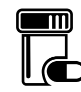

Summary of Benefits

for **Anthem Blue MedicareRx Standard (PDP)**, **Anthem Blue MedicareRx Plus (PDP)** and **Anthem Blue MedicareRx Premier (PDP)**

Available in: Ohio

Plan year: January 1, 2018 – December 31, 2018

In this section, you'll learn about our prescription drug coverage, what you may pay for prescription drugs and other important details to help you choose the right plan for you. While the benefit information provided does not detail all of the prescription drug coverage or list every limitation or exclusion, you can get a complete list of coverage. Just give us a call and ask for the *Evidence of Coverage*.

Have questions? Here's how to reach us and our hours of operation:

- If you **are not** a member of this plan, please call us toll-free **1-800-243-3363** (TTY: **711**), and follow the instructions to be connected to a representative.
- If you **are** a member of this plan, please call us toll-free at **1-866-755-2776** (TTY: **711**). 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.
- You can learn more about us on our website at **https://shop.anthem.com/medicare**.

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What you should know about our plans

Anthem Blue MedicareRx Standard (PDP), Anthem Blue MedicareRx Plus (PDP) and Anthem Blue MedicareRx Premier (PDP) are Medicare prescription drug plans. To join these plans, you must:

- Be entitled to Medicare Part A and/or,
- Enrolled in Medicare Part B and
- Live in our service area (see below).

Our service area includes: Ohio

What do we cover?

These plans include Medicare Part D drugs. To see if your drugs are covered, you can view our *Formulary* (a list of covered Part D prescription drugs) and any restrictions on our website at **https://shop.anthem.com/medicare**. Or you can call us for a copy of the *Formulary*.

What are my drug costs?

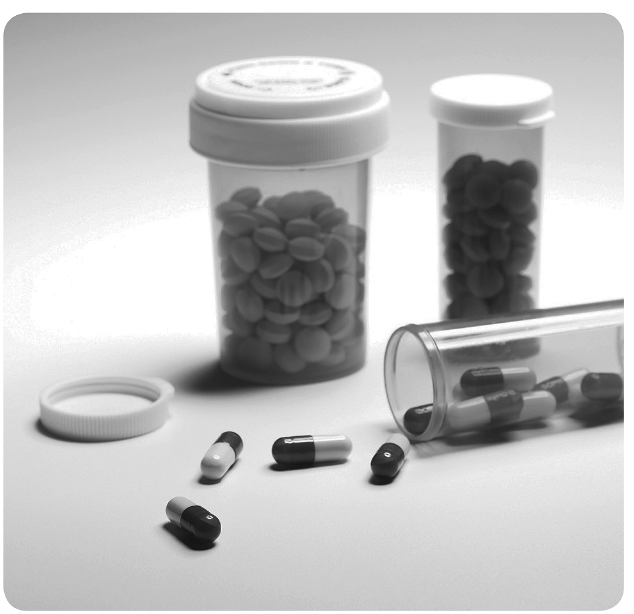
Our plans group each drug into one of six "tiers." The amount you pay depends on the drug's tier and what stage of the benefit you have reached (refer to **The four stages of drug coverage**).

How to find out what your covered drugs will cost:

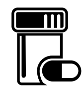
Step 1: Find your drug on the *Formulary*.

Step 2: Identify the drug tier.

Step 3: Go to the *Summary of 2018 prescription drug coverage* section in this guide to match the tier.



Can I use any pharmacy to fill my covered prescriptions?



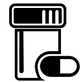
To get the best savings on your covered Part D drugs, you must generally use a pharmacy in our plan. If you use a pharmacy that is not in our plan, you may pay more for your covered drugs.

Save more money at pharmacies with preferred cost sharing

To help you save even more money on your covered drugs, we worked with certain pharmacies (preferred pharmacies) to further reduce prices. At preferred pharmacies, your copays and share of cost for non-specialty drugs are lower than pharmacies with standard cost-sharing. You can use a preferred pharmacy or a pharmacy with standard cost-sharing, the choice is yours.

To find a pharmacy in our plan, see our online Pharmacy Directory on our website at **https://shop.anthem.com/medicare** (under *Useful Tools*, select **Find a Pharmacy**). Next to the pharmacy name, you will see a preferred cost sharing indicator (a ♦ symbol). Or you can give us a call and we will send you a copy.

How can I learn more about Medicare?

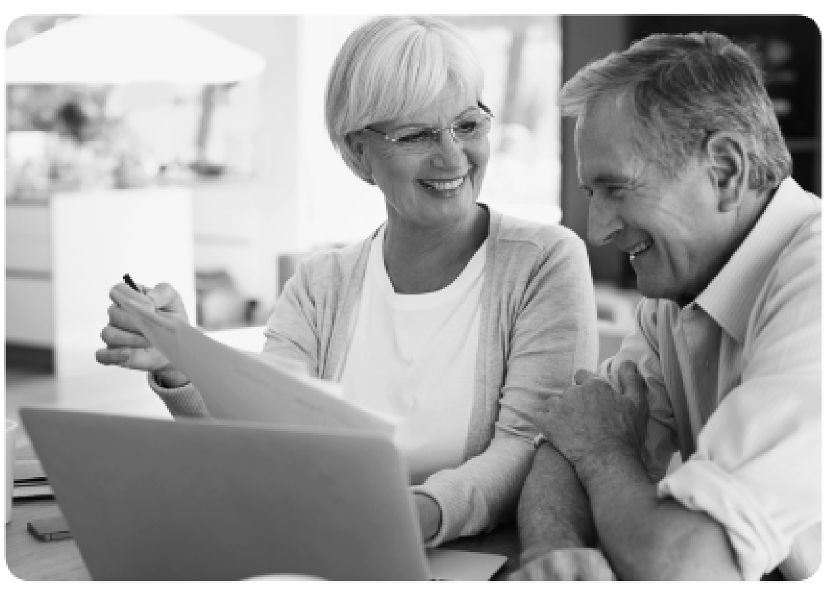


If you're still a little unclear about what Medicare is and how it works, refer to your current *Medicare & You* handbook. If you do not have a copy, you can view it online at www.medicare.gov or call Medicare for a copy at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

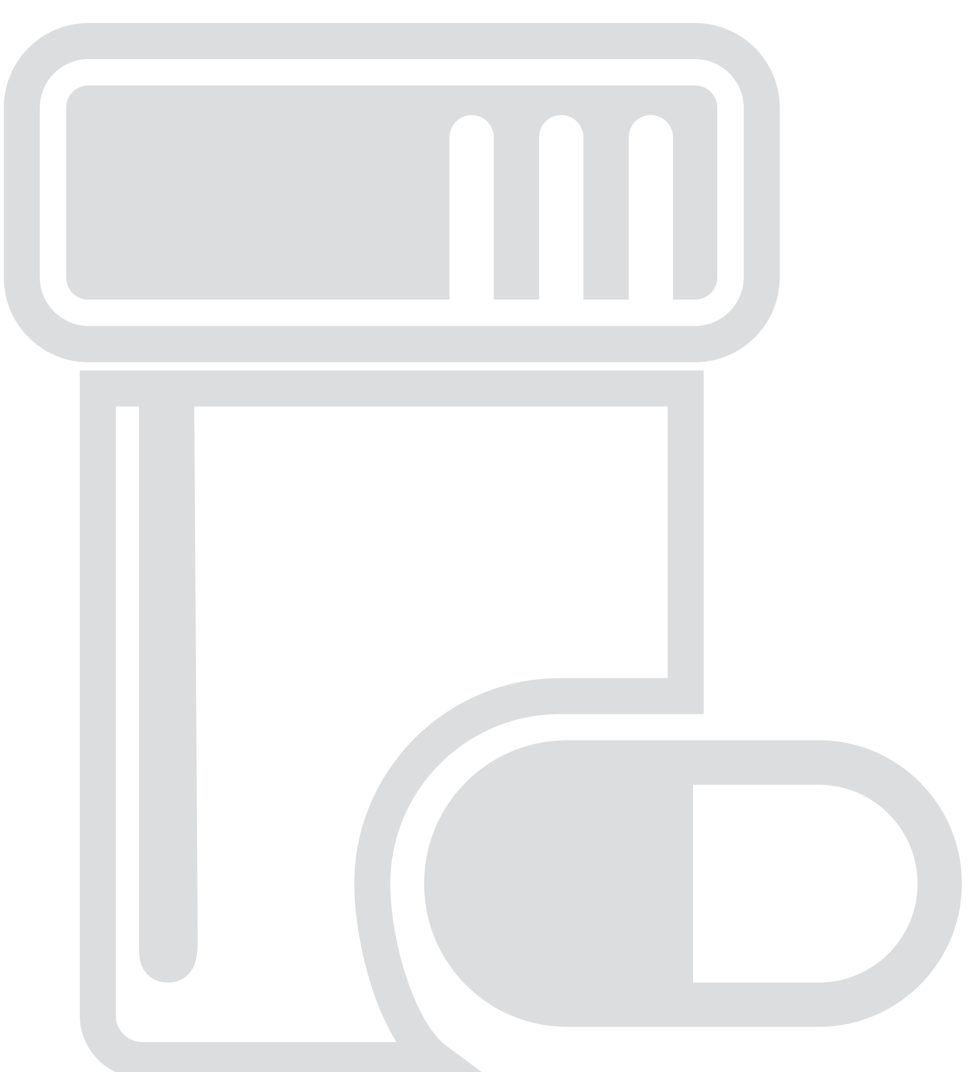
If you want to compare our plans with other Medicare drug plans, call and ask the other plans for a copy of their Summary of Benefits booklets.

Be in the know

Now that you're familiar with how Medicare works and some of the benefits included in our plans, it's time to consider the type of plan you may need. On the following pages, you can review more about our plans with different benefit levels to help you choose the right plan for you.



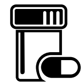
Summary of 2018 prescription drug coverage



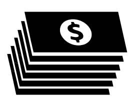
Ways to save

- You can save money on your prescription drugs by choosing drugs listed on Tier 1: Preferred Generic and Tier 6: Select Care Drugs.
- You may save even more money if you go to a preferred cost-sharing pharmacy in our plan. Keep in mind that pharmacies in our plan can change. To find a pharmacy near you:
  - Visit **https://shop.anthem.com/medicare**
  - Call Customer Service

The four stages of drug coverage



What you pay for your covered drugs depends, in part, on which coverage stage you are in.



Stage 1	Stage 2	Stage 3	Stage 4
Deductible	**Initial Coverage**	**Coverage Gap**	**Catastrophic Coverage**
If you have a deductible, you will pay **100%** of your drug cost until you meet your deductible. (If you have no deductible, or if a specific drug tier does not apply to the deductible, you will skip to Stage 2.)	You will pay a copay or a percentage of the cost, and your plan pays the rest for your covered drugs.	In this stage, you pay a greater share of the costs. It begins after you and your plan have paid a certain amount on covered drugs during Stages 1 and 2 (this can vary by plan). See Stage 2: Initial Coverage below for the exact amount. After you enter the coverage gap, you pay **35%** of the plan's cost for covered brand-name drugs and **44%** of the plan's cost for covered generic drugs until your costs total **$5,000**. Some plans have extra coverage. See the Coverage Gap section for more details.	In this stage, after your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach **$5,000**, you pay the greater of: • **5%** of the cost, or • **$3.35** copay for generic (including brand-name drugs treated as generic) and an **$8.35** copay for all other drugs.

Which coverage stage am I in?

You will get an ***Explanation of Benefits*** (EOB) each month you fill a prescription. It will show which coverage stage you're in and how close you are to entering the next one.

Anthem Blue MedicareRx Standard (PDP)	Anthem Blue MedicareRx Plus (PDP)	Anthem Blue MedicareRx Premier (PDP)
How much is my premium (monthly payment)?		
$72.70 per month	**$101.20** per month	**$162.70** per month

You must continue to pay your Medicare Part B premium.

