



2025-2026 Student Health Insurance Plan for GTA/GRA/GA's of the Kansas Board of Regents

Student Letter

Dear Student:

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

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

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

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

Who is eligible to enroll?

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

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

Each student who is a graduate teaching assistant, graduate research assistant or graduate assistant holding a 50% appointment is eligible for an employer contribution toward the cost of coverage. The reduced premium rates for the graduate teaching, graduate research assistants and graduate assistants program reflects the cost to the student after the employer contribution has been made. **To enroll go to www.uhcsr.com/kbor, select your university, click on the blue Enrollment Info button, and follow the instructions, as applications are now submitted online. (For WSU students only: Complete the enrollment form and return it to the designated university contact. Your premium will be added to your student fee bill.)** The certificate can be accessed on the Kansas Board of Regents website: http://www.kansasregents.org/students/student_health_insurance. If you do not hold a qualifying 50% GTA, GRA and/or GA appointment, you may be eligible for other student insurance coverage. Information is available at the student health centers or online at www.uhcsr.com/kbor.

Please read the following carefully to understand your opportunities with respect to enrollment.

On or before August 1, certificates will be available online at www.uhcsr.com/kbor, and select your school. Eligibility is verified by the university once the first step of the online application process is completed. **For WSU students only:** Eligibility will be verified prior to applications and premiums being sent to UnitedHealthcare Student Resources.

All applications with correct premium payments received within 31 days of the period effective date will be effective the first day of the period. For example: Applications and premium payments received August 1-August 31, 2025, will receive an effective date of August 1, 2025. For all other applications, coverage will be effective the date the correct premium is received by the Company or representative of the Company or the effective date of the coverage period, whichever is later.

Eligibility to participate as a GTA/GRA/GA is determined by the university. Many unique situations may occur throughout the academic year related to enrollment as well as movement between the GTA/GRA/GA plan and the voluntary student health insurance program. See the designated contact for your university for assistance.

GTA/GRA/GA's with F-1 and J-1 visas are required to participate in this plan unless proof of other insurance is provided. The premium for coverage will be added to the tuition billing of those International Students attending Emporia State, Kansas State University, University of Kansas and Pittsburg State who do not show proof of comparable coverage that is accepted by the university.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age. Dependent Eligibility expires concurrently with that of the Insured student. Dependent coverage must be applied for by completing the online application (and for WSU students, filling out the enrollment form) and by paying the required premium. Dependent coverage will not be effective prior to that of the Insured student or extend beyond that of the Insured student. Dependents that are not in the country at the time the student enrolls will be eligible to be enrolled in coverage within 30 days of entering the country.

The student (Named Insured, as defined in 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 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.

Medicare Eligibility

Any person who has Medicare at the time of enrollment in this student insurance plan is not eligible for coverage under the Master Policy.

If an Insured Person obtains Medicare after the Insured Person is covered under the Master Policy, the Insured Person's coverage will not end due to obtaining Medicare.

As used here, "has Medicare" means that an individual is entitled to benefits under Part A (receiving free Part A) or enrolled in Part B or Premium Part A.

How do I enroll?

All students and all dependents complete enrollment by submitting the enrollment form with the appropriate payment. The enrollment form and description certificate will be available before August 1st at your university or by calling 1-888-344-6104.

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

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.uhcsr.com/kbor. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2025-200118-3. The Policy is a Non-Renewable One-Year Term Policy.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-888-344-6104 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare Student Resources

Notice to Students

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

Coverage Dates and Plan Cost

Rates	Fall 8/1/25 – 12/31/25	Spring 1/1/26 – 5/31/26	Summer 6/1/26 – 7/31/26
Student	\$277.00	\$277.00	\$111.00
Student and Spouse	\$1,385.00	\$1,385.00	\$556.00
Student and One Child	\$1,385.00	\$1,385.00	\$556.00
Student and Two or More Children	\$2,493.00	\$2,493.00	\$1,001.00
Student, Spouse and One Child	\$2,493.00	\$2,493.00	\$1,001.00
Student, Spouse, and Two or more Children	\$3,601.00	\$3,601.00	\$1,446.00

Payment Instructions:

Students must enroll online at www.uhcsr.com/kbor. Select your university, and under the GRA/GTA/GA Enrollment Instructions the request coverage link is the first sentence.

Your cancelled check or credit card billing is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payments whether or not a renewal notice is received.

Listing of University Contacts:

Emporia State University Laura Eddy, Human Resources 1 Kellogg Circle – Campus Box 44 Emporia, KS 66801 Phone: (620) 341-5379 Fax: (620) 341-6014 Email: leddy@emporia.edu	University of Kansas KU Benefits Carruth-O'Leary Hall 1246 W. Campus Rd, Lawrence, KS 66045-7505 Phone: (785) 864-7402 Fax: (785) 864-5200 Email: kugradins-hrm@ku.edu	University of Kansas Medical Center 3901 Rainbow Blvd. Dykes Library G035 Kansas City, KS 66160 Phone: (913) 945-7347 Fax: (913) 588-8841 Email: studenthealthinsurance@kumc.edu
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Pittsburg State University Debbie Amershek Human Resources Dept. 204 Russ Hall, 1701 S. Broadway Pittsburg, KS 66762 Phone: (620) 235-4187 Fax: (620) 235-6002 Email: damershek@pittstate.edu	Kansas State University Benefits/HR Human Capital Services 111 Dykstra Hall Manhattan, KS 66506-4801 Phone: (785) 532-6277 Fax: (785) 532-6095 Email: benefits@ksu.edu	Wichita State University Constance Owens Graduate School 1845 Fairmont Wichita, KS 67260-0004 Phone: (316) 978-6241 Fax: (316) 978-3253
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Student Health Center Information

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

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

Emporia State University	https://www.emporia.edu/student-life/health-wellness/	620-341-5222
Fort Hays State University	https://www.fhsu.edu/health-and-wellness/	785-628-4401
Kansas State University	www.k-state.edu/lafene/	785-532-6544
Pittsburg State University	https://www.pittstate.edu/office/health-services/	620-235-4452
University of Kansas	www.studenthealth.ku.edu/	785-864-9500
University of Kansas Medical Center	https://www.kumc.edu/academic-and-student-affairs/departments/student-health-services.html	913-588-1941
Wichita State University	https://www.wichita.edu/services/studenthealth	316-978-4792

Continuation Privilege

Insureds may pay for continuing coverage for a maximum of up to 3 months due to loss of appointment. The Insured has a right to choose to continue benefits as long as the school maintains a plan with our Company. The Insured must exercise this right within 60 days of termination by calling UnitedHealthcare Student Resources at 1-888-344-6104 or see the designated contact of your university.

Highlights of the Student Health Insurance Plan Benefits

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 80.350%

Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Additionally, for Pittsburg State University students, Via Christi Hospital is a Preferred Provider. Preferred Providers can be found using the following link: [UHC Choice Plus](#).

Student Health Center Benefits (SHC Benefits not available at Pittsburg State University):

- The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services:
 - Physician's Visits
 - Mental Illness Treatment and Substance Use Disorder Treatment outpatient office visits
- 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 for the following services:
 - Prescription Drugs after a \$5 Copay per prescription for generic drug/40% Coinsurance per prescription for brand-name drug up to a 31-day supply per prescription
 - Diagnostic X-ray Services and Laboratory Procedures after a \$5 Copay per procedure. The \$5 Copay does not apply to a TB test required by the school or a chest x-ray as a result of a positive TB test required by the school.
 - Chlamydia tests performed in connection with a gynecological exam after a \$5 Copay. The Copay does not apply to the chlamydia tests provided under Preventive Care Services.
 - All other services listed in the Schedule of Benefits.

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	

Plan Deductible	\$500 Per Insured Person, Per Policy Year	\$1,000 Per Insured Person, Per Policy Year
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$8,200 Per Insured Person, Per Policy Year \$16,400 For all Insureds in a Family, Per Policy Year	\$20,000 Per Insured Person, Per Policy Year \$40,000 For all Insureds in a Family, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	75% of Allowed Amount for Covered Medical Expenses	55% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 100-day supply.</i> Student Health Center: \$5 Copay per prescription for generic drug 40% Coinsurance per prescription for brand-name drug up to a 34-day supply per prescription not subject to Deductible	\$200 Prescription Drug Deductible (per Policy Year) does not apply to Policy Deductible \$15 Copay per prescription Tier 1 40% Coinsurance per prescription Tier 2 40% Coinsurance per prescription Tier 3 up to a 34-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP), Retail Network Pharmacy	\$200 Prescription Drug Deductible (per Policy Year) does not apply to Policy Deductible \$20 Copay per prescription generic drugs 100% of billed charge generic drug 50% Coinsurance per prescription brand-name drugs up to a 34-day supply per prescription
Preventive Care Services <i>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.</i>	100% of Allowed Amount	No Benefits
The following services have per service Copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician's Visits: \$25 Copay per visit (waived at the SHC) not subject to Deductible Medical Emergency: \$250 Copay per visit after Deductible Copay waived if admitted to Hospital See the top of the table for SHC Copays.	Medical Emergency: \$250 Copay per visit after Deductible Copay waived if admitted to Hospital See the top of the table for SHC Copays.
Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs	Office Visits: \$25 Copay per visit (waived at the SHC) 100% of Allowed Amount not subject to Deductible Other Outpatient Services: Allowed Amount after Deductible	Office Visits: 70% of 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. Learning disabilities.
3. Biofeedback, except:
 - To treat urinary incontinence in adults 18 years and older.
4. Cosmetic procedures, or related services including:
 - Circumcision.
 - Lipectomy.
 - Surgical breast reduction, breast augmentation, breast implants, or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
 - Hirsutism.
 - Alopecia.

