Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-833-859-6031 (TTY: 711)**. From October 1 to March 31, we're here 8 a.m. to 8 p.m., 7 days a week. From April 1 to September 30, we're here 8 a.m. to 8 p.m., Monday through Friday.

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor for. Visit **www.aetnamedicare.com** or call **1-833-859-6031 (TTY: 711)** to view a copy of the EOC.
- **If you're enrolling in a plan with medical benefits:** Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- **If you're enrolling in a plan with prescription drug coverage:** Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

- **If you're enrolling in a plan with a monthly premium:** In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party). This premium is normally taken out of your Social Security check each month. The Part B premium is covered for full-dual members.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
- **If you're enrolling in an HMO plan:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- **If you're enrolling in a PPO plan or other plan that offers out-of-network coverage:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher out-of-pocket cost for services received by non-contracted providers.
- **If you're enrolling in a D-SNP plan:** This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

72.03.500.1

2020 Summary of Benefits

Aetna Medicare Choice Plan (PPO)
H5521, Plan 125

This is a summary of services covered by Aetna Medicare Choice Plan (PPO)
January 1, 2020 - December 31, 2020

Aetna Medicare Choice Plan (PPO) is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. The plan's "Evidence of Coverage" provides a complete list of services we cover. The "Evidence of Coverage" is available on our website or you may call us to request a copy.

Contact us

Current members call the number on your ID card.
For more information, please call us at the phone number below or visit us at https://www.aetnamedicare.com.

If you are not a member of this plan, call toll-free 1-833-859-6031 (TTY users should call 711). From October 1 to March 31, you can call us 7 days a week from 8:00 am to 8:00 pm local time. From April 1 to September 30, you can call us Monday through Friday from 8:00 am to 8:00 pm local time.

To join Aetna Medicare Choice Plan (PPO), you must be entitled to Medicare Part A, enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in **California:** Los Angeles.

Things to Know

This is a Medicare Advantage plan which **REPLACES** your Original Medicare coverage. This plan covers all services covered under Original Medicare's Part A and Part B and even provides additional coverage.

	Original Medicare	**This Plan**
Covers your Medicare Part A and Part B services	✓	✓
Offers coverage beyond Medicare Part A and Part B	X	✓
Prescription drug coverage	X	✓
Allows you to see a specialist without a referral from your PCP	✓	✓ (Generally you pay less if you use a network doctor)
Protects your out-of-pocket costs by limiting what you pay for medical care	X	✓
Fitness benefit through SilverSneakers	X	✓
Nurse Advice Hotline 24/7	X	✓

Monthly Plan Premium: $98

You must continue to pay your Medicare Part B premium.

Benefits	Aetna Medicare Choice Plan (PPO) In Network	Aetna Medicare Choice Plan (PPO) Out-of-Network	What You Should Know
Plan Deductible	$750 The plan deductible applies to out-of-network services only.		Deductible applies only to certain services as noted in the chart below.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$6,700 for in-network services annually	$9,500 for in and out-of-network services combined.	The most you pay for copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage	You pay $210 per day, days 1-4; $0 per day, days 5-90. You pay $0 for days 91 and beyond.	40% per stay after you pay your plan deductible.	Prior authorization may be required.
	Our plan covers an unlimited number of days for an inpatient hospital stay.		
Outpatient Hospital Coverage	Outpatient hospital observation services: You pay $225 Ambulatory Surgery Center: You pay $225. Outpatient hospital surgery: You pay $40 - $225	Outpatient hospital observation services: You pay 40% after you pay your plan deductible. Ambulatory Surgery Center: You pay 40% after you pay your plan deductible. Outpatient hospital surgery: You pay 40% after you pay your plan deductible.	Prior authorization may be required. Outpatient hospital surgery: Lower cost sharing for outpatient hospital services other than surgery Higher cost sharing for each outpatient hospital surgery

