Aetna Hospital Indemnity plan, administered by Aetna Life Insurance Company

Federal Disclosure

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit HealthCare.gov or call **1-800-318-2596 (TTY: 1-855-889-4325)** to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 0615.

aetna®

3562552-01-01 (11/24)

Welcome addition

Aetna Hospital Indemnity Plan

Life happens fast. One minute you're thinking about having a baby — and the next you're driving to the hospital. You're nervous about the delivery and how much it's going to cost. Be better prepared for moments like these with the Aetna Hospital Indemnity Plan.



We pay *you* cash benefits

It's your money to spend

Our hospital indemnity plan pays you lump-sum cash benefits for a planned or an unplanned hospital stay. This includes stays due to an injury, surgery, an illness— or even delivering a baby. Use the money to help cover medical bills or everyday living expenses like daycare or groceries. The choice is yours. You can also sign up for direct deposit to get your benefits faster.

Our plan works with your health plan

We won't deny coverage based on your health. There are no doctor exams to take or medical questions to answer. And we pay you even if you have other insurance coverage. This means it pairs well with your major medical plan.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

aetna®

An Aetna Simplified Claims Experience™

To file a claim, it takes about 90 seconds or less. If you've got Aetna® medical, you typically don't need to provide any documents. We'll access your medical records to help process your claim.* That's less paperwork for you.

Don't have Aetna medical? Just upload a PDF or picture of your medical bill. You can also complete a paper form and return it by mail or fax to Aetna Voluntary Plans. If your claim is approved, we'll mail you a check or deposit cash directly into your bank account.

Manage your plan online

After you become a member, register at **MyAetnaSupplemental.com** or on the **My Aetna Supplemental** app. Or simply scan the QR code. Use your personal email address to keep accessing your account and getting important reminders — even if you leave your company.

Our bundle of joy didn't cost us a bundle

"Hospital stays are costly, so we have the Aetna Hospital Indemnity Plan. After we delivered, I filed a claim online. Because we also have Aetna medical, there was no paperwork. The money was deposited quickly into our checking account. We used some of it towards our deductible. And the rest to buy a baby stroller. I wish we had this plan last year when I had surgery."*

— Louis and Carla*



*FOR CLAIM PROCESSING: Sometimes you may need to provide documentation if the benefit doesn't create a medical claim, or we need more details to process your claim.
*FOR COVERAGE LIMITATIONS: Benefits paid for a covered hospital stay that occurs on or after the coverage effective date.
*FOR MEMBER TESTIMONIAL: The above member story is for illustrative purposes and doesn't reflect events experienced by actual participants.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

This is a hospital confinement indemnity plan. This plan provides limited benefits. It pays fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. Members are responsible for making sure the providers' bills get paid. These benefits are paid in addition to any other health coverage members may have.

THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT.

Policies are insured by Aetna Life Insurance Company (Aetna). Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. Refer to **Aetna.com** for more information about Aetna plans.

Policy forms issued in Oklahoma include: AL VOL HPol-Hosp 01, AL VOL HCOC-Hosp 01.
Policy forms issued in Missouri include: AL VOL HPOL-Hosp 01.

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2376954-01-01

BENEFIT SUMMARY

Banner Health

802395

Aetna Hospital Indemnity

Insurance plans are underwritten by Aetna Life Insurance Company.

Here's how the plan works:



Unless otherwise indicated, all benefits and limitations are per covered person.

The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan with other fixed indemnity benefits. THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE PLANS ARE A SUPPLEMENT TO HEALTH INSURANCE AND ARE NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. These plans provide limited benefits. They pay fixed dollar benefits for covered services without regard to the health care provider's actual charges. These benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

THIS IS NOT A MEDICARE SUPPLEMENT (MEDIGAP) PLAN. If you are or will become eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available at **www.medicare.gov.**

This policy, alone, does not meet Massachusetts Minimum Creditable Coverage standards.

Inpatient Stays

Covered Benefit	Non-ER Designated facility	1.5x-ER Designated Facility*
Hospital stay - Admission Provides a lump sum benefit for the initial day of your stay in a hospital. *Maximum 1 stay per plan year* Note: A stay includes admission to a mental disorder treatment facility or substance abuse treatment facility.	$1,000	$1,500
Hospital stay - Daily Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital. *Maximum 30 days per plan year*	$100	$150
Hospital stay - (ICU) Daily Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital. *Maximum 30 days per plan year*	$200	$300
Newborn routine care Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.	$100	$100
Observation unit Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury. *Maximum 1 day per plan year*	$100	$100
Substance abuse stay - Daily Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse. *Maximum 30 days per plan year*	$100	$150
Mental disorder stay - Daily Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders. *Maximum 30 days per plan year*	$100	$150
Rehabilitation unit stay - Daily Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury. *Maximum 30 days per plan year*	$50	$75

Important Note:
All daily inpatient stay benefits begin on day two and count toward the plan year maximum .

*Employer chooses the 1.5x the non-employer designated facility benefit when a member utilized an employer designated facility. Does not apply to the Newborn routine or Observation unit benefits.

Waiver of premium

If you are in a hospital for more than 30 days in a row, we will waive the premium beginning on the first premium due date that occurs after the 30th day of your stay, through the next 6 months of coverage. During your stay, you must remain employed with the policyholder.

Portability

If your employment ends, and as a result your coverage under the policy ends, you can choose to continue your coverage by enabling the portability provision in your coverage. Such coverage will be available to you and any of your covered dependents.

Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits will not be paid for any stay or other service for an illness or accidental injury related to the following:

1. Certain competitive or recreational activities, including but not limited to: Ballooning, bungee jumping, parachuting, skydiving;
2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment;
3. Act of war, riot, war;
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
5. Assault, felony, illegal occupation, or other criminal act;
6. Care provided by a spouse, parent, child, sibling or any other household member;
7. Cosmetic services and plastic surgery, with certain exceptions;
8. Custodial Care;
9. Hospice services, except as specifically provided in the Benefits under your plan section of the certificate;
10. Self-harm, suicide, except when resulting from a diagnosed disorder;
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. Care or services received outside the United States or its territories;
13. Experimental or investigational drugs, devices, treatments, or procedures;
14. Education, training or retraining services or testing;
15. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant;
16. Exams except as specifically provided in the Benefits under your plan section of the certificate;
17. Dental and orthodontic care and treatment;
18. Family planning services;
19. Any care, prescription drugs, and medicines related to infertility;
20. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins;
21. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
22. Vision-related care

Questions and Answers

Can I enroll in the Aetna Hospital Indemnity plan even though I have a Health Savings Account (HSA)?

Yes, you can still enroll in the Aetna Hospital Indemnity plan if you have a Health Savings Account.

What is considered a hospital stay?

A stay is a period during which you are admitted as an inpatient; and are confined in a: hospital, non-hospital residential facility, rehabilitation facility; and are charged for room, board and general nursing services. A stay does not include time in the hospital because of custodial or personal needs that do not require medical skills or training. A stay specifically excludes time in the hospital for observation or in the emergency room unless this leads to a stay.

If I lose my employment, can I take the Hospital Indemnity Plan with me?

Yes, you are able to continue coverage under the Portability provision. You will need to pay premiums directly to Aetna.

How do I file a claim?

Go to **myaetnasupplemental.com** and either "Log In" or "Register", depending on if you've set up your account. Click the "Create a new claim" button and answer a few quick questions. You can even save your claim to finish later. You can also print/mail in form(s) to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079, or you can ask us to mail you a printed form.

What should I do in case of an emergency?

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

What if I don't understand something I've read here, or have more questions?

Please call us. We want you to understand these benefits before you decide to enroll. You may reach one of our Customer Service representatives **Monday through Friday, 8 a.m. to 6 p.m.,** by calling **1-800-607-3366**. We're here to answer questions before and after you enroll.

Important information about your benefits

IN ORDER FOR THE HOSPITAL INDEMNITY BENEFITS TO BE PAYABLE, THE INITIAL DAY OF YOUR STAY AND OTHER SERVICES MUST BE ON OR AFTER YOUR EFFECTIVE DATE OF COVERAGE.

Complaints and appeals

Please tell us if you are not satisfied with a response you received from us or with how we do business. Call Member Services to file a verbal complaint or to ask for the address to mail a written complaint. You can also e-mail Member Services through the secure member website. If you're not satisfied after talking to a Member Services representative, you can ask us to send your issue to the appropriate department.

If you don't agree with a denied claim, you can file an appeal. To file an appeal, follow the directions in the letter or explanation of benefits statement that explains that your claim was denied. The letter also tells you what we need from you and how soon we will respond.

We protect your privacy

We consider personal information to be private. Our policies protect your personal information from unlawful use. By "personal information," we mean information that can identify you as a person, as well as your financial and health information. Personal information does not include what is available to the public. For example, anyone can access information about what the plan covers. It also does not include reports that do not identify you.

When necessary for your care or treatment, the operation of our health plans or other related activities, we use personal information within our company, share it with our affiliates and may disclose it to: your doctors, dentists, pharmacies, hospitals and other caregivers, other insurers, vendors, government departments and third-party administrators (TPAs).

We obtain information from many different sources —particularly you, your employer or benefits plan sponsor if applicable, other insurers, health maintenance organizations or TPAs, and health care providers.

These parties are required to keep your information private as required by law. Some of the ways in which we may use your information include: Paying claims, making decisions about what the plan covers, coordination of payments with other insurers, quality assessment, activities to improve our plans and audits.

We consider these activities key for the operation of our plans. When allowed by law, we use and disclose your personal information in the ways explained above without your permission. Our privacy notice includes a complete explanation of the ways we use and disclose your information. It also explains when we need your permission to use or disclose your information.

We are required to give you access to your information. If you think there is something wrong or missing in your personal information, you can ask that it be changed. We must complete your request within a reasonable amount of time. If we don't agree with the change, you can file an appeal.

If you'd like a copy of our privacy notice, call **1-800-607-3366** or visit us at **www.aetna.com.**

If you require language assistance, please call Member Services at 1-800-607-3366 and an Aetna representative will connect you with an interpreter. If you're deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you're calling.

Si usted necesita asistencia lingüística, por favor llame al Servicios al Miembro a 1-800-607-3366, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.

ATTENTION MASSACHUSETTS RESIDENTS: As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at **1-877-MA-ENROLL (1-877-623-6765)** or visit the Connector website **(www.mahealthconnector.org)**. THIS POLICY, ALONE, DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling **1-617-521-7794** or visiting its website at **www.mass.gov/doi.**

Financial Sanctions Exclusions Clause

If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit **http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx.**

Plans are underwritten by Aetna Life Insurance Company (Aetna).

This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **www.aetna.com**.

Hospital Indemnity Policy forms issued in Idaho, Oklahoma and Missouri include: AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.

Aetna Life Insurance Company

151 Farmington Avenue, Hartford, Connecticut 06156

Outline of Coverage

Policy form AL VOL HPOL-Hosp 01, Certificate form AL VOL HCOC-Hosp 01

HOSPITAL CONFINEMENT INDEMNITY COVERAGE THIS POLICY/CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

This Outline of Coverage is a summary of the policy/certificate which should be consulted to determine governing contractual provisions.

If you are eligible for Medicare: THIS IS NOT A MEDICARE SUPPLEMENT POLICY. Review the 'Guide to Health Insurance for People With Medicare' available from us.

You may contact the Idaho Department of Insurance at any time:

Consumer Affairs
700 W State Street, 3rd Floor
PO Box 83720
Boise ID 83720-0043
1-800-721-3272 or 208-334-4250 or www.DOI.Idaho.gov

1. Read Your Policy/Certificate Carefully—This outline of coverage provides a very brief description of the important feature of coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY/CERTIFICATE CAREFULLY!

2. Hospital confinement indemnity coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinement and any additional benefit described below.

3. Benefits

Benefit	**Non - ER Designated Facility**	**1.5x - ER Designated Facility**
Inpatient benefits		
Hospital stay – admission (initial day)		
Non-ICU admission	$1,000 for the initial day of your stay	$1,500 for the initial day of your stay
Maximum per plan year	1	1
Hospital stay – daily		
Non-ICU daily	$100 per day, beginning on day two of your stay	$150 per day, beginning on day two of your stay
ICU daily	$200 per day, beginning on day two of your stay	$300 per day, beginning on day two of your stay
Maximum days per plan year	30	30
Newborn routine care	$100 per stay per newborn	$100 per stay per newborn
Observation Unit	$100 per day	$100 per day
Maximum days per plan year	1	1
Rehabilitation unit stay – daily	$50 per day	$75 per day
Maximum days per plan year	30	30
Mental disorders stay – daily	$100 per day	$150 per day
Maximum days per plan year	30	30
Substance abuse stay – daily	$100 per day	$150 per day
Maximum days per plan year	30	30

4. Exclusions

Exclusions:
Benefits will not be paid for any stay or other service for an illness or accidental injury related to the following:

Act of war, riot, war
- Any act of war, whether declared or not
- Voluntary participation in a riot
- Rebellion or civil insurrection

Aircraft
Boarding or alighting in any vehicle or device for aviation except as a fare-paying passenger on a regularly scheduled commercial or charter flight.

Cosmetic surgery
Cosmetic **surgery**, except that cosmetic **surgery** will not include reconstructive **surgery** when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a **covered dependent** child.

Custodial care
Examples are:
- Institutional care. This includes room and board for rest cures, adult day care and convalescent care.
- Help with walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating or preparing foods.
- Any services that a person without medical or paramedical training can perform or could be trained to perform.

Dental care
Routine/general dental care and dental surgery except:
- as the result of an accidental injury to a sound natural tooth
- as necessary for treatment of congenital disease or anomaly

Exams
Except as specifically provided in the *Benefits under your plan* section, benefits will not be paid for routine physical exams.

Family planning services
- A elective abortion. As used here, elective abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
- Any contraceptive methods, devices, material or sterilization procedures
- The reversal of voluntary sterilization procedures, including any related follow-up care

Felony
Participation in a felony

Professional activities and contests
If acting in a professional manner:

- Any competitive athletic sport, activity, or contest, including officiating or coaching, for which you receive any payment
- Bungee jumping
- Gliding (including sailplaning or sail gliding, hang gliding, paragliding)
- Parachuting or otherwise exiting from an aircraft while such aircraft is in flight, except to save your life
- Parasailing or parakiting
- Racing a power-driven vehicle, including speed tests
- Rock climbing/Mountaineering using ropes and/or other equipment
- Scuba diving
- Skydiving

Self-harm, suicide
Except when resulting from a diagnosed disorder, benefits will not be paid in connection with suicide or attempt at suicide, intentionally self-inflicted injury.

Vision
Eye glasses and exams for the prescription or fitting of them

5. **Additional information:**

- **Renewability** - The policy is optionally renewable.

- **Premium Changes** - The premium rates may be changed by us. If the rates are changed, we will give at least 31 days advance written notice.

- **Portability -** We will provide portability coverage if
  - Your employment ends and as a result your coverage under the policy ends
  - You or your covered dependent became totally disabled while covered under this certificate and the policy ends

  Such coverage will be available to you and any of your covered dependents.

  You must complete the Portability Coverage Election Form and return it to us along with payment the first premium for the portability coverage not later than 30 calendar days after your coverage under the policy ends. Portability coverage will be effective on the day after benefits under the policy end.

  The benefits, terms and conditions of portability coverage will be the same as those provided under the policy on the date your coverage ended. Any changes made to the policy after you are covered under portability will not apply to you unless required by law.

  The initial premium rates will be based on the premium rates in effect at the time you apply for portability coverage. You must also pay any portion of the premium previously paid by the policyholder for the coverage.

A grace period of 31 days after the premium due date will be allowed for the payment of each premium. We will not pay benefits under this certificate in the absence of payment of current premium, subject to this grace period.

Portability coverage will end on the earliest of the following dates:

- The date the underlying policy ends, unless you or a covered dependent became totally disabled while covered under this certificate.
- The date of your death
- The end of the portability grace period following the date you fail to pay any required premium
- The end of the month on or following the date you are again covered under the policy
- The date coverage under this portability provision is cancelled by us for any reason upon 31 days advanced notice
- The date your class of coverage ends
- With respect to any covered dependents:
  - The date your coverage ends
  - The date you and your spouse/domestic partner divorce, end your domestic partnership
  - The date your covered dependent ceases to be an eligible dependent under the policy

A covered dependent who is a minor child whose portability coverage ends because they reach the age limit may apply for portability coverage in their own name.

Once portability coverage ends, it cannot start again.

Discrimination is Against the Law

Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 1-800-872-3862 (TTY: 711) or the number on the back of your ID card.

If you believe that Aetna Inc. 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:

Civil Rights Coordinator
Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332,
Woonsocket, RI 02895

Phone: 1-800-648-7817, TTY: 711
Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator 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, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
This notice is available at Aetna Inc.'s website: https://www.aetna.com/

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TTY: **711**

English	**To access language services at no cost to you, call** 1-888-772-9682 **.**
Amharic	እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ ወደ 1-888-772-9682 ይደውሉ።
Arabic	للحصول على خدمات اللغة مجانًا، اتصل على 1-888-772-9682
Armenian	Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք հեռախոսահամարով: 1-888-772-9682
Carolinian (Kapasal Falawasch)	ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-888-772-9682 .
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang 1-888-772-9682 .
Chinese Traditional	如欲使用免費語言服務，請致電 1-888-772-9682 .
Cushitic-Oromo	Tajaajila afaanii bilisaan argachuuf, 1-888-772-9682 irratti bilbilaa.
French	Afin d'accéder aux services langagiers sans frais, composez le 1-888-772-9682 .
French Creole (Haitian)	Pou w jwenn aksè ak sèvis lang gratis pou ou, rele 1-888-772-9682 .
German	Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie 1-888-772-9682 an.
Greek	Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-772-9682 .
Gujarati	તમારે કોઇ તના ખર્ચ વના ભાષાની સેવાઓની પહચ માટે, કોલ કરો 1-888-772-9682 .
Hindi	आपके लए बना कसी कमत के भाषा सेवाआ का उपयोग करने के लए, 1-888-772-9682 पर कॉल करे।
Hmong	Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-772-9682 .
Italian	Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-772-9682 .
Japanese	無料の言語サービスをご利用いただくには、1-888-772-9682 にお電話ください。
Karen	လၫကမၤနှဲ့ ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၫတလိဉ်လာ်ဘူဉ်လာ်စုၤ လၫနဂီၢ်အဂီၢ်, 1-888-772-9682 .
Korean	무료로 언어 서비스를 이용하려면 1-888-772-9682 번으로 전화하세요
Laotian	ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບເສຍຄ່າໃຊ້ຈ່າຍໃດໆແກ່ທ່ານ, ໃຫ້ໂທຫາ 1-888-772-9682 .
Mon-Khmer, Cambodian	ដើម្បីទទួលនេសវាផ្នែនកភាសាដោយមិនគិតៃថ្លលពីអ្នែនកសូមទូរសព្ទទេលខ 1-888-772-9682 ។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h ílínígóó kojį' hólne' 1-888-772-9682 .
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff 1-888-772-9682 .
Persian-Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-772-9682 تماس بگیرید.
Polish	Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer 1-888-772-9682 .
Portuguese	Ligue para 1-888-772-9682 para receber assistência linguística gratuita.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-888-772-9682 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Russian	Чтобы получить бесплатные языковые услуги, позвоните по номеру 1-888-772-9682 .
Samoan	Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1-888-772-9682 .
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite 1-888-772-9682 .
Spanish	Para acceder a los servicios de idiomas sin costo, llame al 1-888-772-9682 .
Syriac-Assyrian	ܒܗ، ܡܒܪܟ ܠܟ ܒܫܘܬܦܐ ܕܫܝܪܘܬ ܠܫܢܐ ܕܠܐ ܡܫܟܚ ܥܠ ܝܠܦ ܠܟ ܒܠܫܢ ܕܡܬܝܠ ܠܟ ܐܢ ܬܨܠ ܠ 1-888-772-9682 .
Tagalog	Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tumawag sa 1-888-772-9682 .
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-888-772-9682 .
Ukrainian	Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-888-772-9682 .
Vietnamese	Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-772-9682 .

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