Coverage for: Individual + Family | Plan Type: POS



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.HealthReformPlanSBC.com or by calling 1-888-982-3862. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-888-982-3862 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	In- <u>Network</u> : Individual \$400 / Family \$800. Out- of-Network: Individual \$800 / Family \$1,600.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. Emergency care; plus in- <u>network</u> office visits & <u>preventive care</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <u>https://www.healthcare.gov/coverage/preventive-care-benefits/</u>
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet deductibles for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	In- <u>Network</u> : Individual \$3,000 / Family \$6,000. Out-of-Network: Individual \$6,000 / Family \$12,000.	The <u>out–of–pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out–of–pocket</u> <u>limits</u> until the overall family <u>out–of–pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billing charges & health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.aetna.com/docfind or call 1-866- 925-0476 for a list of in- <u>network providers</u> .	This <u>plan</u> does not use a <u>provider</u> <u>network</u> . You can receive covered services from any <u>provider</u> .
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **<u>copayment</u>** and **<u>coinsurance</u>** costs shown in this chart are after your **<u>deductible</u>** has been met, if a **<u>deductible</u>** applies.

Common Medical Event	Services You May Need	What You	ı Will Pay	Limitations, Exceptions, & Other Important Information
16	Primary care visit to treat an injury or illness	\$20 <u>copay</u> /visit, <u>deductible</u> doesn't apply	40% <u>coinsurance</u>	Virtual Visit - In <u>network</u> \$10 <u>copay</u> per visit by a Designated Virtual <u>Network Provider</u> . No virtual visit coverage for out-of-network. If you receive services in addition to office visit, additional <u>copay</u> s, <u>deductible</u> s, or <u>coinsurance</u> may apply.
If you visit a health care <u>provider</u> 's office or clinic	<u>Specialist</u> visit	\$35 <u>copay</u> /visit, <u>deductible</u> doesn't apply	40% <u>coinsurance</u>	None
	Preventive care /screening /immunization	No charge	40% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
	Diagnostic test (x-ray, blood work)	10% <u>coinsurance</u>	40% coinsurance	None
If you have a test	Imaging (CT/PET scans, MRIs)	10% <u>coinsurance</u>	40% <u>coinsurance</u>	Pre-authorization required for out-of-network care.
If you need drugs to treat your illness or	Generic Drugs (Tier 1)	Retail: \$10 <u>Copay</u> Mail Order: \$20 <u>Copay</u>	Not covered	Coverage provided via Express Scripts. Retail: Up to 30/60/90-day supply retail pharmacy. Mail order: Up to 90-day supply maintenance
condition More information	Preferred brand drugs (Tier 2)	Retail: \$30 <u>Copay</u> Mail Order: \$60 Copay	Not covered	prescriptions through mail order. Mandatory Generic: You are responsible for the payment differential when a brand name drug is
about <u>prescription</u> <u>drug coverage</u> is available at	Non-preferred brand drugs (Tier 3)	Retail: \$50 <u>Copay</u> Mail Order: \$100 <u>Copay</u>	Not covered	authorized by you or your <u>provider</u> and a generic drug is available. Your payment is the cost difference between the brand name drug and
www.express- scripts.com	Specialty drugs (Tier 4)	Same as other drugs	Not covered	generic drug plus the non- <u>formulary</u> applicable brand <u>copay</u> (if applicable) not to exceed the total cost of the brand name drug.
If you have	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u>	40% <u>coinsurance</u>	None
outpatient surgery	Physician/surgeon fees	10% <u>coinsurance</u>	40% coinsurance	None
If you need immediate medical attention	Emergency room care	\$150 <u>copay</u> /visit, <u>deductible</u> doesn't apply	\$150 <u>copay</u> /visit, <u>deductible</u> doesn't apply	No coverage for non-emergency use.

