2020–2021 Student Injury and Sickness Insurance Plan for Oklahoma State University

Who is eligible to enroll?

All Domestic undergraduate and graduate students taking nine (9) or more credit hours (three (3) hours in summer) and Domestic graduate students enrolled in their last semester are eligible to enroll in the in this insurance plan on a voluntary basis. Domestic graduate students completing thesis or dissertation are eligible to enroll in this insurance plan on a voluntary basis. Dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

The student (Named Insured, as defined in the 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.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
   a. On the date the Named Insured acquires a legal spouse.
   b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

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 University and may be viewed at www.uhcsr.com. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2020-5348-1. 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>Annual 8-01-20 to 7-31-21</th>
<th>Fall 8-01-20 to 12-31-20</th>
<th>Spring/Summer 1-01-21 to 7-31-21</th>
<th>Summer 6-01-21 to 7-31-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$5,195.00</td>
<td>$2,178.00</td>
<td>$3,017.00</td>
<td>$868.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$5,195.00</td>
<td>$2,178.00</td>
<td>$3,017.00</td>
<td>$868.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$5,195.00</td>
<td>$2,178.00</td>
<td>$3,017.00</td>
<td>$868.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$10,390.00</td>
<td>$4,356.00</td>
<td>$6,034.00</td>
<td>$1,736.00</td>
</tr>
<tr>
<td>Spouse and 2 or More Children</td>
<td>$15,585.00</td>
<td>$6,534.00</td>
<td>$9,051.00</td>
<td>$2,604.00</td>
</tr>
</tbody>
</table>

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.

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

**METALLIC LEVEL - GOLD WITH ACTUARIAL VALUE OF 85.150%**

### Preferred Providers:
The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [UHC Choice Plus](#).

### Student Health Center Benefits:

- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services: Prescription Drugs at the SHC after a $10 Copay for Tier 1 Prescription Drugs and a $25 Copay for Tier 2 Prescription Drugs up to a 31-day supply per prescription. Policy Exclusions and Limitations do not apply.
- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services: all other services listed in the Schedule of Benefits. Policy Exclusions and Limitations do not apply.

### Overall Plan Maximum

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is no overall maximum dollar limit on the policy</td>
<td></td>
</tr>
</tbody>
</table>

### Plan Deductible

- **Preferred Providers**: $500 Per Insured Person, Per Policy Year
- **Out-of-Network Providers**: $1,000 Per Insured Person, Per Policy Year

### Out-of-Pocket Maximum

*After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.*

- **Preferred Providers**: $5,000 Per Insured Person, Per Policy Year
- **Out-of-Network Providers**: $10,000 Per Insured Person, Per Policy Year
- **For all Insureds in a Family, Per Policy Year**: $10,000

### Coinsurance

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

- **Preferred Providers**: 80% of Preferred Allowance for Covered Medical Expenses
- **Out-of-Network Providers**: 60% of Usual and Customary Charges for Covered Medical Expenses

### Prescription Drugs

- **Preferred Providers**:
  - $20 Copay for Tier 1
  - $50 Copay for Tier 2
  - $50 Copay for Tier 3
  - Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)
  - EXCEPTION: Students have the option to purchase a 90 day supply
- **Out-of-Network Providers**:
  - $20 Copay per prescription generic drug
  - $50 Copay per prescription brand-name drug
  - Up to a 31-day supply per prescription Charges
  - not subject to Deductible
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/ for a complete list of the services provided for specific age and risk groups.

<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>100% of Preferred Allowance</th>
<th>70% of Usual and Customary Charges after Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following services have per service Copays</td>
<td>Physician’s Visits: $30 not subject to Deductible</td>
<td>Medical Emergency: $100 (Waived if admitted to the Hospital) Charges not subject to Deductible</td>
</tr>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays</td>
<td>Lab: $20 not subject to Deductible</td>
<td></td>
</tr>
<tr>
<td>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</td>
<td>Office Visits: $30 Copay per visit 100% of Preferred Allowance not subject to Deductible</td>
<td>Office Visits: 70% of Usual and Customary Charges after Deductible</td>
</tr>
<tr>
<td></td>
<td>Other Outpatient Services: Preferred Allowance after Deductible</td>
<td>Other Outpatient Services: Usual and Customary Charges after Deductible</td>
</tr>
<tr>
<td>Pediatric Dental and Vision Benefits</td>
<td>Refer to the plan certificate for details (age limits apply).</td>
<td></td>
</tr>
</tbody>
</table>

