

Oscar Silver 70 EPO

Individual Out of Pocket Maximum: \$7,550

Family Out of Pocket Maximum: \$15,100

- ✓ This Benefit Schedule represents the Embedded Pediatric Dental benefits covered as part of the Member's health plan offered through Oscar Health Plan of California. Any Member payment for covered dental services will accrue towards the health plan's out-of-pocket maximum, provided above for your reference. To verify the balance of a Member's Out-of-Pocket Maximum, call Customer Services at 1-888-902-0403 (toll-free).
- ✓ Once your Out-of-Pocket costs for all Medical and Dental covered services reach the combined Out-of-Pocket Maximum, you cannot be charged for covered dental services you receive for the remainder of the calendar year. The LIBERTY Dental Plan contracted dental office will be paid for covered services as contracted directly by LIBERTY. Charges for optional and non-covered services are not included in the calculation for the combined out-of-pocket maximum and would remain your financial responsibility. In a plan with two or more members, the first family Member to meet the individual Out-of-Pocket Maximum cannot be charged for covered services for the remainder of the calendar year. The family Out-of-Pocket Maximum is met by combining eligible expenses of two or more covered family Members.
- ✓ Members must visit a LIBERTY Dental Plan contracted dental office to utilize covered benefits. The Member's dental office will initiate a treatment plan or recommend the Member see a specialist if the services are medically necessary and outside the scope of general dentistry. Members may directly refer to a specialist.
- ✓ This Benefit Schedule does not guarantee benefits. All services are subject to eligibility, exclusions and limitations and must be determined to be medically necessary at the time you receive the service. Additional requests, beyond the stated frequency limitations shall be considered for prior authorization when documented dental necessity is provided as required by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.
- ✓ Dental procedures not listed on this Benefit Schedule may be available at the dental office's usual and customary fees.

CDT Code	Description	Patient Responsibility	Limitation
DIAGNOSTIC & PREVENTIVE SERVICES			
Diagnostic Services			
D0120	Periodic oral evaluation	no charge	1 every 6 months, per provider
D0140	Limited oral evaluation	no charge	1 per patient per provider
D0145	Oral evaluation under age 3	no charge	
D0150	Comprehensive oral evaluation	no charge	1 per patient per provider for initial evaluation
D0160	Oral evaluation, problem focused	no charge	1 per patient per provider
D0170	Re-evaluation, limited, problem focused	no charge	up to 6 in a 3 month period, no more than 12 in 12 months
D0171	Re-evaluation, post operative office visit	no charge	
D0180	Comprehensive periodontal evaluation	no charge	only be billed as D0150
D0210	Intraoral, complete series of radiographic images	no charge	1 every 36 months per provider
D0220	Intraoral, periapical, first radiographic image	no charge	20 of (D0220, D0230)PA's in a 12 month period by the same provider
D0230	Intraoral, periapical, each add 'l' radiographic image	no charge	
D0240	Intraoral, occlusal radiographic image	no charge	2 per 6 months per provider
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	no charge	1 per date of service
D0251	Extra-oral posterior dental radiographic image	no charge	1 per date of service
D0270	Bitewing, single radiographic image	no charge	1 per date of service
D0272	Bitewings, two radiographic images	no charge	1 per 6 months per provider
D0273	Bitewings, three radiographic images	no charge	downcode to D0270 and D0272
D0274	Bitewings, four radiographic images	no charge	1 per 6 months per provider, age 10 and over
D0277	Vertical bitewings, 7 to 8 radiographic images	no charge	downcode to D0274
D0310	Sialography	no charge	
D0320	TMJ arthrogram, including injection	no charge	3 per date of service
D0322	Tomographic survey	no charge	2 every 12 months per provider
D0330	Panoramic radiographic image	no charge	1 every 36 months per provider
D0340	2D cephalometric radiographic image, measurement and analysis	no charge	2 every 12 months per provider
D0350	2D oral/facial photographic image, intra-orally/extra-orally	no charge	
D0351	3D photographic image	no charge	4 per date of service
D0460	Pulp vitality tests	no charge	
D0470	Diagnostic casts	no charge	1 per provider, only a benefit with covered Orthodontic services, for permanent dentition
D0502	Other oral pathology procedures, by report	no charge	
D0601	Caries risk assessment and documentation, low risk	no charge	
D0602	Caries risk assessment and documentation, moderate risk	no charge	
D0603	Caries risk assessment and documentation, high risk	no charge	
D0999	Unspecified diagnostic procedure, by report	no charge	
Preventive Services			
D1110	Prophylaxis, adult	no charge	1 or (D1110, D1120, D4346) every 6 months. Additional requests, beyond the stated frequency limitations, for prophylaxis procedures (D1110 and D1120) shall be considered for prior authorization when documented medical necessity is provided as required by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.
D1120	Prophylaxis, child	no charge	
D1206	Topical application of fluoride varnish	no charge	
D1208	Topical application of fluoride, excluding varnish	no charge	
D1310	Nutritional counseling for control of dental disease	no charge	
D1320	Tobacco counseling, control/prevention oral disease	no charge	

CDT Code	Description	Patient Responsibility	Limitation
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Oscar Silver 70 EPO (Off-Exchange Only)

CDT Code	Description	Patient Responsibility	Limitation
Preventive Services (continued)			
D1330	Oral hygiene instruction	no charge	
D1351	Sealant, per tooth	no charge	1 of (D1351,D1352) every 36 months 1st, 2nd, 3rd molars
D1352	Preventive resin restoration, permanent tooth	no charge	
D1353	Sealant repair, per tooth	no charge	1 every 36 months 1st, 2nd, 3rd molars
D1354	Interim caries arresting medicament application, per tooth	no charge	1 (D1354) per tooth every 6 months, subject to medical necessity review for the first treatment only
D1510	Space maintainer, fixed, unilateral	no charge	1 of (D1510, D1520) per quadrant per patient, under age 18
D1515	Space maintainer, fixed, bilateral	no charge	1 of (D1515, D1525) per arch under age 18
D1520	Space maintainer, removable, unilateral	no charge	1 of (D1510, D1520) per quadrant per patient under age 18
D1525	Space maintainer, removable, bilateral	no charge	1 of (D1515, D1525) per arch under age 18
D1550	Re-cement or re-bond space maintainer	no charge	1 per quad/arch every 12 months under age 18
D1555	Removal of fixed space maintainer	no charge	
D1575	Distal shoe space maintainer, fixed, unilateral	no charge	
BASIC SERVICES			
Restorative Services			
D2140	Amalgam, one surface, primary or permanent	20%	primary teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 12 months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
D2150	Amalgam, two surfaces, primary or permanent	20%	
D2160	Amalgam, three surfaces, primary or permanent	20%	
D2161	Amalgam, four or more surfaces, primary or permanent	20%	
D2330	Resin-based composite, one surface, anterior	20%	
D2331	Resin-based composite, two surfaces, anterior	20%	
D2332	Resin-based composite, three surfaces, anterior	20%	primary teeth - 1 per tooth every 12 months permanent teeth - 1 per tooth every 36 months
D2335	Resin-based composite, four or more surfaces, involving incisal angle	20%	
D2390	Resin-based composite crown, anterior	20%	primary teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 12 months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
D2391	Resin-based composite, one surface, posterior	20%	
D2392	Resin-based composite, two surfaces, posterior	20%	primary teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 12 months permanent teeth - 1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
D2393	Resin-based composite, three surfaces, posterior	20%	
D2394	Resin-based composite, four or more surfaces, posterior	20%	1 per tooth every 12 months, per provider
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	20%	
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	20%	after 12 months of initial placement with same provider
D2920	Re-cement or re-bond crown	20%	
D2921	Reattachment of tooth fragment, incisal edge or cusp	20%	1 of (D2929, D2930) per tooth every 12 months
D2929	Prefabricated porcelain/ceramic crown, primary tooth	20%	
D2930	Prefabricated stainless steel crown, primary tooth	20%	1 per tooth every 36 months
D2931	Prefabricated stainless steel crown, permanent tooth	20%	
D2932	Prefabricated resin crown	20%	primary - 1 of (D2932, D2933) per tooth every 12 months permanent - 1 of (D2932, D2933) per tooth every 36 months
D2933	Prefabricated stainless steel crown with resin window	20%	
D2940	Protective restoration	20%	1 per tooth every 6 months, per provider
D2941	Interim therapeutic restoration, primary dentition	20%	
D2949	Restorative foundation for an indirect restoration	20%	
D2950	Core buildup, including any pins when required	20%	
D2951	Pin retention, per tooth, in addition to restoration	20%	1 per tooth
D2952	Post and core in addition to crown, indirectly fabricated	20%	1 per tooth
D2953	Each additional indirectly fabricated post, same tooth	20%	
D2954	Prefabricated post and core in addition to crown	20%	1 per tooth
D2955	Post removal	20%	
D2957	Each additional prefabricated post, same tooth	20%	
D2971	Additional procedure to construct new crown, existing partial denture frame	20%	
D2980	Crown repair necessitated by restorative material failure	20%	after 12 months of initial crown placement with same provider
D2999	Unspecified restorative procedure, by report	20%	
Periodontal Services			
D4910	Periodontal maintenance	20%	1 every 3 months
MAJOR SERVICES			
Restorative Services			
D2710	Crown, resin-based composite (indirect)	50%	1 of (D2710-D2791, D6211-D6791) per tooth per 5 year period age 13 and over
D2712	Crown, ¾ resin-based composite (indirect)	50%	
D2721	Crown, resin with predominantly base metal	50%	
D2740	Crown, porcelain/ceramic	50%	
D2751	Crown, porcelain fused to predominantly base metal	50%	
D2781	Crown, ¾ cast predominantly base metal	50%	
D2783	Crown, ¾ porcelain/ceramic	50%	
D2791	Crown, full cast predominantly base metal	50%	
Endodontic Services			
D3110	Pulp cap, direct (excluding final restoration)	50%	
D3120	Pulp cap, indirect (excluding final restoration)	50%	
D3220	Therapeutic pulpotomy (excluding final restoration)	50%	1 per primary tooth
D3221	Pulpal debridement, primary and permanent teeth	50%	1 per tooth
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root	50%	1 per tooth

Oscar Silver 70 EPO

CDT Code	Description	Patient Responsibility	Limitation
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	50%	1 of (D3230, D3240) per tooth
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)	50%	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	50%	1 of (D3310, D3320, D3330) per tooth
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	50%	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	50%	
Endodontic Services (continued)			
D3331	Treatment of root canal obstruction; non-surgical access	50%	
D3333	Internal root repair of perforation defects	50%	
D3346	Retreatment of previous root canal therapy, anterior	50%	1 of (D3346-D3348) after 12 months of initial treatment
D3347	Retreatment of previous root canal therapy, premolar	50%	
D3348	Retreatment of previous root canal therapy, molar	50%	
D3351	Apexification/recalcification, initial visit	50%	1 per tooth
D3352	Apexification/recalcification, interim medication replacement	50%	1 per tooth
D3410	Apicoectomy, anterior	50%	
D3421	Apicoectomy, premolar (first root)	50%	
D3425	Apicoectomy, molar (first root)	50%	
D3426	Apicoectomy, (each additional root)	50%	
D3427	Periradicular surgery without apicoectomy	50%	
D3430	Retrograde filling, per root	50%	
D3910	Surgical procedure for isolation of tooth with rubber dam	50%	
D3999	Unspecified endodontic procedure, by report	50%	
Periodontal Services			
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	50%	1 of (D4210, D4211, D4260, D4261) per site/quad every 36 months, age 13 and over
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	50%	
D4249	Clinical crown lengthening, hard tissue	50%	
D4260	Osseous surgery, four or more teeth per quadrant	50%	1 of (D4210, D4211, D4260, D4261) per site/quad every 36 months, age 13 and over
D4261	Osseous surgery, one to three teeth per quadrant	50%	
D4265	Biologic materials to aid in soft and osseous tissue regeneration	50%	
GUIDELINE:			
No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.			
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	50%	1 of (D4341, D4342) per site quad, every 24 months, age 13 and over
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	50%	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	50%	1 of (D1110, D1120, D4346) every 6 months
D4355	Full mouth debridement	50%	
D4381	Localized delivery of antimicrobial agent/per tooth	50%	
D4920	Unscheduled dressing change (other than treating dentist or staff)	50%	1 per patient per provider, age 13 and over
D4999	Unspecified periodontal procedure, by report	50%	
Removable Prosthodontic Services			
D5110	Complete denture, maxillary	50%	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A benefit once in a five year period from a previous complete, immediate or overdenture - complete denture
D5120	Complete denture, mandibular	50%	
D5130	Immediate denture, maxillary	50%	1 of (D5130-D5140, D5221-D5224) per arch per patient. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture
D5140	Immediate denture, mandibular	50%	
D5211	Maxillary partial denture, resin base	50%	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A benefit once in a five year period from a previous complete, immediate or overdenture - complete denture
D5212	Mandibular partial denture, resin base	50%	
D5213	Maxillary partial denture, cast metal, resin base	50%	1 of (D5130-D5140, D5221-D5224) per arch per patient. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture
D5214	Mandibular partial denture, cast metal, resin base	50%	
D5221	Immediate maxillary partial denture, resin base	50%	1 of (D5130-D5140, D5221-D5224) per arch per patient. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture
D5222	Immediate mandibular partial denture, resin base	50%	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	50%	1 of (D5130-D5140, D5221-D5224) per arch per patient. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	50%	
D5410	Adjust complete denture, maxillary	50%	2 of (D5410-D5422) per arch every 12 months, 1 per arch per date of service per provider
D5411	Adjust complete denture, mandibular	50%	
D5421	Adjust partial denture, maxillary	50%	
D5422	Adjust partial denture, mandibular	50%	
D5511	Repair broken complete denture base, mandibular	50%	1 per arch per date of service per provider, 2 per arch every 12 months per provider
D5512	Repair broken complete denture base, maxillary	50%	
D5520	Replace missing or broken teeth, complete denture	50%	up to 4 per arch per date of service per provider, 2 per arch every 12 months per provider
D5611	Repair resin denture base, mandibular	50%	1 per arch per date of service per provider, 2 per arch every 12 months per provider
D5612	Repair resin denture base, maxillary	50%	
Removable Prosthodontic Services (continued)			
D5621	Repair cast framework, mandibular	50%	1 per arch per date of service per provider, 2 per arch every 12 months per provider
D5622	Repair cast framework, maxillary	50%	
D5630	Repair or replace broken clasp, per tooth	50%	3 per arch per date of service per provider, 2 per arch every 12 months per provider

Oscar Silver 70 EPO

CDT Code	Description	Patient Responsibility	Limitation
D5640	Replace broken teeth, per tooth	50%	4 per arch per date of service per provider, 2 per arch every 12 months per provider
D5650	Add tooth to existing partial denture	50%	3 per arch per provider per date of service, 1 per tooth
D5660	Add clasp to existing partial denture, per tooth	50%	3 per date of service per provider, 2 per arch every 12 months per provider
D5730	Reline complete maxillary denture, chairside	50%	1 of (D5730-D5761) every 12 months. Covered 6 months after initial placement of appliance if extractions were required, 12 months after initial placement of appliance if extractions were not required.
D5731	Reline complete mandibular denture, chairside	50%	
D5740	Reline maxillary partial denture, chairside	50%	
D5741	Reline mandibular partial denture, chairside	50%	
D5750	Reline complete maxillary denture, laboratory	50%	
D5751	Reline complete mandibular denture, laboratory	50%	
D5760	Reline maxillary partial denture, laboratory	50%	
D5761	Reline mandibular partial denture, laboratory	50%	
D5850	Tissue conditioning, maxillary	50%	2 of (D5850, D5851) per arch every 36 months
D5851	Tissue conditioning, mandibular	50%	
D5862	Precision attachment, by report	50%	1 of (D5110-D5120, D5211-D5214, D5863-D5866) per arch every 5 year period. A benefit once in a five year period from a previous complete, immediate or overdenture - complete denture
D5863	Overdenture, complete, maxillary	50%	
D5864	Overdenture, partial, maxillary	50%	
D5865	Overdenture, complete, mandibular	50%	
D5866	Overdenture, partial, mandibular	50%	
D5899	Unspecified removable prosthodontic procedure, by report	50%	
Maxillofacial Prosthetic Services			
D5911	Facial moulage (sectional)	50%	
D5912	Facial moulage (complete)	50%	
D5913	Nasal prosthesis	50%	
D5914	Auricular prosthesis	50%	
D5915	Orbital prosthesis	50%	
D5916	Ocular prosthesis	50%	
D5919	Facial prosthesis	50%	
D5922	Nasal septal prosthesis	50%	
D5923	Ocular prosthesis, interim	50%	
D5924	Cranial prosthesis	50%	
D5925	Facial augmentation implant prosthesis	50%	
D5926	Nasal prosthesis, replacement	50%	
D5927	Auricular prosthesis, replacement	50%	
D5928	Orbital prosthesis, replacement	50%	
D5929	Facial prosthesis, replacement	50%	
D5931	Obturator prosthesis, surgical	50%	
D5932	Obturator prosthesis, definitive	50%	
D5933	Obturator prosthesis, modification	50%	2 every 12 months
D5934	Mandibular resection prosthesis with guide flange	50%	
D5935	Mandibular resection prosthesis without guide flange	50%	
D5936	Obturator prosthesis, interim	50%	
D5937	Trismus appliance (not for TMD treatment)	50%	
D5951	Feeding aid	50%	under age 18
D5952	Speech aid prosthesis, pediatric	50%	under age 18
D5953	Speech aid prosthesis, adult	50%	age 18 and over
D5954	Palatal augmentation prosthesis	50%	
D5955	Palatal lift prosthesis, definitive	50%	
D5958	Palatal lift prosthesis, interim	50%	
D5959	Palatal lift prosthesis, modification	50%	2 every 12 months
D5960	Speech aid prosthesis, modification	50%	2 every 12 months
D5982	Surgical stent	50%	
D5983	Radiation carrier	50%	
D5984	Radiation shield	50%	
D5985	Radiation cone locator	50%	
D5986	Fluoride gel carrier	50%	
D5987	Commissure splint	50%	
D5988	Surgical splint	50%	
Maxillofacial Prosthetic Services (continued)			
D5991	Vesiculobullous disease medicament carrier	50%	
D5999	Unspecified maxillofacial prosthesis, by report	50%	
Implant Services			
D6010	Surgical placement of implant body, endosteal	50%	
D6011	Second stage implant surgery	50%	
D6013	Surgical placement of mini implant	50%	
D6040	Surgical placement: eposteal implant	50%	
D6050	Surgical placement: transosteal implant	50%	
D6052	Semi-precision attachment abutment	50%	
D6055	Connecting bar, implant supported or abutment supported	50%	
D6056	Prefabricated abutment, includes modification and placement	50%	

Oscar Silver 70 EPO

CDT Code	Description	Patient Responsibility	Limitation
D6057	Custom fabricated abutment, includes placement	50%	Only a Plan Benefit when exceptional medical conditions are met
D6058	Abutment supported porcelain/ceramic crown	50%	
D6059	Abutment supported porcelain fused to high noble crown	50%	
D6060	Abutment supported porcelain fused to base metal crown	50%	
D6061	Abutment supported porcelain fused to noble metal crown	50%	
D6062	Abutment supported cast metal crown, high noble	50%	
D6063	Abutment supported cast metal crown, base metal	50%	
D6064	Abutment supported cast metal crown, noble metal	50%	
D6065	Implant supported porcelain/ceramic crown	50%	
D6066	Implant supported porcelain fused to high noble crown	50%	
D6067	Implant supported metal crown	50%	
D6068	Abutment supported retainer, porcelain/ceramic FPD	50%	
D6069	Abutment supported retainer, metal FPD, high noble	50%	
D6070	Abutment supported retainer, porcelain fused to metal FPD, base metal	50%	
D6071	Abutment supported retainer, porcelain fused to metal FPD, noble	50%	
D6072	Abutment supported retainer, cast metal FPD, high noble	50%	
D6073	Abutment supported retainer, cast metal FPD, base metal	50%	
D6074	Abutment supported retainer, cast metal FPD, noble	50%	
D6075	Implant supported retainer for ceramic FPD	50%	
D6076	Implant supported retainer for porcelain fused metal FPD	50%	
D6077	Implant supported retainer for cast metal FPD	50%	
D6080	Implant maintenance procedures, prosthesis removed/reinserted, including cleansing	50%	
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant	50%	
D6085	Provisional implant crown	50%	
D6090	Repair implant supported prosthesis, by report	50%	
D6091	Replacement of semi-precision, precision attachment, implant/abutment supported prosthesis, per attachment	50%	
D6092	Re-cement or re-bond implant/abutment supported crown	50%	
D6093	Re-cement or re-bond implant/abutment supported FPD	50%	
D6094	Abutment supported crown, titanium	50%	
D6095	Repair implant abutment, by report	50%	
D6096	Remove broken implant retaining screw	50%	
D6100	Implant removal, by report	50%	
D6110	Implant/abutment supported removable denture, maxillary	50%	
D6111	Implant/abutment supported removable denture, mandibular	50%	
D6112	Implant/abutment supported removable denture, partial, maxillary	50%	
D6113	Implant/abutment supported removable denture, partial, mandibular	50%	
D6114	Implant/abutment supported fixed denture, maxillary	50%	
D6115	Implant/abutment supported fixed denture, mandibular	50%	
D6116	Implant/abutment supported fixed denture for partial, maxillary	50%	
D6117	Implant/abutment supported fixed denture for partial, mandibular	50%	
D6190	Radiographic/surgical implant index, by report	50%	
D6194	Abutment supported retainer crown, FPD, titanium	50%	
D6199	Unspecified implant procedure, by report	50%	
Fixed Prosthodontic Services			
D6211	Pontic, cast predominantly base metal	50%	1 of (D2710-D2791, D6211-D6791) per tooth per 5 year period age 13 and over
D6241	Pontic, porcelain fused to predominantly base metal	50%	
D6245	Pontic, porcelain/ceramic	50%	
D6251	Pontic, resin with predominantly base metal	50%	
D6721	Retainer crown, resin with predominantly base metal	50%	
D6740	Retainer crown, porcelain/ceramic	50%	
D6751	Retainer crown, porcelain fused to predominantly base metal	50%	
D6781	Retainer crown, ¾ cast predominantly base metal	50%	
D6783	Retainer crown, ¾ porcelain/ceramic	50%	
D6791	Retainer crown, full cast predominantly base metal	50%	
D6930	Re-cement or re-bond fixed partial denture	50%	
D6980	Fixed partial denture repair, restorative material failure	50%	
Fixed Prosthodontic Services (continued)			
D6999	Unspecified fixed prosthodontic procedure, by report	50%	
Oral & Maxillofacial Services			
GUIDELINE:			
The surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists			
D7111	Extraction, coronal remnants, primary tooth	50%	
D7140	Extraction, erupted tooth or exposed root	50%	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	50%	
D7220	Removal of impacted tooth, soft tissue	50%	
D7230	Removal of impacted tooth, partially bony	50%	
D7240	Removal of impacted tooth, completely bony	50%	
D7241	Removal impacted tooth, complete bony, complication	50%	
D7250	Removal of residual tooth roots (cutting procedure)	50%	
D7260	Oroantral fistula closure	50%	
D7261	Primary closure of a sinus perforation	50%	

Oscar Silver 70 EPO

CDT Code	Description	Patient Responsibility	Limitation
D7270	Tooth reimplantation and/or stabilization, accident	50%	1 per arch
D7280	Exposure of an unerupted tooth	50%	
D7283	Placement, device to facilitate eruption, impaction	50%	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	50%	1 per arch per date of service
D7286	Incisional biopsy of oral tissue, soft	50%	up to 3 per date of service
D7290	Surgical repositioning of teeth	50%	1 per arch, for active orthodontic treatment only
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	50%	1 per arch, for active orthodontic treatment only
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	50%	
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	50%	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	50%	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	50%	
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	50%	1 per arch per 5 year period
D7350	Vestibuloplasty, ridge extension	50%	1 per arch
D7410	Excision of benign lesion, up to 1.25 cm	50%	
D7411	Excision of benign lesion, greater than 1.25 cm	50%	
D7412	Excision of benign lesion, complicated	50%	
D7413	Excision of malignant lesion, up to 1.25 cm	50%	
D7414	Excision of malignant lesion, greater than 1.25 cm	50%	
D7415	Excision of malignant lesion, complicated	50%	
D7440	Excision of malignant tumor, up to 1.25 cm	50%	
D7441	Excision of malignant tumor, greater than 1.25 cm	50%	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	50%	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	50%	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	50%	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	50%	
D7465	Destruction of lesion(s) by physical or chemical method, by report	50%	
D7471	Removal of lateral exostosis, maxilla or mandible	50%	1 per quadrant
D7472	Removal of torus palatinus	50%	1 per lifetime
D7473	Removal of torus mandibularis	50%	1 per quadrant
D7485	Reduction of osseous tuberosity	50%	1 per quadrant
D7490	Radical resection of maxilla or mandible	50%	
D7510	Incision & drainage of abscess, intraoral soft tissue	50%	1 per quadrant, same date of service
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	50%	1 per quadrant, same date of service
D7520	Incision & drainage of abscess, extraoral soft tissue	50%	
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	50%	
D7530	Remove foreign body, mucosa, skin, tissue	50%	1 per date of service
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	50%	1 per date of service
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	50%	1 per quadrant per date of service
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	50%	
D7610	Maxilla, open reduction (teeth immobilized, if present)	50%	
D7620	Maxilla, closed reduction (teeth immobilized, if present)	50%	
D7630	Mandible, open reduction (teeth immobilized, if present)	50%	
D7640	Mandible, closed reduction (teeth immobilized, if present)	50%	
D7650	Malar and/or zygomatic arch, open reduction	50%	
D7660	Malar and/or zygomatic arch, closed reduction	50%	
D7670	Alveolus, closed reduction, may include stabilization of teeth	50%	
D7671	Alveolus, open reduction, may include stabilization of teeth	50%	
D7680	Facial bones, complicated reduction with fixation, multiple surgical approaches	50%	
D7710	Maxilla, open reduction	50%	
D7720	Maxilla, closed reduction	50%	
D7730	Mandible, open reduction	50%	
D7740	Mandible, closed reduction	50%	
Oral & Maxillofacial Services (continued)			
D7750	Malar and/or zygomatic arch, open reduction	50%	
D7760	Malar and/or zygomatic arch, closed reduction	50%	
D7770	Alveolus, open reduction stabilization of teeth	50%	
D7771	Alveolus, closed reduction stabilization of teeth	50%	
D7780	Facial bones, complicated reduction with fixation and multiple approaches	50%	
D7810	Open reduction of dislocation	50%	
D7820	Closed reduction of dislocation	50%	
D7830	Manipulation under anesthesia	50%	
D7840	Condylectomy	50%	
D7850	Surgical discectomy, with/without implant	50%	
D7852	Disc repair	50%	
D7854	Synovectomy	50%	
D7856	Myotomy	50%	
D7858	Joint reconstruction	50%	
D7860	Arthrotomy	50%	
D7865	Arthroplasty	50%	
D7870	Arthrocentesis	50%	
D7871	Non-arthroscopic lysis and lavage	50%	
D7872	Arthroscopy, diagnosis, with or without biopsy	50%	

Oscar Silver 70 EPO

CDT Code	Description	Patient Responsibility	Limitation
D7873	Arthroscopy: lavage and lysis of adhesions	50%	
D7874	Arthroscopy: disc repositioning and stabilization	50%	
D7875	Arthroscopy: synovectomy	50%	
D7876	Arthroscopy: discectomy	50%	
D7877	Arthroscopy: debridement	50%	
D7880	Occlusal orthotic device, by report	50%	
D7881	Occlusal orthotic device adjustment	50%	
D7899	Unspecified TMD therapy, by report	50%	
D7910	Suture of recent small wounds up to 5 cm	50%	
D7911	Complicated suture, up to 5 cm	50%	
D7912	Complicated suture, greater than 5 cm	50%	
D7920	Skin graft (identify defect covered, location and type of graft)	50%	
D7940	Osteoplasty, for orthognathic deformities	50%	
D7941	Osteotomy, mandibular rami	50%	
D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft	50%	
D7944	Osteotomy, segmented or subapical	50%	
D7945	Osteotomy, body of mandible	50%	
D7946	LeFort I (maxilla, total)	50%	
D7947	LeFort I (maxilla, segmented)	50%	
D7948	LeFort II or LeFort III, without bone graft	50%	
D7949	LeFort II or LeFort III, with bone graft	50%	
D7950	Osseous, osteoperiosteal, cartilage graft, mandible or maxilla, by report	50%	
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	50%	
D7952	Sinus augmentation via a vertical approach	50%	
D7955	Repair of maxillofacial soft and/or hard tissue defect	50%	
D7960	Frenulotomy (frenectomy or frenotomy), separate procedure	50%	1 per arch per date of service
D7963	Frenuloplasty	50%	1 per arch per date of service
D7970	Excision of hyperplastic tissue, per arch	50%	1 per arch per date of service
D7971	Excision of pericoronal gingiva	50%	
D7972	Surgical reduction of fibrous tuberosity	50%	1 per quadrant per date of service
D7980	Surgical sialolithotomy	50%	
D7981	Excision of salivary gland, by report	50%	
D7982	Sialodochoplasty	50%	
D7983	Closure of salivary fistula	50%	
D7990	Emergency tracheotomy	50%	
D7991	Coronoidectomy	50%	
D7995	Synthetic graft, mandible or facial bones, by report	50%	
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	50%	1 per arch per date of service
D7999	Unspecified oral surgery procedure, by report	50%	
Adjunctive General Services			
D9110	Palliative (emergency) treatment, minor procedure	50%	1 per date of service
D9120	Fixed partial denture sectioning	50%	
D9210	Local anesthesia not in conjunction, operative or surgical procedures	50%	1 per date of service
D9211	Regional block anesthesia	50%	
D9212	Trigeminal division block anesthesia	50%	
D9215	Local anesthesia in conjunction with operative or surgical procedures	50%	
GUIDELINE:			
Deep Sedation and IV Conscious Sedation are covered benefits only in conjunction with covered oral surgery procedures when dispensed in a dental office by a practitioner acting within the scope of his/her licensure. Patient apprehension and/or nervousness are not of themselves sufficient justification.			
D9222	Deep sedation/general anesthesia, first 15 minutes	50%	
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	50%	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	50%	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minutes	50%	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	50%	
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	50%	
D9310	Consultation, other than requesting dentist	50%	
D9311	Consultation with a medical health care professional	50%	
D9410	House/extended care facility call	50%	
D9420	Hospital or ambulatory surgical center call	50%	
D9430	Office visit, observation, regular hours, no other services	50%	1 per date of service per provider
D9440	Office visit, after regularly scheduled hours	50%	1 per date of service per provider
D9610	Therapeutic parenteral drug, single administration	50%	4 per date of service
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	50%	4 per date of service
D9910	Application of desensitizing medicament	50%	1 per tooth every 12 months, for permanent teeth only
D9930	Treatment of complications, post surgical, unusual, by report	50%	1 per date of service per provider
D9950	Occlusion analysis, mounted case	50%	1 per 12 months, age 13 and over
D9951	Occlusal adjustment, limited	50%	1 per quadrant every 12 months per provider, age 13 and over
D9952	Occlusal adjustment, complete	50%	1 per 12 months, age 13 and over
D9999	Unspecified adjunctive procedure, by report	no charge	

Oscar Silver 70 EPO

CDT Code	Description	Patient Responsibility	Limitation
ORTHODONTIA			
Orthodontic Services			
For Pediatric Dental, orthodontic treatment is a benefit of this Dental Plan ONLY when the patient's orthodontic needs meet medically necessary requirements as determined by a verified score of 26 or higher (or other qualify conditions) on Handicapping Labio-Lingual Deviation (HLD) Index analysis. All treatment must be prior authorized by the Plan prior to banding.			
D8080	Comprehensive orthodontic treatment of the adolescent dentition	50% per course of treatment, regardless of plan year, as long as member remains enrolled in the plan	age 13 and over
D8210	Removable appliance therapy		1 per patient, age 6 through 12
D8220	Fixed appliance therapy		1 per patient, age 6 through 12
D8660	Pre-orthodontic treatment examination to monitor growth and development		1 every 3 months for a maximum of 6
D8670	Periodic orthodontic treatment visit		1 per calendar quarter
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))		1 per arch for each authorized phase of orthodontic treatment
D8681	Removable orthodontic retainer adjustment		
D8691	Repair of orthodontic appliance		1 per appliance
D8692	Replacement of lost or broken retainer		1 per arch
D8693	Re-cement or re-bond fixed retainer		1 per provider
D8694	Repair of fixed retainers, includes reattachment		
D8999	Unspecified orthodontic procedure, by report		

Important:

If a Member decides to receive Dental Services that are not covered under this Agreement, the contracted dentist may charge the Member his or her usual and customary rate for those services. Prior to providing a Member with Dental Services that are not a Covered Service, the dentist should provide a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. For more information about the Dental Services that are covered under this Agreement, please call customer service at 1-888-902-0403.

The dental benefits described in this section only apply to Members under nineteen (19) years of age. This Agreement covers the dental services for Members under nineteen (19) years of age when they are performed by a licensed contracted dentist and when they are necessary and customary, as determined by the standards of generally accepted dental practice. If there is more than one professionally acceptable treatment for a Member's dental condition, the Plan will cover the least expensive treatment.

Pretreatment Estimate:

A pretreatment estimate is a valuable tool for You and Your Member. It gives You and the Member an idea of what the Member's Out-of-Pocket costs will be. This allows You and Your Member to make any necessary financial arrangements before treatment begins. It is a good idea to get a pretreatment estimate for dental care that involves major restorative, periodontic, prosthetic, or orthodontic care.

The pretreatment estimate is recommended, but not required for a Member to get benefits for Covered Services. A pretreatment estimate does not authorize treatment or determine its Medical Necessity (except for orthodontics), and does not guarantee benefits. The estimate will be based on a Member's current eligibility and the Agreement benefits in effect at the time the estimate is sent to us. This is an estimate only. Our final payment will be based on the claim that is sent to Us at the time of the completed dental care service(s). Sending in other claims or changes to a Member's eligibility or to the Agreement may affect our final payment.

Members can ask their dentist to send a pretreatment estimate on their behalf, or send it directly to Us. Please include the procedure codes for the services to be performed for a Member. Pretreatment estimate requests can be sent to Oscar. If a Member has questions on where to send the estimate, call Us at the number on the back of their ID card.

Optional Treatment:

Optional treatment means a service outside of what the plan covers. Unless specified, the Member will be responsible for the full payment for any "optional" treatment the Member chooses. Member payment for an "optional treatment" will not count towards the Member's Deductible or Out-of-Pocket Maximum.

General Exclusions:

1. Services which, in the opinion of the attending dentist, are not necessary to the member's dental health.
2. Procedures, appliances, or restoration to correct congenital or developmental malformations are not covered benefits unless specifically listed in the Benefits section above.
3. Cosmetic dental care.
4. Experimental procedures or investigational services, including any treatment, therapy, procedure or drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supply which is not recognized as being in accordance with generally accepted professional standards or for which the safety and efficiency have not been determined for use in the treatment for which the item in service in question is recommended or prescribed.
5. Services that were provided without cost to the Member by State government or an agency thereof, or any municipality, county or other subdivisions.
6. Hospital charges of any kind are not covered by the Dental Plan. Refer to your Health Plan's Evidence of Coverage for benefit information.
7. Major surgery for fractures and dislocations.
8. Loss or theft of dentures or bridgework.
9. Dental expenses incurred in connection with any dental procedures started after termination of coverage or prior to the date the Member became eligible for such services.
10. Any service that is not specifically listed as a covered benefit.
11. Malignancies.
12. Dispensing of drugs not normally supplied in a dental office.
13. Additional treatment costs incurred because a dental procedure is unable to be preformed in the dentists office due to the general health and physical limitations of the patient.
14. Services of a pedodontist/pediatric dentist, except when the Member is unable to be treated by his or her panel provider, or treatment by a pedodontist/pediatric dentist is Medically Necessary, or his or her plan provider is a pedodontist/pediatric dentist.
15. Dental Services that are received in an Emergency Care setting for conditions that are not emergencies if the subscriber reasonable should have known that an Emergency Care situation did not exist.

Notice of Non-Discrimination: Discrimination is Against the Law

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

Oscar:

- 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, at all points of contact, at all times, to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at 1-855-OSCAR-55 (TTY: 7-1-1).

If you believe that Oscar 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:

NY/NJ/TX/OH/TN Members: Oscar Insurance, Attention Grievances PO Box 52146, Phoenix AZ, 85072

CA Members: Oscar Health Plan of California, Attention Grievances 9942 Culver City Blvd., PO Box 1279, Culver City, CA 90232

1-855-OSCAR-55 (TTY: 7-1-1), Mon - Fri 8 am - 8 pm/ Sat - Sun 9 am - 5 pm (EST), Fax: 1-888-977-2062, Email: help@hioscar.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Oscar's Grievances Department 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>.

Language Assistance Services for the Deaf or Hard of Hearing

ATTENTION: If you are deaf or hard of hearing, talk to text services, free of charge, are available to you. Call 1-855-Oscar-55 and dial 711 to receive TTY/TDD services.

Multi-language interpreter services

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-OSCAR-55.

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 1-855-OSCAR-55。

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-OSCAR-55.

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-OSCAR-55.

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-OSCAR-55 번으로 전화해 주십시오.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-OSCAR-55.

אידיש (Yiddish): אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-855-OSCAR-55.

বাংলা (Bengali): লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৫৫-OSCAR-৫৫.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-OSCAR-55.

العربية (Arabic): ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-OSCAR-55.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-OSCAR-55.

اُردُو (Urdu): خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-855-OSCAR-55

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-OSCAR-55.

λληνικά (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-OSCAR-55.

Shqip (Albanian): KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-OSCAR-55.

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 1-855-OSCAR-55.

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-OSCAR-55 पर कॉल करें।

فارسی (Farsi): توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما. بکیرید ت 1-855-OSCAR-55.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-OSCAR-55.

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-OSCAR-55.

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。1-855-OSCAR-55 まで、お電話にてご連絡ください。

ພາສາລາວ (Lao): ໄປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-OSCAR-55.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-OSCAR-55.

አማርኛ (Amharic): ማስታወሻ: ማንኛውም ቋንቋ ለማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያገዝዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1-855-OSCAR-55.

Հայերեն (Armenian): Ուշադրություն: Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են արամատարվել լեզվակապակց աջակցություններ: Զանգահարեք 1-855-OSCAR-55.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-OSCAR-55 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Cambodian): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-OSCAR-55. ។

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-OSCAR-55.

ภาษาไทย (Thai): ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-OSCAR-55.

Deutsch (Pennsylvania Dutch): Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-OSCAR-55.

Oroomiffa (Oromo): XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-OSCAR-55.

Nederlands (Dutch): AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-OSCAR-55.

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-OSCAR-55.

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-OSCAR-55.