2019–2020 Student Injury and Sickness Insurance Plan for Keck Graduate Institute

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 this 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 this 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 this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including 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 2019-203374-1. 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 8-30-19 to 8-29-20</th>
<th>Fall 8-30-19 to 1-3-20</th>
<th>Spring/Summer 1-4-20 to 8-29-20</th>
<th>Summer 5-16-20 to 8-29-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$5,892.00</td>
<td>$2,051.00</td>
<td>$3,851.00</td>
<td>$1,714.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$5,892.00</td>
<td>$2,051.00</td>
<td>$3,851.00</td>
<td>$1,714.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$5,892.00</td>
<td>$2,051.00</td>
<td>$3,851.00</td>
<td>$1,714.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$11,774.00</td>
<td>$4,092.00</td>
<td>$7,692.00</td>
<td>$3,418.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$17,656.00</td>
<td>$6,133.00</td>
<td>$11,533.00</td>
<td>$5,122.00</td>
</tr>
</tbody>
</table>

## Highlights of Coverage offered by UnitedHealthcare StudentResources

### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-30-19 to 8-29-20</th>
<th>Fall 8-30-19 to 1-3-20</th>
<th>Spring/Summer 1-4-20 to 8-29-20</th>
<th>Summer 5-16-20 to 8-29-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$5,892.00</td>
<td>$2,051.00</td>
<td>$3,851.00</td>
<td>$1,714.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$5,892.00</td>
<td>$2,051.00</td>
<td>$3,851.00</td>
<td>$1,714.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$5,892.00</td>
<td>$2,051.00</td>
<td>$3,851.00</td>
<td>$1,714.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$11,774.00</td>
<td>$4,092.00</td>
<td>$7,692.00</td>
<td>$3,418.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$17,656.00</td>
<td>$6,133.00</td>
<td>$11,533.00</td>
<td>$5,122.00</td>
</tr>
</tbody>
</table>

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

**METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 85.450%**

**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>Plan Deductible</td>
<td>$500 (Per Insured Person, Per Policy Year)</td>
<td>$1,000 (Per Insured Person, Per Policy Year)</td>
</tr>
<tr>
<td></td>
<td>$1,000 (For all Insureds in a Family, Per Policy Year)</td>
<td>$2,000 (For all Insureds in a Family, Per Policy Year)</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>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$5,000 (Per Insured Person, Per Policy Year)</td>
<td>$7,500 (Per Insured Person, Per Policy Year)</td>
</tr>
<tr>
<td></td>
<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>
</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>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coinsurance</td>
<td>90% of Preferred Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Customary Charges for Covered Medical Expenses</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>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Drugs</td>
<td>$20 Copay for Tier 1</td>
<td>No Benefits</td>
</tr>
<tr>
<td></td>
<td>$40 Copay for Tier 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$60 Copay for Tier 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)</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>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care Services</td>
<td>100% of Preferred Allowance</td>
<td>No Benefits</td>
</tr>
</tbody>
</table>

19POSB-203374-1 Page 2 of 6 UnitedHealthcare StudentResources
<table>
<thead>
<tr>
<th>The following services have per Service Copays</th>
<th>Medical Emergency: $150</th>
<th>Medical Emergency: $150</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</td>
<td>The Copay will be waived if admitted to the Hospital.</td>
<td>The Copay will be waived if admitted to the Hospital.</td>
</tr>
</tbody>
</table>

| 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:

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.
10. **Hirsutism. Alopecia.**
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.
14. **Investigational services.**
15. **Lipectomy.**
16. **Voluntary participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense.**
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 Parlodol, Pergonal, Clomid, Profasi, Metrodin, or Serophene.
• Growth hormones, except when used for the long-term treatment of Insureds under age 19 with growth failure from the lack of adequate endogenous growth hormone secretion.
• Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

18. Reproductive/Infertility services including but not limited to 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.

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.

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.


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 policy, 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.

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a $40 service fee before being connected to a board-certified physician.

**Student Assistance: 24/7 Counseling 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, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount.

**BetterHelp: 24/7 Online Counselor Access**

Starting on the effective date of your policy, you have access to Psychologists (PhD / PsyD), Marriage and family therapists (LMFT), Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC) through BetterHelp, a national virtual counseling service. These professional licensed counselors will be available to you via ongoing text communications, live chat, phone, video or groupinars.