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. Acupuncture.
2. Biofeedback.
3. Circumcision.
4. 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.
   - Improve the physiological functioning of a malformed body member, except for services related to orthognathic surgery, osteotomy or any other form of oral surgery, dentistry or dental process to the teeth and surrounding tissue.
5. 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.
6. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
8. Elective abortion.
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.
   - 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.
13. Hypnosis.
14. 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.
15. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
16. 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.
17. Investigational services.
18. Lipectomy.
19. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
20. 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 for Prescription Drugs and the Medically Necessary services associated with the administration of the Prescription Drug used for cancer treatment or the study of oncology where the off-label use of such Prescription Drug has not been approved by the federal Food and Drug Administration for that indication in one of the standard reference compendia, as defined in paragraph (d) of Section 1-1401 of Title 63 of the Oklahoma Statutes.
   • 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 Parlodol, 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.
21. Reproductive services for the following:
   • Procreative counseling.
   • Genetic counseling and genetic testing.
   • Cryopreservation of reproductive materials. Storage of reproductive materials.
   • Fertility tests.
   • Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
   • Premarital examinations.
   • Impotence, organic or otherwise.
   • Reversal of sterilization procedures.
22. 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.
23. 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 benefits specifically provided in the Policy.
   • To eyeglasses or contact lenses for the treatment of aphakia, lenses required after cataract surgery and soft lenses or sclera shells to treat an Injury or Sickness.
24. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in Benefits for Maternity and Postpartum Care.
25. 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.
26. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
27. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.

29. Sleep disorders.

30. Speech therapy, except as specifically provided in the Policy, or except for the treatment of Autism.

31. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.

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

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

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

35. War or any act of war, declared or undeclared, while serving in the military forces or any auxiliary unit attached thereto (a pro-rata premium will be refunded upon request for such period not covered).

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

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**Highlights of Services offered by UnitedHealthcare StudentResources**

**UnitedHealthcare Global: Global Emergency Services**

If you are a student insured with this insurance plan, you and your insured spouse and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

Domestic Students, insured spouse and insured minor child(ren): 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.

**HealthiestYou: 24/7 Doctor Access**

Starting on the effective date of your coverage under the student insurance plan, 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 **Student**Resources, 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.

*Available to Insured students and their covered Dependents, ages 18 and over. If you call prior to the effective date of your coverage under the insurance Plan, you will be charged a $40 service fee before being connected to a board-certified physician.

**Student Assistance: 24/7 Student 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 and participate in personalized self-help programs. More information about these services is available by logging into **My Account** at [www.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount).

**HealthiestYou: Virtual Counselor Access**

Starting on the effective date of your coverage under the student insurance plan, you have access to mental health providers through a national virtual counseling service* Psychiatrists, psychologists and licensed therapists are available to you through a variety of communication methods, including phone and video.

When you sign up, you’ll complete a questionnaire, choose your provider and select a date and time for your appointment. Appointments are available 7 days a week. Visits are secure, discreet and confidential, and you have ongoing support with the same provider.

As an insured with **Student**Resources, there is no consultation fee for this service. Every communication with a provider is covered 100% during your policy period.

*Available to Insured students and their covered Dependent; age restrictions may apply, depending on your state.
This Summary Brochure is based on Policy #2020-5348-1

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](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)


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

**Mail**: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

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.
LANGUAGE ASSISTANCE PROGRAM

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

Amharic
የአማርኛው ጋር እንጂን ተትእግባ ቀንበን ዝፈለጉgary wóókiny ፋን ይለ ይለ መ 1-866-260-2723 ፊልግን.

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

Armenian
Այս ծառայությունները զարգացած են մարդու ու ընտրական իրավիճակների համար լայն հաճախությամբ: Բացի այս հերթականության 1-866-260-2723 համարակալը.

Bantu-Kirundi
Uronswa ku bantu servisive zifatiye ku turimi zo kugufasha. Utegerzewa guhamagura 1-866-260-2723.

Bisayan-Visayan (Cebuano)
Magamat nimo ang mga serbisyo sa tabang sa lengguwhe nga wala layad. Palihug tawag sa 1-866-260-2723.

Bengali-Bangla
ঢাকা সহকারে আপনার ভাষা সহযোগিতায় নিজের উপরের জন্য আপনি করতে পারেন। পরে করুন 1-866-260-2723-তে কল করুন।

Burmese
蓬勃发展ရောင်းမိုးပါသော သီးခြားလိုပေးသော စိတ်ကူးစကားလေးတလျောက် သိရှိနိုင်ပါသည်။ 1-866-260-2723 *

Cambodian-Mon-Khmer
កម្ពុជាសម្រាប់ការគេហទំព័របញ្ហារបស់អ្នក 1-866-260-2723*

Cherokee
 Cherokee

Chinese
您可以免费获得语言援助服务。请致电1-866-260-2723。

Chickasaw
Chaha anumap ish anumpil holmvil tokshili yvt peh pilla hq chi apela hina. I paya 1-866-260-2723.

