2022–2023 Student Health Insurance Plan for Auburn University (Graduate Assistant Plan)

Who is eligible to enroll?

All graduate assistants with assignments of 10 hours (0.25 FTE) or greater for the full semester in the Fall and/or Spring semesters, and who meet the minimum monthly stipend established by the Office of the Provost are required to have health insurance coverage and will be automatically enrolled in this Insurance Plan. Online credits count toward the minimum hours, but may not exceed 50% of hours required for eligibility.

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. 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.
   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/auburn. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-38-3. 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.
### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-16-22 to 8-15-23</th>
<th>Fall 8-16-22 to 2-15-23</th>
<th>Spring/Summer 2-16-23 to 8-15-23</th>
<th>Summer 5-16-23 to 8-15-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,028.00</td>
<td>$1,022.00</td>
<td>$1,006.00</td>
<td>$512.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,028.00</td>
<td>$1,022.00</td>
<td>$1,006.00</td>
<td>$512.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,028.00</td>
<td>$1,022.00</td>
<td>$1,006.00</td>
<td>$512.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$3,998.00</td>
<td>$2,015.00</td>
<td>$1,983.00</td>
<td>$1,009.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$5,968.00</td>
<td>$3,008.00</td>
<td>$2,960.00</td>
<td>$1,506.00</td>
</tr>
</tbody>
</table>

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

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.

### Other Coverage

Also available for Auburn University students is a UnitedHealthcare Insurance Company fully insured Dental and Vision plan. To enroll go to www.uhcsr.com/auburn.

### Highlights of the Student Health Insurance Plan Benefits

**METALLIC LEVEL - GOLD WITH ACTUARIAL VALUE OF 83.780%**

**Preferred Providers:** The Preferred Provider Network for this plan is East Alabama Medical Center and UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [UHC Choice Plus](#)

**AUMC Benefits:** The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the AUMC for the following services:
- Physician’s visits after a $25 Copay.
- Prescription Drugs at AU Pharmacy after a $10 Copay per prescription Tier 1 / $45 Copay per prescription Tier 2 / $75 Copay per prescription Tier 3, up to a 31-day supply per prescription.
- All other services listed in the Schedule of Benefits.

See Section 11 of the Certificate for additional benefits covered at the Auburn University Medical Center (AUMC).

**Note:** The flight exclusion will be waived and benefits paid for Covered Medical Expenses incurred while participating in the AU Flight Education Program.

**Auburn University Medical Center (AUMC) Referral Required:** This plan includes an Auburn University Medical Center Referral Requirement. No benefits will be paid without a referral from the AUMC for outpatient treatment received from a provider other than the AUMC. Refer to the plan Certificate of Coverage for details and exceptions.

<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>$500 Per Insured Person, per Policy Year</td>
</tr>
</tbody>
</table>

| Plan Deductible | $250 Per Insured Person, per Policy Year | $500 Per Insured Person, per Policy Year |

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>$7,150 Per Insured Person, Per Policy Year</td>
<td>There is no Out-of-Pocket Maximum for Out-of-Network benefits.</td>
</tr>
<tr>
<td>$14,300 For all Insureds in a Family, Per Policy Year</td>
<td>$500 Per Insured Person, per Policy Year</td>
<td></td>
</tr>
</tbody>
</table>

| Coinsurance | 80% of Allowed Amount for Covered Medical Expenses | 60% of Allowed Amount for Covered Medical Expenses |
All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.

### Prescription Drugs
Prescriptions must be filled at a UHCP network pharmacy. 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.

$20 Copay for Tier 1  
$60 Copay for Tier 2  
$90 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

### Preventive Care Services
Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.

100% of Allowed Amount

### The following services have per service Copays
This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

- Room & Board Expense: $250 after Deductible  
- Medical Emergency: $100 after Deductible  
- (The Copay will be waived if admitted to the Hospital.)  
- AUMC Benefits: $25 per visit  
- Copayment for Physician’s Visits at AUMC not subject to Deductible

- Room & Board Expense: $250 after Deductible  
- Medical Emergency: $100 after Deductible  
- (The Copay will be waived if admitted to the Hospital.)  
- AUMC Benefits: $25 per visit  
- Copayment for Physician’s Visits at AUMC not subject to Deductible

### Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs
Office Visits:  
Allowed Amount after Deductible  
Other Outpatient Services:  
Allowed Amount after Deductible  
Other Outpatient Services:  
Allowed Amount after Deductible

### Pediatric Dental and Vision Benefits
Refer to the plan certificate for details (age limits apply).

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

1. Acne.
2. Acupuncture.
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.  
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
8. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
9. Health spa or similar facilities. Strengthening programs.
10. 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.
13. 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.
14. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
15. 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.
16. 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.
17. Investigational services.
18. Lipectomy.
19. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
20. Prescription Drugs, services or supplies as follows, except as specifically provided in the Policy:
   • 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.
21. 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.
   • Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except to diagnose or treat the underlying cause of the infertility.
   • Premarital examinations.
   • Impotence, organic or otherwise.
   • Female sterilization procedures, except as specifically provided in the Policy.
   • Vasectomy.
   • Reversal of sterilization procedures.
22. 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.
23. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
   • When due to a covered Injury or disease process.
   • To benefits specifically provided in Pediatric Vision Services.
   • To one pair of eyeglasses or contact lenses to replace the human lens function as a result of eye surgery or eye Injury or defect.
24. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
25. 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.
26. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
27. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Temporomandibular joint dysfunction. 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.
29. Naturopathic services.
30. Supplies, except as specifically provided in the Policy.
31. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
32. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
33. 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).

UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse 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 and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students, insured spouse 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.
Healthiest You: 24/7 Doctor Access

Starting on the effective date of your coverage under the student insurance plan, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service.* By visiting www.telehealth4students.com, you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor’s office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor’s office, urgent care facility, or emergency room. As an insured with StudentResources, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period. You can learn more about this benefit and how to use it in My Account.

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

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

*Available to Insured students and their covered Dependents; age restrictions may apply. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a service fee before being connected to a board-certified physician.

HealthiestYou: Virtual Counselor Access

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 coveredDependent; age restrictions may apply, depending on your state.

24/7 StudentAssist

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include:

- 24/7 Crisis Support – access to trained master's level specialists, 24/7/365, who provide in-the-moment support and consultation.
- Financial and Legal Advice - financial services are provided by licensed CPA’s and Certified Financial Planners who offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law.
- Mediation services - available to help resolve family-related disputes, including but not limited to separation, child custody, child support, divorce property and debt division, etc.
- Living Well Portal – access to liveanworkwell.com where insureds can participate in personalized self-help programs and find information on many helpful resources.
- CollegeLife – direct access to experts on the Optum team and through referrals to a broad spectrum of pre-screened and qualified convenience resources.
- Sanvello – access to an evidence-based mobile care solution created by clinical experts that allows insureds to access on-demand help for stress, anxiety, and depression.
Translation services are available in over 170 languages for most services. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount under Additional Benefits.

This Summary Brochure is based on Policy #2022-38-3.

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**


**Amharic**

አማርኛ ከርምጃ ከምስክር ከሠራ ከታሕክምADDING 1-866-260-2723 ከምስክር Lee

**Arabic**

توفر لك خدمات المساعدة اللغوية مجانية، اتصل على الرقم 1-866-260-2723

**Armenian**

2երկրի մարդկային տարածքը ունի լերաքանակ օգտագործող բազմազանություն։ Մասնակցեք այս լեզուականների կազմակերպության։ 1-866-260-2723 համաձայն

**Bantu- Kirundi**

Uroniswa ku bantu serivisi zisafiaye ku rurimi zo kugufasha.
Utegereswa guhamagara 1-866-260-2723.

**Bisayan- Visayan (Cebuano)**


**Bengali- Bangla**

হল্কা: ভাষা সহায়তা পরিষেবা আপনি বিনামূল্য পেতে পারেন।
প্রতি কর্ম 1-866-260-2723-তে কল করুন।

**Burmese**

သမိုင်းသားလူမျိုး သည်များသည် လူမျိုးစားသူများအတွက် သိမ်းဆည်းထားသည်
1-866-260-2723 တွင် ဖော်ပြပါ။

**Cambodian- Mon-Khmer**

ផ្លាស់ប្តូរនូវសារធាតុច្រើនទៀតរបស់អ្នកបាន
1-866-260-2723 ដែល

**Cherokee**

CHEROKEE OOTLADEI OOTLADEI OOTLADEI 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。

**Chocotaw**

Chaha anumpul ish arumpuli holmvt tolshol yvt peh pilla hq chp ahe hina. I paya 1-866-260-2723.

**Cushite- Oromo**

Tajaqiiliwvan gargaarsa afamii kanfaltii malee siiff jira. Maaloo kama lakoofaa 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**

Oi υπηρεσίες γλωσσορρογίας βρίσκονται στα διαθέσιμα διαφόρων
Καλέστε το 1-866-260-2723.

