2023–2024 Student Health Insurance Plan for Florida Atlantic University Students

Who is eligible to enroll?

Students currently enrolled in the Charles E. Schmidt College of Medicine and the Christine E. Lynn College of Nursing and domestic supported graduate students who are employed under assistantships are eligible to enroll on a hard-waiver 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 under 26 years of age. The Named Insured may also cover a Dependent child to the end of the year in which the Dependent reaches age 30 under certain circumstances. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

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

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
   a. On the date the Named Insured acquires a legal spouse or 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/fau. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2023-34-2. 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 1-800-767-0700 or customerservice@uhcsr.com.
Highlights of Coverage offered by UnitedHealthcare Student Resources

Coverage Dates and Plan Cost

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<tr>
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<tbody>
<tr>
<td>Student</td>
<td>$5,893.00</td>
<td>$2,254.00</td>
<td>$3,639.00</td>
<td>$1,546.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$8,927.00</td>
<td>$3,415.00</td>
<td>$5,512.00</td>
<td>$2,342.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$8,927.00</td>
<td>$3,415.00</td>
<td>$5,512.00</td>
<td>$2,342.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$17,854.00</td>
<td>$6,830.00</td>
<td>$11,024.00</td>
<td>$4,684.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$26,781.00</td>
<td>$10,245.00</td>
<td>$16,536.00</td>
<td>$7,026.00</td>
</tr>
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</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,278.00</td>
<td>$872.00</td>
<td>$1,406.00</td>
<td>$598.00</td>
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<tr>
<td>Spouse</td>
<td>$8,927.00</td>
<td>$3,415.00</td>
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<td>$7,026.00</td>
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</tbody>
</table>

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

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 14 days after the coverage expiration date. It is the Insured Person’s responsibility to make timely premium payments to avoid a lapse in coverage.

Highlights of the Student Health Insurance Plan Benefits

**METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 81.750%**

**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 will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>There is no overall maximum dollar limit on the policy</td>
<td></td>
</tr>
</tbody>
</table>

**Plan Deductible**
- Preferred Providers: $1,500 Per Insured Person, per Policy Year
- Out-of-Network Providers: $3,000 Per Insured Person, per Policy Year

**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.
- Preferred Providers: $7,350 Per Insured Person, Per Policy Year
- Out-of-Network Providers: $14,700 For all Insureds in a Family, Per Policy Year

**Coinsurance**
- All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.
- Preferred Providers: 80% of Allowed Amount for Covered Medical Expenses
- Out-of-Network Providers: 50% of Allowed Amount for Covered Medical Expenses

**Prescription Drugs**
- UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy
- 70% Coinsurance for Tier 1
- 70% Coinsurance for Tier 2
- 70% Coinsurance for Tier 3
- 70% of billed charge up to a 31-day supply per prescription after Deductible
<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>Preventive Care Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Including but not limited to:</em> 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><em>100% of Allowed Amount</em></td>
</tr>
</tbody>
</table>

**The following services have per service Copays**

This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

<table>
<thead>
<tr>
<th>Copays</th>
<th>Copays</th>
</tr>
</thead>
</table>
| *Physician's Visits: $30* not subject to Deductible | *Medical Emergency: $350 after Deductible*
| *Medical Emergency: $350 after Deductible* | The Copay will be waived if admitted to the Hospital. |

**Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs**

<table>
<thead>
<tr>
<th>Services</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Office Visits: $30 Copay per visit</em> Allowed Amount not subject to Deductible</td>
<td><em>Office Visits: Allowed Amount after Deductible</em></td>
</tr>
<tr>
<td><em>Other Outpatient Services: Allowed Amount after Deductible</em></td>
<td><em>Other Outpatient Services: Allowed Amount after Deductible</em></td>
</tr>
</tbody>
</table>

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### 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, except as specifically provided in the Policy.
2. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
   This exclusion does not apply to benefits specifically provided in the Policy.
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.
   - Correct deformity caused by birth defects or growth defects.
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 specifically provided in the Schedule of Benefits.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function.
8. Elective abortion.
9. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
10. 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.

11. Health spa or similar facilities. Strengthening programs.

12. 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.
  - Benefits for Cleft Lip and Cleft Palate.
  - Benefits for Child Health Assurance.
  - Benefits for Newborn Infant, Adopted or Foster Child.
  - Benefits specifically provided in the Policy.


15. 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.

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

17. Injury or Sickness for which benefits are paid or payable by the prior insurer to the extent of its accrued liability and extension of benefit period as required by F.S. 627.667.

18. Injury or Sickness outside the United States and its possessions, except when traveling for academic study abroad programs, business, or pleasure.

19. 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.

20. 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.

21. Investigational services.

22. Lipectomy.

23. Marital or family counseling.

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

25. 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, except as specifically provided in the Policy.
  - Immunization agents, except as specifically provided in the Policy.
  - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
  - Products used for cosmetic purposes.
  - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
  - Anorectics - drugs used for the purpose of weight control.
  - Fertility agents or sexual enhancement drugs.
  - Growth hormones.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

26. 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.
  - Premarital examinations.
  - Impotence, organic or otherwise.
  - Reversal of sterilization procedures.

27. 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.

28. 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 Physician services, soft lenses or sclera shells for the treatment of aphakic patients.
• To initial glasses or contact lenses following cataract surgery.
• To benefits specifically provided in Pediatric Vision Services.
• To benefits specifically provided in Benefits for Newborn Infant, Adopted or Foster Child.
• To benefits specifically provided in Benefits for Child Health Assurance.

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

30. 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.

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

32. 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.


34. Sleep disorders.

35. Speech therapy, except as specifically provided in Benefits for Cleft Lip and Cleft Palate or except as specifically provided in the Policy. Naturopathic services.

36. 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.

37. Supplies, except as specifically provided in the Policy.

38. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.

39. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

40. 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).

41. 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 the Policy.

**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.

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**Highlights of Services offered by UnitedHealthcare Student Resources**

**HealthiestYou: 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 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 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.
- **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.

**ID Cards**

Insured students will receive emailed instructions on how to create a My Account and access their electronic ID card. From the uhcsr.com/myaccount website, ID cards can be downloaded, faxed, emailed or printed. Additionally, students can request delivery of an ID card through the U.S. mail from their My Account. Access to ID card information is also available on the UHCSR mobile app, available on the App Store or Google Play.

This Summary Brochure is based on Policy #2023-34-2.

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 Student Resources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf


Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

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

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.
LANGUAGE ASSISTANCE PROGRAM

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 5 p.m. ET.

English
Language assistance services are available to you free of charge. Please call 1-866-260-2723.

Albanian

Amharic
Assímat mezmamta ayzmamta azya mezmamta. Fanaa beq 1-866-260-2723

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

Armenian
Armenian assistance services are available to you free of charge. Please call 1-866-260-2723.

Bantu- Kirundi
Uronsha wa kubuntu servisizi zatifiye ku ruimini za kugufasha. Utegerezwa guharamagara 1-866-260-2723.

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

Bengali- Bangla
ভাষাসেবায় সহায়তা সেবা আমরা বিভিন্ন ভাষায় প্রদান করি। যাতে করতে 1-866-260-2723.

Burmese
မိုးစာမျက်နှာများမှာ အရေအတွက် အမှန်များ ဖော်ပြထည့်ပါ။ 1-866-260-2723

Cambodian- Mon-Khmer
 NPCs مترويس ستيرويلايس ميتاتيلة فيرس تاتيل. 1-866-260-2723

Cherokee
SOKLO, O HOGAL, O HWAYET La ATH RG0700 Dh0700 DAT HLEG0700 D4G07. KG0700 Dh0700 1-866-260-2723.

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

Chortaw
Ch’aba anumpa ish anumpul hokmwy topsholhy yvth pell hq chipa hinha. I paya 1-866-260-2723.

Cushite- Oromo
Tajajiiijiiwan gargaarsa afaniin kanfaltii malee siif jira. Maaloo karaa jikkoofa bilbila 1-866-260-2723 bilbili.

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

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

French Creole- Haitian Creole

German

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

Gujarati
ભાષા સહાયતા સેવાઓ તમારા માટે નિશ્ચિત ઉપલબ્ધ છે. કોન કરીએ 1-866-260-2723 પર કોસ્ટ ફ્રી.

Hawaiian
Kukua manuahi ma ka‘ōlelo i loa‘ia ia. E kelepona i ka helu 1-866-260-2723.

Hindi
आप के लिए भाषा सहायता सेवाएं निश्चित संपर्क हैं। कॉल करें 1-866-260-2723 पर कॉस्ट करें।

Hmong
Maj ov kev kev pab tchais lus pub dawb rau koi. Thov hau rau 1-866-260-2723.

Ibo

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

Indonesian

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

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

Karen
NPCs ဗိုလ်ပိုးစက်ဝိုင်း အမှန်များ ဖော်ပြထည့်ပါ။ 1-866-260-2723

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

Kru- Bassa
Bot ba hola ni kobol mahop nga naa wogoi wo ba ye hu i nyu yon. Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani
خزماتكليي بيرمزمليي زمانی بیرتزریي زون دنریکن. نیک کیما greenhouse بکه زوزم 260-2723

Laotian
NPCs ຕາດໜາການການພັດທະນາສະໜາມສາຂາໃຫ້ຂອງທ້າຍ. រອກຈັກໂທດແທນ 1-866-260-2723.
Marathi
मराठी महत्त्वाची सूचिक आपल्याला विनाश्य उपलब्ध आहे.
त्यासाठी 1-866-260-2723 या कंप्युटरस वर्गीकरण करा.

Marshallese
Kwomaro'n bok jerbal in jipa'n in ka'n ilo ejejoll woli'n. Jou
im kajoll 1-866-260-2723.

Micronesian-Pohnpeian
Mie sawas en mahn en okomme, sch isep. Melau eker
1-866-260-2723.

Navajo
Saad be ak'i'eyeed bee ak'i'nida'wo'igiit t'aa jii'eh bee nich'i'
bee nii'hooyi'. T'aa shqo editor kohii' 1-866-260-2723 hodilinh.

Nepali
भाष पहुँचाता सैन्यसह लिखितक पूर्ण उपलब्ध छै। कृपया
1-866-260-2723 मा कल संख्या देन।

Nilotic-Dinka
Kac k kuny ajuer e thok. ati tine yin abac te cin woe yeke

Norwegian

Pennsylvania Dutch
Schprooch iwwesetze Hilf kamschüt duf frei hawwe. Ruuf
1-866-260-2723.

Persian-Farsi
خدمات امداد زیادی به طور رایگان بر انتخاب شما بسته. لطفاً با شماره
1-866-260-2723 تماس بگیرید.

Polish
Możesz skorzystać z bezpłatnej pomocy językowej. Zadbaj o
pod numer 1-866-260-2723.

Portuguese
Oferecemos serviço gratuito de assistência de idioma. Ligue
para 1-866-260-2723.

Punjabi
ਧੰਧ ਮਨਾਇਆਂ ਮੇਲੇ ਉੱਤੇ ਲੈਖ ਨਿਹਾਲ ਨਾਲ ਕਈ ਸੰਖਿਆ ਦੇ ਲਈ ਸਨਸ਼ੋਧਨ ਵਾਲੇ
1-866-260-2723 ਤੇ ਲਈ ਗਰੇ ਬੀਠੋ।

Romanian
Vă spuneți la dispoziție, în mod gratuit, servicii de traducere. Vă
recomand să sunați la 1-866-260-2723.

Russian
Языковые услуги предоставляются вам бесплатно. Звоните
на телефон 1-866-260-2723.

Samoan-Fa'asamoan
O loo maau fesasaoani mo gagana mo oe ma e lē tootogia.
Fiamolemo 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.
Fadan wac 1-866-260-2723.

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

Sudanese-Fulfulde
E woodi willande dow wolde caahu ngam maadda. 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
భాష సహాయంతో సేవలు నిషేధకు ఉపయోగించి
పరామర్శాలు ప్రతి సామర్థ్యం ఉంటుంది.
సేవలను 1-866-260-2723 లో సేవల నిషేధానికి చేసించండి.

Thai
มีบริการ распространенของภาษาไทยในส่วนหลักให้ท่านได้ใช้งาน
ได้หลากหลาย โปรดติดต่อที่หมายเลขดังกล่าว.
1-866-260-2733

Tongan-Fakataonga
‘O ‘oku ‘i ai pê ‘a e sêvesi ki he lea’ ke tokoni kiate koe pea ‘oku
‘atia ia ma’au ‘o ‘ikai ha totonga. Kâta ki ‘o tâ ki he
1-866-260-2723.

Trukese (Chuukese)
En mei tongeni aingei aninisia emon chon chiakku, ese kamo.
Kose mochen kopwe kollki 1-866-260-2723.

Turkish
Dil yardımı hizmetleri size ücretsiz olağan sunulmaktadır. Lütfen
1-866-260-2723 numaraya arayınız.

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

Urdu
زبان کی حوالی میں معنوی خدمات آویں کیلئے بات کو مفتیہ
ہے۔ معرفی 2723-866-1 پر ہم کریں۔

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

Yiddish
 imgUrl8662723-tofrei.jpg

Yoruba