number to confirm. Referrals are not required.

Make a Dental Appointment

To find a dentist in your area, you can go to our website at libertydentalplan.com/lacaremedicare, download the mobile app on your smart phone, or call us toll-free at **1-855-552-8243/TTY: 1-877-855-8039**, Monday through Friday from 8 a.m. to 8 p.m. Once you have located a Participating Provider, you can call the office to schedule an appointment. The dental office will contact us to verify your eligibility. Be sure to identify yourself as a Liberty Dental Plan member when you call the dentist for an appointment. We also suggest that you take this information with you, along with your L.A. Care Medicare Plus Member Identification Card (ID) when you go to your appointment. You can then reference benefits and applicable charges which are the out-of-pocket costs associated with your plan.

Log in to Your Liberty Dental Plan Member Portal

Your Liberty Dental Plan account now has information about your dental coverage. When you log into your account online you can:

- View your Dental Benefit Plan
- View Dental Claim Status
- Find a Dentist
- View Dental History and Benefits

Review Your Dental Benefits

Your Schedule of Dental Benefits will explain how your plan works, including a list of dental services that are covered, and what you will be financially responsible for. Your Schedule of Dental Benefits is also available from the Member Portal.

Note: The Schedule of Dental Benefits is reviewed annually and is subject to change effective **January 1** of each year.

What L.A. Care Medicare Plus dental benefit does not cover may be available through the Medi-Cal Dental Program. For a full list of services covered by the Medi-Cal Dental Program, call **1-800-322-6384 (TTY 1-800-735-2922)**. These resources can also help you locate a Medi-Cal dental provider and file a grievance or complaint.

**No Calendar Year Maximum, No Out of Pocket Maximum, No Deductible
\$0 Copay/Coinsurance on all Preventive and Comprehensive Services**

- The following is a **complete list** of dental procedures for which benefits are payable under this Plan.
- Non-listed procedures are not covered. This Plan does not allow alternate benefits.
- If elected, Member is responsible for all non-covered procedures.
- The member must visit a contracted dental office to utilize covered benefits.

CDT Code	Description	Member Responsibility	Pre-Auth Required	Limitations	Documentation/ X-Rays Required
Diagnostic Services					
D0140	Limited oral evaluation	\$0		1 (D0140, D0160, D0170, D0171, D0180) every calendar year	
D0160	Oral evaluation, problem focused	\$0			
D0170	Re-evaluation, limited, problem focused	\$0			
D0171	Re-evaluation, post operative office visit	\$0			
D0180	Comprehensive periodontal evaluation	\$0			
D0273	Bitewings, three radiographics images	\$0		1 (D0273) every calendar year	
Preventive Services					
D1110	Prophylaxis, adult	\$0		1 (D1110) every calendar year	
D1206	Topical application of fluoride varnish	\$0		1 (D1206) every calendar year	
Restorative Services					
D2720	Crown, resin with high noble metal	\$0	Y	1 of (D2720-D2792, D6240-D6752) per tooth every 7 calendar years	Bitewing and periapical x-ray required with pre-authorization; include narrative when necessary
D2722	Crown, resin with noble metal	\$0	Y		
D2750	Crown, porcelain fused to high noble metal	\$0	Y		
D2752	Crown, porcelain fused to noble metal	\$0	Y		
D2790	Crown, full cast high noble metal	\$0	Y		
D2792	Crown, full cast noble metal	\$0	Y		
D2950	Core buildup, including any pins when required	\$0			

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CDT Code	Description	Member Responsibility	Pre-Auth Required	Limitations	Documentation/ X-Rays Required
Endodontic Services					
D3110	Pulp cap, direct (excluding final restoration)	\$0		1 of (D3110-D3120) per tooth in a lifetime	
D3120	Pulp cap, indirect (excluding final restoration)	\$0			
D3220	Therapeutic pulpotomy (excluding final restoration)	\$0		1 of (D3220-D3221) per tooth in a lifetime	
D3221	Pulpal debridement, primary and permanent teeth	\$0			
Periodontal Services					
D4240	Gingival flap procedure, four or more teeth per quadrant	\$0	Y	1 of (D4240-D4267) per site/quad every 3 calendar years	Diagnostic full mouth x- rays, perio charting, and narrative required with pre-authorization. Include photos when necessary.
D4241	Gingival flap procedure, one to three teeth per quadrant	\$0	Y		
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	\$0	Y		
D4264	Bone replacement graft, retained natural tooth, each additional site	\$0	Y		
D4266	Guided tissue regeneration, natural teeth, resorbable barrier, per site	\$0	Y		
D4267	Guided tissue regeneration, natural teeth, non-resorbable barrier, per site	\$0	Y		
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	\$0		1 of (D4341, D4342) per site/quad every 3 calendar years	
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	\$0			
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	\$0		1 (D4346) every calendar year	
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	\$0			
Removable Prosthodontic Services					
D5221	Immediate maxillary partial denture, resin base	\$0	Y	1 of (D5221-D5228) per arch every 7 calendar years	
D5222	Immediate mandibular partial denture, resin base	\$0	Y		
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	\$0	Y		

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CDT Code	Description	Member Responsibility	Pre-Auth Required	Limitations	Documentation/ X-Rays Required
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	\$0	Y	1 of (D5221-D5228) per arch every 7 calendar years	
D5225	Maxillary partial denture, flexible base	\$0	Y		
D5226	Mandibular partial denture, flexible base	\$0	Y		
D5227	Immediate maxillary partial denture, flexible base	\$0	Y		
D5228	Immediate mandibular partial denture, flexible base	\$0	Y		
D5630	Repair or replace broken retentive clasping materials, per tooth	\$0			
D5650	Add tooth to existing partial denture	\$0			
D5660	Add clasp to existing partial denture, per tooth	\$0			
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	\$0			
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	\$0			
D5710	Rebase complete maxillary denture	\$0		1 of (D5710-D5731) per arch every 2 calendar years; not payable within 6 months of initial placement by the same provider	
D5711	Rebase complete mandibular denture	\$0			
D5720	Rebase maxillary partial denture	\$0			
D5721	Rebase mandibular partial denture	\$0			
D5730	Reline complete maxillary denture, direct	\$0			
D5731	Reline complete mandibular denture, direct	\$0			

Fixed Prosthodontic Services

D6240	Pontic, porcelain fused to high noble metal	\$0	Y	1 of (D2720-D2792, D6240-D6752) per tooth every 7 calendar years	Diagnostic full mouth or panoramic x-rays required with pre-authorization.
D6242	Pontic, porcelain fused to noble metal	\$0	Y		
D6245	Pontic, porcelain/ceramic	\$0	Y		
D6740	Retainer crown, porcelain/ceramic	\$0	Y		
D6750	Retainer crown, porcelain fused to high noble metal	\$0	Y		
D6752	Retainer crown, porcelain fused to noble metal	\$0	Y		

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CDT Code	Description	Member Responsibility	Pre-Auth Required	Limitations	Documentation/ X-Rays Required
Oral & Maxillofacial Services					
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	\$0	Y	1 of (D7310-D7321) per site/quad in a lifetime	Diagnostic full mouth or panoramic x-rays and narrative required with pre-authorization. Include photos when necessary.
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	\$0	Y		
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	\$0	Y		
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	\$0	Y		
D7953	Bone replacement graft for ridge preservation, per site	\$0	Y	1 (D7953) per site in a lifetime	
Adjunctive General Services					
D9222	Deep sedation/general anesthesia, first 15 minute increment	\$0	Y	5 of (D9222, D9223, D9239, D9243) every calendar year Not payable on the same date of service as D9239, D9243	Narrative required showing need for service with pre-authorization.
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	\$0	Y		
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	\$0	Y	5 of (D9222, D9223, D9239, D9243) every calendar year Not payable on the same date of service as D9222, D9223	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	\$0	Y		
D9310	Consultation, other than requesting dentist	\$0		1 (D9310) every calendar year	
D9944	Occlusal guard, hard appliance, full arch		Y	1 of (D9944, D9945) every 5 calendar years	
D9945	Occlusal guard, soft appliance, full arch		Y		
D9995	Teledentistry, synchronous; real-time encounter	\$0			
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	\$0			

Dental Exclusions and Limitations

Our plan partners with Liberty Dental to provide your dental benefits. Please note that some services require clinical review for pre-authorization approval prior to treatment. Certain documentation must be submitted with these pre- authorization requests. These services are clinically reviewed using the provided documentation to determine if they are indicated and appropriate based on industry standards, and that they meet all requirements specific to such service as outlined in Liberty's Clinical Criteria and Guidelines. Any treatment which, in the opinion of Liberty's Dental Director, is not necessary or does not meet plan's criteria will not be covered. If the required documentation is not provided, the service cannot be adequately reviewed and will therefore be denied. If the prior authorization is denied for any reason, the service will not be covered, and you will be responsible for all associated costs. Dental procedures for cosmetic or aesthetic reasons are not covered. Coverage is limited to the services listed in the Schedule of Benefits. If a service is not listed, it is not included and is not covered. To locate a network provider or to review Liberty Dental Plan's Clinical Guidelines you may call Member Services at **(855) 552-8243** or search the Liberty Dental online provider directory at libertydentalplan.com/lacaremedicare. It is recommended that you work with your in-network dentist to check benefit coverage prior to obtaining dental services. If you choose to use a provider outside of the network, the services you receive will not be covered. Additional Limitations and Exclusions are listed below the Schedule of Benefits.

Limitations & Exclusions

1. Some services are clinically reviewed to determine if the services are necessary and appropriate based upon industry standards and Liberty clinical guidelines. Access to Liberty Dental guidelines is available through Member Services at **1-866-610-0282** or search the Liberty Dental Aetna member site at libertydentalplan.com/Providers/Clinical-Criteria-Guidelines-Practice-Parameters.aspx
 - a. Services requested without the required documentation provided will be denied. Required documentation for each service is listed in the Schedule of Benefits.
 - b. Missing required documentation will result in the requested service being denied.
2. Requests for crowns, root canals and partial dentures require the tooth/teeth to have a good long term restorative, endodontic, and periodontal (at least 50% bone support) prognosis for approval.
3. Teeth without root canal treatment must show evidence of decay, fracture, failing restoration, etc., undermining more than 50% of the tooth.
4. Replacement of an existing crown, partial or denture which, in the opinion of Liberty's Dental Director, is satisfactory or that can be made satisfactory is not covered.
5. Cosmetic or experimental dental services, and/or procedures not generally performed in a general dentist office.
 - a. Crowns for the purposes of esthetics, or as a result of normal wear & attrition, recession, abfraction and/or abrasion are not covered.

6. Any procedure not specifically listed as a covered benefit in this Schedule of Benefits.
 - a. Any requested services that are in conjunction or reliant upon the completion of a denied service will also be denied.
7. Any treatment covered under an individual or group medical plan, auto insurance, no fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.
8. Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
9. Services for injuries and/or conditions which are paid or payable under Workers' Compensation or Employer Liability Laws, and treatment provided without cost to you by any municipality, county, or other political subdivision is not covered.
10. Fees related to broken appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
11. Cost of hospitalization and/or pharmaceuticals.
12. Any services performed by a non network general dentist or non network specialist.
13. Services that cannot be performed because of the general health of the patient.
14. Services which are not consistent with the usual and customary services provided by a network general dentist or specialist.
15. Any dental treatment started prior to the member's effective date.
16. Treatment related to cysts, neoplasms and/or malignancies.
17. Services which, in the opinion of the network general dentist or specialist, are not necessary for the patient's dental health.

