Who is eligible to enroll?

All students are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished.

The student (Named Insured, as defined in this Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the College and may be viewed at www.uhcsr.com. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2019-1192-1. The Policy is a Non-Renewable One-Year Term Policy.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-800-767-0700 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare StudentResources

### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Fall 8-11-19 to 1-14-20</th>
<th>Spring 1-15-20 to 8-10-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$608.00</td>
<td>$808.00</td>
</tr>
</tbody>
</table>

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may include amounts which are retained by your school (to, for example, cover your school’s administrative costs associated with offering this health plan) as well as amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

The Insured Person must meet the eligibility requirements each time a premium payment is made. To avoid a lapse in coverage, the Insured Person’s premium must be received within 14 days after the coverage expiration date. It is the Insured Person’s responsibility to make timely premium payments to avoid a lapse in coverage.
**Important deadlines**

The online waiver period for Fall is April 11, 2019 through July 15, 2019 and Spring is November 1, 2019 through January 15, 2020. If you do not complete the online waiver by the deadline, the insurance charge will remain on your account and you will be covered by the Spelman College Student Health Insurance Plan.

Forms must be completed online at [https://elev834.eciservices.com/Student/Spelman](https://elev834.eciservices.com/Student/Spelman), follow the onscreen prompts and answer the required questions. Have your school ID number and current insurance information at hand. You will need this information in order to waive the Student Health Insurance.

**Student Health Center Message**

Benefits will be paid for routine preventive services not covered under the Preventive Care Services benefit provided the treatment is rendered at the Student Health Center.

---

## Highlights of the Student Injury and Sickness Insurance Plan Benefits

<table>
<thead>
<tr>
<th>METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 91.650%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Providers:</strong> The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: UHC Choice Plus</td>
</tr>
<tr>
<td><strong>Student Health Center Benefits:</strong> The Deductible will be waived when treatment is rendered at the Student Health Center. Benefits will be paid at 100% for Covered Medical Expenses incurred for the following services: Laboratory Services.</td>
</tr>
<tr>
<td><strong>Student Health Center Referral Required:</strong> This plan includes a Student Health Center Referral Requirement. Benefits will be subject to an additional $50 Deductible without a referral from the Student Health Center for treatment received from a provider other than the Student Health Center. Refer to the plan Certificate of Coverage for details and exceptions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$25 (For each Injury or Sickness)</td>
<td>$25 (For each Injury or Sickness)</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$2,500 (Per Insured Person, Per Policy Year)</td>
<td>$10,000 (Per Insured Person, Per Policy Year)</td>
</tr>
</tbody>
</table>

**Coinsurance**

All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% of Preferred Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
</tbody>
</table>

**Prescription Drugs**

Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$15 Copay for Tier 1</td>
<td>100% of Usual and Customary Charges</td>
</tr>
<tr>
<td>$35 Copay for Tier 2</td>
<td>$15 Copay for generic drugs</td>
</tr>
<tr>
<td>$35 Copay for Tier 3</td>
<td>$35 Copay for brand name drugs</td>
</tr>
<tr>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)</td>
<td>Up to a 31-day supply per prescription</td>
</tr>
</tbody>
</table>

**Preventive Care Services**

Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for a complete list of the services provided for specific age and risk groups.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of Preferred Allowance</td>
<td>70% of Usual and Customary Charges</td>
</tr>
</tbody>
</table>
### The following services have per Service Copays

This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

| Pediatric Dental and Vision Benefits | Physician’s Visits: $10 Medical Emergency: $100 The Copay will be waived if admitted to the Hospital. |

### Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acne.
   - This exclusion does not apply to benefits for the treatment of autism.
3. Biofeedback
5. Cosmetic procedures, except reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
6. Custodial Care.
   - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
   - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
7. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As described under Dental Treatment in the Policy.
   - As specifically provided in the Schedule of Benefits.
   - This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
8. Elective Surgery or Elective Treatment.
9. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
10. Foot care for the following:
    - Flat foot conditions.
    - Supportive devices for the foot, except as specifically provided in Benefits for the Management and Treatment of Diabetes.
    - Subluxations of the foot.
    - Fallen arches.
    - Weak feet.
    - Chronic foot strain.
    - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).
    - This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
11. Health spa or similar facilities. Strengthening programs.
12. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
   - This exclusion does not apply to:
     - Hearing defects or hearing loss as a result of an infection or Injury.
     - Hearing Aids as specifically provided in the Benefits for Hearing Aids for Insureds Age 18 and Younger.
15. Immunizations, except as specifically provided in the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy.
16. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
17. Injury sustained while:
    - Participating in any intercollegiate or professional sport, contest or competition.
    - Traveling to or from such sport, contest or competition as a participant.
    - Participating in any practice or conditioning program for such sport, contest or competition.
18. Investigational services.
19. Lipectomy.
20. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
21. Prescription Drugs, services or supplies as follows:
   - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
   - Immunization agents, except as specifically provided in the Policy.
   - Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs, except as specifically provided in the Policy.
   - Products used for cosmetic purposes.
   - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Growth hormones.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

22. Reproductive/Infertility services including but not limited to the following:
   - Procreative counseling.
   - Genetic counseling and genetic testing.
   - Cryopreservation of reproductive materials. Storage of reproductive materials.
   - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except to diagnose or treat the underlying cause of the infertility.
   - Premarital examinations.
   - Impotence, organic or otherwise.
   - Female sterilization procedures, except as specifically provided in the Policy.
   - Vasectomy.
   - Reversal of sterilization procedures.

23. Research or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the Policy.

24. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
   - When due to a covered Injury or disease process.
   - To benefits specifically provided in Pediatric Vision Services.
   - To lenses following surgical removal of the lenses of the eye.

25. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.

26. Preventive care services which are not specifically provided in the Policy, including:
   - Routine physical examinations and routine testing.
   - Preventive testing or treatment.
   - Screening exams or testing in the absence of Injury or Sickness.

27. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.

28. Sleep disorders.

29. Speech therapy, except as specifically provided in the Policy. Naturopathic services.

30. Supplies, except as specifically provided in the Policy.

31. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.

32. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

33. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).

34. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

**UnitedHealthcare Global: Global Emergency Services**

If you are a student insured with this insurance plan, you are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students: you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students: you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address or 100 miles or more away from your permanent home address or while participating in a Study Abroad program.
The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Assistance Benefits include:
- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

To access services please refer to the phone number on the back of your ID Card or access My Account and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:
- Caller’s name, telephone and (if possible) fax number, and relationship to the patient;
- Patient’s name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- Description of the patient’s condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

### Highlights of Services offered by UnitedHealthcare StudentResources

**Healthiest You: 24/7 Doctor Access**

Starting on the effective date of your policy, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service. By calling the toll-free number listed on the front of your medical ID card or visiting [www.telehealth4students.com](http://www.telehealth4students.com), you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor’s office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor’s office, urgent care facility, or emergency room. As an insured with StudentResources, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period.

This service is meant to complement your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state.
*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a $40 service fee before being connected to a board-certified physician.

**Student Assistance: 24/7 Counseling Support**

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA’s and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount.

This Summary Brochure is based on Policy #2019-1192-1.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.
NON-DISCRIMINATION NOTICE

UnitedHealthcare StudentResources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf


Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)


We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.
We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

English
Language assistance services are available to you free of charge. Please call 1-866-260-2723.

Albanian

Arabic
توفر لك خدمات المساعدة اللغوية مجاناً. اتصل على الرقم 1-866-260-2723.

Armenian
2կան մարդուների հետ պայքարի որոնմանը պահանջվում է։ Բերեք հետ պաշտպանություն 1-866-260-2723 համարը։

Bantu- Kirundi
Uronswa ku buntu servivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

Bisayan- Visayan (Cebuano)
Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

Bengali-Bangala
যোগ্যতাও ভাষা সহায়তা পরিষেবা আপনি বিনা মূল্যে পেতে পারেন। ডায় করে 1-866-260-2723 এবং কল করুন।

Burmese
သင်တန်းတွင် ဗိုလ်ချုပ်မှ သင့်အကြောင်းတွင် အသိပေးမည် သင်္ချာ 1-866-260-2723

Cambodian- Mon-Khmer
ភាសាខ្មែរ និត្តិជាន់ ឬ និត្តិជាន់ ជីវ សម្រាប់ជម្រុះ 1-866-260-2723

Cherokee
ᏏᎳᎩ ᏕᏒᏴᏗᏝᏗᏝᏗ ᏗᏝᏚᏚᏗᏝᏗᏝPACE ᏗᏝᏗᏝᏚᏚᏗᏝᏗᏝᏗ ᏗᏜᏝᏝᏗᏚᏗᏝᏗᏝᏗᏝᏚᏝᏗᏝᏛ Tulsa 1-866-260-2723.

Chinese
您可以免费獲得語言援助服務，請致電 1-866-260-2723。

Chontaw
Chahta anumpa ish anumpuli hokmvnt toshholi yvt peh pilha hoci apela hinla. I paya 1-866-260-2723.

Cushite- Oromo
Tajaaqilliwan gargaarsa afaanii kanaftitii maale siif jira. Maaloo karaa lakoosfa bibilaa 1-866-260-2723 bibili.

Dutch
Taalbhistandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

French
Des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-260-2723.

French Creole- Haitian Creole

German

Greek
Οι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

Gujarati
ભાષા સહાય સેવાઓ લોકાના માટે નથી ઉપલબ્ધ છે. દુઃખ કરો નહોતે 1-866-260-2723 પર કોલ કરો.

Hawaiian
Kökua manuahi ma kau ‘ōlelo i loa’a ‘ia. E kelepona i ka helu 1-866-260-2723.

Hindi
आप के लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong
Muaj cov kev pbx hxs lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Ilocano
Adda avan bayad na a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

Indonesian

Italian
Sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-260-2723.

Japanese
無料の言語支援サービスをご利用いただけます。1-866-260-2723までお電話ください。

Karen
usdmw<rpRxR*r>erRM<IDRoh0J vXwvd.[h.tyORB. (cDvD) M.vDRI 0Hop;plRq;usd;b. 1-866-260-2723 wuh>l

Korean
언어 지원 서비스를 무료로 이용하실 수 있습니다.1-866-260-2723번으로 전화하십시오.

Kru- Bassa
Bot ba hola ni kobol mahop ngui nsaa wogui wo ba yé ha i nyuu yon. Sebel i nisinga ini 1-866-260-2723.

Kurdish Sorani
خزماتی کان سپینی زبانی بی‌خواری بو تو دايين دمکرین. تکه‌اله تکه‌الهی بهک بو زماری 260-866-1.

Laotian
น่าจะลีดีนูกว่างวิชานุวกิจการบ้าน accumulation ดี ไม่ ผาน น้อย เป็น บ้านที่มี 1-866-260-2723.

**Marathi**
भाषेसाठी सुविधा आपल्याला विनंतूली उपलब्ध आहे. तपासावी 1-866-260-2723 या क्रमांकाकरू संपर्क करा.

**Marshallese**

**Micronesian- Pohnpeian**
Mie sawas en mahsen ong komwi, soh isepe. Melau eker 1-866-260-2723.

**Navajo**
Saad bee áka'e'eyeed bee áka'nida'wo'igii t'âa jiik'ëh bee nich'i' bee ná'ahoort'i'. T'âa shqodji kohjj' 1-866-260-2723 hodîlnih.

**Nepali**
भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया 1-866-260-2723 मा कल गरुतुहोस्।

**Niletic-Dinka**
Kâk ê kuny ajurrer ê thok at ô tîné yên abac â cîn wêu yeke thiéèc. Yên cîl 1-866-260-2723.

**Norwegian**

**Pennsylvania Dutch**

**Persian-Farsi**
خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره 1-866-260-2723 تماس بگیرید.

**Polish**
Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

**Portuguese**
Oferecemos serviço gratuito de assistência de idioma. Ligue para 1-866-260-2723.

**Punjabi**
ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਹਰੂ ਨਿਸ਼ਾਲਕ ਉਪਲਬਧ ਛਨ੍। ਤੁਹਾਡੇ 1-866-260-2723 ਵਾਲੇ ਵੇਲੇ ਸਾਹੋ ਜਾਓ।

**Romanian**
Vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă rugăm să sunați la 1-866-260-2723.

**Russian**
Языковые услуги предоставляются вам бесплатно. Звоните по телефону 1-866-260-2723.

**Samoan- Fa'asamoan**
O loo maua fesoasoani mo gagana mo oe ma e le totogia. Faamolemole telefonile le 1-866-260-2723.

**Serbo- Croatian**

**Somali**
Adeegeyada taageerada luqadda oo bilaash ah ayaa la heli karaa. Fadlan wac 1-866-260-2723.

**Spanish**
Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

**Sudanic- Fulfulde**

**Swahili**
Huduma za msada wa lugha zinapatikana kwa ajili yako yake bure. Tafadhali piga simu 1-866-260-2723.

**Syriac- Assyrian**
حضلا بتسماعك عيدك لغة لكنك، سلامًا علىك، لغة لك، عليه. 1-866-260-2723

**Tagalog**
Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

**Telugu**
భాషా సహాయం సేవాహరు నిఃశుల్కల ఉపయోగాలు ఉంటాం. నంబరు 1-866-260-2723 ను పొందండి.

**Thai**
มีบริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่าย ณ ตัวอย่างได้ โปรดโทรศัพท์ถึงหมายเลข 1-866-260-2733

**Trukese (Chuukese)**
'Ooku 'i ai pē 'a e sévesi ki he lea' ke tokoni kiate koe pea 'oku 'atā ia ma'au 'o 'ikai ha totongi. Kātaki 'o tā ki he 1-866-260-2723.

**Trukese (Chuukese)**
En mei tongeni angei aninisin emon chon chiakku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

**Turkish**
Diğ yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen 1-866-260-2723 numarayı arayınız.

**Ukrainian**

**Urdu**
زبان کے حوالے سے معاونتی خدمات آپ کے لیے بہت سوالاً دستیاب ہیں۔ براہ میربیلا 2723-866-1 پر کال کریں۔

**Vietnamese**
Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dành cho quý vị. Xin vui lòng gọi 1-866-260-2723.

**Yiddish**
שדפרא הולך פארוורטס עיניו אואטילבל פארא אידע פריי פון אמאט. ביטש 1-866-260-2723.

**Yoruba**
Ise iranlowo ede ti o je ofe, wa fun o. Pe 1-866-260-2723. 

**ZH**: 第一段提到联系号码为1-866-260-2723，用于提供语言援助服务，无需收费。