Benefits	Aetna Medicare Choice Plan (PPO) In Network	Aetna Medicare Choice Plan (PPO) Out-of-Network	What You Should Know
Doctor Visits			
• **Primary Care Physician (PCP)**	$5	40% after you pay your plan deductible.	
• **Specialists**	$40	40% after you pay your plan deductible.	
Preventive Care	$0	0% - 40%	Any additional preventive services approved by Medicare during the contract year will be covered. Lower cost sharing for Medicare- covered immunizations out-of-network. Higher cost sharing for all other preventive benefits out-of-network.
Emergency Care	$90 per visit Emergency care outside of the United States $90 per visit		If you are directly admitted to the hospital, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	$40 for each urgent care facility visit $90 for urgent care worldwide (i.e. outside of the United States)		Cost sharing for urgent care is <u>not</u> waived if you are admitted to the hospital.
Diagnostic Services/Labs/Imaging			Prior authorization or physician's order may be required.
• **Diagnostic radiology services (e.g., MRI)**	CT scans: 20% Other diagnostic radiology services: 20%	40% after you pay your plan deductible.	
• **Lab services**	$40	40% after you pay your plan deductible.	

Benefits	Aetna Medicare Choice Plan (PPO) In Network	Aetna Medicare Choice Plan (PPO) Out-of-Network	What You Should Know
• **Diagnostic tests and procedures**	$40	40% after you pay your plan deductible.	
• **Outpatient x-rays**	$40	40% after you pay your plan deductible.	
Hearing Services			
• **Medicare-covered hearing exam**	$40	40% after you pay your plan deductible.	
• **Routine hearing exam** (one exam every year)	$0	40% after you pay your plan deductible.	All appointments should be scheduled through Hearing Care Solutions (HCS).
• **Hearing aids**	Covered (See the *Evidence of Coverage* for details.)	Covered (See the *Evidence of Coverage* for details.)	You are responsible for any amount over the hearing aid coverage limit. All hearing aids must be purchased through Hearing Care Solutions (HCS).
	Our plan pays up to $1,250 (per ear) for hearing aids every year.		
Dental Services			
• **Oral exam & cleaning**	See Optional Supplemental Benefits below.		
• **Fillings**	See Optional Supplemental Benefits below.		

Benefits	Aetna Medicare Choice Plan (PPO) In Network	Aetna Medicare Choice Plan (PPO) Out-of-Network	What You Should Know
Vision Services			
• **Medicare-covered eye exams**	$0 for glaucoma screenings $0 for diabetic eye exams $40 for other exams to diagnose and treat diseases and conditions of the eye	40% for glaucoma screenings after you pay your plan deductible. 40% for all other Medicare-covered eye exams after you pay your plan deductible.	Glaucoma - one screening is covered per year. Diabetic eye exams - the first exam is covered at this rate, others are covered at the Specialist copay
• **Routine eye exam** (one exam every year)	$0	40% after you pay your plan deductible.	
• **Contacts and Eyeglasses** (frames and lenses)	Covered (See the *Evidence of Coverage* for details.)	Covered (See the *Evidence of Coverage* for details.)	
	Our plan offers an eyewear reimbursement of up to $125 for contacts and eyeglasses every year. (See the *Evidence of Coverage* for details.) You may see any licensed provider who accepts Medicare patients in the U.S. To request reimbursement you must submit an itemized receipt.		You are responsible for any amount over the eyewear coverage limit.
• **Eyeglasses or contact lenses after cataract surgery**	$0	40% after you pay your plan deductible.	
Mental Health Services			Prior authorization may be required.
• **Inpatient psychiatric hospital stay**	$1,763 per stay	40% per stay after you pay your plan deductible.	
• **Outpatient group therapy visit**	$40	40% after you pay your plan deductible.	

Benefits	Aetna Medicare Choice Plan (PPO) In Network	Aetna Medicare Choice Plan (PPO) Out-of-Network	What You Should Know
• **Outpatient individual therapy visit**	$40	40% after you pay your plan deductible.	
Skilled Nursing Facility (SNF)	$0 per day, days 1-20; $178 per day, days 21-100	40% per stay after you pay your plan deductible.	Our plan covers up to 100 days in a SNF. Prior authorization may be required.
Physical therapy	$40	40% after you pay your plan deductible.	Prior authorization may be required.
Ambulance (one-way trip)	Ground Ambulance: $300 Air Ambulance: $300	Ground Ambulance: $300 after you pay your plan deductible. Air Ambulance: $300 after you pay your plan deductible.	Prior authorization is required for non-emergency fixed wing aircraft transportation.
Transportation	Not Covered	Not Covered	
Medicare Part B Drugs	20% for chemotherapy drugs 20% for other Part B drugs	40% after you pay your plan deductible.	Prior authorization may be required.

Outpatient Prescription Drugs

Prescription Drug Coverage
If you qualify for the Low-Income Subsidy (also called "Extra Help"), you may not pay the amounts listed in the table below for your Part D prescription drugs. The exact amount you pay may vary depending on the amount of Extra Help you get and the pharmacy you choose.

If you do not qualify for the Low-Income Subsidy, you will pay the amounts in the table below.

Deductible This plan does not have a pharmacy deductible.

Initial Coverage Limit (ICL) - total amount you and the plan pay for prescription drugs before you enter the coverage gap: $4,020

True Out-of-Pocket Threshold Amount (TrOOP) – total amount you pay before reaching the catastrophic coverage level: $6,350

Formulary: B4	Preferred Retail Rx 30-day supply	Standard Retail Rx 30-day supply Or Long Term Care 31 day supply	Preferred Retail 90-day supply	Preferred Mail Order 90-day supply	Standard Retail/Mail Order 90-day supply
Tier 1: Preferred Generic	$0	$15	$0	$0	$45
Tier 2: Generic	$0	$20	$0	$0	$60
Tier 3: Preferred Brand	$47	$47	$141	$141	$141
Tier 4: Non-Preferred Drug	$100	$100	$300	$300	$300
Tier 5: Specialty	33%	33%	N/A	N/A	N/A

Home Infusion drugs are included in the cost shares above.

The lower costs advertised in our plan materials for preferred pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, members please call the number on your ID card, non-members please call 1-833-859-6031 (TTY: 711) or consult the online pharmacy directory at https://www.aetnamedicare.com/findpharmacy.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. You will pay the copay listed or the cost of the drug, whichever is lower. For more information on pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online. Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

Additional Gap Coverage

Our plan offers some drug coverage in the Coverage Gap Stage.

Cost sharing for a 30-day supply at a network retail pharmacy that offers preferred cost sharing:

- Tier 1: $0
- Tier 2: $0

Cost sharing for a 30-day supply at a network retail pharmacy that offers standard cost sharing:

- Tier 1: $15
- Tier 2: $20

For all other formulary drugs, after you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total $6,350, which is the end of the coverage gap.

Catastrophic Coverage
After your total out-of-pocket costs reach $6,350, you pay the greater of:

- 5% of the cost of the drug
- $3.60 for a generic drug or a drug that is treated like a generic and $8.95 for all other drugs

Benefits	Aetna Medicare Choice Plan (PPO) In Network	Aetna Medicare Choice Plan (PPO) Out-of-Network	What You Should Know
Other Information and Benefits			
Referrals	You don't need a referral from a PCP.		
Visitor/ Traveler Benefit	Allows you to remain in the plan for up to 12 months when out of the plan's service area. See an Aetna Medicare participating provider anywhere in the United States and pay in-network cost sharing Customer Service can assist with locating participating providers and provide additional information to help you with your medical and pharmacy needs while traveling.		
Additional Services and Support	Resources For Living℠ helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more.		
Chiropractic Care	Medicare covered services: $20	Medicare covered services: 40% after you pay your plan deductible.	Medicare coverage is limited to manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). Prior authorization may be required. Please see the *Evidence of Coverage* for more information.

Benefits	Aetna Medicare Choice Plan (PPO) In Network	Aetna Medicare Choice Plan (PPO) Out-of-Network	What You Should Know
Dialysis	0% - 20%	40% after you pay your plan deductible.	Prior authorization may be required. Lower cost sharing for self-dialysis training Higher cost sharing for all other Medicare-covered outpatient dialysis services
Foot Care (podiatry services)			
• **Medicare-covered foot exams and treatment**	$40	40% after you pay your plan deductible.	
Home Health Care	$0	40% after you pay your plan deductible.	Prior authorization may be required.
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.		Please see the *Evidence of Coverage* for more information about hospice care and coverage.
Medical Equipment/Supplies			Prior authorization may be required.
• **Durable medical equipment (DME) (wheelchair, oxygen, etc.)**	20%	40% after you pay your plan deductible.	
• **Prosthetics (e.g., braces, artificial limbs)**	20%	40% after you pay your plan deductible.	

Benefits	Aetna Medicare Choice Plan (PPO) In Network	Aetna Medicare Choice Plan (PPO) Out-of-Network	What You Should Know
• **Diabetic supplies**	We exclusively cover blood glucose monitors and diabetic test strips manufactured by OneTouch/ LifeScan, such as OneTouch Verio®, OneTouch Ultra®, OneTouch UltraMini® systems, test strips and supplies.		Prior authorization is required for blood glucose monitors in excess of one monitor per year and test strips in excess of 100 per 30 days. Test strips and monitors from a manufacturer other than OneTouch/Lifescan are not covered, except when medically necessary and with prior authorization.
	0% - 20%	0% - 20% after you pay your plan deductible.	
Outpatient Substance Abuse	Group therapy visit: $40 Individual therapy visit: $40	40% after you pay your plan deductible.	Prior authorization may be required.
Fitness	Free standard membership at participating SilverSneakers fitness facilities. Also access to online wellness related tools, planners, newsletters and classes. For more information about SilverSneakers® visit https:// www.silversneakers.com. At-home fitness kits are available if you do not reside near a participating club or prefer to exercise at home.		
Wellness Programs	The nursing hotline provides members with a toll-free telephone number to speak with a registered nurse at any time to discuss medical issues or health and wellness topics, 24 hours a day, 7 days a week.		

OPTIONAL SUPPLEMENTAL BENEFITS

Optional Supplemental Benefits - Package 1	
Basic Dental Package	
Monthly Premium	You pay an additional $16 per month**.**

Optional Supplemental Benefits - Package 1	
Dental Services	Our plan pays up to $1,000 for in-network and out-of-network preventive and comprehensive dental services combined every year. Network: Aetna Medicare PPO Dental (See the *Evidence of Coverage* for details.)

Compare our plan to Medicare
If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

Aetna Medicare es un plan HMO, PPO con un contrato de Medicare. Nuestros Planes de necesidades especiales (SNP, por sus siglas en inglés) también tienen contratos con los programas estatales de Medicaid. La inscripción en nuestros planes depende de la renovación del contrato.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

You can see our plan's provider directory at our website at https://www.aetnamedicare.com/findprovider.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10-14 days. You can call the number on your ID card if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.
The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Members in our HMO POS/PPO plans can go to doctors, specialists or hospitals in- or out-of-network. With the exception of emergency or urgent care, it may cost more to get care from out-of-network providers.

Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at https://www.aetnamedicare.com/formulary.

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

- 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 to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Aetna Medicare Customer Service Department at the phone number on your member identification card.

If you believe that Aetna 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: Aetna Medicare Grievance Department, P.O. Box 14067, Lexington, KY 40512. You can also file a grievance by phone by calling the phone number on your member identification card (TTY: 711). If you need help filing a grievance, the Aetna Medicare Customer Service 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, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also contact the Aetna Civil Rights Coordinator by phone at 1-855-348-1369, by email at MedicareCRCoordinator@aetna.com, or by writing to Aetna Medicare Grievance Department, ATTN: Civil Rights Coordinator, P.O. Box 14067, Lexington, KY 40512.

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 (Aetna).

TTY: 711

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number listed in this document. (English)

Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)

如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)

Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)

Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro indiqué dans ce document. (French)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)

Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer in diesem Dokument an. (German)

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)

Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)

إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند. (Arabic)

अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट परजाएं या इस दस्तावेज़ में दिए गए फोन नंबर पर कॉल करें। (Hindi)

Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono elencato in questo documento. (Italian)

Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente neste documento. (Portuguese)

Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki make nan dokiman sa a. (Haitian Creole)

Jeżeli nie posługują się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany w niniejszym dokumencie. (Polish)

英語をお話しにならない方は、無料の言語支援サービスを受けることができます。弊社のウェブサイトにアクセスするか、または本書に記載の電話番号にお問い合わせください。(Japanese)

Nëse nuk flisni gjuhën angleze, shërbime ndihmëse gjuhësore pa pagesë janë në dispozicionin tuaj. Vizitoni faqen tonë në internet ose merrni në telefon numrin e telefonit në këtë dokument. (Albanian)

ከእንግሊዝኛ ሌላ ቋንቋ የሚናገሩ ከሆነ ነጻ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይቻላል። የእኛን ድረ-ገጽ ይጎብኙ ወይም በዚህ ሰነድ ላይ የተዘረዘረውን ስልክ ቁጥር በመጠቀም ይደውሉ። (Amharic)

Եթե խոսում եք անգլերենից բացի մեկ այլ լեզվով, ապա Ձեզ համար հասանելի են լեզվական աջակցման անվճար ծառայություններ: Այցելեք մեր վեբ կայքը կամ զանգահարեք այս փաստաթղթում նշված հեռախոսահամարով: (Armenian)

যদি আপনি ইংরেজী ব্যতীত অন্য কোনো ভাষায় কথা বলেনতাহলে বিনামূল্যের দোভাষীর পরিষেবা উপলব্ধ আছে। আমাদের ওয়েবসাইট দেখুন এবং এই নথিতে তালিকাভুক্ত ফোন নম্বরে ফোন করুন। (Bengali)

បើលោកអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនដោយឥតគិតថ្លៃ។ សូមចូលមើលគេហទំព័ររបស់យើងខ្ញុំ

ឬហៅទៅកាន់លេខទូរស័ព្ទដែលមាននៅក្នុងឯកសារនេះ។ (Khmer)

Ako govorite neki jezik koji nije engleski, dostupne su besplatne jezičke usluge. Posetite našu internet stranicu ili nazovite broj telefona navedenog u ovom dokumentu. (Serbo-Croatian)

Na ye jam thuɔŋdët tënë thoŋ ë Dïŋlïth, ke kuɔɔny luilooi ë thok ë path aa tö thïn. Nem ɣöt tën internet tëdë ke yï cɔl akuën cötmec cï gat thin në athör du yic. (Dinka)

Als u een andere taal spreekt dan Engels, is er gratis taalondersteuning beschikbaar. Bezoek onze website of bel naar het telefoonnummer in dit document. (Dutch)

Εάν ομιλείτε άλλη γλώσσα εκτός της Αγγλικής, υπάρχουν δωρεάν υπηρεσίες στη γλώσσα σας. Επισκεφθείτε την ιστοσελίδα μας ή καλέστε τον αριθμό τηλεφώνου που αναγράφεται στο παρόν έγγραφο. (Greek)

જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ ઉપલબ્ધ છે. અમારી વેબસાઇટની મુલાકાત લો અથવા દસ્તાવેજમાં સૂચીબદ્ધ કરવામાં આવેલ ફોન નંબર પર કૉલ કરો. (Gujarati)

Yog hais tias koj hais ib hom lus uas tsis yog lus Askiv, muaj cov kev pab cuam txhais lus dawb pub rau koj. Mus saib peb lub website los yog hu rau tus xov tooj sau teev tseg nyob rau hauv daim ntawv no. (Hmong)

