aetna®

July 1, 2025

There are upcoming changes* to your plan's drug coverage — and we want to be sure you're ready

Starting **July 1, 2025** you'll see changes to the drugs your **Advanced Control Plan-Aetna: California** covers. It's important that you review the changes in the chart enclosed. Talk to your doctor about how these changes might impact you.

Find out how to keep your costs low

If the status of your current drug is changing, you may pay more for refilling them on or after **July 1, 2025**. So, we want to make sure you understand your options and what to do next.

What to do if your drugs are changing

Talk to your doctor to find out if changing to a preferred drug is right for you. If they agree, have them send a new prescription to your pharmacy so it's ready for you to fill **July 1, 2025**.

Your doctor may decide it's best for you to stay on your current drug. If so, they can ask for medical exception. Or you can call us at the number on your member ID card to request one. If approved, you'll still pay your plan copay or cost-share, after you meet your plan's deductible or out-of-pocket requirements.

Need more support? We're here to help.

- Visit the website listed on your member ID card to view your current plan details.
- Call us at the number on your member ID card.

* In accordance with state law or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in **Iowa, Louisiana, New York, Texas**, and in most circumstances **Connecticut and Vermont**, until the plans' renewal date. Additional state specific disclaimers for **Maryland, Tennessee and Washington** are listed later within this document.

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Changes beginning July 1, 2025

On or after this date, log in to your member website. Here, you can search for and estimate the cost of your drug(s). You can also find options that may cost you less. Keep in mind, these costs will depend on several things, like where you are with your deductible.

The changes listed in this chart are based on your plan information as of the date of this letter. Some drugs listed may require prior authorization. For more drug coverage information, view your formulary plan on the website listed on your member ID card.

UPPER CASE = brand-name drug **lower case** = generic drug

Drug Name	Change(s)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS (NDC 50924007920 only)	Moving to preferred brand tier
ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR	Moving to preferred specialty tier
apomorphine hydrochloride	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 20 cartridges every 30 days
ARALAST NP	Drug list addition (preferred specialty); Preauthorization required
CLIMARA PRO	Non-formulary; not covered. Covered options include: COMBIPATCH
CREXONT	Moving to preferred brand tier
CRINONE	Drug list addition (preferred)
deflazacort sus 22.75mg	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 52 ml every 30 days
deflazacort tab 18mg	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 30 tabs every 30 days
deflazacort tab 30mg	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 30 tabs every 30 days
deflazacort tab 36mg	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 30 tabs every 30 days
deflazacort tab 6mg	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 60 tabs every 30 days
DIVIGEL	Non-formulary; not covered. Covered options include: estradiol
ENDOMETRIN	Non-formulary; not covered. Covered options include: CRINONE
EVAMIST	Non-formulary; not covered. Covered options include: estradiol

