

Aetna Performance Plans

January 1, 2018 Updates



Abbreviation Key

Refer to your plan documents for a complete description of benefits, exclusions and limitations of coverage

*	Some plans may not cover this drug. Alternatives are available.
Expect Gen Expect Generic	Expect generic drugs to become available in the near future. When this happens, we may cover the brand-name drug at a higher copayment, add the brand-name drug to the precertification, quantity limit or step-therapy lists, or add the brand-name drug to the Formulary Exclusions list.
FE Formulary Exclusion	These drugs are not covered under your pharmacy benefit plan due to a formulary exclusion. You can still get these drugs but will need to pay the full cost of the drug.
HCR Health Care Reform	There is no copay for these drugs.
LGC	Lowest generic copay only applies if your plan has the Value Drug Program.
Medical	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
NC Not-Covered	These drugs are not covered under your pharmacy benefit plan due to a benefit exclusion. You can still get these drugs but will need to pay the full cost of the drug.
NPB/G Non-preferred brand or non-preferred generic drug	These drugs aren't preferred. You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
NPL National Precertification List	Preauthorization (PA) is required for all plans. Your doctor must contact us to request approval for coverage.
NPS Non-preferred specialty drug	These drugs aren't preferred. You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
PA - Preauthorization (Precertification)	Preauthorization only applies if your plan includes precertification. This means that we have to approve some drugs before we cover them. If this is required, your doctor must contact us to request approval of coverage.
PB Preferred brand-name drug	These are brand-name drugs that are covered at your 2 nd Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
PS Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
PG Preferred generic	These are generic drugs that are covered at your 1 st tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
QL Quantity limits	Quantity limits only applies if your plan includes quantity limits. Quantity limits help ensure that you get a safe amount of your drug. If you go past the quantity limit, your doctor must contact us to request approval of coverage.
SE Safety edit	The drugs on this list require clinical checks for all plans. These drugs have the greatest potential for harm according to the U.S. Food and Drug Administration (FDA). Overuse and abuse of these drugs can have harmful side effects and they must be used within the guidelines set by the FDA.
SPB Specialty pharmacy coverage	You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.
ST Step therapy	Step therapy only applies if your plan includes step-therapy. This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.

The following drugs will require pre-authorization for safety:

apap/caf/dihydro	hydroco/apap	NUCYNTA	SYNALGOS-DC
apap/codeine	hydroco/ibu	OPANA	tramadol/apap
ascomp/cod	hydrocodone	OXAYDO	tramadol
but/apap/caf/cod	hydromorphone	oxycod/apap	TREZIX
but/asa/caf/cod	ibudone	oxycod/asa	TYLENOL/COD
butorphanol spray	IBUDONE	oxycod/ibu	ULTRACET
CAPITAL/COD	levorphanol	oxycodone	ULTRAM
codeine tab	lorcet	oxymorphone	verdrocet
DEMEROL	lorcet hd	pentaz/nalox	vicodin
dihydrocod/asa/caf	lorcet plus	PERCOCET	vicodin es
DILAUDID	lortab	PRIMLEV	vicodin hp
endocet	LORTAB	reprexain	VICOPROFEN
FIORICET/COD	meperidine	ROXICET	XARTEMIS XR
FIORINAL/COD	morphine sulfate	ROXICODONE	XODOL
HYCET	NORCO	SOLARAZE	ZAMICET

The following drugs will have changes to safety quantity Limits:

(Initial prescriptions used for acute pain will be covered up to a 7 day supply.)

apap/caf/dihydro	FIORICET/COD	MORPHABOND	ROXICODONE
apap/codeine	FIORINAL/COD	morphine sulfate	SYNALGOS-DC
ARYMO ER	HYCET	morphine sulfate er	tramadol/apap
ascomp/cod	hydroco/apap	MS CONTIN	tramadol
AVINZA	hydroco/ibu	NORCO	tramadol er
BELBUCA	hydrocodone	NUCYNTA	TREZIX
buprenorphine patch	hydromorphone	NUCYNTA ER	TYLENOL/COD
but/apap/caf/cod	HYDROMORPH ER	OPANA	ULTRACET
but/asa/caf/cod	HYSINGLA ER	OPANA ER	ULTRAM
butorphanol spray	ibudone	OXAYDO	ULTRAM ER
BUTRANS	IBUDONE	oxycod/apap	verdrocet
CAPITAL/COD	KADIAN	oxycod/asa	vicodin
codeine tab	levorphanol	oxycod/ibu	vicodin es
CONZIP	lorcet	oxycodone	vicodin hp
DEMEROL	lorcet hd	OXYCODONE ER	VICOPROFEN
dihydrocod/asa/caf	lorcet plus	OXYCONTIN	XARTEMIS XR
DILAUDID	lortab	oxymorphone	XODOL
DOLOPHINE	LORTAB	OXYMORPHONE ER	XTAMPZA ER
DURAGESIC	meperidine	pentaz/nalox	ZAMICET
EMBEDA	methadone	PERCOCET	ZOHYDRO ER
endocet	methadose	PRIMLEV	
EXALGO	METHADOSE	reprexain	
fentanyl patch	METHADOSE SF	ROXICET	

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Drug Name	Current Tier	Tier as of 1/1/18	Formulary Alternative(s)	Notes
ABSTRAL	NC	NC	Does apply to this change	Expect Gen
ACANYA	NC	NC	Does apply to this change	Expect Gen
ACIPHEX SPR	NC	NC	Does apply to this change	Expect Gen
ADCIRCA	NC	NC	Does apply to this change	Expect Gen
ADVAIR DISKUS	PB	PB	Does apply to this change	Expect Gen
ALOXI	NC	NC	Does apply to this change	Expect Gen
ALTOPREV	NC	NC	Does apply to this change	Expect Gen
amnestem	PG	PG	Does apply to this change	Add SE
AMPYRA	NC	NC	Does apply to this change	Expect Gen
ANDROGEL GEL 1.62%	PB	PB	Does apply to this change	Expect Gen
ANTARA	NC	NC	Does apply to this change	Expect Gen
APRISO	NC	NC	Does apply to this change	Expect Gen
ASACOL HD	PB	NC	mesalamine	
ASMANEX	PB	PB	Does apply to this change	Add QL, Expect Gen
ASMANEX HFA	PB	PB	Does apply to this change	Add QL
atenolol/chlorthalidone	PG/LGC	PG	Does apply to this change	
AUBAGIO	NC	NPB/G	Does apply to this change	Add QL, Add NPL, Add SPB
avar cleanse	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
avar-e emoll	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
avar-e green	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
AVONEX	NC	NPB/G	Does apply to this change	Add QL, Add NPL, Add SPB
AVONEX PEN	NC	NPB/G	Does apply to this change	Add QL , Add NPL, Add SPB
AVONEX PREFL	NC	NPB/G	Does apply to this change	Add QL , Add NPL, Add SPB
AZASITE	NC	NC	Does apply to this change	Expect Gen
benazepril/hctz	PG/LGC	PG	Does apply to this change	
BEPREVE	NC	NC	Does apply to this change	Expect Gen
BETASERON	NC	NPB/G	Does apply to this change	Add QL, Add NPL, Add SPB
bexarotene	PG	PG	Does apply to this change	Add PA
bisoprolol	PG/LGC	PG	Does apply to this change	
bp 10-1	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
bumetanide	PG/LGC	PG	Does apply to this change	
CABOMETYX	NC	NPB/G	Does apply to this change	Add PA, Add QL, Add SPB
CANASA	NC	NC	Does apply to this change	Expect Gen

