Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

◆aetna[®]

THE UNIVERSITY OF VIRGINIA HEALTH PLAN : Open Choice® - Health Savings

Coverage for: EE Only; EE+ Family | Plan Type: PPO



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, <u>www.HealthReformPlanSBC.com</u> or by calling 1-888-982-3862. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms, see the Glossary. You can view the Glossary at <u>https://www.healthcare.gov/sbc-glossary/</u> 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> : EE Only \$2,000; EE+ Family \$4,000. Out-of-Network: EE Only \$6,000; EE+ Family \$12,000.	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 policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your <u>deductible</u> ?	Yes. In- <u>network preventive care</u> is 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>deductible</u> s 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> : EE Only \$5,500; EE+ Family: Individual \$5,500/ Family \$11,000. Out-of- Network: EE Only \$11,000; EE+ Family: Individual \$11,000/ Family \$22,000.	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 <u>www.aetna.com/docfind</u> or call 1-888- 982-3862 for a list of in- <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's</u> <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
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.

	What You Will Pay				
Common Medical Event	Services You May Need	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information	
	Primary care visit to treat an injury or illness	20% coinsurance	40% <u>coinsurance</u>	None	
If you visit a health care <u>provider</u> 's office or clinic	Specialist visit <u>Preventive care</u> /screening /immunization	20% <u>coinsurance</u> No charge	40% <u>coinsurance</u> Not covered	None 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.	
If you have a fast	Diagnostic test (x-ray, blood work)	20% <u>coinsurance</u>	40% coinsurance	None	
If you have a test	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% coinsurance	None	
If you need drugs to treat your illness or condition	Tier 1 drugs (generic drugs)	20% <u>coinsurance</u>	After <u>deductible</u> , 20% <u>coinsurance</u> plus billed amount minus contracted rate/30 days	Covers 30 day supply (retail), 90 day supply (mail order, UVA pharmacies, CVS pharmacies). Includes contraceptive drugs & devices obtainable from a pharmacy, oral & injectable fertility drugs. No charge for preferred generic	
More information about <u>prescription</u> <u>drug coverage</u> is available at <u>www.aetnapharmac</u>	Tier 2 drugs (<u>formulary</u> brand-name drugs)	20% <u>coinsurance</u>	After <u>deductible</u> , 20% <u>coinsurance</u> plus billed amount minus contracted rate/30 days	FDA-approved women's contraceptives in- <u>network</u> . Review your <u>formulary</u> for prescriptions requiring precertification or step therapy for coverage. Your cost will be higher for choosing Brand over Generics; cost difference penalty	

Common Medical Event	Services You May Need	What You In-Network Provider (You will pay the least)	u Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
<u>y.com/standard</u>	Tier 3 drugs (non- <u>formulary</u> brand-name drugs)	20% <u>coinsurance</u>	After <u>deductible</u> , 20% <u>coinsurance</u> plus billed amount minus contracted rate/30 days	doesn't apply to <u>deductible</u> or <u>out-of-pocket limit</u> . Maintenance drugs- after two retail fills, members are required to fill a 90-day supply at CVS Caremark® Mail Service Pharmacy or CVS Pharmacy. <u>Deductible</u> doesn't apply to certain preventive medications. Mandatory generic substitution. The <u>plan</u> will factor the Average Wholesale Price (AWP) for the drug into the reimbursement equation when reimbursing members for Out of <u>Network claim</u> s. The calculation will be AWP + 10%. The difference between the full cost of what the member paid at the pharmacy and the AWP + 10% calculated amount would be the member's responsibility. Example 1: Pharmacy charges member \$100 for a prescription medication. AWP is \$75 plus 10% (\$7.50) = \$82.50 Member has 20% <u>coinsurance</u> . The <u>plan</u> reimburses member \$72.50 (\$75 + \$7.50 (10% of AWP)) = \$82.50 minus 20% (\$16.50).
	<u>Specialty drugs</u>	20% <u>coinsurance</u>	Not covered	Covers up to 30-day supply. <u>Specialty drugs</u> must be filled through UVA Specialty Pharmacy. Limited distribution <u>specialty drugs</u> may be filled through CVS Specialty Pharmacy. Mandatory generics required.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	20% <u>coinsurance</u> 20% coinsurance	40% <u>coinsurance</u> 40% <u>coinsurance</u>	None None
If you need	Emergency room care	25% <u>coinsurance</u>	25% <u>coinsurance</u>	Out-of- <u>network</u> emergency use paid the same as in- <u>network</u> . No coverage for non-emergency use.
immediate medical attention	Emergency medical transportation	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Out-of- <u>network</u> emergency use paid the same as in- <u>network</u> . Non-emergency transport: not covered, except if pre-authorized.

Common Medical Event	Services You May Need	What You In-Network Provider (You will pay the least)	u Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Urgent care	20% <u>coinsurance</u>	40% <u>coinsurance</u>	No coverage for non-urgent use.
lf you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Pre-authorization required for out-of-network care.
nospital stay	Physician/surgeon fees	20% <u>coinsurance</u>	40% coinsurance	None
If you need mental health, behavioral health, or	Outpatient services	Office & other outpatient services: 20% <u>coinsurance</u>	Office & other outpatient services: 40% <u>coinsurance</u>	None
substance abuse services	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Pre-authorization required for out-of-network care.
	Office visits	No charge	40% coinsurance	Cost sharing does not apply for preventive
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	services. Maternity care may include tests and
If you are pregnant	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	services described elsewhere in the SBC (i.e., ultrasound). <u>Pre-authorization</u> required for out-of-network care may apply.
	Home health care	20% <u>coinsurance</u>	40% <u>coinsurance</u>	90 visits/calendar year. <u>Pre-authorization</u> required for out-of-network care.
	Rehabilitation services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	40 visits/calendar year for Physical & Occupational Therapy combined, 40 visits/calendar year for Speech Therapy, including outpatient hospital services.
If you need help recovering or have other special	Habilitation services	20% <u>coinsurance</u> , except Habilitative Physical Therapy not covered	40% <u>coinsurance,</u> except Habilitative Physical Therapy not covered	None
health needs	Skilled nursing care	20% <u>coinsurance</u>	40% <u>coinsurance</u>	180 days/calendar year. <u>Pre-authorization</u> required for out-of-network care.
	Durable medical equipment	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse.
	Hospice services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Pre-authorization required for out-of-network care.
If your child needs	Children's eye exam	Not covered	Not covered	Not covered.

Common Medical Event	Services You May Need	What You In-Network Provider (You will pay the Ieast)	u Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
dental or eye care	Children's glasses	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered.

Excluded Services & Other Covered Services:

Quality contracted facility only.

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.) Routine eye care (Adult & Child) Cosmetic surgery Long-term care • Non-emergency care when traveling outside Dental care (Adult & Child) Routine foot care the U.S. Glasses (Child) Weight loss programs Private-duty nursing Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.) Acupuncture - 20 visits/calendar year for Chiropractic care - 26 visits/calendar year. Infertility treatment - For more information & exceptions. see policy document provided by your employer or call the disease, injury & chronic pain. • Hearing aids - \$1,200 maximum/48 months. Bariatric surgery - Limited to Institutes of number on your ID card. •

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 <u>plans</u>, 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 <u>www.cciio.cms.gov</u>.
- If your coverage is a church <u>plan</u>, church <u>plans</u> 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 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 plan 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:

- If your group health coverage is subject to ERISA, you may contact Aetna directly by calling the toll-free number on your Medical ID Card, or by calling our general number at 1-888-982-3862. 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 <u>plans</u>, 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 <u>www.cciio.cms.gov</u>.
- 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.

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

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 <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost-sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. 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	\$2,000
Specialist coinsurance	20%
Hospital (facility) <u>coinsurance</u>	20%
Other <u>coinsurance</u>	20%

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

Total Example Cost	\$12,700
In this example, Peg would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,900
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,960

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

The <u>plan's</u> overall <u>deductible</u>	\$2,000
Specialist coinsurance	20%
Hospital (facility) <u>coinsurance</u>	20%
Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like: <u>Primary care physician</u> office visits (including disease education) <u>Diagnostic tests</u> (blood work) <u>Prescription drugs</u> <u>Diabetic supplies</u> (glucose meter)

Total Example Cost	\$5,600	
In this example, Joe would pay:		
<u>Cost Sharing</u>		
<u>Deductibles</u>	\$2,000	
<u>Copayments</u>	\$0	
Coinsurance	\$700	
What isn't covered		
Limits or exclusions	\$20	
The total Joe would pay is	\$2,720	

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

The <u>plan's</u> overall <u>deductible</u>	\$2,000
Specialist coinsurance	20%
Hospital (facility) <u>coinsurance</u>	20%
Other coinsurance	20%

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		
Deductibles	\$2,000	
<u>Copayments</u>	\$0	
<u>Coinsurance</u>	\$200	
What isn't covered		
Limits or exclusions	\$0	
The total Mia would pay is	\$2,200	

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-982-3862.

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, disability, gender identity or sexual orientation.

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), <u>CRCoordinator@aetna.com</u>.

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).

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TTY: 711

Language Assistance:

To access language services at no cost to you, call 1-888-982-3862.

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Armenian -Utių duup įtequlujuub dumujunįpintluktipijo qunųlitini huutuin quubquuhuipitip 1-888-982-3862 himuljunuuhuuduipinųl:Bahasa Indonesia -Untuk bantuan dalam bahasa Indonesia, silakan hubungi 1-888-982-3862 tanpa dikenakan biaya.Bantu-Kirundi -Kugira uronke serivisi z'indimi atakiguzi, hamagara 1-888-982-3862.Bengali-Bangala -আপনাকে বিনাহুকথে ভাষা পৰিকৰ্মি পপকে হকৰ এই নগকি পেৰমক ান come: 1-888-982-3862 []Bisayan-Visayan -Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa 1-888-982-3862.Burmese -మర్: యార్:	Amharic -	የቋንቋ አንልግሎቶችን ያለክፍያ ለማግኘት፣ በ ነ-888-982-3862 ይደውሉ።
Bahasa Indonesia -Untuk bantuan dalam bahasa Indonesia, silakan hubungi 1-888-982-3862 tanpa dikenakan biaya.Bahasa Indonesia -Kugira uronke serivisi z'indimi atakiguzi, hamagara 1-888-982-3862.Bengal-Bangala -यात्रतारक वितापृष्टाय छात्रा श्रविश्वी १९९८ कृत्य वरे तत्रवि ८९वगर ठात्र (०७वन: 1-888-982-3862]Bisayan-Visayan -Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa 1-888-982-3862.Burmese -သင့္တေဆျဖင့္ အခေၾကးေငြ မေပးရပဲ ဘာသာemmoş ေဆာင္အျမိဳး ရရွိႏုိင္ရန္ 1-888-982-3862 သိုင္ကို ဖုန္းေခၚဆုိပါ။Catalan -Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1-888-982-3862.Chamoro -Para un hago' i setbision lengguàhi ni dibåtde para hågu, ågang 1-888-982-3862.Cherokee -Gy တ J. SQ D. Ø o J. J. C A Γ o D. J. JGEG W. J. J. J. J. J. J. SW OF D 1-888-982-3862.Chinese -Jutk/te用免費請言服務, 講致電 1-888-982-3862.Chotaw -Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1-888-982-3862.Dutch -Voor gratis toegang tot taaldiensten, bell 1-888-982-3862.Dutch -Voor gratis toegang tot taaldiensten, bell 1-888-982-3862.French -Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862.French Creole -Pou jwenn sèvis lang gratis, rele 1-888-982-3862.German -Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an.Greek -Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-982-3862.	Arabic -	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء االتصال على الرقم 3862-982-1888-1
Bantu-Kirundi -Kugira uronke serivisi z'indimi atakiguzi, hamagara 1-888-982-3862.Bengali-Bangala -আপনকে বিনামূৰ্বযে ভাষা পৰিক্ষিণ পপকে হক্ষ এই নথকি পেৰমক ান cosলi: 1-888-982-3862 Bisayan-Visayan -Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa 1-888-982-3862.Burnese -ឯពុទ្ធនេះសូម្ភនេះ ចុទ្ធនេះមូលាទេ ច្រុំ ទេយទោស បាយបានតែនេះបានច្រើន។ ឥត្រឹម្ម ⁰ ន្តន 1-888-982-3862 ជាក់ (អ្នកទទុស្តទី) ហើCatalan -Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1-888-982-3862.Chamorro -Para un hago' i setbision lengguàhi ni dibàtde para hâgu, âgang 1-888-982-3862.Cherokee -GJ/សJ SOCh.JobJ OGO 60°.1.1 f C AFobJ JGEGW.1.1 JSV, ØP.JbWO°b 1-888-982-3862.Chinese -Juớt (PR免費語言服務), 請致電 1-888-982-3862.Chotaw -Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1-888-982-3862.Cushite -Tajaajiiloota afaanii garuu bilisaa ati argaachuuf, bilbili 1-888-982-3862.Dutch -Voor gratis toegang tot taaldiensten, bell 1-888-982-3862.French -Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862.French Creole -Pou jwenn sèvis lang gratis, rele 1-888-982-3862.German -Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an.Greek -Γιά να επικοινωνήσετε χωρές χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-982-3862.	Armenian -	ԱնվՃար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-888-982-3862 հեռախոսահամարով։
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Bisayan-Visayan - Burmese -Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa 1-888-982-3862.Burmese - ωç:@aaiy@ç: @aeix@nie:G @euixi\di mumormio.şi@mi.giffi qiğiri"Gişi 1-888-982-3862 di di şi:@eix@di di serbision lengguåhi ni dibåtde para hågu, ågang 1-888-982-3862.Catalan - Chamorro - Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang 1-888-982-3862.Cherokee - GJ/ØAJ SQDh.ØAD OGO&G/AJ C AT@D.J JGEGW/AJ J&Y, @bADWG*D 1-888-982-3862.Chinese - Choctaw - Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1-888-982-3862.Cushite - Dutch - Voor gratis toegang tot taaldiensten, bell 1-888-982-3862.Dutch - French - Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862.French Creole - Pou jwenn sèvis lang gratis, rele 1-888-982-3862.German - Greek - Lum auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an.Greek - Fia Va ærtikoiv@vijotte txwijcx.pt/won µɛ to kévtpo unootripiing πɛλατών στη γλώσσα σας, τηλεφωνήστε στον αριθµó 1-888-982-3862.	Bantu-Kirundi -	Kugira uronke serivisi z'indimi atakiguzi, hamagara 1-888-982-3862.
Burmese - シェー、こので、ので、ので、ので、ので、ので、ので、ので、ので、ので、ので、ので、ので、の	Bengali-Bangala -	আপনাকে বিনামূকযে ভাষা পবিকষিা পপকে হকয এই নম্বকি পেবযক ান েরুন: 1-888-982-3862
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Chamorro -Para un hago' i setbision lengguânie cene cer par par par par par par par par par pa	Burmese -	သင့္အေနျဖင့္ အခေၾကးေငြ မေပးရပဲ ဘာသာစကားဝန္ေဆာင္မႈမ်ား ရရွိႏုိင္ရန္ 1-888-982-3862 သိုင္ ဖုန္းေခၚဆုိပါ။
Cherokee -GV & OL SODL Ø OL Ø	Catalan -	Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1-888-982-3862.
Chinese -如欲使用免費語言服務,請致電 1-888-982-3862.Choctaw -Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1-888-982-3862.Cushite -Tajaajiiloota afaanii garuu bilisaa ati argaachuuf,bilbili 1-888-982-3862.Dutch -Voor gratis toegang tot taaldiensten, bell 1-888-982-3862.French -Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862.French Creole -Pou jwenn sèvis lang gratis, rele 1-888-982-3862.German -Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an.Greek -Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-982-3862.	Chamorro -	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang 1-888-982-3862.
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Cushite -Tajaajiiloota afaanii garuu bilisaa ati argaachuuf,bilbili 1-888-982-3862.Dutch -Voor gratis toegang tot taaldiensten, bell 1-888-982-3862.French -Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862.French Creole -Pou jwenn sèvis lang gratis, rele 1-888-982-3862.German -Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an.Greek -Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-982-3862.	Chinese -	如欲使用免費語言服務,請致電 1-888-982-3862.
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French -Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862.French Creole -Pou jwenn sèvis lang gratis, rele 1-888-982-3862.German -Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an.Greek -Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-982-3862.	Cushite -	Tajaajiiloota afaanii garuu bilisaa ati argaachuuf,bilbili 1-888-982-3862.
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German -Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an.Greek -Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-982-3862.	French -	Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862.
Greek - Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-982-3862.	French Creole -	Pou jwenn sèvis lang gratis, rele 1-888-982-3862.
1-888-982-3862.	German -	Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an.
Gujarati - તમારેકોઇ જાતના ખર્ચવિના ભાષાની સેિાઓની પહોોંર્ માટે, કોલ કરો ^{1-888-982-3862.}	Greek -	
	Gujarati -	તમારેકોઇ જાતના ખર્ચવિના ભાષાની સેિાઓની પહોોંર્ માટે, કોલ કરો1-888-982-3862.

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Hmong -	Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-982-3862.
lgbo -	lji nwetaòhèrè na ọrụ gasi asụsụ n'efu, kpọọ 1-888-982-3862
llocano -	Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti 1-888-982-3862.
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Karen -	လ၊တၢ်ကမၤန္နာ်ကိုဉ်အတၢ်မɪစၢၤအတၢ်ဖံးတၢ်မɪတဖဉ်လ၊တအိဉ်ဒီးအၦ္ဒၤလ၊ကဘဉ်ဟ့ဉ်အီၤအဂ်ီ၊်ဘဉ်နှဉ် ကိး 1-888-982-3862 တက္ၢ်
Korean -	무료 언어 서비스를 이용하려면 1-888-982-3862 번으로 전화해 주십시오.
Kru-Bassa -	Μ dyi wuqu-dù kà kò qò ɓĕ dyi mɔú ń nì Pídyi ní, nìí, qá nɔ̀ɓà nìà kɛ: 1-888-982-3862
Kurdish -	بۆ دەسپێړاگەيشتن بە خزمەتگوزارى زمان بەبـێ نێچوون بۆ نۆ، پەيوەندى بكە بە ژمارەي 3862-982-1888
Laotian -	ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີ 1-888-982-3862
Marathi -	कोणत्याही शल्ुकालशवाय भाषा सेवा प्राप्त करण्यासाठी,, 1-888-982-3862 वर फोन करा.
Marshallese - Micronesian-	Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirlok 1-888-982-3862.
Pohnpeyan -	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1-888-982-3862.
Mon-Khmer,	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-888-982-3862 ។
Cambodian - Navajo -	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h ílínígóó kojį' hólne' 1-888-982-3862.
Nepali -	निःशुल्क भाषा सेवा प्राप्त गर्न 1-888-982-3862 मा टेलिफोन गर्नुहोस् ।
Nilotic-Dinka -	Të koor yin weër de thokic ke cin wëu kor keek tënon yin. Ke col koc ye koc kuony ne nomba 1-888-982-3862.
Norwegian -	For tilgang til kostnadsfri språktjenester, ring 1-888-982-3862.
Pennsylvania Dutch -	Um Schprooch Services zu griege mitaus Koscht, ruff 1-888-982-3862.
Persian -	بر ای دسترسی به خدمات زبان به طور رایگان، با شماره 3862-982-888-1 تماس بگیرید .
Polish -	Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-888-982-3862.
Portuguese -	Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-982-3862.

Punjabi -	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-888-982-3862 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian -	Pentru a accesa gratuit serviciile de limbă, apelați 1-888-982-3862.
Russian -	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-982-3862.
Samoan -	Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1-888-982-3862.
Serbo-Croatian -	Za besplatne prevodilačke usluge pozovite 1-888-982-3862.
Spanish -	Para acceder a los servicios de idiomas sin costo, llame al 1-888-982-3862.
Sudanic-Fulfude -	Heeba a nasta jangirde djey wolde wola chede bo apelou lamba 1-888-982-3862.
Swahili -	Kupata huduma za lugha bila malipo kwako, piga 1-888-982-3862.
Syriac -	:رمح، مه محترج ا-1-888-982-3862 کے سلخطی این اللہ اللہ اللہ اللہ اللہ اللہ اللہ الل
Tagalog -	Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-982-3862.
Telugu -	మీరు భాష సేవలను ఉచితంగా అందుకునందుకు, 1-888-982-3862 కు కాల్ చేయండి.
Thai -	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-888-982-3862.
Tongan -	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he 1-888-982-3862.
Trukese -	Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori 1-888-982-3862.
Turkish -	Sizin için ücretsiz dil hizmetlerine erişebilmek için, 1-888-982-3862 numarayı arayın.
Ukrainian -	Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-888-982-3862.
Urdu -	بالقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، 3862-982-888-1 پر بات کریں۔
Vietnamese -	Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-982-3862
Yiddish -	1-888-982-3862 צו צוטריט שפרַאך בַאדינונגען אין קיין פרייַז צו איר, רופן
Yoruba -	Lati wọnú awọn isẹ èdè l'ọfẹ fun ọ, pe 1-888-982-3862.