Cushite-Oromo

Dutch
Taalbijstandsdiensten 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 υποστηρικτές γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλώστε το 1-866-260-2723.

Gujarati
સાંસ્કૃતિક સહાયતા સેવાઓ તમારી માટે નિયત ઉપલબ્ધ છે. ક્રમાંક 1-866-260-2723 પર કોલ કરો.

Hawaiian
Kōkua manuahi ma kaʻōlelo i loa’a ʻia. E kelepona i ka helu 1-866-260-2723.

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

Hmong
Muaj oev kov pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisio parn iti language assistance. Panggaasim 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
ငြိမ်းငြင်းဆိုရေးသားသူများ အကြံပေးမည်။ 1-866-260-2723 ကို ဆိုင်ရာအပေါ် သိရှိနိုင်ပါသည်။

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

Kru-Bassa
Bot ɓa hola ni kobol mahop ngaas wogoi wo ba yé ha i nyuŋ yaŋ. Sebel i njiŋni ini 1-866-260-2723.

Kurdish/Sorani
خۆروستەکانی پەژەوەیەکانی زەمانی بەەکانی بیت داوە دەکرێن. دەکەوێنەکانی یەکە بە زەمارەکان 1-866-260-2723.

Laotian
modxamong ɗăk克里斯NI ɗăk克里斯NI ɗăk克里斯NI. ɗăk克里斯NI ɗăk克里斯NI ɗăk克里斯NI 1-866-260-2723.

SR LAP 64 (6-18)
Marathi
मराठी मदीनी सुविधा आपणार्या विज्ञानूने उपलब्ध आहे. त्याच्या 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese

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

Navajo
Saad bee akā’eeyeed bee āka’nida’wo’igiil t’āa jiik’eh bee nich’i’i bee nā’hoo’ōi. T’āa shqwódi jōhj’i 1-866-260-2723 hodidilih.

Nepali
भन्ना सहायता सेवाको निर्देशन उपलब्ध छ। कृपया 1-866-260-2723 मा कल गर्नुहोस्।

Nigerian-Dinka
Kák è kuny ajasser è thok: atá tine yin abac te ein wé yéke thëég. Yin eel 1-866-260-2723.

Norwegian

Pennsylvania Dutch

Persian-Farsi
خدمات امداد زیاتی به طور رایگان بر اخبار شما می باشد. لطفاً برای شماره 1-866-260-2723

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
ਕੰਮ ਸ਼ਾਸਤਰਤੀ ਨੇਤ੍ਰੀ ਤੁਹੀਣੀ ਸੁਝਤਾ ਫੁਲਸ਼ੇਪ ਤਰਾਂ ਵਿਚਕਾਰ ਵਕਰੇ
1-866-260-2723 ਦੇ ਕਰਨਾ ਚੁਣੋ।

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 feasaoana mo gagana mo oe ma e lea tótogia. Faamolemale telefoni le 1-866-260-2723.

Serbo- Croatian

Somali
Adeegyada taageerada iuspadii oo bilanx ah ayna la heii 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 maada wa lugha zinapatikana kwa ajili yako bure. Tafadhali pigia simu 1-866-260-2723.

Syriac- Assyrian
لعبة في الكلب سفينة
1-866-260-2723

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

Telugu
ప్రత్యేక సేవల నిర్దిశకాలు ఉన్నాం. ప్రత్యేక సేవల చేసే సంస్థ యొక్క కాశేత నివేదించండి.
1-866-260-2723 కెటి నిచ్చికి.

Thai
สิ่งที่เราสามารถช่วยเหลือได้คือเรียกใช้ตัวเลขที่คุณใส่ในตารางคำแนะนำและ
โทรศัพท์ที่ถูกต้อง 1-866-260-2723.

Tongan- Fakatonga
‘Oka ‘i a i pe ‘a e sēvēa ki he lea’ ke tekonì ki kate koe pea ‘oku ‘atā ia ma’au’ o ‘iʻikai ha totongi. Kātangi ‘o tā ki he
1-866-260-2723.

Trukese (Chuukese)
En mei tongen i anh inisem emon chon chialk, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

Turkish
Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen 1-866-260-2723 numarayi arayınız.

Ukrainian
Послуги переводчика надаються вам безкоштовно. Дзвініть за номером 1-866-260-2723.

Urdu
زبان کی حوالی می مانندی خدمات آپ کی لئے بلا کار پر مست سیلاب بی۔
برائے میرپنی 1-866-260-2723-1 پر کل کریں।

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

Yiddish
עמדות השפה יודיזי-האיטלקית נמצאות בטך פסיאށט ציאר יידיש-האיטלקית. הצלח עונש.
1-866-260-2723

Yoruba
Isie iranlọwọ èdè ti o jé òfè, wá fún ò. Pe 1-866-260-2723.