



2023-2024 Student Health 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 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 in compliance with the Policyholder's attendance requirement 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. In the absence of fraud or intentional misrepresentation of material fact, if and whenever the Company discovers that the Policy eligibility requirements have not been met, coverage will be cancelled immediately. Unearned premiums will be refunded.

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 with a Domestic Partner who meets the specific requirements set forth in the Definitions section of the Certificate.
 - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.uhcsr.com/kgi. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2023-203374-1. The Master Policy provides One-Year Term coverage.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-800-767-0700 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare Student Resources

Coverage Dates and Plan Cost

Rates	Annual 8-29-2023 to	Fall 8-29-2023 to	Spring/Summer 1-4-2024 to	Summer 5-16-2024 to
	8-28-2024	1-3-2024	8-28-2024	8-28-2024
Student	\$6,685.00	\$2,333.00	\$4,337.00	\$1,914.00
Spouse	\$6,670.00	\$2,333.00	\$4,337.00	\$1,914.00
One Child	\$6,670.00	\$2,333.00	\$4,337.00	\$1,914.00
Two or More Children	\$13,340.00	\$4,666.00	\$8,674.00	\$3,828.00
Spouse and Two or	\$20,010.00	\$6,999.00	\$13,011.00	\$5,742.00
More Children				

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

Highlights of the Student Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 87,430%

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. **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 \$1,000 Per Insured Person, per Policy Year Policy Year \$1,000 For all Insureds in a \$2,000 For all Insureds in a Family, Per Policy Year Family, Per Policy Year Out-of-Pocket Maximum \$5,000 Per Insured Person, Per \$7,500 Per Insured Person, Per After the Out-of-Pocket Maximum has been Policy Year Policy Year satisfied, Covered Medical Expenses will be paid \$10,000 For all Insureds in a \$15,000 For all Insureds in a at 100% for the remainder of the Policy Year Family, Per Policy Year Family, Per Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies. Coinsurance 90% of Allowed Amount for 70% of Allowed Amount for All benefits are subject to satisfaction of the **Covered Medical Expenses Covered Medical Expenses** Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate. **Prescription Drugs** \$20 Copay for Tier 1 No Benefits Prescriptions must be filled at a UHCP network \$40 Copay for Tier 2 pharmacy. UHCP Mail Order Network Pharmacy \$60 Copay for Tier 3 or Preferred 90 Day Retail Network Pharmacy at Up to a 31-day supply per 2.5 times the retail Copay up to a 90-day supply. prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible

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. See the Preventive Care Services benefit in the plan certificate for a complete list of services.

100% of Allowed Amount

No Benefits

Additional information can be found at: (https://www.healthcare.gov/coverage/preventive-care-benefits/)		
The following services have per service Copays This list is not all inclusive. Please read the plan certificate for complete listing of Copays.	Medical Emergency: \$150 after Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$150 after Deductible (The Insured's expense shall not exceed the amount payable for Preferred Provider Medical Emergency Expenses.) The Copay will be waived if admitted to the Hospital.
Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs	Office Visits: 90% of Allowed Amount after Deductible Other Outpatient Services: 90% of Allowed Amount after Deductible	Office Visits: 70% of Allowed Amount after Deductible Other Outpatient Services: 70% of Allowed Amount after Deductible
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:

- 1. Addictive, mental, and behavioral conditions and problems that may be the focus of clinical attention but are specifically noted not to be a mental disorder within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association or the Mental and Behavioral Disorders chapter of the ICD-10.
- 2. Cosmetic procedures performed to alter or reshape normal structures of the body in order to improve the Insured's appearance.

This exclusion does not apply to:

- Benefits for Reconstructive Surgery and Benefits for Upper or Lower Jawbone Surgery in the Mandated Benefits section of the Policy.
- Medically Necessary treatment of gender dysphoria.
- Reconstructive Breast Surgery Following Mastectomy.
- Reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy.

Examples of cosmetic procedures include:

- Pharmacological regimens, nutritional procedures or treatments.
- Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male or female breast or nipple.
- Removal of excess skin.
- Circumcision for religious reasons or aesthetic purposes.
- Hair removal.
- Hair loss or growth treatment, items, and services for the promotion, prevention, or other treatment of hair loss or hair growth.
- Nasal and sinus surgery performed for any reason other than for the treatment of an Injury or Sickness.
- 3. Custodial Care.
 - This exclusion does not apply to assistance with activities of daily living that is provided as part of covered Home Health Care, Hospice Care, Inpatient Rehabilitation Facility care, or Skilled Nursing Facility care.
- 4. Dental treatment, except:
 - For accidental Injury to Natural Teeth.
 - As described under Dental Treatment in the Medical Expense Benefits section of the Policy.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.

- 5. Elective Surgery or Elective Treatment as defined in the Definitions section of the Policy.
- 6. Foot care for the following:
 - Flat foot conditions.
 - Supportive devices for the foot.
 - Subluxations of the foot.
 - Fallen arches.
 - Weak feet.
 - Chronic foot strain.
 - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).

This exclusion does not apply to preventive foot care due to conditions associated with metabolic, neurologic, or peripheral vascular disease.

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

 This exclusion does not apply to:
 - Hearing defects or hearing loss as a result of an infection or Injury.
 - A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or absent
 ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not
 be adequately remedied by a wearable hearing aid.
 - Benefits for Reconstructive Surgery in the Mandated Benefits section of the Policy.
- 9. Immunizations, except as specifically provided in the Preventive Care Services benefit in the Medical Expense Benefits section of the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Preventive Care Services benefit in the Medical Expense Benefits section of the Policy.
- 10. Injury or Sickness for which benefits are paid:
 - Under any Workers' Compensation or occupational Disease Law or Act, or similar legislation.
 - By any other valid and collectible insurance.
- 11. Commission of or attempt to commit a felony.
- 12. Prescription Drugs Services no benefits will be payable for:
 - Drugs labeled, "Caution limited by federal law to investigational use" or experimental drugs. The Insured may request an Independent Medical Review (IMR) from the California Department of Insurance (CDI) at no cost to the Insured as described in the Notice of Appeal Rights section of the Policy.
 - Products used solely for cosmetic purposes.
 - Drugs used to treat hair loss or hair growth. Anabolic steroids used for body building.
 - · Fertility agents.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
- 13. Reproductive services for the following:
 - Genetic counseling and genetic testing, except for the prenatal diagnosis of fetal genetic disorders.
 - Cryopreservation of reproductive materials. Storage of reproductive materials. This exclusion does not apply when an Insured received covered treatment that may directly or indirectly cause iatrogenic infertility.
 - Fertility tests.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
 - Reversal of sterilization procedures.
- 14. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the Policy.
- 15. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.

This exclusion does not apply as follows:

- When due to a covered Injury or disease process.
- To benefits specifically provided in Pediatric Vision Services.
- To benefits specifically provided in the Policy Schedule of Benefits.
- To eye examinations, including preventive screenings, for conditions such as hypertension, diabetes, glaucoma, or macular degeneration.
- 16. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Medical Expense Benefits section of the Policy. This exclusion does not apply to the Preventive Care Services benefits outlined in the Medical Expense Benefits section of the Policy.
- 17. Physical examinations and tests for non-preventive care purposes in the absence of Injury or Sickness.
- 18. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
- 19. Snoring, except medical and surgical treatment provided as part of treatment for documented obstructive sleep apnea.
- 20. Naturopathic services.
- 21. Medical supplies (prescribed or non-prescribed) and disposable supplies. (Examples include gauze and dressings, compression stockings, ace bandages.)

This exclusion does not apply to:

- Ostomy and Urological Supplies in the Medical Expense Benefits section of the Policy.
- Benefits for Diabetes in the Mandated Benefits section of the Policy.
- 22. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices. This exclusions does not apply to:
 - Reconstructive Breast Surgery Following Mastectomy in the Medical Expense Benefits section of the Policy.

- Benefits for Breast Cancer Screening and Treatment in the Mandated Benefits section of the Policy.
- Benefits for Reconstructive Surgery in the Mandated Benefits section of the Policy.
- Medically Necessary reconstructive procedures that are for the treatment of gender dysphoria.
- 23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
- 24. War or any act of war, declared or undeclared; while serving in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
- 25. Weight loss and nutrition programs (for example: Weight Watchers®, Jenny Craig®, or other structured commercial weight loss programs) whether or not they are under medical supervision. This exclusion does not apply to benefits specifically provided in the Preventive Care Services benefit in the Medical Expense Benefits section of the Policy.

UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse or Domestic Partner and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

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

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

Key Assistance Benefits include:

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

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

To access services please refer to the phone number on 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, 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 Student Resources, 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 Student Resources, there is no consultation fee for this service. Every communication with a provider is covered 100% during your policy period.

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

24/7 StudentAssist

Insureds have immediate access to StudentAssist, 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 Counseling two 30 minute telephonic consultations with money coaches who offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by licensed state-specific attorneys. One 30 minute telephonic or face-to-face legal consultation per issue per year at no cost.
- Mediation services one 30 minute telephonic or face-to-face consultation per issue per year 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 liveandworkwell.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 prescreened and qualified convenience resources.

• Self Care – 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 #2023-203374-1.

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.

UNITEDHEALTHCARE INSURANCE COMPANY

NON-DISCRIMINATION AND LANGUAGE ASSISTANCE PROGRAM

NON-DISCRIMINATION NOTICE

UnitedHealthcare Student Resources 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

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

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

Shërbimet e ndihmës në gjuhën amtare ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic

Arabic

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

Armenian

Ձեզ մատչելի են անվՃար լեզվական օգնության ծառայություններ։ Խնդրում ենք զանգահարել 1-866-260-2723 համարով։

Bantu- Kirundi

Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

Bisayan-Visayan (Cebuano)

Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

Bengali- Bangala

ঘোষণা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্যে পেতে পারেন। দ্যা করে 1-866-260-2723-তে কল করুন।

Burmese

ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ သင့် အတွက် အခမဲ့ရရှိနိုင်သည်။ ကျေးဇူးပြု၍ ဖုန်း 1-866-260-2723 ကိုခေါ် ပါ။

Cambodian- Mon-Khmer

សៅាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។ សុមទូរស័ព្ទទៅលេខ 1-866-260-2723។

Cherokee

SON BOY OF THE RECOVER THE RECOVER THE RECOVER THE PROPERTY OF THE RECOVER THE

Chinese

您可以免費獲得語言援助服務。請致電 1-866-260-2723。

Choctaw

Chahta anumpa ish anumpuli hokmvt tohsholi yvt peh pilla hochi apela hinla. I paya 1-866-260-2723.

Cushite-Oromo

Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

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

Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

Greek

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

Guiarati

ભાષા સહ્યય સેવાઓ તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. કુપા કરીને 1-866-260-2723 પર ક્રૉલ કરો.

Hawaiian

Kōkua manuahi ma kāu 'ōlelo i loa'a 'ia. E kelepona i ka helu 1-866-260-2723.

Hind

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

Hmong

Muaj cov kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Tho

Enyemaka na-ahazi asusu, bu n'efu, diri gi. Kpoo 1-866-260-2723.

Ilocano

Adda awan bayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

Indonesian

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

Italiai

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

ကျိာ်တာမေးစားအကိုနမာနှစ်အီးသူဝဲလာတလိဉ်ဟုဉ်အပူးဘဉ်(စီလီ)နှဉ်လီး. ဝံသးဈးဆုံးကျိုးဘဉ်1-866-260-2723တက္ကုံ.

Korean

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

Kru- Bassa

Bot ba hola ni kobol mahop ngui nsaa wogui wo ba yé ha i nyuu yoŋ. Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani

خزمەتەكتى يارمەتيى زمانى بەخۆر ايى بۆ تۆ دابين دەكريّن. تكايە تەلمەقق بكە بۆ رُمار دى 2722-66-18-1.

Laotia

ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄໍ່າໃຫ້ແກ່ທໍ່ານ. ກະລຸນາໂທຫາເບີ 1-866-260-2723.

SR LAP 64 (6-18)

Marathi

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

Marshallese

Kwomaroñ bōk jerbal in jipañ in kajin ilo ejjelok wōṇāān. 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 áka'e'eyeed bee áka'nída'wo'ígíí t'áá jíík'eh bee nich'i' bee ná'ahoot'i'. T'áá shoodí kohji' 1-866-260-2723 hodíilnih.

Nepali

भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया 1-866-260-2723 मा कल गर्नहोस्।

Nilotic-Dinka

Käk ë kuny ajuser ë thok atë tinë yin abac të cin wëu yeke thiëëc. Yin col 1-866-260-2723.

Norwegian

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

Pennsylvania Dutch

Schprooch iwwesetze 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 2723-260-188-1 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

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

1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

O loo maua fesoasoani mo gagana mo oe ma e lē totogia. 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.

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Sudanic- Fulfulde

E woodi walliinde dow wolde caahu ngam maafa. 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

چەرەقتىلامە تەنبۇتلامە تەلقىكە، ئۆچكىمىدە، ئەبىلە ھەتبىم كىللەمچەر . دىنبەنەجەر مەنى خلامىتىكە 2723-266-1.

Tagalo

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

Telugi

లాంగ్వేజ్ అసిస్టెంట్ సర్వీసెస్ మీకు ఉచితంగా అందుబాటులో ఉన్నాయి. దయ చేసి 1-866-260-2723 కి కాల్ చేయండి.

Thai

มีบริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่า ยแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลข 1-866-260-2733

Tongan- Fakatonga

'Oku 'i ai pē 'a e sēvesi 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 chiakku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

Turkish

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

Ukrainian

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

Urdu

زبان کے حو الے سے معاونتی خدمات آپ کے لیے بلامعاوضہ دستیاب ہیں۔ براہ مہربانی 2723-266-168 پر کال کریں۔

Vietnamese

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

Yiddish

שפראך פריי פון אפצאל. ביטע אוועילעבל פאר אייך פריי פון אפצאל. ביטע רופט ביטע פראך רופט 1-866-260-2723 רופט

Yoruba

Isé ìràn
lówó èdè tí ó jé òfé, wà fún ó. Pe1-866-260-2723.