

Effective Date: 03-01-2025

Dental Benefits Summary

	Passive With PPOII and	<u>Passive PPO MAX</u> With PPOII and Extend SM Networks	
	<u>Participating</u>		
Annual Deductible*			
Individual	\$50	\$50	
Family	\$150	\$150	
Preventive Services	100%	100%	
Basic Services	80%	80%	
Major Services	50%	50%	
Annual Benefit Maximum	\$1000	\$1000	
Office Visit Copay	N/A	N/A	
Orthodontic Services**	50%	50%	
Orthodontic Deductible	None	None	
Orthodontic Lifetime Maximum	\$1000	\$1000	
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^{*}The deductible applies to: Basic & Major services only

^{**}Orthodontia is covered only for children (appliance must be placed prior to age 20).

Partial List of Services	Passive PPO MAX With PPOII and Extend SM Networks	
Preventive	<u>Participating</u>	Non-participating
Oral examinations - 2 per year	100%	100%
Cleanings - Adult/Child - 2 per year	100%	100%
Fluoride - 1 per year, children under 16	100%	100%
Sealants (permanent molars only) - 1 per tooth every 3 years, children under 16	100%	100%
Bitewing Images - 1 set per year	100%	100%
Full mouth series Images - 1 set every 3 years	100%	100%
Space Maintainers	100%	100%
Basic		
Root canal therapy, anterior teeth and bicuspid teeth	80%	80%
Root canal therapy, molar teeth	80%	80%
Scaling and root planing - 4 separate quads every 2 years	80%	80%





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Gingivectomy *- 1 per quad/tooth every 3 years	80%	80%
Amalgam (silver) fillings	80%	80%
Composite fillings (anterior teeth only)	80%	80%
Stainless steel crowns	80%	80%
Incision and drainage of abscess*	80%	80%
Uncomplicated extractions	80%	80%
Surgical removal of erupted tooth*	80%	80%
Surgical removal of impacted tooth (soft tissue)*	80%	80%
Osseous surgery * - 1 per quad every 3 years	80%	80%
Surgical removal of impacted tooth (partial bony/ full bony)*	80%	80%
General anesthesia/intravenous sedation*	80%	80%
Crown Lengthening	80%	80%
Major		
Inlays - 1 every 8 years per tooth	50%	50%
Onlays - 1 every 8 years per tooth	50%	50%
Crowns - 1 every 8 years per tooth	50%	50%
Full & partial dentures - 1 every 8 years	50%	50%
Pontics - 1 every 8 years per tooth	50%	50%
Denture repairs	50%	50%
Crown Build-Ups	50%	50%
*Certain services may be covered under the Medical Plan. Contact Member Services for more details.		
Frequency and/or age limitations may apply to other services. Limits are described in the booklet/certificate.		

Other Important Information

This Aetna Dental® Preferred Provider Organization (PPO) MAX benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures. Under the Dental Preferred Provider Organization (PPO) MAX plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. With the PPO MAX plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates. Non-Participating coverage is limited to a maximum allowable



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charge (MAX) of the plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Emergency Dental Care

1. Charges for services or supplies

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week.

When emergency services are provided by a participating PPO dentist, your co-payment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Partial List of Exclusions and Limitations* - Coverage is not provided for the following (unless otherwise noted in the member booklet):

☐ Provided by a network provider in excess of the negotiated charge.
☐ Provided by an out-of-network provider in excess of the recognized charge.
☐ Provided for your personal comfort or convenience, or the convenience of any other person, including a dental provider
☐ Provided in connection with treatment or care that is not covered under the plan
☐ Cancelled or missed appointment charges or charges to complete claim forms
☐ Charges for which you have no legal obligation to pay
 □ Charges that would not be made if you did not have coverage, including: - Care in charitable institutions - Care for conditions related to current or previous military service - Care while in the custody of a governmental authority
 Any charge in excess of any benefit, dollar, visit, or frequency limit stated in the schedule of benefits. (Does not apply to New Hampshire contract state)
3. Cosmetic services and supplies.
4. Court-ordered services and supplies - Includes those court-ordered services and supplies, or those required as a condition of parole, probation, release or as a result of any legal proceeding.
5. Acupuncture, acupressure and acupuncture therapy
6. Crown, inlays and onlays, and veneers unless for one of the following: ☐ It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material ☐ The tooth is an abutment to a covered partial denture or fixed bridge.

8. Dentures, crowns, inlays, onlays, bridges, or other prosthetic appliances or services used for the purpose of splinting, to

alter vertical dimension, to restore occlusion, or correcting attrition, abrasion, or erosion.



