



2022 RI SMALL GROUP BENEFIT COMPARISON



2022 RI Small Group Benefit Comparison

All plans have a plan year benefit



Plan Name	Metallic Tier	Member Coins (IN / OON)	Deductible (IND / FAM)	OOPM (IND / FAM) Combined Med/Rx	PCP	Specialist	UCC ***	PT/OT/ST	Chiro	Lab Testing	LTI	HTI	Outpatient Procedures	Inpatient Hospital	ER	LCG	Rx Tier 1	Rx Tier 2	Rx Tier 3	Rx Tier 4	Rx Coins Max **	Rx Deductible (IND / FAM)
HMO Deductible Plans																						
Advantage HMO 500	Platinum	0%	\$500 / \$1,000	\$3,250 / \$6,500	\$25	\$40	\$50	\$25	\$25	\$25	\$25	Ded	Ded	Ded then \$150	\$150	\$5	\$25	Rx Ded then \$45	Rx Ded then \$70	Rx Ded then 25%	\$250	\$250 / \$500
Advantage HMO 750	Gold	0%	\$750 / \$1,500	\$8,700 / \$17,400	\$30	\$45	\$50	\$30	\$30	\$25	\$40	Ded	Ded then \$75	Ded then \$150	\$350	\$5	\$30	Rx Ded then \$45	Rx Ded then \$70	Rx Ded then 25%	\$250	\$250 / \$500
Advantage HMO 1000	Gold	0%	\$1,000 / \$2,000	\$7,750 / \$15,500	\$30	\$45	\$50	\$30	\$30	\$25	\$40	Ded	Ded then \$75	Ded then \$150	\$350	\$5	\$30	Rx Ded then \$75	Rx Ded then \$90	Rx Ded then 25%	\$250	\$250 / \$500
Advantage HMO 1500	Gold	0%	\$1,500 / \$3,000	\$7,750 / \$15,500	\$30	\$50	\$50	\$30	\$30	\$25	\$40	Ded then \$50	Ded then \$75	Ded then \$150	Ded	\$5	\$30	Rx Ded then \$70	Rx Ded then \$90	Rx Ded then 25%	\$250	\$250 / \$500
Advantage HMO 2000	Gold	0%	\$2,000 / \$4,000	\$8,000 / \$16,000	\$30	\$50	\$50	\$30	\$30	\$30	\$50	Ded then \$50	Ded then \$75	Ded then \$150	Ded	\$5	\$30	Rx Ded then \$70	Rx Ded then \$90	Rx Ded then 25%	\$250	\$250 / \$500
Advantage HMO 2500	Silver	0%	\$2,500 / \$5,000	\$8,700 / \$17,400	\$35	\$65	\$50	\$35	\$35	Ded then \$50	Ded then \$75	Ded then \$150	Ded then \$200	Ded then \$300	Ded	\$5	\$45	Rx Ded then \$80	Rx Ded then \$100	Rx Ded then 25%	\$250	\$250 / \$500
Advantage HMO 3000	Silver	0%	\$3,000 / \$6,000	\$8,700 / \$17,400	\$40	\$70	\$50	\$40	\$40	Ded then \$50	Ded then \$75	Ded then \$150	Ded then \$200	Ded then \$300	Ded	\$5	\$45	Rx Ded then \$80	Rx Ded then \$100	Rx Ded then 25%	\$250	\$250 / \$500
Advantage HMO 4000	Silver	0%	\$4,000 / \$8,000	\$8,700 / \$17,400	\$40	\$70	\$50	\$40	\$40	Ded then \$50	Ded then \$75	Ded then \$150	Ded then \$200	Ded then \$300	Ded	\$5	\$45	Rx Ded then \$80	Rx Ded then \$100	Rx Ded then 25%	\$250	\$250 / \$500
Advantage HMO 5000	Silver	0%	\$5,000 / \$10,000	\$8,700 / \$17,400	\$50	\$80	\$50	\$50	\$50	Ded then \$50	Ded then \$75	Ded then \$150	Ded then \$250	Ded then \$350	Ded	\$5	\$50	Rx Ded then \$100	Rx Ded then \$125	Rx Ded then 25%	\$250	\$250 / \$500
Advantage HMO 6000	Silver	0%	\$6,000 / \$12,000	\$8,700 / \$17,400	\$50	\$80	\$50	\$50	\$50	Ded then \$50	Ded then \$75	Ded then \$150	Ded then \$250	Ded then \$350	Ded then \$150	\$5	\$50	Rx Ded then \$100	Rx Ded then \$125	Rx Ded then 25%	\$250	\$250 / \$500
HMO Coinsurance Plans																						
Advantage HMO 2000 (80%)	Gold	20%	\$2,000 / \$4,000	\$8,000 / \$16,000	\$30	\$60	\$50	\$30	\$30	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	\$5	\$35	Rx Ded then \$75	Rx Ded then \$100	Rx Ded then 25%	\$250	\$250 / \$500
Advantage HMO 4000 (80%)	Silver	20%	\$4,000 / \$8,000	\$8,700 / \$17,400	\$50	\$80	\$50	\$50	\$50	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	\$5	\$45	Rx Ded then \$80	Rx Ded then \$100	Rx Ded then 25%	\$250	\$250 / \$500
HMO Saver Plans (HSA-Qualified)																						
Advantage HMO Saver 2500	Silver	0%	\$2,500 / \$5,000 *	\$6,900 / \$13,800	Ded then \$20	Ded then \$40	Ded	Ded then \$20	Ded then \$20	Ded then \$25	Ded then \$50	Ded then \$50	Ded then \$150	Ded then \$250	Ded then \$100	Ded then \$5	Ded then \$40	Ded then \$70	Ded then \$110	Ded then 25%	\$250	Combined
Advantage HMO Saver 3000	Silver	0%	\$3,000 / \$6,000	\$6,900 / \$13,800	Ded then \$20	Ded then \$40	Ded	Ded then \$20	Ded then \$20	Ded then \$30	Ded then \$50	Ded then \$50	Ded then \$200	Ded then \$250	Ded then \$150	Ded then \$5	Ded then \$45	Ded then \$85	Ded then \$100	Ded then 25%	\$250	Combined
Advantage HMO Saver 4000	Silver	0%	\$4,000 / \$8,000	\$6,900 / \$13,800	Ded then \$20	Ded then \$40	Ded	Ded then \$20	Ded then \$20	Ded then \$30	Ded then \$75	Ded then \$150	Ded then \$200	Ded then \$300	Ded	Ded then \$5	Ded then \$45	Ded then \$85	Ded then \$110	Ded then 25%	\$250	Combined
Advantage HMO Saver 6900	Bronze	0%	\$6,900 / \$13,800	\$6,900 / \$13,800	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	N/A	Combined
HEALTHpact Plans																						
HEALTHpact Advantage	Gold	0%	\$1,500 / \$3,000	\$8,700 / \$17,400	\$30	\$50	\$50	\$30	\$30	\$25	\$40	Ded	Ded then \$100	Ded then \$250	Ded	\$5	\$25	\$60	\$80	25%	\$250	N/A
HEALTHpact Basic	Gold	0%	\$1,750 / \$3,500	\$8,700 / \$17,400	\$40	\$60	\$50	\$40	\$40	\$25	\$40	Ded then \$100	Ded then \$200	Ded then \$500	Ded	\$5	\$25	\$60	\$80	25%	\$250	N/A

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LTI: Low-Tech Imaging (services such as X-rays)
HTI: High-Tech Imaging (services such as MRI, CT Scan, PET Scan)
OOPM: Out-of-Pocket Maximum
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HMO Tiered Plans																						
Lifespan Premier Choice HMO 750																						
Tier 1	Gold	0%	\$750 / \$1,500	\$8,700 / \$17,400	\$30	\$45	\$50	\$30	\$30	\$25	\$40	Ded	Ded then \$75	Ded then \$150	\$350	\$5	\$30	Rx Ded then \$45	Rx Ded then \$70	Rx Ded then 25%	\$250	\$250 / \$500
Tier 2		0%	\$750 / \$1,500	\$8,700 / \$17,400	\$30	\$45				Ded then \$35	Ded then \$150	Ded then \$500	Ded then \$1,000	Ded then \$1,000								
Lifespan Premier Choice HMO 1000																						
Tier 1	Gold	0%	\$1,000 / \$2,000	\$8,000 / \$16,000	\$30	\$45	\$50	\$30	\$30	\$25	\$40	Ded	Ded then \$75	Ded then \$150	\$350	\$5	\$30	Rx Ded then \$75	Rx Ded then \$90	Rx Ded then 25%	\$250	\$250 / \$500
Tier 2		0%	\$1,000 / \$2,000	\$8,000 / \$16,000	\$30	\$45				Ded then \$35	Ded then \$150	Ded then \$500	Ded then \$1,000	Ded then \$1,000								
Lifespan Premier Choice HMO 1500																						
Tier 1	Gold	0%	\$1,500 / \$3,000	\$8,000 / \$16,000	\$30	\$45	\$50	\$30	\$30	\$25	\$40	Ded	Ded then \$75	Ded then \$150	Ded	\$5	\$30	Rx Ded then \$75	Rx Ded then \$90	Rx Ded then 25%	\$250	\$250 / \$500
Tier 2		0%	\$1,500 / \$3,000	\$8,000 / \$16,000	\$30	\$45				Ded then \$35	Ded then \$150	Ded then \$500	Ded then \$1,000	Ded then \$1,000								
Lifespan Premier Choice HMO 2000																						
Tier 1	Gold	0%	\$2,000 / \$4,000	\$8,000 / \$16,000	\$30	\$50	\$50	\$30	\$30	\$25	\$40	Ded then \$50	Ded then \$75	Ded then \$150	Ded	\$5	\$30	Rx Ded then \$80	Rx Ded then \$100	Rx Ded then 25%	\$250	\$250 / \$500
Tier 2		0%	\$2,000 / \$4,000	\$8,000 / \$16,000	\$30	\$50				Ded then \$35	Ded then \$150	Ded then \$500	Ded then \$1,000	Ded then \$1,000								
Lifespan Premier Choice HMO Copay (55%)																						
Tier 1	Gold	0%	N/A	\$8,7000 / \$17,400	\$25	\$25	\$50	\$25	\$25	CIF	CIF	\$100	\$200	\$200	\$200	\$5	\$25	Rx Ded then \$60	Rx Ded then \$80	Rx Ded then 25%	\$250	\$250 / \$500
Tier 2		45%	\$2,000 / \$4,000	\$8,7000 / \$17,400	\$65	\$65				Ded then 55%	Ded then 55%	Ded then 55%	Ded then 55%	Ded then 55%								

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PPO Deductible Plans					IN-NETWORK SERVICES										IN-NETWORK SERVICES												
Advantage PPO 500	Platinum	0% / 20%	In: \$500 / \$1,000 Out: \$2,000 / \$4,000	In: \$3,250 / \$6,500 Out: \$9,750 / \$19,500	\$30	\$30	\$50	\$30	\$30	\$25	\$25	Ded	Ded	Ded then \$150	\$150	\$5	\$25	Rx Ded then \$45	Rx Ded then \$70	Rx Ded then 25%	\$250	\$250 / \$500					
Advantage PPO 750	Gold	0% / 20%	In: \$750 / \$1,500 Out: \$2,000 / \$4,000	In: \$8,700 / \$17,400 Out: \$26,100 / \$52,200	\$35	\$35	\$50	\$35	\$35	\$25	\$40	Ded	Ded then \$75	Ded then \$150	\$350	\$5	\$30	Rx Ded then \$45	Rx Ded then \$70	Rx Ded then 25%	\$250	\$250 / \$500					
Advantage PPO 1000	Gold	0% / 20%	In: \$1,000 / \$2,000 Out: \$2,000 / \$4,000	In: \$7,750 / \$15,500 Out: \$23,250 / \$46,500	\$35	\$35	\$50	\$35	\$35	\$25	\$40	Ded	Ded then \$75	Ded then \$150	\$350	\$5	\$30	Rx Ded then \$75	Rx Ded then \$90	Rx Ded then 25%	\$250	\$250 / \$500					
Advantage PPO 1500	Gold	0% / 20%	In: \$1,500 / \$3,000 Out: \$3,000 / \$6,000	In: \$7,750 / \$15,500 Out: \$23,250 / \$46,500	\$35	\$35	\$50	\$35	\$35	\$25	\$40	Ded then \$50	Ded then \$75	Ded then \$150	Ded	\$5	\$30	Rx Ded then \$70	Rx Ded then \$90	Ded then 25%	\$250	\$250 / \$500					
Advantage PPO 2000	Gold	0% / 20%	In: \$2,000 / \$4,000 Out: \$4,000 / \$8,000	In: \$8,000 / \$16,000 Out: \$24,000 / \$48,000	\$35	\$35	\$50	\$35	\$35	\$30	\$50	Ded then \$50	Ded then \$75	Ded then \$150	Ded	\$5	\$30	Rx Ded then \$70	Rx Ded then \$90	Rx Ded then 25%	\$250	\$250 / \$500					
Advantage PPO 2500	Silver	0% / 20%	In: \$2,500 / \$5,000 Out: \$5,000 / \$10,000	In: \$8,700 / \$17,400 Out: \$26,100 / \$52,200	\$45	\$45	\$50	\$45	\$45	Ded then \$50	Ded then \$75	Ded then \$150	Ded then \$200	Ded then \$300	Ded	\$5	\$45	Rx Ded then \$80	Rx Ded then \$100	Rx Ded then 25%	\$250	\$250 / \$500					
Advantage PPO 3000	Silver	0% / 20%	In: \$3,000 / \$6,000 Out: \$6,000 / \$12,000	In: \$8,700 / \$17,400 Out: \$26,100 / \$52,200	\$50	\$50	\$50	\$50	\$50	Ded then \$50	Ded then \$75	Ded then \$150	Ded then \$200	Ded then \$300	Ded	\$5	\$45	Rx Ded then \$80	Rx Ded then \$100	Rx Ded then 25%	\$250	\$250 / \$500					
Advantage PPO 4000	Silver	0% / 20%	In: \$4,000 / \$8,000 Out: \$8,000 / \$16,000	In: \$8,700 / \$17,400 Out: \$26,100 / \$52,200	\$50	\$50	\$50	\$50	\$50	Ded then \$50	Ded then \$75	Ded then \$150	Ded then \$200	Ded then \$300	Ded	\$5	\$45	Rx Ded then \$80	Rx Ded then \$100	Rx Ded then 25%	\$250	\$250 / \$500					
Advantage PPO 5000	Silver	0% / 20%	In: \$5,000 / \$10,000 Out: \$10,000 / \$20,000	In: \$8,700 / \$17,400 Out: \$26,100 / \$52,200	\$50	\$50	\$50	\$50	\$50	Ded then \$45	Ded then \$80	Ded then \$175	Ded then \$250	Ded then \$350	Ded then \$100	\$5	\$50	Rx Ded then \$105	Rx Ded then \$130	Rx Ded then 25%	\$250	\$250 / \$500					
Advantage PPO 6000	Silver	0% / 20%	In: \$6,000 / \$12,000 Out: \$12,000 / \$24,000	In: \$8,700 / \$17,400 Out: \$26,100 / \$52,200	\$50	\$50	\$50	\$50	\$50	Ded then \$40	Ded then \$80	Ded then \$175	Ded then \$300	Ded then \$400	Ded then \$100	\$5	\$50	Rx Ded then \$105	Rx Ded then \$130	Rx Ded then 25%	\$250	\$250 / \$500					
PPO Coinsurance Plans					IN-NETWORK SERVICES										IN-NETWORK SERVICES												
Advantage PPO 2000 (80%)	Gold	20% / 40%	In: \$2,000 / \$4,000 Out: \$4,000 / \$8,000	In: \$8,000 / \$16,000 Out: \$24,000 / \$48,000	\$40	\$40	\$50	\$40	\$40	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	\$5	\$35	Rx Ded then \$80	Rx Ded then \$105	Rx Ded then 25%	\$250	\$250 / \$500					
Advantage PPO 4000 (80%)	Silver	20% / 40%	In: \$4,000 / \$8,000 Out: \$8,000 / \$16,000	In: \$8,700 / \$17,400 Out: \$26,100 / \$52,200	\$50	\$50	\$50	\$50	\$50	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	\$5	\$45	Rx Ded then \$85	Rx Ded then \$105	Rx Ded then 25%	\$250	\$250 / \$500					
PPO Saver Plans (HSA-Qualified)					IN-NETWORK SERVICES										IN-NETWORK SERVICES												
Advantage PPO Saver 2500	Silver	0% / 40%	In: \$2,500 / \$5,000 * Out: \$5,000 / \$10,000	In: \$6,900 / \$13,800 Out: \$20,700 / \$41,400	Ded then \$30	Ded then \$30	Ded	Ded then \$30	Ded then \$30	Ded then \$25	Ded then \$50	Ded then \$50	Ded then \$150	Ded then \$250	Ded then \$100	Ded then \$5	Ded then \$40	Ded then \$70	Ded then \$110	Ded then 25%	\$250	Combined					
Advantage PPO Saver 3000	Silver	0% / 40%	In: \$3,000 / \$6,000 Out: \$6,000 / \$12,000	In: \$6,900 / \$13,800 Out: \$20,700 / \$41,400	Ded then \$25	Ded then \$25	Ded	Ded then \$25	Ded then \$25	Ded then \$25	Ded then \$50	Ded then \$50	Ded then \$200	Ded then \$250	Ded then \$150	Ded then \$5	Ded then \$45	Ded then \$85	Ded then \$100	Ded then 25%	\$250	Combined					
Advantage PPO Saver 4000	Silver	0% / 40%	In: \$4,000 / \$8,000 Out: \$8,000 / \$16,000	In: \$6,900 / \$13,800 Out: \$20,700 / \$41,400	Ded then \$25	Ded then \$25	Ded	Ded then \$25	Ded then \$25	Ded then \$25	Ded then \$75	Ded then \$150	Ded then \$200	Ded then \$300	Ded	Ded then \$5	Ded then \$45	Ded then \$85	Ded then \$110	Ded then 25%	\$250	Combined					
Advantage PPO Saver 6900	Bronze	0% / 20%	In: \$6,900 / \$13,800 Out: \$13,800 / \$27,600	In: \$6,900 / \$13,800 Out: \$20,700 / \$41,400	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	Ded	N/A	Combined					

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Tier 2		0% / 20%	In: \$750 / \$1,500 Out: \$1,500 / \$3,000	In: \$8,700 / \$17,400 Out: \$26,100 / \$52,200	\$30	\$45				Ded then \$35	Ded then \$150	Ded then \$500	Ded then \$1,000	Ded then \$1,000													
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Lifespan Premier Choice PPO 1500																											
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These charts provide benefit highlights for general comparison purposes only. There are also services that the plans do not cover. Please refer to the Summary of Benefits and Coverage (SBC) or your Evidence of Coverage (EOC) for complete information.

All 2022 small group plans meet Minimum Creditable Coverage (MCC) standards for MA employees.

All 2022 small group plans meet Medicare Part D Creditable Coverage when Medicare is the primary payer.

Tier 1 on all Lifespan Premier Choice plans includes free-standing facilities.

All 2022 small group plans include coverage for acupuncture, with no visit or dollar limits. Cost share mirrors that of chiro.

*Per IRS regulation, this Saver plan does not feature an embedded family deductible. An individual member of a family plan may need to meet the full family deductible.

**Rx Coins Max is the maximum amount of coinsurance a member would pay per fill for drugs in any tier with coinsurance. The amounts on this grid represent the maximum coinsurance for a 30-day supply. The maximum Rx coinsurance for a 60-day or 90-day supply (if allowed) is 2x and 3x the 30-day amount, respectively.

***Urgent Care Center cost share applies to non-hospital affiliated centers.

LTI: Low-Tech Imaging (services such as X-rays)

HTI: High-Tech Imaging (services such as MRI, CT Scan, PET Scan)

OOPM: Out-of-Pocket Maximum

CIF: Covered-in-Full

OON: Out-of-Network

PCP: Primary Care Physician

LCG: Low Cost Generic

PT/OT/ST: Physical Therapy, Occupational Therapy, Speech Therapy

ER: Emergency Room

UCC: Urgent Care Center

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 full and equal access to covered services under the federal *Americans with Disabilities Act of 1990* and Section 504 of the federal *Rehabilitation Act of 1973*. This includes 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 any of the above services, have questions regarding any provider directory information, or would like to report an inaccuracy or network access issue, please contact Tufts Health Plan Member Services at 800.462.0224. To report provider directory inaccuracies electronically, please visit <https://tuftshealthplan.com/find-a-doctor> and select your plan. Search or select the Provider whose information you believe needs updating and click “Tell us if something needs to change”.

Please note that if you have complaints regarding provider directory inaccuracies or provider network access issues, you also have the right at any time to contact the Commonwealth of Massachusetts Division of Insurance at (877) 563-4467, Option 2 or www.mass.gov/doi.

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: OCRCordinator@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>.

tuftshealthplan.com | 800.462.0224

For no cost translation in English, call the number on your ID card.

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 κάρτα σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang kreyòl ayisyen, rele nimewo ki sou kat ID ou a.

Italian Per richiedere la traduzione in italiano senza costi aggiuntivi, chiamare il numero indicato sulla carta di identità.

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) សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាតសមាជិករបស់អ្នក។

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

Laotian ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo báhah ilíní da Diné k'ehjí álnéehgo, hodiilnih béesh bee hani'ée bee nées ho'díłzingo nantinígíí bikáá'.

Persian .بزنید زنگ تان شناسائی کارت در مندرج تلفن شماره به فارسی رایگان ترجمه برای

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

Portuguese Para tradução grátis para o 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 Para servicios de traducción gratuitos en español, llame al número que aparece en su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin 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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