

MA BENEFIT COMPARISON PLAN OPTIONS FOR 2017



2017 Massachusetts Small Group Plan Design Comparison

Plan Year or Calendar Year Available for All Plans



Plan Name	Member Coins	Deductible (IND/FAM)	Combined Medical/RX/ Pedi-Dental Out-of-Pocket Maximum (IND/FAM)	PCP	Specialist	Urgent Care Centers	Physical/ Occupational/ Speech Therapy	Lab Testing	Low-Tech Imaging/ Diagnostic Tests & X-ray	High-Tech Imaging	Outpatient Procedures	Inpatient Hospital	ER	Ambulance Transportation	Low Cost Generics	RX Tier 1	RX Tier 2	RX Tier 3	RX Tier 4	RX Coins Max*
HMO Copay Plans																				
HMO Value Platinum - 2017	0%	\$0/\$0	\$3500/ \$7000	\$25	\$55	\$55	\$25	CIF	\$25	\$100	\$350	\$500	\$200	\$100	\$5	\$25	\$40	\$70	\$150	N/A
HMO Basic Platinum - 2017	0%	\$0/\$0	\$4000/ \$8000	\$30	\$30	\$30	\$30	CIF	\$30	\$100	\$500	\$500	\$200	\$100	\$5	\$20	\$40	\$60	\$125	N/A
HMO Deductible Plans																				
Advantage HMO 500 Gold - 2017	0%	\$500/ \$1000	\$7000/ \$14000	\$25	\$55	\$55	\$25	Ded	Ded then \$75	\$250	Ded then \$250	Ded then \$300	\$250	Ded then \$50	\$5	\$25	\$65	\$90	\$150	N/A
Advantage HMO 1000 Gold - 2017	0%	\$1000/ \$2000	\$6800/ \$13600	\$25	\$55	\$55	\$25	Ded	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$250	Ded then \$50	\$5	\$25	\$60	\$80	\$150	N/A
Advantage HMO 1500 Gold - 2017	0%	\$1500/ \$3000	\$6500/ \$13000	\$25	\$50	\$50	\$25	Ded	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$250	Ded then \$50	\$5	\$25	\$60	\$80	\$150	N/A
Advantage HMO 2000 Gold - 2017	0%	\$2000/ \$4000	\$5000/ \$10000	\$25	\$55	\$55	\$25	Ded	Ded	Ded then \$75	Ded then \$150	Ded then \$250	\$250	Ded then \$50	\$5	\$25	\$55	\$80	\$150	N/A
Advantage HMO 2500 Silver - 2017	0%	\$2500/ \$5000	\$7150/ \$14300	\$35	\$60	\$60	\$35	Ded	Ded then \$50	Ded then \$250	Ded then \$300	Ded then \$500	\$300	Ded then \$50	\$5	\$30	\$85	\$100	10%	\$250
Advantage HMO 3000 Silver - 2017	0%	\$3000/ \$6000	\$7150/ \$14300	\$35	\$65	\$65	\$35	Ded	Ded then \$50	Ded then \$300	Ded then \$350	Ded then \$500	\$300	Ded then \$50	\$5	\$35	\$85	\$100	10%	\$250

Notes:

All 2017 plans meet Minimum Credible Coverage (MCC) standards.

CIF = Covered In Full, PCP = Primary Care Physician, ER = Emergency Room

*RX Coins Max is the maximum amount of coinsurance a member would pay per fill for Tier 4 drugs.

These charts provide benefit highlights for general comparison purposes only. There are also services that the plans do not cover. Please see a Summary of Benefits and Coverage for more information or refer to your Member Benefit Document for complete information.

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HMO Coinsurance / Low Option Plans																				
Advantage HMO 2000 (80%) Silver - 2017	20%	\$2000/ \$4000	\$7000/ \$14000	\$35	\$65	\$65	\$35	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	\$5	\$30	\$85	\$100	20%	\$350
Advantage HMO 2000 (65%) Silver - 2017	35%	\$2000/ \$4000	\$7000/ \$14000	\$35	\$65	\$65	\$35	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	\$5	\$35	\$85	\$100	35%	\$350
Advantage HMO 1000 Low Option Silver - 2017	10%	\$1000/ \$2000	\$7000/ \$14000	\$50	\$85	\$85	\$85	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	\$5	\$35	\$85	\$100	10%	\$250
Advantage HMO 1500 Low Option Silver - 2017	10%	\$1500/ \$3000 Rx: \$250/ \$500	\$6000/ \$12000	\$35	\$60	\$60	\$60	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Rx Ded then \$5	Rx Ded then \$35	Rx Ded then \$85	Rx Ded then \$100	Rx Ded then 10%	\$250
Advantage HMO 2000 Low Option Silver - 2017	10%	\$2000/ \$4000	\$6500/ \$13000	\$35	\$65	\$65	\$65	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	\$5	\$30	\$85	\$100	10%	\$250
HMO HSA-Compliant Plans																				
Advantage HMO Saver 1500 Gold - 2017	0%	\$1500/ \$3000	\$5000/ \$10000	Ded	Ded	Ded	Ded	Ded	Ded	Ded then \$150	Ded then \$250	Ded then \$500	Ded then \$150	Ded then \$50	Ded then \$5	Ded then \$25	Ded then \$60	Ded then \$80	Ded then \$150	N/A
Advantage HMO Saver 2000 Silver - 2017	0%	\$2000/ \$4000	\$6550/ \$13100	Ded then \$20	Ded then \$40	Ded then \$40	Ded then \$20	Ded then \$10	Ded then \$50	Ded then \$150	Ded then \$250	Ded then \$750	Ded then \$300	Ded then \$50	Ded then \$5	Ded then \$25	Ded then \$85	Ded then \$100	Ded then \$150	N/A
Advantage HMO Saver 2500 Silver - 2017	0%	\$2500/ \$5000	\$6550/ \$13100	Ded	Ded	Ded	Ded	Ded	Ded	Ded then \$150	Ded then \$250	Ded then \$750	Ded then \$300	Ded then \$50	Ded then \$5	Ded then \$25	Ded then \$75	Ded then \$100	Ded then \$150	N/A
Advantage HMO Saver 3000 Silver - 2017**	0%	\$3000/ \$6000	\$6550/ \$13100	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded then \$50	Ded then \$5	Ded then \$30	Ded then \$85	Ded then \$100	Ded then 10%	\$350

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*RX Coins Max is the maximum amount of coinsurance a member would pay per fill for Tier 4 drugs.

** Plan features embedded family deductible.

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HMO Tiered Plans																				
Your Choice HMO 2-Tier Option 8 Gold - 2017																				
Tier 1	0%	\$750/ \$1500	\$7000/ \$14000	\$25	\$55	\$55	\$55	Ded	Ded	Ded then \$200	Ded then \$500	Ded then \$500	\$250	Ded then \$50	\$5	\$20	\$50	\$80	\$150	N/A
Tier 2		\$750/ \$1500		\$50	\$75					Ded then \$450	Ded then \$1000	Ded then \$1000								
Your Choice HMO 2-Tier Option 9 Gold - 2017																				
Tier 1	0%	\$1000/ \$2000	\$6000/ \$12000	\$25	\$55	\$55	\$55	Ded	Ded	Ded	Ded	Ded	\$150	Ded then \$50	\$5	\$20	\$50	\$80	\$150	N/A
Tier 2		\$1000/ \$2000		\$50	\$75					Ded then \$450	Ded then \$1000	Ded then \$1000								
Your Choice HMO 3-Tier Option 9 Gold - 2017																				
Tier 1	0%	\$250/ \$500	\$7000/ \$14000	\$25	\$55	\$55	\$55	CIF	Ded	Ded then \$200	Ded then \$500	Ded then \$500	\$250	Ded then \$50	\$5	\$20	\$60	\$90	\$150	N/A
Tier 2		\$1000/ \$2000		\$35	\$65					Ded then \$350	Ded then \$750	Ded then \$750								
Tier 3		\$2000/ \$4000		\$50	\$75					Ded then \$750	Ded then \$1000	Ded then \$1000								
Your Choice HMO 3-Tier Option 10 Gold - 2017																				
Tier 1	0%	\$500/ \$1000	\$7150/ \$14300	\$25	\$55	\$55	\$55	CIF	Ded	Ded then \$200	Ded	Ded then \$500	\$300	Ded then \$50	\$5	\$20	\$55	\$80	\$150	N/A
Tier 2		\$1000/ \$2000		\$35	\$65					Ded then \$350	Ded	Ded then \$750								
Tier 3		\$2000/ \$4000		\$50	\$75					Ded then \$750	Ded	Ded then \$1000								

Notes:

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Health Connector Plans																				
Premier Platinum - 2017	0%	\$0/\$0	\$3000/ \$6000	\$25	\$40	\$40	\$40	CIF	CIF	\$150	\$500	\$500	\$150	CIF	N/A	\$15	\$30	\$50	N/A	N/A
Premier Gold 1000 - 2017	0%	\$1000/ \$2000	\$5000/ \$10000	\$30	\$45	\$45	\$45	Ded then \$20	Ded then \$20	Ded then \$200	Ded then \$250	Ded then \$500	Ded then \$150	Ded	N/A	\$20	\$30	\$50	N/A	N/A
Premier Silver 2000 - 2017	0%	\$2000/ \$4000	\$7150/ \$14300	\$30	\$50	\$50	\$50	Ded then \$25	Ded then \$25	Ded then \$500	Ded then \$750	Ded then \$1000	Ded then \$700	Ded	N/A	\$20	\$60	\$90	N/A	N/A
Premier Bronze Saver 3300 - 2017	35%	\$3300/ \$6600	\$6550/ \$13100	Ded then \$40	Ded then \$65	Ded then \$65	Ded then \$65	Ded then 35%	Ded then 35%	Ded then \$1000	Ded then \$1000	Ded then \$1000	Ded then \$750	Ded	N/A	Ded then \$35	Ded then \$100	Ded then \$150	N/A	N/A

Notes:

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HMO Select Plans																				
Select Advantage HMO 500 Gold - 2017	0%	\$500/\$1000	\$7000/\$14000	\$25	\$55	\$55	\$25	Ded	Ded then \$75	250	Ded then \$250	Ded then \$300	\$250	Ded then \$50	\$5	\$25	\$65	\$90	\$150	N/A
Select Advantage HMO 1000 Gold - 2017	0%	\$1000/\$2000	\$6800/\$13600	\$25	\$55	\$55	\$25	Ded	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$250	Ded then \$50	\$5	\$25	\$60	\$80	\$150	N/A
Select Advantage HMO 1500 Gold - 2017	0%	\$1500/\$3000	\$6500/\$13000	\$25	\$50	\$50	\$25	Ded	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$250	Ded then \$50	\$5	\$25	\$60	\$80	\$150	N/A
Select Advantage HMO 2000 Gold - 2017	0%	\$2000/\$4000	\$5000/\$10000	\$25	\$55	\$55	\$25	Ded	Ded	Ded then \$75	Ded then \$150	Ded then \$250	\$250	Ded then \$50	\$5	\$25	\$55	\$80	\$150	N/A
Select Advantage HMO 2000 (80%) Silver - 2017 (NEW)	20%	\$2000/\$4000	\$7000/\$14000	\$35	\$65	\$65	\$35	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	\$5	\$30	\$85	\$100	20%	\$350
Select Advantage HMO 2500 Silver - 2017 (NEW)	0%	\$2500/\$5000	\$7150/\$14300	\$35	\$60	\$60	\$35	Ded	Ded then \$50	Ded then \$250	Ded then \$300	Ded then \$500	\$300	Ded then \$50	\$5	\$30	\$85	\$100	10%	\$250
HMO Steward Plans																				
Steward Community Choice 1000 Gold - 2017	0%	\$1000/\$2000	\$6800/\$13600	\$25	\$55	\$55	\$25	Ded	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$250	Ded then \$50	\$5	\$25	\$60	\$80	\$150	N/A
Steward Community Choice 1500 Gold - 2017	0%	\$1500/\$3000	\$6500/\$13000	\$25	\$50	\$50	\$25	Ded	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$250	Ded then \$50	\$5	\$25	\$60	\$80	\$150	N/A
Steward Community Choice 2000 Gold - 2017	0%	\$2000/\$4000	\$5000/\$10000	\$25	\$55	\$55	\$25	Ded	Ded	Ded then \$75	Ded then \$150	Ded then \$250	\$250	Ded then \$50	\$5	\$25	\$55	\$80	\$150	N/A

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Select Network plans have a limited service area that excludes Berkshire, Dukes and Nantucket counties.

Steward plans also feature a limited network.

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PPO Copay Plans				----- IN-NETWORK -----																
PPO Value Platinum - 2017	In: 0% Out: 20%	In: \$0/\$0 Out: \$2000/ \$4000	In: \$3500/ \$7000 Out: \$7000/ \$14000	\$30	\$30	\$30	\$30	CIF	\$25	\$100	\$350	\$500	\$200	\$100	\$5	\$25	\$40	\$70	\$150	N/A
PPO Basic Platinum - 2017	In: 0% Out: 20%	In: \$0/\$0 Out: \$2000/ \$4000	In: \$4000/ \$8000 Out: \$8000/ \$16000	\$30	\$30	\$30	\$30	CIF	\$30	\$100	\$500	\$500	\$200	\$100	\$5	\$20	\$40	\$60	\$125	N/A
PPO Deductible Plans				----- IN-NETWORK -----																
Advantage PPO 500 Gold - 2017	In: 0% Out: 20%	In: \$500/ \$1000 Out: \$2000/ \$4000	In: \$7000/ \$14000 Out: \$14000/ \$28000	\$35	\$35	\$35	\$35	Ded	Ded then \$75	\$250	Ded then \$250	Ded then \$300	\$250	Ded then \$50	\$5	\$25	\$65	\$90	\$150	N/A
Advantage PPO 1000 Gold - 2017	In: 0% Out: 20%	In: \$1000/ \$2000 Out: \$2000/ \$4000	In: \$6800/ \$13600 Out: \$13600/ \$27200	\$35	\$35	\$35	\$35	Ded	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$250	Ded then \$50	\$5	\$25	\$60	\$80	\$150	N/A
Advantage PPO 1500 Gold - 2017	In: 0% Out: 20%	In: \$1500/ \$3000 Out: \$3000/ \$6000	In: \$6500/ \$13000 Out: \$13000/ \$26000	\$35	\$35	\$35	\$35	Ded	Ded then \$50	Ded then \$150	Ded then \$150	Ded then \$250	\$250	Ded then \$50	\$5	\$25	\$60	\$80	\$150	N/A
Advantage PPO 2000 Gold - 2017	In: 0% Out: 20%	In: \$2000/ \$4000 Out: \$4000/ \$8000	In: \$5000/ \$10000 Out: \$10000/ \$20000	\$35	\$35	\$35	\$35	Ded	Ded	Ded then \$75	Ded then \$150	Ded then \$250	\$250	Ded then \$50	\$5	\$25	\$50	\$80	\$150	N/A
Advantage PPO 2500 Silver - 2017	In: 0% Out: 20%	In: \$2500/ \$5000 Out: \$5000/ \$10000	In: \$7150/ \$14300 Out: \$14300/ \$28600	\$45	\$45	\$45	\$45	Ded	Ded then \$50	Ded then \$250	Ded then \$300	Ded then \$500	\$300	Ded then \$50	\$5	\$30	\$85	\$100	10%	\$250
Advantage PPO 3000 Silver - 2017	In: 0% Out: 20%	In: \$3000/ \$6000 Out: \$6000/ \$12000	In: \$7150/ \$14300 Out: \$14300/ \$28600	\$50	\$50	\$50	\$50	Ded	Ded then \$50	Ded then \$300	Ded then \$350	Ded then \$500	\$300	Ded then \$50	\$5	\$35	\$85	\$100	10%	\$250

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PPO Coinsurance Plans				----- IN-NETWORK -----																
Advantage PPO 2000 (80%) Silver - 2017	In: 20% Out: 40%	In: \$2000 /\$4000 Out: \$4000/ \$8000	In: \$7000 /\$14000 Out: \$14000/ \$28000	\$35	\$35	\$35	\$35	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	\$5	\$30	\$85	\$100	20%	\$350
Advantage PPO 2000 (65%) Silver - 2017	In: 35% Out: 50%	In: \$2000/ \$4000 Out: \$4000 /\$8000	In: \$7000/ \$14000 Out: \$14000/ \$28000	\$45	\$45	\$45	\$45	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	\$5	\$35	\$85	\$100	35%	\$350
PPO HSA-Compliant Plans				----- IN-NETWORK -----																
Advantage PPO Saver 1500 Gold - 2017	In: 0% Out: 20%	In: \$1500/ \$3000 Out: \$3000/ \$6000	In: \$5000/ \$10000 Out: \$10000/ \$20000	Ded	Ded	Ded	Ded	Ded	Ded	Ded then \$150	Ded then \$250	Ded then \$500	Ded then \$150	Ded then \$50	Ded then \$5	Ded then \$25	Ded then \$60	Ded then \$80	Ded then \$150	N/A
Advantage PPO Saver 2000 Silver - 2017	In: 0% Out: 20%	In: \$2000/ \$4000 Out: \$4000/ \$8000	In: \$6550/ \$13100 Out: \$13100/ \$26200	Ded then \$30	Ded then \$30	Ded then \$30	Ded then \$30	Ded then \$10	Ded then \$50	Ded then \$150	Ded then \$250	Ded then \$750	Ded then \$300	Ded then \$50	Ded then \$5	Ded then \$25	Ded then \$85	Ded then \$100	Ded then \$150	N/A
Advantage PPO Saver 2500 Silver - 2017	In: 0% Out: 20%	In: \$2500/ \$5000 Out: \$5000/ \$10000	In: \$6550/ \$13100 Out: \$13100/ \$26200	Ded	Ded	Ded	Ded	Ded	Ded	Ded then \$150	Ded then \$250	Ded then \$750	Ded then \$300	Ded then \$50	Ded then \$5	Ded then \$25	Ded then \$75	Ded then \$100	Ded then \$150	N/A
Advantage PPO Saver 3000 Silver - 2017**	In: 0% Out: 20%	In: \$3000/ \$6000 Out: \$6000/ \$12000	In: \$6550/ \$13100 Out: \$13100/ \$26200	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded then \$50	Ded then \$5	Ded then \$30	Ded then \$85	Ded then \$100	Ded then 10%	\$350
Advantage PPO Saver 4500 Bronze - 2017**	In: 35% Out: 45%	In: \$4500/ \$9000 Out: \$9000/ \$18000	In: \$6550/ \$13100 Out: \$13100/ \$26200	Ded then \$55	Ded then \$55	Ded then \$55	Ded then \$55	Ded then 35%	Ded then 35%	Ded then \$350	Ded then \$350	Ded then \$750	Ded then 35%	Ded then \$50	Ded then \$5	Ded then \$35	Ded then \$85	Ded then \$110	Ded then \$150	N/A

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DISCRIMINATION IS AGAINST THE LAW

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- ▶ Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- ▶ Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at 800.462.0224.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.
705 Mount Auburn St. Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number — 800.439.2370 or 711]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights 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, SW
Room 509F, HHH Building Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

Chinese 若需免費的中文版本，請撥打 ID 卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτας σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

Japanese 日本語の無料翻訳については ID カードに書いてある番号に電話してください。

Khmer (Cambodian) សម្រាប់សេវាកម្មបំប្លែងភាសាស្រី ឬស្រី ទៅកាន់លេខដែលមាននៅលើកាត់សម្គាល់សមាជិករបស់អ្នក។

Korean 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ສຳລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ສອນຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo bą́ąh ilíni da Diné k'ehjí álnéehgo, hodiilnih béesh bee hani'é bee nées ho'dílzingo nantínígíí bik'áá'.

Persian برای ترجمه رایگا فارسی به شماره تلفن مندرج در کارت شناسایی تان زنگ بزنید.

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalín sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.



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