



July 1, 2019

Changes to your prescription drug coverage

There will be changes to the **Aetna Performance Plan** drug list that start on **July 1, 2019**. It's important that you review and understand the changes in the chart below. Talk to your health care provider about how these changes might impact you.

What if I need a prescription drug that requires a medical exception?

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements. And also for a prescription drug that's not covered in your plan.

We'll contact you or your prescriber with our decision. If your exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

How to find a preferred medicine that's right for you

You can visit the website that's on your member ID card and sign in to your account. Your doctor can also request a medical exception if your drug has been removed from the formulary. If you have any questions, you can call us at the toll-free number on your member ID card.

The changes made to the prescription drugs in this chart are based on the plan you're currently a member of at the time this letter was sent. These changes apply to all plans unless noted.

UPPER CASE = brand-name medication

lower case = generic medication

* Changes apply if your plan includes this feature.

Prescription Drug	Change(s)
abacavir sol	You can fill up to 30/ day*
abacavir tab	You can fill up to 2/ day*
ACIPHEX	You can fill up to one 90-day supply every 365 days
ACIPHEX SPRINKLE	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days

Prescription Drug	Change(s)
ADDYI	Not covered under pharmacy benefit; Preauthorization has been removed; Quantity limits have been removed
ADZENYS XR-ODT	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
AKTIPAK	You can fill up to 2/day*
ALUNBRIG	Must be filled through a specialty network pharmacy
amphetamine sulfate	Not covered under pharmacy benefit
APTIVUS CAP	You can fill up to 4/ day*
APTIVUS SOL	You can fill up to 10.2/ day*
BELBUCA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
BERINERT	You can fill up to 10/month*
betamethasone dipropionate	You can fill up to 120gm/ month*
betamethasone valerate	You can fill up to 120gm/ month*
BETHKIS	Must be filled through a specialty network pharmacy
BIVIGAM	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
butorphanol tartrate	Not covered under pharmacy benefit
CABOMETYX	Must be filled through a specialty network pharmacy
calcipotriene	You can fill up to 120gm/ month*
capecitabine	Must be filled through a specialty network pharmacy
ciclodan	Not covered under pharmacy benefit
ciclopirox nail lacquer	Not covered under pharmacy benefit
CLEOCIN-T SOL	You can fill up to 2/ day*

Prescription Drug	Change(s)
clindamycin phosphate	You can fill up to 2/ day*
clotrimazole/betamethasone dipropionate	You can fill up to 45gm/ month*
COPAXONE INJ 20MG/ML	You can fill up to 1/ day*
COPAXONE INJ 40MG/ML	You can fill up to 12/ 28 days*
COPEGUS	Must be filled through a specialty network pharmacy
CRIXIVAN CAP 200MG	You can fill up to 15/ day*
CRIXIVAN CAP 400MG	You can fill up to 6/ day*
CUPRIMINE	Not covered under pharmacy benefit
CUVITRU	Must be filled through a specialty network pharmacy
cvs omeprazole/sodium bicarbonate	You can fill up to one 90-day supply every 365 days
CYSTARAN	You can fill up to 4 bottles/ month*
D-PENAMINE	Not covered under pharmacy benefit; Preauthorization has been removed
DEPEN TITRATABS	Not covered under pharmacy benefit
desoximetasone	You can fill up to 120gm/ month*
DEXILANT	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
didanosine	You can fill up to 1/ day*
DOVONEX	You can fill up to 120gm/ month*
ECOZA	You can fill up to 70gm/ month*
efavirenz cap 200mg	You can fill up to 3/ day*
efavirenz cap 50mg	You can fill up to 3/ day*
efavirenz tab 600mg	You can fill up to 1/ day*
EMTRIVA	You can fill up to 24.3/ day*
EPIVIR SOL 10MG/ML	You can fill up to 30/ day*

