Summary of Benefits

Aetna Medicare Premier Plan (PPO)

H5521, Plan 111

This is a summary of services covered by Aetna Medicare Premier Plan (PPO)
January 1, 2018 - December 31, 2018
Aetna Medicare Premier Plan (PPO) is a Medicare Advantage **PPO** plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.
The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. The plan's "Evidence of Coverage" provides a complete list of services we cover. The "Evidence of Coverage" is available on our website or you may call us to request a copy.
To join Aetna Medicare Premier Plan (PPO), you must be entitled to Medicare Part A, and be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in
New York: Nassau

Aetna Medicare Premier Plan (PPO)'s pharmacy network offers limited access to pharmacies with preferred cost sharing in suburban New York. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-800-282-5366 (TTY: 711) or consult the online pharmacy directory at https://www.aetnamedicare.com/findpharmacy.

Premium and Benefits	Aetna Medicare Premier Plan (PPO) In Network	Aetna Medicare Premier Plan (PPO) Out-of- Network	What You Should Know
Monthly Plan Premium	$105		You must continue to pay your Medicare Part B premium.
Deductible(s)	This plan does not have a deductible.		
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$6,700 for in-network services annually	$10,000 for in and out-of-network services combined.	The most you pay for copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage	$360 per day, days 1-5; $0 per day, days 6-90 You pay $0 per day for days 91 and beyond.	$500 per day, days 1-20; $0 per day, days 21-90	Prior authorization may be required. This benefit will begin on day one each time you are admitted to a specific facility type. A transfer within or to a facility, including Inpatient Rehabilitation, Long Term Acute Care, Inpatient Acute or Psychiatric facility is considered a new admission. You pay your cost share per admission.
	Our plan covers an unlimited number of days for an inpatient hospital stay.		
Outpatient Hospital coverage	Outpatient hospital observation services: $45 copay; if the provider bills for services other than	30% of the total cost	Prior authorization may be required.

Premium and Benefits	Aetna Medicare Premier Plan (PPO) In Network	Aetna Medicare Premier Plan (PPO) Out-of- Network	What You Should Know
	observation, you may be responsible for additional cost sharing. Outpatient surgery: $350 copay		
Doctor Visits			
• Primary Care Physician (PCP)	$15 copay per visit	$50 copay per visit	
• Specialists	$45 copay per visit	$50 copay per visit	
Preventive Care	$0 copay	0% - 30% of the total cost	Any additional preventive services approved by Medicare during the contract year will be covered. Lower cost sharing for Medicare - covered immunizations out-of-network. Higher cost sharing for all other preventive benefits out-of-network.
Emergency Care	$80 copay per visit $80 copay for worldwide coverage (emergency care outside of the United States)		If you are directly admitted to the hospital, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	$45 copay for each urgent care facility visit $80 copay for urgent care worldwide (i.e. outside of the United States)		

Premium and Benefits	Aetna Medicare Premier Plan (PPO) In Network	Aetna Medicare Premier Plan (PPO) Out-of- Network	What You Should Know
Diagnostic Services/Labs/ Imaging			Prior authorization or physician's order may be required.
• Diagnostic radiology services (e.g., MRI)	$300 copay	30% of the total cost	
• Lab services	$0 copay	30% of the total cost	
• Diagnostic tests and procedures	$45 copay	30% of the total cost	
• Outpatient x-rays	$50 copay	30% of the total cost	
Hearing Services			
• Medicare covered hearing exam	$45 copay	$50 copay	
• Routine hearing exam (one exam every year)	$0 copay	$50 copay	
• Hearing aids	Not Covered	Not Covered	
Dental Services	Any licensed dental provider may provide services. You pay the provider for services, submit an itemized billing statement showing proof of payment to our plan and you will be reimbursed.		
	Our plan offers a dental reimbursement of up to $150 for preventive dental services every year.		You are responsible for any amount over the dental coverage limit.

Premium and Benefits	Aetna Medicare Premier Plan (PPO) In Network	Aetna Medicare Premier Plan (PPO) Out-of- Network	What You Should Know
• Oral exam & cleaning	Covered (See the Evidence of Coverage for details.)	Covered (See the Evidence of Coverage for details.)	
• Fillings	Not Covered	Not Covered	
Vision Services			
• Medicare covered eye exams	$0 copay for glaucoma screenings $0 copay for diabetic eye exams $45 copay for other exams to diagnose and treat diseases and conditions of the eye	30% of the total cost for glaucoma screenings $50 copay for all other Medicare-covered eye exams	
• Routine eye exam (one exam every year)	$0 copay	30% of the total cost	
• Contacts and Eyeglasses (frames and lenses)	$0 copay	$0 copay	
	Our plan offers an eyewear reimbursement of up to $125 for contacts and eyeglasses every year (See the Evidence of Coverage for details). Any licensed eyewear provider may provide services. You pay the provider for services, submit an itemized billing statement showing proof of payment to our plan and you will be reimbursed.		You are responsible for any amount over the eyewear coverage limit.
• Eyeglasses or contact lenses after cataract surgery	$0 copay	30% of the total cost	
Mental Health Services			Prior authorization may be required.

Premium and Benefits	Aetna Medicare Premier Plan (PPO) In Network	Aetna Medicare Premier Plan (PPO) Out-of- Network	What You Should Know
• Inpatient visit	$1,528 per stay	30% per stay	This benefit will begin on day one each time you are admitted to a specific facility type. A transfer within or to a facility, including Inpatient Rehabilitation, Long Term Acute Care, Inpatient Acute or Psychiatric facility is considered a new admission. You pay your cost share per admission.
• Outpatient group therapy visit	$40 copay	30% of the total cost	
• Outpatient individual therapy	$40 copay	30% of the total cost	
Skilled Nursing Facility (SNF)	$0 per day, days 1-20; $167 per day, days 21-100	30% per stay	Our plan covers up to 100 days in a SNF. Prior authorization may be required.
Physical therapy	$40 copay	30% of the total cost	Prior authorization may be required.
Ambulance (one-way trip)	$300 copay	$300 copay	Prior authorization is required for non-emergency transportation.
Transportation	Not Covered	Not Covered	

Premium and Benefits	Aetna Medicare Premier Plan (PPO) In Network	Aetna Medicare Premier Plan (PPO) Out-of- Network	What You Should Know
Medicare Part B Drugs	20% of the total cost for chemotherapy drugs 20% of the total cost for other Part B drugs	30% of the total cost	Prior authorization may be required.

Outpatient Prescription Drugs

Deductible: After you pay your $200 deductible, you pay the cost sharing amounts in the table below. The deductible does not apply to drugs on Tier 1 or Tier 2.

Initial Coverage Limit (ICL) - total amount you and the plan pay for prescription drugs before you enter the coverage gap: $3,750

True Out-of-Pocket Threshold Amount (TrOOP) – total amount you pay before reaching the catastrophic coverage level: $5,000

Initial Coverage

Formulary: B2	Preferred Retail Rx 30-day supply	Standard Retail Rx 30-day supply	Preferred Retail 90-day supply	Preferred Mail Order 90-day supply	Standard Retail/Mail Order 90-day supply
Tier 1: Preferred Generic	$0	$10	$0	$0	$30
Tier 2: Generic	$5	$15	$15	$10	$45
Tier 3: Preferred Brand	$42	$47	$126	$121	$141
Tier 4: Non-Preferred Drug	$100	$100	$300	$300	$300

Formulary: B2	**Preferred Retail Rx 30-day supply**	**Standard Retail Rx 30-day supply**	**Preferred Retail 90-day supply**	**Preferred Mail Order 90-day supply**	**Standard Retail/Mail Order 90-day supply**
Tier 5: Specialty	29%	29%	N/A	N/A	N/A

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

Additional Gap Coverage

Our plan offers some drug coverage in the Coverage Gap Stage.

Cost sharing for a 30-day supply at a network retail pharmacy that offers preferred cost sharing:

- Tier 1: $0
- Tier 2: $5

Cost sharing for a 30-day supply at a network retail pharmacy that offers standard cost sharing:

- Tier 1: $10
- Tier 2: $15

For all other formulary drugs, after you enter the coverage gap, you pay 35% of the plan's cost for covered brand name drugs and 44% of the plan's cost for covered generic drugs until your costs total $5,000, which is the end of the coverage gap.

Catastrophic Coverage

After your total out-of-pocket costs reach $5,000, you pay the greater of:

- 5% of the cost of the drug
- $3.35 for a generic drug or a drug that is treated like a generic and $8.35 for all other drugs

Benefits	Aetna Medicare Premier Plan (PPO) In Network	Aetna Medicare Premier Plan (PPO) Out-of- Network	What You Should Know
Other Information and Benefits			
Referrals	You don't need a referral from a PCP		
Additional Services and Support	Resources For Living℠ helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more.		
Chiropractic Care	Medicare covered services: $20 copay	Medicare covered services: 30% of the total cost	Medicare coverage is limited to manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). Prior authorization may be required.
Dialysis	20% of the total cost	20% of the total cost	Prior authorization may be required.
Foot Care (podiatry services)			
• Medicare covered foot exams and treatment	$45 copay	$50 copay	
Home Health Care	$0 copay	30% of the total cost	Prior authorization may be required.
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.		Please see the Evidence of Coverage for more information about hospice care and coverage.

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Medical Equipment/ Supplies			Prior authorization may be required.
• Durable medical equipment (DME) (wheelchair, oxygen, etc.)	20% of the total cost	30% of the total cost	
• Prosthetics (e.g., braces, artificial limbs)	20% of the total cost	30% of the total cost	
• Diabetic supplies	We exclusively cover blood glucose monitors and diabetic test strips manufactured by OneTouch / LifeScan, such as OneTouch Verio® OneTouch Ultra®, OneTouch UltraMini® systems, test strips and supplies.		Prior authorization is required for blood glucose monitors in excess of one monitor per year and test strips in excess of 100 per 30 days, regardless of brand.
	0% - 20% of the total cost	0% - 20% of the total cost	Higher cost-share applies for non-OneTouch / LifeScan diabetic supplies, even with a medical exception.
Outpatient Substance Abuse	Group therapy visit: $40 copay Individual therapy visit: $40 copay	30% of the total cost	Prior authorization may be required.

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Wellness Program (e.g. fitness)	Free membership at participating SilverSneakers fitness facilities. Also access to online wellness related tools, planners, newsletters and classes. For more information about SilverSneakers® visit https://www.silversneakers.com At-home fitness kits are available if you do not reside near a participating club or prefer to exercise at home.		
	The nursing hotline provides members with a toll-free telephone number to speak with a registered nurse at any time to discuss medical issues or health and wellness topics, 24 hours a day, 7 days a week.		

Compare our plan to Medicare
If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Contact us
For more information, please call us at the phone number below or visit us at https://www.aetnamedicare.com.

If you are not a member of this plan, call toll-free **1-855-338-7027** TTY users should call 711. From October 1 to February 14, you can call us 7 days a week from 8:00 am to 8:00 pm local time. From February 15 to September 30, you can call us Monday through Friday from 8:00 am to 8:00 pm local time.

Current members call the number on your ID card.

You can see our plan's provider directory at our website at https://www.aetnamedicare.com/findprovider.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at https://www.aetnamedicare.com/formulary.

Some of our network pharmacies have preferred cost sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website at https://www.aetnamedicare.com/findpharmacy.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

This document is available in other formats such as Braille, large print or audio. Este documento está disponible en otros formatos como Braille, en letra grande o audio.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-855-338-9533 (TTY: 711)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-338-9533 (TTY: 711).

Aetna Medicare Premier Plan (PPO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, you may pay more for these services. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Aetna provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters; and written information in other formats (large print, audio, accessible electronic formats, other formats). Aetna also provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages. If you need these services, contact the Aetna Medicare Customer Service Department at the phone number on your member identification card.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Aetna Medicare Grievance Department, P.O. Box 14067, Lexington, KY 40512. You can also file a grievance by phone by calling the phone number on your member identification card (TTY: 711). If you need help filing a grievance, the Aetna Medicare Customer Service Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also contact the Aetna Civil Rights Coordinator by phone at 1-855-348-1369, by email at MedicareCRCoordinator@aetna.com, or by writing to Aetna Medicare Grievance Department, ATTN: Civil Rights Coordinator, P.O. Box 14067, Lexington, KY 40512. 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

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number on your member identification card. (English)

Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en su tarjeta de identificación de miembro. (Spanish)

如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打您會員卡上的電話號碼。(Traditional Chinese)

Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nasa inyong identification card bilang miyembro. (Tagalog)

Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro figurant sur votre carte d'identification de membre. (French)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại trên thẻ hội viên của quý vị. (Vietnamese)

Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer auf Ihrem Mitgliederausweis an. (German)

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 귀하의 ID 카드에 기재되어 있는 번호로 전화해 주십시오. (Korean)

Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному на вашей идентификационной карточке участника плана. (Russian)

إذا كنت تتحدث لغة غير الإنجليزية فإن خدمات المساعدة اللغوية المجانية متاحة لك. قم بزيارة موقعنا على الويب أو اتصل بالرقم الموجود على بطاقة عضويتك. (Arabic)

अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या अपने सदस्य पहचान कार्ड पर दिए गए फोन नंबर पर कॉल करें। (Hindi)

Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono presente sul Suo tesserino identificativo. (Italian)

Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente em seu cartão de identificação de membros. (Portuguese)

Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki sou kat idantifikasyon manm ou an. (Haitian Creole)

Jeżeli nie posługują się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany na Państwa karcie członkowskiej. (Polish)

英語をお話にならない方は、無料の言語支援サービスを受けることができます。弊社ウェブサイトにアクセスするか、またはメンバーIDカードに記載の電話番号にお問い合わせください。(Japanese)

Nëse nuk flisni gjuhën angleze, shërbime ndihmëse gjuhësore pa pagesë janë në dispozicionin tuaj. Vizitoni faqen tonë në internet ose merrni në telefon numrin e telefonit në kartën tuaj identifikuese të anëtarit. (Albanian)

ከእንግሊዝኛ ሌላ ቋንቋ የሚናገሩ ከሆነ ነጻ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይቻላል። የእኛን ድረ-ገጽ ይጎብኙ ወይም በእርስዎ የአባልነት መታወቂያ ካርድ ላይ ያለውን ስልክ ቁጥር በመጠቀም ይደውሉ። (Amharic)

Եթե խոսում եք անգլերենից բացի մեկ այլ լեզվով, ապա Ձեզ համար հասանելի են լեզվական աջակցման անվճար ծառայություններ։ Այցելեք մեր վեբ կայքը կամ զանգահարեք Ձեր անդամի նույնականացման քարտի վրա նշված հեռախոսահամարով։ (Armenian)

যদি আপনি ইংরেজী ব্যতীত অন্য কোনো ভাষায় কথা বলেন তাহলে বিনামূল্যের দোভাষীর পরিষেবা উপলব্ধ আছে। আমাদের ওয়েবসাইট দেখুন এবং আপনার সদস্য পরিচয়পত্রে থাকা ফোন নম্বরে ফোন করুন। (Bengali)

Yoo afaan Ingiilifa allati affan birraa dubbattan tajaajili garggarsa afaani(qooqqa) biliissan niarggama. Kannafu websitti keenya illala hookan telefoona waarraqa miseensa irra jirran bilbilla. (Cushite-Oromo)

បើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃ។ សូមចូលមើលគេហទំព័ររបស់យើង ឬហៅទៅកាន់លេខទូរស័ព្ទដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។ (Khmer)

Ako govorite neki jezik koji nije engleski, dostupne su besplatne jezičke usluge. Posetite našu internet stranicu ili nazovite broj telefona na vašoj članskoj identifikacijskoj kartici. (Serbo-Croatian)

Nem ɣöt tën internet tëdë ke yï cɔl akuën cötmec biäk kak anyuth duyic. Na ye jam thucŋdët tënë thoŋ ë Dïŋlïth, ke kucɔny luilooi ë thok ë path aa tö thïn. Nem ɣöt tën internet tëdë ke yï cɔl akuën cötmec biäk kak anyuth duyic. (Dinka)

Als u een andere taal spreekt dan Engels, is er gratis taalondersteuning beschikbaar. Bezoek onze website of bel naar het telefoonnummer op uw lidkaart. (Dutch)

Εάν ομιλείτε άλλη γλώσσα εκτός της Αγγλικής, υπάρχουν δωρεάν υπηρεσίες στη γλώσσα σας. Επισκεφθείτε την ιστοσελίδα μας ή καλέστε τον αριθμό τηλεφώνου που αναγράφεται στην κάρτα ταυτότητας μέλους που έχετε. (Greek)

જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ ઉપલબ્ધ છે. અમારી વેબસાઇટની મુલાકાત લો અથવા તમારા સભ્ય ઓળખ કાર્ડ પરના ફોન નંબર પર કૉલ કરો. (Gujarati)

Yog hais tias koj hais ib hom lus uas tsis yog lus Askiv, muaj cov kev pab cuam txhais lus dawb pub rau koj. Mus saib peb lub website los yog hu rau tus xov tooj nyob rau saum koj tus kheej daim npav tswv cuab. (Hmong)

ຖ້າທ່ານເວົ້າພາສານອກເໜືອຈາກອັງກິດ, ການບໍ່ຣິການ ຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັ້ງຄ່າແມ່ນມີໃຫ້ທ່ານ. ໄປທີ່ເວັບໄຊທ໌ຂອງພວກເຮົາ ຫຼື ໂທຕາມເບີທີ່ຢູ່ເທິງບັດໄອດີສະມາຊິກຂອງທ່ານ. (Lao)

Doo bilagáana bizaad bee yáníłti'góó dóó náánáł a' saad bee yáníłti'go, ata' hane' t'áá jíík'e bee níká i'doolwoł kodęę'. Béésh nitsékeesí bee ná'ídíkid bá haz'ánígi, website, ąą'ádíílíiłgo díníił'įįł éí doodago béésh bee hane' bee nihich'į' hodíílnih ei bee nééhozin, identification card, biniyé neiyítánígíí bikáá'. (Navajo)

Wann du en Schprooch anners as Englisch schwetzscht, Schprooch Helfe mitaus Koscht iss meeglich. Bsuch unsere Website odder ruf die Nummer uff dei Member Identification Kaard uff. (Pennsylvania Dutch)

اگر به زبان دیگری جز انگلیسی صحبت می کنید، کمک زبانی رایگان در دسترس شما می باشد. وب سایت ما را مشاهده کنید یا با شماره تلفن روی کارت شناسایی عضو خود تماس بگیرید. (Farsi)

ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਤੋਂ ਇਲਾਵਾ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਬੰਧੀ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸਾਡੀ ਵੈੱਬਸਾਈਟ 'ਤੇ ਜਾਓ ਜਾਂ ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

Dacă vorbiți o altă limbă decât engleza, aveți la dispoziție servicii gratuite de asistență lingvistică. Vizitați site-ul nostru sau sunați la numărul de telefon de pe cartela de identificare a membrului. (Romanian)

ܐܢ ܐܢܬܘܢ ܟܡ ܡܡܠܠܝܬܘܢ ܠܫܢܐ ܐܚܪܢܐ ܠܐ ܠܫܢܐ ܐܢܓܠܝܙܝܐ، ܐܝܬ ܦܘܠܚܢܐ ܕܗܡܙܪܢܐ ܡܓܢܢܝܐ ܕܠܫܢܐ. ܦܬܚܘܢ ܠܡܘܩܥܐ ܐܠܟܬܪܘܢܝܐ، ܝܢ ܩܪܘ ܠܗܘܢ ܩܘܒܠܘܢ ܥܠ ܡܢܝܢܐ ܕܬܠܝܦܘܢ ܕܡܒܝܢܘܬܟ (Syriac)

หากคุณพูดภาษาอื่นนอกเหนือจากภาษาอังกฤษ สามารถขอรับบริการช่วยเหลือด้านภาษาได้ฟรี เข้าไปที่เว็บไซต์ของเรา หรือโทรติดต่อหมายเลขโทรศัพท์ที่แสดงไว้บนบัตรประจำตัวสมาชิกของคุณ (Thai)

Якщо ви не говорите англійською, до ваших послуг безкоштовна служба мовної підтримки. Відвідайте наш веб-сайт або зателефонуйте за номером телефону, що вказаний на вашій членській картці. (Ukrainian)

اگر آپ انگریزی کے علاوہ کوئی دوسری زبان بولتے ہیں، تو زبان سے متعلق مدد کی مفت خدمت دستیاب ہیں۔ ہماری ویب سائٹ ملاحظہ کریں یا اپنے ممبر کے شناختی کارڈ پر درج فون نمبر پر کال کریں۔ (Urdu)

אויב איר רעדט א שפראך אויסער ענגליש, זענען שפראך הילף סערוויסעס אוועילעבל. באזוכט אונזער וועבזייטל אדער רופט דעם טעלעפאן נומער אויף אייער מעמבער אידענטיפיקאציע קארטל. (Yiddish)