You can get this document for free in other formats, such as large print, braille, and/or audio. Call **1-855-552-8243**, Monday to Friday, between 8:00 a.m. and 8:00 p.m. local time. The call is free.

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Nondiscrimination Notice

Discrimination is against the law. L.A. Care Health Plan follows State and Federal civil rights laws. L.A. Care Health Plan does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

L.A. Care Health Plan provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- 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, contact L.A. Care Health Plan 24 hours a day, 7 days a week, including holidays, by calling **1-833-522-3767**. If you cannot hear or speak well, please call TTY 711. Upon request, this document can be made available to you in braille, large print, audio cassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

L.A. Care Health Plan Member Services Department
1200 West 7th Street, 10th Floor Los Angeles, CA 90017
1-833-522-3767 TTY: 711

How to file a civil rights grievance

If you believe that L.A. Care Health Plan has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with L.A. Care Health Plan Chief Compliance Officer. You can file a civil rights grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact L.A. Care Health Plan Chief Compliance Officer, 24 hours a day, 7 days a week, including holidays, by calling **1-833-522-3767**. Or, if you cannot hear or speak well, please call TTY 711
- **In writing:** Fill out a complaint form or write a letter and send it to:

L.A. Care Health Plan Chief Compliance Officer
1200 West 7th Street, 10th Floor Los Angeles, CA 90017

- **In person:** Visit your doctor's office or L.A. Care Health Plan and say you want to file a civil rights grievance.
- **Electronically:** Visit L.A. Care Health Plan website at www.lacare.org/members/member-support/file-grievance/grievance-appeal-form or send an email to civilrightscordinator@lacare.org.

Office of Civil Rights - U.S. Department of Health and Human Services

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call TTY/TDD **1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services
1200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201

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

Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

L.A. Care Medicare Plus (HMO D-SNP) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Enrollment in L.A. Care Medicare Plus depends on contract renewal.

Notice of Availability

English Tagline

ATTENTION: If you need help in your language, call **1-833-522-3767** (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-833-522-3767** (TTY: 711). These services are free.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-833-522-3767** (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ **1-833-522-3767** (TTY: 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴԴՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-833-522-3767** (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք **1-833-522-3767** (TTY: 711): Այդ ծառայություններն անվճար են:

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-833-522-3767** (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1-833-522-3767** (TTY: 711)。这些服务都是免费的。

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-833-522-3767** (TTY: 711)। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-833-522-3767** (TTY: 711)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-833-522-3767** (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-833-522-3767** (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-833-522-3767** (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-833-522-3767** (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

LA6173 0724

日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1-833-522-3767 (TTY: 711)** へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。
1-833-522-3767 (TTY: 711) へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-833-522-3767 (TTY: 711)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다.
1-833-522-3767 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ເທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-833-522-3767 (TTY: 711)**. ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-833-522-3767 (TTY: 711)**. ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-833-522-3767 (TTY: 711)**. Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-833-522-3767 (TTY: 711)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-833-522-3767 (TTY: 711)**។
ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក
ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-833-522-3767 (TTY: 711)**។
សេវាកម្មទាំងនេះ
មិនគិតថ្លៃឡើយ។

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-833-522-3767 (TTY: 711)** تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-833-522-3767 (TTY: 711)** تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-833-522-3767** (TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-833-522-3767** (TTY: 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-833-522-3767** (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-833-522-3767** (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-833-522-3767** (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-833-522-3767** (TTY: 711). Libre ang mga serbisyo ng ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-833-522-3767** (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ

สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ

ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-833-522-3767** (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-833-522-3767** (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-833-522-3767** (TTY: 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-833-522-3767** (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-833-522-3767** (TTY: 711). Các dịch vụ này đều miễn phí.

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