ຖ້າທ່ານເວົ້າພາສານອກເໜືອຈາກອັງກິດ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັງຄ່າແມ່ນມີໃຫ້ທ່ານ. ໄປທີ່ເວັບໄຊທ໌ຂອງພວກເຮົາ ຫຼື ໂທຕາມເບີໂທລະສັບທີ່ລະບຸໃນເອກະສານນີ້. (Lao)

Bilagáana bizaad doo bee yáníłti'da dóó saad náánáł a' bee yáníłti'go, ata' hane' t'áá jíík'e bee áká i'doolwołígíí hóló. Béésh nitsékeesí bee na'ídíkid bá haz'ánígi ąą'ádíílíił éí doodago béésh bee hane'í bee nihich'į' hodíílnih díí naaltsoos bikáá'íjį'. (Navajo)

Wann du en Schprooch anners as Englisch schwetzscht, Schprooch Helfe mitaus Koscht iss meeglich. Bsuch unsere Website odder ruf die Nummer uff des Document uff. (Pennsylvania Dutch)

اگر به زبان دیگری بجز انگلیسی گفتگو می کنید، کمک زبانی رایگان فراهم می باشد. به وبسایت ما مراجعه نمایید و یا به شماره تلفن که در سند ذیل لست شده، تماس بگیرید. (Farsi)

ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਤੋਂ ਇਲਾਵਾ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਬੰਧੀ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸਾਡੀ ਵੈੱਬਸਾਈਟ 'ਤੇਜਾ ਓ ਜਾਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

Dacă vorbiți o altă limbă decât engleza, aveți la dispoziție servicii gratuite de asistență lingvistică. Vizitați site-ul nostru sau sunați la numărul de telefon specificat în acest document. (Romanian)

ܟܬܒ ܠܐܬܪ ܐܢܬܪܢܛ ܕܝܠܢ ܐܘ ܩܪܝ ܠܡܣܦܪ ܕܛܠܦܘܢ ܕܡܦܪܛ ܒܗܕ ܡܣܡܟ. ܐܝܬ ܠܢ ܫܘܬܦܘܬ ܒܫܦܬ ܐܚܪܢܝܬ ܐܦ ܠܐ ܐܢܓܠܝܬ ، ܐܝܬ ܠܢ ܫܘܬܦܘܬ ܒܫܦܬ ܐܚܪܢܝܬ ܐܦ ܠܐ ܐܢܓܠܝܬ ، ܒܝ ܟܠ ܕܒܥܝ ܠܟ ܥܕܪܐ ܒܫܦܬ ܐܚܪܢܝܬ ، ܐܬܪ ܠܟ ܫܘܬܦܘܬ ܒܫܦܬ ܐܚܪܢܝܬ ، ܐܦ ܠܐ ܐܢܓܠܝܬ (Syriac)

หากคุณพูดภาษาอื่นนอกเหนือจากภาษาอังกฤษ สามารถขอรับบริการช่วยเหลือด้านภาษาได้ฟรี เข้าไปที่เว็บไซต์ของเรา

หรือ โทรติดต่อหมายเลขโทรศัพท์ที่แสดงไว้ในเอกสารนี้ (Thai)

Якщо ви не говорите англійською, до ваших послуг безкоштовна служба мовної підтримки. Відвідайте наш веб-сайт або зателефонуйте за номером телефону, що зазначений у цьому документі. (Ukrainian)

اگر آپ انگریزی کے علاوہ دوسری زبان بولتے ہیں تو، زبان سے متعلق مدد کی مفت خدمات دستیاب ہیں. ہماری ویب سائٹ ملاحظہ کریں یا اس دستاویز میں درج فون نمبر پر کال کریں. (Urdu)

אויב איר רעדט א שפראך אויסער ענגליש, זענען שפראך הילף סערוויסעס אוועילעבל. באזוכט אונזער וועבזייטל אדער רופט דעם טעלעפאן נומער וואס שטייט אויף דעם דאקומענט. (Yiddish)