



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.HealthReformPlanSBC.com](http://www.HealthReformPlanSBC.com) or by calling 1-888-694-7287 (Aetna colleagues: 1-800-238-6427). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	For each <u>Plan Year</u> , In- <u>Network</u> : Individual \$2,000 / Family \$4,000.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
<b>Are there services covered before you meet your deductible?</b>	Yes. In- <u>network</u> primary care office visits, <u>preventive care</u> & certain <u>prescription drugs</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	In- <u>Network</u> : Individual \$2,000 / Family \$4,000.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
<b>What is not included in the out-of-pocket limit?</b>	<u>Premiums</u> , balance-billing charges, health care this <u>plan</u> doesn't cover & penalties for failure to obtain <u>pre-authorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a network provider?</b>	Yes. For a list of in- <u>network providers</u> , including hospitals and <u>specialists</u> call the number on the back of your ID card or use the online <u>provider directory</u> on the Aetna member website.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$25 <u>copay</u> /visit, <u>deductible</u> does not apply	Not covered	None
	<u>Specialist</u> visit	0% <u>coinsurance</u>	Not covered	None
	<u>Preventive care</u> / <u>screening</u> /immunization	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	\$25 <u>copayment</u> for independent laboratory services ( <u>deductible</u> does not apply); 0% <u>coinsurance</u> for outpatient X-ray and hospital (outpatient) labs	Not covered	None
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	Not covered	None
If you need drugs to treat your illness or condition	Generic drugs	0% <u>coinsurance</u> for generic rx and brand insulin on the Value <u>Formulary</u> , <u>deductible</u> does not apply	Not covered	There is no charge for generic and preferred brand oral contraceptives. In- <u>network</u> infertility medications have a lifetime maximum of \$25,000. Generic maintenance medications must be filled as a 90 day supply at a CVS pharmacy

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p><b><u>Prescription drug coverage is administered by Caremark</u></b></p> <p>More information about <b><u>prescription drug coverage</u></b> is available at 1-866-284-9226</p>	Preferred brand drugs	20% <u>coinsurance</u> for preventive brand drugs, <u>deductible</u> does not apply. You pay 100% of the cost of all other non-preventive <u>formulary</u> preferred drugs until the <u>deductible</u> is met	Not covered	<p>or through CVS Caremark Mail Order Pharmacy after two initial 30 day supplies are filled.</p> <p>There are some <u>formulary</u> exclusions and a non-<u>formulary</u> exceptions process for brand drugs that are not covered. All non-preventive preferred brand drugs on the Value <u>Formulary</u> subject to <u>deductible</u>, Over the counter medications &amp; equipment are excluded.</p>
	Non-preferred brand drugs	Not covered	Not covered	
	<u>Specialty drugs</u>	<p>For drugs on the Prudent Rx list: \$0 copay through PrudentRx.</p> <p>30% <u>coinsurance</u> if opted out of PrudentRx.*</p> <p>For drugs not on the Prudent Rx List 0% <u>coinsurance</u></p>	Not covered	<p>Covers 30-day supply available through CVS Caremark Specialty Pharmacy and PrudentRx, after opting in.</p> <p>* Member cost share for non-essential health benefits will not accrue to out-of-pocket maximum.</p>
<p><b>If you have outpatient surgery</b></p>	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u> ; <u>100% coverage</u> if using Surgery Plus Network	Not covered	<p><u>Transplant</u> services received at any facility that is not an Institute of Excellence (IOE) facility are not covered.</p>
	Physician/surgeon fees	0% <u>coinsurance</u> ; <u>100% coverage</u> if using Surgery Plus Network	Not covered	None
<p><b>If you need immediate medical attention</b></p>	<u>Emergency room care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	<p>No coverage for non-emergency use. Out-of-<u>network</u> emergency use paid the same as in-<u>network</u>.</p>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Emergency medical transportation</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Non-emergency transport: not covered, except if pre-authorized. Out-of-network emergency use paid the same as in-network.
	<u>Urgent care</u>	\$50 <u>copay/visit</u> , <u>deductible</u> doesn't apply	Not covered	No coverage for non-urgent use. No cost for services at Minute Clinic.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	Not covered	<u>Transplant</u> services received at any facility that is not an Institute of Excellence (IOE) facility are not covered.
	Physician/surgeon fees	0% <u>coinsurance</u>	Not covered	None
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Office & other outpatient services: no charge	Not covered	Your EAP provides unlimited phone consultations and up to 6 free in-person outpatient counseling sessions, per member/issue/year (no prior authorization).
	Inpatient services	0% <u>coinsurance</u>	Not covered	None
<b>If you are pregnant</b>	Office visits	No charge	Not covered	<u>Cost sharing</u> does not apply for <u>preventive services</u> (e.g., routine pre-natal visits). Depending on the type of services, <u>coinsurance</u> and <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.) Lab & other tests during pre-natal care may be subject to <u>deductible</u> and <u>coinsurance</u> . Notification required for stays beyond 48 or 96 hours.
	Childbirth/delivery professional services	0% <u>coinsurance</u>	Not covered	
	Childbirth/delivery facility services	0% <u>coinsurance</u>	Not covered	
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	0% <u>coinsurance</u>	Not covered	120 visits/ <u>plan</u> year.
	<u>Rehabilitation services</u>	0% <u>coinsurance</u> ; except \$25 <u>copay/visit</u> for Physical Therapy, <u>deductible</u> doesn't apply	Not covered	120 visits/ <u>plan</u> year for Physical & Occupational Therapy combined, 120 visits/ <u>plan</u> year for Speech Therapy; including outpatient hospital services.
	<u>Habilitation services</u>	0% <u>coinsurance</u>	Not covered	Includes Autism and Pervasive Developmental Disorders.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Skilled nursing care</u>	0% <u>coinsurance</u>	Not covered	120 days/ <u>plan</u> year. Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse. 15 days inpatient/outpatient coverage for respite and 5 face to face bereavement counseling sessions.
	<u>Durable medical equipment</u>	0% <u>coinsurance</u>	Not covered	
	<u>Hospice services</u>	0% <u>coinsurance</u>	Not covered	
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	Not covered	1 routine eye exam/ <u>plan</u> year.
	Children's glasses	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered.

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Cosmetic surgery
- Dental care (Adult & Child)
- Glasses (Child)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Non-preferred drugs
- Routine foot care
- Weight loss programs - Except for required preventive services.

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Acupuncture - 20 visits/plan year when medically necessary for pain management.
- Bariatric surgery – Covered through Surgery Plus network only.
- Chiropractic care - 26 visits/plan year.
- Hearing aids - \$3,000 maximum/36 months.
- Infertility treatment - For more information & exceptions, see policy document provided by your employer or call the number on your ID card.
- Private-duty nursing - 120 visits/plan year.
- Routine eye care (Adult) - 1 routine eye exam/plan year.
- Surgery Plus network available for planned surgeries

**Your Rights to Continue Coverage:**

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- For more information on your rights to continue coverage, contact the plan at 1-888-694-7287 (Aetna colleagues: 1-800-238-6427).
  - If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <http://www.dol.gov/ebsa/healthreform>
  - For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).
  - If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.
- Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

### Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Aetna directly by calling the toll free number on your Medical ID Card, or by calling our general toll free number at 1-888-694-7287 (Aetna colleagues: 1-800-238-6427).
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <http://www.dol.gov/ebsa/healthreform>
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).
- Additionally, a consumer assistance program can help you file your appeal. Contact information is at: <http://www.aetna.com/individuals-families-health-insurance/rights-resources/complaints-grievances-appeals/index.html>.

### Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

### Does this plan meet Minimum Value Standards? No.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section*

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible **\$2,000**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**

**This EXAMPLE event includes services like:**  
Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
<b>In this example, Peg would pay:</b>	
<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,900
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$2,000</b>

**Managing Joe's Type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$2,000**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**

**This EXAMPLE event includes services like:**  
Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
<b>In this example, Joe would pay:</b>	
<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,800
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$2,000</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$2,000**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**

**This EXAMPLE event includes services like:**  
Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,920
<u>Copayments</u>	\$80
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,000</b>

### Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 866-393-0002.

### Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

### Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide 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: P.O. Box 24030, Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCoordinator@aetna.com](mailto: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).

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates.**





- German - Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) an.
- Greek - Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) χωρίς χρέωση.
- Gujarati - ગુજરાતીમાં ભાષામાં સહાય માટે કોઈ પણ ખર્ચ વગર 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) પર કોલ કરો.
- Hawaiian - No ke kōkua ma ka ‘ōlelo Hawai‘i, e kahea aku i ka helu kelepona 1-888-694-7287 (Aetna colleagues: 1-800-238-6427).  
Kāki ‘ole ‘ia kēia kōkua nei.
- Hindi - **हन्दि में भाषा सहायता के लिए, 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) पर मुफ्त कॉल करें।**
- Hmong - Yog xav tau kev pab txhais lus Hmoob hu dawb tau rau 1-888-694-7287 (Aetna colleagues: 1-800-238-6427).
- Ibo - Maka enyemaka asụsụ na Igbo kpọọ 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) na akwughị ugwo ọ bụla
- Ilocano - Para iti tulong ti pagsasao iti pagsasao tawagan ti 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) nga awan ti bayadanyo.
- Italian - Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 1-888-694-7287 (Aetna colleagues: 1-800-238-6427).
- Japanese - 日本語で援助をご希望の方は、1-888-694-7287 (Aetna colleagues: 1-800-238-6427) まで無料でお電話ください。
- Karen - လာဘာမရဘဲကူညီပေးရန်အတွက် ကျွန်ုပ်တို့ 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) နှင့် ဖုန်းဆက်သွယ်ပါ။
- Korean - 한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) 번으로 전화해 주십시오.
- Kru-Bassa - Be´m`ké gbo-kpá-kpá dyé pídyi dé Baśwó-wuđuiñ wěε, dá 1-888-694-7287 (Aetna colleagues: 1-800-238-6427)
- Kurdish - برائى رازدهايى بە زۆرمان فەلەسەتە 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) بە خۆرايى يەيو مندى بکەن.
- Laotian - ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາລາວ, ກະລຸນາໂທຫາ 1-888-694-7287 (Aetna colleagues: 1-800-238-6427)
- Marathi - कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) वर फोन करा.
- Marshallese - Ñan bōk jipañ ilo Kajin Majol, kallok 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) ilo ejjelok wōnān.
- Micronesian-Pohnpeyan - Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) ni sohte isais.
- Mon-Khmer, Cambodian - សម្រាប់ជំនួយភាសាជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខ 1-888-694-7287 (Aetna colleagues: 1-800-238-6427)
- Navajo - T'áá shi shizaad k'ehjí bee shiká a'doowol nínízingo Diné k'ehjí koji' t'áá jíík'e hólne' 1-888-694-7287 (Aetna colleagues: 1-