When you first visit the counseling website, you will be asked to complete a questionnaire that will request your UHCSR insurance information on your ID card, emergency contacts and your goals for accessing the service. The questionnaire will also ask you for counselor preferences (gender, specialty, etc.) to ensure you are matched with a practitioner that can help you meet your goals. Within 24 hour after completing the questionnaire, you will be contacted by a counselor to schedule an appointment and decide on a communication method that best suits your needs.

As an insured with StudentResources, there is no consultation fee for this service. Every communication with a BetterHelp counselor is covered 100% during your policy period.

This Summary Brochure is based on Policy #2019-203374-1.

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 AND LANGUAGE ASSISTANCE PROGRAM

NON-DISCRIMINATION NOTICE

UnitedHealthcare StudentResources does not discriminate or treat Insureds differently on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

If you think you were treated unfairly for any of these reasons, 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.

If you think you were treated unfairly because of your ancestry, religion, marital status, gender, gender identity, or sexual orientation, you can also send a complaint to the California Department of Insurance:

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, CA 90013
Toll-Free Consumer Hotline: 1-800-927-HELP (4357) or 1-213-897-8921
TDD Number: 1-800-482-4TDD (4833)
http://www.insurance.ca.gov

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, 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)

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)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201

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
Shërbitet e ndihmës në gjithë të mund të rikthehet shumë finalis. Ju lutem telefononi në numrin 1-866-260-2723.

Amharic
አማርኛ እንወ ከዓለም ከነብር ለወንስ ከታማም የታም ለገር. ከተማው ለያስለ ለማስረከቡ 1-866-260-2723 ከተማው ለያስለ ለማስረከቡ.

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

Armenian
2քս ձայնագրեք եւ սույնքեք լրագրեք ուղիները պատմության մեջ: Միջնագրեք ընդհանուր տեղեկատվություններ 1-866-260-2723 համարով.

Bantu- Kirundi
Uronswa ku bantu servisi zisatiji ku urimi za kugufasha. Utugerezwa guhamaganya 1-866-260-2723.

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

Bengali- Bangala
বাংলা: বাংলা সহযোগী পরিষেবা আপনি বিদ্যমান পাড়ে পাওয়া। এটি করে না 1-866-260-2723-এ করুন করুন।

Burmese
မြန်မာ: သင်၏ အားလုံးကို မြန်မာ စိတ်ချောင်း အသုံးပြုပါ။ သင်၏ လိုအပ်သောအချက်အလက်များအား 1-866-260-2723 ကို ဖော်ပြပါ။

Cambodian- Mon-Khmer
កំពូលសម្រាប់ពន្លឺថ្មី ឬ សម្រាប់ពន្លឺថ្មី 1-866-260-2723 អង្ករស៊ី

Cherokee
Osiyo Yeil Osiyo Yeilet Ha RG6G09AT LHEGG09 09DGT. IG6D H0B09 1-866-260-2723.

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 anumpulihoknowt toshoki yvet pih pilla hq chi aple hina. I paya 1-866-260-2723.

Cushite- Oromo

Dutch
Taalbijstandsdiens 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
Οι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

Gujarati
સાંભળ શાસ્ત્રીય સેવાએ તમારા માટે લિંક ઉપલબ્ધ છે. ક્રાફ્ટ કરીને 1-866-260-2723 પર ક્રમ કરો.

Hawaiian
Kūkua manauhi ma kau ‘ōlelo i loa’a ‘ia. E kelepona i ka helu 1-866-260-2723.

Hindi
आप के लिए आप सहायता सेवाएँ निष्कुंश उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong
Muaj cov kov pah thiaw lus pub dawb rau koj. Thov hau rau 1-866-260-2723.

Ibo

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

Indonesian

Italian
Sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-260-2723.

Japanese
無料の言語支援サービスをご利用いただけます。1-866-260-2723 までお電話ください。

Karen
_words: Karen language text. 1-866-260-2723_word.

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

Kru- Bassa
Bot ba hola ni kobol mahop ngai waa wogoi wo ba ye ha i nyu yon. Sebel i nisingi ini 1-866-260-2723.

Kurdish Sorani
خزmersizki يژمەنداوی زینەیەیی بەتەکییەوە. دەکرێئ ئەگەر دەتوانێیە بۆ زەمرەکات 1-866-260-2723.

Laotian
""""Muisamathasamahinoo manasantebhun naa 1-866-260-2723.""""