

Women's Preventive Drug List

Effective January 1, 2021

Humana is committed to meeting women's unique healthcare needs. Listed below are birth-control and prenatal medicines available to you at no cost*. This list may not apply to all healthcare plans and may change over time. To understand your plan's prescription drug benefit, sign in to Humana.com. You can also call a Humana Customer Service representative at the phone number on the back of your Humana member ID card.

*You must have a prescription from your doctor for us to process a claim for preventive medicines or products under your pharmacy plan. This includes over-the-counter items. Once a generic prescription alternative for a branded item becomes available, the \$0 Women's Healthcare Medication Coverage benefit will only apply to the generic prescription. Other contraceptive drugs may be available to you at no cost if medically necessary. To ask for a medical necessity review for a contraceptive drug, your health care provider can contact HCPR (Humana Clinical Pharmacy Review) at 1-800-555-2546, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Category	Label Name	Utilization Management Requirement
Contraceptives	afirmelle 0.1 mg-20 mcg tablet - MM	
	after pill 1.5 mg tablet	
	AFTERA 1.5 MG TABLET	
	altavera (28) 0.15 mg-0.03 mg tablet - MM	
	alyacen 1/35 (28) 1 mg-35 mcg tablet - MM	
	alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet - MM	
	amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack - MM	QL May Apply
	amethia lo tablet - MM	QL May Apply
	apri 0.15 mg-0.03 mg tablet - MM	
	aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet - MM	
	ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack - MM	QL May Apply
	aubra 0.1 mg-20 mcg tablet - MM	
	aubra eq 0.1 mg-20 mcg tablet - MM	
	aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet - MM	
	aurovela 1/20 (21) 1 mg-20 mcg tablet - MM	
	aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet - MM	
	aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet - MM	
	aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet - MM	
	aviane 0.1 mg-20 mcg tablet - MM	
	ayuna 0.15 mg-0.03 mg tablet - MM	
	azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet - MM	
	balziva (28) 0.4 mg-35 mcg tablet - MM	
	bekyree 28 day tablet - MM	

Category	Label Name	Utilization Management Requirement
	blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet - MM	
	blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet - MM	
	blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet - MM	
	briellyn 0.4 mg-35 mcg tablet - MM	
	camila 0.35 mg tablet - MM	
	camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack - MM	QL May Apply
	camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack - MM	QL May Apply
	caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet - MM	
	chateal (28) 0.15 mg-0.03 mg tablet - MM	
	chateal eq (28) 0.15 mg-0.03 mg tablet - MM	
	cryselle (28) 0.3 mg-30 mcg tablet - MM	
	cyclafem 1/35 (28) 1 mg-35 mcg tablet - MM	
	cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet - MM	
	cyred 0.15 mg-0.03 mg tablet - MM	
	cyred eq 0.15 mg-0.03 mg tablet - MM	
	dasetta 1/35 (28) 1 mg-35 mcg tablet - MM	
	dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet - MM	
	daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack - MM	QL May Apply
	deblitane 0.35 mg tablet - MM	
	desogestrel-ee 0.15-0.03 mg tb - MM	
	desogestr-eth estrad eth estra - MM	
	drosp-ee-levomef 3-0.02-0.451 - MM	
	drospirenone-ee 3-0.02 mg tab - MM	
	drospirenone-ee 3-0.03 mg tab - MM	
	econtra ez 1.5 mg tablet	
	econtra one-step 1.5 mg tablet	
	elinest 0.3 mg-30 mcg tablet - MM	
	eluryng 0.12 mg-0.015 mg/24 hr vaginal ring - MM	QL May Apply
	emoquette 0.15 mg-0.03 mg tablet - MM	
	enpresse 50-30 (6)/75-40(5)/125-30(10) tablet - MM	
	enskyce 0.15 mg-0.03 mg tablet - MM	
	errin 0.35 mg tablet - MM	
	estarylla 0.25 mg-35 mcg tablet - MM	
	ethynodiol-eth estra 1mg-35mcg - MM	
	ethynodiol-eth estra 1mg-50mcg - MM	
	etonogestrel-ee vaginal ring - MM	QL May Apply
	falmina (28) 0.1 mg-20 mcg tablet - MM	

Category	Label Name	Utilization Management Requirement
	FC2 FEMALE CONDOM	
	FEMCAP 22 MM VAGINAL DEVICE	
	FEMCAP 26 MM VAGINAL DEVICE	
	FEMCAP 30 MM VAGINAL DEVICE	
	femynor 0.25 mg-35 mcg tablet - MM	
	gemmily 1 mg-20 mcg (24)/75 mg (4) capsule - MM	
	gianvi 3 mg-0.02 mg tablet - MM	
	hailey 1.5 mg-30 mcg tablet - MM	
	hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet - MM	
	hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet - MM	
	hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet - MM	
	heather 0.35 mg tablet - MM	
	iclevia 0.15 mg-30 mcg (91) tablets,3 month dose pack - MM	QL May Apply
	incassia 0.35 mg tablet - MM	
	introvale 0.15-0.03 mg tablet - MM	QL May Apply
	isibloom 0.15 mg-0.03 mg tablet - MM	
	jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack - MM	QL May Apply
	jasmiel (28) 3 mg-0.02 mg tablet - MM	
	jencycla 0.35 mg tablet - MM	
	jolessa 0.15 mg-30 mcg (91) tablets,3 month dose pack - MM	QL May Apply
	juleber 0.15 mg-0.03 mg tablet - MM	
	junel 1.5/30 (21) 1.5 mg-30 mcg tablet - MM	
	junel 1/20 (21) 1 mg-20 mcg tablet - MM	
	junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet - MM	
	junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet - MM	
	junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet - MM	
	kalliga 0.15 mg-0.03 mg tablet - MM	
	kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet - MM	
	kelnor 1/35 (28) 1 mg-35 mcg tablet - MM	
	kelnor 1-50 (28) 1 mg-50 mcg tablet - MM	
	kurvelo (28) 0.15 mg-0.03 mg tablet - MM	
	KYLEENA 17.5 MCG/24 HRS (5YRS) 19.5MG INTRAUTERINE DEVICE - MM	
	larin 1.5/30 (21) 1.5 mg-30 mcg tablet - MM	
	larin 1/20 (21) 1 mg-20 mcg tablet - MM	
	larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet - MM	
	larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet - MM	
	larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet - MM	

Category	Label Name	Utilization Management Requirement
	larissia 0.1 mg-20 mcg tablet - MM	
	leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet - MM	
	lessina 0.1 mg-20 mcg tablet - MM	
	levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet - MM	
	levono-e estrad 0.15-0.03-0.01 - MM	QL May Apply
	levonor-e estrad 0.1-0.02-0.01 - MM	QL May Apply
	levonor-eth estrad 0.1-0.02 mg - MM	
	levonor-eth estrad 0.15-0.03 - MM	QL May Apply
	levonor-eth estrad triphasic - MM	
	levonorgestrel 1.5 mg tablet	
	levora-28 0.15 mg-0.03 mg tablet - MM	
	LILETTA 20.1 MCG/24 HRS (6 YRS) 52 MG INTRAUTERINE DEVICE - MM	
	lillow (28) 0.15 mg-0.03 mg tablet - MM	
	LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET - MM	
	lojaimiess 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack - MM	QL May Apply
	loryna (28) 3 mg-0.02 mg tablet - MM	
	low-ogestrel (28) 0.3 mg-30 mcg tablet - MM	
	lo-zumandimine (28) 3 mg-0.02 mg tablet - MM	
	lutra (28) 0.1 mg-20 mcg tablet - MM	
	lyleq 0.35 mg tablet - MM	
	lyza 0.35 mg tablet - MM	
	marlissa (28) 0.15 mg-0.03 mg tablet - MM	
	medroxyprogesterone 150 mg/ml - MM	QL May Apply
	merzee 1 mg-20 mcg (24)/75 mg (4) capsule - MM	
	microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet - MM	
	microgestin 1/20 (21) 1 mg-20 mcg tablet - MM	
	microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet - MM	
	microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet - MM	
	microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet - MM	
	mili 0.25 mg-35 mcg tablet - MM	
	MIRENA 20 MCG/24 HOURS (7 YRS) 52 MG INTRAUTERINE DEVICE - MM	
	mono-linyah 0.25 mg-35 mcg tablet - MM	
	my choice 1.5 mg tablet	
	my way 1.5 mg tablet	
	NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET - MM	
	necon 0.5/35 (28) 0.5 mg-35 mcg tablet - MM	
	new day 1.5 mg tablet	

Category	Label Name	Utilization Management Requirement
	NEXPLANON 68 MG SUBDERMAL IMPLANT	
	nikki (28) 3 mg-0.02 mg tablet - MM	
	nora-be 0.35 mg tablet - MM	
	noreth-ee-fe 1.5-0.03mg(21)-75 - MM	
	noreth-ee-fe 1-0.02(21)-75 tab - MM	
	norethind-eth estrad 1-0.02 mg - MM	
	norethindrone 0.35 mg tablet - MM	
	norethin-ee 1.5-0.03 mg(21) tb - MM	
	norg-ee 0.18-0.215-0.25/0.025 - MM	
	norg-ee 0.18-0.215-0.25/0.035 - MM	
	norgestimate-ee 0.25-0.035 mg - MM	
	norg-ethin estra 0.25-0.035 mg - MM	
	norlyda 0.35 mg tablet - MM	
	nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet - MM	
	nortrel 1/35 (21) 1 mg-35 mcg tablet - MM	
	nortrel 1/35 (28) 1 mg-35 mcg tablet - MM	
	nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet - MM	
	nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet - MM	
	nymyo 0.25 mg-35 mcg tablet - MM	
	ocella 3 mg-0.03 mg tablet - MM	
	ogestrel tablet - MM	
	opcicon one-step 1.5 mg tablet	
	option-2 1.5 mg tablet	
	orsythia 0.1 mg-20 mcg tablet - MM	
	PARAGARD T 380A 380 SQUARE MM INTRAUTERINE DEVICE - MM	
	philith 0.4 mg-35 mcg tablet - MM	
	pimtrex (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet - MM	
	pirmella 0.5/0.75/1 mg-35 mcg tablet - MM	
	pirmella 1 mg-35 mcg tablet - MM	
	portia 28 0.15 mg-0.03 mg tablet - MM	
	previfem 0.25 mg-35 mcg tablet - MM	
	reclipsen (28) 0.15 mg-0.03 mg tablet - MM	
	setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack - MM	QL May Apply
	sharobel 0.35 mg tablet - MM	
	simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet - MM	
	simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack - MM	QL May Apply
	SKYLA 14 MCG/24 HRS (3 YRS) 13.5 MG INTRAUTERINE DEVICE - MM	
	sprintec (28) 0.25 mg-35 mcg tablet - MM	
	sronyx 0.1 mg-20 mcg tablet - MM	

Category	Label Name	Utilization Management Requirement
	syeda 3 mg-0.03 mg tablet - MM	
	tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet - MM	
	tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet - MM	
	tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet - MM	
	taysofy 1 mg-20 mcg (24)/75 mg (4) capsule - MM	
	TODAY CONTRACEPTIVE SPONGE 1,000 MG VAGINAL CONTRACEPTIVE SPONGE	
	tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet - MM	
	tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet - MM	
	tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet - MM	
	tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet - MM	
	tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet - MM	
	tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet - MM	
	tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet - MM	
	tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet - MM	
	tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet - MM	
	tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet - MM	
	tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet - MM	
	trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet - MM	
	tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet - MM	
	tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet - MM	
	tulana 0.35 mg tablet - MM	
	TYBLUME 0.1 MG-20 MCG CHEWABLE TABLET - MM	
	vcf contraceptive 4 % vaginal gel	
	velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet - MM	
	vestura (28) 3 mg-0.02 mg tablet - MM	
	vienva 0.1 mg-20 mcg tablet - MM	
	violele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet - MM	
	volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet - MM	
	vyfemla (28) 0.4 mg-35 mcg tablet - MM	
	vylibra 0.25 mg-35 mcg tablet - MM	
	wera (28) 0.5 mg-35 mcg tablet - MM	

Category	Label Name	Utilization Management Requirement
	WIDE-SEAL DIAPHRAGM 60 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 65 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 70 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 75 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 80 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 85 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 90 MM VAGINAL	
	WIDE-SEAL DIAPHRAGM 95 MM VAGINAL	
	xulane 150 mcg-35 mcg/24 hr transdermal patch - MM	QL May Apply
	zafemy 150 mcg-35 mcg/24 hr transdermal patch - MM	QL May Apply
	zarah 3 mg-0.03 mg tablet - MM	
	zovia 1/35e (28) 1 mg-35 mcg tablet - MM	
	zovia 1-35 (28) 1 mg-35 mcg tablet - MM	
	zumandimine (28) 3 mg-0.03 mg tablet - MM	
Prenatal Folic Acid	ALIVE PRENATAL 400 MCG-25 MG CHEWABLE TABLET	
	BRAINSTRONG PRENATAL 33 MG IRON-800 MCG-350 MG ORAL PACK - MM	
	CLASSIC PRENATAL 28 MG IRON-800 MCG TABLET - MM	
	EXPECTA PRENATAL 28 MG IRON-800 MCG-200 MG ORAL PACK - MM	
	fa-8 0.8 mg capsule - MM	
	folic acid 0.4 mg tablet - MM	
	folic acid 0.8 mg tablet - MM	
	folic acid 400 mcg tablet - MM	
	folic acid 800 mcg capsule - MM	
	folic acid 800 mcg tablet - MM	
	kpn tablet - MM	
	ONE A DAY WOMEN'S PRENATAL DHA 28 MG IRON-800 MCG ORAL PACK - MM	
	one daily prenatal 28 mg-800 mcg-440 mg oral pack - MM	
	ONE-A-DAY PRENATAL-1 27 MG IRON-800 MCG-235 MG CAPSULE - MM	
	PERRY PRENATAL 13.5 MG-0.4 MG CAPSULE - MM	
	prenatal + dha 28 mg iron-800 mcg-200 mg oral pack - MM	
	prenatal 28 mg iron-800 mcg tablet - MM	
	prenatal 28 mg-800 mcg tablet - MM	
	prenatal 400 mcg chewable tablet	
	prenatal complete 14 mg iron-400 mcg tablet - MM	
prenatal formula 28 mg iron-800 mcg tablet - MM		
PRENATAL FORMULA-DHA 28 MG-800 MCG-200 MG CAPSULE - MM		
prenatal gummies 400 mcg-35 mg-25 mg-5 mg chewable tablet		
prenatal multi 27 mg-800 mcg tablet - MM		

Category	Label Name	Utilization Management Requirement
	prenatal multi-dha (algal oil) 27 mg iron-800 mcg-250 mg capsule - MM	
	prenatal multi-dha (with vitamin k) 27 mg iron-800 mcg-260 mg capsule - MM	
	prenatal multivitamins 28 mg iron-800 mcg tablet - MM	
	prenatal one daily 27 mg iron-800 mcg tablet - MM	
	prenatal plus-dha combo pack - MM	
	prenatal tablet - MM	
	prenatal tablet 28 mg iron-800 mcg - MM	
	prenatal vitamin 27 mg iron-0.8 mg tablet - MM	
	prenatal vitamin 27 mg iron-800 mcg tablet - MM	
	prenatal vitamins with minerals 28 mg iron-800 mcg tablet - MM	
	prenatal with dha and folic acid 400 mcg-32.5 mg chewable tablet - MM	
	SIMILAC PRENATAL 27 MG IRON-800 MCG-200 MG ORAL PACK - MM	
	STUART ONE 27 MG IRON-800 MCG-200 MG CAPSULE - MM	
	ULTRA PRENATAL PLUS DHA 27 MG-800 MCG-250 MG-200 MG CAPSULE - MM	

Humana Plans are offered by the Family of Insurance and Health Plan Companies including Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plans of Michigan, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. – A Health Maintenance Organization or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, EmpheSys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009 or administered by Humana Insurance Company or Humana Health Plan, Inc.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by EmpheSys Insurance Company or insured or administered by Humana Insurance Company or Humana Health Plan, Inc.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions.

Contraceptive coverage is subject to your employer's coverage selections.



Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** or if you use a TTY, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocrportal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wódańí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jii'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك