



## 2022-2023 Student Health Insurance Plan for University of Cincinnati

### Who is eligible to enroll?

All students taking six (6) or more credit hours and Co-op students are automatically enrolled in this insurance plan at Registration, unless proof of comparable coverage is furnished. All graduate students with fewer than six (6) credit hours are eligible to enroll in this plan on a voluntary basis. Grad students working on their dissertation are considered FT taking only 1 credit hour per academic year vs per semester. Distance Learning Programs do not meet the eligibility requirements. The requirement to attend classes for the first 31 days is waived for Co-op students.

If the plan includes Dependent coverage, then eligible students who do enroll may also insure their Dependents.

When the policy includes Dependent coverage, eligible Dependents include:

1. The Insured Person's legal spouse.
2. The Insured Person's Domestic Partner, if Domestic Partner is included as a "Class of Person to be Insured" as specified in the Policyholder Application.
3. Dependent children up to age 26.
4. Disabled children beyond age 26 if the child is:
  - (a) Incapable of self-sustaining employment by reason of intellectual disability or physical handicap.
  - (b) Chiefly dependent upon the Insured Person for support and maintenance.
5. Children for whom the parent is required by court or administrative order to provide coverage.

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.

When the Policy includes Dependent coverage, 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.

Coverage availability is guaranteed for all individuals who meet the eligibility requirements specified above.

## Online Student Waiver Process

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### Student Health Insurance Waiver Agreement

In order to be accepted, your health insurance policy must:

- be gold-tier equivalent:  
[http://www.uc.edu/content/dam/uc/University%20Health%20Services/docs/student\\_health\\_insurance/metal\\_tiers.pdf](http://www.uc.edu/content/dam/uc/University%20Health%20Services/docs/student_health_insurance/metal_tiers.pdf)
- be in compliance with the Patient Protection and Affordable Care Act (PPACA) including the Ten Essential Health Benefits:  
[http://www.uc.edu/content/dam/uc/University%20Health%20Services/docs/student\\_health\\_insurance/10ebs.pdf](http://www.uc.edu/content/dam/uc/University%20Health%20Services/docs/student_health_insurance/10ebs.pdf)
- not contain a pre-existing condition waiting period, or the waiting period must already have been exhausted;
- contain only less restrictive limitations than the U.C. Student Health Insurance policy;
- be active the entire time for which you are enrolled in classes; and
- be through a U.S. based insurance company employing a U.S. based claims administrator.

Currently, and in the future, you must be covered by an active health insurance policy (not a mini-med policy, nor a fixed-benefit indemnity policy, nor a discount plan) containing the same or less restrictive exclusions than that of the Student Health Insurance (SHI) policy on pages 4 and 5 of this summary brochure.

If you are the dependent of a UC employee and that UC employee has enrolled both you and herself/himself in a UC-sponsored employee health plan available through UC employee benefits, you are eligible to waive UC SHI. Your coverage must be effective for the entire academic year.

**Do not write a note or call a UC office to waive coverage.**

To avoid problems, properly complete the online waiver and submit prior to the deadline. Students who lose eligibility under their then current policy and who submitted a waiver with that policy's information, must immediately inform the SHI Office of such.

**The Single Student Waiver Deadlines are September 5, 2022, and January 23, 2023 and May 22, 2023.**

Waivers are accepted on or before the Waiver Deadline.

**The Dependent Coverage enrollment deadline is September 5, 2022.**

Students who successfully waive coverage for the then current fall semester are-for the remainder of the policy year-neither enrolled for coverage automatically (unless the waiver is later audited and declined) nor charged for SHI on their UC tuition bill. It is the student's responsibility to ensure the charge is removed from the UC bill no later than the Waiver Deadline.

### Where can I get more information about the benefits available?

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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/uc](http://www.uhcsr.com/uc). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-202-1. The Policy is a Non-Renewable One-Year Term Policy.

### Who can answer questions I have about the plan?

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If you have questions please contact Customer Service at 1-866-589-1053 or [www.uhcsr.com/uc](http://www.uhcsr.com/uc)

### Other Coverage

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Also available for University of Cincinnati students is a fully insured Dental and Vision plan. To enroll go to <https://sales.chesapeakeplus.com/uhcsr/surebridge.aspx>.

# Highlights of Coverage offered by UnitedHealthcare StudentResources

## Student Health Center Message

The student and Dependents should use the services of the University Health Services (UHS) first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the UHS for which no prior approval or referral is obtained will be paid at 60% of the benefits otherwise payable under the Schedule of Benefits up to a maximum reduction of \$750.00 per Policy Year. A referral issued by the UHS must accompany the claim when submitted. Only one referral is required for each Injury or Sickness per Policy Year.

A UHS referral for outside care is not necessary only under any of the following conditions:

1. Medical Emergency. The student should return to UHS for necessary follow-up care.
2. Medical care received when the student is more than 50 miles from campus.
3. Maternity, obstetrical and gynecological care.
4. Medical care obtained when a student is no longer able to use the UHS due to a change in student status.

Dependent children (under 18 years of age) are not eligible to use the UHS; and therefore, are exempt from the above limitations and requirements.

### Highlights of the Student Health Insurance Plan Benefits

#### METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 85.390%

**Preferred Providers:** The Preferred Provider Network for this plan is UHS (University Health Services) and UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [UHC Choice Plus](#)

#### University Health Services Benefits:

- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the University Health Services for the following service: Prescription Drugs after a \$15 Copay per prescription for Generic, \$30 Copay per prescription for Preferred Brand, and \$60 Copay per prescription for non-Preferred Brand.
- The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at University Health Services for all other primary care services.

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$500 Per Insured Person, per Policy Year	\$800 Per Insured Person, per Policy Year
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$5,000 Per Insured Person, Per Policy Year \$10,000 For all Insureds in a Family, Per Policy Year	\$12,700 Per Insured Person, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>For prescriptions filled at UHS Pharmacy, \$15 Copay per prescription for Generic \$30 Copay per prescription for Preferred Brand \$60 Copay per prescription for non-Preferred Brand.</i>  <i>Prescription Drugs covered under the Preventive Care Services benefit will be</i>	80% of Allowed Amount per prescription not subject Deductible	80% of billed charge per prescription after Deductible

<i>paid at the benefit levels shown under Preventive Care Services.</i>		
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit <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.</i>	100% of Allowed Amount	60% of Allowed Amount after Deductible
<b>The following services have per service Copays</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician's Visits: \$35 not subject to Deductible Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital. The Copay will be reduced to \$50 with a UHS referral prior to visiting the Emergency Room.	Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital.
<b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b>	Office Visits: 100% of Allowed Amount not subject to Deductible  Other Outpatient Services: 80% of Allowed Amount after Deductible	Office Visits: 60% of Allowed Amount after Deductible  Other Outpatient Services: 60% of Allowed Amount after Deductible
<b>Pediatric Dental and Vision Benefits</b>	Refer to the plan certificate for details (age limits apply).	

## Exclusions and Limitations

This Exclusions and Limitations section describes items which are excluded from coverage and are not considered to be Covered Medical Expenses.

No benefits will be paid for services designated as "No Benefits" in the Schedule of Benefits or for procedures, equipment, services, supplies, or charges which the Company determines are not Medically Necessary or do not meet the Company's medical policy, clinical coverage guidelines, or benefit policy guidelines.

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. Cosmetic procedures. Cosmetic procedures are primarily intended to preserve, change, or improve the Insured Person's appearance, including surgery or treatments to change the size, shape, or appearance of facial or body features (such as the Insured's skin, nose, eyes, ears, cheeks, chin, chest, or breasts).  
This exclusion does not apply to:
  - Benefits specifically provided in the Policy for Reconstructive Procedures.
  - Myocardial infarction.
  - Pulmonary embolism.
  - Thrombophlebitis.
  - Exacerbations of co-morbid conditions.
3. 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.
4. Any dental treatment not specifically provided for in the Policy.
5. Elective Surgery or Elective Treatment.
6. Elective abortion. This exclusion does not apply to therapeutic abortions as specified under Maternity Benefits.
7. Examinations related to research screenings.
8. 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).
9. Health spa or similar facilities. Strengthening programs.
  10. Hearing aids or exams to prescribe or fit them.
  11. Hypnosis.
  12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
  13. Injury sustained from playing, practicing, traveling to or from, participating in, or conditioning for any intercollegiate sport for which benefits are paid or payable under a sports accident policy issued to the Policyholder, or for which coverage is provided by the National Collegiate Athletic Association (NCAA), the National Association of Intercollegiate Athletics (NAIA), or any other sports association.
  14. Investigational services.
  15. Marital counseling.
  16. Direct participation in a riot or civil disobedience, nuclear explosion or nuclear accident. Commission of or attempt to commit a felony.
  17. Physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, or for licensing.
  18. Prescription Drugs, services or supplies as follows:
    - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, not specifically provided for in the Policy.
    - Immunization agents, except as specifically provided under Preventive Care Services.
    - 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 or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
    - Growth hormones.
    - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
  19. Reconstructive procedures, except as specifically provided in the benefits for Reconstructive Procedures.
  20. Reproductive services for the following:
    - 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.
    - Impotence, organic or otherwise.
    - Reversal of sterilization procedures.
  21. When the Policyholder has a Student Health Center, services provided by the Student Health Center for which the Insured Person has no legal obligation to pay.
  22. Naturopathic services.
  23. Surgical treatment of gynecomastia.
  24. Services provided by any Governmental unit, unless otherwise required by law or regulation.
  25. 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).
  26. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat.  
This exclusion does not apply to benefits specifically provided in benefits for Preventive Care Services or Weight Management/Dietician.

## UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse, 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 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 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

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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

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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](http://www.uhcsr.com/MyAccount) under Additional Benefits.

For general information on benefits, eligibility and enrollment, please contact:

**U.C. Student Health Insurance Office**

1-513-556-6868

Email: [studins@ucmail.uc.edu](mailto:studins@ucmail.uc.edu)

Website: [www.med.uc.edu/studenthealthinsurance](http://www.med.uc.edu/studenthealthinsurance)

This Summary Brochure is based on Policy #2022-202-1.

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](mailto: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>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**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.





**Marathi**

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे.  
त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

**Marshallese**

Kwomarofi bok jermal in jipañ in kajin ilo ejjelok wõññän. Jouj im kallok 1-866-260-2723.

**Micronesian- Pohnpeian**

Mie sawas en mahsen ong komwi, soh isepe. Melau eker 1-866-260-2723.

**Navajo**

Saad bee aka'e'eyeed bee aka'nida'wo'igii t'aa jiik'eh bee nich'i' bee na'ahoot'i'. T'aa shoqdi kohji' 1-866-260-2723 hodiilnih.

**Nepali**

भाषा सहायता सेवाहरु निःशुल्क उपलब्ध छन्। कृपया  
1-866-260-2723 मा कल गर्नुहोस्।

**Nilotic-Dinka**

Kak e kuny ajuser e thok atö tinë yin abac të cin wëu yeke thiëe. Yin col 1-866-260-2723.

**Norwegian**

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

**Pennsylvania Dutch**

Schprooch iwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723.

**Persian-Farsi**

خدمات امداد زبانی 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**

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ  
1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

**Romanian**

Vi se pun la dispozitie, 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 maua fesoasoani mo gagana mo oe ma e lē totoogia.  
Faamolemole telefoni le 1-866-260-2723.

**Serbo- Croatian**

Možete besplatno koristiti usluge prevodioca. 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 disposición. Llame al 1-866-260-2723.

**Sudanic- Fulfulde**

E woodi wallinde 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**

1-866-260-2723

**Tagalog**

Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

**Telugu**

1-866-260-2723

**Thai**

1-866-260-2733

**Tongan- Fakatonga**

1-866-260-2723.

**Trukese (Chuukese)**

1-866-260-2723.

**Turkish**

1-866-260-2723 numarayı arayınız.

**Ukrainian**

1-866-260-2723.

**Urdu**

1-866-260-2723 پر کال کریں۔

**Vietnamese**

1-866-260-2723.

**Yiddish**

1-866-260-2723.

**Yoruba**

1-866-260-2723.