January 2024

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

Starting **January 1, 2024** you’ll see changes to the drugs your **Advanced Control Plan-Aetna: Federal Employees** 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 **January 1, 2024**. 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 **January 1, 2024**.

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.

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Changes beginning January 1, 2024

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.

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

Drug Name	Change(s)
ADVAIR DISKUS	Non-formulary; not covered. Generic version of drug covered
ADVAIR HFA	Non-formulary; not covered. Covered options include: fluticasone propionate/salmeterol (except certain NDCs), Wixela Inhub, Breo Ellipta, Dulera
ALPROLIX	Drug list addition (preferred specialty); Preauthorization required
AMJEVITA	Non-formulary; not covered. Covered options include: Adalimumab-ADAZ, Hyrimoz, Humira
AMPYRA	Non-formulary; not covered. Covered options include: dalfampridine
ANORO ELLIPTA	Non-formulary; not covered. Covered options include: Bevespi Aerosphere, Stiolto Respimat
APLENZIN	Non-formulary; not covered. Covered options include: bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
AUBAGIO	Non-formulary; not covered. Covered options include: dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, Betaseron, Copaxone, Kesimpta, Mayzent, Rebif, Tysabri, Vumerity, Zeposia
AURYXIA	Non-formulary; not covered. Covered options include: calcium acetate, sevelamer, Phoslyra, Velphoro
AVONEX	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 4 syringes every 28 days
AVONEX PEN	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 4 syringes every 28 days
AZSTARYS	Moving to preferred brand tier
BENLYSTA	Not covered under pharmacy benefit. May be covered under the medical benefit
BETHKIS	Moving to non-preferred specialty tier
BEVESPI AEROSPHERE	Drug list addition (preferred); Quantity limits apply. Covered up to 1 package every 25 days
bimatoprost	Drug list addition (preferred)

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Drug Name	Change(s)
BLOOD GLUCOSE TEST STRIPS	Quantity limits apply. Covered up to 150 test strips every 25 days
COPAXONE	Non-formulary; not covered. Covered options include: glatiramer, Copaxone 40 mg,dimethyl fumarate DR, fingolimod, teriflunomide, Betaseron, Kesimpta, Mayzent, Rebif, Tysabri, Vumerity, Zeposia
DALIRESP	Moving to non-preferred brand tier
DEXCOM G6 SENSOR	Quantity limits apply. Covered up to 3 sensors every 25 days
DILAUDID LIQ 1MG / ML	Quantity limits apply. Covered up to 480 mL every 25 days
DILAUDID TAB 4MG	Quantity limits apply. Covered up to 120 tabs every 25 days
doxepin hcl cre 5% (NDC* 00093960995 only)	Non-formulary drug (Other NDCs covered)
DULERA	Drug list addition (preferred); Quantity limits apply. Covered up to 1 package every 25 days
DUREZOL	Moving to non-preferred brand tier
DYANAVEL XR	Non-formulary; not covered. Covered options include: amphetamine-dextroamphetamine mixed salts ER, dexmethylphenidate ER, dextroamphetamine ER, methylphenidate ER, AZSTARYS
ESBRIET	Non-formulary; not covered. Covered options include: pirfenidone (except 534 mg), Ofev
FEIBA	Non-formulary; not covered. Covered options include: NovoSeven RT, Sevenfact
fenofib micr cap 30mg	Non-formulary; not covered. Covered options include: fenofibrate (except fenofibrate 50mg cap, fenofibrate 130mg cap, fenofibrate 40mg tab, fenofibrate 120mg tab), fenofibric acid delayed release
fenofib micr cap 90mg	Non-formulary; not covered. Covered options include: fenofibrate (except fenofibrate 50mg cap, fenofibrate 130mg cap, fenofibrate 40mg tab, fenofibrate 120mg tab), fenofibric acid delayed release
FLOVENT DISKUS	Non-formulary; not covered. Covered options include: Arnuity Ellipta, QVAR RediHaler
FLOVENT HFA	Non-formulary; not covered. Covered options include: Arnuity Ellipta, QVAR RediHaler
fluticasone propionate / salmeterol diskus (NDC* 66993058497 only)	Non-formulary drug (Other NDCs covered)
fluticasone propionate / salmeterol diskus (NDC* 66993058597 only)	Non-formulary drug (Other NDCs covered)

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Drug Name	Change(s)
fluticasone propionate / salmeterol diskus (NDC* 66993058697 only)	Non-formulary drug (Other NDCs covered)
fluticasone propionate hf (NDC* 66993007896 only)	Non-formulary drug (Other NDCs covered)
fluticasone propionate hf (NDC* 66993007996 only)	Non-formulary drug (Other NDCs covered)
fluticasone propionate hf (NDC* 66993008096 only)	Non-formulary drug (Other NDCs covered)
fyremadel	Non-formulary; not covered. Brand name version of drug covered at preferred generic cost share
GAMMAGARD LIQUID	Non-formulary; not covered. Covered options include: Cutaquig
GAMMAGARD LIQUID (NDC* 00944270008 only)	Non-formulary drug (Other NDCs covered)
GAMMAGARD LIQUID (NDC* 00944270009 only)	Non-formulary drug (Other NDCs covered)
GAMMAGARD LIQUID (NDC* 00944270010 only)	Non-formulary drug (Other NDCs covered)
GAMMAGARD LIQUID (NDC* 00944270011 only)	Non-formulary drug (Other NDCs covered)
GAMMAGARD LIQUID (NDC* 00944270012 only)	Non-formulary drug (Other NDCs covered)
GAMMAGARD S / D IGA LESS THAN 1MCG / ML	Non-formulary; not covered. Covered options include: Cutaquig
ganirelix acetate generic	Non-formulary; not covered. Brand name version of drug covered at preferred generic cost share
GILENYA	Non-formulary; not covered. Covered options include: dimethyl fumarate, glatiramer, Aubagio, Betaseron, Copaxone, fingolimod, Kesimpta, Mayzent, Rebif, Tysabri, Vumerity, Zeposia
hydromorphon liq 1mg / ml	Quantity limits apply. Covered up to 480 mL every 25 days
hydromorphon tab 4mg	Quantity limits apply. Covered up to 120 tabs every 25 days
ICLUSIG	Non-formulary; not covered. Covered options include: imatinib, Bosulif, Sprycel
IRESSA	Moving to non-preferred specialty tier
isotretinoin cap 25mg	Non-formulary; not covered. Covered options include: isotretinoin 20mg, 30mg, 40mg
isotretinoin cap 35mg	Non-formulary; not covered. Covered options include: isotretinoin 20mg, 30mg, 40mg
LATUDA	Non-formulary; not covered. Covered options include: lurasidone, aripiprazole, asenapine, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, Vraylar

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Drug Name	Change(s)
LEVEMIR	Non-formulary; not covered. Covered options include: Basaglar
LEVEMIR FLEXPEN	Non-formulary; not covered. Covered options include: Basaglar
LEVEMIR FLEXTOUCH	Non-formulary; not covered. Covered options include: Basaglar
lisdexamfeta cap 10mg	Drug list addition (preferred); Quantity limits apply. Covered up to 60 caps every 25 days
lisdexamfeta cap 20mg	Drug list addition (preferred); Quantity limits apply. Covered up to 60 caps every 25 days
lisdexamfeta cap 30mg	Drug list addition (preferred); Quantity limits apply. Covered up to 60 caps every 25 days
lisdexamfeta cap 40mg	Drug list addition (preferred); Quantity limits apply. Covered up to 30 caps every 25 days
lisdexamfeta cap 50mg	Drug list addition (preferred); Quantity limits apply. Covered up to 30 caps every 25 days
lisdexamfeta cap 60mg	Drug list addition (preferred); Quantity limits apply. Covered up to 30 caps every 25 days
lisdexamfeta cap 70mg	Drug list addition (preferred); Quantity limits apply. Covered up to 30 caps every 25 days
lisdexamfeta chw 10mg	Drug list addition (preferred); Quantity limits apply. Covered up to 60 caps every 25 days
lisdexamfeta chw 20mg	Drug list addition (preferred); Quantity limits apply. Covered up to 60 caps every 25 days
lisdexamfeta chw 30mg	Drug list addition (preferred); Quantity limits apply. Covered up to 60 caps every 25 days
lisdexamfeta chw 40mg	Drug list addition (preferred); Quantity limits apply. Covered up to 30 caps every 25 days
lisdexamfeta chw 50mg	Drug list addition (preferred); Quantity limits apply. Covered up to 30 caps every 25 days
lisdexamfeta chw 60mg	Drug list addition (preferred); Quantity limits apply. Covered up to 30 caps every 25 days
methadone con 10mg / ml (NDC* 00054355344 only)	Quantity limits apply. Covered up to 45 mL every 25 days
methadone sol 10mg / 5ml	Quantity limits apply. Covered up to 225 mL every 25 days
methadone tab 10mg	Quantity limits apply. Covered up to 30 tabs every 25 days
MOTEGRITY	Non-formulary; not covered. Covered options include: lubiprostone, Linzess
MOUNJARO	Moving to preferred brand tier; Preauthorization required; Quantity limits apply. Covered up to 4 pens every 21 days
MYDAYIS	Non-formulary; not covered. Covered options include: amphetamine-dextroamphetamine mixed salts ER, dexmethylphenidate ER, dextroamphetamine ER, methylphenidate ER, AZSTARYS

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Drug Name	Change(s)
NOVOSEVEN RT	Drug list addition (preferred specialty)
NP THYROID TAB 120MG (NDC* 42192032801 only)	Moving to non-preferred brand tier
NP THYROID TAB 15MG (NDC* 42192032701 only)	Moving to non-preferred brand tier
NP THYROID TAB 30MG (NDC* 42192032901 only)	Moving to non-preferred brand tier
NP THYROID TAB 60MG (NDC* 42192033001 only)	Moving to non-preferred brand tier
NP THYROID TAB 90MG (NDC* 42192033101 only)	Moving to non-preferred brand tier
OTREXUP	Non-formulary; not covered. Covered options include: methotrexate injection, methotrexate tablets, Trexall
PERFOROMIST	Moving to non-preferred brand tier
PLEGRIDY	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 2 injections every 28 days
PLEGRIDY STARTER PACK	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 2 injections every 28 days
PRALUENT	Non-formulary; not covered. Covered options include: Repatha
PULMICORT FLEXHALER	Non-formulary; not covered. Covered options include: Arnuity Ellipta, QVAR RediHaler
QUILLICHEW ER	Non-formulary; not covered. Covered options include: amphetamine-dextroamphetamine mixed salts ER, dexmethylphenidate ER, dextroamphetamine ER, methylphenidate ER, AZSTARYS
QUILLIVANT XR	Non-formulary; not covered. Covered options include: amphetamine-dextroamphetamine mixed salts ER, dexmethylphenidate ER, dextroamphetamine ER, methylphenidate ER, AZSTARYS
QULIPTA	Drug list addition (preferred); Step therapy required
RASUVO	Non-formulary; not covered. Covered options include: methotrexate injection, methotrexate tablets, Trexall
REPATHA	Moving to preferred specialty tier; Preauthorization required; Quantity limits apply. Covered up to 3 injections every 28 days
REPATHA PUSHTRONEX SYSTEM	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 1 injection every 28 days
REPATHA SURECLICK	Moving to preferred specialty tier; Preauthorization required; Quantity limits apply. Covered up to 3 injections every 28 days
RYBELSUS	Quantity limits apply. Covered up to 30 tabs every 25 days

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Drug Name	Change(s)
SEVENFACT	Drug list addition (preferred specialty); Preauthorization required
SIKLOS	Moving to preferred brand tier
SODIUM OXYBATE	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 540 mL every 30 days
STELARA INJ 5MG/ML	Not covered under pharmacy benefit. May be covered under the medical benefit
SYMBICORT	Non-formulary; not covered. Covered options include: fluticasone propionate/salmeterol (except certain NDCs), Wixela Inhub, Breo Ellipta, DULERA
TAKHZYRO	Non-formulary; not covered
TRINTELLIX	Non-formulary; not covered. Covered options include: citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg), paroxetine tablets, paroxetine ext-rel, sertraline
TROKENDI XR	Moving to non-preferred brand tier
VYVANSE CAP 10MG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 60 caps every 25 days
VYVANSE CAP 20MG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 60 caps every 25 days
VYVANSE CAP 30MG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 60 caps every 25 days
VYVANSE CAP 40MG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 30 caps every 25 days
VYVANSE CAP 50MG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 30 caps every 25 days
VYVANSE CAP 60MG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 30 caps every 25 days
VYVANSE CAP 70MG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 30 caps every 25 days
VYVANSE CHW 10MG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 60 caps every 25 days
VYVANSE CHW 20MG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 60 caps every 25 days
VYVANSE CHW 30MG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 60 caps every 25 days
VYVANSE CHW 40MG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 30 caps every 25 days
VYVANSE CHW 50MG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 30 caps every 25 days
VYVANSE CHW 60MG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 30 caps every 25 days

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Drug Name	Change(s)
WELLBUTRIN XL	Non-formulary; not covered. Covered options include: bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
wixela inhub	Quantity limits apply. Covered up to 1 package every 25 days
XEPI	Preauthorization required; Quantity limits apply. Covered up to 30g every 25 days
XIFAXAN	Non-formulary; not covered. Covered options include: alosetron, Viberzi
XYREM	Non-formulary; not covered
ZIEXTENZO	Non-formulary; not covered
ZIOPTAN	Moving to non-preferred brand tier
ZOMIG	Moving to non-preferred brand tier

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* 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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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.

Information is subject to change. In accordance with state law or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut and Vermont, until the plans' renewal date.

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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	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ።
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով անվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
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 ᏕᏬᏂᏗᏍᏗ ᎢᏛᎾᏛᏁᏗ Ꮭ ᎠᎵᏍᏗ ᏗᏣᎬᏩᏁᏗ ᏱᎩ, ᎾᏈᏗᏏᎳᏛᏏ ᎾᏍᎩ ᏗᏎᏍᏗ ᏥᏚᎪᏪᎵ ᏅᎾᎢ ID ᏆᏂᏲᏍᏗ ᏣᏙᎵᎢ.
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 လၢတအိဉ်ဒီးအပ္၊လၢနကဘဉ်ဟ့ဉ်အီၤအဂီၢ်,ကိးဘဉ်လီတဲစိနီဉ်ဂံၢ်လၢအအိဉ်လၢနခိဉ်ဂီၤ (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 دەسپێڕاگەیشتن 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 nílį́igo nanitinígíí bee néého'dólzinígíí béésh bee hane'í biká'ígíí áajį' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yïn ran de wɛ̈ɛ̈r de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ̈ 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 yoɓugo, 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	[illegible]
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.