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Drug Name	Change(s)
FULPHILA	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 2 syringes every 28 days
FYLNETRA	Non-formulary; not covered. Covered options include: FULPHILA
GLASSIA	Drug list addition (preferred specialty); Preauthorization required
HYRIMOZ (by Sandoz)	Non-formulary; not covered. Covered options include:Ankylosing Spondylitis: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, AVSOLA, COSENTYX SC, ENBREL, HYRIMOZ (by Cordavis), REMICADE IV, RINVOQ Crohn's Disease: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, AVSOLA, HYRIMOZ (by Cordavis), PYZCHIVA SC (by Cordavis & Sandoz), REMICADE IV, RINVOQ, SKYRIZI SC, STELARA SC, TREMFYA SC, YESINTEK SC Hidradenitis Suppurativa: ADALIMUMAB-ADAZ, ADALIMUAMB-FKJP, COSENTYX SC, Hyrimoz (by Cordavis) Non-Radiographic Axial Spondyloarthritis: CIMZIA SC, COSENTYX SC, RINVOQ Psoriasis: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, AVSOLA, BIMZELX, HYRIMOZ (by Cordavis), OTEZLA, PYZCHIVA SC (by Cordavis & Sandoz), REMICADE IV, SKYRIZI SC, SOTYKTU, STELARA SC, TREMFYA SC, YESINTEK SC Psoriatic Arthritis: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, AVSOLA, COSENTYX SC, ENBREL, HYRIMOZ (by Cordavis), OTEZLA, PYZCHIVA SC (by Cordavis & Sandoz), REMICADE IV, RINVOQ, SKYRIZI SC, STELARA SC, TREMFYA SC, YESINTEK SC Rheumatoid Arthritis: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, AVSOLA, ENBREL, HYRIMOZ (by Cordavis), KEVZARA, ORENCIA CLICKJECT, ORENCIA SC, REMICADE IV, RINVOQ, XELJANZ, XELJANZ XR Ulcerative Colitis: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, AVSOLA, HYRIMOZ (by Cordavis), PYZCHIVA SC (by Cordavis & Sandoz), REMICADE IV, RINVOQ, SKYRIZI SC, STELARA SC, TREMFYA SC, VELSIPITY, YESINTEK SC, ZEPOSIA All other conditions: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, ENBREL, HYRIMOZ (by Cordavis)
icosapent ethyl	Non-formulary; not covered. Covered options include: VASCEPA
IQIRVO	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 30 tabs every 30 days
ivermectin cream	Drug list addition (preferred generic); Preauthorization required
JATENZO	Non-formulary; not covered. Covered options include: testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO

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Drug Name	Change(s)
LIBERVANT	Drug list addition (preferred); Quantity limits apply. Covered up to 10 pouches every 25 days
mifepristone 300 mg	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 120 tabs every 30 days
NYVEPRIA	Non-formulary; not covered. Covered options include: FULPHILA
OCALIVA	Non-formulary; not covered. Covered options include: IQIRVO
OCREVUS INJ 300 / 10ML	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 2 vials every 168 days
OCREVUS INJ ZUNOVO	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 1 vial every 168 days
ONETOUCH ULTRA STRIPS, ONETOUCH VERIO STRIPS, ONETOUCH LANCETS & LANCING DEVICES	Non-formulary; not covered. Covered options include: ACCU-CHEK AVIVA PLUS STRIPS, ACCU-CHEK GUIDE STRIPS, ACCU-CHEK SMARTVIEW STRIPS, ACCU-CHEK LANCETS & LANCING DEVICES
OTREXUP	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 4 injections every 28 days
PROLASTIN-C	Non-formulary; not covered. Covered options include: ARALAST NP, GLASSIA, ZEMAIRA
PYZCHIVA INJ 45 / 0.5ML	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 1 syringe every 84 days
PYZCHIVA INJ 90MG / ML	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 1 syringe every 56 days
RASUVO	Non-formulary; not covered. Covered options include: methotrexate, OTREXUP
SIMPONI ARIA	Not covered under pharmacy benefit. May be covered under the medical benefit
SOOLANTRA	Non-formulary; not covered. Generic version of drug covered
SYNAGIS	Non-formulary; not covered
TEZSPIRE	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 1 syringe every 28 days
tiopronin dr	Drug list addition (preferred specialty); Preauthorization required
VASCEPA	Drug list addition (preferred)
venxxiva	Drug list addition (preferred specialty); Preauthorization required
WILATE	Moving to preferred specialty tier
XHANCE	Moving to preferred brand tier

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Drug Name	Change(s)
XYOSTED	Non-formulary; not covered. Covered options include: testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO
YESINTEK INJ 45 / 0.5ML SYRINGE	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 1 syringe every 84 days
YESINTEK INJ 45 / 0.5ML VIAL	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 1 vial every 84 days
YESINTEK INJ 90MG / ML	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 1 syringe every 56 days
ZEMAIRA	Moving to preferred specialty tier; Preauthorization required
ZEPBOUND	Non-formulary; not covered. Covered options include: orlistat, QSYMIA, SAXENDA, WEGOVY

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Information is subject to change.

Your plan may not cover certain drugs to treat conditions such as infertility, erectile dysfunction and weight loss.

For fully insured plans (including HMOs) in **Maryland,** changes in prior authorization requirements for previously authorized **immune globulin (human) and drugs used in the treatment of a mental disorder** may not apply on reauthorization under certain conditions.

For fully insured plans in **Washington,** certain changes to **drugs prescribed for the treatment of a serious mental illness** may not apply until the plans' renewal date under certain conditions.

For fully insured plans in **Tennessee,** certain changes to **drugs previously authorized** may not apply until the plans' renewal date under certain conditions.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna® is part of the CVS Health® family of companies.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

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Policy forms issued in Oklahoma include:
AL HGrpPol 07 AL HCOC 12, AL HSOB 10, AL HSOBNM 10,
HI HGrpAg 07, HC HCOC 11, HC HSOB 10.
Policy forms issued in Missouri include:
AL HGrpPol 07, AL GrpPolAmend-2024 01, HI HGrpAg 07, HO HGrpPol 05. AL IVL HPOL-1A-2024-EPO-HIX 03, AL IVL SOB 1A EPO HIX 03, AL IVL HPOL-1A-2024-EPO 03, AL IVL SOB 1A EPO 03.

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Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights 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, or at 1-800-368-1019, 800-537-7697 (TDD).

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TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የ ቋንቋ አገ ልግሎቶችን ያለክፍያ ለማገኘት፣ በመታወቂያዎት ላይ ያለወን ቁጥር ይደወሉ፡ ፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᏩᎩᏍᏗ ᏕᏝᏂᏥᏍᏗ ᏔᏅᏚᏲᏁᏗ Ꮥ ᏁᏄᏍᏗ ᏗᏕᏋᏩᏔᏁᏗ ᏥᎩ, ᏍᏓᏥᏂᏃᏔᏃ ᏚᏍᎩ ᏗᏋᏍᏗ ᏂᏕᏁᏯᏅᏁ ᏅᏚᏔ ID ᏓᏂᏕᏍᏗ ᏕᏁᏁᏔ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો.

Hawaiian	No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gị
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၢ်ကျိာ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ် လၢတအိဉ်ဒီးအပှၤလၢနကဘဉ်ဟ့ဉ်အီၤအဂီၢ်,ကိးဘဉ်လီတဲစိနိဉ်ဂ့ၢ်လၢအအိဉ်လၢနခိဉ်ဂီၤ (ID) အလိၤန့ဉ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ṇan bōk jipañ kōn kajin ilo an ejjeḷọk wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T’áá ni nizaad k’ehjí bee níká a’doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílı̨́go nanitinígíí bee néého’dólzinígíí béésh bee hane’í biká’ígíí áajı̨’ hólne’.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yïn ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ në ID kard duɔ̈n de tïït de nyin de panakim kɔ̈u.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.

Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeɓa a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je ɗon windi ha do ɗerowol maaɗa.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܟܕ ܡܫܬܩܠܐ ܬܠܘܢ ܥܠ ܡܝܠܢܝܬܐ ܕܬܘܪܓܡܐ ܡܠܫܢܐ ܡܓܢܢܐܝܬ، ܩܪܝܬܘܢ ܡܢܝܢܐ ܥܠ ܦܬܩܐ ܕܫܘܕܥܬܐ ܕܝܘܟܢܟܘܢ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau ‘oku ke fiema’u ta’etōtōngi ‘a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika ‘oku hā atu ‘i ho’o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовнј отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yoruba	Láti ráyèsí àwọn iṣẹ́ èdè fún ọ lọ́fẹ̀ẹ́, pe nọ́mbà tó wà lórí káàdì ìdánimọ̀ rẹ.