Who is eligible to enroll?

All full-time students are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. All part-time students taking fewer than 6 hours and all dissertation students are eligible to enroll in this insurance plan. Students on an official Medical Leave of Absence may enroll in this insurance plan for up to one year from the start of their medical leave.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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 enrollment in exclusively 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 or a Domestic Partner who meets the specific requirements set forth in the Definitions section of the Certificate.
   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 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/tufts. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-202764-1. 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 1-888-224-4752 or customerservice@uhcsr.com.
Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$3,755.00</td>
<td>$2,376.00</td>
<td>$998.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$3,695.00</td>
<td>$2,338.00</td>
<td>$982.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$3,695.00</td>
<td>$2,338.00</td>
<td>$982.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$7,390.00</td>
<td>$4,676.00</td>
<td>$1,964.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$11,085.00</td>
<td>$7,014.00</td>
<td>$2,946.00</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.

Important dates or deadlines

Online waivers must be submitted by July 31, 2021 for Fall to Summer enrollment, December 31, 2021 for Spring to Summer enrollment; and May 9, 2022 for Summer enrollment.

Highlights of the Student Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 86.570%

Preferred Providers: The Preferred Provider Network for this plan is HPHC Insurance Company Network. Preferred Providers can be found using the following link: UHC Options PPO - Harvard Pilgrim Joint Venture

Student Health Center Benefits: Deductible will be waived and benefits will be paid at 100% of Preferred Allowance when treatment is referred by the Student Health Center for the following services: 1) Routine Preventive Care Labs sent to Quest by the Student Health Center. Policy Exclusions do not apply. 2) All other labs sent to Quest by the Student Health Center for Covered Medical Expenses.

Student Health Center Referral Required: This plan includes a University Health Service Referral Requirement. No benefits will be paid without a referral from the University Health Services for outpatient treatment received from a provider other than the University Health Services. 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>$100 Per Insured Person, per Policy Year</td>
<td>$250 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.

<table>
<thead>
<tr>
<th>Coinsurance</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Customary Charges for Covered Medical Expenses</td>
<td></td>
</tr>
</tbody>
</table>

Prescription Drugs

<table>
<thead>
<tr>
<th>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90-day supply.</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25 Copay for Tier 1 $50 Copay for Tier 2 $75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible</td>
<td>$20 Copay for generic drugs $45 Copay for brand name drugs 80% of Usual and Customary Charges Up to a 31-day supply per prescription not subject to Deductible</td>
<td></td>
</tr>
</tbody>
</table>
### Preventive Care Services
Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.

<table>
<thead>
<tr>
<th>Description</th>
<th>100% of Preferred Allowance</th>
<th>80% of Usual and Customary Charges after Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following services have per service Copays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits: $10 Copay per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% of Preferred Allowance after Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Outpatient Services: 80% of Preferred Allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>after Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Dental and Vision Benefits</td>
<td>Refer to the plan certificate for details (age limits apply).</td>
<td></td>
</tr>
</tbody>
</table>

### Exclusions and Limitations
No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Cosmetic procedures, except reconstructive procedures to:
   - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
   - Improve or give back bodily function or to correct a functional impairment caused by a birth defect or a prior surgical procedure.

   This exclusion does not apply to Benefits for HIV-Associated Lipodystrophy Syndrome Treatment.

2. 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.

3. Dental treatment, except:
   - As described under Dental Treatment in the Policy.

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

4. Elective Surgery or Elective Treatment.

5. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.

6. 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 systemic circulatory diseases such as diabetes.
   - Benefits specifically provided in Podiatry Care.
   - Medically Necessary treatment of a covered Injury or Sickness, as determined by the treating Physician.