Stage 1: How much is my deductible		
$405.00 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 6 which are excluded from the deductible.	This plan does not have a deductible.	This plan does not have a deductible.

Stage 2: Initial Coverage

After you pay your yearly deductible (if your plan has one), you pay the following until your total yearly drug costs reach **$3,750**.
Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at retail pharmacies and mail-order pharmacies in our plan.

You may get your covered drugs from pharmacies not in our plan, but you may pay more than you pay at pharmacies that are in our plan.

If you live in a long-term care facility, you pay the same as at a standard retail pharmacy.

Anthem Blue MedicareRx Standard (PDP)	Anthem Blue MedicareRx Plus (PDP)	Anthem Blue MedicareRx Premier (PDP)
Stage 2: Initial Coverage - Preferred Retail Cost Sharing		
Tier 1: Preferred Generic		
One-month supply: **$1.00** copay Three-month supply: **$3.00** copay These drugs are excluded from the deductible.	One-month supply: **$1.00** copay Three-month supply: **$3.00** copay	One-month supply: **$1.00** copay Three-month supply: **$3.00** copay
Tier 2: Generic		
One-month supply: **$6.00** copay Three-month supply: **$18.00** copay	One-month supply: **$3.00** copay Three-month supply: **$9.00** copay	One-month supply: **$3.00** copay Three-month supply: **$9.00** copay
Tier 3: Preferred Brand		
One-month supply: **$35.00** copay Three-month supply: **$105.00** copay	One-month supply: **$40.00** copay Three-month supply: **$120.00** copay	One-month supply: **$28.00** copay Three-month supply: **$84.00** copay
Tier 4: Non-preferred Drugs		
One-month supply: **40%** of the cost Three-month supply: **40%** of the cost	One-month supply: **39%** of the cost Three-month supply: **39%** of the cost	One-month supply: **35%** of the cost Three-month supply: **35%** of the cost

Anthem Blue MedicareRx Standard (PDP)	Anthem Blue MedicareRx Plus (PDP)	Anthem Blue MedicareRx Premier (PDP)
Stage 2: Initial Coverage - Preferred Retail Cost Sharing- continued		
Tier 5: Specialty Tier		
One-month supply: **25%** of the cost Three-month supply: Not Covered	One-month supply: **33%** of the cost Three-month supply: Not Covered	One-month supply: **33%** of the cost Three-month supply: Not Covered
Tier 6: Select Care Drugs		
One-month supply: **$0.00** copay Three-month supply: **$0.00** copay These drugs are excluded from the deductible.	One-month supply: **$0.00** copay Three-month supply: **$0.00** copay	One-month supply: **$0.00** copay Three-month supply: **$0.00** copay

Stage 2: Initial Coverage - Standard Retail Cost Sharing		
Tier 1: Preferred Generic		
One-month supply: **$17.00** copay Three-month supply: **$51.00** copay These drugs are excluded from the deductible.	One-month supply: **$9.00** copay Three-month supply: **$27.00** copay	One-month supply: **$10.00** copay Three-month supply: **$30.00** copay

Anthem Blue MedicareRx Standard (PDP)	Anthem Blue MedicareRx Plus (PDP)	Anthem Blue MedicareRx Premier (PDP)
Stage 2: Initial Coverage - Standard Retail Cost Sharing- continued		
Tier 2: Generic		
One-month supply: **$19.00** copay Three-month supply: **$57.00** copay	One-month supply: **$17.00** copay Three-month supply: **$51.00** copay	One-month supply: **$17.00** copay Three-month supply: **$51.00** copay
Tier 3: Preferred Brand		
One-month supply: **$47.00** copay Three-month supply: **$141.00** copay	One-month supply: **$45.00** copay Three-month supply: **$135.00** copay	One-month supply: **$47.00** copay Three-month supply: **$141.00** copay
Tier 4: Non-preferred Drugs		
One-month supply: **50%** of the cost Three-month supply: **50%** of the cost	One-month supply: **47%** of the cost Three-month supply: **47%** of the cost	One-month supply: **40%** of the cost Three-month supply: **40%** of the cost
Tier 5: Specialty Tier		
One-month supply: **25%** of the cost Three-month supply: Not Covered	One-month supply: **33%** of the cost Three-month supply: Not Covered	One-month supply: **33%** of the cost Three-month supply: Not Covered

Anthem Blue MedicareRx Standard (PDP)	Anthem Blue MedicareRx Plus (PDP)	Anthem Blue MedicareRx Premier (PDP)
Stage 2: Initial Coverage - Standard Retail Cost Sharing- continued		
Tier 6: Select Care Drugs		
One-month supply: **$5.00** copay Three-month supply: **$15.00** copay These drugs are excluded from the deductible.	One-month supply: **$5.00** copay Three-month supply: **$15.00** copay	One-month supply: **$9.00** copay Three-month supply: **$27.00** copay

Anthem Blue MedicareRx Standard (PDP)	Anthem Blue MedicareRx Plus (PDP)	Anthem Blue MedicareRx Premier (PDP)
Stage 2: Initial Coverage - Standard Mail Order Cost Sharing		
Tier 1: Preferred Generic		
One-month supply: **$1.00** copay Three-month supply: **$3.00** copay These drugs are excluded from the deductible.	One-month supply: **$1.00** copay Three-month supply: **$3.00** copay	One-month supply: **$1.00** copay Three-month supply: **$3.00** copay
Tier 2: Generic		
One-month supply: **$6.00** copay Three-month supply: **$18.00** copay	One-month supply: **$3.00** copay Three-month supply: **$9.00** copay	One-month supply: **$3.00** copay Three-month supply: **$9.00** copay

Anthem Blue MedicareRx Standard (PDP)	Anthem Blue MedicareRx Plus (PDP)	Anthem Blue MedicareRx Premier (PDP)
Stage 2: Initial Coverage - Standard Mail Order Cost Sharing- continued		
Tier 3: Preferred Brand		
One-month supply: **$35.00** copay Three-month supply: **$105.00** copay	One-month supply: **$40.00** copay Three-month supply: **$120.00** copay	One-month supply: **$28.00** copay Three-month supply: **$84.00** copay
Tier 4: Non-preferred Drugs		
One-month supply: **40%** of the cost Three-month supply: **40%** of the cost	One-month supply: **39%** of the cost Three-month supply: **39%** of the cost	One-month supply: **35%** of the cost Three-month supply: **35%** of the cost
Tier 5: Specialty Tier		
One-month supply: **25%** of the cost Three-month supply: Not Covered	One-month supply: **33%** of the cost Three-month supply: Not Covered	One-month supply: **33%** of the cost Three-month supply: Not Covered
Tier 6: Select Care Drugs		
One-month supply: **$0.00** copay Three-month supply: **$0.00** copay These drugs are excluded from the deductible.	One-month supply: **$0.00** copay Three-month supply: **$0.00** copay	One-month supply: **$0.00** copay Three-month supply: **$0.00** copay

Anthem Blue MedicareRx Standard (PDP)	Anthem Blue MedicareRx Plus (PDP)	Anthem Blue MedicareRx Premier (PDP)

Stage 3: Coverage Gap

After you enter the coverage gap, you pay no more than **35%** of the plan's cost for covered brand-name drugs and **44%** of the plan's cost for covered generic drugs until your costs total **$5,000**, which is the end of the coverage gap. Note: not everyone will enter the coverage gap.

	Under this plan, you may pay less for generic drugs on the formulary. Your cost depends on the tier level (refer to the formulary). To learn more about your extra gap coverage and find out how much you will pay for your covered drugs, see the following chart.	Under this plan, you may pay less for brand and generic drugs on the formulary. Your cost depends on the tier level (refer to the formulary). To learn more about your extra gap coverage and find out how much you will pay for your covered drugs, see the following chart.

Stage 3: Coverage Gap - Preferred Retail Cost Sharing

Tier 1: Preferred Generic

	Drugs Covered: **All** One-month supply: **$1.00** copay Three-month supply: **$3.00** copay	Drugs Covered: **All** One-month supply: **$1.00** copay Three-month supply: **$3.00** copay

Anthem Blue MedicareRx Standard (PDP)	Anthem Blue MedicareRx Plus (PDP)	Anthem Blue MedicareRx Premier (PDP)
Stage 3: Coverage Gap - Preferred Retail Cost Sharing- continued		
Tier 2: Generic		
		Drugs Covered: **All** One-month supply: **$3.00** copay Three-month supply: **$9.00** copay
Tier 3: Preferred Brand		
		Drugs Covered: **Some** One-month supply: **27%** of the cost Three-month supply: **27%** of the cost
Tier 6: Select Care Drugs		
	Drugs Covered: **All** One-month supply: **$0.00** copay Three-month supply: **$0.00** copay	Drugs Covered: **All** One-month supply: **$0.00** copay Three-month supply: **$0.00** copay

Anthem Blue MedicareRx Standard (PDP)	Anthem Blue MedicareRx Plus (PDP)	Anthem Blue MedicareRx Premier (PDP)
Stage 3: Coverage Gap - Standard Retail Cost Sharing		
Tier 1: Preferred Generic		
	Drugs Covered: **All** One-month supply: **$9.00** copay Three-month supply: **$27.00** copay	Drugs Covered: **All** One-month supply: **$10.00** copay Three-month supply: **$30.00** copay
Tier 2: Generic		
		Drugs Covered: **All** One-month supply: **$17.00** copay Three-month supply: **$51.00** copay
Tier 3: Preferred Brand		
		Drugs Covered: **Some** One-month supply: **27.5%** of the cost Three-month supply: **27.5%** of the cost
Tier 6: Select Care Drugs		
	Drugs Covered: **All** One-month supply: **$5.00** copay Three-month supply: **$15.00** copay	Drugs Covered: **All** One-month supply: **$9.00** copay Three-month supply: **$27.00** copay

Anthem Blue MedicareRx Standard (PDP)	Anthem Blue MedicareRx Plus (PDP)	Anthem Blue MedicareRx Premier (PDP)
Stage 3: Coverage Gap - Standard Mail Order Cost Sharing		
Tier 1: Preferred Generic		
	Drugs Covered: **All** One-month supply: **$1.00** copay Three-month supply: **$3.00** copay	Drugs Covered: **All** One-month supply: **$1.00** copay Three-month supply: **$3.00** copay
Tier 2: Generic		
		Drugs Covered: **All** One-month supply: **$3.00** copay Three-month supply: **$9.00** copay
Tier 3: Preferred Brand		
		Drugs Covered: **Some** One-month supply: **27.5%** of the cost Three-month supply: **27.5%** of the cost
Tier 6: Select Care Drugs		
	Drugs Covered: **All** One-month supply: **$0.00** copay Three-month supply: **$0.00** copay	Drugs Covered: **All** One-month supply: **$0.00** copay Three-month supply: **$0.00** copay

Anthem Blue MedicareRx Standard (PDP)	Anthem Blue MedicareRx Plus (PDP)	Anthem Blue MedicareRx Premier (PDP)
Stage 4: Catastrophic Coverage		
After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach **$5,000**, you pay the greater of: • **5%** of the cost, or • **$3.35** copay for generic (including brand drugs treated as generic) and an **$8.35** copay for all other drugs.		

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-866-755-2776** (TTY: **711**). Our office hours are from 8 a.m. to 8 p.m., seven days a week, October 1 to February 14 (except holidays); 8 a.m. to 8 p.m., Monday – Friday, February 15 to September 30 (except holidays).

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Anthem Blue Cross and Blue Shield is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Insurance Companies, Inc. (AICI) has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer Medicare Prescription Drug Plans (PDPs) noted above or herein. AICI is the state-licensed, risk-bearing entity offering these plans. AICI has retained the services of its related companies and authorized agents/brokers/producers to provide administrative services and/or to make the PDPs available in this region.

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Blue MedicareRx - S5596

2018 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, Blue MedicareRx received the following Overall Star Rating from Medicare.

3.5 Stars

We received the following Summary Star Rating for Blue MedicareRx's health/drug plan services:

Health Plan Services:	Not Offered
Drug Plan Services:	3.5 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability in our health programs and activities.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 1-800-261-8667 (toll-free) or 711 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-261-8667 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-261-8667 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-261-8667（TTY：711）。

Current members please call 1-866-755-2776 (toll-free) or 711 (TTY).

*Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

Anthem Blue Cross and Blue Shield is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Y0114_18_33396_U_011 CMS Accepted 69373MUSENMUB_011

It’s important we treat you fairly

That’s why we follow Federal civil rights laws in our health programs and activities. We don’t discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn’t English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Customer Service for help (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Get help in your language

Separate from our language assistance program, we make documents available in alternate formats. If you need a copy of this document in an alternate format, please call Customer Service.

English: You have the right to get this information and help in your language for free. Call Customer Service for help.

Spanish: Tiene el derecho de obtener esta información y ayuda en su idioma de forma gratuita. Llame al número de Servicios para Miembros para obtener ayuda.

Amharic: ይህንን መረጃ የማግኘትና በቋንቋዎ እርዳታ የማግኘት መብት አለዎት፡፡ እርዳታ ለማግኘት የደንበኞች አገልግሎት ይደውሉ፡፡

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Arabic:

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل بخدمة العملاء للمساعدة.

Chinese: 您有權使用您的語言免費獲得該資訊和協助。請致電客戶服務部尋求協助。

Dutch: U hebt het recht om deze informatie en hulp gratis in uw taal te krijgen. Bel de klantenservice voor hulp.

Farsi:

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید.
برای دریافت کمک با مرکز خدمات مشتریان تماس بگیرید.

French: Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour obtenir de l'aide, veuillez appeler le service client.

German: Sie haben das Recht, diese Informationen und Unterstützung kostenfrei in Ihrer eigenen Sprache zu erhalten. Bitte rufen Sie den Kundendienst an, um Hilfe anzufordern.

Italian: Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il Servizio clienti.

Japanese: この情報と支援を希望する言語で無料で受けることができます。サポートが必要な場合はカスタマー サービスにお電話ください。

Korean: 귀하께는 본 정보와 도움을 비용없이 귀하의 언어로 받으실 권리가 있습니다. 도움을 받으시려면 고객 서비스부로 연락해 주십시오.

Oromo: Odeeffannoo kana fudhachuun afaan keessaniin tola gargaaruuf mirga qabdu. Lakkoofsa tajaajila maamilaa bilbilaa.

Pennsylvania Dutch: Du hoscht es Recht fer des Information un koschdefrei Hilf in dei eengi Schprooch griege. Du kannscht Customer Service fer Hilf uffrufe.

Portuguese: Você tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o Atendimento ao Cliente para obter ajuda.

Romanian: Aveți dreptul să obțineți aceste informații și asistență în limba dumneavoastră, în mod gratuit. Pentru asistență, apelați numărul Departamentului pentru relații cu clienții.

Russian: Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания клиентов.

Serbian: Imate pravo da ove informacije i pomoć dobijete besplatno na svom jeziku. Za pomoć pozovite službu za korisnike.

Tagalog: May karapatan kang makuha ang impormasyon at tulong na ito sa sarili mong wika ng walang kabayaran. Tumawag sa Serbisyo para sa mga Kustomer para matulungan ka.

Ukranian: Ви маєте право безкоштовно отримати цю інформацію й допомогу своєю рідною мовою. По допомогу звертайтеся до служби підтримки клієнтів.

Vietnamese: Bạn có quyền được biết về thông tin này và được hỗ trợ bằng ngôn ngữ của bạn miễn phí. Hãy liên hệ với Dịch vụ khách hàng để được hỗ trợ.