**Who is eligible to enroll?**

All full-time domestic graduate students taking 6 or more credit/unit hours are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished.

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 this 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 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 enters into a Domestic Partnership with 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 for you before you enroll. The certificate of coverage provides details of the coverage including costs, 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/kgi. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2020-203374-1. 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 1-800-767-0700 or customerservice@uhcsr.com.
# Highlights of Coverage offered by UnitedHealthcare Student Resources

## Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-1-2020 to 8-29-2021</th>
<th>Fall 8-30-2020 to 1-3-2021</th>
<th>Spring/Summer 1-4-2021 to 8-29-2021</th>
<th>Summer 5-16-2021 to 8-29-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$6,173.00</td>
<td>$2,144.00</td>
<td>$4,019.00</td>
<td>$1,790.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$6,163.00</td>
<td>$2,144.00</td>
<td>$4,019.00</td>
<td>$1,790.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$6,163.00</td>
<td>$2,144.00</td>
<td>$4,019.00</td>
<td>$1,790.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$12,326.00</td>
<td>$4,288.00</td>
<td>$8,038.00</td>
<td>$3,580.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$18,489.00</td>
<td>$6,432.00</td>
<td>$12,057.00</td>
<td>$5,370.00</td>
</tr>
</tbody>
</table>

## Highlights of the Student Injury and Sickness Insurance Plan Benefits

**METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 86.580%**

**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 Benefits:** 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.

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is no overall maximum dollar limit on the policy</td>
<td>$500 Per Insured Person, per Policy Year</td>
<td>$1,000 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>$1,000 For all Insureds in a Family, Per Policy</td>
<td>$2,000 For all Insureds in a Family, Per Policy Year</td>
<td></td>
</tr>
</tbody>
</table>

**Out-of-Pocket Maximum**

After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000 Per Insured Person, Per Policy Year</td>
<td>$7,500 Per Insured Person, Per Policy Year</td>
<td></td>
</tr>
<tr>
<td>$10,000 For all Insureds in a Family, Per Policy Year</td>
<td>$15,000 For all Insureds in a Family, Per Policy Year</td>
<td></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>Coinsurance</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% of Preferred Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Customary Charges for Covered Medical Expenses</td>
<td></td>
</tr>
</tbody>
</table>

**Prescription Drugs**

Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90-day supply.

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20 Copay for Tier 1</td>
<td>No Benefits</td>
<td></td>
</tr>
<tr>
<td>$40 Copay for Tier 2</td>
<td>No Benefits</td>
<td></td>
</tr>
<tr>
<td>$60 Copay for Tier 3</td>
<td>No Benefits</td>
<td></td>
</tr>
</tbody>
</table>

**Preventive Care Services**

Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit [www.healthcare.gov/preventive-care-benefits](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>Preventive Care Services</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of Preferred Allowance</td>
<td>No Benefits</td>
<td></td>
</tr>
</tbody>
</table>
The following services have per service Copays
This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Medical Emergency: $150 not subject to Deductible The Copay will be waived if admitted to the Hospital.</th>
<th>Medical Emergency: $150 not subject to Deductible The Copay will be waived if admitted to the Hospital.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</td>
<td>Office Visits: 90% of Preferred Allowance after Deductible Other Outpatient Services: 90% of Preferred Allowance after Deductible</td>
<td>Office Visits: 70% of Usual and Customary Charges after Deductible Other Outpatient Services: 70% of Usual and Customary Charges after Deductible</td>
</tr>
</tbody>
</table>

Exclusions and Limitations

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

2. Biofeedback.
3. Cosmetic procedures, except:
   - For reconstructive procedures that are:
     - Medically Necessary for the treatment of gender dysphoria.
     - 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.
4. 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.
5. Dental treatment, except:
   - For accidental Injury to Natural Teeth.
   - As described under Dental Treatment in the Policy.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. Foot care for the following:
   - Flat foot conditions.
   - Supportive devices for the foot.
   - Subluxations of the foot.
   - Fallen arches.
   - Weak feet.
   - Chronic foot strain.
   - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).
   This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
8. Health spa or similar facilities. Strengthening programs.
9. 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.
   - 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.
11. Hypnosis.
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.
   This exclusion does not apply to the Preventive Care Services benefits outlined in the Medical Expense Benefits section of the Policy.
13. Injury or Sickness for which benefits are paid:
   - Under any Workers’ Compensation or occupational Disease Law or Act, or similar legislation.
   - By any other valid and collectible insurance.
15. Lipectomy.
16. Commission of or attempt to commit a felony.
17. Prescription Drug Services – no benefits will be payable for:
   - 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, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

18. Reproductive services for the following:
   - Genetic counseling and genetic testing, except for the prenatal diagnosis of fetal genetic disorders.
   - 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.
   - Premarital examinations.
   - Impotence, organic or otherwise.
   - 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 benefits specifically provided in the Policy.
    - To eye examinations, including preventive screenings, for conditions such as hypertension, diabetes,
      glaucoma, or macular degeneration.

21. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided
    in the Policy. This exclusion does not apply to the Preventive Care Services benefits outlined in the Medical Expense
    Benefits section of the Policy.

22. Physical examinations and tests for non-preventive care purposes in the absence of Injury or Sickness. This
    exclusion does not apply to the Preventive Care Services benefits outlined in the Medical Expense Benefits
    section of the Policy.

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

24. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus
    surgery, except when Medically Necessary, or for treatment of a covered Injury, or treatment of chronic sinusitis.

25. Sleep disorders, except for sleep apnea.


27. 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.
    This exclusion does not apply to the Preventive Care Services benefits outlined in the Medical Expense Benefits
    section of the Policy.

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

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

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

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

32. Weight management. Weight reduction. Nutrition programs. 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 or Domestic Partner and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

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

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

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

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

To access services please refer to the phone number on the back of your ID Card or access My Account and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:
- Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- Description of the patient's condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

Healthiest You: 24/7 Doctor Access

Starting on the effective date of your coverage under the student insurance plan, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service.* By calling the toll-free number listed on the front of your medical ID card or visiting www.telehealth4students.com, you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor’s office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor’s office, urgent care facility, or emergency room. As an insured with StudentResources, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period.
This service is meant to complement your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state.

*Available to Insured students and their covered Dependents ages 18 and over. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a $40 service fee before being connected to a board-certified physician.

**24/7 Student Support**

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA’s and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount.

**HealthiestYou: Virtual Counselor Access**

Starting on the effective date of your coverage under the student insurance plan, you have access to mental health providers through a national virtual counseling service.* 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.

This Summary Brochure is based on Policy #2020-203374-1.

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 StudentResources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

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.
LANGUAGE ASSISTANCE PROGRAM

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

English
Language assistance services are available to you free of charge. Please call 1-866-260-2723.

Albanian

Amharic

Arabic
توفر لك خدمات المساعدة اللغوية مجّانًا. لاتنسىراس على الرقم 1-866-260-2723.

Armenian
Ձեզ ձեռնամշակում են անձանց լեզուային օգնությունը բանակցություններին. Համարեք այս լեզուական համագործակցությունը 1-866-260-2723 համագործակցությունը.

Bantu- Kirundi

Bisayan- Visayan (Cebuano)
Magamit nimo ing mga serbisyo sa tabang sa lengguwhe nga walay bayad. Pulihug tawag sa 1-866-260-2723.

Bengali- Bangala
ঘোষণা : ভাষা সহায়তা পরিষেবা আর্থিক বিনামূল্যে প্রেস প্রদান। এখান থেকে 1-866-260-2723-এ করে কর্ম করুন।

Burnese

Cambodian- Mon-Khmer

Cherokee
Cherokee

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

Chocotaw
Chaha anumpa ish anumpuli hokmviy toshkli yv h pilla hq chi anepa hina. 1 paya 1-866-260-2723.

Cushite - Oromo
Tajagallawon gargaarsa afanii kanfaltii malee siif jira. Maalo kaara lakoofsa bibila 1-866-260-2723 bibili.

Dutch

French

French Creole- Haitian Creole

German

Greek
Oi upresies ulpsoxhies bohtesias sou diaxidontai diakonias. Kalose to 1-866-260-2723.

Gujarati
ભાષા સહાય સેવાઓ તમારા માટે નિશ્ચિત ઉપલબ્ધ છે. કુલ કરીને 1-866-260-2723 પર ક્રમ કરો.

Hawaiian
Kūkua marauhi ma ka ‘ōlelo i lea’a ‘ia. E kelepona i ka helu 1-866-260-2723.

Hindi
आप के लिए भाषा सहायता सेवाओं के लिए उपलब्ध हैं। कृपया 1-866-260-2723 पर आपसे मंगल.

Hmong

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangangasim ta tawagam 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 で電話ください。

Karen

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

Kru - Bassa
Bot ba hola ni kobol mahop ngai waa wogwai bo wa ye ha i nyu yon. Sebel i nisinga ini 1-866-260-2723.

Kurdish Sorani
خزمه‌کانی کردنی زمانی‌یا بی‌درستی‌یت بی‌درستی‌یت زمان بی‌درستی‌یت 1-866-260-2723.

Laotian

SR LAP 64 (6-18)
Marathi
भारतीय तत्त्ववैज्ञानिक आयोग नियुक्त उपलब्ध आहे।
त्याच्या 1-866-260-2723 या केंद्रीय संपर्क करा.

Marshallese
Kwomaroon bok jeraal in jipa in kajin ilo ejelok woonin. Jouj
im kalok 1-866-260-2723.

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

Naujo
Saaad bee akna eyeed bee akna ndwa wiggj j'aa jij'eh bee nihwi j'ee
bee naahootj'. J'aa shqotj kohij 1-866-260-2723 hodilnih.

Nepali
भाषा सहायता सेवाहरू निहितको उपलब्ध हुन। कृपया
1-866-260-2723 मा कल नमुना सेवा।

Nilotic-Dinka
Kük e kun ajeer ט thok: atë tiné yin abac të cëm wëvu yeke

Norwegian

Pennsylvania Dutch
Sëhproom nivwesëtje Hilf karnshe du frei hawwe. Rüf
1-866-260-2723.

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

Polish
Możesz 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
ਇਸਾ ਮਾਹੀਨਾ ਕੈਲੇਂਡਰ ਦੁਆਰਾ ਕੁਝ ਤਰੀਕਿਆਂ ਵਿੱਚ ਬਿਲਕਲ ਬਨਾਉਣੇ
1-866-260-2723 ਤੋਂ ਕਰ ਦੋਂਦੇ।

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

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

Samoan- Fa'asamoan
O loo maua fesasamo ano gagano mo oce ma e le totogia.
Fiaumolemo telefonite le 1-866-260-2723.

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

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

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

Sudanese-Fulfulde
E woosti wallinde dow wolde caahu ngamu maadua. Noodu
1-866-260-2723.

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

Syriaic-Assyrian
 typography
1-866-260-2723

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

Telugu
తెలుగు
1-866-260-2723 ఎందుకు ఉపయోగించండి.

Thai
Absence of language support does not mean it is not
available. Please call 1-866-260-2723.

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

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

Urdu
زبان کے حوالے سے معاونیت خدمات آپ کے لئے ممتع ہیں۔
بیانگرہ مل 260-2723 1-866-260-2723 پر کال کریں۔

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

Yiddish
פשפאליקיט פאָ deseaַייטע איך איז ניטע ליעדוי ווערמאָגעלן
1-866-260-2723.

Yoruba