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captopril	PG/LGC	PG	Does apply to this change	
carbamazepin	PG/LGC	PG	Does apply to this change	
cerisa wash	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
CIALIS	PB	PB	Does apply to this change	Expect Gen
CIPRODEX	PB	PB	Does apply to this change	Expect Gen
claravis	PG	PG	Does apply to this change	Add SE
clearlax	PG/LGC	PG	Does apply to this change	
cvs purelax	PG/LGC	PG	Does apply to this change	
DELZICOL	PB	PB	Does apply to this change	Expect Gen
digitek/digox/digoxin 0.125mg, 0.25mg	PG/LGC	PG	Does apply to this change	
doxazosin	PG/LGC	PG	Does apply to this change	
dulcolax	PG/LGC	PG	Does apply to this change	
ELIDEL	NC	NC	Does apply to this change	Expect Gen
ELLA	HCR	HCR	Does apply to this change	Expect Gen
EMSAM	NC	NC	Does apply to this change	Expect Gen
ENTYVIO	NC	NPB/G	Does apply to this change	Add SPB
epitol	PG/LGC	PG	Does apply to this change	
EPIVIR HBV SOL 5MG/ML	PB	PB	Does apply to this change	Expect Gen
eq clearlax	PG/LGC	PG	Does apply to this change	
eql clearlax	PG/LGC	PG	Does apply to this change	
famotidine	PG/LGC	PG	Does apply to this change	
FINACEA GEL 15%	NC	NC	Does apply to this change	Expect Gen
FLECTOR	NC	NC	Does apply to this change	Expect Gen
FORFIVO XL	NC	NC	Does apply to this change	Expect Gen
FORTEO	NPB/G	NC	TYMLOS	
GANIRELIX AC	NC	NC	Does apply to this change	Expect Gen
gavilax	PG/LGC	PG	Does apply to this change	
gentamicin topical oint	PG/LGC	PG	Does apply to this change	
gentlelax	PG/LGC	PG	Does apply to this change	
glycolax	PG/LGC	PG	Does apply to this change	
gnp clearlax	PG/LGC	PG	Does apply to this change	
hm clearlax	PG/LGC	PG	Does apply to this change	
HUMIRA	NPB/G	NC	Xeljanz, Xeljanz XR, Simponi, Tremfya, Enbrel	Remove PA, Remove NPL
HUMIRA PEDIA	NPB/G	NC	Xeljanz, Xeljanz XR, Simponi, Tremfya, Enbrel	Remove PA, Remove NPL
HUMIRA PEN	NPB/G	NC	Xeljanz, Xeljanz XR, Simponi, Tremfya, Enbrel	Remove PA, Remove NPL
INFLECTRA	NC	NPB/G	Does apply to this change	Add SPB
INTRON A	NPB/G	NPB/G	Does apply to this change	Add PA, Remove NPL

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ISTALOL	NC	NC	Does apply to this change	Expect Gen
JARDIANCE	NC	PB	Does apply to this change	Add QL
KALETRA	PB	PB	Does apply to this change	Expect Gen
laxaclear	PG/LGC	PG	Does apply to this change	
LETAIRIS	NPB/G	NPB/G	Does apply to this change	Expect Gen
LEVITRA	NC	NC	Does apply to this change	Expect Gen
LEXIVA	PB	PB	Does apply to this change	Expect Gen
LILETTA	HCR	HCR	Does apply to this change	Expect Gen
MAKENA	NC	NC	Does apply to this change	Expect Gen
MINIVELLE	NC	NC	Does apply to this change	Expect Gen
MOVIPREP	HCR	HCR	Does apply to this change	Expect Gen
myorisan	PG	PG	Does apply to this change	Add SE
natura-lax	PG/LGC	PG	Does apply to this change	
NEXIUM	NC	NC	Does apply to this change	Expect Gen
NORVIR	PB	PB	Does apply to this change	Expect Gen
NUVARING	HCR	HCR	Does apply to this change	Expect Gen
ONEXTON	NC	NC	Does apply to this change	Expect Gen
ONFI	NC	NC	Does apply to this change	Expect Gen
peg 3350	PG/LGC	PG	Does apply to this change	
pegylax	PG/LGC	PG	Does apply to this change	
PLEGRIDY	NC	NPB/G	Does apply to this change	Add QL, Add NPL, Add SPB
PLEGRIDY PEN	NC	NPB/G	Does apply to this change	Add QL, Add NPL, Add SPB
polyeth glyc	PG/LGC	PG	Does apply to this change	
powderlax	PG/LGC	PG	Does apply to this change	
pravastatin	PG/LGC	PG	Does apply to this change	
prednisone pak	PG/LGC	PG	Does apply to this change	
PRESTALIA	NC	NC	Does apply to this change	Expect Gen
PROAIR HFA	NC	NC	Does apply to this change	Expect Gen
PROVENTIL HFA	NC	NC	Does apply to this change	Expect Gen
PYLERA	PB	PB	Does apply to this change	Expect Gen
QVAR	PB	PB	Does apply to this change	Add QL
ra laxative	PG/LGC	PG	Does apply to this change	
RAPAFLO	NC	NC	Does apply to this change	Expect Gen
REMODULIN	NC	NC	Does apply to this change	Expect Gen
RENFLEXIS	NC	NPB/G	Does apply to this change	Add SPB
RESCULA	NC	NC	Does apply to this change	Expect Gen
RESTASIS	PB	PB	Does apply to this change	Expect Gen
RESTASIS MULTI	PB	PB	Does apply to this change	Expect Gen
rosanil	PG	NC	topical metronidazole, sulfacetamide, tretinoin	

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rosula pad 10-5%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
RYTARY	NC	NC	Does apply to this change	Expect Gen
SAMSCA	NC	NC	Does apply to this change	Expect Gen
SEROQUEL XR	PB	NC	quetiapine tablets	Remove PA
SIMPONI	NC	NPB/G	Does apply to this change	Add QL, Add SPB
sm clearlax	PG/LGC	PG	Does apply to this change	
smooth lax	PG/LGC	PG	Does apply to this change	
sod sul/sulf	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf cre 10-2%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf cre 10-5%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf cre 9.8-4.8%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf emu 10-5%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf liq 10-2%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf liq 9.8-4.8%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf liq 9-4.5%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf lot 10-5%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf lot 9.8-4.8%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf pad 10-4%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf pad 10-5%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
SOLQUA	NC	PB	Does apply to this change	
SOLODYN 65MG, 115MG	NC	NC	Does apply to this change	Expect Gen
ss 10-2	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sss cre 10%-5%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
STAXYN	NC	NC	Does apply to this change	Expect Gen
SUPRENZA	NC	NC	Does apply to this change	Expect Gen
sw clearlax	PG/LGC	PG	Does apply to this change	
SYNJARDY / XR	NC	PB	Does apply to this change	Add QL

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TARGRETIN	PG	PG	Does apply to this change	Add PA
TECFIDERA	NC	NPB/G	Does apply to this change	Add QL, Add NPL, Add SPB
THALOMID	NC	NC	Does apply to this change	Expect Gen
TOLAK	NC	NC	Does apply to this change	Expect Gen
TORISEL	NC	NC	Does apply to this change	Expect Gen
TREMFYA	NC	NPB/G	Does apply to this change	Add QL, Add SPB
TREXIMET	NC	NC	Does apply to this change	Expect Gen
TRULANCE	NC	PB	Does apply to this change	
TRULICITY	PB	PB	Does apply to this change	Add PA
TYMLOS	NC	NPB/G	Does apply to this change	Add QL, Add NPL, Add SPB
VIBERZI	PB	PB	Does apply to this change	Add PA, Add QL
XELJANZ / XELJANZ XR	NC	NPB/G	Does apply to this change	Add QL, Add SPB
ZAVESCA	NC	NC	Does apply to this change	Expect Gen
zenatane	PG	PG	Does apply to this change	Add SE
zencia	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
ZYTIGA	NPB/G	NPB/G	Does apply to this change	Expect Gen

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

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).

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

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)

የቋንቋ አገልግሎቶችን ያለክፍያ 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 lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

M dyi wuḍu-dù kà kò dò bě dyi móuń nì pídỳi ní, nìí, dǎ nòbà nìà nì ID káàò kǝ. (Kru-Bassa)

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

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທົບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirllok 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)

Të kɔɔr yīn wěēr de thokic ke cīn wēu kɔr keek tēnɔŋ yīn. Ke cɔl kɔc ye kɔc kuɔny nē nɔmba de abac tō
nē ID kard du kōu. (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)

