

HumanaDental Advantage Plus 2S Plan with Ortho

Utah

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 will be paid at the time of service. Except for emergency care, treatment received out-of-network is not covered.
- You can select any participating dentist in Humana Dental Advantage Plus network. For services not covered under this plan, employees may be eligible to receive a reduced rate when the service is performed by a participating dentist.
- Care received from an out-of-network dentist (except emergency care) is not a covered benefit. Copayments are applicable at either a participating general dentist or a participating specialist.

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

Check your dental IQ anytime

Log on to **MyDentalIQ.com** and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at **MyDentalIQ.com** takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.

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.

HumanaDental Advantage Plus 2S Plan with Ortho

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 ☐ \$5 ☐ \$10

Annual maximum

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

Summary of services

| Preventive | Member pays | Basic | Member pays |
|------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------|-------------|
| D0120 ^a Periodic oral examination..... | no charge | D1510 Space maintainer—fixed, unilateral (limited to child <14) | no charge |
| D0140 ^a Limited oral evaluation—problem focused... | no charge | D1515 Space maintainer—fixed, bilateral (limited to child <14) | 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 | D1520 Space maintainer—removable, unilateral (limited to child <14) | no charge |
| D0150 Comprehensive oral evaluation—new/established patient (limit 1 every 24 months) . | no charge | D1525 Space maintainer—removable, bilateral (limited to child <14) | no charge |
| D0160 Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) . | no charge | D1550 Re-cement or re-bond space maintainer | no charge |
| D0170 Re-evaluation—limited problem focused (limit 1 every 12 months) | no charge | D2140 Amalgam—one surface primary or permanent. . | no charge |
| D0180 Comprehensive periodontal eval—new/established patient (limit 1 every 24 months) . | no charge | D2150 Amalgam—two surfaces primary or permanent. . | no charge |
| D0210 X-ray intraoral—complete series (limit 1 every 3 years) | no charge | D2160 Amalgam—three surfaces primary or permanent | no charge |
| D0220 X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230) | no charge | D2161 Amalgam—four/more surfaces primary/permanent | no charge |
| D0230 X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220) | no charge | D2330 Resin based composite—one surface, anterior . | no charge |
| D0240 X-ray intraoral—occlusal radiographic image | no charge | D2331 Resin based composite—two surfaces, anterior . | no charge |
| D0250 Extra-oral – 2S projection radiographic image created using a stationary radiation source, and detector | no charge | D2332 Resin based composite—three surfaces, anterior | no charge |
| D0260 X-ray extraoral, each additional radiographic image. | no charge | D2335 Resin based composite —four or more surfaces, involving incisal angle..... | no charge |
| D0270 ^a Bitewing—single radiographic image | no charge | D2390 Resin based composite—crown anterior | no charge |
| D0272 ^a Bitewings—two radiographic images | no charge | D2391 Resin based composite—one surface, posterior . | no charge |
| D0273 ^a Bitewings—three radiographic images..... | no charge | D2392 Resin based composite—two surfaces, posterior..... | no charge |
| D0274 ^a Bitewings—four radiographic images | no charge | D2393 Resin based composite—three surfaces, posterior..... | no charge |
| D0277 ^a Vertical bitewings—7 to 8 radiographic images. . | no charge | D2394 Resin based composite—four or more surfaces, posterior | no charge |
| D0330 Panoramic radiographic image (limit 1 every 3 years) | no charge | D4341 Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months) | no charge |
| D0470 Diagnostic casts..... | no charge | D4342 Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months) | no charge |
| D1110 ^a Prophylaxis—adult (inclusive of D4910) | no charge | D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years)..... | no charge |
| D1120 ^a Prophylaxis—child (inclusive of D4910) | no charge | D4910 Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120) | no charge |
| D1203 ^a Topical fluoride varnish (for child <16)..... | no charge | D7111 Extraction coronal remnants deciduous tooth. . | no charge |
| D1206 ^a Topical application of fluoride varnish (for child <16) | no charge | D7140 Extraction erupted tooth or exposed root | no charge |
| D1351 Sealant—per tooth (limit 1 per tooth every 12 months for child <14) . | no charge | | |

| Major | Member pays | | | |
|--------------------|--------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| D2510 ^b | Inlay—metallic, one surface..... | \$313.00 | D4241 ^c Gingival flap proc—1 to 3 teeth, quad..... | \$217.00 |
| D2520 ^b | Inlay—metallic, two surfaces..... | \$355.00 | D4249 Clinical crown lengthening – hard tissue..... | \$481.00 |
| D2530 ^b | Inlay—metallic, three or more surfaces..... | \$410.00 | D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant..... | \$680.00 |
| D2542 ^b | Onlay—metallic, two surfaces..... | \$402.00 | D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant..... | \$354.00 |
| D2543 ^b | Onlay—metallic, three surfaces..... | \$420.00 | D5110 ^d Complete denture—maxillary..... | \$642.00 |
| D2544 ^b | Onlay—metallic, four or more surfaces..... | \$437.00 | D5120 ^d Complete denture—mandibular..... | \$642.00 |
| D2610 ^b | Inlay—porcelain/ceramic, one surface..... | \$368.00 | D5130 ^d Immediate denture—maxillary..... | \$700.00 |
| D2620 ^b | Inlay—porcelain/ceramic, two surfaces..... | \$389.00 | D5140 ^d Immediate denture—mandibular..... | \$700.00 |
| D2630 ^b | Inlay—porcelain/ceramic, three or more surfaces..... | \$414.00 | D5211 ^d Maxillary partial denture—resin base..... | \$542.00 |
| D2642 ^b | Onlay—porcelain/ceramic, two surfaces..... | \$403.00 | D5212 ^s Mandibular partial denture—resin base..... | \$629.00 |
| D2643 ^b | Onlay—porcelain/ceramic, three surfaces.... | \$434.00 | D5213 ^d Maxillary partial denture—cast metal—resin base..... | \$709.00 |
| D2644 ^b | Onlay—porcelain/ceramic, four or more surfaces..... | \$461.00 | D5214 ^d Mandibular partial denture—cast metal—resin base..... | \$709.00 |
| D2650 ^b | Inlay—resin based composite, one surface.. | \$242.00 | D5410 ^c Adjust complete denture—maxillary..... | \$ 35.00 |
| D2651 ^b | Inlay—resin based composite, two surfaces.. | \$288.00 | D5411 ^c Adjust complete denture—mandibular..... | \$ 35.00 |
| D2652 ^b | Inlay—resin based composite, three or more surfaces..... | \$303.00 | D5421 ^c Adjust partial denture—maxillary..... | \$ 35.00 |
| D2662 ^b | Onlay—resin based composite, two surfaces.. | \$263.00 | D5422 ^c Adjust partial denture—mandibular..... | \$ 35.00 |
| D2663 ^b | Onlay—resin based composite, three surfaces.. | \$310.00 | D5510 Repair broken complete denture base..... | \$ 70.00 |
| D2664 ^b | Onlay—resin based ccomposite, four or more surfaces..... | \$332.00 | D5520 Replace missing/broken teeth—complete denture..... | \$ 59.00 |
| D2710 ^b | Crown—resin based composite, indirect..... | \$187.00 | D5610 Repair resin denture base..... | \$ 76.00 |
| D2720 ^b | Crown—resin with high noble metal..... | \$461.00 | D5620 Repair cast framework..... | \$ 82.00 |
| D2721 ^b | Crown—resin with predominantly base metal.. | \$432.00 | D5630 Repair or replace broken clasp—per tooth.... | \$100.00 |
| D2722 ^b | Crown—resin with noble metal..... | \$441.00 | D5640 Replace broken teeth—per tooth..... | \$ 64.00 |
| D2740 ^b | Crown—porcelain/ceramic substrate..... | \$473.00 | D5650 Add tooth to existing partial denture..... | \$ 88.00 |
| D2750 ^b | Crown—porcelain fused to high noble metal.. | \$466.00 | D5660 Add clasp to existing partial denture—per tooth | \$105.00 |
| D2751 ^b | Crown—porcelain fused predominantly base metal..... | \$434.00 | D5710 ^e Rebase complete maxillary denture..... | \$261.00 |
| D2752 ^b | Crown—porcelain fused to noble metal..... | \$445.00 | D5711 ^e Rebase complete mandibular denture..... | \$249.00 |
| D2790 ^b | Crown—full cast high noble metal..... | \$450.00 | D5720 ^e Rebase maxillary partial denture..... | \$246.00 |
| D2791 ^b | Crown—full cast predominantly base metal.. | \$426.00 | D5721 ^e Rebase mandibular partial denture..... | \$246.00 |
| D2792 ^b | Crown—full cast noble metal..... | \$434.00 | D5730 ^e Reline complete maxillary denture..... | \$147.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration..... | \$ 41.00 | D5731 ^e Reline complete mandibular denture..... | \$147.00 |
| D2920 | Re-cement or re-bond crown..... | \$ 42.00 | D5740 ^e Reline maxillary partial denture..... | \$135.00 |
| D2930 | Crown—prefabricated stainless steel, primary tooth..... | \$115.00 | D5741 ^e Reline mandibular partial denture..... | \$135.00 |
| D2931 | Crown—prefabricated stainless steel, permanent tooth..... | \$131.00 | D5750 ^e Reline complete maxillary denture..... | \$196.00 |
| D2932 | Crown—prefabricated resin..... | \$142.00 | D5751 ^e Reline complete mandibular denture..... | \$196.00 |
| D2940 | Protective restoration..... | \$ 44.00 | D5760 ^e Reline maxillary partial denture..... | \$193.00 |
| D2950 | Core buildup including any pins..... | \$110.00 | D5761 ^e Reline mandibular partial denture..... | \$193.00 |
| D2951 | Pin retention—per tooth addition restoration.. | \$ 23.00 | D5850 Tissue conditioning maxillary..... | \$ 61.00 |
| D2952 | Cast post and core in addition to crown..... | \$168.00 | D5851 Tissue conditioning mandibular..... | \$ 61.00 |
| D2954 | Prefabricated post and core in addition to crown.. | \$139.00 | D6092 Recement implant/abutment supported crown | \$ 42.00 |
| D3220 | Therapeutic pulpotomy..... | \$ 75.00 | D6093 Re-cement or re-bond implant/abutment supported fixed partial denture..... | \$ 57.00 |
| D3310 | Root canal therapy—anterior..... | \$315.00 | D6210 ^f Pontic—cast high noble metal..... | \$431.00 |
| D3320 | Root canal therapy—bicuspid..... | \$385.00 | D6211 ^f Pontic—cast predominantly base metal..... | \$404.00 |
| D3330 | Root canal therapy—molar..... | \$497.00 | D6212 ^f Pontic—cast noble metal..... | \$420.00 |
| D3346 | Previous root canal therapy—anterior..... | \$424.00 | D6240 ^f Pontic—porcelain fused to high noble metal.. | \$426.00 |
| D3347 | Previous root canal therapy—bicuspid..... | \$500.00 | D6241 ^f Pontic—porcelain fused predominantly base metal..... | \$393.00 |
| D3348 | Previous root canal therapy—molar..... | \$601.00 | D6242 ^f Pontic—porcelain fused to noble metal..... | \$415.00 |
| D3410 | Apicoectomy/periradicular surgery—anterior.. | \$361.00 | D6245 Pontic, porcelain/ceramic..... | \$439.00 |
| D3421 | Apicoectomy/periradicular surgery—bicuspid.. | \$394.00 | D6250 ^f Pontic—resin with high noble metal..... | \$420.00 |
| D3425 | Apicoectomy/periradicular surgery—molar.. | \$445.00 | D6251 ^f Pontic—resin with predominantly base metal.. | \$388.00 |
| D3426 | Apicoectomy/periradicular surgery—each addtl root..... | \$148.00 | D6252 ^f Pontic—resin with noble metal..... | \$400.00 |
| D3430 | Retrograde filling—per root..... | \$109.00 | D6600 ^f Retainer inlay—porcelain/ceramic, two surfaces..... | \$355.00 |
| D4210 ^c | Gingivectomy/gingivoplasty—four or more teeth, quad..... | \$358.00 | D6601 ^f Retainer inlay—porcelain/ceramic, three or more surfaces..... | \$373.00 |
| D4211 ^c | Gingivectomy/gingivoplasty—1 to 3 teeth, quad | \$153.00 | | |
| D4240 ^c | Gingival flap proc—four or more teeth, quad.. | \$421.00 | | |

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| 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 |
| D7210 | Surgical removal—erupted tooth | \$108.00 |
| D7220 | Removal of impacted tooth—soft tissue | \$135.00 |
| D7230 | Removal of impacted tooth—partially bony .. | \$179.00 |
| D7240 | Removal of impacted tooth—completely bony. | \$211.00 |
| D7241 | Remove impacted tooth—completely bony w/comp | \$265.00 |
| D7250 | Surgical removal of residual tooth roots | \$114.00 |
| D7310 | Alveoloplasty in conjunction w/extractions—per quad | \$125.00 |
| D7311 | Alveoloplasty in conjunction w/extractions—1-3 teeth..... | \$ 97.00 |
| D7320 | Alveoloplasty not conjunction w/ extractions—per quad | \$181.00 |
| D7321 | Alveoloplasty not conjunction w/extractions—1-3 teeth..... | \$153.00 |
| D7510 | Incision and drainage of abscess—extraoral.. | \$120.00 |
| D7520 | Incision and drainage of abscess—extraoral .. | \$570.00 |
| D7960 | Frenulectomy—separate procedure..... | \$111.00 |
| D7970 | Excision of hyperplastic tissue—per arch | \$272.00 |
| D9110 | Palliative treatment dental pain—minor procedure | \$ 45.00 |

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|-------|----------------------------------------------------------------------------------------|-----------|
| D9215 | Local anesthesia | no charge |
| D9241 | Intravenous moderate (conscious) sedation/analgesia - first 30 minutes..... | \$144.00 |
| D9242 | Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes | \$ 60.00 |
| D9310 | Professional consultation by non-treating dentist | \$ 96.00 |
| D9951 | Occlusal adjustment—limited | \$ 58.00 |
| D9952 | Occlusal adjustment—complete | \$326.00 |

| 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.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Offered by Humana Medical Plan of Utah, Inc.



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): Ձանգահարեք վերը նշված հեռախոսահամարով անվճար լեզվական օգնություն ծառայություններ ստանալու համար:

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

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