Summary of Benefits 2027

January 1, 2027 through December 31, 2027
This is a summary of your plan's costs and coverage. For a complete list of what we cover and any limitations, review the plan's *Evidence of Coverage* (EOC) at **AetnaMedicare.com/H5521-219** or call us to request a copy.

Your questions are important to us, and we're here to help

If you are an Aetna plan member, call:
1-833-570-6670 (**TTY: 711**)
8 AM to 8 PM, 7 days a week

If you are not yet an Aetna plan member, call:
1-844-509-6254 (**TTY: 711**)
October 1–March 31: 8 AM to 8 PM, 7 days a week
April 1–September 30: 8 AM to 8 PM, Monday–Friday

An Aetna team member will answer your call.

2027-H5521.219.1

About this plan

Aetna Medicare Signature (PPO) is a PPO plan. This is a Medicare Advantage plan that covers prescription drugs. You can use in-network and out-of-network providers. You will typically pay more for out-of-network care. Please take a moment to review the following important information:

- **Primary care provider (PCP):** You have the option to choose a PCP. We recommend choosing a PCP because when we know who your provider is, we can better support your care.
- **Referrals:** Aetna Medicare Signature (PPO) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your PCP in order to see you.
- **Prior authorizations:** Your provider will work with us to get approval before you receive certain services or drugs.
- **Helpful resources:** To find provider directories, network pharmacies, and other plan information, visit **AetnaMedicare.com/H5521-219**. For coverage and costs of Original Medicare, look in the *Medicare & You* handbook. View it online at **Medicare.gov/medicare-and-you**, or get a copy by calling 1-800-MEDICARE (**1-800-633-4227**) (**TTY: 1-877-486-2048**), 24 hours a day, 7 days a week.

Are you eligible to enroll?

To join **Aetna Medicare Signature (PPO)**, you'll need to meet the following criteria:

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:
  Michigan: Barry, Branch, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Osceola, Ottawa, Van Buren

Plan premium, deductible, and maximum out-of-pocket (MOOP)

Understanding out-of-pocket costs

- **Plan premium:** the amount you pay monthly to keep your health insurance active.
- **Deductible:** the amount you must pay for health care before our plan pays.
- **Maximum out-of-pocket:** the most you'll pay out of pocket in a plan year for covered care.

Out-of-pocket costs	
Monthly plan premium	$0 You must continue to pay your Medicare Part B premium.
Plan deductible	$0
MOOP	$5,200 for in-network services $10,750 for in- and out-of-network services combined Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.

Medical and hospital benefits

Hospital coverage

Your provider may need approval from us before we cover these services. This is called prior authorization or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient (unlimited number of days)	$330 per day, days 1-7; $0 per day, days 8-90; $0 for additional days	50% per stay
Outpatient hospital observation services	$330 copay	50% coinsurance
Outpatient hospital	$35 - $300 copay $35 copay for outpatient hospital services other than surgery $300 copay for each outpatient hospital surgery	50% coinsurance
Ambulatory surgical center	$250 copay	50% coinsurance

Primary care provider (PCP) and specialist services

Benefit	Your in-network costs	Your out-of-network costs
PCP	$0 copay	50% coinsurance
Specialist	$45 copay	50% coinsurance

Preventive, emergency, and urgent care

Benefit	Your in-network costs	Your out-of-network costs
Preventive care	$0 copay	0% - 50% coinsurance 0% coinsurance for the pneumonia, flu/influenza, hepatitis B, and COVID-19 vaccines 50% coinsurance for all other Medicare-covered preventive services
	For a full list of preventive services available, see the EOC. Some covered services may have an associated cost.	
Emergency and urgent care (inside the U.S.)	$130 copay for emergency care $45 copay for urgent care	$130 copay for emergency care $45 copay for urgent care
Emergency and urgent care, including emergency ambulance (outside the U.S.)	$130 copay for emergency care $130 copay for urgent care $285 copay for ambulance	$130 copay for emergency care $130 copay for urgent care $285 copay for ambulance
	Maximum coverage: $250,000. This is the most we will pay for the combined cost of emergency care, urgent care, and emergency ambulance services received outside of the U.S.	

