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 visas 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 the 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 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/utah. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2020-2310-1. 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></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,161.00</td>
<td>$817.00</td>
<td>$1,344.00</td>
<td>$545.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,146.00</td>
<td>$811.00</td>
<td>$1,335.00</td>
<td>$541.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,146.00</td>
<td>$811.00</td>
<td>$1,335.00</td>
<td>$541.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$4,292.00</td>
<td>$1,622.00</td>
<td>$2,670.00</td>
<td>$1,082.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$6,438.00</td>
<td>$2,433.00</td>
<td>$4,005.00</td>
<td>$1,623.00</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 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 82.190%

**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 the Out-of-Network level of benefits as specified in 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.
<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<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>
<td></td>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$250 Per Insured Person, per Policy Year</td>
<td>$500 Per Insured Person, per Policy Year</td>
<td>$1,000 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$4,000 Per Insured Person, Per Policy Year</td>
<td>$8,000 For all Insureds in a Family, Per Policy Year</td>
<td>$8,000 Per Insured Person, 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.

**Coinsurance**

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

**Prescription Drugs**

50% of Usual and Customary 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.

**Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs**

Office Visits: Preferred Allowance after Deductible

Office Visits: Preferred Allowance after Deductible

Office Visits: Usual and Customary Charges after Deductible

**Pediatric Dental and Vision Benefits**

Refer to the plan certificate for details (age limits apply).

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**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 and routine foot care when provided to an Insured Person who has a systemic disease, such as diabetes with peripheral neuropathy or circulatory insufficiency, of such severity that unskilled performance of the procedure would be hazardous.
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. This exclusion does not apply if workers’ compensation coverage is not required by law.
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. Injury sustained while:
• Participating in any intercollegiate or professional sport, contest or competition.
• Traveling to or from such sport, contests or competition as a participant.
• Participating in any practice or conditioning program for such sport, contest or competition.
17. Investigational services.
18. Lipectomy.
19. Marital or family counseling.
20. Felony, riot, or insurrection when the Insured Person is an active participant.
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.
• 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 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.
• Female sterilization procedures, except as specifically provided in the Policy.
• 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.

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.

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

26. 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.

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

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

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

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

31. 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 for such period not covered).

32. 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.

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.

### Highlights of Services offered by UnitedHealthcare StudentResources

#### 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](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.

*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 available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insures 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 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 #2020-2310-1.

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
 SEX kidey balekem yefeketu Mithn ola 1-866-260-2723

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

Armenian
2chq ciwusmik ci Սբարձրական Բոլորակում ուղարկեք համարեք մեր կենսագրի 1-866-260-2723 համարական.

Bantu- Kirundi
Urunswa ku bantu serviswe izi fizi kyu rumwe zo kugufasha. Utgerezwa guhanyaga 1-866-260-2723.

Bisayan- Visayan (Cebuano)
Magamit nimo ang mga serbisyo sa tabang sa lenguwahe nga walaay rayd. Palihiw tawag sa 1-866-260-2723.

Bengali- Bangala
হাঁ ইনি আপনার ভাষা সহায়তা পরিষেবা আছে যে বিশেষ পেড় পরে না। ধরুন 1-866-260-2723-তে কল করুন।

Burmese
ဗိုလ်မီး စိန်ယာယာနာဖြင့် ဖက်ရွှင်မှု မြို့ ဖျင် တစ်ချိန်အတွင်း 1-866-260-2723 ဖြင့် ကျွန်ုပ်ကို မူဝါးပါ।

Cambodian- Mon-Khmer
​

Cherokee
SOGOL OOTOGALI OOTPEET HLA RG66-REVOLTALEHG66 D4GOT IC66 DH DBO66 1-866-260-2723.

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

Chontaw
Chahta anumpa ish anumpuli hokmvto toshkili yvt peh pilla hqi apla hinya. 1 paya 1-866-260-2723.

Cushite - Oromo

Dutch
Taalbijstandsdiens ten 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
Gen sevis ay ou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

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

Gujarati
સાચા સહાય સેવાઓ ટમારા માટે લિસ્ટ પ્લેબ્રેમ છે. ક્રમાંકાંલી 1-866-260-2723 પર કોલ કરો.

Hawaiian
Kōkua manuahi ma kāu ‘ōlelo i ka‘a ‘ia. E kelepona i ka helu 1-866-260-2723.

Hindi
आप के लिए आप सहायता सेवाओं निष्क्रिय संबंध हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong
Muaj cov kev pab tchais lus pub dawb rau koj. Thov hau rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangangasint a 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。

Karenn
ክፋል መስፋትን በማህበር የተመለከቱበት ካንፋል (638) ከምን ከፋል 1-866-260-2723ኋ ያደረጉል።

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

Kru-Bassa
Bot ba hola ni kobol mahog ngu naa wogwi bo wa bët ha ni nyu yon. Sebel i nisiga imi 1-866-260-2723.

Kurdish Sorani
خزمهاکهکی بیهکمهکی زمانی میهودیابی یک تو داین دیوین. تکلیف تابعیتی بیکه بز زمارس-2723

Laotian
​

SR LAP 64 (6-18)
Marathi
भाष्यकार भाषातील संविधान आपल्याला दिल्लीसल्या उपलब्ध आहे. नवराठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese

Micronesian- Pohnpeian
Mie savas en melsen oin komwi, soh isepe. Melau eler 1-866-260-2723.

Naboi
Nauj vo ak Ô’eyeed bee ak Ô’nida’we’igti t’aa jil’eh bee nichi’j bee n’aahoot’i. T’aa shoojli kohj’i 1-866-260-2723 hodiin nhin.

Nepali
भाषा सहायता सेवाहरू निर्देशितको उपलब्ध छ। कृपया 1-866-260-2723 मा करें गर्नुहोस्।

Nilotic Dinka

Norwegian

Pennsylvania Dutch

Persian-Farsi
خدمات إمامزاده 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
Oferemos serviço gratuito de assistência de idioma. Ligue para 1-866-260-2723.

Punjabi
ਭਾਸਾ ਸਹਾਇਕਾ ਸੇਵਾਵਾਂ ਦੀ ਸਹਾਇਤਾ ਹੁੰਦੀ ਹੈ। ਕੋਠੌਣ ਦੇ ਤੌਰ ਉੱਤੇ ਆਪਣੇ ਲਈ ਸੰਭਾਲ ਲੋ। 1-866-260-2723

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

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

Samoaan- Fa’asamoa
O loo maau fesoasoano mo gagana mo oe ma e le totogia. Faamolemo telelona le 1-866-260-2723.

Serbo- Croatian
Možete besplatno koristiti usluge prevodioca. Molimo razovite 1-866-260-2723.

Somali
Adeegyada taageerada luqadda oo bilanash ah ayna la heli kara. 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

c ملعون ٍبًشٍ صدى ٍأشٍ نبٍ نبٍ ٍنودٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ نبٍ Noddu 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
హేళ్ళి హేళ్ళి తెలుగు విషయంలోనే సహాయాన్ని పొందండి చాలా సమయంలో. సహాయాన్ని పొందండి 1-866-260-2723 లేదా ఆఫ్టర్ప్లేన్ సన్కెప్త్ నిమ్మకు పునర్మూల్యం.

Thai
มีบริการความช่วยเหลือทางภาษาให้โดยที่ไม่ได้เสียค่าใช้จ่าย โดยติดต่อ โปรดโทรศัพท์ที่หมายเลข 1-866-260-2733.

Tongan- Fakatonga
‘Oka ‘i aia ‘e a e sevesi ki he lea’ ke tokoni kiate koe pea ‘oku ‘atia ia ma’au ‘o’ ikai ha totongi. Kitaki ‘o tå ki he 1-866-260-2723.

Trukese (Chuukese)
En mei tongerri anin anisim adon chon chiakku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

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

Ukrainian
Послуги переводу надаються вами безкоштовно. Дзвоніть за номером 1-866-260-2723.

Urdu
زبان کی اور ہی معاونی خدمات کے کیے یہ بالامعوامہ، دستیاب ہے.

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

Yiddish
טועמאן תילוקה שטראוסיסטנער טועמאן שטראוסיסטנער טועמאן שטראוסיסטנער טועמאן שטראוסיסטנער טועמאן שטראוסיסטנער טועמאן שטראוסיסטנער שטראוסיסטנער שטראוסיסטנער שטראוסsis 1-866-260-2723.

Yoruba