BEST Life™
BEST Life and Health Insurance Company

KANSAS

BEST Life Plus Silver
Adult Dental Plan

Your oral health is an important part of overall health maintenance. In fact, keeping your mouth healthy helps to keep your whole body healthy and can actually reduce your risk for more serious problems. Did you know that more than 120 medical conditions can be detected in early stages by your dentist?*

For adults and dependent children 19 and older

Adult Benefit	In-Network	Out-of-Network
Annual Maximum	**$1,500**	
Annual Deductible Applies to Basic and Major Services (3 per family)	You pay the first **$50** for individual, up to **$150** for family.	
Diagnostic & Preventive Services Exams, cleanings, x-rays	You pay **0%**	You pay **20%**
Basic Services Fillings (amalgam, porcelain & plastic), anterior & posterior composites, emergency palliative treatment, pathology	You pay **30%** After 6 month waiting period.	You pay **50%** After 6 month waiting period.
Major Services Crowns & gold fillings, inlays, onlays & pontics, implants, fixed bridges, complete & partial dentures, oral surgery, anesthesia (general or IV sedation), endodontics, periodontics	You pay **60%** After 12 month waiting period.	You pay **80%** After 12 month waiting period.

BEST Life has been providing great dental benefits for ***over 50 years*** *with* **quality plans, affordable rates** *and* **superior personal customer service!**

P.O. BOX 3023
Meridian, ID 83680-3023

(877) 205-8767
www.bestlife.com

* U.S. Surgeon General Report on Oral Health 2000

** The Vision discount plan is not insurance, but a discount plan for supplies and eligible services

Rev1 7-23-24

KANSAS

BEST Life Plus Silver Child Dental Plan

Satisfies the ACA pediatric dental requirement for children up to age 19

Pediatric Benefit	In-Network	Out-of-Network
Out-of-Pocket Maximum	**$350** for 1 child **$700** for 2 or more children	**$700** for 1 child **$1,400** for 2 or more children
Annual Deductible Applies to Diagnostic and Preventive services, Basic and Major services received in-network or out-of-network	You pay the first **$75** per child	
Diagnostic & Preventive Services Exams, cleanings, sealants, fluoride treatment, x-rays, space maintainers, emergency palliative treatment	You pay **0%**	You pay **20%**
Basic Services Fillings	You pay **40%**	You pay **70%**
Major Services Crowns & casts, prosthodontics, endodontics, periodontics, oral surgery, anesthesia (general or IV sedation), nitrous oxide, therapeutic parenteral drug, hospital call, behavior management, extended care facility call	You pay **50%**	You pay **70%**
Orthodontics (medically necessary)	You pay **50%**	You pay **70%**

MORE CHOICE. MORE SAVINGS.

What dentist you see is completely up to you. However, you can achieve additional savings when you see a dentist within network.

As a BEST Life member, you will have access to the some of the largest national networks available and with rigorous credentialing criteria for providers, you're assured the highest-quality network available.

It's easy to find the best dentists in your area with our Provider Look-Up at: **www.bestlife.com.**

When you choose BEST Life, you can rest easy.
Your smiles are safe with us.

BEST Life™
BEST Life and Health Insurance Company

eyeMed

EyeMed Discount
Plan Details
(Plan #9242264)

As a BEST Life customer, you and your dependents receive access to value-added discount programs that can help provide cost savings on vision care, eyewear, and more. These programs are automatically available to all members that are not currently enrolled on a fully-insured vision plan with BEST Life.

Vision Care Services	In-Network	Out-of-Network
Exam Services	**$50**	Not covered
Contact Lens Fit and Follow-Up		
• Fit and Follow-up - Standard	Up to **$10** off retail price	Not covered
• Fit and Follow-up - Premium	**100%** of retail price	Not covered
Frame	**40%** off retail price	Not covered
Lenses		
• Single Vision	**$55**	Not covered
• Bifocal	**$75**	Not covered
• Trifocal	**$85**	Not covered
• Lenticular	**$85**	Not covered
• Progressive - Standard	**$140**	Not covered
• Progressive - Premium	**30%** off retail price	Not covered
Lens Options		
• Anti Reflective Coating - Standard	**$40**	Not covered
• Anti Reflective Coating - Premium	**30%** off retail price	Not covered
• Polycarbonate - Standard	**$35**	Not covered
• Scratch Coating - Standard Plastic	**$0**	Not covered
• Tint - Solid and Gradient	**$12**	Not covered
• UV Treatment	**$12**	Not covered
• All Other Lens Options	**30%** off retail price	Not covered
Contact Lenses		
• Contacts - Conventional	**15%** off retail price	Not covered
• Contacts - Disposable	**100%** of retail price	Not covered

To access these vision plan discounts, members will need **a copy of the discount ID card below** and **locate an EyeMed Advantage network provider** from our website at https://eyedoclocator.eyemedvisioncare.com/bestlife/en.

For any other questions, please call **(866) 723-0514**.

BEST Life™
BEST Life and Health Insurance Company

eyeMed

Member Name:
Plan #: **9242264**
Network: **EyeMed Advantage Network**

EyeMed Vision Care® Discount Plan
Discounts on eye exams, eyewear and eye correction surgery.
To locate a provider, use our Provider Lookup at **www.bestlife.com** or call **866.723.0514**.

GENERAL EXCLUSIONS ON PEDIATRIC DENTAL PLAN

The following exclusions are not covered.

1. Services provided by anyone other than a doctor of medical dentistry or a doctor of dental surgery, unless a licensed hygienist performs the services under the direction of a doctor of medical dentistry or a doctor of dental surgery, or a denturist.
2. Services received while on active duty with a military service of any country or international organization.
3. Services needed because of participation in a riot or insurrection or the commission of a felony.
4. Services for injuries or diseases occurring while in the course and scope of employment or related to your job to the extent you are covered or are required, by law, to be covered by the workers' compensation. If you enter into a settlement giving up you right to recover future benefits under a Workers' Compensation law, the Policy will not pay those benefits that would have been payable in absence of that settlement.
5. Services provided by an employer.
6. Services started before effective date. Examples of excluded services under this paragraph include but are not limited to obtaining an impression for an appliance, or a modification of one, before coverage; preparing a tooth for a crown, bridge or other lab fabricated restorations before coverage; opening a pulp chamber for root canal therapy before coverage.
7. Services not completed before termination date.
8. Services required because of failure to comply with professionally prescribed treatment.
9. Telephone consultation services.
10. Charges for Your failure to keep a scheduled appointment.
11. Services that are primarily for cosmetic reasons. Examples include alteration or extraction of functional natural teeth for the purpose of changing appearance and replacement of restorations previously performed for cosmetic reasons.
12. Services for orthodontic treatment and orthodontia type procedures unless this Policy defines those services as covered services.
13. Services received for or related to temporomandibular joint dysfunction (TMJ).
14. Charges in excess of the agreed to coverage amounts, as shown on the Schedule of Benefits.
15. Services for correction or alteration of occlusion, or any occlusal adjustments. Expenses incurred for night guards or any other appliances for the correction of harmful habits, except as defined as a covered dental expense.
16. Charges for "safe fees" (e.g., gloves, masks, surgical scrubs and sterilization).
17. Charges for copies of records, charts, x-rays and any other costs associated with the forwarding or mailing of these copies, or for completing dental forms.
18. Charges for state or territorial taxes associated with dental services.
19. Charges for services received from two or more providers for a single procedure or course of care, if those charges would have been less if received from one provider and the decision was made to transfer care during the procedure or course of care.
20. Services that are experimental or investigational.
21. Service that are not within the scope of the treating provider's practice.
22. Services that are not medically necessary or that would not meet generally accepted standards of practice.
23. Charges that would not legally have to paid if the member did not have insurance, unless mandated by law.
24. Services for specialized procedures and techniques, including precision attachments, personalization, and precious metal bases.
25. Charges for duplicate or provisional services or supplies.
26. Charges for plaque control programs, oral hygiene instruction, and dietary instructions.
27. Charges for gold foil restorations.
28. Charges for treatment at the hospital.
29. Service to adjust a denture or bridgework within six (6) months after it is installed or adjusted, by the same provider who installed or adjusted it.
30. Charges for home health aides, including but not limited to toothpaste, fluoride gels, dental floss and teeth whiteners.
31. Services to seal teeth, other than permanent molars.
32. Charges to replace lost, stolen or misplaced dentures.
33. Charges to repair or replace damaged, lost or missing appliances.
34. Services to fabricate an athletic mouth guard.
35. Charges for internal bleaching, nitrous oxide, oral sedation, and/or topical medicament centers.
36. Charges for bone grafts in connection with extractions, apicoetomies or non-covered or non-eligible implants.
37. Services received from a family member. "Family member" includes, but is not limited to, a lawful spouse, domestic partner, child, child of a domestic partner, parent, step-parent, grandparent, brother, sister, cousin of the first degree, or in-law.
38. Charges for a deductible, coinsurance, or other cost sharing amount for which the member is responsible.
39. Temporary services that are considered an integral part of a final services rather than a separate service.
40. Charges for veneers and related procedures.
41. Services not listed as a covered service.
42. Services received outside of the U.S.

EXCLUSIONS ON ADULT DENTAL PLAN

The following exclusions are not covered.

1. Services provided by anyone other than a doctor of medical dentistry or a doctor of dental surgery, unless a licensed hygienist performs the services under the direction of a doctor of medical dentistry or a doctor of dental surgery, or a denturist.
2. Services received while on active duty with a military service of any country or international organization.
3. Services needed because of participation in a riot or insurrection or the commission of a felony.
4. Services for injuries or diseases occurring while in the course and scope of employment or related to your job to the extent you are covered or are required, by law, to be covered by the workers' compensation. If you enter into a settlement giving up you right to recover future benefits under a Workers' Compensation law, the policy will not pay those benefits that would have been payable in absence of that settlement.
5. Services provided by an employer.
6. Services started before effective date. Examples of excluded services under this paragraph include but are not limited to the following: obtaining an impression for an appliance, or a modification of one, before coverage; preparing a tooth for a crown, bridge or other lab fabricated restorations before coverage; opening a pulp chamber for root canal therapy before coverage.
7. Services not completed before termination date.
8. Services required because of failure to comply with professionally prescribed treatment.
9. Telephone consultation services.
10. Charges for failure to keep a scheduled appointment.
11. Services that are primarily for cosmetic reasons. Examples include alteration or extraction of functional natural teeth for the purpose of changing appearance and replacement of restorations previously performed for cosmetic reasons.
12. Services for orthodontic treatment and orthodontia type procedures unless this policy defines those services as covered services.
13. Services received for or related to temporomandibular joint dysfunction (TMJ).
14. Charges in excess of the agreed to coverage amounts, as shown on the schedule of benefits.
15. Services for correction or alteration of occlusion, or any occlusal adjustments. Expenses incurred for night guards or any other appliances for the correction of harmful habits, except as defined as a covered dental expense.
16. Charges for "safe fees" (e.g., gloves, masks, surgical scrubs and sterilization).
17. Charges for copies of records, charts, x-rays and any other costs associated with the forwarding or mailing of these copies, or for completing dental forms.
18. Charges for state or territorial taxes associated with dental services.
19. Charges for services received from two or more providers for a single procedure or course of care, if those charges would have been less if received from one provider and the decision was made to transfer care during the procedure or course of care.
20. Services that are experimental or investigational.
21. Service that are not within the scope of the treating provider's practice.
22. Services that are not medically necessary or that would not meet generally accepted standards of practice.
23. Charges that the member would not legally have to pay if they did not have insurance, unless mandated by law.
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36. Charges for bone grafts in connection with extractions, apicoetomies or non-covered or non-eligible implants.
37. Services received from a family member. "Family member" includes, but is not limited to, a lawful spouse, domestic partner, child, child of a domestic partner, parent, step-parent, grandparent, brother, sister, cousin of the first degree, or in-law.
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41. Services not listed as a covered service.
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Language Assistance Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1.877.205.8767 (TTY: 1-855-889-5868).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.205.8767

繁體中文 (Chinese) 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 1.877.205.8767.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.877.205.8767.

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.877.205.8767 번으로 전화해 주십시오.

Tagalog(Tagalog – Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.877.205.8767.

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.877.205.8767.

عربية (Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.877.205.8767.

Kreyòl Ayisyen (French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.877.205.8767.

Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.877.205.8767.

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.877.205.8767.

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.877.205.8767.

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.877.205.8767.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.205.8767.

日本語 (Japanese) 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。1.877.205.8767 まで、お電話にてご連絡ください

ارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1.877.205.8767 تماس بگیرید.

हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1.800.368.1019 (TTY: 1.877.205.8767) पर कॉल करें।

Հայերեն (Armenian) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.877.205.8767 (TTY: 1-xxx-xxx-xxxx).

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1.800.368.1019 (TTY: 1.877.205.8767).

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.877.205.8767.

اردو (Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں 1.877.205.8767.

ខ្មែរ (Cambodian) ប្រយ័ត ៖ េបសិន អ កនិ យ ែខ រ, េស ជំនួយែផ ក េ យមិនគិតឈ ល គឺ ច នសំ ប់បំេអ ក។ ចូរ ទូរស័ព 1.800.368.1019 (TTY: 1.877.205.8767)។

ਪੰਜਾਬੀ (Punjabi) ਿਧਆਨ ਿਦਓ: ਜੇ ਤੁਸ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1.800.368.1019 (TTY: 1.877.205.8767) 'ਤੇ ਕਾਲ ਕਰੋ।

বাংলা (Bengali) ল য্ করনঃ যিদ আপিন বাংলা, কথা বলেত পা েরন, তাহেল িনঃখরচায় ভাষা সহায়তা পিরেষবা উপল োেছ। োফান করন ১ 1.800.368.1019 (TTY: ১1.877.205.8767)।

ישיד (Yiddish) אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1.877.205.8767.

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.877.205.8767.

ภาษาไทย (Thai) **เรียน: ถา ุณพดูภาษาไทยคุณสามารถใชบริการช่วยเหลือทางภาษาไดฟรี โทร** 1.877.205.8767.

Oroomiffa (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.877.205.8767.

Ilokano (Ilocano) PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1.877.205.8767.

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.877.205.8767.

Shqip (Albanian) KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.877.205.8767.

Srpsko-hrvatski (Serbo-Croatian) OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1.877.205.8767.

Українська (Ukrainian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1.877.205.8767.

नेपाली (Nepali) ध्यान दनुहोस:् तपाइ ले नेपाल बोल्नहन्छ भन तपाइ को निम्त भाषा सहायता सवाहरू नःशल्क रूपमा उपलब्ध छ । फोन गनुहर् ोस ् 1.800.368.1019 (ट टवाइ: 1.877.205.8767) ।

Nederlands (Dutch) AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige

diensten. Bel 1.877.205.8767.

Gagana fa'a Sāmoa (Samoan) MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1.877.205.8767.

Kajin Ṃajōļ (Marshallese) LALE: Ñe kwōj kōnono Kajin Ṃajōļ, kwomaroñ bōk jerbal in jipañ ilo kajin ṇe aṃ ejjeļọk wōṇāān. Kaalọk 1.877.205.8767.

Română (Romanian) ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1.877.205.8767.

Foosun Chuuk (Trukese) MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1.877.205.8767.

Tonga (Tongan) FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1.877.205.8767.

Bisaya (Bisayan) ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1.877.205.8767.

Ikirundi (Bantu – Kirundi) ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1.877.205.8767.

Kiswahili (Swahili) KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1.877.205.8767.

Bahasa Indonesia (Indonesian) PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1.877.205.8767.

Türkçe (Turkish)DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1.877.205.8767 irtibat numaralarını arayın.

وردی (Kurdish) ئاگاداری: ئەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگوزاریەکانی یارمەتی زمان، بەخۆڕایی، بۆ تۆ بەردەستە. پەیوەندی بە 1.877.205.8767 پەیوەندی بە

తెలుగు (Teluga) శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. 1.800.368.1019 (TTY: 1.877.205.8767) కు కాల్ చేయండి.

Thuɔŋjaŋ (Nilotic – Dinka) PIƆ KENE: Na ye jam në Thuɔŋjaŋ, ke kuɔny yenë kɔc waar thook atɔ kuka lëu yök abac ke cïn wënh cuatë piny. Yuɔpë 1.877.205.8767

Norsk (Norwegian) MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1.877.205.8767.

Català (Catalan) ATENCIÓ: Si parleu Català, teniu disponible un servei d"ajuda lingüística sense cap càrrec. Truqueu al 1.877.205.8767.

λληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1.877.205.8767.

Igbo asusu (Ibo) Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 1.877.205.8767.

èdè Yorùbá (Yoruba) AKIYESI: Bi o ba nsọ èdè Yorùbú ọfé ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1.877.205.8767.

Lokaiahn Pohnpei (Pohnpeian) Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie Lokaiahn Pohnpei komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 1.877.205.8767.

Deitsch (Pennsylvania Dutch) Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.877.205.8767.

hoʻokomo ʻōlelo (Hawaiian) E NĀNĀ MAI: Inā hoʻopuka ʻoe i ka ʻōlelo hoʻokomo ʻōlelo, loaʻa ke kōkua manuahi iā ʻoe. E kelepona iā 1.877.205.8767.

Adamawa (Fulfulde) MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1.877.205.8767.

tsalagi gawonihisdi (Cherokee) Hagsesda: iyuhno hyiwoniha tsalagi gawonihisdi. Call 877.205.8767

I linguahén Chamoru (Chamorro) ATENSIÓN: Yanggen un tungó I linguahén Chamoru, i setbision linguahé gaige para hagu dibatde ha. Agang I 1.877.205.8767.