2019–2020 Student Injury and Sickness Insurance Plan for University of Utah

Who is eligible to enroll?

Undergraduate students enrolled for six (6) or more credit hours each semester and graduate students enrolled in three (3) or more credit hours are eligible to enroll in this insurance plan. All enrolled international students with an F1 or J1 visa are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. Students enrolled in online classes, with a minimum of three (3) credit hours on campus are eligible to enroll in this insurance plan. Eligible graduate students for the University of Utah subsidized graduate plan include research and teaching assistants.

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 this Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. 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 this 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 for you 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 2019-2310-1. 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.
## Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Open Enrollment Dates</th>
<th>Annual 8/16/2019 to 8/15/2020</th>
<th>Fall 8/16/2019 to 12/31/2019</th>
<th>Spring/Summer 1/1/2020 to 8/15/2020</th>
<th>Summer 5/12/2020 to 8/15/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>7/15/2019 to 9/13/2019</td>
<td>$1,908.00</td>
<td>$720.00</td>
<td>$1,188.00</td>
<td>$500.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>7/15/2019 to 9/13/2019</td>
<td>$1,893.00</td>
<td>$714.00</td>
<td>$1,179.00</td>
<td>$497.00</td>
</tr>
<tr>
<td>One Child</td>
<td>7/15/2019 to 9/13/2019</td>
<td>$1,893.00</td>
<td>$714.00</td>
<td>$1,179.00</td>
<td>$497.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>5/12/2020 to 8/15/2020</td>
<td>$3,786.00</td>
<td>$1,428.00</td>
<td>$2,358.00</td>
<td>$994.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>5/12/2020 to 8/15/2020</td>
<td>$5,679.00</td>
<td>$2,142.00</td>
<td>$3,537.00</td>
<td>$1,491.00</td>
</tr>
</tbody>
</table>

**NOTE:** The plan cost stated above includes the insurance premium and certain non-insurance premium 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 30 days after the coverage expiration date. It is the Insured Person’s responsibility to make timely premium payments to avoid a lapse in coverage.

## Student Health Center Message

Benefits will be paid for Testing/screening for HIV and Sexually Transmitted Diseases that do not meet the Preventive Service Task Force Guideline provided that the treatment is rendered at the Student Health Center.

### Highlights of Coverage offered by UnitedHealthcare StudentResources

**METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 81.580%**

**Preferred Providers:** University Health Sciences Center, University Hospital and Primary Children’s Medical Center.

**In-Network Providers:** UnitedHealthcare Options PPO and providers can be found at the following link: [UHC Options PPO](#)

**Student Health Center Benefits:**
- The Deductible and Copays 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: Preventive Care.
- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred after a $10 Copay per visit when treatment is rendered at the Student Health Center for the following services: all other services listed in the Schedule of Benefits.

**Student Health Center Referral Required:**

The student and Spouse/Dependents should use the services of the Health Center first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside the Student Health Center for which no prior approval or referral is obtained will be paid at 55% of the benefits otherwise payable under the Schedule of Benefits. A referral issued by the SHC must accompany the claim when submitted. Only one referral is required for each Injury or Sickness per Policy Year.

A SHC referral for outside care is not necessary only under any of the following conditions:
1. Medical Emergency. The student must return to SHC for necessary follow-up care.
2. When the Student Health Center is closed.
3. Medical care received when the student is more than 25 miles from campus.
4. Maternity, obstetrical and gynecological care.
5. Mental Illness treatment and Substance Use Disorder treatment.

**Overall Plan Maximum**

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>In-Network 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>
<td></td>
</tr>
<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>----------------</td>
<td>----------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td></td>
<td>$500 For all Insureds in a Family, Per Policy Year</td>
<td>$1,000 For all Insureds in a Family, Per Policy Year</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th></th>
<th>$4,000 Per Insured Person, Per Policy Year</th>
<th>$8,000 For all Insureds in a Family, Per Policy Year</th>
<th>$8,000 Per Insured Person, Per Policy Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$8,000 Per Insured Person, Per Policy Year</td>
<td>$8,000 Per Insured Person, Per Policy Year</td>
<td>50% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
</tbody>
</table>

**Coinsurance**

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

<table>
<thead>
<tr>
<th></th>
<th>80% of Preferred Allowance for Covered Medical Expenses</th>
<th>70% of Preferred Allowance for Covered Medical Expenses</th>
<th>50% of Usual and Customary Charges for Covered Medical Expenses</th>
</tr>
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</table>

**Prescription Drugs**

<table>
<thead>
<tr>
<th></th>
<th>100% of Preferred Allowance for Covered Medical Expenses</th>
<th>75% of Usual and Customary Charges for Covered Medical Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100% of Preferred Allowance for Covered Medical Expenses</td>
<td>75% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
<tr>
<td></td>
<td>A referral from the Student Health Center is needed for these services.</td>
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</tr>
</tbody>
</table>

**Preventive Care Services**

Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Coins, 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.

|                      | Medical Emergency: $150, waived if admitted. The Copay per visit is in addition to the Policy Deductible | Medical Emergency: $150 waived if admitted. The Copay per visit is in addition to the Policy Deductible | Medical Emergency: $150 waived if admits | tained. The Copay per visit is in addition to the Policy Deductible |
|----------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
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**The following services have per Service Copays**

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

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<tr>
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</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.
   - Except to restore bodily function to an abnormal structure of the body caused by a congenital defect or developmental abnormality
   This exclusion does not apply as specifically provided for Benefits for Mastectomy, Breast Surgery, Reconstruction and Prostheses.
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.
   - 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.

13. Hypnosis.

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 or under a no-fault automobile insurance policy.

16. Investigational services.

17. Lipectomy.

18. Marital or family counseling.

19. Felony, riot, or insurrection when the Insured Person is an active participant.

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/Infertility services including but not limited to 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.
   - Female sterilization procedures, except as specifically provided in the Policy.
   - 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.


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 lens for the affected eye following corneal transplant surgery and contact lenses for the Medically Necessary treatment of keratoconus.

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

25. 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.
26. Speech therapy, except as specifically provided in the Policy. Naturopathic services.
27. Supplies, except as specifically provided in the Policy.
28. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
29. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
30. 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:

**International Students, insured spouse and insured minor child(ren):** you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

**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 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](http://www.uhcsr.com/MyAccount) at www.uhcsr.com/MyAccount.

BetterHelp: 24/7 Online Counselor Access

Starting on the effective date of your policy, you have access to Psychologists (PhD / PsyD), Marriage and family therapists (LMFT), Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC) through BetterHelp, a national virtual counseling service. These professional licensed counselors will be available to you via ongoing text communications, live chat, phone, video or groupinars.

When you first visit the counseling website, you will be asked to complete a questionnaire that will request your UHCSR insurance information on your ID card, emergency contacts and your goals for accessing the service. The questionnaire will also ask you for counselor preferences (gender, specialty, etc.) to ensure you are matched with a practitioner that can help you meet your goals. Within 24 hour after completing the questionnaire, you will be contacted by a counselor to schedule an appointment and decide on a communication method that best suits your needs.

As an insured with StudentResources, there is no consultation fee for this service. Every communication with a BetterHelp counselor is covered 100% during your policy period.

This Summary Brochure is based on Policy #2019-2310-1

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 Student Resources 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.
**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**

**Arabic**

**Armenian**

**Bantu- Kirundi**

**Bengali- Bangla**

**Burmese**

**Cambodian- Mon-Khmer**

**Cherokee**

**Chinese**

**Chontal**

**Cushite- Oromo**

**Dutch**

**French**

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

**French Creole- Haitian Creole**

Gen sevis ki pou la anpo ki disponib gratis pou ou. Rele 1-866-260-2723.

**German**


**Greek**

Oi υπηρεσίες γλωσσομετρίας θα είναι διαθέσιμες δωρεάν. Καλωσή υμάς το 1-866-260-2723.

**Haitian**


**Hindi**

**Hmong**

**Ibo**

**Ilocano**

**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**

**Korean**

연어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723 为止로 전화하십시오。

**Kru-Bassa**

**Kurdish**

Marathi
भारतीय राष्ट्रीय सुरक्षा आयुक्त कार्यालय वित्तसंबंध अधिकारी. त्यासाठी 1-866-260-2723 या कॉलरबर्ड संपर्क करा.

Marshallese

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

Nabashe
Staa aulua eeged bee aulua ni wu yi jik'eb bee nich' jik'eb naahoot'j. T'aa shooj'i kohji' 1-866-260-2723 hodilnih.

Nepali
भाषा सहायता सेवाहरू निशुल्क उपलब्ध छ। कृपया 1-866-260-2723 ना कल करें नॉन्सट्रेस।

Nilote-Dinka
Kik ek kony ajoor e thok a o tii yin abac te cin wew yeke thiiyee. Yee col 1-866-260-2723.

Norwegian

Pennsylvania Dutch

Persian-Farsi
خدمات امداد زاینده به طور رایگان در اختیار شما می‌باشد. لطفاً از خدمات 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
ਉਸ ਮਾਨਤਾ ਦੇਸਾ ਦੇਖਣ ਦਾ ਸਹਾਇਤਾ ਦਾ ਸੁਪਨਾ ਭਾਲਾ ਵਿਚ ਮੇਲ ਇਨਕਲਾ 1-866-260-2723.

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

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

Samoan- Fa'asamoa
O loo maua fesasoani mo gagana mo oe ma e le tootia. Fiaumolelei telefoní le 1-866-260-2723.

Serbo-Croatian

Somali
Adeegyada 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 msaada wa lugha zinapatikana kwa ajili yako bure. Tafadhali piga simu 1-866-260-2723.

Syriac- Assyrian
 가능한, すべての言語でコールセンターはご用意しています。1-866-260-2723 でご連絡ください。

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

Telugu
సమాధాన సర్విస్ ప్రతి భాషగా ఎక్కడ ఈ సర్విస్ సర్వీస్ కూదండి. 1-866-260-2723 లేదా భాష సర్విస్.

Thai
มีบริการด่วนเพื่อคลายความเครียดในสถานการณ์ยากลำบาก โปรดโทรที่ 1-866-260-2723.

Tongan- Fakatonga
‘Oka ‘ia ai pē ‘a e sēvesi ki he lea’ ke tokoni kiate koe pea ‘oku ‘a i ia ma’au ‘o ‘ikai ha totongi. Kātaki ‘o ā kā he 1-866-260-2723.

Trukese (Chuukese)
En mei tongeni aneisio emon chon chiaoku, ese kumo. Kose mochen kopwe kokkari 1-866-260-2723.

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

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

Urdu
زبان کیا حوالی میں معافی خدمات آپ کی لیے پر معافی، دستیاب ہیں۔ 1-866-260-2723 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
ترجمات לעברית ממביתות שירותים בעברית משומשים. 1-866-260-2723.

Yoruba