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 HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care, Inc. and administered by UnitedHealthcare Student Resources and is based on policy number 2023-202764-1. 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>$4,054.00</td>
<td>$2,570.00</td>
<td>$1,075.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$3,994.00</td>
<td>$2,532.00</td>
<td>$1,059.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$3,994.00</td>
<td>$2,532.00</td>
<td>$1,059.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$7,988.00</td>
<td>$5,064.00</td>
<td>$2,118.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$11,982.00</td>
<td>$7,596.00</td>
<td>$3,177.00</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, 2023 for Fall to Summer enrollment, December 31, 2023 for Spring to Summer enrollment; and May 9, 2024 for Summer enrollment.

### Highlights of the Student Health Insurance Plan Benefits

**METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 87.840%**

**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:** The Deductible will be waived and benefits will be paid at 100% of Allowed Amount when treatment is referred by the Student Health Center for the following services: 1) Routine and Preventive Care Labs sent to Quest by the Student Health Center. 2) Including the Copays for Acupuncture and Chiropractic Services. Policy Exclusions do not apply. 3) All other labs sent to Quest by the Student Health Center for Covered Medical Expenses.

<table>
<thead>
<tr>
<th></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
<td>There is no overall maximum dollar limit on the policy</td>
<td></td>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$100 Per Insured Person, per Policy Year</td>
<td>$250 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong> 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.</td>
<td>$4,000 Per Insured Person, Per Policy Year $10,000 For all Insureds in a Family, Per Policy Year</td>
<td>$10,000 Per Insured Person, Per Policy Year $20,000 For all Insureds in a Family, Per Policy Year</td>
</tr>
<tr>
<td><strong>Coinsurance</strong> All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</td>
<td>80% of Allowed Amount for Covered Medical Expenses</td>
<td>60% of Allowed Amount for Covered Medical Expenses</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>$25 Copay for Tier 1</td>
<td>$20 Copay for generic drugs</td>
</tr>
<tr>
<td>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.</td>
<td>$50 Copay for Tier 2</td>
<td>$45 Copay for brand name drugs</td>
</tr>
<tr>
<td></td>
<td>$75 Copay for Tier 3</td>
<td>80% of billed charge</td>
</tr>
<tr>
<td></td>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible</td>
<td>Up to a 31-day supply per prescription not subject to Deductible</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>100% of Allowed Amount</td>
<td>80% of Allowed Amount after Deductible</td>
</tr>
</tbody>
</table>
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>The following services have per service Copays</th>
<th>Physician’s Visits: $20 not subject to Deductible</th>
<th>Physician’s Visits: $40 not subject to Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</td>
<td>Medical Emergency: $100 not subject to Deductible</td>
<td>Medical Emergency: $100 not subject to Deductible</td>
</tr>
<tr>
<td></td>
<td>The Copay will be waived if admitted to the Hospital</td>
<td>The Copay will be waived if admitted to the Hospital</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</th>
<th>Office Visits: $10 Copay per visit 100% of Allowed Amount not subject to Deductible</th>
<th>Office Visits: $15 Copay per visit 80% of Allowed Amount after Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Outpatient Services: 80% of Allowed Amount after Deductible</td>
<td>Other Outpatient Services: 80% of Allowed Amount after Deductible</td>
<td></td>
</tr>
</tbody>
</table>

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. 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.
   - Medically Necessary reconstructive procedures that are for gender reaffirming or gender dysphoria treatment. 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 due to conditions associated with metabolic, neurologic, or peripheral vascular disease.
     - 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.
   - Medically Necessary reconstructive procedures that are for gender affirming or gender dysphoria treatment.
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 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 visiting 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 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 StudentAssist, 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 Counseling** – two 30 minute telephonic consultations with money coaches who offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by licensed state-specific attorneys. One 30 minute telephonic or face-to-face legal consultation per issue per year at no cost.
- **Mediation services** – one 30 minute telephonic or face-to-face consultation per issue per year 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.
- **Self Care** – 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 #2023-202764-1.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by Harvard Pilgrim Health Care. 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 Harvard Pilgrim Health Care 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

Arabic

d骨折 لخدمات المساعدة اللغوية مجانًا. اتصل على الرقم 1-866-260-2723.

Armenian

Bantu- Kirundi

Bisayan- Visayan (Cebuano)

Bengali- Bangla

Burmese

Cambodian- Mon-Khmer

Cherokee

Chinese

Chotaw

Cushite- Oromo

Dutch

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

French Creole- Haitian Creole
Gen sevis te pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

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

Gujarati

Hawaiian
Kākāua manuahi ma ka ʻōlelo i loaʻa ʻia. E kelepona i ka helu 1-866-260-2723.

Hindi
आप के लिए आपकी सहायता सेवाएं निश्चित उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

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

Ibo

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

Indonesian

Italian
Sono disponibili servizi di assistenza linguistica gratuiti. Chiama 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

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

Kru- Bassa
Bot ba hola ni kobol mahop nga ntaa wogoi wo ba yé hu i nyua yon. Sebel i nisingi mi 1-866-260-2723.

Kurdish Sorani
خزماکی ترکمنی زمانی یخبز کستنی می‌توانید در کتابخانه مطالعه نگه دارید.

Laotian

Mổ vọ xịn vọọk jọọb sọọnọọk nẹẹ mọọpẹẹ báyẹ. Ṣẹ àfọ ọpọlọpọ ọdodo 1-866-260-2723.
Marathi
भाषेच्या महत्त्वाची संस्थान आपल्याला विनम्रता उपलब्ध आहे.
त्यासाठी 1-866-260-2723 या क्रमांकास पर्यंत करा.

Marshallese
Kwomaroń bok jeral in ji'pa' in ka'ja' in ilo ejjekol wənlən. Jouj
in kalajol 1-866-260-2723.

Micronesian- Polynesian
Mie sawas en mahsen ong komwi, olo isep. Melau eler
1-866-260-2723.

Navaio
Saad bee akā' eeyeed bee akā' nida'wů'ii'ii t'āa ji'ik'eh bee nich'i'
bee ná'a'hootí'. T'āa shqo'di kohji' 1-866-260-2723 hodilniiłh.

Nepali
भाषा सहयोग सेवाहरू निर्देशक उपलब्ध छ। कृपया
1-866-260-2723 मा कल सुन्दरीतो।

Nilo-Tic-Dinka
Kāk e kuny ajucr e thok. ați tînè yin abac tè cín wèye théeèè. Yèn col 1-866-260-2723.

Norwegian

Pennsylvania Dutch
Schobroch nhwesetse Hilf kannschut dh frei hawwe. Ruaf
1-866-260-2723.

Persian-Farsi
خدمات امداد زاین به طور رایگان بر انتخاب شما می‌باشد. لطفاً با شماره
1-866-260-2723 تماس بگیرید.

Polish
Mozesz 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
ਭਾਸ਼ਾ ਸਹਾਇਕਾਂ ਦੀ ਸੇਵਾ ਸੁਵਿਧਾ ਸਾਬਚੀ ਹੈ। ਬਿਨਾਂ ਬਲਕਵਾ
1-866-260-2723 'ਤੇ ਜਾ ਕੋਡ ਦੋਵੇ।

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

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

Samoaan- Fa'asamoana
O loo maau fesasaomi mo gagana mo oe ma e lē totogia.
Fiamalomole telefonli 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

Sudanese- Fulfulde
E woodi wullande dow wolde caahu ngam maad. 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
languages. Languages are not cropped in Arabic, Syriac, Assyrian
languages.

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

Telugu
కోసం తెలుగు భాష సహాయ సేవలు సాధారణం
ఎక్కడితే 1-866-260-2723 లో ఎస్సీ విడుదల.

Thai
มีบริการคำแปลและบริการคำแปลในพื้นที่ทุกที่ที่มีการใช้
ภาษาไทย โปรดติดต่อ 1-866-260-2723.

Tongan- Fakatonga
‘O Ku’i ai pē ‘a e sēvesi ki he lea’ ke tokoni kiate koe pea ‘oku
‘atī ia ma’a’u ‘ō ‘ikai ha totongi. Kālaki ‘o tā ki he
1-866-260-2723.

Trukese (Chuukese)
En mei tongeni anei anisin emon chon chiaakku, ese kamo. Kose mochen kopwe kolkori 1-866-260-2723.

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

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

Urdu
زبان کی حولی سی معاونی خدمات آپ کی لئی بالعزم، دستیابی پر
برے مہارتی 2723-1-866-260-2723 کی کافی کریں.

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

Yiddish
שפתן ניידע פאַאירעון טעבּך גענישט אַרבאַך צו ארבע טב ོ. צו
1-866-260-2723.

Yoruba