



# 2022–2023 Student Health Insurance Plan for Southwest Minnesota State University

# Who is eligible to enroll?

All international students, international scholars, international faculty, and international visitors engaged in educational activities (or on medical leave approved by the Dept. of Homeland Security) are required to enroll in this insurance plan except for those whose sponsoring government or agency certifies in writing that coverage is in effect under a plan provided by the sponsoring government or agency. F and J visa International students and scholars on Optional Practical Training (OPT) and Academic Training are eligible to enroll in this insurance plan on a voluntary basis.

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 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 2022-1757-4. 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 1-888-251-6243 or <u>customerservice@uhcsr.com</u>.

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# Highlights of Coverage offered by UnitedHealthcare StudentResources

# **Coverage Dates and Plan Cost**

Rates	Annual 8-10-22 to 8-09-23	Spring/Summer 01-01-23 to 8-09-23	Summer 5-15-23 to 8-09-23
Student	\$2,119.00	\$1,283.00	\$505.00
Spouse	\$2,119.00	\$1,283.00	\$505.00
One Child	\$2,119.00	\$1,283.00	\$505.00
Two or More Children	\$4,238.00	\$2,566.00	\$1,010.00
Spouse and 2 More Children	\$6,357.00	\$3,849.00	\$1,515.00

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 31 days after the coverage expiration date. It is the Insured Person's responsibility to make timely premium payments to avoid a lapse in coverage.

# Highlights of the Student Health Insurance Plan Benefits METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 89.410%

**Preferred Providers**: The Preferred Provider Network for this plan is UnitedHealthcare Options PPO and Boynton Health Services. Preferred Providers can be found using the following link: <u>UHC Options PPO</u>

**Student Health Service 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 Service. The Deductible will be reduced to \$25 if the student is referred by the Student Health Service for outside treatment.

**Student Health Center Pharmacy Benefits**: Winona Clinic Pharmacy and Parkview Pharmacy utilize the UnitedHealthcare Pharmacy card. Contraceptives and other prescriptions are covered at 100% for Tier 1 drugs and at 100% after a \$15 Copay for Tier 2 or 3 drugs. At all other SHC pharmacies, generic prescription drugs (including contraceptives) are covered at 100%; and brand-name prescription drugs (including contraceptives) are covered at 100%; and brand-name prescription drugs (including contraceptives) are covered at 100% after a \$15 Copay. Dependents are not eligible to use the Student Health Services and therefore would be subject to the benefits and limitations described in the Schedule of Benefits. Boynton Health Services, located on the University of Minnesota Twin Cities Campus, can be utilized as a medical provider under this Policy. (MnSCU students CANNOT utilize the mental health clinic at Boynton Health Services.) Benefits for Covered Medical Expenses are covered at 100% after a \$10 Copayment per visit, including Prescription Drugs. Benefits for Preventive Care Services as required by law are covered at 100% at Boynton Health Services, with no Copay.

	Preferred Providers	<b>Out-of-Network Providers</b>
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$50 For each Injury or Sickness	
<b>Out-of-Pocket Maximum</b> 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.	\$6,350 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy Year	
<b>Coinsurance</b> All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.	80% of Allowed Amount to \$2,500 then 100% thereafter for Covered Medical Expenses	80% of Allowed Amount to \$2,500 then 100% thereafter for Covered Medical Expenses
<b>Prescription Drugs</b> Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or Preferred 90 Day	\$15 Copay for Tier 1 \$30 Copay for Tier 2 \$40 Copay for Tier 3 Up to a 31-day supply per prescription filled at a	No Benefits
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Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.	UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy 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.	100% of Allowed Amount	No Benefits
Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs	Office Visits: Allowed Amount after Deductible Other Outpatient Services: Allowed Amount after Deductible	Office Visits: Allowed Amount after Deductible Other Outpatient Services: Allowed Amount 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. Addiction, such as:
  - Caffeine addiction.
  - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
  - Codependency.
- 3. Learning disabilities. This exclusion does not apply to benefits specifically provided for the treatment of a Mental Illness or Substance Use Disorder as defined in the Policy in the Definitions section.
- 4. Circumcision.
- 5. Cosmetic procedures, except reconstructive procedures to:
  - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
  - Remove port wine stains.
  - As described under Benefits for Reconstructive Surgery in the Policy Mandated Benefits section.

This exclusion does not apply to Medical Emergency complications from cosmetic surgery.

- 6. Dental treatment, except:
  - For accidental Injury to Sound, Natural Teeth.
  - As specifically provided in the Schedule of Benefits under Dental Treatment.
  - As described under Dental Treatment in the Policy in the Medical Expense Benefits section.
  - This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
- 7. Elective Surgery or Elective Treatment as defined in the Policy in the Definitions section. This exclusion does not apply to:
  - Benefits for Reconstructive Surgery in the Policy Mandated Benefits section.
  - Cosmetic procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy where the primary result of the procedure is not a changed or improved physical appearance.
  - Removal of port wine stains.
- 8. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline, or chartered aircraft only while participating in a school sponsored activity.
- 9. Foot care for the following:
  - 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.

10. Genetic testing, except as specifically provided in the Policy in the Medical Expense Benefits section under the Genetic Testing benefit.

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NOTE: UnitedHealthcare reserves the right to adjust the terms of the policy (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable state regulatory authority; and (iii) as otherwise permitted in the policy.

- 11. 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.
  - External hearing aids or bone anchored hearing aids once every 3 years for an Insured Person with a hearing loss that is not correctable by other services provided in the Policy.
- 12. Hirsutism.
- 13. Immunizations, that are not specifically covered by the Policy under Preventive Care Services in the Medical Expense Benefits section and under Benefits for Child Health Supervision Services and Prenatal Care Services in the Mandated Benefits section. Medicines or vaccines that are not required for the treatment of a covered Injury or are not specifically covered by the Policy under Preventive Care Services in the Medical Expense Benefits section and under Benefits for Child Health Supervision Services and Prenatal Care Services in the Medical Expense Benefits section and under Benefits for Child Health Supervision Services and Prenatal Care Services in the Mandated Benefits section.
- 14. Injury sustained from playing, practicing, traveling to or from, or participating in, or conditioning for any intercollegiate sport for which benefits are paid under a sports accident policy issued to the Policyholder, or for which coverage is provided by the National Collegiate Athletic Association (NCAA), National Association of Intercollegiate Athletics (NAIA) or any other sports association.
- 15. Commission of or attempt to commit a felony.
- 16. Prescription Drugs, services or supplies as follows:
  - Prescription drug related therapeutic devices or appliances, including: hypodermic needles and syringes, this exclusion does not apply to the treatment of diabetes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy in the Medical Expense Benefits section and Mandated Benefits section.
  - Immunization agents, except as specifically provided in the Policy under Preventive Care Services in the Medical Expense Benefits section and Benefits for Child Health Supervision Services and Prenatal Care Services in the Mandated Benefits section.
  - Drugs labeled, "Caution limited by federal law to investigational use" or experimental drugs, except as specifically provided in Benefits for Cancer Drug Coverage.
  - 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.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
- 17. Reproductive services for the following:
  - Procreative counseling.
  - Genetic counseling and genetic testing, except as specifically provided in the Policy in the Medical Expense Benefits section under the Genetic Testing benefit.
  - Cryopreservation of reproductive materials. Storage of reproductive materials.
  - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except to diagnose the underlying cause of the infertility.
  - Premarital examinations.
  - Impotence, organic or otherwise.
  - Female sterilization procedures, except as specifically provided in the Policy under Preventive Care Services in the Medical Expense Benefits section.
  - Vasectomy.
  - Reversal of sterilization procedures.

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 the initial evaluation, fitting, and initial pair of eyeglasses or contact lenses for: a) the post-operative treatment of cataracts; and b) the treatment of aphakia or keratoconous.
- To benefits specifically provided in the Policy in the Schedule of Benefits.
- 19. Preventive care services including routine physical exam, preventive testing or treatment, screening exams or testing in the absence of Injury or Sickness which are not specifically provided under Preventive Care Services in the Medical Expense Benefits section or in the Mandated Benefits section.
- 20. Services provided without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.

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UnitedHealthcare **Student**Resources

NOTE: UnitedHealthcare reserves the right to adjust the terms of the policy (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable state regulatory authority; and (iii) as otherwise permitted in the policy.

- 21. Nasal and sinus surgery, except for treatment of a covered Injury.
- 22. Supplies, except as covered in the Hospital Miscellaneous Expenses, Day Surgery Miscellaneous, Medical Emergency Expenses, and Diabetes Services sections of the Policy.
- 23. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as provided in the Reconstructive Breast Surgery Following Mastectomy, Benefits for Reconstructive Surgery, and Benefits for Conditions Caused by Breast Implants provisions in the Policy.
- 24. Treatment where there is no legal obligation for the Insured Person to pay for such treatment.
- 25. Active participation in any war or any act of war, declared or undeclared, while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered). This exclusion does not apply to an Insured civilian who is injured or otherwise affected by war, any act of war, or an act of terrorism in non-war zones.
- 26. Weight management. Weight reduction. Nutrition programs, except Medically Necessary programs provided to an Insured Person with a medical condition such as diabetes, phenylketonuria or a Mental Illness eating disorder. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in Preventive Care Services.

# 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.

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. <u>All services must be arranged</u> 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 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. <u>Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted.</u> A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

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# Highlights of Services offered by UnitedHealthcare StudentResources

# HealthiestYou: 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 visiting <u>www.telehealth4students.com</u>, 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 **Student**Resources, there is no consultation fee for this service.\* Every call with a HealthiestYou doctor is covered 100% during your policy period. You can learn more about this benefit and how to use it in My Account.

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; age restrictions may apply. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a service fee before being connected to a board-certified physician.

# 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 **Student**Resources, 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.

# 24/7 StudentAssist

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

- 24/7 Crisis Support access to trained master's level specialists, 24/7/365, who provide in-the-moment support and consultation.
- Financial and Legal Advice financial services are provided by licensed CPA's and Certified Financial Planners who 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 available to help resolve family-related disputes, including but not limited to separation, child custody, child support, divorce property and debt division, etc.
- Living Well Portal access to liveanworkwell.com where insureds can participate in personalized self-help programs and find information on many helpful resources.
- CollegeLife direct access to experts on the Optum team and through referrals to a broad spectrum of prescreened and qualified convenience resources.

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• Sanvello – access to an evidence-based mobile care solution created by clinical experts that allows insureds to access on-demand help for stress, anxiety, and depression.

Translation services are available in over 170 languages for most services. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount under Additional Benefits.

This Summary Brochure is based on Policy #2022-1757-4

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:

Thomas J. Wilder 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.

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# 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 مجانًا. اتصل على الرقم 2723-260-1.

# Armenian

Ձեզ մատչելի են անվձար լեզվական օգնության 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.

SR LAP 64 (6-18)

#### French

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

# French Creole- Haitian Creole

Gen sèvis èd 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 સહ્યય સેવાઓ તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. કૃપા કરીને

1-866-260-2723 પર કૉલ 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 निःशल्क 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

ကျိာ်တမ်းစားအက်ိနမာနှာ်ဆီးသွာဝဲလ၊တလိဉ်ဟှဉ်အပူးဘဉ်(စီလီ)နှဉ်လီး. ဝံသးစူးဆုံးကျိုးဘဉ်1-866-260-2723တက်.

#### 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 yoŋ. Sebel i nsinga ini 1-866-260-2723.

#### Kurdish Sorani

خزمەتەكلى يارمەتيى زمانى بەخۆر ايى بۆ تۆ دابين دەكريّن. تكايە تەلەڧۆن بكە بۆ ژمار «ى 2723-266-1.

# Laotian

ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່ຳໃຫ້ແກ່່ທ່ຳນ. ກະລຸນາໂທຫາເບີ 1-866-260-2723.

### Marathi

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे.

त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

#### Marshallese

Kwomaroñ bōk jerbal in jipañ in kajin ilo ejjelok wōnāān. Jouj im kallok 1-866-260-2723.

#### Micronesian- Pohnpeian

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

#### Navajo

Saad bee áka'e'eyeed bee áka'nída'wo'ígíí t'áá jíík'eh bee nich'į' bee ná'ahoot'i'. T'áá shqqdí kohjį' 1-866-260-2723 hodíilnih.

# Nepali

भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया

1-866-260-2723 मा कल गर्नुहोस्।

#### Nilotic-Dinka

Käk ë kuny ajuser ë thok atö tïnë yïn abac të cïn wëu yeke thiëëc. Yïn col 1-866-260-2723.

#### Norwegian

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

#### **Pennsylvania Dutch**

Schprooch iwwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723.

#### Persian-Farsi

خدمات امداد زباني به طور رايگان در اختيار شما مي باشد. لطفاً با شماره 2723-266-866-1 تماس بگيريد.

# Polish

Możesz skorzystać z bezplatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

#### Portuguese

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

# Punjabi

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ

### 1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

#### 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'asamoa

O loo maua fesoasoani mo gagana mo oe ma e lē totogia. Faamolemole telefoni le 1-866-260-2723.

#### Serbo- Croatian

Možete besplatno koristiti usluge prevodioca. Molimo nazovite 1-866-260-2723.

#### 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.

SR LAP 64 (6-18)

### Sudanic- Fulfulde

E woodi walliinde dow wolde caahu ngam maaɗa. Noodu 1-866-260-2723.

# Swahili

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

#### Syriac- Assyrian

چەھەتىلى تەتباتە ھەتلىتىمە ئەپىرىيە يەنبەت مەنبە يەنبە يەنبە يەت بەنبەت بەرمەت بەرمەت بەرمەت بەرمەت بەرمەت بەر مەنەب خەر چىنىمە 1-866-2602-2723

#### Tagalog

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

### Telugu

లాంగ్వేజ్ అసిస్టెంట్ సర్వీసెస్ మీకు ఉచితంగా అందుబాటులో ఉన్నాయి.

దయ చేసి 1-866-260-2723 కి కాల్ చేయండి.

### Thai

มีบริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่า ยแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลข 1-866-260-2733

#### Tongan- Fakatonga

'Oku 'i ai pē 'a e sēvesi ki he lea' ke tokoni kiate koe pea 'oku 'atā ia ma'au 'o 'ikai ha totongi. Kātaki 'o tā ki he 1-866-260-2723.

#### **Trukese** (Chuukese)

En mei tongeni angei aninisin emon 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 numarayı arayınız.

#### Ukrainian

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

#### Urdu

زبان کے حوالے سے معاونتی خدمات آپ کے لیے بلامعاوضہ دستیاب ہیں۔ براہ مہربانی 2723-266-16 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

שפראך הילף סערוויסעס זענען אוועילעבל פאר אייך פריי פון אפצאל. ביטע רופט 1-866-260-2723

### Yoruba

Isé ìrànlówó èdè tí ó jé òfé, wà fún ó. Pe 1-866-260-2723.