



Your guide to Medicaid  
that does more



# Getting started

Humana Healthy Horizons® in Louisiana

# Welcome to Humana Healthy Horizons in Louisiana

Achieving your best health takes more than just healthcare coverage. We offer services and benefits that keep you feeling good—mind, body and spirit—even after you leave your provider’s office.

By now, you should have received your Humana Healthy Horizons® ID card, along with a letter outlining some important information about your plan. In this quick start guide, we’ve included even more plan details, as well as simple ways to connect with us so you can get the most out of your benefits.

All medically-necessary services, including visits to your primary care provider (PCP), are covered. Other coverage and benefits include:



**Chiropractic care**



**Immunizations (vaccines), like the flu and COVID-19 vaccines**



**\$500 allowance for dental services through DentaQuest**

More at [Humana.com/LouisianaDental](https://www.humana.com/LouisianaDental)



**Transportation to health appointments, like doctor visits**

More at [Humana.com/LouisianaRides](https://www.humana.com/LouisianaRides)



**Developmental services for kids 3 and under**



**Pregnancy-related services**



**Enrollment in Go365 for Humana Healthy Horizons®**

More at [Humana.com/LouisianaGo365](https://www.humana.com/LouisianaGo365)



**Well-being visits and services (called EPSDT) for members under 21**

More, including a recommended screening schedule, at [Humana.com/LouisianaKids](https://www.humana.com/LouisianaKids)



**Hospitalizations, X-rays and lab services**



For a full list of covered services, details about eligibility and more on how to access each, go to [Humana.com/LouisianaHandbook](https://www.humana.com/LouisianaHandbook) or [Humana.com/LouisianaVAS](https://www.humana.com/LouisianaVAS).

# Confirm your primary care provider

To help you get the healthcare you deserve, choose your PCP

Your PCP is the doctor or nurse practitioner who takes care of your general health and can coordinate your care with specialists when needed. If you already have a PCP that you want to continue seeing, we can help you make a change.



Change your PCP by calling Member Services at **1-800-448-3810 (TTY: 711)**, Monday – Friday, 7 a.m. – 7 p.m..

You can also update your PCP choice 24/7 at **MyHumana.com**. Find out more about accessing your MyHumana account on page 4.

Once you have a PCP you're satisfied with, start off on the right foot by making an appointment for a well check. You can even earn a reward just for attending your check-up.

Be sure to call your PCP at the phone number on your Humana member ID card to schedule an appointment within the first 90 days of your plan year. For a routine checkup, you should be able to get an appointment within 30 days. For an urgent visit, expect to be seen within 48 hours. To make a change or to cancel, please call at least 24 hours before the appointment.



If you need care from a specialist, like an OB-GYN, you don't need a referral from your PCP. You can search by name or specialty at **Humana.com/Medicaid.FindADoctor**.

## Important contact information for Humana members

Member Services

**1-800-448-3810 (TTY: 711)**

7 a.m. – 7 p.m.

24-hour nurse advice line

**1-800-648-7857 (TTY: 711)**

24-hour behavioral health crisis line

**1-844-461-2848 (TTY: 711)**

Member pharmacy help desk

**1-800-424-1664 (TTY: 711)**

Dental Benefits

If your dental benefits are administered by MCNA, call **1-855-702-6262**.

If your dental benefits are administered by DentaQuest, call **1-800-685-0143**.

For questions about additional benefits available for members age 21+ through Humana's value-added services, call **1-800-448-3810 (TTY:711)**.

Meditrans transportation services

**1-844-613-1638 (TTY: 711)**

Monday – Friday, 7 a.m. – 7 p.m.

Mailing address

**P.O. Box 14601, Lexington, KY 40512**

Website

**Humana.com/HealthyLouisiana**

Reporting contact

information/address changes

Visit [www.MyMedicaid.la.gov](http://www.MyMedicaid.la.gov),

call **1-888-342-6207** Monday – Friday, 8 a.m. – 4:30 p.m. or visit in person.

You can find your local Medicaid office at [www.ldh.la.gov/MedicaidOffices](http://www.ldh.la.gov/MedicaidOffices)

# Create your accounts for Go365 for Humana Healthy Horizons and MyHumana

Go365 for Humana Healthy Horizons is a wellness and rewards program that allows you to earn rewards for completing healthy activities. MyHumana is your secure online portal where you can change your doctor, view claims and plan details and update your account information with us. To get started with both:

- 1 Download** the Go365 for Humana Healthy Horizons and the MyHumana app from your mobile phone's app store (Apple App Store® or Google Play®).
- 2 Create an account** on the above apps or at **Account.Humana.com**.  
You can use the same username and password for all your Humana accounts.  
→ If you already have an account and need help with your username or password, click "Forgot username" or "Forgot password."
- 3 Log in to Go365 for Humana Healthy Horizons** from the Go365 for Humana Healthy Horizons app or **Account.Humana.com**.  
→ Note: Members under the age of 18 must have a parent or guardian register on their behalf to use the program. The person completing the registration process for a minor must have the minor's Medicaid member ID.
- 4 Start earning rewards through Go365 for Humana Healthy Horizons**.  
→ A great way to start is by completing your health needs assessment (HNA) within 90 days to earn \$30 in rewards through Go365 for Humana Healthy Horizons. By completing your HNA, we can better understand your needs and start connecting you to the programs and services that will help keep you feeling your best. You can complete your HNA on the Go365 for Humana Healthy Horizons app or on the paper form in this folder.
- 5 Log in to MyHumana** from the MyHumana app or **Account.Humana.com**.  
→ Choose your PCP, if needed, as described on page 3.



## After hours care

If you need medical care when your doctor's office is closed, call our 24-hour nurse advice line at **1-800-648-7857**, or you can also visit an urgent care facility.

## In case of emergency

We cover emergency services even when you are away from home. If you have an emergency, call **911** or go to the nearest emergency department. The hospital or facility does not need to be part of our provider network or in our service area. You also don't need to be approved ahead of time to get the care you need.



Be sure to call Member Services at **1-800-448-3810 (TTY: 711)** when you are able and let us know about your situation.

## Find more information online

Visit [Humana.com/HealthyLouisiana](https://www.humana.com/HealthyLouisiana) to find detailed information about covered benefits, health and wellness education, and programs and services offered through Humana Healthy Horizons.

Here, you can also find, review and print copies of your:

- Health Needs Assessment (HNA) form, also available in this folder
- Member handbook
- Over-the-counter drug order form
- Preferred drug list
- Pharmacy handbook
- Provider directory

# Specialized behavioral health services

There are times when you may need to speak to a therapist or counselor. We cover many different types of behavioral health services that can help with issues you may be facing. You can call a behavioral health provider for an appointment. You can get help finding a behavioral health provider by:

- Calling **1-800-448-3810 (TTY: 711)**
- Looking at our Physician List
- Going to our website, **Humana.com/HealthyLouisiana**

You do not need a referral from your PCP for behavioral health services offered by an in-network provider. In case of a behavioral health emergency, you can contact our behavioral health crisis line anytime at **1-844-461-2848**. They can help you get the care you need.

## We can help you quit smoking

We want to help you lead your healthiest life, so you have access to our tobacco and vaping cessation program via the wellness coaching team on Go365 for Humana Healthy Horizons.

- Up to eight health coaching/cessation support calls within 12 months of the first coaching session for members age 12 and older
- Nicotine replacement therapy upon request for members age 18 and older
- Members can receive up to \$50 in rewards by completing the program (Member must opt in to Go365 for Humana Healthy Horizons to be eligible to receive rewards)



For more information, go to  
**Humana.com/LouisianaQuits.**

## Need to control your gambling?

If you need help with a gambling problem, the Louisiana Department of Health offers a variety of options and resources under Behavioral Health at [www.ldh.la.gov](http://www.ldh.la.gov). You can also call the Louisiana Problem Gamblers Helpline at **1-877-770-STOP (7867)**. All calls are confidential and treatment is free to Louisiana residents.

# Do you need help communicating?

If you do not speak English, we can help. We have people who help us talk to you in your language. We provide this help for free.



Just call our Member Services at **1-800-448-3810 (TTY: 711)**, Monday – Friday, 7 a.m. – 7 p.m..



For people with disabilities: If you use a wheelchair, are blind, or have trouble hearing or understanding, call us if you need assistance. We can tell you if a provider's office is wheelchair accessible or has devices for communication. We also have services like:



**Help in making or getting to appointments**



**Information and materials in large print, audio (sound) and Braille**



**Names and addresses of providers who specialize in your disability**



**Telecommunications relay service**

This helps people who have trouble hearing or talking to make phone calls. Call **711** and give them our Member Services phone number. It is **1-800-448-3810**, Monday – Friday, from 7 a.m. – 7 p.m. They will connect you to us.

All these services are provided to you for free.

## Know your member rights

As a Humana plan member, you have certain rights and responsibilities when being treated by Humana network providers. This includes the right to be treated with respect, participate in decisions and be free to make decisions about your healthcare. Learn more about member rights in your member handbook: [Humana.com/LouisianaHandbook](https://www.humana.com/LouisianaHandbook).

# How to access your pharmacy benefits



## Pharmacy

Humana Healthy Horizons in Louisiana members get prescription drug coverage through Magellan Medicaid Administration Inc., Louisiana Medicaid's Single Pharmacy Benefit Manager. Our members must use only Magellan network pharmacies to get medications under the pharmacy benefit.



## Preferred Drug List

Your provider will use the Preferred Drug List (PDL) to choose the best medicine to treat you and your condition. Occasionally, your provider may need to get approval if he or she wants you to use a medicine that is not on our PDL. The PDL may change from time to time. You can find the most up to date PDL at [www.LDH.LA.gov/MedicaidPDL](http://www.LDH.LA.gov/MedicaidPDL)

### Magellan Medicaid Administration Call Center

The Call Center is available 24 hours a day, seven days a week, 365 days a year.

### Member and Pharmacy Help Desk phone number:

**1-800-424-1664**



### Pharmacy Prior Authorizations (PA) phone number:

**1-800-424-1664**

## Participating pharmacies

You can fill your prescription at any pharmacy that participates in the Magellan network. Use the online directory to find an in-network pharmacy near you. Make sure to bring your member ID card with you to the pharmacy.

Online provider directory: [www.LAmcophmarmacy.com/find-a-pharmacy](http://www.LAmcophmarmacy.com/find-a-pharmacy)



# How to access your pharmacy benefits



## Copay

Some medications are free, but some adult members will need to pay a small copay for their prescriptions based on the calculated state payment. Your cost for this medicine should not be more than \$3. Your total copays for the month depend on your family's income each month. If the state shows you have paid 5% of your monthly income on copays, you will not have to pay for your medicine for the rest of that month.

Pharmacy cost	Your copay
\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.01 or more	\$3.00

**There are no member copays for the following:**

- Individuals 21 and younger
- Pregnant women
- Individuals who are inpatients in long-term care facilities or other institutions
- Family planning services and supplies
- Emergency services
- Native Americans
- Alaskan Inuit
- Women who are receiving services on the basis of breast and cervical cancer
- Beneficiaries receiving hospice services

## Other questions and concerns you may have

### What if you get a bill for treatment?

If you get a bill for a treatment or service you do not think you should pay for, do not ignore it. Call Member Services at **1-800-448-3810 (TTY: 711)** right away. We can help you understand why you may have gotten a bill. If you are not responsible for payment, Humana Healthy Horizons will contact the provider and help fix the problem for you.

## Complaints, grievances and appeals

We want you to be happy with the care you receive. If at any time you are not happy with anything about us or our providers, let us know right away. This includes if you do not agree with a decision we have made.

### Appeal online

Go to [Humana.com/LouisianaAppeal](https://www.humana.com/LouisianaAppeal)

### Call Member Services

**1-800-448-3810 (TTY: 711)**,

Monday – Friday, 7 a.m. – 7 p.m.

### Write to us

Grievance and Appeals Department

P.O. Box 14546

Lexington, KY 40512-4546

## Reporting fraud and abuse

If you feel you have witnessed or been the victim of Medicaid fraud, waste or abuse, you can file a report with Humana's Special Investigations Unit. Online at [Humana.com/legal/fraud-waste-and-abuse](https://www.humana.com/legal/fraud-waste-and-abuse), or by phone at **1-800-614-4126 (TTY: 711)**, Monday – Friday, 6 a.m. – 2 p.m. You may also report provider fraud to [www.LDH.LA.gov/ReportProviderFraud](http://www.LDH.LA.gov/ReportProviderFraud) or **1-800-488-2917**. You may report recipient fraud to [www.LDH.LA.gov/ReportRecipientFraud](http://www.LDH.LA.gov/ReportRecipientFraud) or **1-833-920-1773**.

## How to change plans

If you want to change your health plan, you can through any of the following:

- Online at [www.myplan.healthy.la.gov/myaccount](http://www.myplan.healthy.la.gov/myaccount)
- On the Healthy Louisiana mobile app
- By phone at **1-855-229-6848 (TTY: 1-855-526-3346)** (Ask for a transfer form)

If you are unhappy with your health or dental plan, you can change to a different plan within the first 90 days after enrollment. You don't even have to give a reason. Once a year, during open enrollment, all members are able to change plans as they choose. If you need to be disenrolled from Humana Healthy Horizons at any time, please call the Healthy Louisiana Enrollment Center at **1-855-229-6848 (TTY: 1-855-526-3346)**.

## You have a right to your medical records

You are entitled to one free copy of your medical records. More copies are available at a cost. You also have a right to ask that your medical records be corrected if needed. Your records will be held for five years or longer as required by federal law. Contact your PCP office directly for a copy of your records.

# Notice of Privacy Practices

## For your personal health information

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**The privacy of your personal and health information is important. You don't need to do anything unless you have a request or complaint.**

We may change our privacy practices and the terms of this notice at any time, as allowed by law. Including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

### **What is personal and health information?**

Personal and health information includes both medical information and personal information, like your name, address, telephone number, or Social Security number. The term "information" in this notice includes any personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

### **How do we protect your information?**

We have a responsibility to protect the privacy of your information in all formats including electronic, written and oral information. We have safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our employees about our privacy program and procedures
- How do we use and disclose your information?

### **How do we use and disclose your information?**

We use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services

We have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care.
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments.
- For healthcare operation activities. Including processing your enrollment, responding to your inquiries, coordinating your care, improving quality, and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.

- To your plan sponsor to permit them to perform, plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission or your plan sponsor has to certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you. If you have opted out as described below, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency.
- To your family and friends, or any other person you identify. This applies if the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm if the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation
- To public health agencies, if we believe that there is a serious health or safety threat
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence
- In response to a court or administrative order, subpoena, discovery request, or other lawful process
- For law enforcement purposes, to military authorities and as otherwise required by law
- To help with disaster relief efforts
- For compliance programs and health oversight activities
- To fulfill our obligations under any workers' compensation law or contract
- To avert a serious and imminent threat to your health or safety or the health or safety of others
- For research purposes in limited circumstances
- For procurement, banking, or transplantation of organs, eyes, or tissue
- To a coroner, medical examiner, or funeral director

### **Will we use your information for purposes not described in this notice?**

We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing. The following uses and disclosures will require your written permission:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of personal and health information

### **What do we do with your information when you are no longer a member?**

Your information may continue to be used for purposes described in this notice. This includes when you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

## What are my rights concerning my information?

We are committed to responding to your rights request in a timely manner

- Access – You have the right to review and obtain a copy of your information that may be used to make decisions about you. You also may receive a summary of this health information. If you request copies, we may charge you a fee for the labor for copying, supplies for creating the copy (paper or electronic) and postage.
- Adverse Underwriting Decision – If we decline your application for insurance, you have the right to be provided a reason for the denial.
- Alternate Communications – To avoid a life-threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.
- Amendment – You have the right to request correction of any of this personal information through amendment or deletion. Within 30 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation. In the event that we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.
- Disclosure – You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- Notice – You have the right to request and receive a written copy of this notice any time.
- Restriction – You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

## What types of communications can I opt out of that are made to me?

- Appointment reminders
- Treatment alternatives or other health-related benefits or services
- Fundraising activities

## How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:

- Contacting us at 1-866-861-2762
- Accessing our Website at **Humana.com** and going to the Privacy Practices link
- Send completed request form to:  
Humana Inc.  
Privacy Office 003/10911  
101 E. Main Street  
Louisville, KY 40202

### **If I believe that my privacy has been violated, what should I do?**

If you believe that your privacy has been violated you may file a complaint with us by calling us at **1-866-861-2762** any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also email your complaint to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). If you elect to file a complaint, your benefits will not be affected and we will not punish or retaliate against you in any way.

We support your right to protect the privacy of your personal and health information.

We follow all federal and state laws, rules, and regulations addressing the protection of personal and health information. In situations when federal and state laws, rules, and regulations conflict, we follow the law, rule, or regulation which provides greater protection.

We are required by law to abide by the terms of this notice currently in effect.

### **What will happen if my information is used or disclosed inappropriately?**

We are required by law to provide individuals with notice of our legal duties and privacy practices regarding personal and health information. If a breach of unsecured personal and health information occurs, we will notify you in a timely manner.

The following affiliates and subsidiaries also adhere to our privacy program and procedures:

Arcadian Health Plan, Inc.	Humana Health Plan, Inc.
CarePlus Health Plans, Inc.	Humana Health Plans of Puerto Rico, Inc.
Cariten Health Plan Inc.	Humana Insurance Company
CHA HMO, Inc.	Humana Insurance Company of Kentucky
CompBenefits Company	Humana Insurance Company of New York
CompBenefits Dental, Inc.	Humana Insurance of Puerto Rico, Inc.
CompBenefits Insurance Company	Humana Medical Plan, Inc.
DentiCare, Inc.	Humana Medical Plan of Michigan, Inc.
EmpheSys Insurance Company	Humana Medical Plan of Pennsylvania, Inc.
Humana Dental Insurance Company	Humana Medical Plan of Utah, Inc.
Humana Benefit Plan of Illinois, Inc.	Humana Regional Health Plan, Inc.
Humana Benefit Plan of South Carolina, Inc.	Humana Wisconsin Health Organization
Humana Benefit Plan of Texas, Inc.	Insurance Corporation
Humana Employers Health Plan of Georgia, Inc.	Go365 for Humana Healthy Horizons
Humana Health Benefit Plan of Louisiana, Inc.	Managed Care Indemnity, Inc.
Humana Health Company of New York, Inc.	The Dental Concern, Inc.
Humana Health Insurance Company of Florida, Inc.	
Humana Health Plan of California, Inc.	
Humana Health Plan of Ohio, Inc.	
Humana Health Plan of Texas, Inc.	

Effective Feb 1, 2022

## Call if you need us

If you have questions or need help reading or understanding this document, call us at **1-800-448-3810 (TTY: 711)**. We are available Monday through Friday, from 7 a.m. to 7 p.m. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

## Important

**At Humana, it is important you are treated fairly.**

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
**Discrimination Grievances**, P.O. Box 14618, Lexington, KY 40512-4618. If you need help filing a grievance, call **1-800-448-3810** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights** electronically through their Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://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, **1-800-368-1019, 1-800-537-7697 (TDD)**. Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

**Auxiliary aids and services, free of charge, are available to you. 1-800-448-3810 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

**Humana Healthy Horizons in Louisiana is a Medicaid Product of Humana Benefit Plan of Louisiana, Inc.**

Language assistance services, free of charge, are available to you.

**1-800-448-3810 (TTY: 711)**

**English:** Call the number above to receive free language assistance services.

**Español (Spanish):** Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

**Français (French):** Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

**Tiếng Việt (Vietnamese):** Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**繁體中文 (Chinese):** 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

**العربية (Arabic):** اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

**Português (Portuguese):** Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

**ພາສາລາວ (Lao):** ໂທຫາເບີໂທລະສັບຂ້າງເທິງ ເພື່ອຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຝຣັ່ງ.

**日本語 (Japanese):** 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

**اُردُو (Urdu):** مفت لسانی اعانت کی خدمات موصول کرنے کے لیے درج بالا نمبر پر کال کریں۔

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**فارسی (Farsi):** برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Русский (Russian):** Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

**ภาษาไทย (Thai):** โทรไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี