Group Administrator System Enhancement Guide

December 2017

DELTA DENTAL®

Thank You for Your Business

Dear Group Administrator:

Thank you for choosing Delta Dental of Nebraska to provide best-in-class dental benefits for you and your employees.

Effective December 11, 2017, Delta Dental of Nebraska will implement administrative system enhancements.

We are excited about these upgrades, which will strengthen and modernize our systems with technological improvements and more agile administration for long-term efficiencies.

Please be assured that Delta Dental of Nebraska's best-in-class customer support teams will ensure that your shift, and your employees' shift to the new system are as seamless as possible.

This manual was created to be a quick reference guide that includes everything you need to know to manage your group with our new systems. In section one, we have provided a snapshot of what changes these enhancements will mean for you, and have provided detailed information throughout the Group Administrator System Enhancement Guide.

As always, if you have any questions, our dedicated employer support team is available. Please do not hesitate to reach out to them with questions.

We are looking forward to continuing our partnership!

Questions?

We have the answers!
Call: 1-866-280-8367 - Option 2

Group Administrator Support		
Group Sales and Service • Quotes • Plan questions/changes • Renewals • Rate questions • Benefit summaries • Material requests	Press Option 1	Large Group Account Manager: Barbara Jensen Bjensen@DeltaDentalNE.org
Billing • Billing statements • Automated Clearing House fund transfer setup • Bill run schedules • Group premium payment	Press Option 2	Billing@MyDeltaDental.com
Customer Service • Benefits and eligibility • Enrollment assistance • Claim status, payment and adjustments • Order ID cards or print online • Provider information • EOB explanation • Customer service toolkit support	Press Option 3	MemberServicesNE@MyDeltaDental.com

Member Customer Service
(7 a.m.-7 p.m. central)
1-866-827-3319

Claims Address
Delta Dental
Attn: Claims Processing
PO Box 9120
Farmington Hills, MI 48333-9120

Corporate Address
Delta Dental of Nebraska
11235 Davenport Street, Suite 113
Omaha, NE 68154-2690

Appeals and Grievances, Written Inquiries
Delta Dental
PO Box 9124
Farmington Hills, MI 48333-9120

Eligibility Address
Delta Dental
Attn: Eligibility Processing
PO Box 30416
Lansing, MI 48909-7916
Eligibility@MyDeltaDental.com

Table of Contents

Summary of Changes

This manual was created to be a quick reference guide that includes everything you need to know to manage your group with our new systems. In section one, we have provided a snapshot of what changes these enhancements will mean for you, and have provided detailed information throughout this guide.

I. Group and Client Numbers

Your client (group) number and subclient (subgroup) numbers will remain the same. Client numbers are used for claims, enrollment, billing and reporting purposes.

II. Billing

See page 10 for more

Our technology upgrades include some billing-related changes that we want to ensure you are informed about. Should you have any billing-related questions or need assistance, our billing department is available 7 a.m.-4 p.m. central at 800-838-8863, or via email at Billing@MyDeltaDental.com.

If you are a FULLY INSURED (RISK) group:
Your bill will continue to be provided in advance of the month of coverage. You will receive your invoice approximately two weeks prior to the month being billed. **Your payment as billed is due by the 5th day of the month being billed.**

Our new system can dynamically assign your members' coverage types. This does not change your tiered structure rates, and you can continue to collect premiums from employees as you do today. Enrollment will now be reflected as follows:

- Employees enrolled in single coverage will be listed as Subscriber Only coverage.
- Employees enrolled with a spouse will be listed as Subscriber and Spouse.
- Employees enrolled with a child or children will be listed as Subscriber and 1 Child or Subscriber and 2+ Children.
- Employees enrolled with their spouse and child(ren) will be listed as Subscriber, Spouse, Children.

If you are a self-insured group:
If you are a self-insured group (administrative services only), you can expect to receive separate invoices; an invoice for your members' claims, as well as a separate invoice representing the fees for administering your dental program:

- The administrative fees invoice will be generated on the second-to-last day of the month and will reflect the current month's enrollment. Invoice payment for the administrative fee is due on the 20th of each month following the month billed. For example, December administration charges will bill on the 28th, and are due on January 20th.
- Claims invoices will be emailed every Monday and reflect the prior week's paid claims (Sunday to Saturday). Payment for weekly claims invoices are due each Friday via electronic payment. Should you, by special arrangement, be provided the option for monthly claims payment, you may be required to prefund the account. Invoices will be sent via mail, and you may pay your invoice by check or Automated Clearing House (ACH).

III. Contracts and Summary Plan Descriptions

Your current contract and summary plan descriptions will remain in force throughout this system enhancement.

IV. New Online Enrollment and Billing Tool

See page 3 for more

Our new online enrollment and billing tool, called Benefit Manager Toolkit, is designed with the busy benefits manager in mind. If you currently utilize online enrollment or online billing, we have transitioned these users to the new tool. Each user will receive an email from GroupAdministration@MyDeltaDental.com by December 15. The main company contact will be designated as the Client Administrator. The client administrator will receive instructions in the email on how to set up his/her username and password. All other users within the group will be directed to the client administrator for their password. Client administrators will receive user passwords from their Account Manager, Barb Jensen. See page 3 for more details on setup and capabilities for client administrators.

You will notice a slight adjustment in terminology for terminating a member. Our new system shows the cancel date as the first day without coverage rather than the last day with coverage. For example, under our current system the members' cancellation dates are typically the end of the month; such as 12/31/17. Under the new system, the date reflects 1/1/18. For electronic file and manual enrollment, this change is managed by our enrollment teams. If you utilize our Benefit Manager Toolkit for enrollment, please be sure to adjust your member cancellation dates accordingly.

V. ID Cards

See page 23 for more

Subscribers enrolled in your group's dental program will receive new ID cards before the end of the year (2017). Subscribers will receive two ID cards, which can be used by any enrolled dependent on the subscriber's plan. As part of our system enhancements, members can now print additional ID cards from our secure member portal. Employees will notice new ID numbers along with new claims and appeals addresses. Please remind your employees to present their new ID cards at their next visit to their dental provider(s). This will help ensure their claims are filed quickly and accurately, without delays. If a member seeks care before the arrival of their new ID card, their existing card will work. We encourage them to update their information with the new ID card upon arrival.

VI. New Member Portal: New Features

See page 24 for more

Members have new online tools to help them manage their account. Members can register for the secure member portal by visiting DeltaDentalNE.org/MyAccount and selecting "Create Account." The secure member portal, also referred to as the Consumer Toolkit® , allows users to access all of the great information they had in our previous online tool, including reviewing their dental plan information, eligibility and claims history.

Additional New Features: Members can now print their ID cards and view their Explanations of Benefits.

VII. Member Benefits

See page 23 of the enclosed manual for more

With these system enhancements, our large group clients enjoy the same great benefits they have today.

VIII. Orthodontic Payments

See page 24 of the enclosed manual for more

If your group has orthodontic coverage, you will experience a schedule change for provider and member payments. Our upgraded systems have the capability to automatically make orthodontic payments based on current eligibility, rather than the dentist resubmitting a voucher for payment. Our new payments will be 30% of orthodontic maximum at banding, then quarterly payments thereafter until the maximum benefit is reached. If a member has orthodontic treatment in progress, their claim has been transferred and no additional steps are needed by your employees.

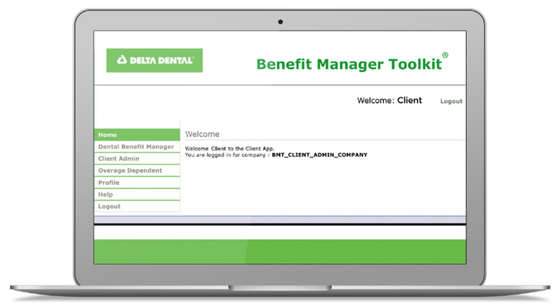
It’s Easy to Administer Your Dental Program

We’re pleased to be your dental plan of choice and hope this guide is a useful tool in making your plan administration as effortless as possible. Our online tools make it easier to enroll, maintain member information, manage billing and more! Save time – go online!

Visit DeltaDentalNE.org/Employers for online resources specifically for client administrators. There, you can access commonly used forms, employer FAQs and helpful oral health and dental insurance information to share with your employees. This webpage is also where you can log in to our new, secure Benefit Manager Toolkit.

New: Benefit Manager Toolkit - Immediate, Secure Changes to Your Member Information and More!

Benefit Manager Toolkit (BMT) is your new, secure gateway into Delta Dental. With BMT, you see the results of your actions immediately. BMT replaces both the online enrollment and online billing applications. Member information is updated instantly, even while the patient is still at the dental office. The toolkit is easy to use, and there is extensive online help within the application.



Benefit Manager Toolkit allows you to:

- View current member and benefit information
- Enroll new members, update information on existing members or terminate members – all in real time
- View summary of enrollment changes
- Download and print dentist directories
- Print ID cards

View detailed billing information:

- View overage dependent reports: When a dependent child reaches the maximum age on your dental program, Delta Dental will notify you via BMT to cancel coverage for the affected members, and will not process any additional claims
- View detailed benefit information

Registration for Benefit Manager Toolkit

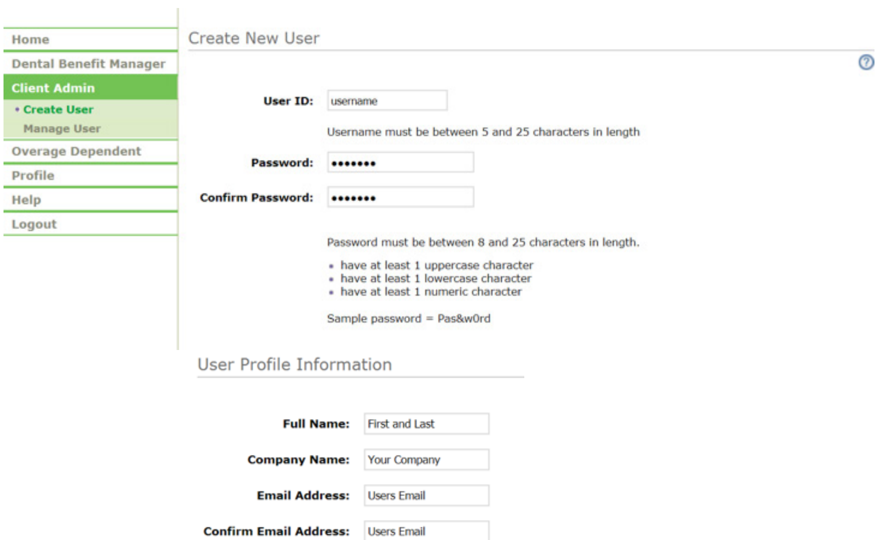
If you currently use online enrollment or online billing, your main company contact will receive an email from GroupAdministration@MyDeltaDental.com by December 15 with instructions of how to set up a username and password. Your main company contact will be considered the client administrator. Client administrators have complete access to their client's account, and can delegate permissions to additional staff. The administrator will be able to easily and quickly set up new BMT users with passwords, assign appropriate security levels for BMT users, and disable access when a BMT user leaves the company.

All current users within your group have already been loaded into your account! When you log in, you will be able to verify that all pre-loaded users are still accurate. After this information has been verified, you will be able to release usernames and passwords to these employees. Your Account Manager, Barb Jensen, will provide you with the list of assigned usernames and passwords.

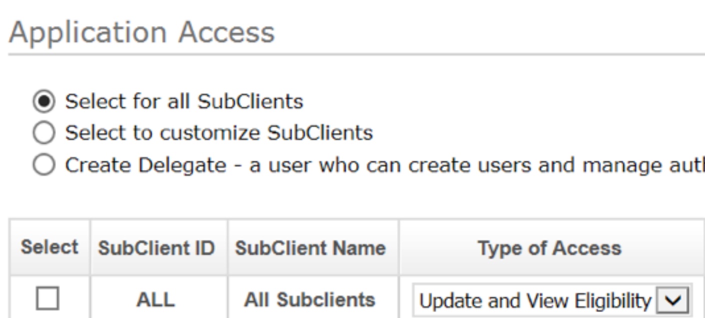
If you need to add or remove users, you can manage your employees' access.

Here are your simple steps to access BMT:

1. You will receive an email containing a link to the BMT registration page.
2. When you click the link, you will be directed to a registration page. Use the access code from the email for verification. Once logged in, click on **Client Admin.**



3. Select **Create User** or **Manage User** under **Client Admin** in the left toolbar.
4. You can delegate, update or view eligibility access and billing reports for the entire group, as well as by subclient (subgroups).



Within BMT, additional help topics can be accessed by clicking the question mark icon at any time.

If you did not receive an email or wish to have additional access, please contact Barb Jensen at Bjensen@DeltaDentalNE.org or 402-397-4920.

Managing Your Group's Eligibility

Submitting Information About Your Members

Accurate and timely enrollment information allows Delta Dental to respond to member inquiries, process claims correctly and generate accurate billing statements. Delta Dental offers three methods for providing enrollment information: online, electronic or paper.

Anyone who meets the eligibility requirements outlined in your Delta Dental contract is eligible to enroll in your dental plan.

Remember, retroactive updates to eligibility are limited to 90 days from Delta Dental's date of receipt. Retroactive termination will not be made when claims have been paid after the requested date of termination. Members' coverage can only be terminated after the date of any dental services that have been paid under your plan.

Additionally, it is important to remember that any changes to eligibility will appear on your invoice based on eligibility cutoff dates. You can find a list of cutoff dates for each month at DeltaDentalNE.org/Resources/Employer-Resources. Any eligibility changes made after the cutoff dates will appear on a future invoice; we are unable to rebill an invoice that has already been created.

Submitting Information via Electronic File

Electronically submitting information about your members is the most efficient and effective method. Electronic submission is fast and secure, and reduces the chances for human error. When we load the information into our system, it automatically enrolls new members and makes changes to existing members, including terminations.

If you currently submit your information electronically, Delta Dental has worked to ensure those files are transferred to the new system. In November, Delta Dental and your electronic enrollment contacts worked to set up a new FTP location.

Our electronic enrollment process has been streamlined as part of our system upgrades. If you are interested in submitting information electronically, please contact your Delta Dental representative for more information.

Submitting Information Online in Real Time

Benefit Manager Toolkit provides secure, immediate access to information about your members. With BMT, you can view and change member information in real time. See additional information for registration on the previous page.

Submitting Information on Paper

Clients with less than 100 subscribers have the option to enroll new members or make changes to existing member information by filling out and submitting an Eligibility Enrollment/Update form. A copy of our paper enrollment form can be found on our website under Employer Resources.

A few quick hints for submitting paper changes:

- Make sure your organization's (client) name and Delta Dental client-subclient number are at the top of the form.
- Have the member sign and date the form.
- Review the form for accuracy and completeness before submitting.

Please email or mail the original completed form to:
Delta Dental
Attn: Eligibility Department
PO Box 30416
Lansing, MI 48909-7916

Eligibility@MyDeltaDental.com

Please do not send any member information changes with your billing statement or payment, as the changes may be missed.

Submitting COBRA Information

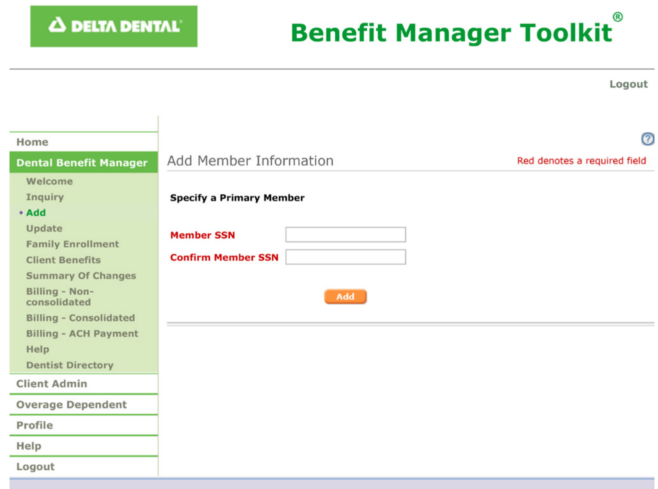
The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) includes a provision that requires most employers to offer extended dental coverage to qualified beneficiaries who are losing their group coverage. Beneficiaries are responsible for the cost of this coverage.

If a member elects to continue coverage under COBRA, the member's information must be updated. You can update COBRA information using any of the methods described earlier. When COBRA coverage expires, the member's coverage should be terminated.

If a spouse or dependent child elects to continue coverage under COBRA due to a qualifying event such as divorce or death, you will need to enroll that individual as a new subscriber under his or her own Social Security number or member ID.

Managing Member Information

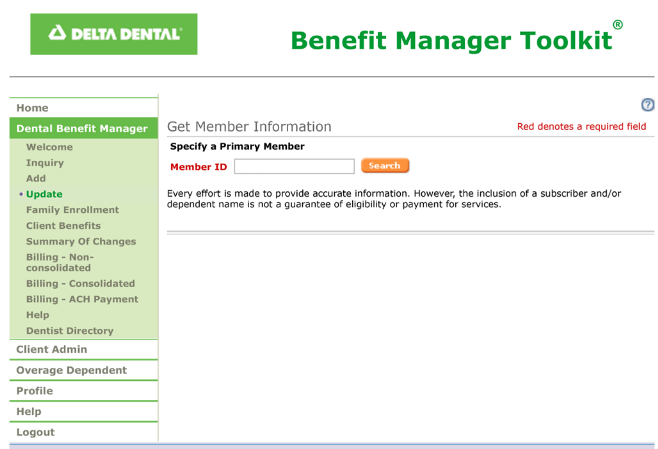
Adding a Member into BMT



You have the ability to add a primary member (subscriber) or add family members to an existing subscriber. Log in and select **Add** from the Dental Benefit Manager submenu on the left side of the screen.

1. Enter the subscriber's member number (SSN or client-assigned ID).
2. Enter the client-subclient information. Users may only add members into the client-subclient number that they have access to.
3. The **Add Member** screen will display. Fill in the member's information, making sure to fill in any required fields, as well as the subscriber's address.
4. Once submitted, the **Family Composite** screen will appear, displaying the new subscriber. On this screen, you are able to add a spouse and/or dependents.

Updating Members Using BMT



You can update a member's name, address and other eligibility information in the **Update Member** screen. When you update certain subscriber information, such as **Last Name** and **Eligibility Effective Date**, you are given the option to apply these changes to the family members as well.

1. Enter the subscriber's member number (SSN or client-assigned ID).
2. If the correct member is displaying, click the **Update** button on the far right, under **Options**.
3. The **Update Member** screen will appear and the member's information can be updated.
4. The subscriber or family members can be terminated or reinstated on this screen using **Eligibility Status**.
   - To terminate a member, change the **Eligibility Status Reason** to **Inactive** and enter the termination date in the **Eligibility Effective Date** box.
   - When a subscriber is terminated, any members under that subscriber are also terminated with the same effective date.
   - A member is not allowed to have a termination date earlier than the date of service on the last paid claim. If this is the case, the system will reset the termination date accordingly.

Adding Special Attributes Using BMT

BMT users will be able to update special attributes (for example student, disabled, etc.), for members and dependents within the client-subclient number that they have access to.

1. Once you select the member and/or dependent, the **Update Member** screen will appear.
2. Select the **Add** button next to **Special Attribute**.
3. You can choose the type of attribute from the drop-down and add the effective date for the attribute. If there is an end date that should be entered, update the **Through Date** field.
4. The attribute will appear in a list. Make sure the attribute is selected, then click **Done.**
5. The attribute will now show on the **Update Member** screen.

Helpful Reminders for Benefit Manager Toolkit (BMT):

- *Benefit Manager Toolkit changes are immediate*
- *Electronic files are most efficient*
- *It's important that all information is accurate and complete*
- *To avoid claims, benefits or billing questions, be sure to submit member information promptly and accurately*
- *Retroactive changes are limited to 90 days and terminations will not be made effective prior to paid claims*
- *Take note of eligibility cutoff dates so you are prepared for invoice changes*

New: One-Time Load Process for Multiple Changes

If you submit enrollment via BMT or via paper, we now have the option to accept an excel spreadsheet in lieu of multiple paper or online changes. If you have 20 or more changes, our new system allows for an upload of a spreadsheet in this pre-defined format, saving time and ensuring accuracy. For more information, please contact your Delta Dental representative.

DELTA DENTAL ONE-TIME ELECTRONIC ELIGIBILITY LOAD

The most accurate and efficient method of capturing initial eligibility is electronically. Delta Dental recommends this process for all of our clients. How does electronic eligibility work? Delta Dental has the capability of accepting and loading your eligibility electronically via spreadsheet. This spreadsheet functions as your initial enrollment file.

If you are interested in streamlining your initial eligibility process by using an electronic load, please use the spreadsheet (next tab). This will allow you to enter enrollment records (one individual per row) using the file layout instructions below.

NOTE: Ignore the hidden columns as this information is not currently required. Please do not change the formatting of this spreadsheet (adding or deleting columns) as this is the required format to process the file.

IMPORTANT: If you encrypt your information prior to sending it to Delta Dental, please provide the password so that your information can be accessed.

ONETIME ELECTRONIC ELIGIBILITY LOAD FILE LAYOUT

Field Description	Length	Valid Value	Requirements
Client ID Number	5	Example: “12345”	
Subclient Number	4	Example: “0001”	
Eligibility Code	1	Y=Active Record T=Term Record	
Effective Date	8	MMDDYYYY	
Subscriber SSN	9		Must be numeric, valid and greater than 000000000. No characters can be used. The subscriber SSN must be filled in for every row.
Relationship Code	2	01=Subscriber 02=Spouse 03=Dependent	Each row of subscribers must be followed by the spouse and dependents before inlcuding the next subscriber. Each individual must be on a different row with all of the below stated information per row including address which may be the same for a family composite.
Date of Birth	8	MMDDYYYY	
Relationship Type	1	A=Active C=Cobra D=Disabled (dependents only) Q=OBRA (Qualified Medical Support Order) R=Retired S=Surviving Spouse T=Student	
First Name	24	John	
Middle Name	24	A	
Last Name	24	Smith	
Address Line 1	30	1234 Mars Lane	
Address Line 2	30	Apt 2	
City	30	okemos	
State Code	2		
ZIP Code	5	48864	
Wait Period Indicator	1	X	This field must be populated with an 'X' if the waiting period is to be waived. Leave blank if there is no waiting period in the contract or if the waiting period should apply.

Billing Information

Payment Methods

Automated Clearing House (ACH)
Delta Dental recommends paying premiums or fees electronically through an Automated Clearing House debit to your bank account.

Benefits of using ACH:

- The bill is paid electronically and conveniently.
- ACH eliminates the cost of writing and mailing checks.
- ACH eliminates the cost of lost, misdirected payments or mail delays, and ensures that bills are paid consistently each billing cycle.
- With ACH there is no worry about late payments or a lapse in coverage.
- ACH is safer than writing a check, as the customer has additional rights with the bank that are not available with a check.

You can sign up for electronic payments (ACH) by logging in to BMT and completing the provided form. Forms can be submitted via email to Billing@MyDeltaDental.com or mailed to the address shown below.

Remitting Payment by Check
For faster processing, please write your invoice number and client number on your check and include the REMIT portion of the invoice with your check.

When submitting payment by check, remit payment to:

Delta Dental of Nebraska
NW5767
P.O. Box 1450
Minneapolis, MN 55485-5767

Understanding Your Fully Insured Bill

Your monthly invoice is a summary of your billing information. The bottom portion should be returned with your payment. See the information below and the sample invoice on the following page to help understand your invoice.

Highlighted changes with our technology updates:

- *Weekly and monthly billing frequency will remain the same, but the date has been adjusted slightly.*
- *The way your subscribers are listed on your bill has been adjusted. See page 15 for further details.*
- *Your subscriber listing will be securely provided in BMT.*
- *Note that if you do not pay your invoice by the due date, payment of claims will be put on hold pending receipt of your payment. Save the hassle and sign up for ACH!*

A fully insured plan with Delta Dental is a prepaid plan. Fully insured bills are generated and mailed in advance of the month of coverage. You will receive your invoice approximately two weeks prior to the month being billed. Your payment is due by the 5th day of the month being billed. For more precise information on billing dates, see the billing calendar on our website.

Compare the numbers below with those on the sample invoice to help understand your bill:

1. The address to which payment should be sent.
2. Your name and address.
3. The invoice number and date, your client number, the payment terms, due date and billing period. This information helps us identify you when responding to billing questions.

Detailed billing line items:

4. Any debit or credit balance from a prior month's bill.
5. For each coverage type, the quantity (number of members under that coverage type), the unit amount or rate and the net amount due for that coverage type.
6. The monthly subtotal amount due.
7. The total amount due, including the current month and all prior month debits or credit balances.

Additional details supporting your bill are available through Benefit Manager Toolkit. Once you've accessed the toolkit, select **Billing—non-consolidated** (for individual subclients' invoices) or **Billing—consolidated** for a summary invoice of all subclients under your client number (if applicable and with approved access). Benefit Manager Toolkit online help can guide you from there.

INVOICE

Page: 1

Client:	Comany Name	Invoice No.:	000000001
		Date:	10/01/2017
Client No:	000000001	Billing Period:	10/01/2017 Thru 10/31/2017

Line	Identifier	Description	Quantity	UOM	Net Amount
		Reminder: Billing details are only available online on Benefit Manager Toolkit (www.toolkitsonline.com). If you do not yet have access, update your security settings via the site ''Register'' page. NOTE: Please review any balance forward amount as claim payments for your members may be placed on hold if payment in full is not received by the due date.			
	4	Balance Forward			547.70
1		Subscriber Only	4	23.95	95.80
2	5	Subscriber and Spouse	3	48.55	145.65
3		Subscriber, Spouse, Children	2	77.70	155.40
4		Subscriber and 1 Child	2	48.55	97.10
5		Subscriber and 2+ Children	1	77.70	77.70
		Current Monthly Total:	12	$	571.65
		Total Amount Due:		$	1,119.35

6

7

For Inquiries on the following services, please call:

Eligibility/Claims/Address Correction/Rates(NE) 1-866-827-3319

Past Due Amounts/Payments/Customer Balances 1-800-838-8863

Changes made after 10/22/2017 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT 5003

REMIT

Accounts Receivable
PO Box 30416
Lansing, MI 48909-7916

Invoice No: A000000001
Invoice Date: 10/01/2017
Client Number: 000000001
Payment Terms: Due Date
Due Date: 10/05/2017
Billing Period: 10/01/2017 Thru 10/31/2017

3

Amount Remitted
AMOUNT DUE: $ 1,119.35

Please Remit to:

Client Name
ATTN: First Last
111 Street
Omaha NE 68107

2

1

Delta Dental of Nebraska
NW 5767
PO Box 1450
Minneapolis MN 55485-5767

Subscriber Listing

Highlighted changes with our technology updates:

Please note that your subscriber's coverage type will be reflected as follows:

- *Employees enrolled in single coverage will be listed as Subscriber Only coverage.*
- *Employees enrolled with a spouse will be listed as Subscriber and Spouse.*
- *Employees enrolled with a child or children will be listed as Subscriber and 1 Child or Subscriber and 2+ Children.*
- *Employees enrolled with their spouse and child(ren) will be listed as Subscriber, Spouse, Children.*

The Subscriber Listing details all of the subscribers who are active in our system as of the eligibility cutoff date each month. **This report is available through Benefit Manager Toolkit.** Select **Billing—non-consolidated** from the menu inside the toolkit, and Benefit Manager Toolkit online help can guide you from there.

Compare the numbers below with those on the following page to help you understand your Subscriber Listing:

1. Your name and address.
2. Your Delta Dental client, subclient and contract numbers, which help us identify you when responding to billing questions, as well as your Delta Dental product, eligibility closing date (the last date through which member information changes are reflected), billing date (the date the invoice was created), and period for which you are being billed.

The information below is shown for each subscriber:

3. The subscriber's name.
4. The last four digits of the subscriber's ID, used to uniquely identify the subscriber. Generally, only the last four digits of each subscriber's ID are included, to better protect your employees' identities.
5. NEW: The subscriber's coverage type. You'll notice this looks a bit different! See above description.
6. The rate associated with that coverage type.

At the end of the report is a total for all subscribers listed.

If you have subscribers with COBRA coverage, a separate COBRA Subscriber Listing is available. It is identical to the Subscriber Listing except that it lists only COBRA subscribers and rates. The total dollar amounts for COBRA subscribers will be listed as separate line items (by coverage type) on your invoice.

DELTA DENTAL

SUBSCRIBER LISTING

1

Client Name
ATTN: First Last
111 Street
Omaha NE 68107

2

Client No.: 000001
Subclient No.: 00001
Contract ID: 0000001
Product: DELTA DENTAL PPO PLUS PREMIER
Eligibility:
Closing Date: 10/22/2017
Billing Date: 10/23/2017

Billing Period: 10/01/2017 - 10/31/2017

Name of Subscriber	Subscriber ID	Coverage Type	Total Due
LAST, FIRST	*####	SUBSCRIBER, SPOUSE, CHILDREN	77.70
LAST, FIRST	*####	SUBSCRIBER ONLY	23.95
LAST, FIRST	*####	SUBSCRIBER AND 1 CHILD	48.55
LAST, FIRST	*####	SUBSCRIBER, SPOUSE, CHILDREN	77.70
LAST, FIRST	*####	SUBSCRIBER ONLY	23.95
LAST, FIRST	*####	SUBSCRIBER AND 1 CHILD	48.55
LAST, FIRST	*####	SUBSCRIBER AND SPOUSE	48.55
LAST, FIRST	*####	SUBSCRIBER AND SPOUSE	48.55
LAST, FIRST	*####	SUBSCRIBER ONLY	23.95
LAST, FIRST	*####	SUBSCRIBER AND 2+ CHILDREN	77.70
		SUBSCRIBER ONLY	23.95
		SUBSCRIBER AND SPOUSE	48.55
3	4	5	6
		Current Month Billing	$571.65

Billing Adjustments

The Billing Adjustments report is a list of all subscribers for whom changes were made retroactively (changes made during the current billing period that have also impacted one or more prior billing periods). Retroactive changes are limited to a 90-day grace period.

The Billing Adjustments report is available through Benefit Manager Toolkit. Select **Billing—non-consolidated** from the menu inside the Toolkit. Benefit Manager Toolkit online help can guide you from there.

Compare the numbers below with those on the sample on the following page to help you understand your Billing Adjustments report:

1. Your name and address.
2. Your Delta Dental client, subclient and contract numbers that help us identify you when responding to billing questions, plus your Delta Dental product, the closing date (the last date through which member information changes are reflected), billing date and period for which you are being billed.

The information below is shown for each subscriber:

3. The subscriber's name.
4. The last four digits of the subscriber's ID, used to uniquely identify the subscriber. Generally, only the last four digits of each subscriber's ID are included, to better protect your employees' identities.
5. The subscriber's coverage type.
6. The date the change became effective.
7. The type of change.
    - Add—indicates a new enrollment.
    - Term—Indicates that a member's coverage, along with any family members' coverage, has been terminated.
    - Status—Indicates a change in coverage type.
    - COBRA—Indicates that a member changed to COBRA coverage or that a newly eligible family member was added to COBRA coverage.
    - Active—indicates that a member or other family members changed back to regular coverage from COBRA coverage.
8. The total amount previously billed for this subscriber during the affected period.
9. The total amount that should have been billed for this subscriber during the affected period, based on the retroactive change.
10. The net charge (money due to Delta Dental) or credit (money due to you) for this change.
11. The total net adjustment due to retroactive changes for this period.

A Current Period Changes report, identical in format to Billing Adjustments, is also available. However, because these changes become effective in the current billing period, there are no dollar figures and no separate line item on your invoice.

BILLING ADJUSTMENTS

DELTA DENTAL

Client Name
ATTN: First Last
111 Street
Omaha NE 68107

1

2

Client No.: 000001
Subclient No.: 00001
Contract ID: 0000001
Product: DELTA DENTAL PPO PLUS PREMIER
Eligibility:
Closing Date: 10/22/2017
Billing Date: 10/23/2017

Billing Period: 10/01/2017 - 10/31/2017

Name of Subscriber	Subscriber ID	Coverage Type	Billing Period Date	Type of Change	Previous Billing	Current Billing	Total Due Charge/(Credit)
LAST, FIRST	*####	SUBSCRIBER AND SPOUSE	01/01/2008	ADD	00.00	108.00	108.00
LAST, FIRST	*####	SUBSCRIBER, SPOUSE, CHILDREN	03/01/2008	ADD	00.00	100.00	100.00
LAST, FIRST	*####	SUBSCRIBER ONLY	04/01/2008	ADD	00.00	10.00	10.00
LAST, FIRST	*####	SUBSCRIBER ONLY	05/01/2008	TERM	00.00	00.00	(00.00)
LAST, FIRST	*####	SUBSCRIBER ONLY	02/01/2008	ADD	00.00	50.00	50.00
LAST, FIRST	*####	SUBSCRIBER ONLY	04/01/2008	ADD	00.00	30.00	30.00
LAST, FIRST	*####	SUBSCRIBER ONLY	01/01/2008	ADD	00.00	60.00	60.00
LAST, FIRST	*####	SUBSCRIBER ONLY	01/01/2008	COBRA	00.00	00.00	(00.00)
LAST, FIRST	*####						
LAST, FIRST	*####						
3	4	5	6	7	8	9	10
			11	Total Adjustments:			$358.00

Changes not reflected on the current billing will be adjusted on a future billing.

SubscriberUpdate

Understanding Your Self-Insured Bills

Your monthly invoices are summaries of your billing information. The bottom portions should be returned with your payment. See the information below and the following samples to help understand your invoices. For more precise information on billing dates, see the billing calendar on our website.

NEW: Under a self-insured plan, you can expect to receive separate invoices; an invoice for your members' claims, as well as a separate invoice representing the fees for administering your benefits.

Administrative costs are calculated and billed by:

- Per employee per month (PEPM) administrative charges —an amount specified in your contract and billed for each enrolled subscriber. Per subscriber administration costs are billed on an invoice separate from your claims invoice, and are provided at the end of the month. **You can expect to have your invoice available on BMT on the last day of the month. Your payment on this invoice is due by the 20th day of the following month.** If you pay by ACH, your payment will be drawn from your account on the first Friday following or coinciding with the 20th of the month.

Compare the numbers below with those on the sample claims and administration invoices to help understand your bill:

1. If you are paying by check, the address to which payment should be sent.
2. Your name and address.
3. The invoice number and date, your client number, payment terms, due date and billing period. This information helps us identify you when responding to billing questions.

Detailed billing line items (NOTE: Not all invoice types will have all of the following line items):

4. For each coverage type, the quantity (number of members under that coverage type), the unit amount or rate, and the net amount due for that coverage type.
5. The administrative cost for administering your claims for this billing period. If calculated as a percentage of claims, the quantity will show the dollar amount of claims paid during the billing period and the percentage of this amount used to determine the administrative cost or net amount for the billing period. If calculated as a per transaction, the quantity is the number of transactions (claims) and the dollar amount per transaction used to determine the administrative cost or net amount for the billing period.
6. The billing period subtotal amount due.
7. The total amount due.

To see current period member changes or total amount of adjustments to claims, log on to the Benefits Manager Toolkit.

INVOICE

Page: 1

Client:	Client Name	Invoice No.:	0000000001
		Date:	09/30/2017
Client No:	0000000001	Billing Period:	09/01/2017 Thru 09/30/2017

Line	Identifier	Description	Quantity		UOM	Net Amount	
1		Subscriber Only	259	4	5.75	1,489.25	5
2		Subscriber and Spouse	66		5.75	379.50	
3		Subscriber, Spouse, Children	160		5.75	920.00	
4		Subscriber and 1 Child	8		5.75	46.00	
5		Subscriber and 2+ Children	11		5.75	63.25	
	6	**Current Monthly Total:**	504		$	**2,898.00**	
	7	**Total Amount Due:**			$	**2,898.00**	

Reminder: Billing details are only available online on Benefit Manager Toolkit (www.toolkitsonline.com). If you do not yet have access, update your security settings via the site ''Register'' page.

NOTE: Please review any balance forward amount as claim payments for your members may be placed on hold if payment in full is not received by the due date.

For Inquiries on the following services, please call:

Eligibility/Claims/Address Correction/Rates(NE) 1-866-827-3319

Past Due Amounts/Payments/Customer Balances 1-800-838-8863

Changes made after 10/23/2017 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT 5002

REMIT

Accounts Receivable
PO Box 30416
Lansing, MI 48909-7916

Invoice No: 0000000001 3
Invoice Date: **09/30/2017**
Client Number: 0000000001
Payment Terms: **Due Date**
Due Date: **10/20/2017**
Billing Period: **09/01/2017 Thru 09/30/2017**

Do Not Pay. Amount will auto-deduct.

Amount Remitted

AMOUNT DUE: $ 2,898.00

Please Remit to:

Client Name
ATTN: First Last
111 Street
Omaha NE 68107 2

Delta Dental of Nebraska
NW 5767
PO Box 1450
Minneapolis MN 55485-5767 1

New: Statement of Account (for Self-Insured Groups)

A Statement of Account is a summary of your account activity. It is not an invoice. **A Statement of Account is mailed on the 10th of each month, separate from your invoice.** Please note that you will receive a Statement of Account if you have a self-insured plan and open balances on your account at the time that statements are produced.

Compare the numbers below with those on the following sample:

1. Your name and address.
2. The statement number; statement date and your Delta Dental client number, used in answering statement questions; and our payment address.
3. The account name and number.

For each line item on the statement:

4. The date on which the entry was made.
5. The item ID and line, used internally to identify transactions within our accounting system.
6. The type of bill, if any.
7. The type of entry, such as "On Account" for a payment that has not been applied to an invoice, or "Invoice," etc.
8. The item activity, if any.
9. The balance or transaction amount. A negative number indicates a payment to Delta Dental, a positive number indicates an amount due.
10. The document number, if any, used to identify the transaction.
11. For payments, the check or EFT number.
12. The total of all items.
13. The statement total.
14. The total amount aged by the following categories: 0–30 days, 31–60 days, 61–90 days and more than 90 days, plus the total of all items.

Attn: Accounts Receivable
P.O.Box 30416
Lansing, MI 48909-7916

Statement Number: 1,000 2

Statement Date: 09/11/2017

Client Number: 0000000001

Send payment to: Payment Address
111 Street
City State Zip

1

CLIENT NAME
ATTN: FIRST LAST
111 STREET
OMAHA, NE 68107

Statement of Account

This is not an Invoice

A friendly reminder to let you know your account has open balances that require immediate resolution. If your account has a balance due, claim payments for your members may be placed on hold. Please call the Accounting Department at 1 (800) 838-8863.

4 Acct. Date	5 Item Id and Line	6 Bill Type	7 Entry Type	8 Item Activity	9 Balance	10 Document:	11 Check Number
Client: Client 0000000001 DDNE							
08/01/2017	AAA0000000001		Invoice		16.64		
			Total for Client		16.64		
			Statement Total		16.64		

3 12 13

	Future	0 - 30	31 - 60	61 - 90	Over 90	Total
Amount			16.64			16.64

14

Submitting Payment

Your monthly payment to Delta Dental is due by the date indicated on your monthly invoice.

Checks submitted for payment should be made as indicated on the invoice. Please pay the amount shown on the **Total Amount Due** line of the invoice and indicate the amount of your payment under **Amount Remitted**. Please note that if an amount other than that indicated on your invoice is paid, or if payment is not received by the due date, your claims may be placed on hold until your account is paid in full.

Payments may also be made by electronic funds transfer or direct debit (see next page). Please contact our billing department at 800-838-8863 for more information on paying by these methods.

Please note that, as previously explained, adjustments for member information changes received after the eligibility closing date are reflected on subsequent months' invoices. Therefore, it is not necessary for you to manually compute a new invoice total.

Instead, please pay the total amount due, listed on the invoice. Any monies due back to you as a result of retroactive changes will be promptly subtracted from future invoices, just as any charges due to Delta Dental will be added to future invoices.

Please do not send any member information changes with your payment as this may cause them to be delayed or missed altogether.

All standard payments and initial binder check payments should be sent to the following address:

Delta Dental of Nebraska
NW 5767
P.O. Box 1450
Minneapolis, MN 55485-5767

Contract Administration

Renewing Your Contract

We value your business. In preparation for your group's renewal with Delta Dental of Nebraska, our underwriting teams will prepare renewal information and review your claims experience. If you utilize a broker, our team will coordinate with them to discuss your group's experience and rating terms. If you continue to be pleased with your plan and do not require any adjustments, we will finalize the renewal process with your approval. If you would like to discuss modifications to your plan, we will work closely with you to determine the best options to meet your needs.

Making Changes to Your Contract

If you wish to make changes to your current contract, we are happy to work with you. Because contract changes are so important, we won't make any changes to your contract until we receive written confirmation from you. A simple email or letter from the person at your organization authorized to discuss and approve the changes helps ensure that your changes are correct and approved.

Cancellations and Terminations

Contracts Canceled by the Group:
All requests to cancel coverage must be received in writing. If you choose to cancel coverage, we require a notification received 30 days in advance of cancellation.

Failure to Meet Underwriting Guidelines:
If a group does not meet underwriting guidelines as defined in the contract, the contract may be terminated. Delta Dental will notify the broker and group by letter.

Fully Insured Group:
Contracts Terminated for Non-Payment:
When a payment is past due, Delta Dental will send a letter informing the group that the account is delinquent and claims have been put on hold.

Fully insured groups have a 31-day grace period from the due date to make a payment. Claims will be on hold during this period. If payment is not received during this period, Delta Dental will send a letter of notification to the group informing them the contract will be terminated and claims will be denied.

Groups that have not paid will have their contract terminated effective on the last day of the month for which the premium was paid. If payment is received after the contract is terminated, the group may apply for reinstatement. Should the reinstatement be approved, the group will be required to make future payments via Automated Clearing House (ACH).

Self-Insured Group:
Contracts Terminated for Non-Payment:
When a payment is past due, Delta Dental will send a letter informing the group that the account is delinquent and claims have been put on hold.

Self-insured groups have a 25-day grace period from the due date to make a payment. Claims will be on hold during this period. If payment is not received during this period, Delta Dental will send a letter of notification to the group informing them the contract will be terminated and claims will be denied.

Groups that have not paid will have their contract terminated effective on the last day of the month for which the premium was paid. If payment is received after the contract is terminated, the group may apply for reinstatement. Should the reinstatement be approved, the group will be required to make future payments via Automated Clearing House (ACH).

Member Experience

Member Benefits

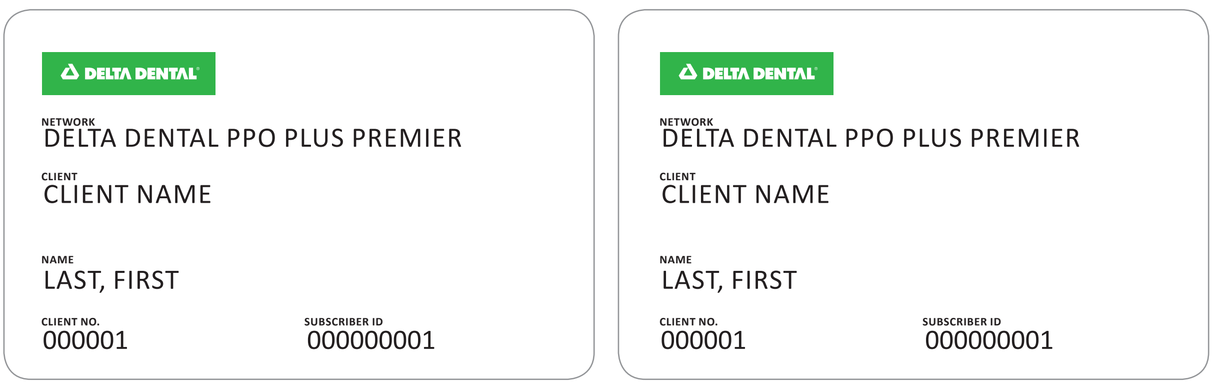
As technology evolves and our members' needs change, we're making our company as effective and innovative as possible. That's why we've been making technology upgrades that enhance how we operate.

With these system enhancements, our large group clients enjoy the same great benefits they have today.

ID Cards

Subscribers enrolled in your group's dental program will receive new ID cards before the end of the year (2017). Subscribers will receive two ID cards, which can be used by any enrolled dependent on the subscriber's plan. As part of our system enhancements, members can now print additional ID cards from our secure member portal. Employees will notice new ID numbers along with new claims and appeals addresses. Please remind your employees to present their new ID cards at their next visit to their dental provider(s). This will help ensure their claims are filed quickly and accurately, without delays. If a member seeks care before the arrival of their new ID card, their existing card will work. We encourage them to update their information with the new ID card upon arrival.

Below is the sample ID card.



In Progress Dental Treatments

Rest assured, if your members began treatment before the new system enhancements, including orthodontic treatment, their coverage for major restorative services (crowns, bridges, dentures) hasn't changed! In the same way as they were before, services are submitted on completion date. When the dentist completes the services, the provider will submit the claim for payment.

Orthodontic Payments

If your group has orthodontic coverage, you will experience a schedule change for provider payments. Our upgraded systems have the capability to automatically make orthodontic payments based on current eligibility, rather than the dentist resubmitting a voucher for payment. Our new payments will be 30% of orthodontia maximum at banding, then quarterly payments thereafter until the maximum benefit is reached.

Members currently receiving orthodontic treatment will not need to take any action. The claims will be transitioned within our system upgrades and future payments will be made to the provider or member.

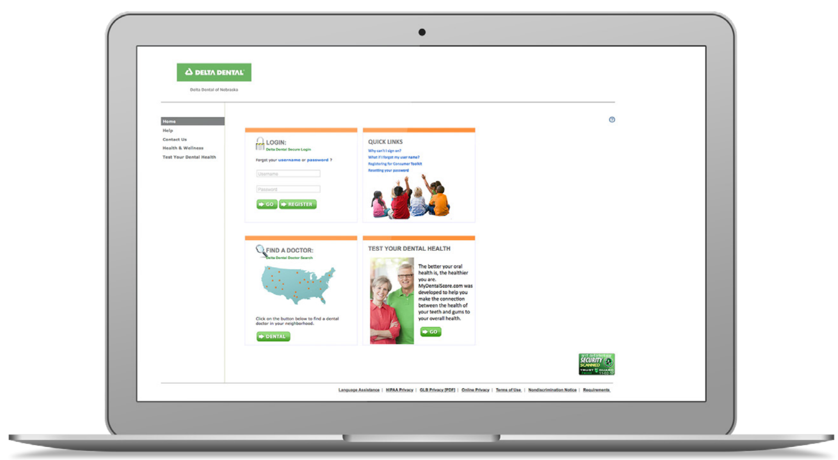
New Secure Member Portal – Consumer Toolkit

Delta Dental's new, easy-to-use Consumer Toolkit allows members to stay up-to-date with their dental benefits. The secure online tool is designed to give members 24/7 access to important information regarding their dental benefits, including:

- Checking benefit eligibility
- Reviewing plan benefits
- Reviewing claims
- *NEW:* Viewing and printing Explanation of Benefits
- *NEW:* Printing ID cards

To help ensure confidentiality of their information, all members will need to register to gain access to the toolkit. Privacy of online benefit information is assured through highly secure encryption technology.

Visit DeltaDentalNE.org/MyAccount and select "Create Account" to register today!



Going Paperless is a Smart Option

NEW: Delta Dental offers an option for members to receive electronic Explanations of Benefits (EOBs). Not only does this help the environment by reducing paper, it also offers members better data protection and security.

By electing to use Consumer Toolkit to view and store EOBs, members are able to reduce the number of unauthorized people who could gain access to personal information in a mailbox or stored in a filing cabinet. EOBs are available to view immediately following claim submission and processing, and are stored perpetually. Encourage your members to log in to Consumer Toolkit today to sign up for paperless EOB delivery.

How to Read Your New Explanation of Benefits (EOB) Statement

An Explanation of Benefits statement is provided for claims to explain how the benefits were administered on that claim. **The numbers below correspond to the numbers on the following sample EOB, and are designed to help interpret your statement:**

1. Patient information, including the patient's name and date of birth, the patient's relationship to the subscriber, and the subscriber's name.
2. Provider information, including the business or provider name, license number and state, National Provider Identifier (NPI), check number, payment issue and receipt date, and claim number. The claim number in particular helps us answer any questions about the claim.
3. Client information, including the client and subclient numbers and names, the plan name, and the product name.

For each claim line:

4. Code identifying the part of the body, if applicable (such as tooth or tooth surface).
5. The date of service.
6. A brief description of the service.
7. The amount submitted by the provider.
8. The maximum amount approved for this service.
9. The difference between the amount the provider submitted and the maximum amount approved, indicating the savings due to the provider's participation in one of our networks.
10. The amount allowed under your plan.
11. The amount of any deductible (D), patient copay (P) or office visit fee (OV).
12. The percent paid on the line.
13. The amount paid.
14. The amount the patient is due to pay.
15. Whether payment is made to the provider (P), subscriber (S), or custodial parent (C).
16. Totals for each column.
17. The phone number for inquiries.
18. The address for inquiries.
19. Our standard appeal, privacy and anti-fraud language.
20. The name and address for mailing.

DELTA DENTAL

Explanation of Benefits

(THIS IS NOT A BILL)

1 Patient Name:

Date of Birth: xx/xx/xxxx
Relationship: SPOUSE
Subscriber:

2 Business/Dentist:

License No.:
Check No.:
Issue Date: 06/06/2017
Receipt Date: 01/24/2017
Claim No.:

15 Pay To: C = Custodial Parent
S = Subscriber
P = Provider
A = Alternate Provider

4 5 6 7 8 9 10 11 12 13 14

Area/Tooth Code/Surface	Date of Service	Procedure Description	Submitted Amount	Maximum Approved Fee	Contract Dentist Savings	Allowed Amount	Deductible / Patient Co-Pay/Office Visits	Co-Pay %	Payment	Patient Payment	Pay To
PLAN: DELTA DENTAL OF NEBRASKA					PRODUCT: DELTA DENTAL PPO PLUS PREMIER					3	
CLIENT/ID: 000001		COMPANY NAME									
SUBCLIENT: 00001		COMPANY NAME									
NETWORK: PPO DENTIST											
	12/14/16	ORAL EXAM	30.00	24.80	5.20	24.80		100%	24.80	0.00	P
ADJUSTMENT REASON CODES: ADJ13											
	12/14/16	CLEANING	60.00	52.00	8.00	52.00		100%	52.00	0.00	P
ADJUSTMENT REASON CODES: ADJ13											
THE FOLLOWING ADJUSTMENT REASONS ARE APPLIED TO EXPLAIN THE ADJUSTMENT OF THIS CLAIM.											
ADJ13 - CLAIM RECALCULATION WAS BASED ON ADDITIONAL INFORMATION PROVIDED BY THE SUBSCRIBER.											
16		Total	90.00	76.80	13.20	76.80	0.00		76.80	0.00	

GENERAL MAXIMUM USED TO DATE: 153.60

	Payment	Patient Payment
Previous Amount	0.00	90.00
Adjustment Amount	76.80	-90.00

DELTA DENTAL

DELTA DENTAL OF NEBRASKA
PO BOX 9120
FARMINGTON HILLS, MI 48333-9120 18

Payment for these services is determined in accordance with the specific terms of your dental plan and/or Delta Dental's agreements with its contracting dentists. For inquiries regarding contracting dentists, please call the number listed. Delta Dental's payment decisions do not qualify as dental or medical advice. You must make all decisions about the desirability or necessity of dental procedures and services with your dentist.

If your claim was denied in whole or in part so that you must pay some amount of the claim, upon a written request and free of charge, we will provide you with a copy of any internal rule, guideline or protocol or, if applicable, an explanation of the scientific or clinical judgment relied upon in deciding your claim. If you still believe your claim should be paid in full, you may ask to have the claim reviewed. Your written request for a formal review must be sent within 45 days of your receipt of this EOB to the address listed. A decision will be made no later than 15 days from the date we receive your request. However, if we are unable to make a decision due to circumstances beyond our control, we may, with notice to you, take an additional 15 days to make the decision. Failure to comply with such requirements may lead to forfeiture of a consumer's right to challenge a denial or rejection. even when a request for clarification has been made. If your claim is denied in whole or in part after the review, you have the right to contact the Nebraska Department of Insurance at the address listed in your Certificate.

Your privacy is important to us. To access our HIPAA Notice of Privacy Practices or our Gramm-Leach-Bliley Privacy Notice, log onto our website and select the "HIPAA Policy" or "Privacy Policies" link from the home page, or call our Customer Service department to request a written copy.

Important Plan Information

www.deltadentalne.org
FOR INQUIRIES: 866-827-3319 (TTY users call 711) 17

20

19 **ANTI-FRAUD HOTLINE: 612-224-3277**
Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, you can help us lower these costs by calling our anti-fraud hotline. You do not need to identify yourself. Only ANTI-FRAUD calls can be accepted on this line.

Patient Copy

Page 1 of 1

EOB_Subscriber 08-30-2017

Help Your Members Make the Most of Their Dental Benefits

Find a Dentist

Staying in the Delta Dental network helps members save, and finding participating dentists couldn't be easier! Our Find a Dentist tool allows members to search for in-network dentists by name, location, coverage type, proximity to transit, accessibility and more!

start by telling us a little bit about what you're looking for:

Show me providers named **last name**
within **10 miles** of **address or zip**
covered under **PPO℠ & Premier® Networks**

SEARCH

Visit DeltaDentalNE.org/FindADentist today!

Pre-Treatment Estimates

Delta Dental makes it easy to learn if a proposed dental treatment is covered, including the amount the plan will pay and the member's responsibility.

A pre-treatment estimate is an optional service where Delta Dental issues a written estimate of benefits that may be available under the member's plan for a proposed dental treatment. The dentist submits the proposed dental treatment to Delta Dental in advance of providing the treatment.

The Delta Dental Mobile App

Members can use Delta Dental's free smartphone app to get the most out of their dental benefits anytime, anywhere. Members can use the dentist search or toothbrush timer without logging in, or enter their username and password* to securely access a digital ID card and personal benefit information, such as plan type, benefit levels and more. The Delta Dental mobile app is available for Apple iOS or Android users. Visit the App Store (Apple) or Google Play (Android) and search for 'Delta Dental.'
** To register, go to DeltaDental.com and sign up for an account that will also work in the mobile app.*

Requesting Information on Your Members

We take the safety and security of confidential and personal information very seriously, and this is reflected in our policies regarding the release of information about benefits and claims. In fact, we are fully compliant with strict federal HIPAA (Health Insurance Portability and Accountability Act) laws governing security and privacy to ensure that information is being given only to someone authorized to receive it.

For this reason, we ask you to provide the following information when inquiring on member benefits or eligibility for benefits:

- A valid client and subclient number (it does not have to be the member's subclient number).
- The member's identification number (or their Social Security number).
- The member's name and date of birth or address for confirmation.

If you are inquiring about a specific claim, we also ask that you have the member's permission to discuss the claim with us if the member is not present when you call.

When Your Members Contact Us

Members can also contact us on their own behalf. When they do, they should be prepared to supply:

- Their member identification number or their Social Security number.
- The member's name and date of birth.

Members and their spouses can inquire on behalf of themselves and any underage dependents.

Notice of Non-Discrimination and Accessibility Requirements

Delta Dental of Nebraska complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Delta Dental of Nebraska does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of Nebraska 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)

Delta Dental of Nebraska provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call the number on the back of your ID card

If you believe that Delta Dental of Nebraska 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 by contacting Delta Dental of Nebraska, Attn: Complaints, Appeals, and Grievances, 500 Washington Ave South, Suite 2060 Minneapolis, MN, 55415, 612-224-3300 or 877-268-3384, fax: 612-351-5104. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, please call the number on the back of your ID card.

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.

Foreign Language Notifications

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-827-3319 (TTY: 711). (Spanish)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-827-3319 (TTY: 711). (Hmong)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-827-3319 (TTY: 711). (Cushite)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-827-3319 (TTY: 711). (Vietnamese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-827-3319（TTY：711）. (Chinese)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-827-3319 (телетайп: 711). (Russian)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-866-827-3319 (TTY: 711). (Laotian)

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-827-3319 (መስማት ለተሳናቸው: 711). (Amharic)

ဟ်သူဉ်ဟ်သး– နမ့ၢ်ကတိၤ ကညီ ကျိာ်အယိ, နမၤန့ၢ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး

1-866-827-3319 (TTY: 711). (Karen)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-827-3319 (TTY: 711). (German)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة ةىللغو تتوافر لك بالمجان. اتصل برقم 1-866-827-3319) رقم هاتف الصم والبكم: 711). (Arabic)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-827-3319 (ATS : 711). (French)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-827-3319 (TTY: 711)번으로 전화해 주십시오. (Korean)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-827-3319 (TTY: 711). (Tagalog)

ئاگاداری: ئەگەر بە زمانی کوردی قسە دەکەیت، خزمەتگوزارییەکانی یارمەتی زمان، بەخۆڕایی، بۆ تۆ بەردەستە. پەیوەندی بە 1-866-827-3319 (TTY: 711) بکە. (Kurdish)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 1-866-827-3319 تماس بگیرید. (Persian / Farsi)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-827-3319（TY:711）まで、お電話にてご連絡ください。(Japanese)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-866-827-3319 (TTY: 1-711). (Bantu)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-866-827-3319 (TTY: 711). (Swahili)

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-866-827-3319 (TTY: 711). (Norwegian)

សូមប្រុងប្រយ័ត្ន: ប្រសិនបើអ្នកនិយាយ [ភាសាខ្មែរ], សេវាជំនួយភាសាដោយឥតគិតថ្លៃ, ដែលអ្នកអាចប្រើប្រាស់បាន។ សូមហៅទូរស័ព្ទ 1-866-827-3319 (TTY: 711) (Cambodian/Khmer)

ध्यानाकर्षण: यदि तपाईं [नेपाली] बोल्नुहुन्छ भने, नि:शुल्क रूपमा तपाईंलाई भाषा सहायता सेवाहरू उपलब्ध छन्। 1-866-827-3319 (TTY: 711) मा कल गर्नुहोस्। (Nepali)

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