Prescription Drug	Change(s)
EPIVIR TAB 150MG	You can fill up to 2/ day*
EPIVIR TAB 300MG	You can fill up to 1/ day*
epoprostenol sodium	Must be filled through a specialty network pharmacy
ergoloid mesylates	Not covered under pharmacy benefit
esomeprazole magnesium 20mg	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
esomeprazole magnesium 40mg	You can fill up to one 90-day supply every 365 days
esomeprazole otc 20mg	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
ESOMEPRAZOLE STRONTIUM	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
etidronate disodium	Not covered under pharmacy benefit
EUCRISA	You can fill up to 60 grams/month*
EVZIO	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
FINACEA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
FIRAZYR	You can fill up to 6/month*
FLOLAN	Must be filled through a specialty network pharmacy
flurazepam hcl	Not covered under pharmacy benefit; Preauthorization has been removed
fosamprenavir calcium	You can fill up to 4/ day*
FUZEON	You can fill up to 2/ day*
GANIRELIX ACETATE	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered

Prescription Drug	Change(s)
glatiramer inj 20mg/ml	You can fill up to 1/ day*
glatiramer inj 40mg/ml	You can fill up to 12/ 28 days*
glatopa inj 20mg/ml	You can fill up to 1/ day*
glatopa inj 40mg/ml	You can fill up to 12/ 28 days*
heartburn treatment esomeprazole 20mg	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
heartburn treatment lansoprazole 15mg	You can fill up to one 90-day supply every 365 days
ILARIS	Must be filled through a specialty network pharmacy
indomethacin er	Not covered under pharmacy benefit
INVIRASE TAB 500MG	You can fill up to 4/ day*
INVIRASE CAP 200MG	You can fill up to 10/ day*
ISENTRESS POW	You can fill up to 2/ day*
JAKAFI	Must be filled through a specialty network pharmacy
JUBLIA	You can fill up to 4ml/ month*
KALBITOR	You can fill up to 12/month*
KALETRA SOL	You can fill up to 13/ day*
KALETRA TAB 100-25MG	You can fill up to 8/ day*
KALETRA TAB 200-50MG	You can fill up to 4/ day*
ketoconazole cream	You can fill up to 2/ day*
ketoconazole tab	Not covered under pharmacy benefit; Quantity limits have been removed
KITABIS PAK	Must be filled through a specialty network pharmacy
KORLYM	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
lamivudine sol 10mg/ml	You can fill up to 30/ day*

Prescription Drug	Change(s)
lamivudine tab 150mg	You can fill up to 2/ day*
lamivudine tab 300mg	You can fill up to 1/ day*
lansoprazole 15mg	You can fill up to one 90-day supply every 365 days
lansoprazole 30mg	You can fill up to one 90-day supply every 365 days
lansoprazole odt	Preauthorization has been removed; You can fill up to one 90-day supply every 365 days
LEXIVA SUS	You can fill up to 57/ day*
LEXIVA TAB	You can fill up to 4/ day*
LILETTA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
lindane	Not covered under pharmacy benefit
lopinavir/ritonavir sol	You can fill up to 13/ day*
LOTRISONE	You can fill up to 45gm/ month*
LYNPARZA	Must be filled through a specialty network pharmacy
MEBOLIC	Not covered under pharmacy benefit
MEKTOVI	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
MINOLIRA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
MODERIBA brand and generic	Must be filled through a specialty network pharmacy
MODERIBA 1200 DOSE PACK	Must be filled through a specialty network pharmacy
MODERIBA 800 DOSE PACK	Must be filled through a specialty network pharmacy
NAMENDA XR TITRATION PACK	Not covered under pharmacy benefit; Preauthorization has been removed

Prescription Drug	Change(s)
NATAZIA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
nefazodone	Not covered under pharmacy benefit
NEOPHE	Not covered under pharmacy benefit
nevirapine sus	You can fill up to 40/ day*
nevirapine tab 200mg	You can fill up to 2/ day*
NEXIUM 24HR CLEAR MINIS	You can fill up to 1/ day*; When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered; You can fill up to one 90-day supply every 365 days
NEXIUM 24HR OTC 20MG	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
NEXIUM CAP 20MG	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
NEXIUM CAP 40MG	You can fill up to one 90-day supply every 365 days
NEXIUM GRANULES	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
NICAPRIN	Not covered under pharmacy benefit
NOCDURNA	Not covered under pharmacy benefit; Preauthorization has been removed; Quantity limits have been removed
NOCTIVA	Not covered under pharmacy benefit; Preauthorization has been removed; Quantity limits have been removed
NORVIR CAP	You can fill up to 12/ day*
NORVIR POW	You can fill up to 12/ day*
NORVIR SOL	You can fill up to 16/ day*
NORVIR TAB	You can fill up to 12/ day*

Prescription Drug	Change(s)
nystatin/triamcinolone	You can fill up to 60gm/ month*
omepra/bicar cap 20-1100	You can fill up to one 90-day supply every 365 days
omepra/bicar cap 40-1100	You can fill up to one 90-day supply every 365 days
omepra/bicar pow 20-1680	Preauthorization has been removed; You can fill up to one 90-day supply every 365 days
omepra/bicar pow 40-1680	Preauthorization has been removed; You can fill up to one 90-day supply every 365 days
omeprazole	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
omeprazole-sod bicarb 20-1100 mg	You can fill up to one 90-day supply every 365 days
omeprazole-sod bicarb 40-1100 mg	You can fill up to one 90-day supply every 365 days
OMNIVEX	Not covered under pharmacy benefit
OPSUMIT	Must be filled through a specialty network pharmacy
pantoprazole sodium	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
pantoprazole sodium dr	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
pentazocine/naloxone hcl	Not covered under pharmacy benefit
PREVACID 24HR OTC 15MG	You can fill up to one 90-day supply every 365 days
PREVACID CAP 15MG DR	You can fill up to one 90-day supply every 365 days
PREVACID CAP 30MG DR	You can fill up to one 90-day supply every 365 days
PREVACID SOLUTAB	Preauthorization has been removed; You can fill up to one 90-day supply every 365 days
PRILOSEC CAP 10MG	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
PRILOSEC CAP 20MG	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days

Prescription Drug	Change(s)
PRILOSEC CAP 40MG	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
PRILOSEC POW 10MG	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
PRILOSEC POW 2.5MG	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
PROLENSA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
PROLEVA	Not covered under pharmacy benefit
PROTEOLIN	Not covered under pharmacy benefit
PROTEOLIN DS	Not covered under pharmacy benefit
PROTONIX PAK	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
PROTONIX TAB 20MG	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
PROTONIX TAB 40MG	You can fill up to 1/ day*; You can fill up to one 90-day supply every 365 days
quinidine gluconate cr	Not covered under pharmacy benefit
quinidine gluconate er	Not covered under pharmacy benefit
quinidine sulfate	Not covered under pharmacy benefit
rabeprazole sodium	You can fill up to one 90-day supply every 365 days
REBETOL	Must be filled through a specialty network pharmacy
RECLAST	Must be filled through a specialty network pharmacy
RESCRIPTOR	You can fill up to 15/ day*
RETROVIR CAP	You can fill up to 6/ day*
RETROVIR SYP	You can fill up to 60/ day*
REYATAZ POW	You can fill up to 6/ day*

Prescription Drug	Change(s)
ribasphere	Must be filled through a specialty network pharmacy
RIBASPHERE RIBAPAK brand and generic	Must be filled through a specialty network pharmacy
ribatab	Must be filled through a specialty network pharmacy
ribavirin	Must be filled through a specialty network pharmacy
ritonavir	You can fill up to 12/ day*
RUCONEST	You can fill up to 8/month*
SELZENTRY TAB 300MG	You can fill up to 4/ day*
stavudine	You can fill up to 2/ day*
stavudine sol	You can fill up to 80/ day*
STELARA	Must be filled through a specialty network pharmacy
SUSTIVA CAP	You can fill up to 3/ day*
SUSTIVA TAB	You can fill up to 1/ day*
tadalafil	You can fill up to 2/ day*
TALTZ	You can fill up to 1/ month*
TARGRETIN	Not covered under pharmacy benefit; Preauthorization has been removed
TARGRETIN GEL 1%	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
TEKTURN HCT	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
TEMODAR	Must be filled through a specialty network pharmacy
temozolomide	Must be filled through a specialty network pharmacy
tetrabenazine	Must be filled through a specialty network pharmacy
TOBI	Must be filled through a specialty network pharmacy

Prescription Drug	Change(s)
tobramycin	Must be filled through a specialty network pharmacy
TOPICORT	You can fill up to 120gm/ month*
triamcinolone cre 0.1%	You can fill up to 60gm/ month*
triamcinolone oin 0.1%	You can fill up to 60gm/ month*
triderm	You can fill up to 60gm/ month*
TUSSICAPS	Preauthorization required; You can fill up to 2/ day; max 20 in 30 days
TYSABRI	You can fill up to 1/ month*
VASCULERA	Not covered under pharmacy benefit
VELETRI	Must be filled through a specialty network pharmacy
VIDEX SOL	You can fill up to 40/ day*
VIDEX EC	You can fill up to 1/ day*
VIRACEPT TAB 250MG	You can fill up to 10/ day*
VIRACEPT TAB 625MG	You can fill up to 4/ day*
VIRAMUNE SUS 50MG/5ML	You can fill up to 40/ day*
VIRAMUNE TAB 200MG	You can fill up to 2/ day*
VIREAD POW	You can fill up to 8/ day*
XELODA	Must be filled through a specialty network pharmacy
XENAZINE	Must be filled through a specialty network pharmacy
XYZBAC	Not covered under pharmacy benefit
ZEGERID CAP 20-1100	You can fill up to one 90-day supply every 365 days
ZEGERID CAP 40-1100	You can fill up to one 90-day supply every 365 days
ZEGERID OTC	You can fill up to one 90-day supply every 365 days
ZEGERID POWDER	Preauthorization has been removed; You can fill up to one 90-day supply every 365 days

Prescription Drug	Change(s)
ZERIT CAP	You can fill up to 2/ day*
ZERIT SOL	You can fill up to 80/ day*
ZIAGEN SOL	You can fill up to 30/ day*
ZIAGEN TAB	You can fill up to 2/ day*
zidovudine cap	You can fill up to 6/ day*
zidovudine syp	You can fill up to 60/ day*
zidovudine tab	You can fill up to 2/ day*
zoledronic acid	Must be filled through a specialty network pharmacy
ZOMETA	Must be filled through a specialty network pharmacy
ZYDELIG	Must be filled through a specialty network pharmacy
ZYVEXOL	Not covered under pharmacy benefit
ZYVIT	Not covered under pharmacy benefit

Please note that if your prescription drug benefits plan changes, the information in this letter may no longer apply.

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 and its affiliates (Aetna).

Some health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about your pharmacy plan, refer to your plan's website that is on your member ID card.

In accordance with state law, commercial fully insured (including HMO) members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Aetna Pharmacy Plan and Specialty Drug List will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

In accordance with state law, fully insured commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive preauthorization or step-therapy reviews will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

In accordance with state law, fully insured commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive preauthorization or step-therapy reviews will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, preauthorization, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are not available in all service areas. For example, step-therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions 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. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. For more information you can refer to your plan's website.

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 the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), 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).

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TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah níłjigo nanitinígíí bee néého'dółzinígíí béésh bee hane'í bikáá' áají' hólne'. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

የድንጋጌ አገልግሎቶችን ያለከፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية. (Arabic)

Անվճար լեզվական ծառայություններին օգտվելու համար զանգահարեք ձեր ինքնության (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, Hamagara inumero iri kuri karangamuntu kawe. (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရဲဘဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al número indicat a la seva targeta d'identificació. (Catalan)

Para un hago' i setbision lengguãhi ni dibåtde para hãgu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

M̈ dyi wuḍu-dù kà kò dò bě dyi móuñ nì píd̈yi ní, nìí, dǎ nòbà nǎ nì ID káàò kǝ. (Kru-Bassa)

بۆ دەسپێر اگەشتن بە خزمەتگوزاری زمان بەی تێچوون بۆ تۆ، پەيوەندی بکە بە ژمارەى سەر ئای دى (ID) کارتی خۆت.
(Kurdish)

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डावरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirlok nomba eo ilo ID kaat eo am.
(Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
(Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

Tě kɔɔr yīn wěēr de thokic ke cīn wěu kɔr keek tēnɔŋ yīn. Ke cɔl kɔc ye kɔc kuɔny nē nɔmba de abac tǝ
nē ID kard du kǝu. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. (Norwegian)

Um Schprooch Services zu griegie mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej
Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua
identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ
ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul dvs. de identificare.
(Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному
на вашей карточке участника плана. (Russian)

