

# Dental Benefit Guide

Oregon groups  
with 5+ employees

For plans beginning  
January 1, 2015



# Choice. Quality. Value.

LifeWise Health Plan of Oregon, your trusted health support partner, is dedicated to providing Oregon employers with high-quality health and dental care coverage. All LifeWise dental plans encourage preventive care and promote good oral health habits that can lead to better overall health.

## **A range of product options to build a comprehensive benefits package**

LifeWise offers a range of dental plans offering choice and flexibility, allowing employers to offer a more attractive and comprehensive employee benefits package.

## **Our dental portfolio:**

- Provides dental care with no deductibles for cleanings, routine exams, and X-rays
- Gives employers a wide range of coverage options to strike the right balance between coverage and cost
- Offers packaged or stand-alone product options for Oregon groups with five or more enrolled employees, as well as employer-sponsored and voluntary dental plans
- Includes free online tools such as the Dental Health Center, Dental Cost Estimator, and easy access to our dental provider directory.

## **Ease of administration**

Packaged coverage offers administrative ease through one carrier, one bill when purchased with medical, one ID card, one customer service line, one website.



Research shows that good oral health habits and regular preventive care help prevent periodontitis, and can reduce the risk of other health conditions such as diabetes or cardiovascular disease.

Plan highlights	Dental Classic/ Adult Dental Classic	Dental Vantage Plus/ Adult Dental Vantage Plus	Dental Charter Plus/ Adult Dental Charter Plus	Dental Preventive+/ Adult Dental Preventive+	Dental Preventive/ Adult Dental Preventive
Access to nationwide contracted dental providers	✓	✓	✓	✓	✓
Freedom to choose <i>any</i> licensed dental provider	✓	✓	✓	✓	✓
PPO-style plan design offering members preferred provider and non-preferred provider benefit levels		✓	✓		
Include preventive services with no deductibles	✓	✓	✓	✓	✓
Provides comprehensive benefits for major services	✓	✓	✓		
Optional orthodontia coverage available for groups with 26 or more enrolled employees	✓	✓			
Voluntary-funded plan option			✓	✓	✓
Contributory plan option	✓	✓		✓	✓
Available as packaged or stand-alone product	✓	✓	✓	✓	✓

**Note:** For a summary of plan benefits and limitations, see plan details to follow.



# Dental Classic™

Employers can choose from an array of deductible and coinsurance cost share options while offering employees and their dependents maximum flexibility in provider choice.

## With these plans, employers can offer:

- Maximum flexibility because the member can choose any licensed dental care provider and benefit from our network
- Diagnostic and preventive services including routine exams, cleanings, fluoride, and X-rays
- Basic services including fillings, extractions, and up to four periodontal maintenance cleanings per year
- Major services including endodontic (root canal) treatments, crowns, inlays, and dentures

## Large groups (51+)

The **LifeWise Dental Classic** plan includes benefits for children as listed under the covered services section of this brochure, including fluoride treatments for ages up to 18 and sealants for ages up to 19.

## Small groups (5-50)

The **LifeWise Adult Dental Classic** plan does not cover members under the age of 19. Pediatric dental benefits are included in LifeWise small group Passport medical plans. If you choose a Standard medical plan, you are required to purchase a pediatric dental plan in addition to your medical plan.

# Dental Classic™

## Adult Dental Classic™

Benefits apply after calendar-year deductible is met, unless otherwise noted.

PCY = per calendar year

Deductible and Coinsurance represent member's cost share

### Choose one of these plans

For all groups 5+	Annual Deductible PCY	Benefit Maximum Limit per person, PCY	Individual: \$50 / Family: \$150 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	Individual: \$500 <sup>1</sup> / Family: \$1500 <sup>1</sup> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500	Individual: \$50 / Family: \$150 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500	Not applicable Not applicable
<b>Large groups (51+)</b> Small groups (5–50): Benefits are provided to adults only (19 and older). Pediatric dental is provided under the Medical Plan	Annual Deductible PCY	Benefit Maximum Limit per person, PCY	Individual: \$25 / Family: \$75 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	Same as above	Individual: \$25 / Family: \$75 \$1,000	Individual: \$50 / Family: \$150 \$1,000

### COVERED SERVICES

ROUTINE DIAGNOSTIC AND PREVENTIVE <sup>2</sup>				
<b>Cleanings</b> Limited to 2 PCY				
<b>Routine Oral Exams</b> Limited to 2 PCY				
<b>Routine X-rays</b> Complete series or panoramic X-ray once per 36 consecutive months				
<b>Space Maintainers</b> For members under age 20	0%	0%	20%	30%
<b>Fluoride Treatments</b> Limited to 2 applications PCY for members under age 18*				
<b>Sealants</b> Limited to permanent teeth for members under age 19*				
BASIC				
<b>Non-routine/Problem-focused Exams</b> 1 PCY				
<b>Emergency Palliative Treatment</b>				
<b>Fillings</b> Limited to once per tooth surface every 2 calendar years	20%	20%	20%	30%
<b>Periodontal Maintenance</b> Limited to 4 visits per calendar year				
<b>Recementing of Crowns, Inlays, Bridgework &amp; Dentures</b>				
<b>Simple Extractions</b>				
MAJOR**				
<b>Dentures, Partials &amp; Fixed Bridges</b> Replacements limited to once every 7 calendar years)				
<b>Endodontic (Root Canal) Treatment</b> 1 per tooth every 2 calendar years; limited to 2 per arch when performed in conjunction with overdentures				
<b>Full-mouth Debridement</b> Limited to once every 3 calendar years				
<b>General Anesthesia</b> Limited to covered dental procedures at a dental care provider's office when dentally necessary	50%	50%	50%	50%
<b>Inlays, Onlays &amp; Crowns</b> Replacements limited to once per tooth every 7 years				
<b>Oral Surgery &amp; Surgical Extractions</b>				
<b>Periodontal Scaling</b> Limited to once per quadrant every 2 calendar years				
<b>Periodontal Surgery</b> 1 per quadrant per 5 calendar years				
<b>Repair of Crowns, Inlays, Bridgework &amp; Dentures</b>				

Note: Member is responsible for non-preferred provider charges in excess of LifeWise's maximum allowable amounts.

<sup>1</sup> Applies to major services only.

<sup>2</sup> Annual deductible waived for diagnostic and preventive services.

\* Available for groups with 51 or more enrolled employees.

\*\* A 6-month waiting period applies to major services if the group has not had continuous dental coverage for the prior 6-month period.

# Dental Vantage Plus™

Employers can choose from an array of deductible and coinsurance cost share options, as well as non-preferred reimbursement options, and provide employees and their dependents with choice and control over their out-of-pocket spending.

When members use contracted network providers, they receive their plan's highest benefit level and enjoy the network cost savings. Or they can use a non-preferred provider at a reduced benefit level.

## With these plans, employers can offer:

- Diagnostic and preventive services including routine exams, cleanings, and X-rays
- Basic services including fillings, extractions, and up to four periodontal maintenance cleanings per year
- Major services including endodontic (root canal) treatments, crowns, inlays, and dentures

## Large groups (51+)

The **LifeWise Dental Vantage Plus** plan includes benefits for children as listed under the covered services section of this brochure, including fluoride treatments for ages up to 18 and sealants for ages up to 19.

## Small groups (5–50)

The **LifeWise Adult Dental Vantage Plus** plan does not cover members under the age of 19. Pediatric dental benefits are included in LifeWise small group Passport medical plans. If you choose a Standard medical plan, you are required to purchase a pediatric dental plan in addition to your medical plan.



# Dental Vantage Plus™

## Adult Dental Vantage Plus™

Benefits apply after calendar-year deductible is met, unless otherwise noted.

PCY = per calendar year

Deductible and Coinsurance represent member's cost share

### Choose one of these plans

<b>For all groups 5+</b>  <b>Annual Deductible</b> PCY  <b>Benefit Maximum</b> Limit per person, PCY  <b>Network Reimbursement</b>	<input type="checkbox"/> Individual: \$50 / Family: \$150  <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000  <input type="checkbox"/> Base <input type="checkbox"/> Premium	Not applicable
	<input type="checkbox"/> Individual: \$50 / Family: \$150 <input type="checkbox"/> Individual: \$100 / Family: \$250  <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	<input type="checkbox"/> Individual: \$50 / Family: \$150 <input type="checkbox"/> Individual: \$100 / Family: \$250  <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000
<b>Large groups (51+)</b> Small groups (5–50): Benefits are provided to adults only (19 and older). Pediatric dental is provided under the Medical Plan	<input type="checkbox"/> Individual: \$50 / Family: \$150 <input type="checkbox"/> Individual: \$100 / Family: \$250  <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	<input type="checkbox"/> Individual: \$50 / Family: \$150 <input type="checkbox"/> Individual: \$100 / Family: \$250  <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000

### COVERED SERVICES

ROUTINE DIAGNOSTIC AND PREVENTIVE <sup>1</sup>	Preferred	Non-preferred	Preferred	Non-preferred
<b>Cleanings</b> Limited to 2 PCY				
<b>Routine Oral Exams</b> Limited to 2 PCY				
<b>Routine X-rays</b> Complete series or panoramic X-ray once per 36 consecutive months	0%	20%	20%	30%
<b>Space Maintainers</b> For members under age 20				
<b>Fluoride Treatments</b> Limited to 2 applications PCY for members under age 18*				
<b>Sealants</b> Limited to permanent teeth for members under age 19*				
<b>BASIC</b>				
<b>Non-routine/Problem-focused Exams</b> 1 PCY				
<b>Emergency Palliative Treatment</b>				
<b>Fillings</b> Limited to once per tooth surface every 2 calendar years	20%	30%	20%	40%
<b>Periodontal Maintenance</b> Limited to 4 visits per calendar year				
<b>Recementing of Crowns, Inlays, Bridgework &amp; Dentures</b>				
<b>Simple Extractions</b>				
<b>MAJOR**</b>				
<b>Dentures, Partial &amp; Fixed Bridges</b> Replacements limited to once every 7 calendar years)				
<b>Endodontic (Root Canal) Treatment</b> 1 per tooth every 2 calendar years; limited to 2 per arch when performed in conjunction with overdentures				
<b>Full-mouth Debridement</b> Limited to once every 3 calendar years				
<b>General Anesthesia</b> Limited to covered dental procedures at a dental care provider's office when dentally necessary	50%	50%	50%	50%
<b>Inlays, Onlays &amp; Crowns</b> Replacements limited to once per tooth every 7 years				
<b>Oral Surgery &amp; Surgical Extractions</b>				
<b>Periodontal Scaling</b> Limited to once per quadrant every 2 calendar years				
<b>Periodontal Surgery</b> 1 per quadrant per 5 calendar years				
<b>Repair of Crowns, Inlays, Bridgework &amp; Dentures</b>				

Note: Member is responsible for non-preferred provider charges in excess of LifeWise's maximum allowable amounts.

<sup>1</sup> Annual deductible waived for diagnostic and preventive services.

\* Available for groups with 51 or more enrolled employees.

\*\* A 6-month waiting period applies to major services if the group has not had continuous dental coverage for the prior 6-month period.



# Dental Charter Plus™

These plans allow employers the opportunity to offer their workforce a valuable group dental benefit without having to fund it. It offers a wide range of benefits for diagnostic and preventive services. When using contracted dental network providers, employees receive their plan's highest benefit level and enjoy the cost savings these networks offer. Or, they can use a non-preferred provider at a reduced benefit level.

## With these plans, employers can:

- Provide employees the opportunity to purchase dental coverage at group rates
- Offer a plan that can be funded 100% by employees, or elect to fund a portion of premiums (up to 50%)
- Reduce employee benefit expenses
- Enhance benefit offerings to attract and retain employees

## Large groups (51+)

The **LifeWise Dental Charter Plus** plan includes benefits for children as listed under the covered services section of this brochure, including fluoride treatments for ages up to 18 and sealants for ages up to 15.

## Small groups (5-50)

The **LifeWise Adult Dental Charter Plus** plan does not cover members under the age of 19. Pediatric dental benefits are included in LifeWise small group Passport medical plans. If you choose a Standard medical plan, you are required to purchase a pediatric dental plan in addition to your medical plan.



# Dental Charter Plus™

## Adult Dental Charter Plus™

Benefits apply after calendar-year deductible is met, unless otherwise noted.

PCY = per calendar year

Deductible and Coinsurance represent member's cost share

**For all groups (5+)**

Small groups (5–50):  
Benefits are provided to adults only (19 and older). Pediatric dental is provided under the Medical Plan

**Annual Deductible** PCY

**Benefit Maximum** Limit per person, PCY

### Choose one of these plans

- Individual: \$50 / Family: \$150
- Individual: \$100 / Family: \$250
- \$750<sup>1</sup>
- \$1,000<sup>2</sup>

Individual: \$100 / Family: \$250  
\$1,000

### COVERED SERVICES

ROUTINE DIAGNOSTIC AND PREVENTIVE <sup>3</sup>	Preferred	Non-preferred	Preferred	Non-preferred
<b>Cleanings</b> Limited to 2 PCY				
<b>Routine Oral Exams</b> Limited to 2 PCY				
<b>Routine X-rays</b> Complete series or panoramic X-ray once per 36 consecutive months	0%	20%	20%	30%
<b>Fluoride Treatments</b> Limited to 2 applications PCY for members under age 18*				
<b>Sealants</b> Limited to permanent teeth for members under age 15*				
<b>BASIC**</b>				
<b>Non-routine/Problem-focused Exams</b> 1 PCY				
<b>Emergency Palliative Treatment</b>				
<b>Fillings</b> Limited to once per tooth surface every 2 calendar years				
<b>Periodontal Maintenance</b> Limited to 4 visits per calendar year	20%	30%	20%	40%
<b>Recementing of Crowns, Inlays, Bridgework &amp; Dentures</b>				
<b>Simple Extractions</b>				
<b>Space Maintainers</b> For members under age 20				
<b>MAJOR***</b>				
<b>Dentures, Partial &amp; Fixed Bridges</b> Replacements limited to once every 7 calendar years)				
<b>Endodontic (Root Canal) Treatment</b> 1 per tooth every 2 calendar years; limited to 2 per arch when performed in conjunction with overdentures				
<b>Full-mouth Debridement</b> Limited to once every 3 calendar years				
<b>General Anesthesia</b> Limited to covered dental procedures at a dental care provider's office when dentally necessary	50%	50%	50%	50%
<b>Inlays, Onlays &amp; Crowns</b> Replacements limited to once per tooth every 7 years				
<b>Oral Surgery &amp; Surgical Extractions</b>				
<b>Periodontal Scaling</b> Limited to once per quadrant every 2 calendar years				
<b>Periodontal Surgery</b> 1 per quadrant per 5 calendar years				
<b>Repair of Crowns, Inlays, Bridgework &amp; Dentures</b>				

Note: Member is responsible for non-preferred provider charges in excess of LifeWise's maximum allowable amounts.

<sup>1</sup> Available with \$50 deductible only.

<sup>2</sup> Available with \$100 deductible only.

<sup>3</sup> Annual deductible waived for diagnostic and preventive services.

\* Available for groups with 51 or more enrolled employees.

\*\* A 6-month waiting period applies to basic services if the member has not had continuous dental coverage for the prior 6-month period.

\*\*\* A 12-month waiting period applies to major services if the member has not had continuous dental coverage for the prior 12-month period.



# Dental Preventive+™ and Dental Preventive

**Dental Preventive+ and Adult Dental Preventive+** Comprehensive and competitive benefit packages that include dental coverage at a more affordable cost. With its focus on preventive care, employers can provide valuable coverage that will encourage good oral habits and better overall health outcomes. These plans allow members to use any licensed dental care provider.

**Dental Preventive and Adult Dental Preventive** Options for employers that want to offer routine and diagnostic preventive care. According to the American Dental Association, regular professional dental care can help prevent gum disease and reduce the risk of other costly health conditions down the road. These plans also allow the use of any licensed dental care provider.

## Available on both a contributory and voluntary basis.

- Employers pay between 50% and 100% of the premium on contributory options
- Employers pay between 0% and 50% of the premium on voluntary options

## Large groups (51+)

The **LifeWise Dental Preventive Plus** and **Dental Preventive** plans include benefits for children as listed under the covered services section of this brochure, including fluoride treatments for ages up to 18 and sealants for ages up to 15.

## Small groups (5-50)

The **LifeWise Adult Dental Preventive Plus** and **Dental Preventive** plans do not cover members under the age of 19. Pediatric dental benefits are included in LifeWise small group Passport medical plans. If you choose a Standard medical plan, you are required to purchase a pediatric dental plan in addition to your medical plan.

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More than 70 percent of all dental claims are for diagnostic and preventive services such as routine oral exams, cleanings, and X-rays.

# Dental Preventive+™ and Dental Preventive Adult Dental Preventive+™ and Adult Dental Preventive

Benefits apply after calendar-year deductible is met, unless otherwise noted.

PCY = per calendar year

Deductible and Coinsurance represent member's cost share

**For all groups (5+)** **Annual Deductible** PCY  
Small groups (5–50):  
Benefits are provided to adults only (19 and older). Pediatric dental is provided under the Medical Plan

**Benefit Maximum** Limit per person, PCY

Choose one of these Preventive+ plans		Preventive
Individual: \$0 / Family: \$0	Individual: \$0 / Family: \$0	Individual: \$0 / Family: \$0
\$750	\$500	\$500

## COVERED SERVICES

### ROUTINE DIAGNOSTIC AND PREVENTIVE

**Cleanings** Limited to 2 PCY

**Routine Oral Exams** Limited to 2 PCY

**Routine X-rays** Complete series or panoramic X-ray once per 5 calendar years

**Fluoride Treatments** Limited to 2 applications PCY for members under age 18<sup>1</sup>

**Sealants** Limited to permanent teeth for members under age 15<sup>1</sup>

### BASIC

**Non-routine/Problem-focused Exams** 1 PCY

**Emergency Palliative Treatment**

**Fillings** Limited to once per tooth surface every 2 calendar years

**Periodontal Maintenance** Limited to 4 visits per calendar year

**Recementing of Crowns, Inlays, Bridgework & Dentures**

**Simple Extractions** (non-surgical)

**Space Maintainers** For members under age 13<sup>1</sup>

0%

0%

0%

0%

20%

Not covered

Note: Member is responsible for non-preferred provider charges in excess of LifeWise's maximum allowable amounts.

## Enhancements and other options for all dental plans

Our optional dental coverage offers employers extra flexibility in designing their benefit coverage.

### Optional Benefits

#### BENEFIT RIDER ENHANCEMENT

For Groups of 5 or more enrolled employees<sup>2</sup>

**Endodontic (Root Canal) & Surgical Periodontal Treatment**

Cover under Basic instead of Major Services

#### ORTHODONTIA

For Groups of 26 or more enrolled employees<sup>2</sup>

**Diagnostic Services and Active/Retention Treatment including Appliances**

Covered in full<sup>3</sup> up to lifetime maximum

**Monthly Orthodontic Adjustments including Retention Treatment**

Covered in full<sup>3</sup> up to lifetime maximum

**Lifetime Maximum per person**

\$1,000  \$1,500<sup>1</sup>  \$2,000<sup>1</sup>

**Age limit, large groups (51+)**

No age limit  Under age 19

**Age limit, small groups (5–50)**

Adults only (19 and over)

Note: Member is responsible for non-preferred provider charges in excess of LifeWise's maximum allowable amounts.

<sup>1</sup> Available for groups with 51 or more enrolled employees.

<sup>2</sup> Not available for Adult Dental Charter Plus, Adult Dental Preventive+, or Dental Preventive plans.

<sup>3</sup> Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.



## Start enjoying the LifeWise advantage!

Give us a call or talk to your producer about  
the plan that's right for you.

LifeWise Health Plan of Oregon  
1.800.926.6707

[lifewiseor.com](http://lifewiseor.com)

This brochure is not a contract. It is only a summary of the major benefits provided by these plans. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, please contact your producer or a LifeWise sales representative.



## Discrimination is Against the Law

LifeWise Health Plan of Oregon complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

LifeWise:

- 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 (large print, audio, accessible electronic formats, 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, contact the Civil Rights Coordinator.

If you believe that LifeWise 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:

Civil Rights Coordinator - Complaints and Appeals  
PO Box 91102, Seattle, WA 98111

Toll free 855-332-6396, Fax 425-918-5592, TTY 800-842-5357

Email AppealsDepartmentInquiries@LifeWiseHealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>.

## Getting Help in Other Languages

**This Notice has Important Information.** This notice may have important information about your application or coverage through LifeWise Health Plan of Oregon. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-596-3440 (TTY: 800-842-5357).

### አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ LifeWise Health Plan of Oregon ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናት ሊኖሩ ይችላሉ። የጤናን ሽፋንዎን ለመጠበቅና በአስፈላጊ አርዳታ ለማግኘት በተወሰኑ የጊዜ ገደቦች አርምዎን መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ አርዳታ እንዲያገኙ መብት አለዎት። በስልክ ቁጥር 800-596-3440 (TTY: 800-842-5357) ይደውሉ።

### العربية (Arabic):

يحتوي هذا الإشعار معلومات هامة. قد يحتوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تريد الحصول عليها من خلال LifeWise Health Plan of Oregon. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-596-3440 (TTY: 800-842-5357).

### 中文 (Chinese):

**本通知有重要的訊息。**本通知可能有關於您透過 LifeWise Health Plan of Oregon 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-596-3440 (TTY: 800-842-5357)。

### Oromoo (Cushite):

**Beeksisti kun odeeffannoo barbaachisaa qaba.** Beeksisti kun sagantaa yookan karaa LifeWise Health Plan of Oregon tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-596-3440 (TTY: 800-842-5357) tii bilbilaa.

### Français (French):

**Cet avis a d'importantes informations.** Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de LifeWise Health Plan of Oregon. Le présent avis peut contenir des dates clés. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-596-3440 (TTY: 800-842-5357).

### Kreyòl ayisyen (Creole):

**Avi sila a kapab genyen enfòmasyon enpòtan ladann.** Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouveti asirans lan atravè LifeWise Health Plan of Oregon. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouveti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resevwa enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-596-3440 (TTY: 800-842-5357).

### Deutsche (German):

**Diese Benachrichtigung enthält wichtige Informationen.** Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch LifeWise Health Plan of Oregon. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-596-3440 (TTY: 800-842-5357).

### Hmoob (Hmong):

**Tsawm ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb.** Tej zaum tsawm ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm LifeWise Health Plan of Oregon. Tej zaum muaj cov hnub tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-596-3440 (TTY: 800-842-5357).

### Iloko (Ilocano):

**Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion.** Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenno coverage babaen iti LifeWise Health Plan of Oregon. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyo wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-596-3440 (TTY: 800-842-5357).

### Italiano (Italian):

**Questo avviso contiene informazioni importanti.** Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso LifeWise Health Plan of Oregon. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-596-3440 (TTY: 800-842-5357).

**日本語 (Japanese):**

この通知には重要な情報が含まれています。この通知には、LifeWise Health Plan of Oregon の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-596-3440 (TTY: 800-842-5357)までお電話ください。

**한국어 (Korean):**

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 LifeWise Health Plan of Oregon 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-596-3440 (TTY: 800-842-5357) 로 전화하십시오.

**ລາວ (Lao):**

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄ່າຄ່ອງສະໜັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ LifeWise Health Plan of Oregon. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສຸຂະພາບ ຫຼື ຄວາມລຸ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມລຸ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-596-3440 (TTY: 800-842-5357).

**ភាសាខ្មែរ (Khmer):**

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកកម្រោយ: LifeWise Health Plan of Oregon ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជូនសមត្ថភាព ដល់កំណត់ថ្លៃជាក់លាក់សំខាន់ៗ ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ នឹងជំនួយនៅក្នុងការសរសេរអ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-596-3440 (TTY: 800-842-5357)។

**ਪੰਜਾਬੀ (Punjabi):**

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ LifeWise Health Plan of Oregon ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਜਵਾਬ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਹਤ ਕਵਰੇਜ ਰਿਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਕੱਠੇ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਕੁਝ ਖਾਸ ਕਰਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-596-3440 (TTY: 800-842-5357).

**فارسی (Farsi):**

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق LifeWise Health Plan of Oregon باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-596-3440 تماس بگیرید. (TTY: 800-842-5357) تماس برقرار نمایید.

**Polskie (Polish):**

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez LifeWise Health Plan of Oregon. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-596-3440 (TTY: 800-842-5357).

**Português (Portuguese):**

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do LifeWise Health Plan of Oregon. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-596-3440 (TTY: 800-842-5357).

**Română (Romanian):**

Prezenta notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin LifeWise Health Plan of Oregon. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-596-3440 (TTY: 800-842-5357).

**Русский (Russian):**

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через LifeWise Health Plan of Oregon. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-596-3440 (TTY: 800-842-5357).

**Fa'asamoa (Samoan):**

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, LifeWise Health Plan of Oregon, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-596-3440 (TTY: 800-842-5357).

**Español (Spanish):**

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de LifeWise Health Plan of Oregon. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-596-3440 (TTY: 800-842-5357).

**Tagalog (Tagalog):**

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng LifeWise Health Plan of Oregon. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng habbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-596-3440 (TTY: 800-842-5357).

**ไทย (Thai):**

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกับการการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน LifeWise Health Plan of Oregon และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-596-3440 (TTY: 800-842-5357)

**Український (Ukrainian):**

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через LifeWise Health Plan of Oregon. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-596-3440 (TTY: 800-842-5357).

**Tiếng Việt (Vietnamese):**

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình LifeWise Health Plan of Oregon. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-596-3440 (TTY: 800-842-5357).