JPMORGAN CHASE & CO.
Effective Date: 01-01-2027

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Dental Benefits Summary

	DMO®
Annual Deductible	
Individual	**None**
Family	**None**
Preventive Services	**100%**
Basic Services	**90%**
Major Services	**60%**
Annual Benefit Maximum	**None**
Office Visit Copay	**$0**
Orthodontic Services (Adult and Child)	**50%**
Orthodontic Deductible	**None**
Orthodontic Lifetime Maximum	***

*** 24 months of comprehensive orthodontic treatment plus 24 months of retention.

Partial List of Services	DMO®
Preventive	
Oral examinations (a)	100%
Cleanings (a) Adult/Child	100%
Fluoride (a)	100%
Sealants (permanent molars only) (a)	100%
Bitewing Images (a)	100%
Full mouth series Images (a)	100%
Space Maintainers	100%
Basic	
Root canal therapy, anterior teeth and bicuspid teeth	90%
Root canal therapy, molar teeth	90%
Scaling and root planing (a)	90%
Gingivectomy (a)*	90%
Amalgam (silver) fillings	90%
Composite fillings	90%
Stainless steel crowns	90%
Incision and drainage of abscess*	90%
Uncomplicated extractions	90%
Surgical removal of erupted tooth*	90%
Surgical removal of impacted tooth (soft tissue)*	90%
Surgical removal of impacted tooth (partial bony/ full bony)*	90%
Osseous surgery (a)*	90%
Crown Lengthening	90%
General anesthesia/intravenous sedation*	90%
Tissue conditioning for dentures	90%
Crown and Bridge repair	90%
Adding teeth to existing denture	90%
Denture repairs	90%
Relining/Rebasing dentures	90%
Full mouth debridement	90%
Bone grafting surgery	90%
Major	
Inlays	60%
Onlays	60%
Crowns	60%
Full & partial dentures	60%
Pontics	60%
Implants	60%
Crown Build-Ups	60%
Cone beam CT capture imaging	60%
Sinus augmentation in conjunction with surgical implants	60%

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***Certain services may be covered under the Medical Plan. Contact Member Services for more details.**
(a) Frequency and/or age limitations may apply. Limits are described in the booklet/certificate.

Other Important Information

This benefits summary of the Aetna Dental DMO (Dental Maintenance Organization) provides information on benefits provided when services are rendered by a participating dentist. In order for a covered person to be eligible for benefits, dental services must be provided by a primary care dentist selected from the network of participating DMO dentists.

Employees in AZ, CA, GA, MA, MD, MO, NC, NJ and TX must either live or work within the approved DMO® service area to be eligible to enroll in the DMO®

Due to state law, limited (varying by state) DMO® benefits for non-emergency services rendered by non-participating providers are available for plan contracts written in: CT, IL, KY, MA and OH and for members residing in OK (regardless of contract situs state).

Attention Massachusetts residents: Before enrolling, you should be aware that our network of preferred providers in Massachusetts has providers mainly in the following counties: Barnstable, Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester. Your out of pocket expenses will be higher if you do not see an in-network provider and, in some plans, benefits may not be available at all for out-of-network providers.

Specialty Referrals

1. Under the DMO dental plan, services performed by specialists are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna Dental. If Aetna's payment to the specialty dentist is based on a negotiated fee, then the member's copayment for the service will be based on the same negotiated fee.
2. DMO members may visit an orthodontist without first obtaining a referral from their primary care dentist. In an effort to ease the administrative burden on both participating Aetna dentists and members, Dental has opened direct access for DMO members to orthodontic services.

Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, contact Member Services for assistance in locating a dentist. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Partial list of Exclusions and Limitations* – Coverage is not provided for the following (unless otherwise noted in the

1. Charges for services or supplies
. Provided by a network provider in excess of the negotiated charge.
. Provided by an out-of-network provider in excess of the recognized charge.
. Provided for your personal comfort or convenience, or the convenience of any other person, including a dental provider
. Provided in connection with treatment or care that is not covered under the plan
. Cancelled or missed appointment charges or charges to complete claim forms
. Charges for which you have no legal obligation to pay
. Charges that would not be made if you did not have coverage, including:
  - Care in charitable institutions
  - Care for conditions related to current or previous military service
  - Care while in the custody of a governmental authority

2. Any charge in excess of any benefit, dollar, visit, or frequency limit stated in the schedule of benefits.

3. Cosmetic services and supplies including:
. Plastic surgery
. Reconstructive surgery
. Cosmetic surgery
. Personalization or characterization of dentures or other services and supplies which improve, alter or enhance appearance
. Augmentation and vestibuloplasty and other services to protect, clean, whiten, bleach or alter the appearance of teeth whether or not for psychological or emotional reasons
. Facings on molar crowns and pontics will always be considered cosmetic.

