



2020–2021 Student Injury and Sickness Insurance Plan for Undergraduate and Graduate Students not eligible for GTA/GRA/GA coverage of the Kansas Board of Regents

Student Letter

Dear Student:

The Kansas Board of Regents (KBOR) in cooperation with the Regents Institutions of the State of Kansas, is pleased to offer to students and their dependents, a Blanket Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company and Administered by UnitedHealthcare **StudentResources**.

Preferred Providers are members of the UnitedHealthcare Choice Plus Network. Additionally, for Pittsburg State University students, Via Christi Hospital is a Preferred Provider. These providers offer you superior access to a choice of qualified physicians, hospitals, and Preferred Provider network programs nationwide, while reducing the costs of your medical care with rates that are usually much lower than normal charges.

If you choose to seek treatment from an out-of-network provider, your benefits may be reduced.

Participation in this program is voluntary, except for Health Science students who are required to show proof of insurance; however, we encourage you to carefully read the entire booklet to familiarize yourself with the available plan and benefits. Any questions about this plan should be directed to UnitedHealthcare **StudentResources** at 1-888-344-6104.

Who is eligible to enroll?

The Master Policy covers students and their eligible Dependents who have met the Policy's eligibility requirements (as shown below) and who:

1. Are properly enrolled in the plan, and
2. Pay the required premium.

Domestic undergraduate degree seeking students who are enrolled during Fall and/or Spring semester who are taking 6 or more credit hours (3 or more credit hours during the Summer Semester) or on a school approved/sponsored internship are eligible to enroll in this insurance plan.

Domestic Masters Students taking 3 credit hours per semester or participants in a school approved/sponsored internship, Doctoral students, and Post Doctoral fellows are eligible to enroll in this insurance plan.

Domestic Health Science students who are required to have health insurance may be eligible for a plan designed for them. International students may be eligible for a separate plan designed for them.

Students who have at least a 50% graduate teaching assistant, graduate research assistant, and/or graduate assistant appointment may be eligible for a separate plan designed for them. Information is available in the graduate teaching assistant, graduate research assistant and graduate assistant health insurance brochure or on-line at www.uhcsr.com/kbor.

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. Dependent coverage must be applied for by filling out the Enrollment Form and paying the required premium. Dependent Eligibility expires concurrently with that of the Insured student. Dependents that are not in the country at the time the student enrolls will be eligible to be enrolled in coverage within 30 days of entering the country.

The student (Named Insured, as defined in this Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate 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.

How do I enroll?

All students and all dependents complete enrollment by submitting the enrollment form with the appropriate payment. The enrollment form and description brochure will be available before August 1st online at www.uhcsr.com/kbor (select your university) or by calling 1-888-344-6104.

Buy the insurance online at www.uhcsr.com/kbor or remit the enrollment form along with the correct premium payment to UnitedHealthcare StudentResources, P.O. Box 809026, Dallas, TX 75380-9026.

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/kbor. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2020-200118-1. 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 1-888-344-6104 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

Rates	Annual 8/1/20 – 7/31/21	Fall 8/1/20 – 1/31/2020	Spring 2/1/21 – 5/31/21	Spring / Summer 2/1/21 – 7/31/21	Summer 6/1/21 – 7/31/21	Summer 1 5/15/21 – 7/31/21
Student	3,543.00	1,786.00	1,166.00	1,757.00	591.00	757.00
Student and Spouse	7,086.00	3,572.00	2,332.00	3,514.00	1,182.00	1,514.00
Student and One Child	7,086.00	3,572.00	2,332.00	3,514.00	1,182.00	1,514.00
Student and Two or More Children	10,629.00	5,358.00	3,498.00	5,271.00	1,773.00	2,271.00
Student, Spouse and One Child	10,629.00	5,358.00	3,498.00	5,271.00	1,773.00	2,271.00
Student, Spouse, and Two or more Children	14,172.00	7,144.00	4,664.00	7,028.00	2,364.00	3,028.00

Payment Instructions

Credit Card Payments: If you would like to use a credit card, please go to www.uhcsr.com/kbor, select your school, click Enroll Now and follow the instructions.

Check or Money Order: Make check or money order payable to UnitedHealthcare **StudentResources** in US dollars. Mail the completed enrollment card along with premium payment to UnitedHealthcare **StudentResources**, PO Box 809026, Dallas TX 75380-9026. Your cancelled check or credit card billing is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payments whether or not a renewal notice is received.

Notice to Students

Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By enrolling online, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll; 2) Rates are not pro-rated other than as listed; 3) He/She meets the eligibility requirements for this coverage as described in this brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

Open Enrollment

Applications and correct premium payments received within 31 days of the period effective date will be effective the first day of the period. For example: Applications and premium payments received July 1 – August 31 will receive an effective date of August 1, 2020.

Qualifying Event: If you experience a qualifying event during the plan year, you can enroll in the insurance plan for the remainder of the current coverage period. A qualifying event is one of the following: a) Loss of coverage on another plan; b) Marriage; c) Guardianship appointment; d) Arrival of Spouse/Dependents in Country (within 30 days of arrival date). Please visit www.uhcsr.com/kbor for the Enrollment Form for Qualifying Events for enrollment and payment instructions. For applications received outside of the open enrollment period, due to a qualifying event, coverage will be effective the date the correct premium is received by the Company or representative of the Company or the effective date of the coverage period, whichever is later.

Open Enrollment Periods

Kansas Board of Regents	Fall		Spring		Summer	
	Start Date	End Date	Start Date	End Date	Start Date	End Date
	7/1/2020	8/31/2020	12/1/2020	1/31/2021	5/1/2021	6/30/2021

Student Health Center Information

This student health insurance plan is designed to coordinate with the services provided by the Student Health Center for students. Please check with your university's health center to determine whether spouses and/or dependent children are eligible to use the health center. The Student Health Center acts as a gatekeeper for the plan and can evaluate your condition and provide treatment or a referral to a specialist as necessary. The Student Health Center is staffed with professionals that are familiar with the unique needs of students and can meet most of the health care needs the student may have. Check to see what hours and what services are available. The treatment provided by the Student Health Center is of high quality and is cost efficient for the patient.

When possible, it is recommended that you go to your Student Health Center when seeking treatment.

Emporia State University	www.emporia.edu/student-wellness	620-341-5222
Fort Hays State University	www.fhsu.edu/studenthealth/	785-628-4293
Kansas State University	www.k-state.edu/lafene/	785-532-6544
Pittsburg State University	www.pittstate.edu/health/	620-235-4452
University of Kansas	www.studenthealth.ku.edu/	785-864-9500
University of Kansas Medical Center	www.kumc.edu/studentcenter/health.html	913-588-1941
Wichita State University	www.wichita.edu/shs	316-978-3620

Highlights of the Student Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 76.200 %

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 (SHC). A \$5.00 Copay will apply for each lab and X-rays procedures (except as noted below) at the Student Health Center (SHC).

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$1,000 Per Insured Person, per Policy Year	\$2,000 Per Insured Person, per Policy Year
Out-of-Pocket Maximum <i>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.</i>	\$8,200 Per Insured Person, Per Policy Year \$16,400 For all Insureds in a Family, Per Policy Year	\$20,000 Per Insured Person, Per Policy Year \$40,000 For all Insureds in a Family, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	75% of Preferred Allowance for Covered Medical Expenses	55% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <i>Mail order Prescription Drugs through UHCP at 2.5 times the retail Copay up to a 90-day supply.</i> Student Health Center: \$5 Copay per prescription for generic drug 40% Copay per prescription for brand-name drug up to a 31-day supply per prescription not subject to Deductible	UnitedHealthcare Pharmacy (UHCP): \$200 Deductible (per Policy Year) does not apply to Policy Deductible \$15 Copay per prescription Tier 1 40% Copay per prescription Tier 2 40% Copay per prescription Tier 3 up to a 31-day supply per prescription	\$200 Deductible (per Policy Year) does not apply to Policy Deductible \$20 Copay per prescription generic drug 50% Copay per prescription brand-name drug up to a 31-day supply per prescription
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible 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.</i>	100% of Preferred Allowance	No Benefits
The following services have per service Copays/Deductibles <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays/Deductibles.</i>	Physician's Visits: \$25 Copay per visit (waived at the SHC) not subject to Deductible Lab: \$5 Copay at the SHC not subject to Deductible X-rays: \$5 Copay at the SHC not subject to Deductible Medical Emergency: \$250 Copay per visit after Deductible (The Copay will be waived if admitted to the Hospital.)	Lab: \$5 Copay at the SHC not subject to Deductible X-rays: \$5 Copay at the SHC not subject to Deductible Medical Emergency: \$250 Copay per visit after Deductible (The Copay will be waived if admitted to the Hospital.)
Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs	Office Visits: \$25 Copay per visit (waived at the SHC) Preferred Allowance not subject to Deductible Other Outpatient Services: Preferred Allowance after Deductible	Office Visits: 70% of Usual and Customary Charges after Deductible Other Outpatient Services: Usual and Customary Charges after Deductible
Pediatric Dental and Vision Benefits	Refer to the plan certificate for details (age limits apply).	

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. Learning disabilities.
3. Biofeedback, except:
 - To treat urinary incontinence in adults 18 years and older.
4. Cosmetic procedures, or related services including:
 - Circumcision.
 - Lipectomy.
 - Surgical breast reduction, breast augmentation, breast implants, or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
 - Hirsutism.
 - Alopecia.

This exclusion does not apply to 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 or restore impairments of bodily function resulting from Congenital Conditions or developmental anomalies, such as webbed or supernumerary fingers or toes, cleft lip or palate, or birthmarks on head or neck.

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.
 - As described under Dental Treatment in the Policy.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.

7. Elective Surgery or Elective Treatment.
8. Elective abortion.
9. Individualized, custom fabricated shoe insert orthotic devices and appliances. This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
10. Commercial foot devices available over-the-counter.
11. Routine 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.
- A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.

12. 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.
13. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
14. Injury arising out of a motor vehicle accident to the extent that benefits are payable under any medical expense payment provision of an automobile insurance policy, including such benefits mandated by law.
15. Non-medical services, such as but not limited to, legal services, social rehabilitation, educational services, vocational rehabilitation, or job placement services.
16. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
17. Prescription Drugs, services or supplies as follows, except as specifically provided in the Policy:
 - 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. This exclusion does not apply to drugs for the treatment of cancer that have not been approved by the federal Food and Drug Administration for that indication, if the drug has been prescribed for an Insured Person who has been diagnosed with cancer, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed and is recognized in substantially accepted peer-reviewed medical literature or in one of the following established reference compendia: 1) The U.S. Pharmacopeia Drug Information Guide for the Health Care Professional (USPDI) ; 2) The American Medical Association's Drug Evaluations (AMADE) I; or 3) The American Society of Hospital Pharmacists' American Hospital Formulary Service Drug Information (AHFS-DI). This exception does not provide coverage for any experimental or investigational drugs or any drug which the federal Food and Drug Administration has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed.
 - Products used for cosmetic purposes.
 - Drugs used to treat or cure baldness or for the stimulation of hair growth. 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.

- Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
18. Reproductive services for the following, except as specifically provided in the Policy:
- 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, except as specifically provided in the Policy for penile prosthesis for physiological impotence.
 - Reversal of sterilization procedures.
19. 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.
 - The initial pair of eyeglasses or contact lenses following cataract surgery, aphakia, pseudophakia, or Medically Necessary procedures associated with severe anisometropia.
 - To an Insured Person under age 12 for the subsequent eyeglasses or contact lenses following cataract surgery when there is a diopter change of .25 diopter.
 - To benefits specifically provided in the Policy.
20. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
21. 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.
22. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. 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.
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
24. 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).
25. 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.

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 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.

This Summary Brochure is based on Policy #2020-200118-1.

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>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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 amtare ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic

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Arabic

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

Armenian

Ձեզ մատչելի են անվճար լեզվական օգնություն ծառայություններ: Խնդրում ենք զանգահարել 1-866-260-2723 համարով:

Bantu- Kirundi

Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

Bengali- Bangala

ঘোষণা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্যে পেতে পারেন। দয়া করে 1-866-260-2723-তে কল করুন।

Burmese

ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ သင့် အတွက် အခမဲ့ရရှိနိုင်သည်။ ကျေးဇူးပြု၍ ဖုန်း 1-866-260-2723 ကိုခေါ်ပါ။

Cambodian- Mon-Khmer

សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅលេខ 1-866-260-2723។

Cherokee

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Chinese

您可以免費獲得語言援助服務。請致電 1-866-260-2723。

Choctaw

Chahta anumpa ish anumpuli hokmvt tohsholi yvt peh pilla ho chi apela hinla. I paya 1-866-260-2723.

Cushite- Oromo

Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

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

Gen sèvis ed pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

Greek

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

Gujarati

ભાષા સહાય સેવાઓ તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર કોલ કરો.

Hawaiian

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

Hindi

आप के लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong

Muaj cov kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Enyemaka na-ahazi asusu, bu n'efu, diri gi. Kpoo 1-866-260-2723.

Ilocano

Adda awan bayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

Indonesian

Layanan bantuan bahasa bebas biaya tersedia untuk Anda. Harap hubungi 1-866-260-2723.

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

ကျိတ်တၢ်စၢၤအကူအညီနီၤသ့ၤလၢတၢ်လိၤဟ့ၣ်အပူၤဘၣ်(ခိၣ်)နီၣ်လီၤ. ဝံသးစူးဆဲးကျိတ်ဘၣ်1-866-260-2723တၢ်ကၢၢ်.

Korean

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

Kru- Bassa

Bot ba hola ni kobol mahop ngui nsaa wogui wo ba yé ha i nyuu yonj. Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani

خزمەتگەلی یارمەتی زمانی بەخۆڕایێ بۆ تۆ دابین دەکړین. تکایه تەلەفۆن بکه بۆ ژماره 1-866-260-2723.

Laotian

ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ກະລຸນາໂທຫາເບີ 1-866-260-2723.