Common Medical Event	Services You May Need	What You	ı Will Pay	Limitations, Exceptions, & Other Important Information
	Emergency medical transportation	10% <u>coinsurance</u>	10% <u>coinsurance</u>	Non-emergency transport: not covered, except if pre-authorized.
	<u>Urgent care</u>	\$35 <u>copay</u> /visit, <u>deductible</u> doesn't apply	40% <u>coinsurance</u>	No coverage for non-urgent use.
If you have a	Facility fee (e.g., hospital room)	10% <u>coinsurance</u>	40% coinsurance	Pre-authorization required for out-of-network care.
hospital stay	Physician/surgeon fees	10% <u>coinsurance</u>	40% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office: \$20 <u>copay</u> /visit, <u>deductible</u> doesn't apply; other outpatient services: 10% <u>coinsurance</u>	Office & other outpatient services: 40% <u>coinsurance</u>	<u>Pre-authorization</u> required for out-of-network care.
361 11063	Inpatient services	10% <u>coinsurance</u>	40% <u>coinsurance</u>	Pre-authorization required for out-of-network care.
If you are pregnant	Office visits	No charge; except \$20 <u>copay</u> /visit for initial visit to confirm pregnancy, <u>deductible</u> doesn't apply	40% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive</u> <u>services</u> . Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.) <u>Pre-authorization</u> maybe required for
	Childbirth/delivery professional services Childbirth/delivery facility services	10% <u>coinsurance</u> 10% <u>coinsurance</u>	40% <u>coinsurance</u> 40% <u>coinsurance</u>	out-of-network care.
	Home health care	10% <u>coinsurance</u>	40% <u>coinsurance</u>	60 visits/calendar year. <u>Pre-authorization</u> required for out-of-network care.
If you need help recovering or have	Rehabilitation services	\$35 <u>copay</u> /visit, <u>deductible</u> doesn't apply	40% <u>coinsurance</u>	60 visits/calendar year for Physical, Occupational & Speech Therapy combined.
other special health needs	Habilitation services	\$35 <u>copay</u> /visit, <u>deductible</u> doesn't apply	40% <u>coinsurance</u>	None
	Skilled nursing care	10% coinsurance	40% coinsurance	100 days/calendar year. <u>Pre-authorization</u> required for out-of-network care.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information	
	Durable medical equipment	10% coinsurance	40% <u>coinsurance</u>	Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse.	
	Hospice services	10% <u>coinsurance</u>	40% <u>coinsurance</u>	Pre-authorization required for out-of-network care.	
If your shild needs	Children's eye exam	Not covered	Not covered	Not covered.	
If your child needs dental or eye care	Children's glasses	Not covered	Not covered	Not covered.	
dental of eye cale	Children's dental check-up	Not covered	Not covered	Not covered.	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.) Acupuncture Private-duty nursing •

- Cosmetic surgery .
- Dental care (Adult & Child) •

- Glasses (Child)
- Long-term care
 - Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult & Child)
 - Weight loss programs Except for required preventive services.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)

Bariatric surgery - Limited to in- <u>network</u>	٠	Hearing aids - 1 hearing aid per ear/36	٠	Routine foot care
<u>providers</u> .		months.		
Chiropractic care - 40 visits/calendar year.	•	Infertility treatment		

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- For more information on your rights to continue coverage, contact the plan at 1-888-982-3862.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or http://www.dol/gov/ebsa/healthreform
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should • contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the <u>Health Insurance</u> <u>Marketplace</u>. For more information about the <u>Marketplace</u>, visit <u>www.HealthCare.gov</u> or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information on how to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact:

- Aetna directly by calling the toll free number on your Medical ID Card, or by calling our general toll free number at 1-888-982-3862.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or http://www.dol/gov/ebsa/healthreform
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- Additionally, a consumer assistance program can help you file your <u>appeal</u>. Contact information is at: <u>http://www.aetna.com/individuals-families-health-insurance/rights-resources/complaints-grievances-appeals/index.html</u>.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this <u>plan</u> might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	\$400
Specialist copayment	\$35
Hospital (facility) <u>coinsurance</u>	10%
Other coinsurance	10%

This EXAMPLE event includes services like: Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)

Total Example Cost	\$12,700
In this example, Peg would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$400
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$1,100
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$1,570

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a wellcontrolled condition)

The plan's overall deductible	\$400
Specialist copayment	\$35
Hospital (facility) <u>coinsurance</u>	10%
Other <u>coinsurance</u>	10%

This EXAMPLE event includes services like: Primary care physician office visits (including disease education) Diagnostic tests (blood work) Prescription drugs Durable medical equipment (glucose meter)

Total Example Cost	\$5,600	
In this example, Joe would pay:		
<u>Cost Sharing</u>		
<u>Deductibles</u>	\$400	
<u>Copayments</u>	\$900	
<u>Coinsurance</u>	\$10	
What isn't covered		
Limits or exclusions	\$20	
The total Joe would pay is	\$1,330	

Mia's Simple Fracture (in-network emergency room visit and follow up care)

The <u>plan's</u> overall <u>deductible</u>	\$400
Specialist copayment	\$35
Hospital (facility) <u>coinsurance</u>	10%
Other coinsurance	10%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)

Total Example Cost	\$2,800	
In this example, Mia would pay:		
Cost Sharing		
<u>Deductibles</u>	\$400	
<u>Copayments</u>	\$300	
Coinsurance	\$50	
What isn't covered		
Limits or exclusions	\$0	
The total Mia would pay is	\$750	

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 866-393-0002.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting: Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: P.O. Box 24030, Fresno, CA 93779), 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates.

TTY: 711

Language Assistance:

For language assistance in your language call 1-888-982-3862 at no cost.

Albanian -	Për asistencë në gjuhën shqipe telefononi falas në 1-888-982-3862.
Amharic -	ለቋንቋ <i>እነ</i> ዛ በ አማርኛ በ 1-888-982-3862 በነጻ ይደውሉ
Arabic -	للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني 2362-3862
Armenian -	Լեզվի ցուցաբերած աջակցության (հայերեն) զանգի 1-888-982-3862 առանց գնով։
Bahasa Indonesia -	Untuk bantuan dalam bahasa Indonesia, silakan hubungi 1-888-982-3862 tanpa dikenakan biaya.
Bantu-Kirundi -	Niba urondera uwugufasha mu Kirundi, twakure kuri iyi nomero 1-888-982-3862 ku busa
Bengali-Bangala -	বাংলায় ভাষা সহায়তার জন্য বিনামুল্যে 1-888-982-3862-তে কল করুন।
Bisayan-Visayan -	Alang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawag sa 1-888-982-3862 nga walay bayad.
Burmese -	ငွေကုန်ကျခံစရာမလိုဘဲ (မြန်မာဘာသာစကား)ဖြင့် ဘာသာစကားအကူအညီရယူရန် 1-888-982-3862 ကို ခေါ် ဆိုပါ။
Catalan -	Per rebre assistència en (català), truqui al número gratuït 1-888-982-3862.
Chamorro -	Para ayuda gi fino' (Chamoru), ågang 1-888-982-3862 sin gåstu.
Cherokee -	Յ ℴЂ℣Ѳ ℁℗ℎ.℈ℴЂ <i>⅄</i> ⅄ℎℴЂႽℙℴЂ℣ ϴҍҬ (GWУ) ወ Ხ₩ℰ℩℁ 1-888-982-3862 ℺ѲҬ Ը АГℴЂ⅄ ЈЕĠℙ⅄ ℎℙℝѲ.
Chinese -	欲取得繁體中文語言協助,請撥打1-888-982-3862,無需付費。
Choctaw -	(Chahta) anumpa y <u>a</u> apela a chi I p <u>a</u> ya hinla 1-888-982-3862.
Cushite -	Gargaarsa afaan Oromiffa hiikuu argachuuf lakkokkofsa bilbilaa 1-888-982-3862 irratti bilisaan bilbilaa.
Dutch -	Bel voor tolk- en vertaaldiensten in het Nederlands gratis naar 1-888-982-3862.
French -	Pour une assistance linguistique en français appeler le 1-888-982-3862 sans frais.
French Creole -	Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 1-888-982-3862 gratis.
German -	Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-888-982-3862 an.
Greek -	Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-888-982-3862 χωρίς χρέωση.
Gujarati -	ગુજરાતીમાં ભાષામાં સહ્રાય માટે કોઈ પણ ખર્ચ વગર 1-888-982-3862 પર કૉલ કરો.
Hawaiian -	No ke kōkua ma ka 'ōlelo Hawai'i, e kahea aku i ka helu kelepona 1-888-982-3862. Kāki 'ole 'ia kēia kōkua nei.

Hmong - Yog xav tau kev pab txhais lus Hmoob hu dawb tau rau 1-888-982-3862.lbo -Maka enyemaka asuşu na Igbo kpoo 1-888-982-3862 na akwughi ugwo o bulallocano -Para iti tulong ti pagsasao iti pagsasao tawagan ti 1-888-982-3862 ng a awan ti bayadanyo.ltalian -Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 1-888-982-3862.Japanese -日本語で援助をご希望の方は、1-888-982-3862 まで無料でお電話ください。Karen -லாலிவைலிலிலிலிலிலிலிலிலிலில் வில் 600 பி 2000 பி	Hindi -	हनि्दी में भाषा सहायता के लएि, ₁₋₈₈₈₋₉₈₂₋₃₈₆₂ पर मुफ्त कॉल करें।
Ibo-Maka enyemaka asusu na Igbo kpoo 1-888-982-3862 na akwughi ugwo o bulaIlocano -Para iti tulong ti pagsasao iti pagsasao tawagan ti 1-888-982-3862 nga awan ti bayadanyo.Italian -Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 1-888-982-3862.Japanese -日本語で援助をご希望の方は、1-888-982-3862 まで無料でお電話ください。Karen -corofwanofondungoaft dgb de888-982-3862 こ corondogbiorofonofonofongoaftKorean -한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-888-982-3862 번으로 전화해 주십시오.Kru-Bassa -Bɛ´m`ké gbo-kpá-kpá dyé pidyi dé Baʿsoɔ̂'wuduŭn wɛ̃ɛ, dá 1-888-982-3862Kurdish,,,,,,,		
Italian - Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 1-888-982-3862. Japanese - 日本語で援助をご希望の方は、1-888-982-3862 まで無料でお電話ください。 Karen - வாலங்காலாலிலிலிலி வில் வில் 888-982-3862 வாலிலிலி வில் 92-5862 Karen - வாலங்காலாலிலிலிலி வில் 888-982-3862 வாலிலிலி வில் 92-5862 Karen - வாலங்காலாலிலிலிலி வில் 888-982-3862 வாலிலிலி வில் 92-5862 Karen - வாலங்காலாலிலிலிலி வில் 888-982-3862 வாலிலிலி வில் 92-5862 Karen - வாலங்காலாலிலி வில் 92-5862 வாலிலி 92-5862 Karen - வாலங்காலாலிலி வில் 92-5862 வாலிலி 92-5862 Karen - வாலங்காலாலிலி வில் 92-5862 வாலிலி 92-5862 Kurdish - வாலில் 92-5862 பி வில் 92-5862 வில் 1-888-982-3862 Kurdish - வாலில் 92-5862 பி வில் 92-5862 வில் 1-888-982-3862 வில் 1-888-982-3862 Kurdish - வாலில் 92-5862 Kurdish - வாலில் 92-5862 Marshallese - Nan bök ijpañ ilo Kajin Majol, kallok 1-888-982-3862 ilo eijelok wönän. Micronesian - Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl 1-888-982-3862 ni sohte isais. Mon-Khmer, வர்பி விலிலிலி விலிலி விலிலி விலிலிலி 1-888-982-3862 விலிலிலி விலிலி 1-888-982-3862 விலிலிரி Cambodian - வர்பி விலிலி 1-888-982-3862 விலிலிலி 1-88	lbo -	
Japanese - 日本語で援助をご希望の方は、1-888-982-3862 まで無料でお電話ください。 Karen - ගುರ್ಯಾಯಾಯ್ಯೆಯಿಗೆ ಯೈ फೆ888-982-3862 ගාರಾಜ್ಯೆಕೊಂಗಿಯನ್ನಿಯನ್ನೊಯ್ಯಿಯನ್ನಿ Korean - 한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-888-982-3862 번으로 전화해 주십시오. Kru-Bassa - Bɛ´m`ké gbo-kpá-kpá dyé pidyi dé Bašoó-wuduliň wɛ̃ɛ, dá 1-888-982-3862 Kurdish, , , , , , , , , , , , , , , , ,	llocano -	Para iti tulong ti pagsasao iti pagsasao tawagan ti 1-888-982-3862 nga awan ti bayadanyo.
Karen -හාත්ෂාභාත්තනීත්ථූකී තීරී කී888-982-3862හාතකිරී කෝහේතු කරී කී88-982-3862Karen -한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-888-982-3862 번으로 전화해 주십시오.Kru-Bassa -Bɛ´m`ké gbo-kpá-kpá dyé pidyi dé Băšɔɔ́-wuduùn wɛɛ, dá 1-888-982-3862Kurdish, ערום ערושיב, ערוש ערושיב, ערושיב, ערוש ערושיב, ערושיב, ערוש ערושיב, ערושי	Italian -	Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 1-888-982-3862.
Korean -한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-888-982-3862 번으로 전화해 주십시오.Kru-Bassa -Bɛ 'm `ké gbo-kpá-kpá dyé pidyi dé Bašɔɔ́-wuðuùň wɛɛ, dá 1-888-982-3862KurdishKurloshLaotian -ท้าท่ามกต้อาภามถวามร่วยเชื้อใม่ทามแปพาลาลาว, ทะลุมาโชเท๚-888-982-3862Marathi -ลोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-888-982-3862 वर फोन करा.Marshallese -Nan bōk jipañ ilo Kajin Majol, kallok 1-888-982-3862 ilo ejjelok wōnān.Micronesian-Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl 1-888-982-3862 ni sohte isais.Mon-Khmer, Cambodian -សម៉ាប់ជំនួយភាសាជា ភាសាខូមជំ សូមទូរស័ពុទទៅៅាន់លេខ 1-888-982-3862 ដោយជាពិតិតថ្លលាំ។Navajo -T'áá shi shizaad k'ehjí bee shíká a'doowol nínízingo Diné k'ehjí koji' t'áá jíík'e hólne' 1-888-982-3862Nepali -(नेपाली) मा नि:शुल्क भाषा सहायता पाउनका लागि 1-888-982-3862 kostnadsfritt.Nilotic-Dinka -Tën kuɔɔny ë thok ë Thuɔŋjäŋ cɔl 1-888-982-3862 kostnadsfritt.Panjabi -ਪੰনాਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-888-982-3862 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।	Japanese -	日本語で援助をご希望の方は、1-888-982-3862 まで無料でお電話ください。
Kru-Bassa -Bɛ´m`ké gbo-kpá-kpá dyé pidyi dé Bašɔɔ́-wuờuữn wɛ̃ɛ, dá 1-888-982-3862Kurdish, v(la) (lain) (Karen -	လ၊ တၢိမၢစၢၤတၢိကတိၢကိုဉ်အဂ်ီ၊ ကိုဉ် (19888-982-3862 လ၊ တအိဉ်ဒီးတၢဴလ၊ ၁်ဘူဉ်လ၊ ၁်စူးဘဉ်
Kurdish - Laotian - İnvinuñeoŋภามถอามีร่อยเชื่อใมภามแปฆาฆาลาอ, กะลุมาใชชทาเ-888-982-3862 โดยปีเลยถ่าใช. ลทับกะสาเสิ शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-888-982-3862 वर फोन करा.Marathi - Marshallese - Micronesian- Pohnpeyan -Nan bōk jipañ ilo Kajin Majol, kallok 1-888-982-3862 ilo ejjelok wōnān.Mon-Khmer, Cambodian - Navajo -Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl 1-888-982-3862 ni sohte isais.Mon-Khmer, Cambodian - 	Korean -	한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-888-982-3862 번으로 전화해 주십시오.
Laotian - ท้าท่ามต้องภามถวามร่วยเซือใมภามแปพาฆาลาอาว, ภะอุมาใชชาท-888-982-3862 โดยขี่เสยถ่าโช. Marathi - คोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-888-982-3862 वर फोन करा. Marshallese - Năn bōk jipañ ilo Kajin Majol, kallok 1-888-982-3862 ilo ejjelok wōnān. Micronesian- Pohnpeyan - Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl 1-888-982-3862 ni sohte isais. Mon-Khmer, อิมุทบ์นิฐิเมิภาณฑิ ภาณายุษนี้ อายางกับกับกับกับกับกับกับกับกับกับกับกับกับก	Kru-Bassa -	Ɓɛ´m`ké gbo-kpá-kpá dyé pidyi dé Ɓašɔɔ́-̀wùdุuù̀n wɛ̃ɛ, dá 1-888-982-3862
Marathi -कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-888-982-3862 वर फोन करा.Marshallese - Micronesian- Pohnpeyan -Nan bök jipañ ilo Kajin Majol, kallok 1-888-982-3862 ilo ejjelok wōnān.Mor-Khmer, Cambodian - Navajo -Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl 1-888-982-3862 ni sohte isais.Non-Khmer, Cambodian - Navajo -Nɨŋɨbɨk guð ŋɨbɨk ñɨbɨgɨñɨŋɨbɨt ñɨbɨgɨñɨŋɨbɨt ñɨbɨgɨñɨŋɨbɨt ñɨbɨ bee shíká a'doowol nínízingo Diné k'ehjí koji' t'áá jíík'e hólne' 1-888-982-3862Nepali - Nilotic-Dinka -(नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि 1-888-982-3862 मा फोन गर्नुहोस् ।Nilotic-Dinka - Panjabi -Tön kuɔɔny ö thok ö Thuɔŋjäŋ cɔl 1-888-982-3862 kecïn aɣöc.Panjabi -นํสาघी ਵिंच ਭग्नाਈ मराष्टिਤਾ ਲਈ, 1-888-982-3862 'З ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।	Kurdish -	بر ای ر اهنمایی به زبان فارسی با شمار ه 3862-982-1888 به خوّر ایی پهیومندی بکهن.
Marshallese - Micronesian- Pohnpeyan - Mon-Khmer, Cambodian - Navajo - Nepali - Niotic-Dinka - Norwegian - Pon språkassistanse på norsk, ring 1-888-982-3862 kostnadsfritt. Panjabi - Varial ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-888-982-3862 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।	Laotian -	
Micronesian- Pohnpeyan - Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl 1-888-982-3862 ni sohte isais. Mon-Khmer, Cambodian - Navajo - T'áá shi shizaad k'ehjí bee shíká a'doowol nínízingo Diné k'ehjí koji' t'áá jíík'e hólne' 1-888-982-3862 Nepali - (नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि 1-888-982-3862 मा फोन गर्नुहोस् । Nilotic-Dinka - Tën kuɔɔny ë thok ë Thuɔŋjäŋ cɔl 1-888-982-3862 kecïn aɣöc. Norwegian - For språkassistanse på norsk, ring 1-888-982-3862 kostnadsfritt. Panjabi - ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-888-982-3862 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।	Marathi -	कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-888-982-3862 वर फोन करा.
Pohnpeyan - Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl 1-888-982-3862 ni sohte isais. Mon-Khmer, ਨਾម្មਸਾប់ជំនួយភាសាជា ភាសាខ្ មធំ សូមទូរស័ព្ ទទ ៅកាន់លខេ 1-888-982-3862 ដំហេយឥតគិតថ្ ល ំ។ Cambodian - Navajo - T'áá shi shizaad k'ehjí bee shíká a'doowol nínízingo Diné k'ehjí koji' t'áá jíík'e hólne' 1-888-982-3862 Nepali - (नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि 1-888-982-3862 मा फोन गर्नुहोस् । Nilotic-Dinka - Tën kuɔɔny ë thok ë Thuɔŋjäŋ cɔl 1-888-982-3862 kecïn aɣöc. Norwegian - For språkassistanse på norsk, ring 1-888-982-3862 kostnadsfritt. Panjabi - ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-888-982-3862 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।	Marshallese -	Ñan bōk jipañ ilo Kajin Majol, kallok 1-888-982-3862 ilo ejjelok wōnān.
Cambodian - Navajo -T'áá shi shizaad k'ehjí bee shíká a'doowol nínízingo Diné k'ehjí koji' t'áá jíík'e hólne' 1-888-982-3862Nepali - Nilotic-Dinka -(नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि 1-888-982-3862 मा फोन गर्नुहोस् ।Nilotic-Dinka - Norwegian -Tën kuɔɔny ë thok ë Thuɔŋjäŋ cɔl 1-888-982-3862 kecïn aɣöc.For språkassistanse på norsk, ring 1-888-982-3862 kostnadsfritt.Panjabi -ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-888-982-3862 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।		Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl 1-888-982-3862 ni sohte isais.
Navajo - T'áá shi shizaad k'ehjí bee shíká a'doowol nínízingo Diné k'ehjí koji' t'áá jíík'e hólne' 1-888-982-3862 Nepali - (नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि 1-888-982-3862 मा फोन गर्नुहोस् । Nilotic-Dinka - Tën kuɔɔny ë thok ë Thuɔŋjäŋ cɔl 1-888-982-3862 kecïn aɣöc. Norwegian - For språkassistanse på norsk, ring 1-888-982-3862 kostnadsfritt. Panjabi - ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-888-982-3862 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।	Mon-Khmer, Cambodian -	សម្ភរាប់ជំនួយភាសាជា ភាសាខុមរែ សូមទូរស័ព្ ទទ ៅកាន់លខេ 1-888-982-3862 ដ ោយឥតគិតថ្ ល។ៃ
Nilotic-Dinka - Tën kuɔɔny ë thok ë Thuɔŋjäŋ cɔl 1-888-982-3862 kecïn aɣöc. Norwegian - For språkassistanse på norsk, ring 1-888-982-3862 kostnadsfritt. Panjabi - ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-888-982-3862 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।	Navajo -	T'áá shi shizaad k'ehjí bee shíká a'doowol nínízingo Diné k'ehjí koji' t'áá jíík'e hólne' 1-888-982-3862
Norwegian - For språkassistanse på norsk, ring 1-888-982-3862 kostnadsfritt. Panjabi - ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-888-982-3862 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।	Nepali -	(नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि 1-888-982-3862 मा फोन गर्नुहोस् ।
Panjabi - ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-888-982-3862 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।	Nilotic-Dinka -	Tën kuɔɔny ë thok ë Thuɔŋjäŋ cɔl 1-888-982-3862 kecïn aɣöc.
	Norwegian -	For språkassistanse på norsk, ring 1-888-982-3862 kostnadsfritt.
Pennsylvania Dutch - Fer Helfe in Deitsch, ruf: 1-888-982-3862 aa. Es Aaruf koschtet nix.	Panjabi -	ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-888-982-3862 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।
	Pennsylvania Dutch -	Fer Helfe in Deitsch, ruf: 1-888-982-3862 aa. Es Aaruf koschtet nix.
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T L - !	
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