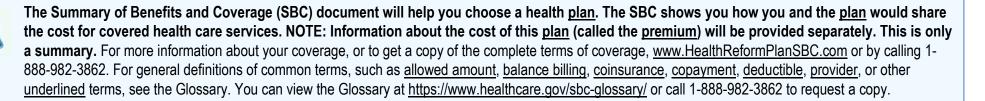
Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage for: Individual + Family | Plan Type: EPO

FASHION INSTITUTE OF TECHNOLOGY : Aetna Open Access® Elect Choice®



Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$0.	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u> ?	No.	You will have to meet the <u>deductible</u> before the <u>plan</u> pays for any services
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> : Individual \$1,500 / Family \$3,000.	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</u> <u>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	\$10 <u>copay</u> /visit	Not covered	No charge for in- <u>network</u> Virtual Primary Care telemedicine provider visits for certain services.	
If you visit a health	<u>Specialist</u> visit	\$10 <u>copay</u> /visit	Not covered	None	
care <u>provider</u> 's office or clinic	Preventive care /screening /immunization	No charge	Not covered	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 test	<u>Diagnostic test</u> (x-ray, blood work)	No charge for laboratory; \$10 <u>copay</u> /visit for x-ray	Not covered	None	
	Imaging (CT/PET scans, MRIs)	\$10 <u>copay</u> /visit	Not covered	None	
If you need drugs to treat your illness or condition More information about <u>prescription</u> <u>drug coverage</u> is available at <u>www.aetnapharmac</u> <u>y.com/standardopto</u> <u>ut</u>	Generic drugs	<u>Copay</u> /prescription: \$5 (retail), \$10 (mail order)	Not covered	Covers 30 day supply (retail), 31-90 day supply (mail order). Includes contraceptive drugs & devices obtainable from a pharmacy, oral & injectable fertility drugs. No charge for preferred generic FDA-approved women's contraceptives in- <u>network</u> .	
	Preferred brand drugs	<u>Copav</u> /prescription: \$15 (retail), \$30 (mail order)	Not covered		
	Non-preferred brand drugs	<u>Copay</u> /prescription: \$30 (retail), \$60 (mail order)	Not covered		
	<u>Specialty drugs</u>	Applicable cost as noted above for generic or brand drugs	Not covered	First prescription fill at a retail pharmacy or specialty pharmacy. Subsequent fills must be through the Aetna Specialty Pharmacy <u>Network</u> . Precertification required for coverage.	
If you have	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	None	
outpatient surgery	Physician/surgeon fees	No charge	Not covered	None	
	Emergency room care	\$50 <u>copay</u> /visit	\$50 <u>copay</u> /visit	Out-of- <u>network</u> emergency use paid the same as in- <u>network</u> . No coverage for non-emergency use.	

		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	
If you need immediate medical attention	Emergency medical transportation	No charge	No charge	Out-of- <u>network</u> emergency use paid the same as in- <u>network</u> . Non-emergency transport: not covered, except if pre-authorized.	
attention	Urgent care	\$35 <u>copay</u> /visit	Not covered	No coverage for non-urgent use.	
If you have a	Facility fee (e.g., hospital room)	No charge	Not covered	None	
hospital stay	Physician/surgeon fees	No charge	Not covered	None	
If you need mental health, behavioral health, or substance abuse	Outpatient services	Office: \$10 <u>copay</u> /visit; other outpatient services: no charge	Not covered	None	
services	Inpatient services	No charge	Not covered	None	
	Office visits	No charge	Not covered	Cost sharing does not apply for preventive	
If you are pregnant	Childbirth/delivery professional services	No charge	Not covered	services. Maternity care may include tests and	
n you are pregnant	Childbirth/delivery facility services	No charge	Not covered	services described elsewhere in the SBC (i.e., ultrasound).	
	Home health care	No charge	Not covered	None	
	Rehabilitation services	\$10 <u>copay</u> /visit	Not covered	60 visits/calendar year for Physical, Occupational & Speech Therapy combined.	
If you need help	Habilitation services	No charge	Not covered	None	
recovering or have other special	Skilled nursing care	No charge	Not covered	None	
health needs	Durable medical equipment	No charge	Not covered	Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse.	
	Hospice services	No charge	Not covered	None	
If your obild needs	Children's eye exam	\$10 <u>copay</u> /visit	Not covered	1 routine eye exam/24 months.	
If your child needs dental or eye care	Children's glasses	Not covered	Not covered	Not covered.	
demai or eye cale	Children's dental check-up	Not covered	Not covered	Not covered.	

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u>.)

- Cosmetic surgery
- Dental care (Adult & Child)
- Glasses (Child)

Bariatric surgery

- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing

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

- Acupuncture 10 visits/calendar year for disease, injury & chronic pain.
- Chiropractic care
- Hearing aids 1 hearing aid per ear/2 years.
- Infertility treatment For more information & exceptions, see policy document provided by your employer or call the number on your ID card.
- Routine eye care (Adult) 1 routine eye exam/24 months.

Routine foot care

Weight loss programs

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 <u>plan</u> 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.

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 <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)		Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well- controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
 The <u>plan's</u> overall <u>deductible</u> <u>Specialist copayment</u> Hospital (facility) <u>copayment</u> Other <u>copayment</u> 	\$0 \$10 \$0 \$0	The HY The <u>plan's</u> overall <u>deducture</u> Specialist <u>copayment</u> Hospital (facility) <u>copayment</u> Other <u>copayment</u>	PERLINK "https:// \$10 \$0 \$0	www.healthcare.gov/sbc-glossary/" \l "pla • <u>Specialist copayment</u> • Hospital (facility) <u>copayment</u> • Other <u>copayment</u>	an" <u>plan</u> would b • \$10 \$0 \$0
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)		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)		This EXAMPLE event includes services like:Emergency room care (including medical supplies)Diagnostic test (x-ray)Durable medical equipment (crutches)Rehabilitation services (physical therapy)	
`	u work)	Diabetic supplies (glacose meter)		rendbildation services (physical there	ipy)
(u work)	Total Example Cost	\$5,600	Total Example Cost	(1997) \$2,800
	\$12,700		\$5,600		
<u>Specialist</u> visit (anesthesia)	,	Total Example Cost	\$5,600	Total Example Cost	
Specialist visit (anesthesia) Total Example Cost	,	Total Example Cost In this example, Joe would pay:	\$5,600 \$0	Total Example Cost In this example, Mia would pay:	
<u>Specialist</u> visit (anesthesia) Total Example Cost In this example, Peg would pay:	,	Total Example Cost In this example, Joe would pay: <u>Cost Sharing</u>		Total Example Cost In this example, Mia would pay: <u>Cost Sharing</u>	\$2,800
<u>Specialist</u> visit (anesthesia) Total Example Cost In this example, Peg would pay: <u>Cost Sharing</u>	\$12,700	Total Example Cost In this example, Joe would pay: <u>Cost Sharing</u> Deductibles Copayments	\$0	Total Example Cost In this example, Mia would pay: <u>Cost Sharing</u> <u>Deductibles</u>	\$2,800 \$0
<u>Specialist</u> visit (anesthesia) Total Example Cost In this example, Peg would pay: <u>Cost Sharing</u> <u>Deductibles</u>	\$12,700 \$0	Total Example Cost In this example, Joe would pay: Cost Sharing Deductibles	\$0 \$500	Total Example Cost In this example, Mia would pay: <u>Cost Sharing</u> Deductibles Copayments	\$2,800 \$0 \$100
<u>Specialist</u> visit (anesthesia) Total Example Cost In this example, Peg would pay: <u>Cost Sharing</u> Deductibles <u>Copayments</u>	\$12,700 \$0 \$30	Total Example Cost In this example, Joe would pay: <u>Cost Sharing</u> Deductibles Copayments Coinsurance	\$0 \$500	Total Example Cost In this example, Mia would pay: <u>Cost Sharing</u> Deductibles Copayments Coinsurance	\$2,800 \$0 \$100
Specialist visit (anesthesia) Total Example Cost In this example, Peg would pay: Cost Sharing Deductibles Copayments Coinsurance	\$12,700 \$0 \$30	Total Example Cost In this example, Joe would pay: <u>Cost Sharing</u> Deductibles Copayments Coinsurance What isn't covered	\$0 \$500 \$0	Total Example CostIn this example, Mia would pay:Cost SharingDeductiblesCopaymentsCoinsuranceWhat isn't covered	\$2,800 \$0 \$100 \$0

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.

Albanian -	Për shërbime përkthimi falas për ju, telefononi 1-888-982-3862.
Amharic -	የቋንቋ አንልግሎቶችን ያለክፍያ ለማግኝት፣ በ 1-888-982-3862 ይደውሉ።
Arabic -	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء االتصال على الرقم 3862-982-1888-1
Armenian -	Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-888-982-3862 հեռախոսահամարով։
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 বিনামূকযে ভাষা পবিকষিা পপকে হকয এই নম্বকি পেবযক ান েরুন: 1-888-982-3862
Bisayan-Visayan -	Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa 1-888-982-3862.
Burmese -	သင့္အေနျဖင့္ အခေၾကးေငြ မေပးရပဲ ဘာသာစကားဝန္ေဆာင္မႈမ်ား ရရွိႏုိင္ရန္ 1-888-982-3862 သို႕ ဖုန္းေခၚဆုိပါ။
Catalan -	Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1-888-982-3862.
Chamorro -	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang 1-888-982-3862.
Cherokee -	ԱЎ℗Ј SOHA℗J OGOLᲗЛЈ L AГ℗Ј JCEGWЛЈ ⅆЎ, ᲢℙАЬѠᲗЬ 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.
Gujarati -	તમારેકોઇ જાતના ખર્ચવિના ભાષાની સેિાઓની પહોોંર્ માટે, કોલ કરો1-888-982-3862.

Hawaiian -	No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i kēia helu kelepona 1-888-982-3862. Kāki 'ole 'ia kēia kōkua nei.
Hindi -	आपकेलिए बिना ककसी कीमत केभाषा सेवाओंका उपयोग करनेकेलिए,1-888-982-3862 पर कॉल करें।
Hmong -	Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-982-3862.
lgbo -	lji nwetaòhèrè na ọrụ gasị 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.
Indonesian -	Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi 1-888-982-3862.
Italian -	Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-982-3862.
Japanese -	言語サービスを無料でご利用いただくには、1-888-982-3862 までお電話ください。
Karen -	လၢတၢ်ကမၤန္နာ်ကိုြာအတၢ်မာစာၤအတၢ်ဖံးတာ်မာတဖဉ်လ၊တအိဉ်ဒီးအပ္ဒၤလ၊ကဘာ်ဟ့ဉ်အီးအဂ်ိုာဘဉ်နှဉ် ကိး 1-888-982-3862 တက္။
Korean -	무료 언어 서비스를 이용하려면 1-888-982-3862 번으로 전화해 주십시오.
Kru-Bassa -	ÌN dyi wuqu-dù kà kò qò ɓĕ dyi mɔú ń nì Pídyi ní, nìí, qá nòɓà nìà kɛ: 1-888-982-3862
Kurdish -	بۆ دەسپێراگەيشتن بە خزمەتگوزارى زمان بەيئ تێچوون بۆ تۆ، پەيوەندى بكە بە ژمارەى 3862-982-1888-1
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,	‹Uˈɛʷ̃£ \ Þ¤ ŋ Ó \ ‹j f1ố0K c ʰÓ#fj Ó Uf pZMZːfī[j Áŧ Ó_ չff Ó K mᢥ j § ‹9 Ó 、§j & ‰p57 Óň Ó \ չf L 1-888-982-3862 ٵ
Cambodian - Navajo -	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h ílínígóó kojį' hólne' 1-888-982-3862.
Nepali -	निःश्ल्क भाषा सेवा प्राप्त गर्न 1-888-982-3862 मा टेलिफोन गर्नुहोस् ।
Nilotic-Dinka -	Të kɔɔr yïn wɛɛ̈r de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke cɔl kɔc ye kɔc kuɔny ne nɔmba 1-888-982-3862.
Norwegian -	For tilgang til kostnadsfri språktjenester, ring 1-888-982-3862.
•	Um Schprooch Services zu griege mitaus Koscht, ruff 1-888-982-3862.
Persian -	تماس بگیرید 1-888-982-386 برای دسترسی به خدمات زبان به طور رایگان، با شماره
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 - محبحه، منبحه، جَحِتَه به، منبحه، منبحه، Syriac - جَحَري المُعَتَم جَحِتَه به، منبحه منبحه المعالية (1-888-982-3862)

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.

، بالقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ۔ 1-888-982-982پر بات کریں. Urdu -

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.