This exclusion does not apply to reconstructive procedures to:

 - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
 - Improve or restore impairments of bodily function resulting from Congenital Conditions or developmental anomalies, such as webbed or supernumerary fingers or toes, cleft lip or palate, or birthmarks on head or neck.
5. Custodial Care.
 - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
 - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
6. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth.
 - As described under Dental Treatment in the Policy.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
8. Elective Abortion.
9. Individualized, custom fabricated shoe insert orthotic devices and appliances. This exclusion does not apply to preventive foot care due to conditions associated with metabolic, neurologic, or peripheral vascular disease.
10. Commercial foot devices available over-the-counter.
11. Routine hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.

This exclusion does not apply to:

 - Hearing defects or hearing loss as a result of a Congenital Condition, infection, or Injury.
 - A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.
12. Immunizations, except as specifically provided in the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy.
13. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
14. Injury arising out of a motor vehicle accident to the extent that benefits are payable under any medical expense payment provision of an automobile insurance policy, including such benefits mandated by law.
15. Non-medical services, such as but not limited to, legal services, social rehabilitation, educational services, vocational rehabilitation, or job placement services.
16. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
17. Prescription Drugs, services or supplies as follows, except as specifically provided in the Policy:
 - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
 - Immunization agents, except as specifically provided in the Policy.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs. This exclusion does not apply to drugs for the treatment of cancer that have not been approved by the federal Food and Drug Administration for that indication, if the drug has been prescribed for an Insured Person who has been diagnosed with cancer, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed and is recognized in substantially accepted peer-reviewed medical literature or in one of the following established reference compendia: 1) The U.S. Pharmacopeia Drug Information Guide for the Health Care Professional (USPDI); 2) The American Medical Association's Drug Evaluations (AMADE) I; or 3) The American Society of Hospital Pharmacists' American Hospital Formulary Service Drug Information (AHFS-DI). This exception does not provide coverage for any experimental or investigational drugs or any drug which the federal Food and Drug Administration has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed.

- Products used for cosmetic purposes.
 - Drugs used to treat or cure baldness or for the stimulation of hair growth. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Fertility agents or sexual enhancement drugs.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
18. Reproductive services for the following, except as specifically provided in the Policy:
- Procreative counseling.
 - Genetic counseling and genetic testing.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Fertility tests.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except to diagnose or treat the underlying cause of the infertility.
 - Premarital examinations.
 - Impotence, organic or otherwise, except as specifically provided in the Policy for penile prosthesis for physiological impotence.
 - Reversal of sterilization procedures.
19. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.
- This exclusion does not apply as follows:
- When due to a covered Injury or disease process.
 - To benefits specifically provided in Pediatric Vision Services.
 - The initial pair of eyeglasses or contact lenses following cataract surgery, aphakia, pseudophakia, or Medically Necessary procedures associated with severe anisometropia.
 - To an Insured Person under age 12 for the subsequent eyeglasses or contact lenses following cataract surgery when there is a diopter change of .25 diopter.
 - To benefits specifically provided in the Policy.
20. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
21. Preventive care services, which are not specifically provided in the Policy, including:
- Routine physical examinations and routine testing.
 - Preventive testing or treatment.
 - Screening exams or testing in the absence of Injury or Sickness.
22. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
24. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
25. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

UnitedHealthcare Global: Global Emergency Services

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

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.

Highlights of Services offered by UnitedHealthcare Student Resources

24/7 Student Assist

Insureds have immediate access to Student Assist, 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 liveandworkwell.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.
- Calm Premium Access – designed to assist in managing stress, improve sleep, and enhance presence in daily life.

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 #2025-200118-3.

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.

Notice of Non-Discrimination

We¹ comply with the applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans (TTY 711).

Civil Right Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

If you need help with your complaint, please call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans. (TTY 711).

You can also file a complaint with the U.S. Dept. of Health and Human Services, Office for Civil Rights:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Phone: Toll-free **1-800-368-1019, 1-800-537-7697 (TDD)**
Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at: <https://www.uhc.com/content/dam/uhcdotcom/en/npp/NDN-LA-UHC-StudentResources-EN.pdf>

¹For purposes of the Language Assistance Services and this Non-Discrimination Notice ("Notice"), "We" refers to the following entities: Dental Benefit Providers, Inc.; Health Allies, Inc.; Spectera, Inc.; UMR, Inc.; United Behavioral Health,; United Behavioral Health of New York, I.P.A.; UnitedHealthcare Insurance Company; and UnitedHealthcare Insurance Company of New York. Please note that not all entities listed are covered by this Notice.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

ATTENTION: You can get an interpreter to talk to your doctor at the time of your appointment or with us. If you speak English, free language assistance services and free communications in other formats, such as large print, are available to you. Call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans, or call the toll-free phone number listed on your ID card. (TTY: 711).

ጥንቅቅ፡- በቅጠሮቻችን ውስጥ ከእኛ ጋር ሲሆኑ ከሐኪምዎ ጋር ለመነጋገር አስተርጓሚ ማግኘት ይችላሉ። **አማርኛ (Amharic)** የሚናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች እና ነፃ ግንኙነቶች እንደ ትልቅ ህትመት ባሉ ሌሎች ቅርጾች ለአርስቦ ይገኛሉ። ለህክምና ዕቅዶች ወደ **1-866-260-2723**፣ ለእይታ ዕቅዶች ወደ **1-800-638-3120**፣ ለጥርስ ዕቅዶች ወደ **1-877-816-3596** ይደውሉ ወይም በአባል መታወቂያ ካርድዎ ላይ ወደተዘረዘረው ነፃ የስልክ ቁጥር ይደውሉ። (TTY: 711)።

يرجى الانتباه: يمكنك الحصول على مترجم فوري لمساعدتك في التحدث مع طبيبك خلال الموعد أو معنا. إذا كنت تتحدث اللغة العربية (Arabic)، تتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتسجيلات أخرى، مثل الطباعة بأحرف كبيرة. اتصل على **1-866-260-2723** للخطط الطبية، أو **1-800-638-3120** لخطط رعاية البصر، أو **1-877-816-3596** لخطط الأسنان، أو اتصل برقم الهاتف المجاني المدرج على بطاقة هوية العضو الخاصة بك. (TTY: 711)

মনোযোগ দিয়ে শুনুন: আপনার অ্যাপয়েন্টমেন্টের সময় আপনার ডাক্তারের সাথে কথা বলার জন্য বা আমাদের সাথে কথা বলার জন্য আপনি একজন দোভাষী পেতে পারেন। আপনি যদি **বাংলা (Bengali)** এ কথা বলেন, তাহলে বিনামূল্যের ভাষা সহায়তা পরিষেবা এবং অন্যান্য বিনামূল্যের বিভিন্ন যোগাযোগ পদ্ধতি, যেমন বড় মুদ্রণ, আপনার জন্য উপলব্ধ থাকবে। মেডিকেল প্ল্যানের জন্য কল করুন **1-866-260-2723** নথরে, ভিশন প্ল্যানের জন্য কল করুন **1-800-638-3120** নথরে, ডেন্টাল প্ল্যানের জন্য কল করুন **1-877-816-3596** নথরে, অথবা আপনার সদস্য আইডি কার্ডে টোল-ফ্রি ফোন নথরে কল করুন। (TTY: 711)

សំណុំ: អ្នកអាចស្នើសុំអ្នកបកប្រែ ដើម្បីទំនាក់ទំនងជាមួយគ្រូពេទ្យរបស់អ្នក នៅពេលណាដែល ប្រសិទ្ធភាពជាមួយយើងខ្ញុំ។ បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian Mon-Khmer)** មានសេវាជំនួយភាសា ដោយឥតគិតថ្លៃ ការទំនាក់ទំនងដោយឥតគិតថ្លៃ ក្នុងទម្រង់ផ្សេងទៀត ដូចជាអក្សរធំ មានសម្រាប់អ្នក។ សូមហៅទូរស័ព្ទទៅ **1-866-260-2723** សម្រាប់គម្រោងវេជ្ជសាស្ត្រ **1-800-638-3120** សម្រាប់គម្រោងថែទាំភ្នែក **1-877-816-3596** សម្រាប់គម្រោងថែទាំធ្មេញ ឬហៅទូរស័ព្ទទៅលេខទូរស័ព្ទដោយមិនគិតថ្លៃ ដែលបានចុះក្នុងបញ្ជីសមាជិករបស់អ្នក។ (TTY: 711)។

ATENSHUN: Kunja me liye ayu yo interprete para ughul maghal na dokto ya eppunghi me guahu. Gare kapetal **Faluwasch (Carolinian)**, ye toore paliuwal kapetal Faluwasch lane bwe me sew format, ta tipel lane, bwe bwale tepangiyom. Kali **1-866-260-2723** para ughul Lalap ni ughul tipiye, **1-800-638-3120** para ughul Lalap ni tipiye nu mata, **1-877-816-3596** para ughul Lalap ni tipiye nu apapa, o kali ewe kali rerekkepal ni Nuumur ni telepon yeeg listed me ni Kaaret ni meybur ID-mu. (TTY: 711).

ATENSYON: Siña hao humosga un intérprete para kumuentos yan i doktermu gi ora di i konsulta-mu pat yan hame. Yanggen fifino' hao **CHamoru (Chamorro)**, guaha setbisio siha para hãgu ni' mandibåt di, i setbision fino' pat lengguãhi yan fina'uma'esiha gi otro na manera siha, taiguihi i para mana'dångkolo i inemprenta. Kålle **1-866-260-2723** para Planån Mediku, **1-800-638-3120** para Planån Visión, **1-877-816-3596** para Planån Dental, pat kålle i númeru gratut na teleponu na esta pá'go gi kátta ID para miembro -mu. (TTY: 711).

請注意：您可以獲得一位口譯員，在您看診時與您的醫生溝通或平常與我們溝通。如果您說中文 (Chinese)，我們可為您提供免費的語言協助服務與其他溝通格式，例如大字版文件。醫療計劃請致電1-866-260-2723，視力計劃請致電1-800-638-3120，牙科計劃請致電 1-877-816-3596，或撥打您會員卡上所列的免付費電話號碼。(TTY：711)。

توجه: شما می‌توانید یک مترجم برای صحبت با پزشک خود در زمان ویزیت یا برای گفتگو با ما، درخواست کنید. اگر فارسی (Farsi)، صحبت می‌کنید، خدمات رایگان کمک زبانی و خدمات رایگان ارتباطی در سایر قالب‌ها، مانند چاپ با حروف درشت، در دسترس شما هستند. برای برنامه‌های پزشکی یا شماره 1-866-260-2723 و برای طرح چشم پزشکی یا شماره 1-800-638-3120 و برای طرح دندانپزشکی یا شماره 1-877-816-3596، با ما (TTY: 711). اگر به کمک بیشتری نیاز دارید، با خط تلفن رایگان سازمان

ATTENTION : Vous pouvez demander à un(e) interprète de parler à votre médecin au moment de votre rendez-vous ou avec nous. Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le 1-866-260-2723 pour les régimes médicaux, le 1-800-638-3120 pour les régimes de soins de la vue, le 1-877-816-3596 pour les régimes de soins dentaires, ou appelez le numéro de téléphone gratuit indiqué sur votre carte de membre. (TTY : 711).

ACHTUNG: Sie können für Gespräche mit Ihrem Arzt bei Ihrem Termin oder mit uns einen Dolmetscher anfordern. Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie 1-866-260-2723 für Krankenversicherungen, 1-800-638-3120 für Augenversicherungen, 1-877-816-3596 für Zahnversicherungen oder die gebührenfreie Telefonnummer auf Ihrer Mitgliedskarte an. (TTY: 711).

ΠΡΟΣΟΧΗ: Μπορείτε να πάρετε έναν διερμηνέα για να μιλήσετε με το γιατρό σας στο ραντεβού σας ή για να μιλήσετε μαζί μας. Εάν μιλάτε **Ελληνικά (Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε στο 1-866-260-2723 για ιατρικά προγράμματα, στο 1-800-638-3120 για οφθαλμολογικά προγράμματα, στο 1-877-816-3596 για οδοντιατρικά προγράμματα ή καλέστε τον αριθμό τηλεφώνου χωρίς χρέωση που αναγράφεται στην κάρτα μέλους σας. (TTY: 711).

ધ્યાન આપો: તમે તમારી મુલાકાત સમયે અથવા અમારી સાથે તમારા ડોક્ટર સાથે વાત કરવા માટે દુભાષિયા મેળવી શકો છો. જો તમે ગુજરાતી (Gujarati), બોલો છો, તો મફત ભાષા સહાયતા સેવાઓ અને અન્ય ફોર્મેટમાં મફત સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. મેડિકલ પ્લાન માટે 1-866-260-2723, વિઝન પ્લાન માટે 1-800-638-3120, ડેન્ટલ પ્લાન માટે 1-877-816-3596 પર કોલ કરો અથવા તમારા સભ્ય આઈડી કાર્ડ પર સૂચિબદ્ધ ટોલ-ફ્રી ફોન નંબર પર કોલ કરો. (TTY: 711).

ATANSYON: Ou ka jwenn yon entèprèt pou pale ak doktè ou a nan moman randevou w la oswa avèk nou. Si w pale **Kreyòl Ayisyen (Haitian Creole)**, sèvis asistans lang gratis ak kominikasyon gratis nan lòt fòm, tankou gwo lèt, disponib pou ou. Rele 1-866-260-2723 pou Plan Medikal, 1-800-638-3120 pou Plan Vizyon, 1-877-816-3596 pou Plan Dantè, oswa rele nimewo telefòn gratis ki endike sou kat ID manm ou a. (TTY: 711).

ध्यान दें: आप अपनी अपॉइंटमेंट के समय या हमारे साथ अपने डॉक्टर से बात करने के लिए एक दुभाषिया प्राप्त कर सकते हैं। यदि आप हिन्दी (Hindi) बोलते हैं, तो मुफ्त भाषा सहायता सेवाएँ और बड़े प्रिंट जैसे अन्य प्रारूपों में मुफ्त संचार सेवा आपके लिए उपलब्ध हैं। मेडिकल प्लान के लिए 1-866-260-2723 पर कॉल करें, विजन प्लान के लिए 1-800-638-3120 पर, डेंटल प्लान के लिए 1-877-816-3596 पर कॉल करें, या अपने सदस्य आईडी कार्ड पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें। (TTY: 711)

CEEB TOOM: Koj tuaj yeem tau txais ib tug neeg txhais lus tham nrog koj tus kws kho mob thaum lub sijhawm kev teem caij los sis thaum tham nrog peb. Yog tias koj hais **Lus Hmoob (Hmong)**, yuav muaj cov kev pab cuam txhais lus pub dawb thiab kev sib txuas lus ua lwm hom qauv, xws li luam ua tus ntawv loj rau koj. Hu rau **1-866-260-2723** rau Cov Phiaj Xwm Kho Mob, **1-800-638-3120** rau Cov Phiaj Xwm Kho Qhov Muag, **1-877-816-3596** rau Cov Phiaj Xwm Kho Hniav, los yog hu rau tus xov tooj hu dawb uas teev rau hauv koj daim npav ID. (TTY: 711).

ATENSIÓN: Makaalaka iti interpreter a makisarita kadakami wenno iti doktormo iti oras ti appointment-mo. No makasaoka iti **Ilocano (Ilocano)**, makaalaka iti libre a tulong iti lengguahe ken libre a pannakikomunikar iti sabali a format, kas iti dadakkel a letra. Tawagam ti **1-866-260-2723** para kadagiti Plan a Medikal, **1-800-638-3120** para kadagiti Plan para iti Panagkita, **1-877-816-3596** para kadagiti Plan para iti Ngipen, wenno tawagam ti libre a numero ti telepono a nailista iti ID card-mo kas miembro. (TTY: 711).

ATTENZIONE: il giorno del Suo appuntamento, può richiedere i servizi di un interprete per parlare con il Suo medico o con noi. Se parla **italiano (Italian)**, sono disponibili gratuitamente servizi di assistenza linguistica e comunicazioni in altri formati, come la stampa a caratteri grandi. Chiami il numero **1-866-260-2723** per i piani sanitari, il numero **1-800-638-3120** per i piani oculistici e il numero **1-877-816-3596** per i piani dentistici, oppure chiami il numero verde riportato sul Suo tesserino identificativo. (TTY: 711).

ご注意: ご予約にお越しの際またはご来院の際、医師とお話になるための通訳者を手配することが可能です。あなたが**日本語 (Japanese)**をお話になる場合、無料の言語支援サービスおよび大きい活字など他の形式による無料のコミュニケーションをご利用になれます。医療プランについては**1-866-260-2723**、眼科プランについては**1-800-638-3120**、歯科プランについては**1-877-816-3596**までお電話いただくか、メンバー ID カードに記載の通話料無料の番号までお電話ください。(TTY: 711)。

주의: 진료 시 의사와 상담하거나 저희와의 소통을 위해 통역사 서비스를 받으실 수 있습니다.

한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 큰 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 의료 플랜의 경우 **1-866-260-2723**, 안과 플랜의 경우

1-800-638-3120, 치과 플랜의 경우 **1-877-816-3596**번으로 전화하거나 귀하의 회원 ID 카드에 기재된 무료 전화번호로 전화하십시오. (TTY: 711).

ໝາຍເຫດ: ທ່ານສາມາດຂໍນາຍແປພາສາເພື່ອເຂົ້າກັບທ່ານໝໍໃນເວລາທີ່ທ່ານນັດໝາຍ ຫຼື ກັບພວກເຮົາໄດ້. ຖ້າວ່າທ່ານເວົ້າ **ພາສາລາວ (Lao)**, ການບໍລິການຊ່ວຍເຫຼືອດ້ານ ພາສາ ແລະ ການສື່ສານພຣີໃນຮູບແບບອື່ນໆ, ເຊັ່ນ: ການພິມຂະໜາດ ໃຫຍ່, ແມ່ນມີໃຫ້ທ່ານ. ໂທ **1-866-260-2723** ສໍາລັບແຜນການທາງການແພດ, **1-800-638-3120** ສໍາລັບແຜນການທາງສາຍຕາ, **1-877-816-3596** ສໍາລັບແຜນການທາງແຂ້ວ, ຫຼື ໂທຫາເບີໂທພຣີທີ່ລະບຸໄວ້ໃນບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.(TTY: 711).

SHOOH: Nánihoot'áani góne' ne'azee' íl'íni bich'í' yáńíti' doodago nihí nihich'í' yáńíti' go ata' halne'í' í' naayílt'eehgo bíighah. **Diné (Navajo)** bizaad bee yáńíti'to, t'áá jiik'eh saad bee áka'e'eyeed bee áka'anída'ow'í dóó t'áá jiik'eh náána'ahgo át'éego bee hada'dilyaaígíí bee ahít hane', díí nitsaago bik'e'ashchíní, ná dahólq. Ats'íis Nánél'jiih Bee Hada'dít'éhí biniiyé kohjii' 1-866-260-2723 hodíilnih, Anáá' Bee Hoot'íni Bee Hada'dít'éhí biniiyé kohjii' 1-800-638-3120 hodíilnih, Awoo' Bee Hada'dít'éhí biniiyé kóhji' 1-877-816-3596 hodíilnih, doodago bee nít ha'dít'éhí ninaaltsoos nít'izí bee nééhóziní ID bąąh t'áá jiik'eh námbóo bee dahane'í biká'ígíí bee hodíilnih. (TTY: 711).

ध्यान दिनुहोस्: तपाईंले आफ्नो अपोइन्टमेन्टको समयमा वा हामीसँग आफ्नो डाक्टरसँग कुरा गर्न दोभाषे लिन सक्नुहुन्छ। तपाईं **नेपाली (Nepali)** बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र ठूलो अक्षर जस्ता अन्य ढाँचाहरूमा निःशुल्क सञ्चार सेवाहरू तपाईंको लागि उपलब्ध छन्। चिकित्सा योजनाहरूको लागि 1-866-260-2723 भिजन योजनाहरूको लागि 1-800-638-3120 दन्त योजनाहरूको लागि 1-877-816-3596 मा कल गर्नुहोस्, वा तपाईंको सदस्य परिचयपत्रमा सूचीबद्ध टोल-फ्री फोन नम्बरमा कल गर्नुहोस्। (TTY: 711)

WICHDICH: Du darfst en Interpreter griege fer schwetze mit dei Dokter an dei Appointment odder mit uns. Wann du **Deutsch (Pennsylvania Dutch)** schwetzsch un brauchsch Hilf fer communicat-e, kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne differnti Sadde Schprooch-Hilf beigriege aa fer nix. Call 1-866-260-2723 fer Plans as zu duh hen mit Dokteres, 1-800-638-3120 fer Plans as zu duh hen mit Sehne, 1-877-816-3596 fer Plans as zu duh hen mit Zaeh, odder call die Toll-Free Phone Number as uff dei ID Card is. (TTY: 711).

UWAGA: Możesz poprosić tłumacza o pomoc w rozmowie z lekarzem w czasie wizyty lub z nami. Osoby mówiące w języku **polskim (Polish)**, mają dostęp do bezpłatnej usługi pomocy językowej i bezpłatnej komunikacji w innych formatach, takich jak duży druk. Zadzwoń pod numer 1-866-260-2723 w celu uzyskania informacji o planach medycznych, 1-800-638-3120 o planach okulistycznych, 1-877-816-3596 o planach stomatologicznych lub zadzwoń pod bezpłatny numer telefonu podany na karcie członkowskiej. (TTY: 711).

ATENÇÃO: Você pode ter um intérprete para falar com o médico no momento da consulta ou conosco. Se você fala **português (Portuguese)**, há serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como letras grandes, disponíveis para você. Ligue para 1-866-260-2723 para planos médicos, 1-800-638-3120 para planos oftalmológicos, 1-877-816-3596 para planos odontológicos ou ligue para o número de telefone gratuito listado no seu cartão de ID de membro. (TTY: 711).

ਧਿਆਨ ਦਿਓ: ਤੁਸੀਂ ਆਪਣੀ ਅਪਾਇੰਟਮੈਂਟ ਦੇ ਸਮੇਂ ਆਪਣੇ ਡਾਕਟਰ ਨਾਲ ਜਾਂ ਸਾਡੇ ਨਾਲ ਰੱਲ ਕਰਨ ਲਈ ਇੱਕ ਦੁਬਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਜੇਕਰ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਮੈਡੀਕਲ ਯੋਜਨਾਵਾਂ ਲਈ 1-866-260-2723, ਵਿਜ਼ਨ ਯੋਜਨਾਵਾਂ ਲਈ 1-800-638-3120, ਡੈਂਟਲ ਯੋਜਨਾਵਾਂ ਲਈ 1-877-816-3596 'ਤੇ ਕਾਲ ਕਰੋ, ਜਾਂ ਆਪਣੇ ਮੈਂਬਰ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਟੋਲ-ਫ੍ਰੀ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (TTY: 711)

ВНИМАНИЕ! Вы можете воспользоваться услугами устного переводчика для общения с вашим врачом во время приема или через наши услуги. Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Позвоните по телефону **1-866-260-2723** для медицинских планов, **1-800-638-3120** для планов по охране зрения, **1-877-816-3596** для планов по стоматологическим услугам или на линию для бесплатного звонка, указанную на вашей идентификационной карточке участника. (Линия TTY: 711).

FA'AALIGA: Afai e te tautala i le **Faa-Samoa (Samoan)**, o lo'o avanoa mo oe 'au'aunaga fesoasoani tau gagana e leai se totogi ma feso'ota'iga e leai se totogi i isi faiga, e pei o lomiga e lapopo'a mata'itusi. Vala'au **1-866-260-2723** mo Fuafuaga Fa'afoma'i, **1-800-638-3120** mo Fuafuaga Va'ai, **1-877-816-3596** mo Fuafuaga Nifo, pe vala'au le numera telefoni e leai se totogi o lo'o lisiina i luga o lau pepa ID tagata. (TTY: 711).

FIRO GAAR AH: Waxaad heli kartaa turjumaan si aad ula hadasho dhakhtarkaaga wakhtiga ballanta ama annaga. Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Wac **1-866-260-2723** wixii ah Qorshayaasha Caafimaadka, **1-800-638-3120** Qorshooyinka Aragtida, **1-877-816-3596** wixii ah Qorshooyinka Ilkaha, ama wac lambarka telefoonka bilaashka ah ee ku qoran kaarka aqoonsiga xubinta. (TTY: 711).

ATENCIÓN: Puede conseguir un intérprete para hablar con nosotros o con su médico durante su cita. Si usted habla **español (Spanish)**, tiene a su disposición servicios gratuitos de asistencia en otros idiomas y comunicaciones gratuitas en otros formatos, como letra grande. Llame al **1-866-260-2723** para los planes médicos, al **1-800-638-3120** para los planes de la vista y al **1-877-816-3596** para los planes dentales, o llame al número de teléfono gratuito que aparece en su tarjeta de identificación de membresía. (TTY: 711).

PAUNAWA: Maaari kang makakuha ng interpreter upang makausap ang iyong doktor sa panahon ng iyong appointment o sa pakikipag-usap sa amin. Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tumawag sa **1-866-260-2723** para sa Mga Planong Medikal, **1-800-638-3120** para sa Mga Plano para sa Pangingin, **1-877-816-3596** para sa Mga Plano para sa Ngipin, o tumawag nang libre sa numero ng telepono na nakalista sa iyong ID card ng miyembro. (TTY: 711).

หมายเหตุ: คุณสามารถขอคำแนะนำพูดคุยกับแพทย์ของคุณได้ในเวลาที่คุณนัดหมายหรือกับเรา หากคุณพูดภาษาไทย (**Thai**) เรายินดีให้บริการช่วยเหลือด้านภาษาและการสื่อสารในรูปแบบอื่นๆ เช่น การพิมพ์ด้วยตัวอักษรขนาดใหญ่โดยไม่คิดค่าใช้จ่าย โทร **1-866-260-2723** สำหรับการวางแผนทางการแพทย์ **1-800-638-3120** สำหรับการวางแผนด้านอื่นๆ **1-877-816-3596** สำหรับการวางแผนด้านทันตกรรม หรือโทรไปยังหมายเลขโทรศัพท์ที่เราไว้ในบัตรประจำตัวสมาชิกของคุณ (TTY: 711)

ЗВЕРНІТЬ УВАГУ! Під час прийому у лікаря або розмови з нами ви маєте змогу скористатися послугами усного перекладача. Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як-от набрані великим шрифтом. Телефонуйте на номер **1-866-260-2723** щодо планів медичного страхування, на номер **1-800-638-3120**, щоб дізнатися докладніше про плани страхового покриття офтальмологічних послуг, на номер **1-877-816-3596**, щоб дізнатися докладніше про плани страхового покриття стоматологічних послуг, або телефонуйте на номер безкоштовної телефонної лінії, зазначений на вашій ідентифікаційній картці учасника. (лінія ТТУ: 711).

توجہ فرمائیں: آپ اپنی ملاقات کے وقت یا ہمارے ساتھ اپنے ڈاکٹر سے بات کرنے کے لیے مترجم حاصل کر سکتے ہیں۔ اگر آپ اردو (Urdu) بولتے ہیں، تو مفت لسانی معاونتی خدمات اور دیگر فارمیٹس مثلاً بڑے پرنٹ میں مفت مواصلات آپ کے لیے دستیاب ہیں۔ میڈیکل پلانز کے لیے **1-866-260-2723** پر، ویژن پلانز کے لیے **1-800-638-3120**، ڈینٹل پلانز کے لیے **1-877-816-3596** پر کال کریں، یا
TTY: 711) ۱

LƯU Ý: Quý vị có thể có một thông dịch viên miễn phí để nói chuyện với bác sĩ trong buổi hẹn khám của mình hoặc nói chuyện với chúng tôi. Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Hãy gọi **1-866-260-2723** cho các Chương trình Y tế, **1-800-638-3120** cho các Chương trình Nhãn khoa, **1-877-816-3596** cho các Chương trình Nha khoa, hoặc gọi số điện thoại miễn phí được ghi trên thẻ ID hội viên của quý vị. (TTY: 711).