



# Less stress

## Aetna® Hospital Indemnity Plan

### Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, you can plan ahead to give yourself an extra financial cushion.

### The Aetna Hospital Indemnity Plan can help

The plan pays you a lump-sum cash benefit for a covered hospital admission and daily stays—even when you deliver a baby. You can use the money to help pay out-of-pocket medical costs or personal expenses. The choice is yours.

### How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover the unexpected costs that might come with a stay in the hospital.

The Aetna Hospital Indemnity Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

### How can you use the cash benefits?

It's completely up to you. You can use the money any way you want. It can help pay:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or for anything else you choose.

### Easy to use

Online tools make it easy to manage your plan on our app or member portal. You can file a claim in about 90 seconds or less if you or a family member experience a covered hospital stay. And, benefits get paid directly to you by check or direct deposit.

**The Aetna Hospital Indemnity Plan is underwritten by Aetna Life Insurance Company (Aetna).**

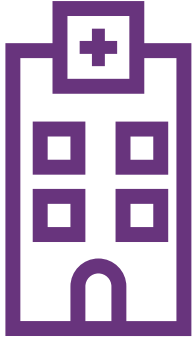
[Aetna.com](https://www.aetna.com)

57.03.503.1 (02/21)



## Because it happens

\$1.24 trillion was spent on hospital services in 2020. 60%-65% of all bankruptcies are related to medical expenses.<sup>1</sup>



### Ready...or not

Carter\* is a hard worker, so he doesn't always slow down to listen to his body. Before he knew it, a little cough turned into pneumonia — and a hospital stay.

Good thing he had the Aetna Hospital Indemnity Plan. He filed his claim online and, as an Aetna Medical member, didn't need to upload his medical bills.

Carter's benefits were deposited right into his bank account. That money helped make up for the time he missed work while recovering and paid some of his deductible. Now, he can focus more on his health.

## A Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or on the member portal at [myaetnasupplemental.com](https://myaetnasupplemental.com) to view plan documents, submit and track claims, and sign up for direct deposit. Aetna Medical members can also visit [Aetna.com](https://Aetna.com) to access the member portal.

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. Filing claims is even easier for Aetna Medical Plan members. **Aetna Easy File™** uses information from your medical claim to process your hospital indemnity plan claim. That's less paperwork for you. Don't have Aetna Medical? No problem- just upload or take a picture of your medical bill.

You can also print and mail a paper claim form to Aetna Voluntary Plans.



<sup>1</sup>Debt.org. Hospital and Surgery Costs. October 2021. Available at: <https://www.debt.org/medical/hospital-surgery-costs/>. Accessed June 3, 2022.

\*This is a fictional example of how the plan could work.

## **THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.**

The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan. This insurance 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. 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 material is for information only. Insurance plans contain exclusions and limitations. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features, rates, eligibility and availability may vary by location and are subject to change. For more information about Aetna plans, refer to [Aetna.com](https://Aetna.com).

**Policy forms issued in Oklahoma include:** AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01, GR-96173-HI 01.

**Policy forms issued in Missouri include:** AL VOL HPOL-Hosp 01, GR-96172-01.


# BENEFIT SUMMARY

**Banner Health**  
**802395**

## **Aetna Hospital Indemnity**

Insurance plans are underwritten by Aetna Life Insurance Company.


### **Here's how the plan works:**

  
You have an unexpected event and have to go to the hospital.



  
You are admitted into the hospital and spend two days there.



  
You submit your hospital claim to Aetna.



  
Aetna pays benefits directly to you.

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](http://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*
<p><b>Hospital stay - Admission</b></p> <p>Provides a lump sum benefit for the initial day of your stay in a hospital.</p> <p><i>Maximum 1 stay per plan year</i></p> <p>Note: A stay includes admission to a mental disorder treatment facility or substance abuse treatment facility.</p>	\$1,000	\$1,500
<p><b>Hospital stay - Daily</b></p> <p>Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p><b>Hospital stay - (ICU) Daily</b></p> <p>Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$200	\$300
<p><b>Newborn routine care</b></p> <p>Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.</p>	\$100	\$100
<p><b>Observation unit</b></p> <p>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.</p> <p><i>Maximum 1 day per plan year</i></p>	\$100	\$100
<p><b>Substance abuse stay - Daily</b></p> <p>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.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p><b>Mental disorder stay - Daily</b></p> <p>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.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p><b>Rehabilitation unit stay - Daily</b></p> <p>Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury.</p> <p><i>Maximum 30 days per plan year</i></p>	\$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

### **Do I have to be actively at work to enroll in coverage?**

Yes, you must be actively at work in order to enroll and for coverage to take effect. You are actively at work if you are working, or are available to work, and meet the criteria set by your employer to be eligible to enroll.

### **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](http://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](http://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

<b><u>Benefit</u></b>	<b>Non - ER Designated Facility</b>	<b>1.5x - ER Designated Facility</b>
<b><u>Inpatient benefits</u></b>		
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  ICU daily	\$100 per day, beginning on day two of your stay  \$200 per day, beginning on day two of your stay	\$150 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 Maximum days per plan year	\$100 per day 1	\$100 per day 1
Rehabilitation unit stay – daily Maximum days per plan year	\$50 per day 30	\$75 per day 30
Mental disorders stay – daily Maximum days per plan year	\$100 per day 30	\$150 per day 30
Substance abuse stay – daily Maximum days per plan year	\$100 per day 30	\$150 per day 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.

# Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides 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 1-888-772-9682.

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  
1-800-648-7817, TTY: 711, Fax: 859-425-3379, [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

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).

## Availability of Language Assistance Services

TTY: 711

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For language assistance in your language call 1-888-772-9682 at no cost. (English)

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Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

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欲取得以您的語言提供的語言協助，請撥打1-888-772-9682，無需付費。(Chinese)

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Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

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Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

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Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

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للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-888-772-9682. (Arabic)

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Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

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Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

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日本語で援助をご希望の方は 1-888-772-9682 (フリーダイヤル) までお電話ください。 (Japanese)

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본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

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برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. (Persian)

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Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

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Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

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Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

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Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)

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