Diagnostic services, labs, and imaging

Your provider may need approval from us before we cover these services. This is called prior authorization or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic tests and procedures	$75 copay $0 copay for certain Medicare-covered diagnostic tests and services including retinal fundus, spirometry, and peripheral arterial disease (PAD) testing	50% coinsurance
Lab services	$0 copay	50% coinsurance
Diagnostic radiology services, such as CT/ CAT scan and MRI	$295 copay	50% coinsurance
Outpatient x-rays	$20 copay	50% coinsurance

Hearing services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic hearing exam	$45 copay	50% coinsurance
Routine hearing exam	$0 copay	50% coinsurance
	You get one routine hearing exam every year. You can visit a provider in the NationsHearing® network or an out-of-network provider.	
Hearing aids	You get an annual benefit amount (allowance) of $1,000 per ear. If the cost is over the benefit amount, you pay the difference. When you use our authorized vendor, NationsHearing®, your benefit amount will be applied at the time of purchase. If you use an unauthorized vendor, you will have to pay upfront and request reimbursement from NationsHearing.	If you do not use our authorized vendor, NationsHearing, for this benefit, you will have to pay out of pocket at the time of purchase and request reimbursement. You will not be reimbursed for the full amount and will be responsible for any costs over the allowable amount. Out-of-network claims are reimbursed at a lower rate up to the applicable allowable amount.

Dental services

Benefit	Your in-network costs	Your out-of-network costs
Dental services (non-Medicare covered)	$0 copay for preventive services 20% - 50% coinsurance for comprehensive services	50% coinsurance for preventive services 50% - 70% coinsurance for comprehensive services

Benefit	Your in-network costs	Your out-of-network costs
	You get an annual benefit amount (allowance) of $1,250 for covered comprehensive services. You are responsible for the cost of any comprehensive services over this amount. Covered comprehensive services include fillings, extractions, crowns, and more. Covered preventive services include oral exams, cleanings, and x-rays. There is no copay for these services when using an in-network provider. Covered preventive services do not count toward your annual benefit amount. You can use a provider in or out of the Aetna Dental PPO Network, which is different from your medical network, for covered services. However, if you use a provider outside of the network, you may be required to pay in full for services and submit a request for reimbursement. See EOC for details on exclusions and limitations.	

Vision services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic eye exam (includes diabetic eye exams)	$0 - $45 copay $0 copay for diabetic eye exams $45 copay for all other Medicare-covered eye exams	50% coinsurance
Glaucoma screening	$0 copay	50% coinsurance
Routine eye exam (one exam every year)	$0 copay with an EyeMed network provider	The out-of-network routine eye exam is covered up to $50. You may be required to pay up front and submit a reimbursement request to EyeMed. You will be responsible for any billed amount over $50.
Contacts and eyeglasses	You get an annual benefit amount (allowance) of $175 for covered prescription eyewear. We have teamed up with EyeMed to provide this benefit. When you use an EyeMed network provider, your benefit amount is applied at the time of purchase. If your eyewear purchase is more than your benefit amount, you'll need to pay the difference. If you use a provider outside of the EyeMed network, you may be required to pay up front and request reimbursement up to your benefit amount. You may also be responsible for additional costs. See EOC for details.	

Mental health services

Your provider may need approval from us before we cover these services. This is called prior authorization or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient psychiatric hospital stay	$330 per day, days 1-7; $0 per day, days 8-90 There is a 190-day lifetime limit for inpatient services in a psychiatric hospital.	50% per stay
Outpatient mental health therapy	$40 copay for individual sessions $40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions
Outpatient psychiatric therapy	$40 copay for individual sessions $40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions

Skilled nursing facility (SNF) and therapy

Your provider may need approval from us before we cover these services. This is called prior authorization or precertification. Note: Members must meet the Centers for Medicare & Medicaid Services (CMS) criteria for medically necessary skilled care to be covered.

Benefit	Your in-network costs	Your out-of-network costs
SNF care	$10 per day, days 1-20; $221 per day, days 21-100 Our plan covers up to 100 days per benefit period.	50% per stay
Physical and speech therapy	$30 copay	50% coinsurance
Occupational therapy	$30 copay	50% coinsurance

Ambulance and routine transportation

Your provider needs approval from us before we cover non-emergency transportation. This is called prior authorization or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Ambulance (ground or air, one-way trip)	$285 copay for ground ambulance services 20% coinsurance for air ambulance services	$285 copay for ground ambulance services 20% coinsurance for air ambulance services
Routine, non-emergency transportation	Not Covered	Not Covered

Medicare Part B drugs

Medicare Part B only covers a limited number of medicines under certain conditions. These medicines are often given to you in your provider's office. They can include things like preventive vaccines, injections, and nebulizers, among others. They can also include medicines you take at home using special medical equipment. Your provider may need approval from us before we cover these services. This is called prior authorization or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Chemotherapy drugs	20% coinsurance	50% coinsurance
Part B Insulin	$35 copay	$35 copay
Other Part B drugs	20% coinsurance	50% coinsurance

Medicare Part D drugs

Medicare Part D covers a wide range of prescription drugs. They can include medicines you take every day for conditions like high blood pressure or diabetes. Some drugs require prior authorization. This means you must get approval from us first before we'll cover them.

Prescription drug costs

Your costs may be lower if you qualify for "Extra Help."

Formulary name: B2 (you can use this when referencing our list of covered drugs).

Deductible phase	You'll pay the plan's negotiated drug cost up to the deductible limit of $500. The deductible applies to drugs on Tiers 3, 4, and 5.
Initial coverage phase	The plan will pay its share of the cost and you'll pay a copayment or coinsurance (your share of the cost) for each prescription filled. You will pay the lesser of the listed copay/coinsurance below or the negotiated cost of the drug. These cost shares may also apply to home infusion drugs when obtained through your Part D benefit. Costs may differ based on pharmacy type or status.

One-month Supply

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	Preferred Retail	Standard Retail	Preferred Mail	Standard Mail	Long-Term Care (LTC)
	30-day	30-day	30-day	30-day	31-day
Tier 1: Preferred Generic	$0	$5	$0	$5	$5
Tier 2: Generic	$5	$12	$5	$12	$12
Tier 3: Preferred Brand	17%	17%	17%	17%	17%
Tier 4: Non-Preferred Drug	28%	28%	28%	28%	28%
Tier 5: Specialty	28%	28%	28%	28%	28%

Long-term Supply

Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:

	Preferred Retail	Standard Retail	Preferred Mail	Standard Mail
	100-day	100-day	100-day	100-day
Tier 1: Preferred Generic	$0	$15	$0	$15
Tier 2: Generic	$15	$36	$5	$36
Tier 3: Preferred Brand	17%	17%	17%	17%
Tier 4: Non-Preferred Drug	28%	28%	28%	28%

	Preferred Retail	Standard Retail	Preferred Mail	Standard Mail
	100-day	100-day	100-day	100-day
Tier 5: Specialty	A long-term supply is not available for drugs on Tier 5.			

Out-of-pocket threshold	$2,400 is the maximum amount you will pay for your yearly Part D out-of-pocket costs.
Catastrophic coverage phase	In this phase, the plan pays the full cost for your covered Part D drugs. You'll pay $0 for generic and brand name drugs in this phase.
Insulins and vaccines	Part D insulins: You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on or Part D phase you are in, even if you haven't paid your deductible. Part D preventive vaccines: Our plan covers many vaccines at no cost to you, even if you haven't paid your deductible. Check your formulary guide for a list of covered Part D insulins and vaccines.

Other covered benefits

Alternative medicine

Benefit	Your in-network costs	Your out-of-network costs
Acupuncture	$45 copay for Medicare-covered acupuncture visits	50% coinsurance for Medicare-covered acupuncture visits
	Medicare coverage is limited to services to treat chronic low back pain. Non-Medicare covered acupuncture services are not covered.	
Chiropractic services	$15 copay for Medicare-covered chiropractic visits	50% coinsurance for Medicare-covered chiropractic visits
	Medicare coverage is limited to fixing a subluxation. Non-Medicare covered chiropractic services are not covered.	