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9. Dental work that began before you were covered by the plan.(Does not apply to California contract state)
10. First installation of a denture or fixed bridge, and any inlay and crown that serves as an abutment to replace congenitally missing teeth or to replace teeth, all of which were lost while you were not covered.(Does not apply to California contract state)
11. General anesthesia and intravenous sedation, unless specifically covered and done in connection with another eligible dental service.
12. Instruction for diet, tobacco counseling and oral hygiene.
13. Orthodontic treatment except as covered in the Eligible Dental Services section of the schedule of benefits.
14. Dental services and supplies made with high noble metals (gold or titanium) except as covered in the Eligible Dental Services section of the schedule of benefits.
15. Services and supplies provided in connection with treatment or care that is not covered under the plan.
16. Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures.
18. Services and supplies provided where there is no evidence of pathology, dysfunction or disease, other than covered preventive services.
19. Space maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth.
20. Surgical removal of impacted wisdom teeth when removed only for orthodontic reasons.
21. Temporomandibular joint dysfunction/disorder
22. Dental services and supplies that are covered in whole or in part: Under any other part of this plan Under any other plan of group benefits provided by the policyholder

23. Experimental or investigational drugs, devices, treatments or procedures.



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24. Services, including but not limited to, treatments, services, prescription drugs and supplies which are not medically necessary (as determined by Aetna)		
25. Payment for a portion of the charge that another party is responsible for as the primary payer.		
26. Prescribed drugs, pre-medication or analgesia.		
27. Treatment by other than a dentist. However, the plan will cover some services provided by a licensed dental hygienis under the supervision and guidance of a dentist. These are: Scaling of teeth Cleaning of teeth Topical application of fluoride.		
28. Work related illness or injuries.		
Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.		
*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.		
Your Dental Care Plan Coverage Is Subject to the Following Rules:		
Alternate treatment rule: Sometimes there are several ways to treat a dental problem, all of which provide acceptable results.		
☐ If a charge is made for a non-eligible dental service or supply and an eligible dental service that would provide an acceptable result, then your plan will pay a benefit for the eligible dental service or supply.		
☐ If a charge is made for an eligible dental service but another eligible dental service that would provide an acceptable result is less expensive, the benefit will be for the least expensive eligible dental service.(Does not apply to New Hampshire contract state)		
☐ You should review the differences in the cost of alternate treatment with your dental provider. Of course, you and your dental provider can still choose the more costly treatment method. You are responsible for any charges in excess of what your plan will cover.		
Replacement rule. Some eligible dental services are subject to your plan's replacement rule. The replacement rule applies to replacements of, or additions to existing: · Crowns · Inlays · Onlays		



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Complete dentures Removable partial dentures Fixed partial dentures (bridges) Other prosthetic services
These eligible dental services are covered only when you give us proof that: While you were covered by the plan (Does not apply to California contract state): You had a tooth (or teeth) extracted after the existing denture or bridge was installed. As a result, you need to replace or add teeth to your denture or bridge.
The present item cannot be made serviceable, and is: A crown installed at least 8 years before its replacement. An inlay, onlay, veneer, complete denture, removable partial denture, fixed partial denture (bridge), or other prosthetic tem installed at least 8 years before its replacement.
While you were covered by the plan: You had a tooth (or teeth) extracted. Your present denture is an immediate temporary one that replaces that tooth (or teeth). A permanent denture is needed, and the temporary denture cannot be used as a permanent denture. Replacement must occur within 12 months from the date that the temporary denture was installed.
<u>Footh missing but not replaced rule</u> (Does not apply to California contract state):
The first installation of complete dentures, removable partial dentures, fixed partial dentures (bridges), and other prosthetic services will be covered if:
The dentures, bridges or other prosthetic items are needed to replace one or more natural teeth that were removed while you were covered by the plan. (The extraction of a third molar tooth does not qualify.)
The tooth that was removed was not an abutment to a removable or fixed partial denture installed during the prior 8 years

Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

<u>Late entrant rule</u> (Does not apply to California and Maine contract states and Maine residents): The plan does not cover services and supplies given to a person age 5 or older if that person did not enroll in the plan during one of the following:

- · The first 31 days the person is eligible for this coverage or
- · Any period of open enrollment agreed to by the employer and us

This does not apply to charges incurred for any of the following:

· After the person has been covered by the plan for 12 months



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- · As a result of injuries sustained while covered by the plan
- · Diagnostic and preventive services such as exams, cleanings, fluoride, and images (excludes services related to orthodontia).

Finding Participating Providers

Consult Aetna Dentals online provider search for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider search available at www.aetna.com.

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern.

In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate.

All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

Telehealth Services: the plan will reimburse the treating or consulting provider for the diagnosis, consultation, or treatment of an enrollee via telehealth on the same basis and to the same extent that the plan would reimburse the same covered in-person service.

