2019 Summary of Benefits

Aetna Better Health of Ohio Dual Preferred (HMO SNP)

H5337, Plan 001

This is a summary of services covered by Aetna Better Health of Ohio Dual Preferred (HMO SNP)
January 1, 2019 - December 31, 2019

Aetna Better Health of Ohio Dual Preferred (HMO SNP) is a Medicare Advantage DSNP 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.aetnabetterhealth.com/ohio-hmosnp.

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.

Aetna Better Health of Ohio Dual Preferred (HMO SNP) is a Dual Eligible Special Needs Plan for Medicare beneficiaries who are also eligible for Medicaid. There are different levels of Medicaid. The amount that you pay for premiums, deductibles, copayments, and/or coinsurance will depend on your level of Medicaid eligibility. To enroll in this plan, you must be enrolled in one of the following Medicare Savings Programs:

- **Qualified Medicare Beneficiary (QMB):** Medicaid covers your Medicare cost-shares, including deductibles, premiums, copayments, and coinsurance for medical services. You will only pay copayments for Part D prescription drugs.
- **Qualified Medicare Beneficiary Plus (QMB Plus):** Medicaid covers your Medicare medical cost-shares, including deductibles, premiums, copayments, and coinsurance for medical services. You are also eligible for full Medicaid benefits from your state Medicaid program. You will only pay copayments for Part D prescription drugs.

- **Specified Low-Income Beneficiary Plus (SLMB Plus):** Medicaid covers your Medicare Part B premium only. You are also eligible for full Medicaid benefits from your state Medicaid program.
- **Full Benefit Dual Eligible (FBDE):** You are eligible for full Medicaid benefits from your state Medicaid program. In addition, Medicaid may cover some of your Medicare cost-sharing for medical services, depending on your state's Medicaid program.
- **Qualified Disabled and Working Individual (QDWI):** Medicaid covers your Medicare Part A premiums only.

To join Aetna Better Health of Ohio Dual Preferred (HMO SNP), you must be entitled to Medicare Part A, enrolled in Medicare Part B, enrolled in one of the Medicare Savings Programs listed above, and live in our service area. Our service area includes the following counties in **Ohio**: Columbiana, Fulton, Lucas, Mahoning, Ottawa, Portage, Stark, Summit, Trumbull, Wayne, Wood.

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.

Depending on your level of Medicaid eligibility, you may also be eligible for additional benefits. Refer to the section of this document titled Section IV.

	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	√
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: $0 OR $32.10

If you are enrolled in the QMB, QMB Plus, or SLMB Plus programs, and/or you have full Medicaid benefits, Medicaid covers your Part B premium. Otherwise, you must continue to pay your Medicare Part B premium.

Premiums, co-pays, co-insurance, and deductibles may vary based on the level of "Extra Help" you receive. Please contact the plan for further details.

Benefits	Aetna Better Health of Ohio Dual Preferred (HMO SNP)	What You Should Know
Deductible(s)	$0 OR $140 plan deductible.	Plan deductible applies to most in network services.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$6,700	The most you pay for copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage	$0 per stay OR $1,340 inpatient deductible, and then you pay $0 per day, days 1-60; $335 per day, days 61-90; $670 per day, days 91-150 after you pay your plan deductible.	Prior authorization may be required.
Outpatient Hospital coverage	Outpatient hospital observation services: 0% OR 20% of the total cost after you pay your plan deductible Outpatient surgery (Freestanding ambulatory surgical center or outpatient hospital): 0% OR 20% of the total cost after you pay your plan deductible.	Prior authorization may be required.
Doctor Visits		
• **Primary Care Physician (PCP)**	0% OR 20% of the total cost after you pay your plan deductible.	You must choose an in-network provider to be

Benefits	Aetna Better Health of Ohio Dual Preferred (HMO SNP)	What You Should Know
		your Primary Care Physician (PCP).
• **Specialists**	0% OR 20% of the total cost after you pay your plan deductible.	Service may require a referral from your primary care physician (PCP).
Preventive Care	$0 copay	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	0% OR 20% of the total cost per visit ($90 maximum payment per visit) 0% OR 20% of the total cost for worldwide coverage (emergency care outside of the United States)	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	0% OR 20% of the total cost for each urgent care facility visit ($65 maximum payment per visit) 0% OR 20% of the total cost 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. Service may require a referral from your primary care physician (PCP).
• **Diagnostic radiology services (e.g., MRI)**	0% OR 20% of the total cost after you pay your plan deductible.	
• **Lab services**	0% of the total cost after you pay your plan deductible.	

Benefits	Aetna Better Health of Ohio Dual Preferred (HMO SNP)	What You Should Know
• **Diagnostic tests and procedures**	0% OR 20% of the total cost after you pay your plan deductible.	
• **Outpatient x-rays**	0% OR 20% of the total cost after you pay your plan deductible.	
Hearing Services		
• **Medicare-covered hearing exam**	0% OR 20% of the total cost after you pay your plan deductible.	Service may require a referral from your primary care physician (PCP).
• **Routine hearing exam** (one exam every year)	$0 copay after you pay your plan deductible.	Service may require a referral from your primary care physician (PCP).
• **Hearing aids**	$0 copay Our plan pays up to $500 (per ear) for hearing aids every year. Network: HCS Our plan has partnered with Hearing Care Solutions (HCS) to provide your hearing aid benefit. Call HCS at 1-855-268-6118 to schedule an appointment.	You are responsible for any amount over the hearing aid coverage limit.
Dental Services		
Dental Services	Network: DentaQuest Our plan has partnered with Dentaquest. Call them at 844-824-2018 to locate a network provider.	
	Our plan pays up to $1,000 for preventive and	You are responsible for any amount over the dental coverage limit.

Benefits	Aetna Better Health of Ohio Dual Preferred (HMO SNP)	What You Should Know
	comprehensive dental services every year.	
• **Dental deductible**	This plan does not have a deductible.	
• **Oral exam & cleaning** (two visits every year)	$0 copay for each covered service (See the *Evidence of Coverage* for details).	
• **Fillings**	$0 copay for each covered service (See the *Evidence of Coverage* for details).	
Vision Services		
• **Medicare-covered eye exams**	0% of the total cost for glaucoma screenings after you pay your plan deductible. 0% of the total cost for diabetic eye exams after you pay your plan deductible. 0% OR 20% of the total cost for other exams to diagnose and treat diseases and conditions of the eye after you pay your plan deductible.	
• **Routine eye exam** (one exam every year)	0% of the total cost	
• **Contacts and Eyeglasses (frames and lenses and upgrades)**	$0 copay	
	Our plan pays up to $250 for contacts and eyeglasses every year (See the *Evidence of Coverage* for details.) Network: VSP Our plan has partnered with	You are responsible for any amount over the eyewear coverage limit.

Benefits	Aetna Better Health of Ohio Dual Preferred (HMO SNP)	What You Should Know
	VSP for this benefit. Call them at 800-877-7195 to locate a network provider.	
• **Eyeglasses or contact lenses after cataract surgery**	$0 copay after you pay your plan deductible.	
Mental Health Services		Prior authorization may be required.
• **Inpatient psychiatric hospital stay**	$0 per stay OR $1,340 inpatient mental health deductible, and then you pay $0 per day, days 1-60; $289 per day, days 61-90 after you pay your plan deductible.	
• **Outpatient group therapy visit**	0% OR 20% of the total cost after you pay your plan deductible.	
• **Outpatient individual therapy visit**	0% OR 20% of the total cost after you pay your plan deductible.	
Skilled Nursing Facility (SNF)	$0 per stay OR $0 per day, days 1-20; $172 per day, days 21-100 after you pay your plan deductible.	Our plan covers up to 100 days in a SNF. Prior authorization may be required.
Physical therapy	0% OR 20% of the total cost after you pay your plan deductible.	Prior authorization may be required. Service may require a referral from your primary care physician (PCP).
Ambulance (one-way trip)	Ground Ambulance: 0% OR 20% of the total cost after you pay your plan deductible. Air Ambulance: 0% OR 20% of the total cost after you pay your plan deductible.	Prior authorization is required for non-emergency fixed wing aircraft transportation.

Benefits	Aetna Better Health of Ohio Dual Preferred (HMO SNP)	What You Should Know
Transportation	$0 copay Our plan covers 24 one-way trips every year to plan approved locations. Logisticare provides 24 1-way non-emergent trips to healthcare related appointments when scheduled 72 hours in advance.	
Medicare Part B Drugs	0% OR 20% of the total cost after you pay your plan deductible for chemotherapy drugs 0% OR 20% of the total cost after you pay your plan deductible for other Part B drugs	Prior authorization may be required.

Outpatient Prescription Drugs

Prescription Drug Coverage

If you qualify for the Low-Income Subsidy (also called "Extra Help"), you will 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 described in the Evidence of Coverage document for this plan. To access the Evidence of Coverage for this plan, visit us at https://www.aetnabetterhealth.com/ohio-hmosnp.

Annual Part D Deductible *(your deductible amount depends on your level of "Extra Help")*	$0 or $85 or $220 per year Deductible does not apply to Tier 1, Tier 2 drugs.
Copayments for Medicare Part D Prescription Drugs *(Copayments may vary depending on your level of "Extra Help".)*	You pay the amounts described below for a 30-day, 60-day, or 90-day supply of drugs*. For generic drugs, including brand drugs treated as generic, you pay either: • $0 copay; • $1.25 copay; • $3.40 copay; or • 15% of the cost of the drug. For all other drugs, you pay either: • $0 copay; • $3.80 copay; • $8.50 copay; or • 15% of the cost of the drug.

*You are limited to a 30-day supply for Specialty drugs.

Benefits	Aetna Better Health of Ohio Dual Preferred (HMO SNP)	What You Should Know
Other Information and Benefits		
Referrals	In most situations, your network PCP must give you approval in advance before you can use other providers in the plan's network. This is called giving you a "referral".	Referrals from your PCP are not required for emergency care or urgently needed services.
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: 0% OR 20% of the total cost 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

Benefits	Aetna Better Health of Ohio Dual Preferred (HMO SNP)	What You Should Know
		bones of your spine move out of position). Service may require a referral from your primary care physician (PCP). Prior authorization may be required.
Dialysis	0% OR 20% of the total cost after you pay your plan deductible.	Prior authorization may be required.
Foot Care (podiatry services)		
• **Medicare-covered foot exams and treatment**	0% OR 20% of the total cost after you pay your plan deductible.	Service may require a referral from your primary care physician (PCP).
• **Routine foot care** (3 visits every year)	0% OR 20% of the total cost after you pay your plan deductible.	Service may require a referral from your primary care physician (PCP).
Home Health Care	0% of the total cost 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.
Meals	$0 copay Our plan covers up to 14 home delivered meals over a 7 day period after an inpatient hospital discharge.	
Medical Equipment/Supplies		Prior authorization may be required.

Benefits	Aetna Better Health of Ohio Dual Preferred (HMO SNP)	What You Should Know
• **Durable medical equipment (DME) (wheelchair, oxygen, etc.)**	0% OR 20% of the total cost after you pay your plan deductible.	
• **Prosthetics (e.g., braces, artificial limbs)**	0% OR 20% of the total cost after you pay your plan deductible.	
• **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 One Touch/Lifescan are not covered, except when medically necessary and with prior authorization
	0% of the total cost	
Outpatient Substance Abuse	Group therapy visit: 0% OR 20% of the total cost after you pay your plan deductible. Individual therapy visit: 0% OR 20% of the total cost after you pay your plan deductible.	Prior authorization may be required.
Over-the-counter items (OTC)	Plan pays up to a $55 maximum benefit every month for OTC items. OTC Vendor: INCOMM	
Wellness Program (e.g. fitness)	Free 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.	

Benefits	Aetna Better Health of Ohio Dual Preferred (HMO SNP)	What You Should Know
	At-home fitness kits are available if you do not reside near a participating club or prefer to exercise at home. 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.	

SECTION IV

Medicare and Medicaid Benefit Comparison

Aetna Better Health of Ohio Dual Preferred (HMO SNP) Contract H5337, Plan 001

People who qualify for Medicare and Medicaid (also called "Medical Assistance") are known as dual eligibles. As a dual eligible, you are eligible for benefits under both the Federal Medicare program and the Ohio Medicaid program.

If you have questions about your Medicaid eligibility and what benefits you are entitled, to call the Ohio Medicaid Hotline at 1-800-324-8680 (TTY: 1-800-292-3572).

The table below describes benefits that are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section (earlier in this document) are covered by Medicare. For each benefit listed below, you can see what Medicaid covers and what our plan covers. **What you pay for covered services may depend on your level of Medicaid eligibility.** Members who meet the state's requirements for full Medicaid coverage may also receive all Medicaid services not covered by Medicare.

Benefit Category	Medicaid Covered Services	Aetna Better Health of Ohio Dual Preferred (HMO SNP)
Ambulance	**$0** copay	**0-20%** coinsurance
Ambulatory Surgery	**$0** copay	**0-20%** coinsurance
Chiropractic Care	**$0** copay 15 visits every 12 months for adults older than age 21/30 visits every 12 months for children younger than age 21.	**0-20%** coinsurance 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).
Dental Services	**$3** copay for checkups, cleanings, fillings, extractions, crowns, dentures, and root canals (adults 21 and older)	**$0** copay for routine oral exams 2 preventive oral exams per year

Benefit Category	Medicaid Covered Services	Aetna Better Health of Ohio Dual Preferred (HMO SNP)
	$0 copay for medical and surgical dental services	**0-20%** coinsurance for non-routine diagnostic, restorative, endodontics, periodontics, extractions, prosthodontics, other oral/maxillofacial surgery, and other services
Dialysis Services	**$0** copay	**0-20%** coinsurance
Durable Medical Equipment (wheelchair, oxygen, etc.)	**$0** copay	**0-20%** coinsurance
Hearing Services	**$0** copay for Medicaid covered hearing exam **$0** copay for one conventional hearing aid every four years, or one digital or programmable hearing aid every five years	**$0** copay for routine hearing exam, and fitting/evaluation for hearing aid **0-20%** coinsurance for non-routine services Our plan pays up to $1,000 ($500 per ear) for hearing aids every year
Home Health Care	**$0** copay	**$0** copay
Inpatient Hospital Care	**$0** copay	**$0-1340** deductible **$0** copay days 1-60 **$0-335** copay days 61-90 **$0-670** copay lifetime reserve days 1-60

Benefit Category	Medicaid Covered Services	Aetna Better Health of Ohio Dual Preferred (HMO SNP)
Inpatient Mental Health Care	**$0** copay	**$0-1340** deductible **$0** copay days 1-60 **$0-289** copay days 61-90 **$0-670** copay lifetime reserve days 1-60
Laboratory Services	**$0** copay	**0-20%** coinsurance
Medical Supplies	**$0** copay	**0-20%** coinsurance
Occupational Therapy Services	**$0** copay	**0-20%** coinsurance
Outpatient Diagnostic Services	**$0** copay	**0-20%** diagnostic procedures/tests **0-20%** coinsurance X-rays/diagnostic radiological services **$0** copay Lab services
Outpatient Hospital Services	**$0** copay	**0-20%** coinsurance
Outpatient Mental Health Care	**$0** copay	**0-20%** coinsurance
Physician Services	**$0** copay	**0-20%** coinsurance

Benefit Category	Medicaid Covered Services	Aetna Better Health of Ohio Dual Preferred (HMO SNP)
Physical Therapy Services	**$0** copay	**0-20%** coinsurance
Podiatry Services	**$0** copay	**0-20%** coinsurance
Prescription Drugs	**$3** copay for prescription drugs requiring prior authorization **$2** copay for most brand name drugs Prior authorization required for name-brand prescription drugs when generic ones are available	*See **Prescription Drug** section earlier in this Summary of Benefits document.*
Preventive Services	**$0** copay	**$0** copay
Prosthetic Devices (braces, artificial limbs, etc.)	**$0** copay	**0-20%** coinsurance
Speech Therapy Services	**$0** copay	**0-20%** coinsurance
Transportation Services	**$0** copay Transportation to and from covered services through the County Department of Jobs and Family Services	**$0** copay You are covered for up to **24** one-way trips to plan-approved locations every year
Vision Services	**$0** copay per visit for medically necessary visual care services **$2** copay for one eye exam every 12 months. **$1** copay for eyeglasses or contacts (covered with	**$0** coinsurance for routine eye exam (1 exam per year) **0-20%** coinsurance for non-routine services Plan will pay up to **$250** per year towards the purchase of eyeglasses/contact lenses/lenses/frames/

	prior authorization) every 12 months.	upgrades

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 PDP, HMO, PPO plan with a Medicare contract.

This information is not a complete description of benefits. Call our plan for more information. 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.aetnabetterhealth.com/ohio-hmosnp.

Members in our HMO plans must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers, neither Medicare nor Aetna will be responsible for the costs.

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.aetnabetterhealth.com/ohio-hmosnp.

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, call the phone number listed in this material.

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 listed in this material. If you need help filing a grievance, call the phone number listed in this material.

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 ឬហៅទៅកាន់លេខទូរស័ព្ទដែលមានរាយនៅក្នុងឯកសារនេះ។ (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 tö̈ thïn. Nem ɣöt tën internet tëdë ke yï cɔl akuën cö̈tmec 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 ຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າແມ່ນມີໃຫ້ທ່ານ. ໄປທີ່ເວັບໄຊທ໌ຂອງພວກເຮົາ ຫຼື ໂທຕາມເບີໂທລະສັບທີ່ລະບຸໃນເອກະສານນີ້. (Lao)

Bilagáana bizaad doo bee yáníłti'da dóó saad nááná ła' bee yáníłti'go, ata' hane' t'áá jíík'e bee áká i'doolwołígíí hóló. Béésh nitsékeesí bee na'ídíkid bá haz'ánígi ąą'ádíílííł 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 'ਤੇਜਾਓ 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)

ܐܢ ܐܢܬܘܢ ܡܡܠܠܝܢ ܠܫܢܐ ܐܚܪܢܐ ܠܐ ܠܫܢܐ ܐܢܓܠܝܙܝܐ، ܐܝܬ ܠܟܘܢ ܬܫܡܫܬܐ ܕܡܥܕܪܢܘܬܐ ܠܫܢܝܬܐ ܡܓܢ. ܣܥܘܪܘ ܠܐܬܪ ܐܠܟܬܪܘܢܝܐ، ܐܘ ܩܪܘ ܠܡܢܝܢܐ ܕܬܠܝܦܘܢ ܕܪܫܝܡ ܒܗܢܐ ܐܓܪܬܐ (Syriac)

หากคุณพูดภาษาอื่นนอกเหนือจากภาษาอังกฤษ สามารถขอรับบริการช่วยเหลือด้านภาษาได้ฟรี เข้าไปที่เว็บไซต์ของเรา หรือโทรติดต่อหมายเลขโทรศัพท์ที่แสดงไว้ในเอกสารนี้ (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)