800-238-6427)

- Nepali - (नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) मा फोन गर्नुहोस् ।
- Nilotic-Dinka - Tën kuɔɔny ë thok ë Thuonjäŋ cɔl 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) kecin ayöc.
- Norwegian - For språkassistanse på norsk, ring 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) kostnadsfritt.
- Panjabi - ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) 'ਤੇ ਮੁਫਤ ਕਾਲ ਕਰੋ।
- Pennsylvania Dutch - Fer Hilfe in Deutsch, ruf: 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) aa. Es Aaruf koschtet nix.
- Persian - برای راهتایی بدون هزینه ای تماس بگیرید. انگلیسی 1-888-694-7287 (Aetna colleagues: 1-800-238-6427)
- Polish - Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 1-888-694-7287 (Aetna colleagues: 1-800-238-6427).
- Portuguese - Para obter assistência linguística em português ligue para o 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) gratuitamente.
- Romanian - Pentru asistență lingvistică în românește telefonați la numărul gratuit 1-888-694-7287 (Aetna colleagues: 1-800-238-6427)
- Russian - Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 1-888-694-7287 (Aetna colleagues: 1-800-238-6427).
- Samoan - Mo fesoasoani tau gagana I le Gagana Samoa vala'au le 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) e aunoa ma se totogi.
- Serbo-Croatian - Za jezičnu pomoć na hrvatskom jeziku pozovite besplatan broj 1-888-694-7287 (Aetna colleagues: 1-800-238-6427).
- Spanish - Para obtener asistencia lingüística en español, llame sin cargo al 1-888-694-7287 (Aetna colleagues: 1-800-238-6427).
- Sudanic-Fulfude - Fii yo on hebu balal e ko yowitii e haala Pular noddee e oo numero doo 1-888-694-7287 (Aetna colleagues: 1-800-238-6427). Njodi woo fawaaki on.
- Swahili - Ukihitaji usaidizi katika lugha ya Kiswahili piga simu kwa 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) bila malipo.
- Syriac - 1-888-694-7287 (Aetna colleagues: 1-800-238-6427)
- Tagalog - Para sa tulong sa wika na nasa Tagalog, tawagan ang 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) nang walang bayad.
- Telugu - భాషలో సాయం కోరకు ఎలాంటి ఖర్చు లేకుండా 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) కు కాల్ చేయండి. (తెలుగు)
- Thai - ฟรีไม่มีค่าใช้จ่าย  
สำหรับความช่วยเหลือทางด้านภาษาเป็น ภาษาไทย โทร 1-888-694-7287 (Aetna colleagues: 1-800-238-6427)
- Tongan - Kapau 'oku fiema'u hā tokoni 'i he lea faka-Tonga telefoni 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) 'o 'ikai hā ʻōtōngi.

Trukese - Ren áinnisin chiakú ren (Kapasen Chuuk) kopwe kékkéeri 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) nge esapw kamé ngonuk.

Turkish - (Dil) çağırısı dil yardım için. Hiçbir ücret ödemedi 1-888-694-7287 (Aetna colleagues: 1-800-238-6427).

Ukrainian - Щоб отримати допомогу перекладача української мови, зателефонуйте за безкоштовним номером 1-888-694-7287 (Aetna colleagues: 1-800-238-6427).

Urdu - بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) پر بات کریں۔

Vietnamese - 1-800-238-6427). **Đê đưóc hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 1-888-694-7287 (Aetna colleagues:**

Yiddish - פאר שפראך הילף אין אידען ריזען 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) פריי פון אפצאל.

Yoruba - Fún ìrànlọwọ nípa èdè (Yorùbá) pe 1-888-694-7287 (Aetna colleagues: 1-800-238-6427) láí san owó kankan rárá.