2022–2023 Blanket Student Health Insurance Plan for Tulane University

Who is eligible to enroll?

Distance learning students only, which are enrolled at Tulane University taking 3 or more credit hours are eligible to enroll in this insurance plan on a voluntary basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse or Domestic Partner and dependent children or grandchildren who meet the limits of a Dependent set forth in the Dependent definition. 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. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
   a. On the date the Named Insured acquires a legal spouse or a Domestic Partner who meets the specific requirements set forth in the Definitions section of the Certificate.
   b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

How do I enroll or enroll my dependents in T-SHIP?

To enroll yourself or your eligible dependents in T-SHIP, log in to www.gallagherstudent.com/Tulane and follow the instructions.

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/tulane. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-54-2. 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 1-866-808-8266 or customerservice@uhcsr.com. If you have questions about how to enroll in T-SHIP, please contact Gallagher Student at 1-844-484-0090.

Highlights of Coverage offered by UnitedHealthcare Student Resources

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-19-22 to 8-18-23</th>
<th>Fall 8-19-22 to 12-31-22</th>
<th>Spring/Summer 1-1-23 to 8-18-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$3,275.00</td>
<td>$1,211.00</td>
<td>$2,064.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$3,275.00</td>
<td>$1,211.00</td>
<td>$2,064.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$3,275.00</td>
<td>$1,211.00</td>
<td>$2,064.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$6,550.00</td>
<td>$2,422.00</td>
<td>$4,128.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$9,825.00</td>
<td>$3,633.00</td>
<td>$6,192.00</td>
</tr>
</tbody>
</table>

The Insured Person must meet the eligibility requirements each time a premium payment is made. To avoid a lapse in coverage, the Insured Person’s premium must be received within 30 days after the coverage expiration date. It is the Insured Person’s responsibility to make timely premium payments to avoid a lapse in coverage.

Other Coverage

Also available for Tulane University students is a UnitedHealthcare Insurance Company fully insured Dental and Vision plan. To enroll go to www.uhcsr.com/tulane.

Highlights of the Student Health Insurance Plan Benefits

**METALLIC LEVEL - PLATINUM WITH ACTUARIAL VALUE OF 86.380%**

*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 Copay 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: 1) Outpatient Physician’s Visits. Policy Exclusions and Limitations do not apply.
- 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: 1) immunizations for Hepatitis A & B, Meningitis, Human Papilloma Virus (HPV) and HIV testing; 2) travel immunizations that are not covered by the Preventive Care Services Benefit are also covered after a $15 Copay per vaccine; 3) TB testing that is not covered by the Preventive Care Services Benefit is also covered after a $15 Copay, including a second test for first year medical students during hospital rotations; 4) Labs referred by the SHC to Labcorp; and 5) all other services listed in the Schedule of Benefits. Policy Exclusions and Limitations do not apply.
- No Deductible, Copays, or Coinsurance will be applied to Preventive Care Services received from the Student Health Center.

**Overall Plan Maximum**
- There is no overall maximum dollar limit on the policy

<table>
<thead>
<tr>
<th>Plan Deductible</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250 Per Insured Person, per Policy Year</td>
<td>$500 Per Insured Person, per Policy Year</td>
<td></td>
</tr>
<tr>
<td>$750 For all Insureds in a Family, Per Policy Year</td>
<td>$1,500 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>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000 Per Insured Person, Per Policy Year</td>
<td>$5,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>$10,000 For all Insureds in a Family, Per Policy Year</td>
<td>$10,000 For all Insureds in a Family, Per Policy Year</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td><strong>90% of Allowed Amount for Covered Medical Expenses</strong></td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Prescription Drugs</strong></th>
<th><strong>$20 Copay for Tier 1</strong></th>
<th><strong>$20 Copay for generic drugs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 3 times the retail Copay up to a 90 day supply.</strong></td>
<td><strong>$50 Copay for Tier 2</strong></td>
<td><strong>$50 Copay for brand name drugs</strong></td>
</tr>
<tr>
<td><strong>Includes prescription pre-natal vitamins.</strong></td>
<td><strong>$80 Copay for Tier 3</strong></td>
<td><strong>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible</strong></td>
</tr>
<tr>
<td>Prescription Drugs dispensed at Tulane Student Health Center are paid at 100% following a $15 Copay per prescription for Tier 1, $15 Copay for Tier 2 and $15 Copay for Tier 3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Preventive Care Services</strong></th>
<th><strong>100% of Allowed Amount</strong></th>
<th><strong>Allowed Amount after Deductible</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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 <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>The following services have per service Copays</strong></th>
<th><strong>Physician’s Visits: $30 after Deductible</strong></th>
<th><strong>Medical Emergency: $100 after Deductible</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</strong></th>
<th><strong>Office Visits: $30 Copay per visit</strong></th>
<th><strong>Office Visits: Allowed Amount after Deductible</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowed Amount after Deductible</td>
<td>Other Outpatient Services: Allowed Amount after Deductible</td>
<td>Other Outpatient Services: Allowed Amount after Deductible (Out-of-Network benefits are subject to the Preferred Provider Deductible instead of the Out-of-Network Deductible.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Pediatric Dental and Vision Benefits</strong></th>
<th><strong>Refer to the plan certificate for details (age limits apply).</strong></th>
<th></th>
</tr>
</thead>
</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. Acupuncture.
2. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
4. Cosmetic procedures, except reconstructive procedures to:
   - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
• Treat or correct a Congenital Condition existing at or from birth which significantly interferes with normal bodily function, such as cleft lip and cleft palate.

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 and Oral Surgery in the Policy. This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.

7. Elective Surgery or Elective Treatment.
8. Health spa or similar facilities. Strengthening programs.

9. 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 an infection or Injury.
• An implantable bone conduction hearing aid.
• Hearing aids for Insureds age 17 and under as specifically provided in the Policy.


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.

13. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.

14. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance, except when due to the fault of a third party.

15. Injury sustained while:
• Participating in any intercollegiate or professional sport, contest or competition.
• Traveling to or from such sport, contest or competition as a participant.
• Participating in any practice or conditioning program for such sport, contest or competition.

16. Investigational services.

17. Lipectomy.

18. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense.

19. Prescription Drugs, services or supplies as follows:
• Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
• Immunization agents, except as specifically provided in the Policy.
• Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs. This exclusion does not apply to cancer treatment drugs not approved by the United States Food and Drug Administration if the drug is recognized for the treatment of cancer in a standard reference compendia or in substantially accepted peer-reviewed medical literature.
• 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 or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
• Growth hormones, except for chronic renal insufficiency, AIDS wasting, Turner’s Syndrome, and growth hormone deficiency with abnormal provocative stimulation testing.
• Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

20. 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.
• Premarital examinations.
• Impotence, organic or otherwise.
• Reversal of sterilization procedures.

21. 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.
22. 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 the initial fitting and one pair of eyeglasses or contact lenses required following cataract surgery.

23. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.

24. 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.

25. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Temporomandibular joint dysfunction. 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.

26. Speech therapy, except as specifically provided in the Policy. Naturopathic services.

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.

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; or while 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. 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 or Domestic Partner and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students, insured spouse, Domestic Partner and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

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

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

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

Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.
To access services please refer to the phone number on your ID Card or access My Account and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

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

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

### Highlights of Services offered by UnitedHealthcare Student Resources

#### Healthiest You: 24/7 Doctor Access

Starting on the effective date of your coverage under the student insurance plan, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service.* By visiting [www.telehealth4students.com](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. You can learn more about this benefit and how to use it in My Account.

This service is meant to complement your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

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

*Available to Insured students and their covered Dependents; age restrictions may apply. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a service fee before being connected to a board-certified physician.

#### HealthiestYou: Virtual Counselor Access

Starting on the effective date of your coverage under the student insurance plan, you have access to mental health providers through a national virtual counseling service.* Psychiatrists, psychologists and licensed therapists are available to you through a variety of communication methods, including phone and video.

When you sign up, you'll complete a questionnaire, choose your provider and select a date and time for your appointment. Appointments are available 7 days a week. Visits are secure, discreet and confidential, and you have ongoing support with the same provider.

As an insured with **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.
24/7 StudentAssist

Insureds have immediate access to the Student Assistance Program, 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 Advice** - financial services are provided by licensed CPA’s and Certified Financial Planners who 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** - available to help resolve family-related disputes, including but not limited to separation, child custody, child support, divorce property and debt division, etc.
- **Living Well Portal** – access to liveanworkwell.com where insureds can participate in personalized self-help programs and find information on many helpful resources.
- **CollegeLife** – direct access to experts on the Optum team and through referrals to a broad spectrum of pre-screened and qualified convenience resources.
- **Sanvello** – access to an evidence-based mobile care solution created by clinical experts that allows insureds to access on-demand help for stress, anxiety, and depression.

Translation services are available in over 170 languages for most services. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount under Additional Benefits.

This Summary Brochure is based on Policy #2022-54-2.

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
حضرتك انا معاون فني للمساعدة اللغوية مجانًا. يمكن علي الرد على الطلب 1-866-260-2723

Arabic
تتوفر لك خدمات المساعدة اللغوية مجانًا. يمكنك التواصل بالرد 1-866-260-2723

Armenian
Ձեք ձայնագիր եք մեկնարկեցք օգնությունը նպատակով: Միավորվի եք զանգակալիչների
1-866-260-2723 հաղթահարող;

Bantu- Kirundi
Uronswa ku bantu servisivi zafitìyey ku runimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Bengali- Bangla
ঘোষণা: ভাষা সহায়তা পরিষেবা অগ্রণী নিজস্ব পরিপদ নেওয়া।
প্রতি 1-866-260-2723-তে কল করুন।

Burmese
ဗေဒသား ကွန်းအဖွဲ့ တို့သည် ဗားနှုန်း ဗားနှုန်းစည်းပေးပါသည်။
1-866-260-2723 သိမ်းဆည်းသည်။

Cambodian- Mon-Khmer
សម្រាប់ការជួយជាបញ្ចូលភាសាដ៏ផ្តេកប្រសើរ
1-866-260-2723 ត្រូវបានតម្រូវការ;

Cherokee
SGOOWOOG WOOG IYEOOOG ET ID ROOOGALOGID HLEGGOO D4GOT. IKGOO DH OBOOOG 1-866-260-2723.