**Gujarati**

આ સહાય સેવાઓ તમારા માટે લીલા ઉપલબ્ધ છે. કૂપ્ય કરીને 1-866-260-2723 પર કેલલ કરો.

**Hawaiian**

Kûkû marauhi ma kau ‘ōlelo i lea’ia. E kelepona i ka helu 1-866-260-2723.

**Hindi**

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

**Hmong**

Maj cov kev kev tchais lus pub dawb rau koj. Thov hru rau 1-866-260-2723.

**Ibo**


**Ilocano**

Adda awan bayadna a serbisio para iti language assistance. Pangsasim ta tawagm 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**


**Korean**

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

**Kru- Bassa**

Bot ba hola ni kobol mahop ngai naa wogui wo ba yé ha i nyuu yon. Sebel i nisinga imi 1-866-260-2723.

**Kurdish Sorani**

خزمکانیک مکوشتی زنی پدر زیتونه بزرگ ای پر دوین دکرون. تکلیفی کارابانوکی بکه بکه زمارس 1-866-260-2723.

**Laotian**

LAOTIAN KHUE SAWA NAU SAWA WANG KHUD QPEK WANG. TAMPAK TI WANG 1-866-260-2723.
Marathi
भाविंची नवदी सुविधा आपल्याला दिनामुळे उपलब्ध आहे.

Marshallese
Kwomaron bok jeraal in jipa in kajin ilo ejekloj wonalin. Jouj
im kalolok 1-866-260-2723.

Micronesian- Pohnpeian
Mie savae en malson ong komwi, sog isipe. Melau eker
1-866-260-2723.

Nabao
Saad bee akia’eyeed bee akia’nida’o woi’igi t’aa jik’eh bee nich’i

Nepali
भाषा सहायता सेवांचे निःशुल्क उपलब्ध आहे। कृपया
1-866-260-2723 करा कल करण्यासाठी।

Nilotic-Dinka
Kik e kunu ajus e thok: a’ta tine yin abac te cim wew yeke

Norwegian

Pennsylvania Dutch
Schprooch inwesetze Hilf kannschu do frei hawwe. Ruf
1-866-260-2723.

Persian-Farsi
خدمات أمام زائر يه متوفر ويخدم في المبادرات. للمزيد
1-866-260-2723 من معلوماته.

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

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

Punjabi
ਜਾਂ ਮਾਨਤਕ ਕ੗ਜ਼ ਨਾਲ ਜਾਂ ਕੰਮ ਕਰਨ ਵਾਲ਼ੇ ਵਿਅਕਤਾ ਬਨਾਈ 1-866-260-2723 ਦੁੱਖ ਬਢਾ ਦੇਣਾ।

Romanian
Vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă
regeți 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 mau fesasamai mo gagana mo ce ma e le tostogia.
Fiaumolele 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

Sudanic- Fulfulde
E woodi wallunde 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 (ملاك ن�建 نحاس
-1-866-260-2723 ملائک
Tagalog
Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng

Telugu
సాధనాయకుడి కింద కదాచి నిర్ణయం చేసిన సాధనాయకుడి కి కండసకు కావసమీ. నించడానికి 1-866-260-2723 యువరాణినది.

Thai
มีบริการترجمภาษาให้โดยทุติยภาษาไม่ต้องเสียค่าใช้จ่าย
ยอดเยี่ยมอย่างไร โปรดโทรติดต่อมายังหมายเลข
1-866-260-2733.

Tongan- Fakatonga
'Oka 'i ai pē 'a e sēvesi ki he lea' ke tokoni kiate koe pea 'oku
'atū ia ma'au 'o 'iikai ha totongi. Kātākì 'o ūh ki he
1-866-260-2723.

Trukese (Chuukese)
En mei tongeni angei aninisnin emon chon chiakku, ese kamo.
Kose mochen kopwe kolkori 1-866-260-2723.

Turkish
Dil yarım hizmetleri size ücretsiz olmak sunulmaktadır. Lütfen
1-866-260-2723 numaralarını arayınız.

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

Urdu
زبان کی حوالے سے معاونی خدمات آپ کی لیے ممکن ہیں، دستیاب
ہو رہے ہیں. سروکار 24-7 1-866-260-2723.

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

Yiddish
兩個ера פֶּּרֶּדזָּא שטראָפֹרֵס פּלָאָנטָל פְּלֹאָן פָּרָם זִיטֶר. יֵאָספֶּר
1-866-260-2723.

Yoruba