Who is eligible to enroll?

All full-time domestic students enrolled, as well as co-op students enrolled on a full-time basis, are eligible to enroll in this insurance plan on a voluntary basis. On-line credits count toward the minimum hours, but may not exceed 50% of hours required for eligibility.

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/auburn. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2020-38-1. 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 8-16-20 to 8-15-21</th>
<th>Fall 8-16-20 to 1-7-21</th>
<th>Spring 1-8-21 to 5-9-21</th>
<th>Spring/Summer 1-8-21 to 8-15-21</th>
<th>Summer 5-10-21 to 8-15-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,970.00</td>
<td>$788.00</td>
<td>$637.00</td>
<td>$1,182.00</td>
<td>$545.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,970.00</td>
<td>$788.00</td>
<td>$637.00</td>
<td>$1,182.00</td>
<td>$545.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,970.00</td>
<td>$788.00</td>
<td>$637.00</td>
<td>$1,182.00</td>
<td>$545.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$3,940.00</td>
<td>$1,576.00</td>
<td>$1,274.00</td>
<td>$2,364.00</td>
<td>$1,090.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$5,910.00</td>
<td>$2,364.00</td>
<td>$1,911.00</td>
<td>$3,546.00</td>
<td>$1,635.00</td>
</tr>
</tbody>
</table>

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school’s administrative costs associated with offering this health plan.

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.

Other Coverage

Also available for Auburn University students is a UnitedHealthcare Insurance Company fully insured Dental plan. To enroll go to www.uhcsr.com/auburn.

Highlights of the Student Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 82.79%

Preferred Providers: The Preferred Provider Network for this plan is East Alabama Medical Center and UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: UHC Choice Plus.

AUMC Benefits: The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the AUMC for the following services:
- Physician's visits after a $25 Copay.
- Prescription Drugs at AU Pharmacy after a $10 Copay per prescription Tier 1 / $45 Copay per prescription Tier 2 / $75 Copay per prescription Tier 3, up to a 31-day supply per prescription.
- All other services listed in the Schedule of Benefits.

See Section 11 of the Certificate for additional benefits covered at the Auburn University Medical Center (AUMC).

Note: The flight exclusion will be waived and benefits paid for Covered Medical Expenses incurred while participating in the AU Flight Education Program.

Auburn University Medical Center (AUMC) Referral Required: This plan includes an Auburn University Medical Center Referral Requirement. No benefits will be paid without a referral from the AUMC for outpatient treatment received from a provider other than the AUMC. Refer to the plan Certificate of Coverage for details and exceptions.

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Deductible</td>
<td>$250 (Per Insured Person, per Policy Year)</td>
<td>$500 (Per Insured Person, per Policy Year)</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>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.</td>
<td>$7,150 (Per Insured Person, Per Policy Year) $14,300 (For all Insureds in a Family, Per Policy Year)</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td><strong>Prescription Drugs</strong></td>
<td><strong>Preventive Care Services</strong></td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</td>
<td>Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</td>
<td>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 <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</td>
</tr>
<tr>
<td></td>
<td>$20 Copay for Tier 1 $60 Copay for Tier 2 $90 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) not subject to Deductible</td>
<td>100% of Preferred Allowance No Benefits</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.

<table>
<thead>
<tr>
<th><strong>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</strong></th>
<th><strong>Pediatric Dental and Vision Benefits</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits: Preferred Allowance after Deductible Other Outpatient Services: Preferred Allowance after Deductible</td>
<td>Refer to the plan certificate for details (age limits apply).</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. Acne.
2. Acupuncture.
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. 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. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
9. Health spa or similar facilities. Strengthening programs.
10. 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:
11. Hearing defects or hearing loss as a result of an infection or Injury.


13. 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.

14. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.

15. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.

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.
   - 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.

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, 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.

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 one pair of eyeglasses or contact lenses to replace the human lens function as a result of eye surgery or eye Injury or defect.

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

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. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Temporomandibular joint dysfunction. 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. 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).

**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.
Healthiest You: 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, 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.

*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.

24/7 Student Support

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services 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.

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 StudentResources, 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 #2020-38-1.
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.jsp


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
Shërbimet e ndihmës në gjuhën e tyre ose i kohe falas. Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic
አማርኛ ከወደ ፈስገን ከምርግባ በአማርኛ ከማስረከብ 1-866-260-2723

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

Armenian
Հետաքնարանյան ծրագրեր ու զենքի ծրագրեր զարգացման համար 1-866-260-2723

Bantu- Kirundi

Bisayan- Visayan (Cebuano)

Bengali - Bangla
চাকুনি : তুমি সাহায্য পেতে চাও তাহি বিস্তার পেতে চান। ধার কর 1-866-260-2723-তে কল করুন।

Burmese
သင်က ရောဂါအကြိမ်အမှန် မူတာများကို ပြန်လည်ဖော်ပြချက်နှင့် အခြေခံ အကြောင်း တွေ့ရှိနိုင်ပါသည်။ 1-866-260-2723 ကို ဆက်စပ်ပေးပါ။

Cambodian- Mon-Khmer
ចិញ្ចៀនការជួយជាតិនិងការអភិវឌ្ឍន៍ជាតិនិងការផ្តល់សេវាកម្មអំពីភាសាបង្កើតរបស់អ្នក 1-866-260-2723

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

Chocotaw
Chah ta anumpa ish anumpuli hokwnt toshelli yvt peh pilla hq chi apeila hinla. 1 paya 1-866-260-2723.

Cushite - Oromo
Tajagallliwvan gargaarsa afanii kanfaltti mealie siif jira. Maaloa kana lakkootsu bibilaa 1-866-260-2723 bibilaa.

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

French

French Creole- Haitian Creole
Gen sevis d po lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

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

Gujarati
સહાય સાહાય સેવાઓ તમારા માટે લિસ્ટ્રેક્ટ ઉપલબ્ધ છે. ક્લિક કરીને 1-866-260-2723 પર ક્લિક કરો.

Hawaiian
Koko manuahi ma ka ‘olelo i lea’a ‘ia. E kelepona i ka helu 1-866-260-2723.

Hindi
आप के लिए आपकी सहायता सेवाएं निश्चित उपलब्ध हैं। क्लिक 1-866-260-2723 पर क्लिक करें।

Hmong
Muaj coh kev tchais lus pub dawb rau koj. Thow hu rau 1-866-260-2723.

Ibo

Ilocano
Adla awan bayadna a serbisio para iti language assistance. Pangasasim tu 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 までにお電話ください。

Karen
ငှက်ချပ်များကို ကြေညာပြီး လေ့လာနေသော လေးစား 1-866-260-2723 ကို တွေ့ရှိပါလိမ်။

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

Kru-Bassa
Bot ba hola ni kobol mahog nga nsa wogoi wa ba ye ha i nyuu yong. Sebel i nisinga imi 1-866-260-2723.

Kurdish Sorani

Laotian
ພາສາພາສາພາສາພາສานາທົນລາວຫລາຍແລ້ວ, ສະເພາະທັດສະນະທັດ 1-866-260-2723.
Marathi
भाषेतील संस्कृत साहित्याची आपल्याला दिनांच्या उपलब्ध आहे.
त्यासाठी 1-866-260-2723 या क्लायड संपर्क करा.

Marshallese
Kwomaroň bok jerañ in jipañ in kajin ilo ejelok woñañ. Jouj
im i kalɔŋ 1-866-260-2723.

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

Navao
Saad bee akua' eeyeed bee akua'nida'wo'igi' t'aaj įjuk'eh bee nich'i'
bee na'ahooti'. T'aaj shoojuli kohoj 1-866-260-2723 hesiiniihn.

Nepali
भाषा सहायता सेवाहरु निशुल्क उपलब्ध छ। कृपया
1-866-260-2723 मा कल गर्नुहोस।

Niloitic-Dinka
Kak ो kuny ajasr े thok: atä tine yin abac te ein weyu yeke

Norwegian

Pennsylvania Dutch
Schiproox iwweszte Hilf kannseht du frei hawwe. Ruf
1-866-260-2723.

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. Zadzwon
pod numer 1-866-260-2723.

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

Punjabi
ਅਸਾਦ ਅਤੇ ਬੇਜਰੋਜਜ਼ ਦੀਆਂ ਉਪਲਭ ਸੇਵਾਵਾਂ ਤੋਂ ਕੋਈ ਬੇਜਰੋਜ ਨਹੀਂ।
1-866-260-2723 ਦੁਆਰਾ ਕੋਤ੍ਹਾਰ ਕੀਤੇ।

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

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

Samoan- Fa'asamoa
O loo maau fesoasamo mo gagana mo oe ma e le totoni.
Faamalemole telefonie le 1-866-260-2723.

Serbo- Croatian
Možete besplatno koristiti usluge prevodioaca. Molimo razvite
1-866-260-2723.

Somali
Adeegyada taageerada luqadda oo bilan xay ayna la heli kara.
Faddan wac 1-866-260-2723.

Spanish
Hay servicios de asistencia de idiomas, sin cargo, a su

Sudanic- Fulfulde
E wooni waliinde daw dowle caahu ngam maada. Nooku
1-866-260-2723.

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

Syriac- Assyrian
Syriac Assyrian
1-866-260-2723

Tagalog
Ang mga serbisyo ng tulong sa wika ay available para sa into nga

Telugu
భాషా సహాయత సేవలు నిశ్చలు ఉంటాం. కావలసిన
1-866-260-2723 లో కాలు మార్గం చేయండి.

Thai
บริการภาษาอื่นๆด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่าย
นอกจากนี้ โปรดโทรฟรีที่หมายเลข
1-866-260-2733

Tongan- Fakatonga
‘Oka i ai pe’a e tese ki he lea’ ke tokoni kiate koe pea ‘oku
‘ata ia ma’au ‘o ‘ikai ha totongi. Kilaiki ‘o t’a ki he
1-866-260-2723.

Turkese (Chuksese)
En mei tongeni anis ev enon chon chikku, 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 переводу надаються вам безкоштовно. Дзвоніть від
номера 1-866-260-2723.

Urdu
زبان کی حول سے معائنے خدمات آپ کی لیے باسلامتی دستیاب ہیں.
براء سیراتی 2723-866-260-1 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
 Spearshet kleinhin fun yidisher hotes un ayentineln kan ap di mikheit.
1-866-260-2723

Yoruba