aetna™

July 1, 2020

Changes to your prescription drug coverage

There will be changes to the **Aetna Funding Advantage Small Group Value Plus Plan** drug list that applies to your plan starting on **July 1, 2020**. 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?
You or your prescriber can request a medical exception to the changes in this letter. If you would like to ask for a medical exception, speak directly with your prescriber or you can call us at the toll-free number on your Member ID card.

We'll contact you and your prescriber with our decision. If your exception is approved, you only need to pay your plan copay or cost-share. 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.

If your plan doesn't have formulary exclusions, you will pay the non-preferred copay. To better understand how your pharmacy benefits work under your plan, please 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 information we have at the time this letter was sent.

UPPER CASE = brand-name medication **lower case** = generic medication
* Changes apply if your plan includes this feature.

Prescription Drug	Change(s)
ADLYXIN	You must first try metformin/ xr or TRULICITY, VICTOZA, OZEMPIC, RYBELSUS*
ADRENACLICK	You must first try epinephrine, SYMJEPI*
AFINITOR TAB 10MG	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
APTENSIO XR	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
ASACOL HD	You must first try mesalamine, PENTASA*
AUVI-Q	You must first try epinephrine, SYMJEPI*
AVONEX	You must first try 2 of BETASERON, COPAXONE, MAYZENT, VUMERITY*

Prescription Drug	Change(s)
BAQSIMI	Preferred brand drug
bimatoprost	Not covered for plans with Formulary Exclusions; You must first try latanoprost, travoprost*
bupropion hydrochloride er (xl)	Not covered for plans with Formulary Exclusions
BYDUREON	You must first try metformin/ xr or TRULICITY, VICTOZA, OZEMPIC, RYBELSUS*
BYETTA	You must first try metformin/ xr or TRULICITY, VICTOZA, OZEMPIC, RYBELSUS*
clindamycin gel	Not covered for plans with Formulary Exclusions
codeine sulfate	You can fill up to 6 tabs/ day for 7 days/ 90 days
COLAZAL	You must first try mesalamine, PENTASA*
COSENTYX 150MG	You can fill up to 1 inj/ 28 days*
COSENTYX SENSOREADY PEN 300MG	You can fill up to 2 inj/ 28 days*
cyclobenzaprine hydrochloride er	Not covered for plans with Formulary Exclusions
DELSTRIGO	You must first try BIKTARVY, TRIUMEQ, ISENTRESS+TRUVADA, TIVICAY+TRUVADA, SYMTUZA*
DEMEROL	You can fill up to 6 tabs/ day for 3 days/ 30 days
DILAUDID	You can fill up to 20ml/ day
DIPENTUM	You must first try mesalamine, PENTASA*
DOLOPHINE	You can fill up to 2/ day
DORYX MPC	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
doxycycline hyclate	Not covered for plans with Formulary Exclusions
DUAKLIR PRESSAIR	You must first try ADVAIR, ANORO ELLIPTA, BREO ELLIPTA, BEVESPI, SYMBICORT, STIOLTO*
EMGALITY	Preferred brand drug
EPIDUO FORTE	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
EPIPEN	You must first try epinephrine, SYMJEPI*
ergotamine tartrate / caffeine	Not covered for plans with Formulary Exclusions
EXTAVIA	You must first try 2 of BETASERON, COPAXONE, MAYZENT, VUMERITY*
flucytosine	Not covered for plans with Formulary Exclusions
fluoxetine hydrochloride	Not covered for plans with Formulary Exclusions
flurandrenolide	Not covered for plans with Formulary Exclusions
GENVOYA	You must first try BIKTARVY, TRIUMEQ, ISENTRESS+TRUVADA, TIVICAY+TRUVADA, SYMTUZA*

Prescription Drug	Change(s)
GIAZO	You must first try mesalamine, PENTASA*
hc butyrate cre 0.1%	Not covered for plans with Formulary Exclusions
hydromorphone hcl	You can fill up to 20ml/ day
JULUCA	You must first try BIKTARVY, TRIUMEQ, ISENTRESS+TRUVADA, TIVICAY+TRUVADA, SYMTUZA*
JUXTAPID	You must first try atorvastatin, rosuvastatin AND ezetimibe AND PRALUENT*
KADIAN	You can fill up to 2/ day
ketoprofen	Not covered for plans with Formulary Exclusions
KISQALI 200MG	You can fill up to 21/ 28 days*
KISQALI 400MG	You can fill up to 42/ 28 days*
KISQALI 600MG	You can fill up to 63/ 28 days*
levorphanol tartrate	You can fill up to 2/ day
LONHALA MAGNAIR	You must first try SPIRIVA, INCRUSE ELLIPTA, or YUPELRI *
LUMIGAN	You must first try latanoprost, travoprost*
meperidine sol	You can fill up to 30ml/ 3 days/ 30 days
meperidine tab	You can fill up to 6 tabs/ day for 3 days/ 30 days
methadone 10mg / 5ml	You can fill up to 10ml/ day
METHADONE 10MG / ML brand and generic	You can fill up to 2ml/ day
methadone 5mg / 5ml	You can fill up to 15ml/ day
methadone hcl	You can fill up to 2/ day
MORPHABOND ER	You can fill up to 2/ day
morphine sulfate	You can fill up to 30ml/ day
morphine sulfate er	You can fill up to 2/ day
MOVIPREP	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
MYTESI	Step therapy has been removed
nalocet	Not covered for plans with Formulary Exclusions
NORVIR CAP	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
NUVARING	Non-preferred brand drug
OMNARIS	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
OTEZLA STARTER PACK	You can fill up to 1 pack/ 28 days (max 1 pack/ year)*
OTOVEL	Not covered for plans with Formulary Exclusions
OXAYDO	You can fill up to 6/ day
oxycodone hydrochloride	You can fill up to 30ml/ day
pentazocine / naloxone hcl	You can fill up to 4/ day
PLEGRIDY	You must first try 2 of BETASERON, COPAXONE, MAYZENT, VUMERITY*
PRALUENT	Preferred specialty drug; Step therapy has been removed

Prescription Drug	Change(s)
PREPOPIK	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
RENOVA	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
REPATHA	Not covered for plans with Formulary Exclusions; You must first try PRALUENT*
RESCULA	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
REYVOW	Preferred brand drug
RHOPRESSA	You must first try latanoprost, travoprost*
RISPERDAL CONSTA	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
RYBELSUS	Preferred brand drug; You must first try metformin/ xr*
SAMSCA	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
SEEBRI NEOHALER	You must first try SPIRIVA, INCRUSE ELLIPTA, or YUPELRI *
SKLICE	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
SKYRIZI	You can fill up to 2 inj/ 84 days*
SOMATULINE DEPOT	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
STELARA IV	Preferred specialty drug; Step therapy has been removed
STIOLTO RESPIMAT	Preferred brand drug; Step therapy has been removed
STRIBILD	You must first try BIKTARVY, TRIUMEQ, ISENTRESS+TRUVADA, TIVICAY+TRUVADA, SYMTUZA*
SYMJEPI	Preferred brand drug
SYMTUZA	Preferred brand drug; Preauthorization has been removed; Step therapy has been removed
TANZEUM	You must first try metformin/ xr or TRULICITY, VICTOZA, OZEMPIC, RYBELSUS*
TECFIDERA	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
TOLSURA	Step therapy has been removed
tramadol hcl	You can fill up to 6/ day
TRAVATAN Z	Non-preferred brand drug
TRUVADA	No copay required
TUDORZA PRESSAIR	You must first try SPIRIVA, INCRUSE ELLIPTA, or YUPELRI *
TYKERB	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
TYSABRI	You must first try 2 of BETASERON, COPAXONE, MAYZENT, VUMERITY*

Prescription Drug	Change(s)
UBRELVY	Preferred brand drug
ULTRAM	You can fill up to 6/ day
UTIBRON NEOHALER	You must first try ADVAIR, ANORO ELLIPTA, BREO ELLIPTA, BEVESPI, SYMBICORT, STIOLTO*
VALCHLOR	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
vanatol	Not covered for plans with Formulary Exclusions
VELPHORO	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
VENCLEXTA	You can fill up to 4/ day*
VIVLODEX	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
vtol lq	Not covered for plans with Formulary Exclusions
VUMERITY	Preferred specialty drug
VYZULTA	You must first try latanoprost, travoprost*
XELPROS	You must first try latanoprost, travoprost*
YUPELRI	Preferred brand drug; Preauthorization has been removed; Step therapy has been removed
ZOHYDRO ER	Not covered for plans with Formulary Exclusions

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 their 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 or its affiliate(s) may receive rebates from drug manufacturers. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

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 removed from the Pharmacy Drug Guide (formulary) or added to the Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. Due to system constraints, drugs that are added to the Pharmacy Drug Guide (formulary) or moved to a lower tier during the plan year will also continue to be covered at the same benefit level until the 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 members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of medications that are later added to the Precertification or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those medications covered, for as long as the plan's prescriber continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage under the current policy for medications that are later added to the Precertification or Step Therapy Lists will continue to have those medications covered for as long as the plan's prescriber continues prescribing them, provided the prescriber states in writing that 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.

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. Aetna is part of the CVS Health family of companies.

Policy forms issued in Oklahoma include: AL COC00010, HC COC00010.
Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, AL SG GrpPOLAmend 2020 01, HI SG GrpAgAmend 2020 01.

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 bą́ą́h ílínígóó naaltsoos bee atah nílı̨́go nanitinígíí bee néého’dólzinígíí béésh bee hane’í bikáá’ áajı̨’ 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፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ።፡ (Amharic)

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

Անվճար լեզվական ծառայություններից 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 မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား 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)

ᏣᎩᏍᏗ ᏕᏨᏂᎯᏍᏗ ᎢᏬᎾᏓᏛᏁᏗ Ꮭ ᎠᏆᏍᏗ ᏗᏣᎬᏩᎳᏁᏗ ᏱᎩ, ᏫᏥᎯᏌᏔᏅᏏ ᎾᏍᎩ ᏗᏎᏍᏗ ᏥᏕᎠᏭᎵ ᎤᎾᎢ ID ᏆᏂᏲᏍᏗ ᏣᏤᎵᎢ. (Cherokee)

Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla kvt chi holisso iskitini holhtena takanli ma I paya. (Choctaw)

Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa duugda waraaqaa eenyummaa (ID) kee irraa jiruun bilbili. (Cushite-Oromo)

Voor gratis toegang tot taaldiensten, bel het nummer op uw ID-kaart. (Dutch)

Pou jwenn sèvis lang gratis, rele nimewo telefòn ki sou kat idantite ou a. (French Creole-Haitian)

Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό που αναγράφεται στην κάρτα σας προνομίων μέλους. (Greek)

તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, તમારા આઇડી કાર્ડ ઉપરના નંબરને કોલ કરો. (Gujarati)

No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei. (Hawaiian)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिये नम्बर पर कॉल करें। (Hindi)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID. (Hmong)

Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ nọmba no na kaadị ID gị. (Ibo)

Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti numero idiay ID cardyo. (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi nomor telepon di kartu identitas Anda. (Indonesian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero sulla tessera identificativa. (Italian)

言語サービスを無料でご利用いただくには、IDカードに記載の番号にお電話ください。 (Japanese)

လၢတၢ်ကမၤန့ၢ်ကျိာ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢတအိၣ်ဒီးအပ့ၤလၢနကဘၣ်ဟ့ၣ်အီၤဘၣ်နှၣ်,ကိးဘၣ်လီတဲစိနီၣ်ဂံၢ်လၢအိၣ်လၢနတၢ်ဂီၤခိၣ် (ID) အခးလိၤန့ၣ်တက့ၢ် (Karen)

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

M̀ dyi wuɖu-dù kà kò ɖò ɓě dyi mɔ́uń nì pídyi ní, nìí, ɖá nɔ̀ɓà nìà nì ID káàɔ̀ kɔ̃ɛ. (Kru-Bassa)

بۆ دەستپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
(Kurdish)

ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
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)

Të kɔɔr yïn wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke cɔl kɔc ye kɔc kuɔny në nɔmba de abac tɔ̈ në ID kard du kɔ̈u. (Nilotic-Dinka)

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

Um Schprooch Services zu griege 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)

Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala’au le numera I luga o lau pepa ID. (Samoan)

Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici. (Serbo-Croatian)

Heeba a nasta jangirde djey wolde, apelou lamba djey do windi ha dereji Maada. (Sudanic-Fulfulde)

Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho. (Swahili)

ܟܬܒ ܠܗ ܒܟܠ ܠܫܢ̈ܐ ܕܥܠܡܐ ܕܒܬܪ ܗܘ ܕܢܫܬܡܫ ܒܗ ܒܟܠ ܫܘܩܐ ܕܒܝܬ ܡܫܬܐ ܘܡܙܒܢ ܠܟ ܒܟܠ ܡܕܝܢܬܐ ܕܐܬܘܪ ܐܢ ܬܨܛܪܟ ܠܡܬܪܓܡ ܒܟܠ ܫܥܐ ܕܡܨܛܪܟ ܠܗ ܒܟܠ ܡܕܝܢܬܐ ܕܐܬܘܪ ܐܢ ܬܨܛܪܟ ܠܡܬܪܓܡ ܒܟܠ ܫܥܐ ܕܡܨܛܪܟ ܠܗ. (Syriac-Assyrian)

మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, మీ ID కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి. (Telugu)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

Kapau ‘oku ke fiema’u ta’etōtōngi ‘a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika ‘oku hā atu ‘i ho’o ID kaati. (Tongan)

Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori ewe nampa mei mak won noum ena katen ID (Trukese)

Sizin için ücretsiz dil hizmetlerine erişebilmek için, kartınızdaki numarayı arayın. (Turkish)

Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером, вказаним на Вашій ідентифікайній картці. (Ukrainian)

بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اپنے شناختی کارڈ پر درج نمبرپر بات کریں۔ (Urdu)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên thẻ ID (Nhận dạng) của quý vị. (Vietnamese)

צוטריט שפּראַך באַדינונגען אין קיין פּרייַז צו איר, רופן די נומער אויף דיין שיין קאָרט. (Yiddish)

Lati wọnú awọn isẹ èdè l’ọfẹ fun ọ, pe nọmba ori káádi idánimọ rẹ. (Yoruba)