7. Health spa or similar facilities. Strengthening programs.

8. 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.
   - Benefits specifically provided in Benefits for Treatment of Speech, Hearing and Language Disorders.
10. 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.
11. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
12. 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 in excess of $1,000.
13. 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.
15. Learning disabilities.
16. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
17. Prescription Drugs, services or supplies as follows:
   • Therapeutic devices or appliances, including: 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.
   • Drugs used for the treatment of erectile dysfunction or sexual dysfunction.
   • 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 Benefits for Infertility:
   • Reversal of sterilization procedures.
19. 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.
20. 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 contact lenses to treat keratoconus.
21. Preventive care services which are not specifically provided in the Preventive Care Services benefits or except as 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. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
23. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.
24. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
25. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
26. 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).
27. 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 Weight Loss Programs or as 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, Domestic Partner 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, Domestic Partner and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.
Domestic Students, insured spouse, Domestic Partner 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](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 $55 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 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.* Psychologists, 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 #2021-202764-1.

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.
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**
ወንዝ ከሳሽ እንጋገር እንጋገር በማስገኘት እና ከሳሽ እንጋገር 1-866-260-2723 ያስቅጫ

**Arabic**
توفر لك خدمات المساعدة اللغوية مجانيةً، حاول على الرقم 1-866-260-2723.

**Armenian**
2երկրի շրջանից հեռախոսային համար ու սեփական համար 1-866-260-2723 համագործ

**Bantu- Kirundi**
Uronswa ku bantu servisi zafitije ku zurimi zo kugufasha. Utegereza guharagara 1-866-260-2723.

**Bisayan- Visayan (Cebuano)**

**Bengali- Bangla**
ঘোষণা: ভাষা সহায়তা পরিষেবা আপনি বিমানায় পেশ পাওয়া।

**Burnese**

**Cambodian- Mon-Khmer**

**Chinese**
您可以免費獲得語言援助服務。請致電 1-866-260-2723 *。

**Cherokee**
1-866-260-2723

**Cheyenne**

**Chin**

**Chocotaw**
Chahta anumpu ih anumpul hokmyt toshkoli ytv peh pilla hq chipa ahina hila. I paya 1-866-260-2723.

**Cushite- Oromo**

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

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

**French Creole- Haitian Creole**

**German**

**Greek**
Ός οποιοδήποτε γλώσσα του ήπια περιλαμβάνεται διαθέσιμη. Κάλεστε το 1-866-260-2723.

**Gujarati**
સાંસ્થાન સહાય સેવાઓ તમારા માટે લિખિત ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર ક્રમ કરો.

**Hawaiian**
Kūkia manuahi ma ka ‘ōlelo i loa’a ‘ia. E keleponia i ka helu 1-866-260-2723.

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

**Hmong**

**Ibo**

**Ilocano**
Adda awan banyada a serbisio para iti language assistance. Pangungusim ta tawngam 1-866-260-2723.

**Indonesian**

**Italian**
Sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-260-2723.

**Japanese**
無料の言語支援サービスをご利用いただけます。1-866-260-2723 までお電話ください。

**Karen**
1-866-260-2723

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

**Kru- Bassa**
Bot ba hola ni kobol mahop ngai waa wogwai bo wa yé ha i nyuu yoñ. Sebel i nisinga mi 1-866-260-2723.

**Kurdish Sorani**
خزماکمی آبزیانی زمانی به خورای بی تو داگین. تاکه‌های تاماهون بیه بو زم‌یارس-2021-1-866-260-2723.

**Laotian**
帏围ющ้วัณิสตั่งจำกสวัสดีต่างอย่างณ ระเบียบในประเทศ 1-866-260-2723.
Marathi
भाषाची मदतीस दस्तावेज उपलब्ध आहे. 
Tel: 1-866-260-2723 या क्रमांकाने संपर्क करा.

Marshallese
Kwomaro' bôk jerbal in jipa' in kajin ilo ejelok wôniin. Jouj 
im kalok 1-866-260-2723.

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

Nawajo
Saaw bee áka'eyeed bee áka'ína'wo'igi t'áa jik'leh bee nich'i 
bee ná'ahoot'. T'áa shóogo kohii 1-866-260-2723 hodíílnih.

Nepali
भाषा सहायता सेवाहरु निम्नलिखित उपलब्ध हुन। कृपया 
1-866-260-2723 भएका सहायता प्राप्त करें।

Nilotic-Dinka
Kàk è kùny àjùn è ðëhëk: àtë òti'ë èn ìba tè ñìin ñàu yëkë 
ñëëhëë. Yën ñal 1-866-260-2723.

Norwegian

Pennsylvania Dutch
Schprooch inweesetze Hilf kiinnusk ñut frii hawwe. Rutf 
1-866-260-2723.

Persian-Farsi
خدمات امداد زبانی به مورث رایگان در اختیار شما می باشد. لطفاً با شماره 
1-866-260-2723 تماس بگیرید.

Polish
Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoni 
pod numer 1-866-260-2723.

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

Punjabi
ਪੰਜਾਬੀ ਸਿਰਫ ਸਫਿਰਦ ਮੇਲੇ ਇੱਕ ਕਿਵਾਨ ਬਹੁਤ ਵਧਾਈ ਦਾਸਤ ਵਿਲਾਨ ਵਜੋਂ 
1-866-260-2723 'ਤੇ ਕਢ ਕਰਨ ਦੇਤੇ।

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

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

Samoan- Fa'asamoan
O loo maau fesasoani mo gagaano mo oe ma e le totogia. 
Fa'amalelefono telefoni le 1-866-260-2723.

Serbo- Croatian
Možete besplatno koristiti usluge prevodioce. Molimo nazovite 
1-866-260-2723.

Somali
Adeegyada taageerada luqadda oo bilash ah ayaa la heli karaa. 
Fadlan waci 1-866-260-2723.

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

Sudanese- Fulfulde
E wooldi wailand dow wolde caahu ngam maada. Noodu 
1-866-260-2723.

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

Syriac- Assyrian
كرسلا كرا، شعر، مساج، مهد، حلي، مازك، مات، 
1-866-260-2723 حي ديمارا نور، مهان.

Tagalog
Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng 

Telugu
విభాగాల విశేషాల ప్రతి తెలుగు పదవి సాధనాలను 
సహకరం చేసేందుకు మనది. 
సేవల సంఖ్య 1-866-260-2723 కు అడుగు చేసింది.

Thai
มีบริการความช่วยเหลือภาษาในเครื่องที่เป็นไปได้สำหรับเลือก 
ต่อไปนี้อย่างไม่จำกัด โปรดโทรที่หมายเลข 
1-866-260-2723.

Tongan- Fakatonga
'Oka 'i ai pe 'a e sevesi ki he lea' ke tokoni kiate koe pea 'oku 'atì 
ia ma'au 'o 'iikai ha totongi. Kūtaki 'o tā ki he 
1-866-260-2723.

Trukese (Chuukese)
En mei tongenag anin nisem emon chon chiakku, ese kamo. Kose mochen kopwe tollkiri 1-866-260-2723.

Turkish
Dil yardımı hizmetleri size ücretsiz olmak sunulmaktadır. Lütfen 
1-866-260-2723 numarayi arayınız.

Ukrainian
Послуги перекладу надається вам безкоштовно. Дзвоніть 
за номером 1-866-260-2723.

Urdu
زبان کی حوالی سی معاوني خدمات آپ کی لئی معاونت، سمت پرداز 
بہار میں 2723-666-260-1 پر کال کریں.

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

Yiddish
טְרַטְפּאַ אַהַָלָּך קײַ נאַמרײַנײַן אַנער אַנערלעטבלי משא אַך דריי פּייַן אַלטפאַּרְט. 
1-866-260-2723.

Yoruba
POLICY NUMBER: 2021-202764-1

NOTICE:
The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC1 - 06/30/2021
NOC1 6/30/21

Bid Policy: N/A
Certificate: N/A

Summary Brochure: Updated HealthiestYou service fee from $40 to $55.