



By your side

Aetna Group Specified Disease Plan

Be prepared for what happens next

Group specific disease coverage can keep you focused on your health when it matters most. This is extra coverage to help ease financial worries during a stressful time.

What is the Aetna Group Specified Disease Plan?

The Aetna Group Specified Disease Plan pays benefits when a doctor diagnoses you with a covered serious illness or condition. For instance, a heart attack, stroke, cancer and more.* You can use the benefits to help pay out-of-pocket medical costs. Or you can use the benefits for everyday expenses.

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But those plans usually don't cover all of the medical costs or unexpected out-of-pocket expenses that can come with a serious illness.

The Aetna Group Specified Disease Plan pays benefits directly to **you**. You'll get 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 put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way **you** choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered illness. We will pay benefits directly to you by check or direct deposit.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96844.

*Refer to your plan documents to see all covered illnesses under the plan.

Did you know?

More than **1 in 3** Americans have heart disease, making it the most expensive health condition in the U.S. at a combined \$555 billion¹.

Less stress



Dan* knows that heart disease runs in his family. And when a heart attack struck, he was thankful he had the Aetna Group Specified Disease plan.

He filed his claim online and since he had signed up for direct deposit, his benefits went directly into his bank account. He was able to use the money to help pay his out-of-pocket medical costs and other bills, like his son's day care tuition.

An Aetna Simplified Claims Experience™

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

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM. to 6 PM.



¹WebMD. Top 11 Medical Expenses. November, 2021. Available at: <https://www.webmd.com/healthy-aging/ss/slideshow-top-11-medical-expenses>. Accessed June 3, 2023.

* For illustrative purposes only; does not reflect events experienced by an actual participant.



Benefit Summary



Aetna Group Specified Disease Plan

Brookhaven Science Associates, LLC

6501315

The group specified disease plan helps financially



- You'll get guaranteed enrollment, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Financial support in your time of need.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

This is a summary of your benefits. See the plan documents for a complete description of the benefits, exclusions, limitations, and conditions of coverage.

Note: The Aetna Group Specified Disease Plan pays benefits for the diagnosis of a covered illness, condition, or treatment. The plan doesn't pay benefits for diagnoses that occur before your plan's effective date. If you or a covered dependent are diagnosed with two or more critical illnesses on the same day, we will pay the diagnosis with the highest benefit amount.



Group Specified Disease plan



Face amount

Coverage by member	Percentage	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Your — face amount	100%	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Spouse — percent of employee face amount or benefit amount	100%	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Child(ren) — percent of employee face amount or benefit amount	100%	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000

Note: The face amount is the maximum benefit a plan pays for a covered diagnosis for a member. Your benefits are based on a percentage of the face amount, or a specific dollar amount, as shown. Your dependents' benefits are based on a percentage of your benefits. See the plan documents for complete details, including limitations and exclusions that apply.

Group specified disease benefits — neurological (brain)

Covered benefit	Percentage of face amount
Parkinson's disease	100%
Stroke (includes Transient ischemic attack)	100%

Group specified disease benefits — other

Covered benefit	Percentage of face amount
End-stage renal or kidney failure	100%
Major organ failure (heart, liver, lung(s), pancreas)	100%

Group specified disease benefits — vascular (heart)

Covered benefit	Percentage of face amount
Coronary artery disease	100%
Heart attack (myocardial infarction)	100%
Sudden cardiac arrest	25%

Note: Maximum 1 sudden cardiac arrest diagnosis per lifetime.

Group specified disease plan features

Covered benefit	Percentage of face amount
Subsequent (other) critical illness diagnosis	100%
Recurrence (same) critical illness diagnosis	100%

Group Specified Disease plan



Cancer benefits

Covered benefit	Percentage of face amount
Cancer (<i>invasive</i>)	100%
Carcinoma in situ (<i>non-invasive</i>)	25%
Skin cancer	\$1,000
Recurrence cancer (<i>invasive</i>) diagnosis	100%
Recurrence carcinoma in situ (<i>non-invasive</i>) diagnosis	100%

Note: Maximum 1 skin cancer diagnosis per lifetime.

Additional plan benefits

Covered benefit	Benefit amount
Waiver of premium	Included

Group Specified Disease plan



Additional plan benefits

Covered benefit	Benefit amount
Health screening benefit (<i>pays once per member per plan year for covered preventive tests</i>)	\$50

Covered health screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Breast MRI
- Breast ultrasound
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemoccult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Infectious disease testing
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

Note: COVID-19 testing is an eligible health screening benefit.

Aetna Group Specified Disease Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Rates are based on your (the subscriber's) age and will increase as you move into a higher age-band.

Uni-tobacco rates

Option 1 face amount: \$5,000

Age	You only	You + spouse	You + children	You + family
<25	\$1.39	\$3.10	\$1.39	\$3.10
25-29	\$1.69	\$3.70	\$1.69	\$3.70
30-34	\$2.46	\$5.25	\$2.46	\$5.25
35-39	\$3.66	\$7.64	\$3.66	\$7.64
40-44	\$5.25	\$10.83	\$5.25	\$10.83
45-49	\$7.02	\$14.39	\$7.02	\$14.39
50-54	\$9.79	\$19.96	\$9.79	\$19.96
55-59	\$13.50	\$27.41	\$13.50	\$27.41
60-64	\$19.04	\$38.53	\$19.04	\$38.53
65-69	\$25.26	\$51.02	\$25.26	\$51.02
70+	\$32.95	\$66.45	\$32.95	\$66.45

Option 2 face amount: \$10,000

Age	You only	You + spouse	You + children	You + family
<25	\$1.90	\$4.25	\$1.90	\$4.25
25-29	\$2.47	\$5.39	\$2.47	\$5.39
30-34	\$3.98	\$8.42	\$3.98	\$8.42
35-39	\$6.34	\$13.16	\$6.34	\$13.16
40-44	\$9.48	\$19.45	\$9.48	\$19.45
45-49	\$12.98	\$26.48	\$12.98	\$26.48
50-54	\$18.44	\$37.47	\$18.44	\$37.47
55-59	\$25.74	\$52.13	\$25.74	\$52.13
60-64	\$36.67	\$74.07	\$36.67	\$74.07
65-69	\$48.95	\$98.70	\$48.95	\$98.70
70+	\$64.12	\$129.15	\$64.12	\$129.15

Option 3 face amount: \$15,000

Age	You only	You + spouse	You + children	You + family
<25	\$2.40	\$5.40	\$2.40	\$5.40
25-29	\$3.25	\$7.08	\$3.25	\$7.08
30-34	\$5.49	\$11.58	\$5.49	\$11.58
35-39	\$9.02	\$18.67	\$9.02	\$18.67
40-44	\$13.71	\$28.08	\$13.71	\$28.08
45-49	\$18.94	\$38.57	\$18.94	\$38.57
50-54	\$27.09	\$54.98	\$27.09	\$54.98
55-59	\$37.99	\$76.86	\$37.99	\$76.86
60-64	\$54.31	\$109.61	\$54.31	\$109.61
65-69	\$72.63	\$146.38	\$72.63	\$146.38
70+	\$95.29	\$191.85	\$95.29	\$191.85

Option 4 face amount: \$20,000

Age	You only	You + spouse	You + children	You + family
<25	\$2.91	\$6.56	\$2.91	\$6.56
25-29	\$4.03	\$8.77	\$4.03	\$8.77
30-34	\$7.01	\$14.75	\$7.01	\$14.75
35-39	\$11.71	\$24.19	\$11.71	\$24.19
40-44	\$17.94	\$36.70	\$17.94	\$36.70
45-49	\$24.90	\$50.67	\$24.90	\$50.67
50-54	\$35.75	\$72.48	\$35.75	\$72.48
55-59	\$50.23	\$101.58	\$50.23	\$101.58
60-64	\$71.94	\$145.15	\$71.94	\$145.15
65-69	\$96.31	\$194.06	\$96.31	\$194.06
70+	\$126.46	\$254.55	\$126.46	\$254.55

Option 5 face amount: \$25,000

Age	You only	You + spouse	You + children	You + family
<25	\$3.42	\$7.71	\$3.42	\$7.71
25-29	\$4.80	\$10.47	\$4.80	\$10.47
30-34	\$8.52	\$17.92	\$8.52	\$17.92
35-39	\$14.39	\$29.70	\$14.39	\$29.70
40-44	\$22.17	\$45.32	\$22.17	\$45.32
45-49	\$30.86	\$62.76	\$30.86	\$62.76
50-54	\$44.40	\$89.99	\$44.40	\$89.99
55-59	\$62.48	\$126.30	\$62.48	\$126.30
60-64	\$89.58	\$180.70	\$89.58	\$180.70
65-69	\$120.00	\$241.75	\$120.00	\$241.75
70+	\$157.63	\$317.26	\$157.63	\$317.26

Option 6 face amount: \$30,000

Age	You only	You + spouse	You + children	You + family
<25	\$3.92	\$8.86	\$3.92	\$8.86
25-29	\$5.58	\$12.16	\$5.58	\$12.16
30-34	\$10.03	\$21.09	\$10.03	\$21.09
35-39	\$17.07	\$35.22	\$17.07	\$35.22
40-44	\$26.40	\$53.95	\$26.40	\$53.95
45-49	\$36.82	\$74.85	\$36.82	\$74.85
50-54	\$53.05	\$107.49	\$53.05	\$107.49
55-59	\$74.72	\$151.02	\$74.72	\$151.02
60-64	\$107.21	\$216.24	\$107.21	\$216.24
65-69	\$143.68	\$289.43	\$143.68	\$289.43
70+	\$188.80	\$379.96	\$188.80	\$379.96

Aetna Group Specified Disease Plan exclusions and limitations

This plan has exclusions and limitations. Refer to the actual booklet certificate and Schedule of Benefits to determine which services are covered and to what extent. 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.

Exclusions: Benefits under the Policy will not be payable for any critical illness that is diagnosed or for which care was received outside the United States and its territories, or for any loss caused in whole or in part by or resulting in whole or part from the following:

1. Act of war, riot, war;
2. Care provided by immediate family members or any household member;
3. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
4. Being under the influence of a stimulant (such as amphetamines), depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the covered person, except when resulting from a diagnosed disorder;

The critical illness date of diagnosis must be on or after the effective date of the certificate and while coverage is in force. The diagnosis must be given or received in the United States or its territories.

Continuation of insurance

Your plan includes a continuation of insurance option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option if your employment ceases for any reason. Refer to your certificate for additional continuation of insurance provisions. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.

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

Please review your cancer buyer's guides:

http://demo.avpenroll.com/media/1591/maine-nh-prod_serv_consumer_guide_cancer.pdf

http://demo.avpenroll.com/media/1590/aetna-utah_ci_buyersguide.pdf

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. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Policies may not be available in all states, and rates and benefits may vary by location.

If you require language assistance, please call the Member Services number on your Aetna ID card, and an Aetna representative will connect you with an interpreter. You can also get interpretation assistance for utilization management issues or for registering a complaint or appeal. 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 número de Servicios al Cliente que figura en su tarjeta de identificación de Aetna, y un representante de Aetna lo pondrá en contacto con un intérprete. También puede obtener la asistencia de un intérprete para tratar problemas de manejo de utilización o para registrar una queja o una apelación. Si usted es sordo o tiene dificultades de audición, use su TTY y marque 711 para comunicarse con el servicio de retransmisión de telecomunicaciones. Una vez conectado, ingrese o brinde el número de teléfono de Aetna al 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 (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 mass.gov/doi.

Financial Sanctions Exclusion

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>.

Policy forms issued in Oklahoma include: GR-96843, AL HCOC-VOL CI 01, AL HPOL-VOL CI 01.

Policy forms issued in Missouri and Wyoming include: GR-96844 01, AL HCOC-VOL CI 01, AL HPOL-VOL CI 01.

Please review the below notice for Aetna Supplemental Health plan members who reside in the state of New Mexico.

ATTENTION NEW MEXICO RESIDENTS

The coverage provided under your benefits plan or policy underwritten by Aetna Life Insurance Company is limited in nature and may not provide financial protection for significant costs that you could incur for the diagnosis or treatment of COVID-19 ("Corona virus") related illness.

If you do not have comprehensive major medical coverage, in addition to the plan or policy issued by our company, you may incur significant uninsured medical expenses associated with the diagnosis and treatment of illness caused by COVID-19.

Major medical plans offer robust consumer protections, and are required to waive all deductibles, co-pays and other cost sharing expenses for the diagnosis or treatment of COVID-19 related illness. Your policy or plan with us is not a major medical plan and does not provide such protections.

If you do not have major medical coverage, you may:

1. Contact a licensed insurance broker or agent to see about major medical coverage availability.
2. To see if you are eligible for a special enrollment period for major medical coverage through the New Mexico Health Insurance Exchange, contact beWellnm toll-free at **1-833-862-3935**.
3. To see if you are eligible for Medicaid coverage and to complete an application, please call the Human Services Department's Medicaid Expansion Hotline toll-free at **1-855-637-6574** or visit **<https://www.yes.state.nm.us/yesnm/home/index>**.
4. To see if you are eligible for high risk pool coverage, please contact the New Mexico Medical Insurance Pool (the "High Risk Pool") at **1-844-728-7896** or **<https://nmmip.org/>**. If you are uninsured and have a COVID-19 diagnosis, your condition qualifies you for Pool coverage.

The Centers for Disease Control and the New Mexico Department of Health each have websites with considerable information on COVID-19. Visit each website at **<https://www.cdc.gov/>** or **<http://cv.nmhealth.org/>**.

Individuals who have symptoms consistent with COVID-19 should immediately call the NM Department of Health at **1-855-600-3453**.

AETNA LIFE INSURANCE COMPANY
151 Farmington Avenue, Hartford, Connecticut 06156

SPECIFIED DISEASE COVERAGE

THIS POLICY PROVIDES LIMITED BENEFITS

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

OUTLINE OF COVERAGE

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

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the ‘Guide to Health Insurance for People with Medicare’ available from the company.

1. This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer’s Guide to Specified Disease Insurance to review the possible limits on benefits in this type of coverage.
2. Read Your policy Carefully—This outline of coverage provides a very brief description of the important features 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 CAREFULLY!**
3. Specified disease coverage is designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of specified diseases. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

4. Benefits:

Employee

Face amount	\$5,000; \$10,000; \$15,000; \$20,000; \$25,000; \$30,000
Dollar benefit amount	Flat dollar amount as shown in the grid below

Covered dependent spouse

Face amount	100% of the Employee face amount
Dollar benefit amount	100% of the Employee dollar benefit amount

Covered dependent children

Face amount	100% of the Employee face amount
Dollar benefit amount	100% of the Employee dollar benefit amount

Critical illness benefits — neurological (brain)	Percentage of face amount
Parkinson's disease	100%
Stroke	100%

Critical illness benefits — other	Percentage of face amount
End-stage renal or kidney failure	100%
Major organ failure (<i>heart, liver, lung(s), pancreas</i>)	100%

Critical illness benefits — vascular (heart)	Percentage of face amount
Coronary artery disease	100%
Heart attack (<i>myocardial infarction</i>)	100%
Sudden cardiac arrest	25%
Maximum sudden cardiac arrest	1 per lifetime

Cancer	Percentage of face amount/ Benefit amount
Cancer (invasive)	100%
Carcinoma in situ (non-invasive)	25%
Skin cancer	\$1,000
Maximum skin cancer diagnosis	1 per lifetime

The following benefits pay a flat dollar amount. The dollar amount is not based on the Percentage of face amount/Employee dollar benefit amount shown above.

Additional benefits	Benefit amount
Health screening	\$50 per screening
Maximum screenings per plan year	1

5. **Exclusions** - Benefits will not be paid for a diagnosis related to the following:

- Act of war, riot, war
- Felony
- Self-harm, suicide

Diagnosis of a covered dependent child's congenital anomaly will not be excluded. As used here, congenital anomaly means a condition existing at or from birth that is a significant deviation from the common form or function of the body, impairing the function of the body, whether caused by a hereditary or developmental defect or disease.

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.

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

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

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

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)

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

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

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

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

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

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

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)

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

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

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

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

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

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