**Who is eligible to enroll?**

All full-time domestic students registered for a minimum of 12 Credit hours (Undergraduate); or with a minimum of 9 Credit hours (Graduate) and who are eligible for medical care at the Student Health Services are eligible to enroll in this insurance plan on a voluntary basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse or Domestic Partner and dependent children 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.gallagherstudent.com](http://www.gallagherstudent.com). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-34-1. The Policy is a Non-Renewable One-Year Term Policy.
Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-866-948-8472 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$6,130.00</td>
<td>$2,352.00</td>
<td>$3,778.00</td>
<td>$1,612.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$7,280.00</td>
<td>$2,793.00</td>
<td>$4,487.00</td>
<td>$1,915.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$7,280.00</td>
<td>$2,793.00</td>
<td>$4,487.00</td>
<td>$1,915.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$14,560.00</td>
<td>$5,586.00</td>
<td>$8,974.00</td>
<td>$3,830.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$21,840.00</td>
<td>$8,379.00</td>
<td>$13,461.00</td>
<td>$5,745.00</td>
</tr>
</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 Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 81.160%

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>Plan Deductible</td>
<td>$1,500 Per Insured Person, per Policy Year</td>
<td>$3,000 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$7,350 Per Insured Person, Per Policy Year</td>
<td>There is no Out-of-Pocket Maximum for Out-of-Network benefits.</td>
</tr>
</tbody>
</table>

Coinsurance

All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90-day supply.</td>
<td>30% Coinsurance for Tier 1 30% Coinsurance for Tier 2 30% Coinsurance for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible</td>
<td>30% of Usual and Customary Charges  Up to a 31-day supply per prescription after Deductible</td>
</tr>
</tbody>
</table>

Preventive Care Services

Including but not limited to: annual physicals, GYN exams, routine screenings

<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of Preferred Allowance</td>
<td>50% of Usual and Customary Charges after Deductible</td>
<td></td>
</tr>
</tbody>
</table>
and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.

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>Services</th>
<th>Physician’s Visits: $30 not subject to Deductible</th>
<th>Medical Emergency: $350 after Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medical Emergency: $350 after Deductible</td>
<td>The Copay will be waived if admitted to the Hospital.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Services</th>
<th>Office Visits: $30 Copay per visit</th>
<th>Office Visits: Usual and Customary Charges after Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preferred Allowance not subject to Deductible</td>
<td>Other Outpatient Services: Preferred Allowance</td>
</tr>
<tr>
<td></td>
<td>Medical Emergency: $350 after Deductible</td>
<td>Other Outpatient Services: Usual and Customary Charges after Deductible</td>
</tr>
</tbody>
</table>

Pediatric Dental and Vision Benefits

Refer to the plan certificate for details (age limits apply).

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

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, 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 for Insured Persons with diabetes.
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 or benefits 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, 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.

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 Benefits for Newborn Infant, Adopted or Foster Child.
   • To benefits specifically provided in Benefits for Child Health Assurance.
   • To benefits specifically provided in Pediatric Vision Services.

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:

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 the back of your ID Card or access **My Account** and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:
- Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- Description of the patient's condition;
Highlights of Services offered by UnitedHealthcare StudentResources

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 calling the toll-free number listed on the front of your medical ID card or visiting www.telehealth4students.com, you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor's office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. As an insured with StudentResources, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period.

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

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

*Available to Insured students and their covered Dependents ages 18 and over. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a $55 service fee before being connected to a board-certified physician.

24/7 Student Support

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA's and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount.

HealthiestYou: Virtual Counselor Access

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

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

As an insured with StudentResources, there is no consultation fee for this service. Every communication with a provider is covered 100% during your policy period.
*Available to Insured students and their covered Dependents; age restrictions may apply, depending on your state.

**Gallagher Student Health Complements**

Exclusively from Gallagher Student Health & Special Risk, enrolled students have access to the following menu of products at no additional cost. These plans are not considered insurance products and are not underwritten or administered by UnitedHealthcare Insurance Company. More information is available at [www.gallagherstudent.com/FAU](http://www.gallagherstudent.com/FAU).

**EyeMed Vision Care**

EyeMed Vision Care offers discounts on vision benefits to insured students. EyeMed’s provider network gives students access to over 45,000 independent providers and retail stores nationwide, including Lens Crafters, Sears Optical, Target Optical, JC Penney Optical and most Pearle Vision locations. There is no waiting period; students can take advantage of the savings immediately. Students can expect 15% to 45% off regular retail pricing on prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses, and even 5% to 15% off laser correction surgery at some of the nation’s most highly qualified laser correction surgeons.

For more information or to access the EyeMed membership card, visit the “Program Enhancements’ section on your school’s page at [http://www.gallagherstudent.com](http://www.gallagherstudent.com).

**Broker Information**

QUESTIONS? NEED MORE INFORMATION?
For general information on benefits, eligibility and enrollment, student ID Cards, or service issues, please contact:

Gallagher Student Health & Special Risk
500 Victory Road
Quincy, MA 02171
1-833-468-9571
[www.gallagherstudent.com/FAU](http://www.gallagherstudent.com/FAU)

For the online enrollment form, please visit our website at [www.gallagherstudent.com/FAU](http://www.gallagherstudent.com/FAU), follow the log in instructions and click on “Enroll”.

**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 #2021-34-1.

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

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

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

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

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


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


We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.
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 gjëren e amput të ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

**Amharic**
አማርኛ ከእግጋዊ ከእግጋዊ ይሸሎ.uidp. ከማግብ 1-866-260-2723 ከማግብ

**Arabic**
توفر لك خدمات المساعدة اللغوية مجانية. فضلاً اتصل على الرقم 1-866-260-2723.

**Armenian**
Անվան համարը երկիրացված է զարգացած բարդուրան տնօրենով. հաճախ 1-866-260-2723 հաճախ

**Bantu-Kirundi**
Uronswa ku buntu servisivi zafitivy ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

**Bisayan-Visayan (Cebuano)**

**Bengali-Bangladeshi**
ঘোষণা : ভাষা সহায়তা পরিষেবা আমন্ত্রণ আমলাম থেকে পারিত। এর জন্য 1-866-260-2723-তে কল করুন।

**Burmese**
မြန်မာစိုးရိုင်းတို့ ပြန်လည် အင်အားထက်ပိုသော အဆင့်အတန်း သဘာဝပတ်ဝန်းကျင်မှု ပိုင်း 1-866-260-2723 ပြသည်။

**Cambodian-Mon-Khmer**
សុខភាពសិក្សាសូមមើលឈ្មោះមើលឈ្មោះសូមមើលឈ្មោះសូមមើលឈ្មោះសូមមើលឈ្មោះសូមមើលឈ្មោះសូមមើលឈ្មោះ 1-866-260-2723 សូមមើលឈ្មោះសូមមើលឈ្មោះសូមមើលឈ្មោះសូមមើលឈ្មោះសូមមើលឈ្មោះសូមមើលឈ្មោះសូមមើលឈ្មោះ

**Cherokee**
 Cherokee

**Chinese**
您可以免費獲得語言援助服務，請致電 1-866-260-2723。

**Choctaw**

**Cushite-Oromo**

**Dutch**
Taalklachten dienen 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 sevis e ti pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

**German**

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

**Gujarati**
સાંભાલ સાહિત્ય સર્વેક્ષણ તમારા માટે લિંગુસ્ટ ઉપલબ્ધ છે. કૂપા કરીને 1-866-260-2723 પર કોલ કરીએ.

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

**Hindi**
आप के लिए भाषा सहायता सेवाओं का भी कुछ उपलब्ध है। कृपया 1-866-260-2723 पर कॉल करें।

**Hmong**

**Ibo**

**Ilocano**
Adña anaw bayadna a serbisyo para iti language assistance. Pangunang tawag 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**
မြန်မာစိုးရိုင်းစာအစောပဳအဖွဲ့စာများနှင့် မီးခိတ်ပြုအဖွဲ့စာများ 1-866-260-2723 ကြည့်ပါ။

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

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

**Kurdish-Soranî**
خەزمانەکانی زەمارەیە زەمارەیە کەوە بۆ توان دەکرێ. تاکە لەگەیەنەکە بە زەمارەیە 1-866-260-2723.

**Laotian**
เวียนภาษาต่างประเทศสามารถติดต่อได้ที่ 1-866-260-2723.

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