

SmartEOB[®]

Your **personal** Explanation
of Benefits summary

Firstname A Lastname

Birth year:	0000
Group name:	Group name
Group ID:	123456
Medical plan:	Coverage First
Medical ID:	123456789 10
Medical network:	Humana Choicecare
Dental plan:	PPO
Dental ID:	123456789 01
Dental network:	Dental network

Coverage first allowance

Allowance amount:	\$500.00
Used amount:	\$470.00
Remaining amount:	\$30.00

Go paperless!



Scan the QR code with your smartphone to register for MyHumana at [Humana.com](https://www.humana.com) and update your communication preferences to receive your SmartEOB and many other Humana communications online.

Humana.

123 ANY STREET
ANYWHERE, OK 12345-6789

FIRSTNAME LASTNAME
123 ANY STREET
ANYWHERE, OK 12345-6789

Humana.

THIS IS NOT A BILL

Claims summary period
January 1, 2022 – January 21, 2022

+ Your total medical and prescription expenses

▼ Total billed charges	\$2,836.23
Plan discounts/exclusions	-\$727.93
Benefit exclusions	-\$0.00
Allowed amount	\$2,108.30
[Amount plan pays]	-\$600.00
▶ Medical costs	\$50.00
▶ Prescription costs	\$550.00
[Your total share]	\$1,508.30
▶ Medical costs	\$958.30
▶ Prescription costs	\$550.00

🦷 Your total dental expenses

▼ Total billed charges	\$400.00
Plan discounts/exclusions	-\$100.00
Benefit exclusions	-\$0.00
Allowed amount	\$300.00
[Amount plan pays]	-\$100.00
[Your total share]	\$200.00

▼ Definitions

Plan discounts: Amount you saved because of Humana's negotiated rate with in-network providers.

Plan exclusions: Amounts the plan does not allow and that you are not responsible for. Please refer to the reason codes in your summary for more details.

Allowed amount: Maximum charge allowed for a covered medical service or supply.

Benefit exclusions: Specific conditions or services that your plan does not provide benefits for, which you may be responsible for paying to the doctor or hospital. Please refer to the reason codes in your summary for more details.

Your total share: The amount you may owe or may have already paid for all claims on this summary. *If you owe anything, your healthcare providers will send you a bill.

+
Medical claims
January 1, 2022 – January 21, 2022

This section lists new medical claims that were processed this period or previously processed claims that were adjusted this period. If you believe a claim was processed incorrectly, you will need to submit a written grievance and appeal. If you suspect fraud, please contact Humana Inc., 1100 Employers Blvd., Green Bay, WI 54344 (1-800-614-4126). The legal entity for your medical coverage is [Humana Insurance Company.] This material is provided for informational use only and should not be construed as medical or other professional advice or used in place of consulting a licensed professional. You should consult with an applicable licensed professional to determine what is right for you.

▾ Definitions

- Coinsurance:** A percentage of healthcare costs that you are responsible for paying. For example, you might pay 20 percent of the cost of a service, and your plan might pay the remaining 80 percent.
- Copay:** A fixed amount of healthcare costs for which you are responsible.
- Deductible:** The portion of your healthcare expenses that must be paid out of pocket before your plan begins paying its share.
- [Your share]:** This is the amount you may owe or may have paid to your provider for a specific claim.
- Reason code:** Describes why a claim was paid a certain way. *Reason code descriptions are located at the bottom of each claims table.

Medical claims

Claim # 1111111111111111 Processed on 1/21/22	Total charge	\$500.00
Patient account # 123456	Plan discounts/exclusions	-\$100.00
Smith MD 1/20/22 - 1/21/22	Benefit exclusions	-\$50.00
Physical visit (12345), Out-of-network	Allowed amount	\$50.00
Reason code: 131/6H0	[Amount plan pays]	-\$50.00
	Copay	\$100.00
	Deductible	\$50.00
	Coinsurance	\$50.00
	[Your share]	\$250.00

▶ **A reserve credit in the amount of \$X.XX has been applied to this claim.**

Claim # 2222222222222222 Processed on 1/21/22	Total charge	\$150.00
Patient account # 123456	Plan discounts/exclusions	-\$34.92
Jones MD 1/20/22 - 1/21/22	Benefit exclusions	-\$115.08
ADJUSTED	Allowed amount	\$0.00
Periodic Compreh Prevent (12345), In-network	[Amount plan pays]	-\$0.00
Reason code: 131/6H0	Copay	\$0.00
	Deductible	\$0.00
	Coinsurance	\$0.00
	[Your share]	\$115.08

Continued on next page ➔

Medical claims

Claim # 2222222222222222 | Processed on 1/21/22
 Patient account # 123456
Jones MD 1/20/22 - 1/21/22
 Developmental Screening With (12345), **In-network**
Reason code: 131/6H0

Total charge	\$200.00
Plan discounts/exclusions	-\$50.00
Benefit exclusions	-\$0.00
Allowed amount	\$150.00
[Amount plan pays]	-\$50.00
Copay	\$0.00
Deductible	\$0.00
Coinsurance	\$0.00
[Your share]	\$100.00
Your total claim share	\$215.08

Claim # 3333333333333333 | Processed on 1/21/22
 Patient account # 123456
Edwards MD 1/20/22 - 1/21/22
ADJUSTED
 Office OR Outpatient Vis (12345), **In-network**
Reason code: 18/4D1

Total charge	\$200.00
Plan discounts/exclusions	-\$200.00
Benefit exclusions	-\$0.00
Allowed amount	\$0.00
[Amount plan pays]	-\$0.00
Copay	\$0.00
Deductible	\$0.00
Coinsurance	\$0.00
[Your share]	\$0.00
[Your total share]	\$465.08

Claims summary total:

Reason code descriptions for medical claims

- 131/6H0** This provider is a member of the Humana Network. Services are discounted according to the negotiated rate.
- 18/4D1** This is a duplicate of a charge considered on a previous claim. You are not responsible for this amount.



Did you know you can receive your SmartEOB in Spanish? Just register or log on to MyHumana at **Humana.com** and update your communication preferences.

Here's how:

1. Log-in to MyHumana at **Humana.com**.
2. Click "Account" at the top of the page to open the drop down menu.
3. Then select "Communication Preferences" from the menu options.
4. Under "Preferred language" change your written preference to Spanish.



Are you experiencing cold, flu or COVID-19 symptoms and need help setting up a telehealth visit with a care provider? Humana is teaming up with Buoy Health to help you check your symptoms and learn the best next steps for care. Go to **Humana.com/coronavirus** to check your symptoms now.

Rx
Prescription claims
January 1, 2022 – January 21, 2022

This list shows all of your submitted prescription claims and total costs your plan covered for this period. Adjusted claims may not be reflected in this list or may show an amount that is different than what was listed prior to the adjustment. The cost of the prescription displayed is the average retail price at the pharmacy at the time of purchase and does not take into account other reimbursements. Retail prices on prescription drugs can vary by pharmacy, quantity, strength and/or dosage of the drug.

Prescription claims		
1/21/22 XYZ Pharmacy Claim # 111111111111 Out-of-network Pulmicort 0.25Mg/2MI, 60.0 tablet Ampul-Neb.	Prescription cost [Amount plan pays] Copay Deductible Coinsurance [Your share]	\$200.00 -\$50.00 \$50.00 \$50.00 \$50.00 \$150.00
1/21/22 XYZ Pharmacy Claim # 222222222222 Out-of-network Pulmicort 0.25Mg/2MI, 60.0 tablet Ampul-Neb.	Prescription cost [Amount plan pays] Copay Deductible Coinsurance [Your share]	\$300.00 -\$150.00 \$150.00 \$0.00 \$0.00 \$150.00
1/21/22 XYZ Pharmacy Claim # 333333333333 Out-of-network Pulmicort 0.25Mg/2MI, 60.0 tablet Ampul-Neb.	Prescription cost [Amount plan pays] Copay Deductible Coinsurance [Your share]	\$300.00 -\$150.00 \$150.00 \$0.00 \$0.00 \$150.00
Claims summary total:	[Your total share]	\$450.00

Do you need to know if your plan covers a certain medicine? Sign in to MyHumana at **Humana.com** and click on the “Coverage” tab. Choose “Pharmacy Resources” from the drop down menu. Then click on the “Drug Pricing” link to look up a specific medicine. You also can view coverage details, possible generic equivalents, and other options.

Great news! You can now get text message reminders on your mobile phone when it’s time to refill your medicine at Humana Pharmacy®. To start getting your Humana Pharmacy refill reminders, make sure to sign up for text messaging. Signing up for alerts is easy; just follow the steps below.

1. Log on to **Humana.com**
2. Click on “Account” at the top of the page and then click “Preferences”
3. If you haven’t already, register your mobile number and sign-up for alerts


Dental claims
January 1, 2022 – January 21, 2022

This section lists new dental claims that were processed this period or previously processed claims that have been adjusted this period. If you believe a claim was processed incorrectly, you will need to submit a written grievance and appeal. If you suspect fraud, please contact Humana Inc., 1100 Employers Blvd., Green Bay, WI 54344 (1-800-614-4126). The legal entity for your dental coverage is [Humana Insurance Company.] Dental PPO Plans are not offered in all states.

Dental claims

<p>Claim # 7777777777777777 Processed on 1/21/22 Richards MD 1/20/22 - 1/21/22 Physical visit (12345), tooth number 25, tooth surface, Out-of-network Reason code: 272/FNZ</p>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr><td>Total charge</td><td style="text-align: right;">\$200.00</td></tr> <tr><td>Plan discounts/exclusions</td><td style="text-align: right;">-\$50.00</td></tr> <tr><td>Benefit exclusions</td><td style="text-align: right;">-\$0.00</td></tr> <tr><td>Allowed amount</td><td style="text-align: right;">\$150.00</td></tr> <tr><td>[Amount plan pays]</td><td style="text-align: right;">-\$50.00</td></tr> <tr><td>Copay</td><td style="text-align: right;">\$100.00</td></tr> <tr><td>Deductible</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Coinsurance</td><td style="text-align: right;">\$0.00</td></tr> <tr style="border-top: 1px solid #ccc;"><td>[Your share]</td><td style="text-align: right;">\$100.00</td></tr> </table>	Total charge	\$200.00	Plan discounts/exclusions	-\$50.00	Benefit exclusions	-\$0.00	Allowed amount	\$150.00	[Amount plan pays]	-\$50.00	Copay	\$100.00	Deductible	\$0.00	Coinsurance	\$0.00	[Your share]	\$100.00
Total charge	\$200.00																		
Plan discounts/exclusions	-\$50.00																		
Benefit exclusions	-\$0.00																		
Allowed amount	\$150.00																		
[Amount plan pays]	-\$50.00																		
Copay	\$100.00																		
Deductible	\$0.00																		
Coinsurance	\$0.00																		
[Your share]	\$100.00																		



▶ **This claim is for an emergency room visit. You paid an Access Fee at the time of service, but your plan also requires coinsurance for emergency room visits. Your co-insurance amount for this claim is \$X.XX.**

<p>Claim # 8888888888888888 Processed on 1/21/22 Dentist MD 1/20/22 - 1/21/22 Physical visit (12345), tooth surface, Out-of-network Reason code: 272/FNZ</p>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr><td>Total charge</td><td style="text-align: right;">\$200.00</td></tr> <tr><td>Plan discounts/exclusions</td><td style="text-align: right;">-\$50.00</td></tr> <tr><td>Benefit exclusions</td><td style="text-align: right;">-\$0.00</td></tr> <tr><td>Allowed amount</td><td style="text-align: right;">\$150.00</td></tr> <tr><td>[Amount plan pays]</td><td style="text-align: right;">-\$50.00</td></tr> <tr><td>Copay</td><td style="text-align: right;">\$100.00</td></tr> <tr><td>Deductible</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Coinsurance</td><td style="text-align: right;">\$0.00</td></tr> <tr style="border-top: 1px solid #ccc;"><td>[Your share]</td><td style="text-align: right;">\$100.00</td></tr> <tr style="background-color: #00838F; color: white;"><td>[Your total share]</td><td style="text-align: right;">\$200.00</td></tr> </table>	Total charge	\$200.00	Plan discounts/exclusions	-\$50.00	Benefit exclusions	-\$0.00	Allowed amount	\$150.00	[Amount plan pays]	-\$50.00	Copay	\$100.00	Deductible	\$0.00	Coinsurance	\$0.00	[Your share]	\$100.00	[Your total share]	\$200.00
Total charge	\$200.00																				
Plan discounts/exclusions	-\$50.00																				
Benefit exclusions	-\$0.00																				
Allowed amount	\$150.00																				
[Amount plan pays]	-\$50.00																				
Copay	\$100.00																				
Deductible	\$0.00																				
Coinsurance	\$0.00																				
[Your share]	\$100.00																				
[Your total share]	\$200.00																				

Claims summary total:

Reason code descriptions for dental claims


272/FNZ Benefits are based on the alternate treatment provision of the plan. Benefits may be applied to the treatment plan chosen by the patient and/or provider.

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The American Dental Association says you should get a new toothbrush every three or four months, or sooner if the bristles look worn. Look at your brush regularly and make sure the bristles are flexible and not frayed.
- 
Grinding or clenching your teeth can lead to major mouth problems. One of those problems can be with your joint just in front of your ear where the skull and lower jaw meet. It can cause major pain and other problems if not treated. See your dentist and ask what can be done if you have ear pain or jaw pain because it might be a sign you clench or grind your teeth.

Plan year to date summary


January 1, 2022 – January 21, 2022

+ Your total medical and prescription expenses




Total billed charges	\$1,350.00
Plan discounts/exclusions	- \$334.92
Benefit exclusions	-\$0.00
Allowed amount	\$1,015.08
[Amount plan pays]	-\$365.08
▶ Medical costs	\$215.08
▶ Prescription costs	\$150.00
[Your total share]	\$650.00
▶ Medical costs	\$200.00
▶ Prescription costs	\$450.00

+ Your total dental expenses




Total billed charges	\$491.97
Plan discounts/exclusions	- \$115.52
Benefit exclusions	-\$0.00
Allowed amount	\$376.45
[Amount plan pays]	-\$35.00
[Your total share]	\$341.45

 Do you need a copy of a previous SmartEOB? You can view your past summaries when you sign in to MyHumana, your secure online account on **Humana.com**, scroll to the bottom of the page and choose 'View SmartSummary Statements' under the 'I want to..' section.

Deductibles and maximum out-of-pocket




What you paid out-of-pocket for [medical, prescription and dental] claims. Your health plan includes a Plan Maximum Out of Pocket, which is the total amount you have to spend out of pocket this plan year. The Plan Maximum Out of Pocket includes deductibles, copays and coinsurance amounts.


	 Maximum amount	 Amount you paid	 Amount remaining
Medical deductible			
Individual in-network deductible (Jan 1, 2022 – Jan 21, 2022)	\$2,000.00	\$2,000.00	\$0.00
Family in-network deductible (Jan 1, 2022 – Jan 21, 2022)	\$2,000.00	\$2,000.00	\$0.00
Individual out-of-network deductible (Jan 1, 2022 – Jan 21, 2022)	\$2,500.00	\$720.19	\$1,779.81
Family out-of-network deductible (Jan 1, 2022 – Jan 21, 2022)	\$2,500.00	\$2,500.00	\$0.00
Medical deductible			
Prescription in-network deductible (Jan 1, 2022 – Jan 21, 2022)	\$500.00	\$300.00	\$200.00
Medical maximum out-of-pocket			
Individual in-network maximum out-of-pocket (Jan 1, 2022 – Jan 21, 2022)	\$2,000.00	\$2,000.00	\$0.00
Family in-network maximum out-of-pocket (Jan 1, 2022 – Jan 21, 2022)	\$2,000.00	\$2,000.00	\$0.00
Individual out-of-network maximum out-of-pocket (Jan 1, 2022 – Jan 21, 2022)	\$2,500.00	\$720.19	\$1,779.81
Family out-of-network maximum out-of-pocket (Jan 1, 2022 – Jan 21, 2022)	\$2,500.00	\$2,500.00	\$0.00

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Deductibles and maximum out-of-pocket




What you paid out-of-pocket for [medical, prescription and dental] claims. Your health plan includes a Plan Maximum Out of Pocket, which is the total amount you have to spend out of pocket this plan year. The Plan Maximum Out of Pocket includes deductibles, copays and coinsurance amounts.

	 Maximum amount	 Amount you paid	 Amount remaining
Medical maximum out-of-pocket			
Prescription maximum out-of-pocket (Jan 1, 2022 - Jan 21, 2022)	\$2,000.00	\$0.00	\$2,000.00
Medical maximum out-of-pocket			
Plan maximum in-network out-of-pocket (Jan 1, 2022 - Jan 21, 2022)	\$2,000.00	\$720.19	\$1,279.81
Dental deductible			
Individual in-network deductible (Jan 1, 2022 - Jan 21, 2022)	\$2,000.00	\$720.19	\$1,279.81
Individual out-of-network deductible (Jan 1, 2022 - Jan 21, 2022)	\$2,500.00	\$0.00	\$2,500.00
Dental maximum out-of-pocket			
Individual in-network maximum out-of-pocket (Jan 1, 2022 - Jan 21, 2022)	\$2,000.00	\$0.00	\$0.00
Individual out-of-network maximum out-of-pocket (Jan 1, 2022 - Jan 21, 2022)	\$2,500.00	\$0.00	\$2,500.00

 Use in-network providers to avoid extra out-of-pocket costs and maximize your benefits. Out-of-network providers may cost you more. Out-of-network providers include: doctors, care professionals, facilities (such as hospitals, lab or surgery centers), or specialists. Ask your doctor or healthcare facility if they are in-network before having a screening or procedure. You can also use the Humana's "Find a doctor" tool at the bottom of the [Humana.com](https://www.humana.com) page.

Secondary plan benefits




This section lists your secondary benefits. These benefits start over at the beginning of each plan year. Some plan benefits have limitations and rules about how they are applied. Please read the Limitations and Exclusions section of your Benefit Plan Document for more information. You can find your Benefit Plan Document on MyHumana at [Humana.com](https://www.humana.com) by going to the Coverage and Benefits page and clicking the Coverage Details link.


	 Annual limit	 Amount used	 Amount remaining
Medical			
Autism Benefit (Jan 1, 2022 - Jan 21, 2022)	\$2,000.000	\$82.21	\$1,917.79
Base Chiropractic Therapy Counter (Jan 1, 2022 - Jan 21, 2022)	20	20	20
Behavioral Health Therapy Visits (Jan 1, 2022 - Jan 21, 2022)	20	20	20

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Secondary plan benefits




This section lists your secondary benefits. These benefits start over at the beginning of each plan year. Some plan benefits have limitations and rules about how they are applied. Please read the Limitations and Exclusions section of your Benefit Plan Document for more information. You can find your Benefit Plan Document on MyHumana at **Humana.com** by going to the Coverage and Benefits page and clicking the Coverage Details link.


	 Annual limit	 Amount used	 Amount remaining
▼ Dental			
Dental Benefit 1 (Jan 1, 2022 – Jan 21, 2022)	20	20	20
Dental Benefit 2 (Jan 1, 2022 – Jan 21, 2022)	20	20	20
Dental Benefit 3 (Jan 1, 2022 – Jan 21, 2022)	20	20	20

-  Did you know there are savings for you because you're a Humana member? Save money on things like chiropractic and massage therapy services and more.
1. Go to **Humana.com**
 2. Log-in to your account
 3. Click on "Coverage" tab
 4. Then click on "Special Discounts"

Lifetime benefits

This section lists your lifetime benefits.

	 Lifetime limit	 Amount used	 Amount remaining
▼ Medical			
Medical Benefit 1	20	20	20
Medical Benefit 2	20	20	20
Medical Benefit 3	\$2,000.00	\$82.21	\$1,917.79
▼ Dental			
Dental Benefit 1	20	20	20
Dental Benefit 2	20	20	20
Dental Benefit 3	\$2,000.00	\$82.21	\$1,917.79

-  Need help estimating your healthcare costs for the year? Sign in to MyHumana at **Humana.com** and use the Tools & Resources at the bottom of the page. These tools can help you decide how much you may need to cover your healthcare expenses. You'll also find tools to help you find a provider, get an estimate on medical services, and much more.

Your privacy is important to us

At Humana, your personal, health and financial information is confidential. Humana protects your information and only uses or discloses your information in accordance with federal and state privacy laws and Humana's privacy policy. For additional information on Humana's privacy policy, please access Humana's Notice of Privacy Practices on the Web at **Humana.com/legal/privacy**.

Claim Information

If you have questions about your claims, we want to help you find answers. Follow these steps when you need information:

Contact us at **1-800-4Humana (800-448-6262)** or visit us at **Humana.com**.

If your claim was denied due to missing information or requests for additional information, you or your provider may resubmit the claim with the complete information.¹

If you are covered by more than one benefit plan, file all claims with each plan.

You may request more explanation when your claim is denied or the cost of the service you received was not fully covered. Contact us¹ when you:

- Do not understand the reason for the denial;
- Do not understand why the cost was not fully covered;
- Cannot find the applicable provision in your Benefit Plan Document; or
- Want a copy (free of charge) of the guideline, criteria, or clinical rationale that we used to make our decision.

Notice: The diagnosis and treatment codes (and their meaning) related to the service that is the subject of this Explanation of Benefits (EOB) are available upon request made to the carrier.

Appeal Rights

If you disagree with the denial or the amount not covered and want to appeal follow these steps:

Appeals: All appeals for claim denial¹ (or any decision that does not cover expenses you believe should have been covered) must be sent to Grievance and Appeals, P.O. Box 14546, Lexington, KY 40512-4546 within **180 days** of the date that you receive the denial². We will provide a full and fair review of your claim. You may provide us with additional information that relates to your claim and you may request copies of information that we have that pertains to your claim. We will notify you of our decision in writing within **30 or 60 days** of receiving your appeal, depending on the appeal process adopted by your plan.³ Please consult your Benefit Plan Document (also known as your “Summary Plan Description” or SPD) regarding your appeal and external review rights under your plan and for information regarding your state’s consumer assistance program. You can also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.askebsa.dol.gov for questions about your appeal rights, this notice, or for assistance.

Court Review: If your plan is governed by ERISA and you want a court to review our final decision, you may file a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA). Be sure the following apply:

- Your plan is governed by ERISA
- You have exhausted your ERISA appeal rights; and
- Your claim was not approved on appeal.

¹See address and phone number on the enclosed Explanation of Benefits if you have questions on this notice.

²Unless your plan or any applicable state law allows you additional time.

³If your plan is not governed by ERISA, you may be allowed more (or less) time to file your appeal, and we may be allowed less (or more) time for our decision. Also, there may be other options for resolving the dispute. Refer to the claims and appeal process in your Benefit Plan Document.

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 **877-320-1235** 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 <https://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, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call 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)

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.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

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

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

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

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

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

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

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé níká'adoowoł.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك