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 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 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 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 2021-203374-1. 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.
### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-1-2021 to 8-29-2022</th>
<th>Fall 8-30-2021 to 1-3-2022</th>
<th>Spring/Summer 1-4-2022 to 8-29-2022</th>
<th>Summer 5-15-2022 to 8-29-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$6,173.00</td>
<td>$2,144.00</td>
<td>$4,019.00</td>
<td>$1,807.00</td>
</tr>
<tr>
<td>Spouse</td>
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<td>$1,807.00</td>
</tr>
<tr>
<td>One Child</td>
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<td>$4,019.00</td>
<td>$1,807.00</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>$3,614.00</td>
</tr>
<tr>
<td>Spouse and Two or More Child</td>
<td>$18,489.00</td>
<td>$6,432.00</td>
<td>$12,057.00</td>
<td>$5,421.00</td>
</tr>
</tbody>
</table>

### Highlights of Coverage offered by UnitedHealthcare StudentResources

#### Coverage Dates and Plan Cost

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<th>Annual 8-1-2021 to 8-29-2022</th>
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### 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>$500 Per Insured Person, per Policy Year</td>
<td>$1,000 Per Insured Person, per Policy Year</td>
<td></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. 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.

<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</th>
<th>Medical Emergency: $150 not subject to Deductible after Deductible</th>
<th>Medical Emergency: $150 not subject to Deductible after Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Emergency</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>
<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</td>
<td>Office Visits: 70% of Usual and Customary Charges after Deductible</td>
</tr>
<tr>
<td></td>
<td>Other Outpatient Services: 90% of Preferred Allowance after Deductible</td>
<td>Other Outpatient Services: 70% of Usual and Customary Charges after Deductible</td>
</tr>
<tr>
<td>Pediatric Dental and Vision Benefits</td>
<td>Refer to the plan certificate for details (age limits apply).</td>
<td>Refer to the plan certificate for details (age limits apply).</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:

1. Addictive, mental, and behavioral conditions and problems that may be the focus of clinical attention but are specifically noted not to be a mental disorder within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association or the Mental and Behavioral Disorders chapter of the ICD-10.

2. Cosmetic procedures performed to alter or reshape normal structures of the body in order to improve the Insured’s appearance.
   - This exclusion does not apply to:
     - Benefits for Reconstructive Surgery and Benefits for Upper or Lower Jawbone Surgery in the Mandated Benefits section of the Policy.
     - Medically Necessary reconstructive procedures that are for the treatment of gender dysphoria.
     - Reconstructive Breast Surgery Following Mastectomy.
     - Reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy.
   - Examples of cosmetic procedures include:
     - Pharmacological regimens, nutritional procedures or treatments.
     - Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male or female breast or nipple.
     - Removal of excess skin.
     - Circumcision for religious reasons or aesthetic purposes.
     - Hair removal.
     - Hair loss or growth treatment, items, and services for the promotion, prevention, or other treatment of hair loss or hair growth.
     - Nasal and sinus surgery performed for any reason other than for the treatment of an Injury or Sickness.

3. Custodial Care.
   - This exclusion does not apply to assistance with activities of daily living that is provided as part of covered Home Health Care, Hospice Care, Inpatient Rehabilitation Facility care, or Skilled Nursing Facility care.

4. Dental treatment, except:
   - For accidental Injury to Natural Teeth.
   - As described under Dental Treatment in the Medical Expense Benefits section of the Policy.
   - This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.

5. Elective Surgery or Elective Treatment as defined in the Definitions section of the Policy.

6. 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.

7. Health spa or similar facilities. Strengthening programs.

8. Hearing aids. Treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which is not part of a disease process and does or can impair normal hearing.
   - 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.

9. Immunizations, except as specifically provided in the Preventive Care Services benefit in the Medical Expense Benefits section of the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Preventive Care Services benefit in the Medical Expense Benefits section of the Policy.

10. 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.

11. Commission of or attempt to commit a felony.

12. Prescription Drugs Services – no benefits will be payable for:
- Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs. The Insured may request an Independent Medical Review (IMR) from the California Department of Insurance (CDI) at no cost to the Insured as described in the Notice of Appeal Rights section of the Policy.
- Products used solely for cosmetic purposes.
- Drugs used to treat hair loss or hair growth. 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.

13. 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. This exclusion does not apply when an Insured received covered treatment that may directly or indirectly cause iatrogenic infertility.
- Fertility tests.
- Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
- Impotence, organic or otherwise, except for Prescription Drugs prescribed for the treatment of sexual dysfunction.
- Reversal of sterilization procedures.

14. 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.

15. 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 Schedule of Benefits.
- To eye examinations, including preventive screenings, for conditions such as hypertension, diabetes, glaucoma, or macular degeneration.

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

17. Physical examinations and tests for non-preventive care purposes in the absence of Injury or Sickness.

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

19. Snoring, except medical and surgical treatment provided as part of treatment for documented obstructive sleep apnea.

20. Naturopathic services.

21. Medical supplies (prescribed or non-prescribed) and disposable supplies. (Examples include gauze and dressings, compression stockings, ace bandages.). This exclusion does not apply to:
- Ostomy and Urological Supplies in the Medical Expense Benefits section of the Policy.
- Benefits for Diabetes in the Mandated Benefits section of the Policy.

22. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices. This exclusions does not apply to:
- Reconstructive Breast Surgery Following Mastectomy in the Medical Expense Benefits section of the Policy.
- Benefits for Breast Cancer Screening and Treatment in the Mandated Benefits section of the Policy.
- Benefits for Reconstructive Surgery in the Mandated Benefits section of the Policy.
- Medically Necessary reconstructive procedures that are for the treatment of gender dysphoria.

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; while serving in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).

25. Weight loss and nutrition programs (for example: Weight Watchers®, Jenny Craig®, or other structured commercial weight loss programs) whether or not they are under medical supervision. This exclusion does not apply to benefits specifically provided in the Preventive Care Services benefit in the Medical Expense Benefits section of 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.

### Highlights of Services offered by UnitedHealthcare StudentResources

**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](http://www.telehealth4students.com), you have access to board-certified physicians via phone and/or video, where
permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor’s office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor’s office, urgent care facility, or emergency room. As an insured with StudentResources, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period.

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 $55 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 StudentResources, there is no consultation fee for this service. Every communication with a provider is covered 100% during your policy period.

*Available to Insured students and their covered Dependent; age restrictions may apply, depending on your state.

This Summary Brochure is based on Policy #2021-203374-1.

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 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
አማርኛ BracketKebele: kebele Amharic 1-866-260-2723

Arabic
توفر لك خدمات المساعدة اللغوية مجاناً، اتصل على الرقم 1-866-260-2723.

Armenian
Հայերեն BracketKebele: երգչության ջանկարագրություն միջոցով 1-866-260-2723

Bantu-Kirundi
Uronswa ku bantu serivisi zafiüte ki urimi zo kugufasha. Utegerewe guhamagara 1-866-260-2723.

Bisayan-Visayan (Cebuano)
Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walyay bayad. Pulihug tawag sa 1-866-260-2723.

Bengali-Bangla
ঘোষণা: ভাষা সহায়তা পরিষেবা আপনি বিবাধিত সেবার জন্য প্রয়োজন। এখন করুন 1-866-260-2723-তে কথা করুন।

Burmese
ထိုအချက်ထိုးသည် အပြင် အောက် ဖန်တီးသည် သို့ပါ၀င်၏။ 1-866-260-2723

Cambodian-Mon-Khmer
Assistance linguistique gratuite disponibles. Appellez le 1-866-260-2723.

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

Chocitaw
Chahita anumpa ish anumpuli hokmvmt toksholi yvt peh pilla hq chi aple hina. I paya 1-866-260-2723.

Cushite-Oromo
Tajajtiliiwan gaparaa afamaan kanfaltii malee sii f jira. Maaloo karaa lakkooftaa bilbila 1-866-260-2723 bilbili.

Dutch
Taalbijstandsdienssten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

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

French Creole-Haitian Creole

German

Greek
Oi υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

Gujarati
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