In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and is administered by Aetna Life Insurance Company.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.:



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Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to
communicate effectively with us, such as:

- o Qualified sign language interpreters
- o Written information in other formats (large print, audio, accessible electronic formats, other formats).
- □ Provides free language assistance services to people whose primary language is not English, which may include:
 - o Qualified interpreters
 - o Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 1-800-872-3862 (TTY: 711) or the number on the back of your ID card.

If you believe that Aetna Inc. 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:

Civil Rights Coordinator

Attn: 1557 Coordinator CVS Pharmacy, Inc. 1 CVS Drive, MC 2332, Woonsocket, RI 02895

Phone: <u>1-800-648-7817</u>, TTY: <u>711</u> Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator 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, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html This notice is available at Aetna Inc.'s website:https://www.aetna.com/



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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).

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TTY:711

English	To access language services at no cost to you, call the number on your ID card.	
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.	
Amharic	የቋንቋ አ <i>ገ</i> ልግሎቶችን ያለክፍያ ለ <i>ማግኘት፣ በማ</i> ታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ፡ ፡	
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتر اكك.	
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով	
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe	
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুনা	
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဂန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ် တွင်ရှိသော ဇုန်းနှံပတ်အား ခေါ် ဆိုပါ။	
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.	
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.	
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.	
Cherokee	GY®J 50hA®J TOOLOTJI LAT®J JCEGWJJ &Y, OÞABWOB O®Y J4®J FSAWP OOT ID IhA®J CVPT.	
Chinese Traditional	如欲使用免費語言服務,請撥打您健康保險卡上所列的電話號碼	
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah	
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID	
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.	
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.	
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.	
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.	
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.	
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.	
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર	
J	રફેલ નંબર પર કૉલ કરવો.	



Norwegian

1NSER 1S EAST 863097

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Hawaiian	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.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asusu na akwughi ugwo obula, kpoo nomba no na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လ၊တၢ်ကမၤနုၢ်ကြိုာ်တါမၤစာၤအတၢ်ဖံးတါမၤတဖဉ် လ၊တအိဉ်ဇီးအပ္ဖုၤလ၊နကဘဉ်ဟ့ဉ်အီၤအဂ်ဳၢႇက်ိးဘဉ်လီတဲစိနီဉ်ဂံၢလ၊အအိဉ်လ၊နုဒိဉ်ဂ်ဳၤ (ID) အလိၤနုဉ်တက္၊
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بق دەسپیراگەیشتن به خزمهتگوزاری زمان بهبی تیچوون بق تق، پهیوهندی بکه به ژمارهی سهر ئای دی(ID) کارتی خقت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ņan bōk jipañ kōn kajin ilo an ejjeļok wōņean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ.
Micronesian-	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw
Ponapean	doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលអតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណស់ម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílíjgo nanitinígíí bee néého'dólzinígíí béésh bee hane'í biká'ígíí áajj' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yîn ran de wëër de thokic ke cîn wëu kor keek tënon yîn. Ke yîn col ran ye koc kuony në namba de abac tö në ID kard duön de tiît de nyin de panakim köu.
D.T.	

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



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Dannanlannian	Effective Date: 03-01-202	
Pennsylvanian- Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.	
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.	
r et statt Tat st		
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.	
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado	
	no seu cartão de identificação.	
D	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ	
Punjabi	'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।	
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.	
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по	
Russian	телефону, приведенному на вашей идентификационной карте.	
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i	
Samoan	luga o lau pepa ID.	
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj	
Scroo Croatian	kartici.	
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura	
- Spanish	en su tarjeta de identificación.	
Sudanic Fulfulde	Heeɓa a naasta nder ekkitol jaangirde woldeji walla yoɓugo, ewnu lamba je ɗon	
	windi ha do ɗerowol maaɗa.	
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya	
	kitambulisho.	
Syriac-Assyrian	کے هلبقہ تلاوے جل بیلجنقی ، د فیزنقی دلغتی جنگتی بی منبحتی محتتی جل فیلامی به تحصولات التحقی می التحقی به تحصولات التحقی التحقیقی التحقیق	
Tagalag	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang	
Tagalog	numero sa iyong ID card.	
	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్	
Telugu	చేయండి.	
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน	
Tongan	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.	
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.	
	Щоб безкоштовнј отримати мовні послуги, задзвоніть за номером, вказаним на	
Ukrainian	вашій ідентифікайній картці.	
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال	
	عرين۔ Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID	
Vietnamese	của quý vị.	
Yiddish	בער פני פון אפצאל, רופט דעם נומער אויף אייער ID צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער	
Yoruba	Láti ráyèsí àwọn işệ èdè fún ọ lófệé, pe nómbà tó wà lórí káàdì ìdánimộ rẹ.	
1 OLUDA	Lati rayesi awyırışç ede turi ç içiçç, pe riçimba to wa lori kaadı idanımıç fç.	