# HumanaDental Advantage Plus 3S Plan with Ortho

## Use your HumanaDental benefits

The HumanaDental Advantage Plus S plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect.

- No deductibles
- No claims to file
- No need to choose a primary care dentist

### Know what your plan covers

Attached is a summary of HumanaDental Advantage Plus S plan benefits which are described in detail in your certificate. You can find your certificate at **Humana.com** or call 1-800-979-4760. Here's what you can expect:

- You have the freedom to select any participating dentist. To select a dental provider from our Advantage Plus network, simply visit **Humana.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-979-4760.
- Life without claim forms! With HumanaDental Advantage Plus S plan you pay your dentist directly, when applicable.
- Your Advantage Plus network dentist will provide all of your dental care and any copayment or discounted charges will be paid at the time of service. Except for emergency care, treatment received out-of-network is not covered.

## Choose HumanaDental benefits

### Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The HumanaDental Advantage Plus plan enables you to take better care of your teeth, and you'll pay less doing so.



## Questions?

Check out Humana.com

Call 1-800-979-4760 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

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Advantage Plus plans are network-based dental plans that emphasize prevention and cost containment. Members select any participating general dentist in HumanaDental's Advantage Plus network. Care received from an out-of-network dentist (except emergency care) is not a covered benefit. S plan copayments for listed procedures are applicable at participating General Dentists or participating Specialists. To find a dentist, call 1-800-979-4760 or look on **Humana.com**.

**Specialists services:** Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. For HumanaDental Advantage Plus S plans, copayment amounts are applicable when treatment is performed by participating specialists. Visit **Humana.com** to find a participating specialist.

**Office visit copay**

☐ $0/$0 ☐ $5/$15 ☐ $10/$15

**Annual maximum**

☐ $1,000 ☐ $1,500 ☐ $2,000 ☐ No annual maximum

## Summary of services

| **Preventive** | | **Member pays** |
|---|---|---|
| D0120[a] | Periodic oral examination | no charge |
| D0140[a] | Limited oral evaluation—problem focused | no charge |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver (limit 1 every 12 months) | no charge |
| D0150 | Comprehensive oral evaluation—new/ established patient (limit 1 every 24 months) | no charge |
| D0160 | Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) | no charge |
| D0170 | Re-evaluation—limited problem focused (limit 1 every 12 months) | no charge |
| D0180 | Comprehensive periodontal eval—new/ established patient (limit 1 every 24 months) | no charge |
| D0210 | X-ray intraoral—complete series (limit 1 every 3 years) | no charge |
| D0220 | X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230) | no charge |
| D0230 | X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220) | no charge |
| D0240 | X-ray intraoral—occlusal radiographic image | no charge |
| D0250 | Extra-oral—2D projection radiographic image created using a stationary radiation source, and detector | no charge |
| D0260 | X-ray extraoral, each additional radiographic image | no charge |
| D0270[a] | Bitewing—single radiographic image | no charge |
| D0272[a] | Bitewings—two radiographic images | no charge |
| D0273[a] | Bitewings—three radiographic images | no charge |
| D0274[a] | Bitewings—four radiographic images | no charge |
| D0277[a] | Vertical bitewings—7 to 8 radiographic images | no charge |
| D0330 | Panoramic radiographic image (limit 1 every 3 years) | no charge |
| D0470 | Diagnostic casts | no charge |
| D1110[a] | Prophylaxis—adult (inclusive of D4910) | no charge |
| D1120[a] | Prophylaxis—child (inclusive of D4910) | no charge |
| D1203[a] | Topical fluoride varnish (for child <16) | no charge |
| D1206[a] | Topical application of fluoride varnish (for child <16) | no charge |
| D1351 | Sealant—per tooth (limit 1 per tooth every 12 months for child <14) | no charge |
| D1510 | Space maintainer—fixed, unilateral (limited to child <14) | no charge |
| D1515 | Space maintainer—fixed, bilateral (limited to child <14) | no charge |
| D1520 | Space maintainer—removable, unilateral (limited to child <14) | no charge |
| D1525 | Space maintainer—removable, bilateral (limited to child <14) | no charge |
| D1550 | Re-cement or re-bond space maintainer | no charge |

| **Basic** | | **Member pays** |
|---|---|---|
| D2140 | Amalgam—one surface primary or permanent | $ 24.00 |
| D2150 | Amalgam—two surfaces primary or permanent | $ 31.00 |
| D2160 | Amalgam—three surfaces primary or permanent | $ 37.00 |
| D2161 | Amalgam—four/more surfaces primary/permanent | $ 46.00 |
| D2330 | Resin based composite—one surface, anterior | $ 24.00 |
| D2331 | Resin based composite—two surfaces, anterior | $ 31.00 |
| D2332 | Resin based composite—three surfaces, anterior | $ 38.00 |
| D2335 | Resin based composite —four or more surfaces, involving incisal angle | $ 45.00 |
| D2390 | Resin based composite—crown anterior | $ 49.00 |
| D2391 | Resin based composite—one surface, posterior | $ 28.00 |
| D2392 | Resin based composite—two surfaces, posterior | $ 37.00 |
| D2393 | Resin based composite—three surfaces, posterior | $ 46.00 |
| D2394 | Resin based composite—four or more surfaces, posterior | $ 56.00 |
| D3220 | Therapeutic pulpotomy | $ 30.00 |
| D3310 | Root canal therapy—anterior | $126.00 |
| D3320 | Root canal therapy—bicuspid | $154.00 |
| D3330 | Root canal therapy—molar | $199.00 |
| D3346 | Previous root canal therapy—anterior | $170.00 |
| D3347 | Previous root canal therapy—bicuspid | $200.00 |
| D3348 | Previous root canal therapy—molar | $240.00 |
| D3410 | Apicoectomy/periradicular surgery—anterior | $144.00 |
| D3421 | Apicoectomy/periradicular surgery—bicuspid | $158.00 |
| D3425 | Apicoectomy/periradicular surgery—molar | $178.00 |
| D3426 | Apicoectomy/periradicular surgery—each addtl root | $ 59.00 |
| D3430 | Retrograde filling—per root | $ 44.00 |
| D4210[c] | Gingivectomy/gingivoplasty—four or more teeth, quad | $143.00 |

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|---|---|---|
| D4211[c] | Gingivectomy/gingivoplasty—1 to 3 teeth, quad | $ 61.00 |
| D4240[c] | Gingival flap proc—four or more teeth, quad | $169.00 |
| D4241[c] | Gingival flap proc—1 to 3 teeth, quad | $ 87.00 |
| D4249 | Clinical crown lengthening – hard tissue | $192.00 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | $272.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | $142.00 |
| D4341 | Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months) | $ 39.00 |
| D4342 | Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months) | $ 21.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years) | $ 26.00 |
| D4910 | Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120) | $ 23.00 |
| D7111 | Extraction coronal remnants deciduous tooth | $ 20.00 |
| D7140 | Extraction erupted tooth or exposed root | $ 26.00 |
| D7210 | Surgical removal—erupted tooth | $ 43.00 |
| D7220 | Removal of impacted tooth—soft tissue | $ 54.00 |
| D7230 | Removal of impacted tooth—partially bony | $ 72.00 |
| D7240 | Removal of impacted tooth—completely bony | $ 84.00 |
| D7241 | Remove impacted tooth—completely bony w/comp | $106.00 |
| D7250 | Surgical removal of residual tooth roots | $ 45.00 |
| D7310 | Alveoloplasty in conjunction w/extractions—per quad | $ 50.00 |
| D7311 | Alveoloplasty in conjunction w/extractions—1-3 teeth | $ 39.00 |
| D7320 | Alveoloplasty not conjunction w/extractions—per quad | $ 72.00 |
| D7321 | Alveoloplasty not conjunction w/extractions—1-3 teeth | $ 61.00 |
| D7510 | Incision and drainage of abscess—intraoral | $ 48.00 |
| D7520 | Incision and drainage of abscess—extraoral | $228.00 |
| D7960 | Frenulectomy—separate procedure | $ 45.00 |
| D7970 | Excision of hyperplastic tissue—per arch | $109.00 |
| D9110 | Palliative treatment dental pain—minor procedure | $ 18.00 |
| D9215 | Local anesthesia | no charge |
| D9241 | Intravenous moderate (conscious) sedation/ analgesia - first 30 minutes | $ 58.00 |
| D9242 | Intravenous moderate (conscious) sedation/ analgesia - each additional 15 minutes | $ 24.00 |
| D9310 | Professional consultation by non-treating dentist | $ 38.00 |
| D9951 | Occlusal adjustment—limited | $ 23.00 |
| D9952 | Occlusal adjustment—complete | $130.00 |

| **Major** | | **Member pays** |
|---|---|---|
| D2510[b] | Inlay—metallic, one surface | $313.00 |
| D2520[b] | Inlay—metallic, two surfaces | $355.00 |
| D2530[b] | Inlay—metallic, three or more surfaces | $410.00 |
| D2542[b] | Onlay—metallic, two surfaces | $402.00 |
| D2543[b] | Onlay—metallic, three surfaces | $420.00 |
| D2544[b] | Onlay—metallic, four or more surfaces | $437.00 |
| D2610[b] | Inlay—porcelain/ceramic, one surface | $368.00 |
| D2620[b] | Inlay—porcelain/ceramic, two surfaces | $389.00 |
| D2630[b] | Inlay—porcelain/ceramic, three or more surfaces | $414.00 |
| D2642[b] | Onlay—porcelain/ceramic, two surfaces | $403.00 |
| D2643[b] | Onlay—porcelain/ceramic, three surfaces | $434.00 |
| D2644[b] | Onlay—porcelain/ceramic, four or more surfaces | $461.00 |
| D2650[b] | Inlay—resin based composite, one surface | $242.00 |
| D2651[b] | Inlay—resin based composite, two surfaces | $288.00 |
| D2652[b] | Inlay—resin based composite, three or more surfaces | $303.00 |
| D2662[b] | Onlay—resin based composite, two surfaces | $263.00 |
| D2663[b] | Onlay—resin based composite, three surfaces | $310.00 |
| D2664[b] | Onlay—resin based ccomposite, four or more surfaces | $332.00 |
| D2710[b] | Crown—resin based composite, indirect | $187.00 |
| D2720[b] | Crown—resin with high noble metal | $461.00 |
| D2721[b] | Crown—resin with predominantly base metal | $432.00 |
| D2722[b] | Crown—resin with noble metal | $441.00 |
| D2740[b] | Crown—porcelain/ceramic substrate | $473.00 |
| D2750[b] | Crown—porcelain fused to high noble metal | $466.00 |
| D2751[b] | Crown—porcelain fused predominantly base metal | $434.00 |
| D2752[b] | Crown—porcelain fused to noble metal | $445.00 |
| D2790[b] | Crown—full cast high noble metal | $450.00 |
| D2791[b] | Crown—full cast predominantly base metal | $426.00 |
| D2792[b] | Crown—full cast noble metal | $434.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | $ 41.00 |
| D2920 | Re-cement or re-bond crown | $ 42.00 |
| D2930 | Crown—prefabricated stainless steel, primary tooth | $115.00 |
| D2931 | Crown—prefabricated stainless steel, permanent tooth | $131.00 |
| D2932 | Crown—prefabricated resin | $142.00 |
| D2940 | Protective restoration | $ 44.00 |
| D2950 | Core buildup including any pins | $110.00 |
| D2951 | Pin retention—per tooth addition restoration | $ 23.00 |
| D2952 | Cast post and core in addition to crown | $168.00 |
| D2954 | Prefabricated post and core in addition to crown | $139.00 |
| D5110[d] | Complete denture—maxillary | $642.00 |
| D5120[d] | Complete denture—mandibular | $642.00 |
| D5130[d] | Immediate denture—maxillary | $700.00 |
| D5140[d] | Immediate denture—mandibular | $700.00 |
| D5211[d] | Maxillary partial denture—resin base | $542.00 |
| D5212[d] | Mandibular partial denture—resin base | $629.00 |
| D5213[d] | Maxillary partial denture—cast metal—resin base | $709.00 |
| D5214[d] | Mandibular partial denture—cast metal—resin base | $709.00 |
| D5410[c] | Adjust complete denture—maxillary | $ 35.00 |
| D5411[c] | Adjust complete denture—mandibular | $ 35.00 |
| D5421[c] | Adjust partial denture—maxillary | $ 35.00 |
| D5422[c] | Adjust partial denture—mandibular | $ 35.00 |
| D5510 | Repair broken complete denture base | $ 70.00 |
| D5520 | Replace missing/broken teeth—complete denture | $ 59.00 |
| D5610 | Repair resin denture base | $ 76.00 |
| D5620 | Repair cast framework | $ 82.00 |
| D5630 | Repair or replace broken clasp—per tooth | $100.00 |
| D5640 | Replace broken teeth—per tooth | $ 64.00 |
| D5650 | Add tooth to existing partial denture | $ 88.00 |
| D5660 | Add clasp to existing partial denture—per tooth | $105.00 |
| D5710[e] | Rebase complete maxillary denture | $261.00 |
| D5711[e] | Rebase complete mandibular denture | $249.00 |
| D5720[e] | Rebase maxillary partial denture | $246.00 |
| D5721[e] | Rebase mandibular partial denture | $246.00 |
| D5730[e] | Reline complete maxillary denture | $147.00 |
| D5731[e] | Reline complete mandibular denture | $147.00 |
| D5740[e] | Reline maxillary partial denture | $135.00 |

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|---|---|---|
| D5741[e] | Reline mandibular partial denture | $135.00 |
| D5750[e] | Reline complete maxillary denture | $196.00 |
| D5751[e] | Reline complete mandibular denture | $196.00 |
| D5760[e] | Reline maxillary partial denture | $193.00 |
| D5761[e] | Reline mandibular partial denture | $193.00 |
| D5850 | Tissue conditioning maxillary | $ 61.00 |
| D5851 | Tissue conditioning mandibular | $ 61.00 |
| D6092 | Recement implant/abutment supported crown | $ 42.00 |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture | $ 57.00 |
| D6210[f] | Pontic—cast high noble metal | $431.00 |
| D6211[f] | Pontic—cast predominantly base metal | $404.00 |
| D6212[f] | Pontic—cast noble metal | $420.00 |
| D6240[f] | Pontic—porcelain fused to high noble metal | $426.00 |
| D6241[f] | Pontic—porceln fused predominantly base metal | $393.00 |
| D6242[f] | Pontic—porcelain fused to noble metal | $415.00 |
| D6245 | Pontic, Porcelain/Ceramic | $439.00 |
| D6250[f] | Pontic—resin with high noble metal | $420.00 |
| D6251[f] | Pontic—resin with predominantly base metal | $388.00 |
| D6252[f] | Pontic—resin with noble metal | $400.00 |
| D6600[f] | Retainer inlay—porcelain/ceramic, two surfaces | $355.00 |
| D6601[f] | Retainer inlay—porcelain/ceramic, three or more surfaces | $373.00 |
| D6602[f] | Retainer inlay—cast high noble metal, two surfaces | $380.00 |
| D6603[f] | Retainer inlay—cast high noble metal, three or more surfaces | $418.00 |
| D6604[f] | Retainer inlay—cast predominantly base metal, two surfaces | $372.00 |
| D6605[f] | Retainer inlay—cast predominantly base metal, three or more surfaces | $394.00 |
| D6606[f] | Retainer inlay—cast noble metal, two surfaces | $366.00 |
| D6607[f] | Retainer inlay—cast noble metal, three or more surfaces | $406.00 |
| D6608[f] | Retainer onlay—porcelain/ceramic, two surfaces | $386.00 |
| D6609[f] | Retainer onlay—porcelain/ceramic, three or more surfaces | $403.00 |
| D6610[f] | Retainer onlay—cast high noble metal, two surfaces | $409.00 |
| D6611[f] | Retainer onlay—cast high noble metal, three or more surfaces | $448.00 |
| D6612[f] | Retainer onlay—cast predominantly base metal, two surfaces | $407.00 |
| D6613[f] | Retainer onlay—cast predominantly base metal, three or more surfaces | $426.00 |
| D6614[f] | Retainer onlay—cast noble metal, two surfaces | $399.00 |
| D6615[f] | Retainer onlay—cast noble metal, three or more surfaces | $414.00 |
| D6720[f] | Retainer crown—resin with high noble metal | $474.00 |
| D6721[f] | Retainer crown—resin with predominantly base metal | $450.00 |
| D6722[f] | Retainer crown—resin with noble metal | $458.00 |
| D6740[f] | Retainer crown—porcelain/ceramic | $499.00 |
| D6750[f] | Retainer crown—porcelain fused to high noble metal | $486.00 |
| D6751[f] | Retainer crown—porcelain fused to predominantly base metal | $453.00 |
| D6752[f] | Retainer crown—porcelain fused to noble metal | $464.00 |
| D6780[f] | Retainer crown—3/4 cast high noble metal | $458.00 |
| D6790[f] | Retainer crown—full cast high noble metal | $469.00 |
| D6791[f] | Retainer crown—full cast predominantly base metal | $445.00 |
| D6792[f] | Retainer crown—full cast noble metal | $461.00 |
| D6930[f] | Re-cement or re-bond fixed partial denture | $ 57.00 |

| **Orthodontics** | | **Member pays** |
|---|---|---|
| D8070 | Comprehensive Orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases | |
| | Consultation | no charge |
| | Evaluation | $ 35.00 |
| | Records/Treatment Planning | $ 250.00 |
| | Orthodontic treatment | $2100.00 |
| D8080 | Comprehensive Orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases | |
| | Consultation | no charge |
| | Evaluation | $ 35.00 |
| | Records/Treatment Planning | $ 250.00 |
| | Orthodontic treatment | $2100.00 |
| D8090 | Comprehensive Orthodontic treatment of the transitional/adult dentition; Adults 19 years of age and older; Up to 24 months of routine orthodontic treatment for Class I and Class II cases. | |
| | Consultation | no charge |
| | Evaluation | $ 35.00 |
| | Records/Treatment Planning | $ 250.00 |
| | Orthodontic treatment | $2300.00 |
| D8680 | Retention | $ 450.00 |

a Limit of one every six months
b Limit one per tooth every eight years
c Limit one every 12 months
d Limit one every five years
e Limit of one every three years
f Limit of one every eight year

Note:

- Your participating general dentist and participating specialist office visit co-payment amounts, if applicable, are shown on your I.D. card.
- Your office visit co-payment is applicable for all dates of service and is in addition to the co-payment amounts listed for covered dental care services.
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Visit **Humana.com** to find a participating dentist.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Insured or administered by CompBenefits Dental, Inc., CompBenefits Company, HumanaDental Insurance Company or Humana Employers Health Plan of Georgia, Inc.

Humana®

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**Notice of Non-Discrimination.** Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019**, **800-537-7697 (TDD)**.

**California members or residents:** You may also call the California Department of Insurance toll-free hotline number, **800-927-HELP (4357)**, to file a grievance.

**Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time.** Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

**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.

**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。

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

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

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

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

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

**French Creole (Haitian Creole):** Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

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

**Polski (Polish)** Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

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

**Italiano (Italian)** Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

**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。

**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.

**हिंदी (Hindi):** भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

**հայերեն (Armenian):** Զանգահարեք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնության ծառայություններ ստանալու համար:

**ગુજરાતી (Gujarati):** મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

**Hmoob (Hmong)** Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.

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