

CareFirst Dental Plans and Benefit Information

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and The Dental Network (CareFirst) offer a variety of dental plans with competitive rates to meet both your employees' needs and your budget.

Plan Comparison Chart

Plan Feature	BlueDental Plus ¹	BlueDental Basic ¹	BlueDHMO ² (effective 1/1/16)
Advantages	<ul style="list-style-type: none"> Access to over 96,000 dental providers nationally Coverage includes: <ul style="list-style-type: none"> Preventive and diagnostic services such as cleanings, X-rays Basic services such as fillings, simple extractions Major surgical services such as oral surgery and root canal therapy Major restorative services such as dentures, fixed bridges and crowns Option to offer orthodontia for children and adults Preventive and diagnostic services covered in full when seeing an in-network provider and not subject to the deductible Can purchase with medical coverage or freestanding Combined in- and out-of-network deductible No claim forms to file when visiting a participating dental provider Participating dental providers accept CareFirst's allowed benefit amounts as payment-in-full for covered services Annual maximum does not apply to preventive and diagnostic services or orthodontic services Out-of-network care: Members have the option to see any dentist and still receive coverage, but may have to file their own claim forms and pay higher out-of-pocket costs 	<ul style="list-style-type: none"> Access to over 96,000 dental providers nationally Low cost option for routine care Coverage includes: <ul style="list-style-type: none"> Preventive and diagnostic services such as cleanings, X-rays Basic services such as fillings, simple extractions Preventive and diagnostic services covered in full when seeing an in-network provider and not subject to the deductible Can purchase with medical coverage or freestanding dental provider No claim forms to file when visiting a participating dental provider Participating dental providers accept CareFirst's allowed benefit amounts as payment-in-full for covered services No need to select a primary care dentist Out-of-network care: Members have the option to see any dentist and still receive coverage, but may have to file their own claim forms and pay higher out-of-pocket costs 	<ul style="list-style-type: none"> Regional network of dentists throughout Maryland, Northern Virginia & the District of Columbia Coverage includes: <ul style="list-style-type: none"> Preventive and diagnostic services such as cleanings, X-rays Basic services such as fillings, simple extractions Major surgical services such as oral surgery and root canal therapy Major restorative services such as dentures, fixed bridges and crowns Orthodontia coverage for children and adults Copays cover all in-network dental services Some plan designs include one copay per office visit for routine dental services, such as exams, X-rays and simple extractions No claim forms to file when visiting a network dental provider
Deductible (Combined In-network/Out-of-network)	In-network: \$25/\$75 Out-of-network: \$50/\$150 <i>Applies to Basic and Major Services only</i>	In-network: \$25/\$75 Out-of-network: \$50/\$150 <i>Applies to Basic Services only</i>	None
Funding	Employer-sponsored or Voluntary	Employer-sponsored	Employer-sponsored or Voluntary
Annual maximum	\$1,500 (Employer-sponsored or Voluntary) or \$2,000 (Employer-sponsored) <i>Does not apply to Preventive & Diagnostic and Orthodontic Services</i>	\$1,000 <i>Does not apply to Preventive & Diagnostic Services</i>	No maximum
Orthodontia	None or Child/Adult	No benefit	Child/Adult
Orthodontic lifetime maximum	\$1,500	No benefit	No maximum
Out-of-network reimbursement	PPO fee schedule (Employer-sponsored and Voluntary) or 90 fee schedule (Employer-sponsored only)	PPO fee schedule	No benefit
In-network coinsurances	100/80/50/50	100/80/00/00	Copay schedule
Out-of-network coinsurances	100/80/50/50 or 80/60/35/35	80/60/00/00	No benefit

Employers with 200 employees or more can consult with our dental experts to customize a plan that fits their benefit needs.

¹ Underwritten by CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc.

² Underwritten by CareFirst BlueChoice, Inc. in the District of Columbia and Virginia and by The Dental Network in Maryland.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and The Dental Network are independent licensees of the Blue Cross and Blue Shield Association. [®] Registered trademark of the Blue Cross and Blue Shield Association.



Member Benefits Comparison Chart

Benefit	BlueDHMO	BlueDental Basic		BlueDental Plus							
				Plan 1 & Plan 5		Plan 2 & Plan 6		Plan 3 & Plan 7		Plan 4 & Plan 8	
				In-Network (Existing Products)	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Preventive & Diagnostic Services (exams, X-rays, cleanings, fluoride, sealants)	\$0 or \$10 copay per office visit	0%	20% ¹	0%	0% ¹	0%	20% ¹	0%	0% ¹	0%	20% ¹
Basic Services (fillings, non-surgical periodontics, simple extractions)	Copays per service	20% ^{1,2}	40% ^{1,2}	20% ^{1,2}	20% ^{1,2}	20% ^{1,2}	40% ^{1,2}	20% ^{1,2}	20% ^{1,2}	20% ^{1,2}	40% ^{1,2}
Endodontics (root canals)	Copays per service	No benefit		20% ^{1,2}	20% ^{1,2}	20% ^{1,2}	40% ^{1,2}	50% ^{1,2}	50% ^{1,2}	50% ^{1,2}	65% ^{1,2}
Surgical Periodontics (gum treatment)	Copays per service	No benefit		20% ^{1,2}	20% ^{1,2}	20% ^{1,2}	40% ^{1,2}	50% ^{1,2}	50% ^{1,2}	50% ^{1,2}	65% ^{1,2}
Oral Surgery	Copays per service	No benefit		20% ^{1,2}	20% ^{1,2}	20% ^{1,2}	40% ^{1,2}	50% ^{1,2}	50% ^{1,2}	50% ^{1,2}	65% ^{1,2}
Restorative (crowns, inlays, onlays)	Copays per service	No benefit		50% ^{1,2}	50% ^{1,2}	50% ^{1,2}	65% ^{1,2}	50% ^{1,2}	50% ^{1,2}	50% ^{1,2}	65% ^{1,2}
Prosthodontics (bridges, dentures, implants)	Copays per service	No benefit		50% ^{1,2}	50% ^{1,2}	50% ^{1,2}	65% ^{1,2}	50% ^{1,2}	50% ^{1,2}	50% ^{1,2}	65% ^{1,2}
Orthodontic Services (optional) no age limit	Copays per service	No benefit		50% ¹	50% ¹	50% ¹	65% ¹	50% ¹	50% ¹	50% ¹	65% ¹
Orthodontic Lifetime Maximum	No maximum	No benefit		Plan pays \$1,500 maximum		Plan pays \$1,500 maximum		Plan pays \$1,500 maximum		Plan pays \$1,500 maximum	
Annual Maximum	No maximum	\$1,000 <i>Does not apply to Preventive & Diagnostic Services</i>		Plan 1: \$1,500 Voluntary or Employer-sponsored plans Plan 5: \$2,000 Employer-sponsored plans only <i>Does not apply to Preventive & Diagnostic or Orthodontic Services</i>		Plan 2: \$1,500 Voluntary or Employer-sponsored plans Plan 6: \$2,000 Employer-sponsored plans only <i>Does not apply to Preventive & Diagnostic or Orthodontic Services</i>		Plan 3: \$1,500 Voluntary or Employer-sponsored plans Plan 7: \$2,000 Employer-sponsored plans only <i>Does not apply to Preventive & Diagnostic or Orthodontic Services</i>		Plan 4: \$1,500 Voluntary or Employer-sponsored plans Plan 8: \$2,000 Employer-sponsored plans only <i>Does not apply to Preventive & Diagnostic or Orthodontic Services</i>	
Deductible	None	\$25 Individual \$75 Family	\$50 Individual \$150 Family	\$25 Individual \$75 Family	\$50 Individual \$150 Family	\$25 Individual \$75 Family	\$50 Individual \$150 Family	\$25 Individual \$75 Family	\$50 Individual \$150 Family	\$25 Individual \$75 Family	\$50 Individual \$150 Family
Benefit Waiting Periods	None	None		Employer-sponsored: None Voluntary: Possible		Employer-sponsored: None Voluntary: Possible		Employer-sponsored: None Voluntary: Possible		Employer-sponsored: None Voluntary: Possible	
Claim Forms	None	Out-of-network only		Out-of-network only		Out-of-network only		Out-of-network only		Out-of-network only	
Select a Primary Care Dentist	Yes	No		No		No		No		No	
Referrals Required	Yes	No		No		No		No		No	

NOTE: Customized plans for groups 200+ are available upon request with required CareFirst approvals.

¹ CareFirst payments are based on the CareFirst allowed benefit. Participating and Preferred dentists accept 100% of the CareFirst allowed benefit as payment in full for covered services. Members are subject to the coinsurance requirements referenced in the chart above. Non-participating dentists may bill the member for the difference between the allowed benefit and their charges.

² Deductible applies.

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst 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 our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

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
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé ìgbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèé. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lèyìn kààdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ìjíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí așojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mò ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsòò-wùdù (Bassa) Tò Dùù Cáo! Bǎ nìà kè bá nyò bǎ kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bǎ bǎ m̄ kè dε wa m̄ kè nyuεε nyu hwè bǎ wé bǎa kè zi. ɔ m̄ nì kpé bǎ m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ m̄ dε dyé dε nì bídí-wùdù mú bǎ m̄ kè se wídí dò péè. Kpooò nyò bǎ m̄ dá fúùn-nòbà nìà dε waa I.D. káàò dεín nyε. Nyò tòò séín m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ fò tee bǎ wa kèε m̄ gbo cǎ bǎ m̄ kè nòbà m̄à 0 kèε dyi pàdàìn hwè. ɔ jǔ kè nyò dò dyi m̄ gǎ jǔǐn, po wuqu m̄ m̄ pòε dyie, kè nyò dò mu bó nììn bǎ ɔ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'ahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowoł t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánałta' éi kójjí' dahóoolnih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áa níléjį́ áádóo éi bikéé'dóo naasbaąs bił adidiilchil. Áká'ánidaalwó'ígíí neidiitáągo, saad bee yániłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowoł.