

DEN887 MyOption Platinum Dental

HumanaDental Medicare Network

| | |
|-----------------|---------|
| Deductible | \$0 |
| Annual Maximum | \$2,000 |
| Waiting Periods | None |

| ADA Code | Description of Benefit | Frequency/Limitations | In Network* | Out of Network** |
|-------------------------------------|--|---|-------------|------------------|
| Exams | | | | |
| D0120 | Periodic oral evaluation - established patient | Two procedure codes from this group per calendar year | 100% | 50% |
| D0140 | Limited oral evaluation - problem focused | | 100% | 50% |
| Additional exams | | | | |
| D0150 | Comprehensive oral evaluation - new or established patient | One procedure code from this group every three calendar years | 100% | 50% |
| D0180 | Comprehensive periodontal evaluation - new or established patient | | 100% | 50% |
| Intraoral x-rays (inside the mouth) | | | | |
| D0220 | Intraoral - periapical first radiographic image | One procedure code from this group per calendar year | 100% | 50% |
| D0230 | Intraoral - periapical each additional radiographic image | | 100% | 50% |
| D0240 | Intraoral - occlusal radiographic image | | 100% | 50% |
| Full mouth and panoramic x-rays | | | | |
| D0210 | Intraoral - complete series of radiographic images | One procedure code from this group per calendar year | 100% | 50% |
| D0330 | Panoramic radiographic image | | 100% | 50% |
| Bitewing x-rays | | | | |
| D0270 | Bitewing - single radiographic image | One procedure code from this group per calendar year | 100% | 50% |
| D0272 | Bitewings - two radiographic images | | 100% | 50% |
| D0273 | Bitewings - three radiographic images | | 100% | 50% |
| D0274 | Bitewings - four radiographic images | | 100% | 50% |
| Prophylaxis (cleaning) | | | | |
| D1110 | Prophylaxis Adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.) | Two procedure codes per calendar year | 100% | 50% |
| Fluoride | | | | |
| D1206 | Topical application of fluoride varnish | Two procedure codes from this group per calendar year | 100% | 50% |
| D1208 | Topical application of fluoride - excluding varnish | | 100% | 50% |

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|-------------------------|---|--|-------------|------------------|
| Anesthesia | | | | |
| D9222 | Deep sedation/general anesthesia - first 15 minutes | As needed with covered codes | 100% | 50% |
| D9223 | Deep sedation/general anesthesia - each subsequent 15 minute increment | | 100% | 50% |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis | | 100% | 50% |
| D9239 | Intravenous moderate (conscious) sedation/analgesia - first 15 minutes | | 100% | 50% |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment | | 100% | 50% |
| D9910 | Application of desensitizing medicament | | 100% | 50% |
| Restorations (fillings) | | | | |
| D2140 | Amalgam - one surface, primary or permanent | Two procedure codes from this group per calendar year | 50% | 45% |
| D2150 | Amalgam - two surfaces, primary or permanent | | 50% | 45% |
| D2160 | Amalgam - three surfaces, primary or permanent | | 50% | 45% |
| D2161 | Amalgam - four or more surfaces, primary or permanent | | 50% | 45% |
| D2330 | Resin-based composite - one surface, anterior (front) | | 50% | 45% |
| D2331 | Resin-based composite - two surfaces, anterior (front) | | 50% | 45% |
| D2332 | Resin-based composite - three surfaces, anterior (front) | | 50% | 45% |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | | 50% | 45% |
| D2391 | Resin-based composite - one surface, posterior (back) | | 50% | 45% |
| D2392 | Resin-based composite - two surfaces, posterior (back) | | 50% | 45% |
| D2393 | Resin-based composite - three surfaces, posterior (back) | | 50% | 45% |
| D2394 | Resin-based composite - four or more surfaces, posterior (back) | | 50% | 45% |
| Re-cement of crown | | | | |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | One procedure code from this group every five calendar years | 50% | 45% |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | | 50% | 45% |
| D2920 | Re-cement or re-bond crown | | 50% | 45% |

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|-----------------------------|---|---|-------------|------------------|
| Re-cement of denture | | | | |
| D6930 | Re-cement or re-bond fixed partial denture | One procedure code every five calendar years | 50% | 45% |
| Extractions | | | | |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | Unlimited | 50% | 45% |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | | 50% | 45% |
| Emergency treatment of pain | | | | |
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | Two procedure codes per calendar year | 50% | 45% |
| Crowns | | | | |
| D2510 | Inlay - metallic - one surface (alternate benefit only) | Two procedure codes from this group per calendar year | 30% | 25% |
| D2520 | Inlay - metallic - two surfaces (alternate benefit only) | | 30% | 25% |
| D2530 | Inlay - metallic - three or more surfaces (alternate benefit only) | | 30% | 25% |
| D2542 | Onlay - metallic - two surfaces | | 30% | 25% |
| D2543 | Onlay - metallic - three surfaces | | 30% | 25% |
| D2544 | Onlay - metallic - four or more surfaces | | 30% | 25% |
| D2610 | Inlay - porcelain/ceramic - one surface (alternate benefit only) | | 30% | 25% |
| D2620 | Inlay - porcelain/ceramic - two surfaces (alternate benefit only) | | 30% | 25% |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces (alternate benefit only) | | 30% | 25% |
| D2642 | Onlay - porcelain/ceramic - two surfaces | | 30% | 25% |
| D2643 | Onlay - porcelain/ceramic - three surfaces | | 30% | 25% |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | | 30% | 25% |
| D2650 | Inlay - resin-based composite - one surface (alternate benefit only) | | 30% | 25% |
| D2651 | Inlay - resin-based composite - two surfaces (alternate benefit only) | | 30% | 25% |
| D2652 | Inlay - resin-based composite - three or more surfaces (alternate benefit only) | | 30% | 25% |
| D2662 | Onlay - resin-based composite - two surfaces | | 30% | 25% |
| D2663 | Onlay - resin-based composite - three surfaces | | 30% | 25% |
| D2664 | Onlay - resin-based composite - four or more surfaces | | 30% | 25% |

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|--------------------------------------|--|---|-------------|------------------|
| Crowns (continued) | | | | |
| D2710 | Crown - resin-based composite (indirect) | Two procedure codes from this group per calendar year | 30% | 25% |
| D2712 | Crown - 3/4 resin-based composite (indirect) | | 30% | 25% |
| D2720 | Crown - resin with high noble metal | | 30% | 25% |
| D2721 | Crown - resin with predominantly base metal | | 30% | 25% |
| D2722 | Crown - resin with noble metal | | 30% | 25% |
| D2740 | Crown - porcelain/ceramic | | 30% | 25% |
| D2750 | Crown - porcelain fused to high noble metal | | 30% | 25% |
| D2751 | Crown - porcelain fused to predominantly base metal | | 30% | 25% |
| D2752 | Crown - porcelain fused to noble metal | | 30% | 25% |
| D2753 | Crown - porcelain fused to titanium and titanium alloys | | 30% | 25% |
| D2780 | Crown - 3/4 cast high noble metal | | 30% | 25% |
| D2781 | Crown - 3/4 cast predominantly base metal | | 30% | 25% |
| D2782 | Crown - 3/4 cast noble metal | | 30% | 25% |
| D2783 | Crown - 3/4 porcelain/ceramic | | 30% | 25% |
| D2790 | Crown - full cast high noble metal | | 30% | 25% |
| D2791 | Crown - full cast predominantly base metal | | 30% | 25% |
| D2792 | Crown - full cast noble metal | | 30% | 25% |
| D2794 | Crown - titanium and titanium alloys | 30% | 25% | |
| Endodontic services | | | | |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | One procedure code from this group per calendar year | 30% | 25% |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | | 30% | 25% |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | | 30% | 25% |
| D3346 | Retreatment of previous root canal therapy - anterior | | 30% | 25% |
| D3347 | Retreatment of previous root canal therapy - premolar | | 30% | 25% |
| D3348 | Retreatment of previous root canal therapy - molar | | 30% | 25% |
| Periodontal scaling and root planing | | | | |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | One procedure code per quadrant from this group per calendar year | 30% | 25% |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant | | 30% | 25% |

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|---|--|--|-------------|------------------|
| Scaling - moderate gingival inflammation | | | | |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation | One procedure code per calendar year | 30% | 25% |
| Periodontal maintenance | | | | |
| D4910 | Periodontal maintenance | Four procedure codes per calendar year | 100% | 50% |
| Complete dentures (including routine post-delivery care) | | | | |
| D5110 | Complete denture - maxillary | One upper and lower complete denture every five calendar years | 30% | 25% |
| D5120 | Complete denture - mandibular | | 30% | 25% |
| D5130 | Immediate denture - maxillary | | 30% | 25% |
| D5140 | Immediate denture - mandibular | | 30% | 25% |
| Removable partial dentures (including routine post-delivery care) | | | | |
| D5211 | Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) | One upper and lower partial denture every five calendar years | 30% | 25% |
| D5212 | Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) | | 30% | 25% |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | | 30% | 25% |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | | 30% | 25% |
| D5221 | Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) | | 30% | 25% |
| D5222 | Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) | | 30% | 25% |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | | 30% | 25% |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | | 30% | 25% |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | | 30% | 25% |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | | 30% | 25% |
| D5227 | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | | 30% | 25% |

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|---|---|---|-------------|------------------|
| Removable partial dentures (including routine post-delivery care) (continued) | | | | |
| D5228 | Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | One upper and lower partial denture every five calendar years | 30% | 25% |
| D5282 | Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary | | 30% | 25% |
| D5283 | Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular | | 30% | 25% |
| Other removable partial dentures (including routine post-delivery care) | | | | |
| D5284 | Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant | One procedure code per quadrant from this group every five calendar years | 30% | 25% |
| D5286 | Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant | | 30% | 25% |
| Denture adjustments (not covered if within six months of initial placement) | | | | |
| D5410 | Adjust complete denture - maxillary | One procedure code from this group per calendar year | 30% | 25% |
| D5411 | Adjust complete denture - mandibular | | 30% | 25% |
| D5421 | Adjust partial denture - maxillary | | 30% | 25% |
| D5422 | Adjust partial denture - mandibular | | 30% | 25% |
| Repairs to dentures | | | | |
| D5511 | Repair broken complete denture base, mandibular | One procedure code from this group per calendar year | 30% | 25% |
| D5512 | Repair broken complete denture base, maxillary | | 30% | 25% |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | | 30% | 25% |
| D5611 | Repair resin partial denture base, mandibular | | 30% | 25% |
| D5612 | Repair resin partial denture base, maxillary | | 30% | 25% |
| D5621 | Repair cast partial framework, mandibular | | 30% | 25% |
| D5622 | Repair cast partial framework, maxillary | | 30% | 25% |
| D5630 | Repair or replace broken retentive/clasping materials - per tooth | | 30% | 25% |
| D5640 | Replace broken teeth - per tooth | | 30% | 25% |
| D5650 | Add tooth to existing partial denture | | 30% | 25% |
| D5660 | Add clasp to existing partial denture - per tooth | | 30% | 25% |

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|---|---|---|-------------|------------------|
| Repairs to dentures (continued) | | | | |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | One procedure code from this group per calendar year | 30% | 25% |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | | 30% | 25% |
| Dentures rebase (not covered if within six months of initial placement) | | | | |
| D5710 | Rebase complete maxillary denture | One procedure code from this group per calendar year | 30% | 25% |
| D5711 | Rebase complete mandibular denture | | 30% | 25% |
| D5720 | Rebase maxillary partial denture | | 30% | 25% |
| D5721 | Rebase mandibular partial denture | | 30% | 25% |
| D5725 | Rebase hybrid prosthesis | | 30% | 25% |
| Denture reline (not allowed on spare dentures or if within six months of initial placement) | | | | |
| D5730 | Reline complete maxillary denture (direct) | One procedure code from this group per calendar year | 30% | 25% |
| D5731 | Reline complete mandibular denture (direct) | | 30% | 25% |
| D5740 | Reline maxillary partial denture (direct) | | 30% | 25% |
| D5741 | Reline mandibular partial denture (direct) | | 30% | 25% |
| D5750 | Reline complete maxillary denture (indirect) | | 30% | 25% |
| D5751 | Reline complete mandibular denture (indirect) | | 30% | 25% |
| D5760 | Reline maxillary partial denture (indirect) | | 30% | 25% |
| D5761 | Reline mandibular partial denture (indirect) | | 30% | 25% |
| D5765 | Soft liner for complete or partial removable denture (indirect) | | 30% | 25% |
| Tissue conditioning (not covered if within six months of initial placement) | | | | |
| D5850 | Tissue conditioning, maxillary | One procedure code from this group per calendar year | 30% | 25% |
| D5851 | Tissue conditioning, mandibular | | 30% | 25% |
| Oral surgery | | | | |
| D7220 | Removal of impacted tooth - soft tissue | Two procedure codes from this group per calendar year | 30% | 25% |
| D7230 | Removal of impacted tooth - partially bony | | 30% | 25% |
| D7240 | Removal of impacted tooth - completely bony | | 30% | 25% |
| D7250 | Removal of residual tooth roots (cutting procedure) | | 30% | 25% |
| D7270 | Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth | | 30% | 25% |
| D7280 | Exposure of an unerupted tooth | | 30% | 25% |
| D7285 | Incisional biopsy of oral tissue - hard (bone, tooth) | | 30% | 25% |
| D7286 | Incisional biopsy of oral tissue - soft | | 30% | 25% |
| D7287 | Exfoliative cytological sample collection | | 30% | 25% |
| D7288 | Brush biopsy - transepithelial sample collection | | 30% | 25% |

| ADA Code | Description of Benefit | Frequency/Limitations | In Network* | Out of Network** |
|--|--|---|-------------|------------------|
| Oral surgery (continued) | | | | |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | Two procedure codes from this group per calendar year | 30% | 25% |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | | 30% | 25% |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | | 30% | 25% |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | | 30% | 25% |
| D7410 | Excision of benign lesion up to 1.25 cm | | 30% | 25% |
| D7411 | Excision of benign lesion greater than 1.25 cm | | 30% | 25% |
| D7412 | Excision of benign lesion, complicated | | 30% | 25% |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | | 30% | 25% |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | | 30% | 25% |
| D7460 | Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | | 30% | 25% |
| D7461 | Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm | | 30% | 25% |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | | 30% | 25% |
| D7961 | Buccal / labial frenectomy (frenulectomy) | | 30% | 25% |
| D7962 | Lingual frenectomy (frenulectomy) | | 30% | 25% |
| D7963 | Frenuloplasty | | 30% | 25% |
| D7970 | Excision of hyperplastic tissue - per arch | | 30% | 25% |
| D7971 | Excision of pericoronal gingiva | | 30% | 25% |
| D7972 | Surgical reduction of fibrous tuberosity | 30% | 25% | |
| Occlusal adjustments (not covered if within six months of initial placement) | | | | |
| D9951 | Occlusal adjustment - limited | One procedure code from this group every three calendar years | 30% | 25% |
| D9952 | Occlusal adjustment - complete | | 30% | 25% |

Members: For information about your dental benefits call Humana Dental Customer Service at **800-457-4708 (TDD: 711)**, Monday – Friday, 8 a.m. – 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan.

Providers: For information about the dental benefits call Humana Dental Provider Customer Service **800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Benefits are offered on an annual basis. If these benefits are changed or eliminated next year and the benefits have not been used, the member will no longer be eligible for these benefits.

This is an all-inclusive list of covered services under this plan. Any services received that are not listed will not be covered by the plan and will be the member's responsibility.

*In-network dentists have agreed to provide services at contracted fees (the in-network fee schedules, or INFS). If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee schedule (coinsurance payment still applies).

**Out-of-network dentists have not agreed to provide services at contracted fees. If a member sees an out-of-network dentist, the coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in your area. Members are responsible for the difference between the INFS and dentists' charged fees when visiting an out-of-network dentist.

Plan does not include coverage for:

- Any service that we determine is not a dental necessity; does not offer a favorable prognosis; does not have uniform professional endorsement; or is deemed to be experimental or investigational in nature.
- Charges for any type of implant and all related services, including crowns or the prosthetic device attached to it; precision or semi-precision attachments; over-dentures and any endodontic treatment associated with over-dentures; other customized attachments.

Humana is a Medicare Advantage preferred provider organization (PPO) plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

Humana MyOption optional supplemental benefits (OSB) are available only to members of certain Humana Medicare Advantage (MA) plans. Members of Humana plans that offer OSBs may enroll in OSBs throughout the year. Benefits may change on Jan. 1 each year.

Enrollees must continue to pay the Medicare Part B premium, their Humana plan premium and the OSB premium.

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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/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, **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): Wóda'í beésh bee hani'í bee wolta'ígíí bich'í' hódílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك