

# Individual Dental Copay Plan



## LifeWise Health Plan of Oregon

Preferred Providers—Covered Services and Copay Schedule for Grandfathered and Extended plans

Below is a list of services and copays that apply when you use an in-network provider. To find an in-network dental provider, go to [lifewiseor.com](http://lifewiseor.com) and use the “Find a Doctor” tool.

### Diagnostic and Preventive Services

Procedure Code	Description	Member Pays
D0120	Periodic Oral Evaluation—Established Patient	\$0
D0140	Limited Oral Evaluation—Problem Focused	\$0
D0145	Oral Evaluation—Patient Under 3 Years of Age and Counseling With Primary Caregiver	\$0
D0150	Comprehensive Oral Evaluation—New or Established Patient	\$0
D0160	Detailed And Extensive Oral Evaluation—Problem Focused, By Report	\$0
D0170	Re-evaluation—Limited, Problem Focused	\$0
D0180	Comprehensive Periodontal Evaluation—New or Established Patient	\$0
D0270	Bitewing—Single Radiographic Image	\$0
D0272	Bitewing—Two Radiographic Images	\$0
D0273	Bitewing—Three Radiographic Images	\$0
D0274	Bitewing—Four Radiographic Images	\$0
D0277	Vertical Bitewings—7 to 8 Radiographic Images	\$0
D1110	Prophylaxis (Routine Cleaning)—Adult	\$20
D1120	Prophylaxis (Routine Cleaning)—Child	\$20
D1206	Topical Application of Fluoride Varnish	\$0
D1208	Topical Application of Fluoride—Excluding Varnish	\$0
D1351	Sealant—Per Tooth	\$0
D9310	Consultation—Diagnostic Service Provided By Dentist or Physician Other Than Requesting Dentist or Physician	\$0

### Basic Services

Procedure Code	Description	Member Pays
D0210	Intraoral—Complete Series of Radiographic Images	\$30
D0220	Intraoral—Periapical—First Radiographic Image	\$5
D0230	Intraoral—Periapical—Each Additional Radiographic Image	\$5
D0240	Intraoral—Occlusal Radiographic Image	\$5
D0330	Panoramic Radiographic Image	\$25
D0460	Pulp Vitality Tests	\$10
D1510	Space Maintainer—Fixed—Unilateral	\$65
D1515	Space Maintainer—Fixed—Bilateral	\$85
D1520	Space Maintainer—Removable—Unilateral	\$65
D1525	Space Maintainer—Removable—Bilateral	\$85
D1550	Re-cement or Re-bond Space Maintainer	\$20
D2140	Amalgam—One Surface, Primary or Permanent	\$30
D2150	Amalgam—Two Surfaces, Primary or Permanent	\$35
D2160	Amalgam—Three Surfaces, Primary or Permanent	\$50

### Basic Services

Procedure Code	Description	Member Pays
D2161	Amalgam—Four or More Surfaces, Primary or Permanent	\$55
D2330	Resin-Based Composite—One Surface, Anterior	\$35
D2331	Resin-Based Composite—Two Surfaces, Anterior	\$50
D2332	Resin-Based Composite—Three Surfaces, Anterior	\$55
D2335	Resin-Based Composite—Four or More Surfaces or Involving Incisal Angle, Anterior	\$65
D2391	Resin-Based Composite—One Surface, Posterior	\$40
D2392	Resin-Based Composite—Two Surfaces, Posterior	\$55
D2393	Resin-Based Composite—Three Surfaces, Posterior	\$65
D2394	Resin-Based Composite—Four or More Surfaces, Posterior	\$65
D2910	Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$20
D2915	Re-cement or Re-bond Indirectly Fabricated or Prefabricated Post and Core	\$25
D2920	Re-cement or Re-bond Crown	\$20
D2929	Prefabricated Porcelain/Ceramic Crown—Primary tooth	\$75
D2930	Prefabricated Stainless Steel Crown, Primary Tooth	\$50
D2934	Prefabricated Esthetic Coated Stainless Steel Crown, Primary Tooth	\$85
D2940	Protective Restoration (Sedative Filling)	\$20
D2980	Crown Repair, Neccesitated by Restorative Material Failure	\$25
D2982	Onlay Repair, Neccesitated by Restorative Material Failure	\$40
D4910	Periodontal Maintenance	\$40
D5510	Repair Broken Complete Denture Base	\$35
D5520	Replace Missing or Broken Teeth, Complete Denture (Each Tooth)	\$30
D5610	Repair Resin Denture Base	\$35
D5620	Repair Cast Framework	\$40
D5630	Repair or Replace Broken Clasp	\$50
D5640	Replace Broken Teeth—Per Tooth	\$25
D5650	Add Tooth to Existing Partial Denture	\$40
D5660	Add Clasp to Existing Partial Denture	\$50
D6930	Recement Fixed Partial Denture	\$30
D6980	Fixed Partial Denture Repair, Neccesitated by Restorative Material Failure	\$85
D7111	Extraction, Coronal Remnants, Deciduous Tooth	\$25
D7140	Extraction, Erupted Tooth or Exposed Root, (Elevation and/or Forceps Removal)	\$30
D9110	Palliative (Emergency) Treatment of Dental Pain—Minor Procedure	\$5

## Individual Dental Copay Plan—Covered services and copay schedule

### Major Services

Procedure Code	Description	Member Pays
D2542	Onlay—Metallic, Two Surfaces	\$435
D2543	Onlay—Metallic, Three Surfaces	\$450
D2544	Onlay—Metallic, Four or More Surfaces	\$475
D2642	Onlay—Porcelain/Ceramic, Two Surfaces	\$450
D2643	Onlay—Porcelain/Ceramic, Three Surfaces	\$475
D2644	Onlay—Porcelain/Ceramic, Four or More Surfaces	\$490
D2662	Onlay—Resin-Based Composite, Two Surfaces	\$310
D2663	Onlay—Resin-Based Composite, Three Surfaces	\$350
D2664	Onlay—Resin-Based Composite, Four or More Surfaces	\$350
D2740	Crown—Porcelain/Ceramic Substrate	\$515
D2750	Crown— Porcelain Fused to High Noble Metal	\$490
D2751	Crown— Porcelain Fused to Predominantly Base Metal	\$450
D2752	Crown— Porcelain Fused to Noble Metal	\$475
D2780	Crown— 3/4 Cast High Noble Metal	\$475
D2781	Crown—3/4 Cast Predominantly Base Metal	\$435
D2782	Crown— 3/4 Cast Noble Metal	\$450
D2783	Crown— 3/4 Porcelain/Ceramic	\$490
D2790	Crown—Full Cast High Noble Metal	\$475
D2791	Crown—Full Cast Predominantly Base Metal	\$435
D2792	Crown—Full Cast Noble Metal	\$450
D2950	Core Buildup, Including Any Pins when Required	\$115
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$165
D2954	Prefabricated Post and Core in Addition to Crown	\$165
D3110	Pulp Cap—Direct (Excluding Final Restoration)	\$30
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$60
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$60
D3230	Pulpal Therapy (Resorbable Filling)—Anterior, Primary Tooth (Excluding Final Restoration)	\$60
D3240	Pulpal Therapy, (Resorbable Filling)—Posterior, Primary Tooth (Excluding Final Restoration)	\$75
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$385
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	\$435
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$515
D3331	Treatment of Root Canal Obstruction, Non-Surgical Access	\$75
D3332	Incomplete Endodontic Therapy, Inoperable, Unrestorable or Fractured Tooth	\$115
D3346	Retreatment of Previous Root Canal Therapy— Anterior	\$435
D3347	Retreatment of Previous Root Canal Therapy—Bicuspid	\$490
D3348	Retreatment of Previous Root Canal Therapy—Molar	\$515

*continued*

### Major Services

Procedure Code	Description	Member Pays
D3351	Apexification/Recalcification, Initial Visit	\$165
D3352	Apexification/Recalcification, Interim Medication Replacement	\$75
D3353	Apexification/Recalcification, Final Visit	\$145
D3355	Pulpal regeneration—initial visit	\$180
D3356	Pulpal regeneration—interim medication replacement	\$55
D3357	Pulpal regeneration—completion of treatment	\$235
D3410	Apicoectomy—Anterior	\$310
D3421	Apicoectomy—Bicuspid, First Root	\$385
D3425	Apicoectomy—Molar, First Root	\$385
D3426	Apicoectomy, Each Additional Root	\$130
D3427	Periradicular surgery without apicoectomy	\$310
D3430	Retrograde Filling, Per Root	\$60
D3450	Root Amputation, Per Root	\$205
D4210	Gingivectomy or Gingivoplasty, Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$235
D4211	Gingivectomy or Gingivoplasty, One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$100
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	\$30
D4240	Gingival Flap Procedure, Including Root Planing, Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$310
D4241	Gingival Flap Procedure, Including Root Planing, One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$165
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure)—Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$595
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure)—One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$350
D4341	Periodontal Scaling and Root Planing—Four or More Teeth Per Quadrant	\$100
D4342	Periodontal Scaling and Root Planing—One to Three Teeth, Per Quadrant	\$60
D5110	Complete Denture—Maxillary	\$595
D5120	Complete Denture—Mandibular	\$595
D5130	Immediate Denture—Maxillary	\$645
D5140	Immediate Denture—Mandibular	\$645
D5211	Maxillary Partial Denture—Resin Base	\$350
D5212	Mandibular Partial Denture—Resin Base	\$350
D5213	Maxillary Partial Denture—Cast Metal Framework With Resin Denture Bases	\$645
D5214	Mandibular Partial Denture—Cast Metal Framework With Resin Denture Bases	\$645
D5225	Maxillary Partial Denture—Flexible Base	\$350

*continued*

## Individual Dental Copay Plan—Covered services and copay schedule

### Major Services

Procedure Code	Description	Member Pays
D5226	Mandibular Partial Denture—Flexible Base	\$350
D5281	Removable Unilateral Partial Denture—One Piece Cast Metal	\$350
D5410	Adjust Complete Denture—Maxillary	\$30
D5411	Adjust Complete Denture—Mandibular	\$30
D5421	Adjust Partial Denture—Maxillary	\$30
D5422	Adjust Partial Denture—Mandibular	\$30
D5710	Rebase Complete Maxillary Denture	\$235
D5711	Rebase Complete Mandibular Denture	\$235
D5720	Rebase Maxillary Partial Denture	\$235
D5721	Rebase Mandibular Partial Denture	\$235
D5730	Reline Complete Maxillary Denture (Chairside)	\$130
D5731	Reline Complete Mandibular Denture (Chairside)	\$130
D5740	Reline Maxillary Partial Denture (Chairside)	\$130
D5741	Reline Mandibular Partial Denture (Chairside)	\$130
D5750	Reline Complete Maxillary Denture (Laboratory)	\$180
D5751	Reline Complete Mandibular Denture (Laboratory)	\$180
D5760	Reline Maxillary Partial Denture (Laboratory)	\$180
D5761	Reline Mandibular Partial Denture (Laboratory)	\$180
D5850	Tissue Conditioning, Maxillary	\$55
D5851	Tissue Conditioning, Mandibular	\$60
D5863	Overdenture—Complete Maxillary	\$645
D5864	Overdenture—Partial Maxillary	\$645
D5865	Overdenture—Complete Mandibular	\$515
D5866	Overdenture—Partial Mandibular	\$515
D6210	Pontic—Cast High Noble Metal	\$490
D6211	Pontic—Cast Predominantly Base Metal	\$435
D6212	Pontic—Cast Noble Metal	\$435
D6240	Pontic—Porcelain Fused to High Noble Metal	\$515
D6241	Pontic—Porcelain Fused to Predominantly Base Metal	\$435
D6242	Pontic—Porcelain Fused to Noble Metal	\$435
D6245	Pontic—Porcelain/Ceramic	\$490
D6250	Pontic—Resin With High Noble Metal	\$450
D6251	Pontic—Resin with Predominantly Base Metal	\$310
D6252	Pontic—Resin With Noble Metal	\$385
D6545	Retainer—Cast Metal For Resin Bonded Fixed Prosthesis	\$180
D6548	Retainer—Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	\$205
D6549	Resin Retainer—For Resin Bonded Fixed Prosthesis	\$205
D6608	Onlay—Porcelain/Ceramic, Two Surfaces	\$385
D6609	Onlay—Porcelain/Ceramic, Three or More Surfaces	\$435
D6610	Onlay—Cast High Noble Metal, Two Surfaces	\$385
D6611	Onlay—Cast High Noble Metal, Three or More Surfaces	\$435
D6612	Onlay—Cast Predominantly Base Metal, Two Surfaces	\$385

continued

### Major Services

Procedure Code	Description	Member Pays
D6613	Onlay—Cast Predominantly Base Metal, Three or More Surfaces	\$385
D6614	Onlay—Cast Noble Metal, Two Surfaces	\$385
D6615	Onlay—Cast Noble Metal, Three or More Surfaces	\$435
D6740	Crown—Porcelain/Ceramic	\$515
D6750	Crown—Porcelain Fused to High Noble Metal	\$490
D6751	Crown—Porcelain Fused to Predominantly Base Metal	\$435
D6752	Crown—Porcelain Fused to Noble Metal	\$475
D6780	Crown—3/4 Cast High Noble Metal	\$475
D6781	Crown—3/4 Cast Predominately Based Metal	\$435
D6782	Crown—3/4 Cast Noble Metal	\$450
D6783	Crown—3/4 Porcelain/Ceramic	\$490
D6790	Crown—Full Cast High Noble Metal	\$475
D6791	Crown—Full Cast Predominately Based Metal	\$435
D6792	Crown—Full Cast Noble Metal	\$450
D7210	Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Elevation of Mucoperiosteal Flap if Indicated	\$115
D7220	Removal of Impacted Tooth—Soft Tissue	\$130
D7230	Removal of Impacted Tooth—Partially Bony	\$165
D7240	Removal of Impacted Tooth—Completely Bony	\$205
D7241	Removal of Impacted Tooth, Completely Bony With Unusual Surgical Complications	\$235
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$115
D7280	Surgical Access of an Unerupted Tooth	\$235
D7310	Alveoloplasty in Conjunction With Extractions, Four or More Teeth or Tooth Spaces, Per Quadrant	\$100
D7311	Alveoloplasty in Conjunction With Extraction, One to Three Teeth or Tooth Spaces, Per Quadrant	\$75
D7320	Alveoloplasty Not in Conjunction With Extractions, Four or More Teeth or Tooth Spaces Per Quadrant	\$145
D7321	Alveoloplasty Not in Conjunction With Extraction, One to Three Teeth or Tooth Spaces, Per Quadrant	\$130
D7510	Incision and Drainage of Abscess—Intraoral Soft Tissue	\$75
D7511	Incision and Drainage of Abscess—Intraoral Soft Tissue, Complicated	\$145
D9220	Deep Sedation/General Anesthesia, First 30 Minutes	\$165
D9221	Deep Sedation/General Anesthesia, Each Additional 15 Minutes	\$55
D9241	Intravenous Moderate (Conscious) Sedation/Analgesia—First 30 Minutes	\$130
D9242	Intravenous Moderate (Conscious) Sedation/Analgesia—Each Additional 15 Minutes	\$55

This is only a summary of the copayment schedule for preferred providers. This is not a contract. For full coverage provisions, including a description of waiting periods, non-preferred cost shares, limitations and exclusions, please refer to the policy.



## 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 ይይዛል። 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):

**Beeksisi 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. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ LifeWise Health Plan of Oregon. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດເວລາສະເພາະເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສຸຂະພາບ ຫຼື ຄວາມລຸ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມລຸ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃຫທາ 800-596-3440 (TTY: 800-842-5357).

**ភាសាខ្មែរ (Khmer):**

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

**ਪੰਜਾਬੀ (Punjabi):**

ਇਸ ਨੋਟਿਸ ਵਿੱਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿੱਚ LifeWise Health Plan of Oregon ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਨਵਰ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਹਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਕੱਠ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ 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).