



## 2023–2024 Student Health Insurance Plan for University of North Texas System – Denton Campus

### Student Insurance Plan

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The rising costs of medical care have made the UNT System increasingly aware of the importance of adequate insurance to provide care when Injuries and Sicknesses require treatment.

The UnitedHealthcare Insurance Company Plan is specifically designed for the University of North Texas students. The Policy covers students who require hospitalization treatment for Injuries or Sicknesses.

### Who is eligible to enroll?

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All degree seeking domestic undergraduate students enrolled at University of North Texas (Denton) are eligible to enroll in this insurance plan on a voluntary basis provided the following criteria are met: Students must be enrolled in a minimum number of credit hours (undergraduate students – 6 hours; graduate students – 3 hours) and no more than 50% of the total credit hours taken can be delivered in an internet/online instruction format.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

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

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

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
  - a. On the date the Named Insured acquires a legal spouse.
  - 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?

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Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at [www.uhcsr.com/unt](http://www.uhcsr.com/unt). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2023-203104-1. 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 1-866-429-4868 or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com).

## Highlights of Coverage offered by UnitedHealthcare Student Resources

### Coverage Dates and Plan Cost

Rates	Annual 8-14-2023 - 8-13-2024	Fall 8-14-2023 - 1-5-2024	Spring 1-6-2024 - 5-14-2024	Spring/Summer 1-6-2024 – 8-13-2024	Summer 5-13-2024 - 8-13- 2024	Summer 1 6-3-2024 - 8-13-2024	Summer 2 7-5-2024 - 8-13-2024
Student	\$2,868.00	\$1,136.00	\$1,019.00	\$1,732.00	\$728.00	\$564.00	\$314.00
Spouse	\$2,868.00	\$1,136.00	\$1,019.00	\$1,732.00	\$728.00	\$564.00	\$314.00
One Child	\$2,868.00	\$1,136.00	\$1,019.00	\$1,732.00	\$728.00	\$564.00	\$314.00
Two or More Children	\$5,736.00	\$2,272.00	\$2,038.00	\$3,464.00	\$1,456.00	\$1,128.00	\$628.00
Spouse + Two or More Children	\$8,604.00	\$3,408.00	\$3,057.00	\$5,196.00	\$2,184.00	\$1,692.00	\$942.00

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.

### Highlights of the Student Health Insurance Plan Benefits

#### METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 83.590%

**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 and Wellness Center (UNT Denton)** for the following Services:

- Physician's Visits after a \$20 Copay per visit.
- All other services listed in the Schedule of Benefits.

NOTE: Student Health Center benefits are for students who pay the medical service fee.

The following are covered at the Student Health Centers: 1) under the Health Center's annual Pap coverage except as mandated: Chlamydia (STD), Thin Prep, Gonorrhea, RPR (Syphilis), H/H CBC, HIV testing, urinalysis with reflux to urine culture, and CMP or BMP (blood chemistry); 2) an annual physical for men and women will cover the examination and lab work, including BMP or CMP, urinalysis with reflux to urine culture, STD testing and CBC; 3) acne treatment (acne medications will be covered under the Prescription Drug benefits); 4) All CDC recommended immunizations, including HPV and Bacterial Meningitis are covered (If not a PPACA mandated benefit, a \$25 Copay is applicable); 5) Immune Titers; 6) Screening for TB. If the test result is positive, a 1-view chest x-ray to determine if contagious; and 7) TSH with reflux to T4.

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$500 Per Insured Person, per Policy Year	\$1,000 Per Insured Person, per Policy Year
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$7,350 Per Insured Person, Per Policy Year \$14,700 For all Insureds in a Family, Per Policy Year	There is no Out-of-Pocket Maximum for Out-of-Network benefits.
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses

<p><b>Prescription Drugs</b>  <i>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.</i></p>	<p>\$15 Copay for Tier 1  \$40 Copay for Tier 2  20% Copay for Tier 3  Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible</p>	<p>50% of billed charge up to a 31-day supply per prescription after Deductible</p>
<p><b>Preventive Care Services</b>  <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</i></p>	<p>100% of Allowed Amount</p>	<p>Allowed Amount after Deductible</p>
<p><b>The following services have per service Copays</b>  <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i></p>	<p>Physician's Visits: \$50 not subject to Deductible  Medical Emergency: \$250 not subject to Deductible  The Copay will be waived if admitted to the Hospital.</p>	<p>Medical Emergency: \$250 not subject to Deductible  The Copay will be waived if admitted to the Hospital.</p>
<p><b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b></p>	<p>Office Visits:  \$50 Copay per visit  100% of Allowed Amount not subject to Deductible  Other Outpatient Services:  Allowed Amount after Deductible</p>	<p>Office Visits:  Allowed Amount after Deductible    Other Outpatient Services:  Allowed Amount after Deductible</p>
<p><b>Pediatric Dental and Vision Benefits</b></p>	<p>Refer to the plan certificate for details (age limits apply).</p>	

## 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. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Milieu therapy. Parent-child problems.  
This exclusion does not apply to benefits specifically provided in the Policy.
3. Biofeedback.
4. Circumcision.
5. 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.
6. Dental treatment, except:
  - For accidental Injury to Sound, Natural Teeth.
  - As described under Dental Treatment in the Policy.
This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
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. Hearing examinations. 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 Treatment of Speech and Hearing Disorders as specifically provided in the Policy.
  - Benefits for Screening for Hearing Loss as specifically provided in the Policy.
  - Benefits specifically provided in the Policy.

11. Hirsutism.
12. Immunizations, except as specifically provided in the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy.
13. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
14. Injury sustained 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.
15. Investigational services.
16. Lipectomy.
17. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting as an active participant.
18. Prescription Drugs, services or supplies as follows:
  - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy and in the Benefits for Diabetes Treatment.
  - 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.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
19. Reproductive services for the following:
  - Procreative counseling.
  - Genetic counseling and genetic testing.
  - Cryopreservation of reproductive materials. Storage of reproductive materials.
  - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
  - Premarital examinations.
  - Impotence, organic or otherwise.
  - Female sterilization procedures, except as specifically provided in the Policy.
  - Vasectomy.
  - Reversal of sterilization procedures.
20. 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.
21. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Benefits for Maternity and Post Delivery Care.
22. 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.
23. Services provided by a member of the Insured Person's immediate family. The term "member of the immediate family" means any person related to an Insured Person within the third degree by the laws of consanguinity or affinity. This exclusion does not apply to the selection of a dentist who provides a covered dental care service under the Policy as long as the dentist is licensed in Texas to provide the service.
24. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
25. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
26. Sleep disorders.
27. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.
28. Supplies, except as specifically provided in the Policy.
29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
31. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).

32. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

## Highlights of Services offered by UnitedHealthcare Student Resources

### Healthiest You: 24/7 Doctor Access

Starting on the effective date of your coverage under the student insurance plan, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service.\* By visiting [www.telehealth4students.com](http://www.telehealth4students.com), you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor's office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. As an insured with 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](http://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](http://www.uhcsr.com/MyAccount) under Additional Benefits.

This Summary Brochure is based on Policy #2023-203104-1.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.

## NON-DISCRIMINATION NOTICE

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

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

Civil Rights Coordinator  
United HealthCare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

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

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

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

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

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

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

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

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

**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**

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**Arabic**

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

**Armenian**

Ձեզ մատչելի են անվճար լեզվապահ օգնությունները և առանց վճարումների: Խնդրում եմ 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। দয়া করে 1-866-260-2723-তে কল করুন।

**Burmese**

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

**Cambodian- Mon-Khmer**

សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។ សូមម្ស្នកសុំទៅលេខ 1-866-260-2723។

**Cherokee**

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**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 ho chi 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.

**Gujarati**

ભાષા સહાય સેવાઓ તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર કોલ કરો.

**Hawaiian**

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

**Hindi**

आप के लिए भाषा सहायता सेवाएं नि:शुल्क 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.

**Ibo**

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.

**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**

ကျိတ်တံၤတၢ်အကူအညီန့ၢ်ဆီၤသ့ၤလၢတၢ်လိၤဟ့ၣ်အပူၤတၢ်(ခီၣ်)န့ၣ်လီၤ. ဝံသးစုၤဆဲးကျိတ်တၢ်1-866-260-2723တၢ်က့ၢ်.

**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 yonj. Sebel i nsinga ini 1-866-260-2723.

**Kurdish Sorani**

خزمتهکلنی یارمەنتی زمانی بەخۆزایی بۆ تۆ دابین دەکەین. تکایە تەلەفۆن بکە بۆ ژمارەی 1-866-260-2723.

**Laotian**

ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ກະລຸນາໃຫ້ຫາເບີ 1-866-260-2723.



**Marathi**

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

**Marshallese**

Kwomaroñ bōk jermal in jipañ in kajin ilo ejjelōk wōñāñ. Jouj im kallōk 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'nida'wo'ígíí t'áá jíík'eh bee nich't'í bee ná'ahoot'i'. T'áá shōqđí kohj'i' 1-866-260-2723 hodíilnih.

**Nepali**

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

**Nilotic-Dinka**

Kāk ē kuny ajuser ē thok atō tīnē yīn abac tē cīn wēu yeke thiēc. Yīn 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  
1-866-260-2723 تماس بگیرید.

**Polish**

Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

**Portuguese**

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

**Punjabi**

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

**Romanian**

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

**Russian**

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

**Samoan- Fa'asamoa**

O loo 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.

**Sudanic- Fulfulde**

E woodi walliinde dow wolde caahu ngam maada. Noodu 1-866-260-2723.

**Swahili**

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

**Syriac- Assyrian**

1-866-260-2723

**Tagalog**

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

**Telugu**

1-866-260-2723 కి కాల్ చేయండి.

**Thai**

บริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่าย  
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 حوالے سے معاونتی خدمات آپ کے لیے بلا معاوضہ دستیاب ہیں۔  
براہ مہربانی 1-866-260-2723 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**

1-866-260-2723

**Yoruba**

Isẹ iranlọwọ èdè tí ó jẹ òfẹ, wà fún ọ. Pe 1-866-260-2723.