Diabetic supplies

Benefit	Your in-network costs	Your out-of-network costs
Diabetic supplies	0% - 20% coinsurance for Medicare-covered diabetic supplies • 0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters (BGM) and medical diabetic supplies • 20% coinsurance for blood glucose meters (BGM) and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization We exclusively cover Accu-Chek/Roche and TRUE/Trividia blood glucose meters (BGMs) and test strips as preferred supplies. 0% coinsurance for Medicare-covered continuous glucose monitors (CGMs)	0% - 20% coinsurance for Medicare-covered diabetic supplies • 0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters (BGM) and medical diabetic supplies • 20% coinsurance for blood glucose meters (BGM) and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization We exclusively cover Accu-Chek/Roche and TRUE/Trividia blood glucose meters (BGMs) and test strips as preferred supplies. 50% coinsurance for Medicare-covered continuous glucose monitors (CGMs)

Fitness benefit

Benefit	Your in-network costs	Your out-of-network costs
Basic SilverSneakers® fitness membership	$0 copay for the fitness benefit when you use our authorized vendor, SilverSneakers	If you do not use our authorized vendor, SilverSneakers, for this benefit, you will have to pay out of pocket at the time of service for an equivalent membership and request reimbursement. You will not be reimbursed for the full amount and will be responsible for any costs over the allowable amount. Out-of-network claims are reimbursed at a lower rate up to the applicable allowable amount.
	You get a basic membership to any authorized participating SilverSneakers® fitness facility. Additionally, online classes and at-home fitness kits are available. You may order one fitness kit per year through SilverSneakers.	

Foot care (podiatry services)

Benefit	Your in-network costs	Your out-of-network costs
Foot exams and treatment	$45 copay for Medicare-covered podiatry visits	50% coinsurance for Medicare-covered podiatry visits

Benefit	Your in-network costs	Your out-of-network costs
	Non-Medicare covered podiatry services are not covered.	

Home care and support

Your provider may need approval from us before we cover these services. This is called prior authorization or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Home health care, such as part-time skilled nursing and health aide services, and physical therapy	$0 copay for Medicare-covered home health care services	50% coinsurance for Medicare-covered home health care services
	Non-Medicare covered home health care services are not covered.	

Medical equipment and supplies

Your provider may need approval from us before we cover these services. This is called prior authorization or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Durable medical equipment (DME), such as wheelchairs, crutches, and oxygen equipment	20% coinsurance	50% coinsurance
Prosthetics, such as braces and artificial limbs	20% coinsurance	50% coinsurance

Over-the-counter (OTC) benefit

The OTC benefit provides select health and wellness products.

Benefit	
OTC benefit amount (allowance)	$25 quarterly benefit amount (allowance) You will receive a quarterly benefit amount (allowance) to help pay for certain OTC health and wellness products like first aid supplies, cold and allergy medicine, pain relievers, and more. • The benefit amount is available the first day of each calendar quarter. Any unused amount will not roll over into the next quarter. • The benefit amount is not connected to a payment or debit card. • You can get approved OTC products in-store at participating locations. You can also use the CVS Flex Benefits™ app, go online at **CVS.com/Aetna**, or shop by phone. • View the OTC catalog for a full product listing and details on how the benefit works at **AetnaMedicare.com/H5521-219**.

Resources For Living®

Benefit	Your costs in our plan
Resources For Living®	Resources For Living® helps connect you with local community services such as caregiver support, meal and in-home care services, volunteer activities, and transportation. These services are not the same as the benefits covered by your Aetna plan, and Aetna does not provide the services. If you use services that have costs, you'll need to pay for those. Resources For Living® also offers one-on-one coaching at no added cost to support your personal goals, such as improving physical wellness, building social connections, or focusing on personal growth.

Substance use disorder services

Your provider may need approval from us before we cover these services. This is called prior authorization or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Outpatient substance use disorder services	$40 copay for individual sessions $40 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions

Visitor/traveler benefit

Plan rules continue to apply. Prior authorizations are required for certain services.

