Who is eligible to enroll?

- All Domestic Undergraduate students taking 5 or more credit hours and all Domestic Graduate students taking 3 or more credit hours are eligible to enroll in this insurance plan on a voluntary basis.
- All approved Domestic Graduate Assistants, Domestic Graduate research assistants, Domestic Graduate teaching assistants and Domestic Graduate fellowship students taking at least 3 credit hours per semester and all international visiting scholars under UA J-1 Visa Sponsorship are eligible to enroll in this insurance plan on a voluntary basis. Students taking internet classes in addition to taking the required number of credit hours in an on-campus classroom are eligible to enroll on a voluntary basis. Students classified as Distance Learning primarily enrolled in internet classes are not eligible to enroll in this plan. Main Campus students in courses designated as On-line Main (OLM) will remain eligible.
- All International and English Language Institute students are required to purchase this insurance plan on a mandatory basis, including all approved International Graduate assistants, International Graduate research assistants, International Graduate teaching assistants and International Graduate fellowship students taking at least 3 credit hours per semester. Waiver only permitted if student is covered under a government sponsored plan (i.e. Saudi Arabian Cultural Mission, Kuwait government sponsored students, Oman government sponsored students, etc.) or the student is covered under an employer sponsored plain (either as an insured or dependent).

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. 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 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/ua. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-328-1. 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 1-866-908-6342 or customerservice@uhcsr.com and/or UA Student Health Insurance Office, 1-205-348-4086 or https://shc.sa.ua.edu/university-sponsored-health-insurance/

### Highlights of Coverage offered by UnitedHealthcare StudentResources

#### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 08/01/22 to 07/31/23</th>
<th>Fall 08/01/22 to 12/31/22</th>
<th>Spring 01/01/23 to 05/31/23</th>
<th>Spring/Summer 01/01/23 to 07/31/23</th>
<th>Summer 05/01/23 to 07/31/23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,232.00</td>
<td>$936.00</td>
<td>$923.00</td>
<td>$1,296.00</td>
<td>$563.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,232.00</td>
<td>$936.00</td>
<td>$923.00</td>
<td>$1,296.00</td>
<td>$563.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,232.00</td>
<td>$936.00</td>
<td>$923.00</td>
<td>$1,296.00</td>
<td>$563.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$4,464.00</td>
<td>$1,872.00</td>
<td>$1,846.00</td>
<td>$2,592.00</td>
<td>$1,126.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$6,696.00</td>
<td>$2,808.00</td>
<td>$2,769.00</td>
<td>$3,888.00</td>
<td>$1,689.00</td>
</tr>
</tbody>
</table>

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

### Important deadlines

**Open enrollment periods are:**
- Annual and Fall: July 30, 2022 thru September 14, 2022;
- Spring and Spring/Summer: December 19, 2022 thru January 31, 2023;
- Summer: May 3, 2023 thru June 9, 2023

**Online waivers must be submitted by:**
- Annual and Fall: September 14, 2022;
- Spring and Spring/Summer: January 31, 2023;
- Summer: June 9, 2023

### Student Health Center Message

**SHC and UMC 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 (students only) or University Medical Center (students or insured dependents). Services provided by a Certified Registered Nurse Practitioner (CRNP) and University of Alabama's licensed medical residents are paid as any other Physician’s Visit. There is a $20 Copay per visit for office visits for non-preventative care physician visits.

The $20 Copay applies to all services rendered at the SHC & UMC, except physician visits for preventative care where the copay will be waived. There will be (1) copay taken for all services rendered per date of service.

TB testing is covered at the SHC and UMC at 100% after a $20 Copay per visit (for students only).

Preventive care office visits (includes immunizations) are provided at the SHC with no Copays.

If a student is seen by any provider other than at SHC or UMC without a referral from the SHC or UMC, then benefits will be paid at the Out-of-Network level of benefits.
Prescriptions dispensed at the Student Health Center - $10 Copay per prescription for Tier 1 / $40 Copay per prescription for Tier 2 / $50 Copay per prescription for Tier 3.

Covered Medical Expenses rendered outside the United States will be paid at the Out-of-Network level of benefits and subject to all policy provisions as specified in the Schedule of Benefits. The Insured must pay for those services first and then file a claim to UnitedHealthcare Student Resources for reimbursement.

### Highlights of the Student Health Insurance Plan Benefits

**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 Referral Required**: This plan includes a Student Health Center Referral Requirement. Benefits will be reduced without a referral from the Student Health Center for treatment received from a provider other than the Student Health Center. 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><strong>Plan Deductible</strong></td>
<td>$500 Per Insured Person, per Policy Year / $1,500 For all Insureds in a Family, Per Policy Year</td>
<td>$1,000 Per Insured Person, per Policy Year / $3,000 For all Insureds in a Family, Per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$8,700 Per Insured Person, Per Policy Year / $17,400 For all Insureds in a Family, Per Policy Year</td>
<td>There is no Out-of-Pocket Maximum for Out-of-Network benefits.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Prescription Drugs</strong></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions must be filled at a UHCP network pharmacy. 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. Prescriptions dispensed at the Student Health Center - $10 Copay per prescription for Tier 1 / $40 Copay per prescription for Tier 2 / $50 Copay per prescription for Tier 3.</td>
<td>$25 Copay for Tier 1 / $50 Copay for Tier 2 / $60 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>No Benefits</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/](http://www.healthcare.gov/preventive-care-benefits/) for a complete list of the services provided for specific age and risk groups.

<table>
<thead>
<tr>
<th><strong>The following services have per service Copays</strong></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</td>
<td>Physician’s Visits: $30 not subject to Deductible / Lab: $30 not subject to Deductible / Medical Emergency: $200</td>
<td>Medical Emergency: $200 not subject to Deductible The Copay will be waived if admitted to the Hospital.</td>
</tr>
<tr>
<td>Exclusions and Limitations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No benefits will be paid for:

1. Acupuncture.
2. Biofeedback.
3. Circumcision.
4. Cosmetic procedures, except reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
5. Custodial Care.
   - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, 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 specifically provided in the Schedule of Benefits.
   - This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
8. Elective abortion.
9. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
10. Health spa or similar facilities. Strengthening programs.
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.
13. Hypnosis.
14. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
15. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.
16. 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.
17. Investigational services.
18. Lipectomy.
19. Outpatient Physiotherapy; except when referred by the Student Health Center.
20. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
21. 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.
   - Products used for cosmetic purposes.
   - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
• Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
• Growth hormones.
• Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

22. Reproductive services for the following:
• Procreative counseling.
• Genetic counseling and genetic testing.
• Cryopreservation of reproductive materials. Storage of reproductive materials.
• Fertility tests.
• Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except to diagnose or treat the underlying cause of the infertility.
• Premarital examinations.
• Impotence, organic or otherwise.
• Female sterilization procedures, except as specifically provided in the Policy.
• Vasectomy.
• Reversal of sterilization procedures.

23. Research or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the Policy.


This exclusion does not apply as follows:
• When due to a covered Injury or disease process.
• To benefits specifically provided in Pediatric Vision Services.
• To one pair of eyeglasses or contact lenses to replace the human lens function as a result of eye surgery or eye injury or defect.

25. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.

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

27. 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.


29. Naturopathic services.

30. 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.

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

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

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

34. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).

UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

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

Domestic Students, insured spouse, and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address or 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment. If the condition is an emergency, you should go immediately to the nearest physician or hospital.
without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Assistance Benefits include:
- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

To access services please refer to the phone number on 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.

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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 [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. 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 **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.

**24/7 Student Assist**

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 pre-screened and qualified convenience resources.
- **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 #2022-328-1.

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
ንግልን እድልንን ከማስቀመጡ ያህል። ለማሳቅ መተ.respond 1-866-260-2723 ከሚካተሱ ከምልክቱ ከ24 እንወን ያቀርበ.

Arabic
توفر لك خدمات المساعدة اللغوية مجانًا. تصل إلى الرقم 1-866-260-2723.

Armenian
2որ մարդիկին են նախորդում լուրջաձև օգտագործման նպատակներով: միևնույն կիր գերազանցում 1-866-260-2723 հեռախոս.

Bantu- Kirundi
Uronswa ku bantu servisi zifitije ku furimi zo kugufasha. Utegereza guhagurara 1-866-260-2723.

Bisayan- Bisaya (Cebuano)
Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga wala layway. Palihug tawag sa 1-866-260-2723.

Bengali- Bangla
৭২৮ মাস্টার লিবেল উপ স্বরাষ্ট্র এমন হিসেবের হিসেবে 1-866-260-2723 কর্তৃক করুন।

Burmese
စလ္လးဗေဒ္ဓာတ်ဂျင်းဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာတ်ဗေဒ္ဓာদ

Cambodian- Mon-Khmer
Khmer language assistance is available at 1-866-260-2723.

 Cherokee
SOKOLOO O'ORINSELI ORIPIET i h ILEEGOOGI D4GOT. IGOO DH OIBOS 1-866-260-2723.

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

Chocita

Cushite-Oromo

Dutch
Taalbijstandsdiensten zijn gratis voor u beschikbaar. Geliëve 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

German

Greek
Oi υποψηφίες γλωσσικές βοήθειες σας διατίθενται δωρεάν. Καλείτε στο 1-866-260-2723.

Gujarati
સારું સહાય સેવાઓ તમારા માટે લિસ્ટ ઉપલબ્ધ છે. ક્રમગણન 1-866-260-2723 પર કોલ કરો.

Hawaiian
Kôkua manuahi ma kau 'olelo i kea'a 'ia. E kelepona i ka helu 1-866-260-2723.

Hindi
अप के लिए आप सहायता सेवाएं निष्काशण उपलब्ध हैं. कृपया 1-866-260-2723 पर कॉल करें.

Hmong
Muaaj cew kev pwb tchais lus pub dawb rau koj. Thov hru rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangangasiwa ti tawagam 1 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
ច្បារ​សខ្មៅ​ប្រឹក្សាហេតុ​ស្ថានីយ៍ អាច​បាន​ជួយ​អ្នក​បាន។ 1-866-260-2723 ។

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

Kru- Bassa
Bot ba hola ni kobol mahgap ngu nsaa wogui wo ba ye ha i nyuu yon. Sebel i nsinga imi 1-866-260-2723.

Kurdish Sorani
خزممکیکی یزغمیی زماتی بیغوزی پرو تاو دامن دیمن. تلکی تامیفیک نیکه ی پی زمارس 1-866-260-2723.

Laotian
ние дапраактакъ дапроламан дапраактакъ. дапраактакъ 1-866-260-2723.
Marathi
भारतीय महात्मी शब्दिका आप्लवाला जिओमार्ग अपलवाला आहे.
त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese
Kwamoro' bøk jerald in jipa'i in kajin ilo ejeljok woñiñiñ. Jouj im kaljok 1-866-260-2723.

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

Nabeko
Saad bee áka'ee yeed bee áka'nida'wo'i t'aa jil'k'ee bee ni'chir'ë bee ni'ahooti'. T'aa shooxli kohji' 1-866-260-2723 hodhënih.

Nepali
भाषा सहायता सेवडाः शिष्युक्त सूचनांक उपलब्ध छ। कृपया 1-866-260-2723 भा करेंगे।

Nile-Dinka
Kak è kuny ajusse è thok. a'th tin ëyin abac të ein wëw yeke thëbi. Yën cëll 1-866-260-2723.

Norwegian

Pennsylvania Dutch

Persian-Farsi
خدمات إعداد أذاعي على مطور وإعداد البرامج على مدار الساعة من قبل مكتب اذاعة 1-866-260-2723

Polish
Móżesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

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

Punjabi
ਦਾਨਕ ਮਾਹੀਡਿਸਨ ਮੇਲਿੰਗ ਦਾ ਕਰੋ ਕਾਹ ਮੁਕਾਮ ਦੀਆਂ ਸ਼ੁਧਿ ਦਾ ਵਾਤਾਵਰਣ ਕਰਦੇ 1-866-260-2723 ਦੁ ਨਵਾਂ ਬਣਾਉ।

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

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

Samoan- Fa'aasamoa
O loo maua fesaasoni mo gagana mo oe ma e le tetogia.
Faaamoleole telefon le 1-866-260-2723.

Serbo- Croatian

Somali
Adeegyada taageerada luqadda oo bilan ah ayna la heli karaa.
Fadlan wac 1-866-260-2723.

Spanish
Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

Sudanic- Fulfulde

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

Syriac- Assyrian
 Syndran. Syndran ko stëpp màll latex dëkkëni, dëkkëni rabi yrëylän.
1-866-260-2723

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

Telugu
మొదట సహాయాన్ని సంపూర్ణంగా అందరి అసాధారణంగా కావలి.
మొదట సహాయాన్నే 1-866-260-2723 మీ ప్రతి ప్రతి మంచి.

Thai
มีบริการสามารถแหล่งข้อมูลได้โดยทุกๆไม่ต้องเสียค่าใช้จ่าย
ตลอดเวลา ให้บริการฟรี โปรดติดต่อ 1-866-260-2733

Tongan- Fakatonga
‘Oka’i ai pe’a e sëves ki he lea’ ke tokoni kíate koe pea ‘oku ‘atè i a ma’au’ i ‘oka ha totoni. Këtaki i o tå ki he 1-866-260-2723.

Trukese (Chuukese)

Turkish
Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen 1-866-260-2723 numarınızı anyiniz.

Ukrainian
Посути переводи надаються вам безкоштовно. Дзвоніть за номером 1-866-260-2723.

Urdu
زيادة كم حول سى معاملة خدمات أب كم إلى المعاوضة، سبيل المثال، 1-866-260-2723

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

Yiddish
מ פתח תקוה תועסיוותה תושב ארוכות ימים איר דיסי פון פאף. ברו物体 1-866-260-2723.

Yoruba
Ise iranlowo ede ti o je ofe, wa fun o. Pe 1-866-260-2723.