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

Chocotaw

Cushite- Oromo
Tajajilliiwan gargaarsa afamnii kanfaltii malee siif jira.
Maaloa karaa laakoofa bibilaa 1-866-260-2723 bibilii.

Dutch
Taalbijstandsdiensten 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 διαθέτουν δωρεάν. Κάλεστε το 1-866-260-2723.

Gujarati
સાધારણ સમયમાં સભયા માટે સિંહ પુલી દીધા છે. કૂશ કરીને 1-866-260-2723 પર કોલ કરો.

Hawaiian
Kōkua manuahi ma kau ‘ōlelo i loa’a ‘ia. E keelepona i ka helu 1-866-260-2723.

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

Hmong
Muv cov kep tchais lus pub dawb rau koj. Thov hru rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangangasim ta tawgamin 1-866-260-2723.

Indonesian
Layanan bantuan bahasa bebas bayar tersedia untuk Anda.
Harap hubungi 1-866-260-2723.

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
ဆိုလိမ်ချင်သူများကို ဗိုလ်စား လိုင်စင်သည်။
1-866-260-2723 ပူးပေါင်း။

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

Kru- Bassa
Bot ba hola ni cobol mahop ngui naa wogui wo ba ye ha i nyu yon.
Sebel i nisinga ini 1-866-260-2723.

Kurdish Sorani
زەستامەکانی یەزەمەکانی زەمایە یەکەوەیە بۆ تو دەکەیەن. لەکەیکە مەتاوەکە بۆ زەمەس 1-866-260-2723;

Laotian
លទ្រូវបានការជួយជាបញ្ចូលភាសាដ៏ផ្តេករាប់ ឬថាខ្មែរ ។ ទាញទារបានជាង 1-866-260-2723.
Marathi
अध्याये देशी सुविधा आपस्मार विनाशक उपलब्ध आहे.
त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese
Kwomaro'n bök jerbal in jipa'n in kajin elo ejelok wonin. Jouj
im kollok 1-866-260-2723.

Micronesian- Ponapean
Mie sawas en mahnse ong komwi, soh isepe. Melau eler
1-866-260-2723.

Nauru
Sau a áka'eyeed bee áka'nidaw'i gij t'áa jik'eh bee nich'ih
bee na'aheo'ti. T'áa shóqdi kohj'iy 1-866-260-2723 hodilihnh.

Nepali
भाषा सहायता सेवा‌हरू निरुचिक उपलब्ध छ। कृपया
1-866-260-2723 भा कल गरेखानुहोस्।

Nilotic-Dinka
Kúk é kuny ajuar é thok: át há ti yin abac té cíí né wey
thiíue. Yinn ci' 1-866-260-2723.

Norwegian

Pennsylvania Dutch
Schprooch unwesezte Hilf kannsecht du frei hawwe. Ru'f
1-866-260-2723.

Persian-Farsi
خدمات اسکرد زبانی به‌طور رایگان در اختیار شما می‌باشد. 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
ਭਰਾਂ ਸਿਹਤਾਂ ਦੇ ਵੇਅਸ਼ਿਆਰ ਤੱਕ ਸੰਭਾਲ ਦੁਆਰਾ ਵਿਸਹਾਲ ਕਰਨਾ
1-866-260-2723 ਦੌ ਕਰੋ ਬੇਠੋ।

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

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

Samoan- Fa'asamoa
O loo maau fesasamoa mo gagana mo oe ma e le totogia.
Faamalealou telefoni le 1-866-260-2723.

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

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

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

Sudanic- Fulfulde
E woodi wallunde dow wolde caahu ngam maada. Noodu
1-866-260-2723.

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

Syriac- Assyrian
; ;

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

Telugu
కర్మాలు విధానాలు వైఖానా నుండి ఎక్కువ విధానాలు లోపలితారికమైనవస్తుంటుంది.
సేవగు 1-866-260-2723 లో నిత్యం ఉపయోగించండి.

Thai
มีบริการความช่วยเหลือทางภาษาให้ฟรีไม่มีข้อเสียใช้ง่าย
สะดวกสบาย โปรดโทรที่ 1-866-260-2723.

Tongan- Fakatonga
'Oka 'i ai pē 'a e sēnesa ki he lea' ke tokoni kiate koe pea 'oku
'atā ia ma'au 'o 'ikai ha totongi. Kātaki 'o tā ki he
1-866-260-2723.

Trukese (Chuukese)
En mei tongeni angei aninisin emon chon chiaakku, esse kamo.
Kose mochen kopwe kokkori 1-866-260-2723.

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

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

Urdu
زبان کی ہوں لگی معاونی خدمات آپ کی لئی معاونیت، دستیاب ہیں.

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

Yiddish
שתפויות תקשורתיות ו🐕עקרונות עלית תקצובות מאיר. אידית מוסקוט
1-866-260-2723.

Yoruba
Isé iranlówó èdè ti ó jé òfè, wà fun ò. Pe 1-866-260-2723.