Benefit	
Visitor/traveler program: Explorer	This benefit allows you to remain in your plan for up to 12 months when you are outside your plan's service area. While traveling within the United States, you can see an Aetna Medicare participating provider and pay in-network cost shares. If you use an out-of-network provider while participating in the visitor/traveler program, your cost share may be higher. Not all providers participate in the multi-state network. Contact us for help finding a participating provider in the area you're traveling to.

24-Hour Nurse Line

You can talk to a registered nurse anytime to discuss health-related questions. While only your doctor can diagnose, prescribe, or give medical advice, the 24-Hour Nurse Line can provide information on a variety of health topics.

Benefit	Your costs in our plan
24-Hour Nurse Line	$0

Disclaimers

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

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our member services number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

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

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

The Aetna Medicare pharmacy network includes limited lower-cost, preferred pharmacies in: Rural Nebraska, Rural North Dakota, Suburban West Virginia, Urban Kansas, and Urban Missouri. 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 whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call **1-844-509-6254** (**TTY: 711**) or consult the online pharmacy directory at **AetnaMedicare.com/findpharmacy**.

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-833-570-6670** (**TTY: 711**) 8 AM to 8 PM, 7 days a week if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

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Resources For Living® is the brand name used for products and services offered through the Aetna group of subsidiary companies.

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To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (**1-800-633-4227**) (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

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Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-844-509-6254 (**TTY:** 711). From October 1 to March 31, you can call us 7 days a week from 8 AM to 8 PM local time. From April 1 to September 30, we're here Monday through Friday from 8 AM to 8 PM local time.

Understanding the benefits

- ☐ The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit AetnaMedicare.com or call 1-844-509-6254 (**TTY:** 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2028.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

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Notice of Availability (NOA)

TTY: 711

To access language services at no cost to you, call the number on this document. (English)

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للحصول على خدمات اللغة مجانًا، اتصل بالرقم المذكور في هذه الوثيقة. (Arabic)

如欲使用免費語言服務，請致電本文件上的電話號碼。 (Chinese)

Tajaajila afaanii bilisaan argachuuf, lakkoofsa doookumentii kanarra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques, appelez le numéro indiqué sur ce document. (French)

Pou jwenn sèvis lang san ou pa peye anyen, rele nimewo ki sou dokiman sa a. (French Creole)

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Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj ntawm daim ntawv no. (Hmong)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato in questo documento. (Italian)

無料の言語サービスをご利用いただくには、この書類に記載されている番号にお電話ください。 (Japanese)

လၢကမၤန့ၣ် ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိာ်လာ်ဘူာ်လာ်စ့ၤ လၢနဂိၢ်အဂိၢ်, ကိးနီာ်ဂံၢ် လၢအအိာ်ဖဲလံာ်တိလံာ်မိအံၤ အဖိခိာ်နၣ်တက့ၢ်. (Karen)

무료로 언어 서비스를 이용하려면 이 문서에 있는 전화번호로 전화하세요. (Korean)

ເພ່ ອ ້ ໍ ໃຊ ້ ການ ບ ໍ ລ ິ ການ ພ າ ສ າ ໂ ດ ຍ ບ ເ ສ ຍ ຄ ່ າ ໃ ຊ ້ ຈ ່ າ ຍ ໃ ດ ໆ, ໃ ຫ ້ ໂ ທ ຫ າ ເ ບ ໍ ໂ ທ ໃ ນ ເ ອ ກ ະ ສ າ ນ ້ ໍ. (Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរស័ព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

برای دسترسی به خدمات زبانی رایگان، با شماره مندرج در این سند تماس بگیرید. (Persian farsi)

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany w tym dokumencie. (Polish)

Ligue para o número indicado neste documento para receber assistência linguística gratuita. (Portuguese)

Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para acceder a servicios de idiomas sin costo alguno, llame al número que aparece en este documento. (Spanish)

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Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại ghi trên tài liệu này.
(Vietnamese)

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