4. Court-ordered services and supplies - Includes those court-ordered services and supplies, or those required as a condition of parole, probation, release or as a result of any legal proceeding.

5. Acupuncture, acupressure and acupuncture therapy

6. Crown, inlays and onlays, and veneers unless for one of the following:
. It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material
.The tooth is an abutment to a covered partial denture or fixed bridge.

7. Dental implants, false teeth, prosthetic restoration of dental implants, plates, dentures, braces, mouth guards, and other devices to protect, replace or reposition teeth and removal of implants.

8. Dentures, crowns, inlays, onlays, bridges, or other prosthetic appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or correcting attrition, abrasion, or erosion. (Does not apply to California residents covered under the DMO plan)

9. Dental work that began before you were covered by the plan. This means that the following dental work is not covered (Does not apply to California and Texas residents covered under the DMO plan):
. An appliance, or modification of an appliance, if an impression for it was made before you were covered by the plan
. A crown, bridge, or cast or processed restoration, if a tooth was prepared for it before you were covered by the plan
. Root canal therapy, if the pulp chamber for it was opened before you were covered by the plan

10. General anesthesia and intravenous sedation, unless specifically covered and done in connection with another eligible dental service.

11. Instruction for diet, tobacco counseling and oral hygiene.

12. Orthodontic treatment except as covered in the Eligible Dental Services section of the schedule of benefits.

13. Dental services and supplies made with high noble metals (gold or titanium) except as covered in the Eligible Dental Services section of the schedule of benefits.

14. Services and supplies provided in connection with treatment or care that is not covered under the plan.

15. Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures.

16. Replacement of teeth beyond the normal complement of 32.

17. Services and supplies provided where there is no evidence of pathology, dysfunction or disease, other than covered preventive services. (Does not apply to California residents covered under the DMO plan)

18. Space maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth.

19. Surgical removal of impacted wisdom teeth when removed only for orthodontic reasons.

20. Temporomandibular joint dysfunction/disorder

21. Dental services and supplies that are covered in whole or in part:
. Under any other part of this plan
. Under any other plan of group benefits provided by the policyholder

22. Experimental or investigational drugs, devices, treatments or procedures. (Does not apply to Texas residents covered under the DMO plan)

23.Services, including but not limited to, those treatments, services, prescription drugs and supplies which are not medically necessary (as determined by Aetna) for the diagnosis and treatment of illness, injury, restoration of physiological functions, or covered preventive services. This applies even if they are prescribed, recommended or approved by your physician or dentist.

24. Payment for a portion of the charge that another party is responsible for as the primary payer.

25. Prescribed drugs, pre-medication or analgesia.

26. Treatment by other than a dentist. However, the plan will cover some services provided by a licensed dental hygienist under the supervision and guidance of a dentist. These are:
. Scaling of teeth
. Cleaning of teeth
. Topical application of fluoride.

27. Work related illness or injuries.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

Your Dental Care Plan Coverage Is Subject to the Following Rules:

Alternate treatment rule: Sometimes there are several ways to treat a dental problem, all of which provide acceptable results.

. If a charge is made for a non-eligible dental service or supply and an eligible dental service that would provide an acceptable result, then your plan will pay a benefit for the eligible dental service or supply.

. If a charge is made for an eligible dental service but another eligible dental service that would provide an acceptable result is less expensive, the benefit will be for the least expensive eligible dental service.

. You should review the differences in the cost of alternate treatment with your dental provider. Of course, you and your dental provider can still choose the more costly treatment method. You are responsible for any charges in excess of what your plan will cover.

Replacement rule: Some eligible dental services are subject to your plan's replacement rule. The replacement rule applies to replacements of, or additions to existing:

. Crowns
. Inlays
. Onlays
. Veneers
. Complete dentures
. Removable partial dentures
. Fixed partial dentures (bridges)
. Other prosthetic services

These eligible dental services are covered only when you give us proof that:
- You had a tooth (or teeth) extracted after the existing denture or bridge was installed.
- As a result, you need to replace or add teeth to your denture or bridge.

. The present item cannot be made serviceable, and is:
- A crown installed at least 5 years before its replacement.
- An inlay, onlay, veneer, complete denture, removable partial denture, fixed partial denture (bridge), or other prosthetic item installed at least 5 years before its replacement.

. While you were covered by the plan:
- Your present denture is an immediate temporary one that replaces that tooth (or teeth).
- A permanent denture is needed, and the temporary denture cannot be used as a permanent denture. Replacement must occur within 12 months from the date that the temporary denture was installed.

Late entrant rule (Does not apply to California contract state): The plan does not cover services and supplies given to a person age 5 or older if that person did not enroll in the plan during one of the following:

. The first 31 days the person is eligible for this coverage or
. Any period of open enrollment agreed to by the employer and us

This does not apply to charges incurred for any of the following:

. After the person has been covered by the plan for 12 months
. As a result of injuries sustained while covered by the plan

. Diagnostic and preventive services such as exams, cleanings, fluoride, and images (excludes services related to orthodontia).

Finding Participating Providers

Consult Aetna Dental's online provider search for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients. Although Aetna Dental has identified providers who were not accepting patients in our DMO plan as known to Aetna Dental at the time the provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider search available at www.aetna.com.

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern.

In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate.

All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

Telehealth Services: The plan will reimburse the treating or consulting provider for the diagnosis, consultation, or treatment of an enrollee via telehealth on the same basis and to the same extent that the plan would reimburse the same covered in-person service.

In Arizona, DMO, Advantage Dental, Basic Dental and Family Preventive Dental Plans are provided or administered by Aetna Health Inc.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Aetna does not provide dental services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.:
· Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
o Qualified sign language interpreters
o Written information in other formats (large print, audio, accessible electronic formats, other formats).
· Provides free language assistance services to people whose primary language is not English, which may include:
o Qualified interpreters
o Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 1-800-872-3862 (TTY: 711) or the number on the back of your ID card.

If you believe that Aetna Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
Attn: 1557 Coordinator
CVS Pharmacy, Inc
1 CVS Drive, MC 2332,
Woonsocket, RI 02895

Phone: 1-800-648-7817, TTY: 711
Email: CRCoordinator@aetna.com.

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. This notice is available at Aetna Inc.'s website: https://www.aetna.com/

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Dental Benefits Summary

TTY: 711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ በመታወቂያ ካርድዎ (ID) ላይ ወዳለው ቁጥር ይደውሉ።
Arabic	للحصول على خدمات اللغة مجانًا، اتصل بالرقم الموجود على بطاقة العضوية الخاصة بك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	ဘာသာစကားဝန်ဆောင်မှုများကို အခမဲ့ရယူလိုပါက သင့်အထောက်အထားကတ်ပေါ်ရှိ ဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᏩᎩᏍᏗ ᎦᏬᏂᎯᏍᏗ TO᷊ᎾᏆᎵᏁᏗ Ꮭ AᎠᏍᏗ ᏗCEᏩᎳᏁᏗ ᏍᎩ, ᎾᎨᎯᏏᎳᎵᏏ ᎾᏍᎩ ᏗᎪᏍᏗ ᏂᎦᏚᎯᏪᎵ ᎤᎾT ID ᎢᏂᏲᏍᏗ ᏣᏉᎵT.
Chinese Traditional	如欲使用免費語言服務，請致電您 ID 卡上的電話號碼。
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajila afaanii bilisaan argachuuf, lakkoofsa Waraqaa Eenyummeessaa (ID) keessan irra jiru irratti bilbilaa.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, appelez le numéro figurant sur votre carte d'identité.
French Creole (Haitian)	Pou w jwenn aksè ak sèvis lang gratis pou ou, rele nimewo ki sou kat idantite w la.
German	Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer auf Ihrem Ausweis an
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો.
Hawaiian	Inā ake ʻoe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona ʻoe i ka helu ma kou kāleka ID.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj nyob ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gị

Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato sul tuo tesserino identificativo.
Japanese	無料の言語サービスをご利用いただくには、ご自身のIDカードに記載されている番号にお電話ください。
Karen	လၢကမၤန့ၣ် ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိဉ်လာ်ဘူဉ်လာ်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိးနီဉ်ဂံၢ် လၢအအိဉ် ဖဲန **ID** အဖီခိဉ်နၣ်တက့ၢ်.
Korean	무료로 언어 서비스를 이용하려면 ID 카드에 적힌 전화번호로 전화하세요.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەسپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆແກ່ທ່ານ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ṇan bōk jipañ kōn kajin ilo an ejjeḷọk wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។.
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílį́go nanitinígíí bee néého'dólzinígíí béésh bee hane'í biká'ígíí áajį' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yïn ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ̈ në ID kard duɔ̈n de tïït de nyin de panakim kɔ̈u.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبانی رایگان، با شماره مندرج روی کارت ID خود تماس بگیرید.
Polish	Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany na karcie ID.
Portuguese	Ligue para o número que está no seu cartão de identificação para receber assistência linguística gratuita.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a servicios de idiomas sin costo alguno, llame al número que figura en su tarjeta de identificación.

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Dental Benefits Summary

Sudanic Fulfulde	Heeba a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je ɗon windi ha do ɗerowol maaɗa.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܗܘ ܡܟܬܒ ܒܟܪܛܝܣ ܕܐܝܕ ܗܘܝܬ ܠܟ ܒܠ ܡܓܢ ܕܠܫܢܐ ܕܒܥܝ ܠܟ ܕܠܐ ܡܓܢ ܕܠܫܢܐ ܕܒܥܝ ܠܟ ܒܠ