

# 2022-2023

## Student Health Plan for Holy Cross College at Notre Dame



### Who is eligible to enroll?

All full-time domestic undergraduate students and all international students are automatically enrolled in this insurance Plan at registration, premium for coverage is added to their tuition billing unless proof of comparable coverage is furnished.

Students 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.

Eligible students who do enroll may also insure their Dependents.

### How do I Enroll / Waive?

To complete the enrollment or waiver process:

1. Go to [www.gallagherstudent.com/hccnd](http://www.gallagherstudent.com/hccnd).
2. Under "Profile", click on LOG IN and enter your student login credentials.
3. First Time Users: You will need to complete the registration form.
4. Click on the 'ENROLL' or 'WIAVIE' button under 'Plan Summary'.
5. If waiving, you will need your health insurance information.
6. Follow the instructions to complete the form.
7. A reference number will be emailed upon submission.

### Who can answer questions I have about the plan?

If you have questions please contact Gallagher Student Health and Special Risk at 844-490-9634 or please visit [www.gallagherstudent.com/HCCND](http://www.gallagherstudent.com/HCCND) and click on 'Help Center' on the Resources tile.

### Important Communication Information

All personal e-mails are sent securely from the following companies:

- Microsoft Office 365
- Cisco

Most Communication will come from UHCSR.com or Firstriskadvisors.com. **Your school email is the main forum of communication and it is the student's responsibility to maintain and read those communications in a timely fashion.**

### 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 College and can be viewed at [www.gallagherstudent.com/hccnd](http://www.gallagherstudent.com/hccnd). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-202969-61. The Policy is a Non-Renewable One-Year Term Policy.

### Important dates or deadlines

#### Important Information for Hard Waiver Students:

If you are a student in the Fall semester and eligible to purchase coverage and you choose not to enroll/waive coverage before the Annual Enrollment/Waiver Deadline of

**\*September 30, 2022**, you will not be eligible to enroll/waive again until the start of next Fall semester.

### NOTICE: Cancellations/Refunds

Once you are enrolled in the plan, there are no refunds or cancellations after the deadline, except for ineligibility or entry into the armed forces. The Policy is a Non-Renewable One-Year Term Policy and does not guarantee enrollment in the next policy year.

### Coverage Dates and Plan Cost

Rates	Annual 8/1/22 – 7/31/23
Student	\$2,151
Spouse	\$2,151
One Child	\$2,151
Two or More Children	\$4,302
Spouse + Two or More Children	\$6,453

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.

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## Highlights of the Student Health Insurance Plan Benefits offered by UnitedHealthcare StudentResources

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 83.27%

**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](#)

	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the policy	
<b>Plan Deductible</b>	\$250 per Insured Person, per Policy Year	\$600 per Insured Person, per Policy Year
<b>Out-of-Pocket Maximum</b> <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>	\$7,500 Per Insured Person, Per Policy Year \$13,700 For all Insureds in a Family, Per Policy Year	\$15,000 Per Insured Person, Per Policy Year
<b>Coinsurance</b> <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
<b>Prescription Drugs</b> <i>Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.</i>	\$25 Copay for Tier 1 \$60 Copay for Tier 2 \$75 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	No Benefits
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for complete details of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	No Benefits
<b>The following services have per service Copays/Deductibles</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician Visits: \$25 not subject to Deductible  Medical Emergency: \$150 not subject to Deductible	Medical Emergency: \$150 not subject to Deductible
<b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b>	Office Visits: \$25 copay per visit Allowed Amount not subject to Deductible  Other Outpatient Services: Allowed Amount after Deductible	Office Visits: 80% of Allowed Amount after Deductible Other Outpatient Services: Allowed Amount after Deductible
<b>Pediatric Dental and Vision Benefits</b>	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.
2. Addiction, such as:
  - Caffeine addiction.
  - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
  - Codependency.
3. Behavioral problems. Conceptual handicap. Developmental delay or disorder or intellectual disability. Learning disabilities. Milieu therapy. Parent-child problems.
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.
  - Correct hemangiomas and port wine stain of the head and neck area for Insureds 18 and under.
  - Correct limb deformities such as club hand, club foot, syndactyly (webbed digits), polydactyly (supernumerary digits), macrodactylia.
  - Improve hearing by directing sound in the ear canal through Otoplasty, when ear or ears are absent or deformed from Injury, surgery, disease, or Congenital Condition.
  - Perform tongue release for diagnosis of tongue-tied.
  - Treat or correct Congenital Conditions that cause skull deformity such as Crouzon's disease.
  - Correct cleft lip and cleft palate.
6. Dental treatment, except:
  - For accidental Injury to Sound, Natural Teeth.
  - As specifically provided in the Schedule of Benefits.
  - 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. Foot care for the following:
  - Flat foot conditions.
  - Supportive devices for 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.
13. Hirsutism. Alopecia.
14. Hypnosis.
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 or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
17. 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.
18. Investigational services.
19. Lipectomy.
20. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
21. 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.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
22. 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.
  - Reversal of sterilization procedures.
23. 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.
24. 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 following a covered surgery or accidental Injury when they replace the function of the human lens.
25. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
26. 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.

27. Services provided normally without charge by the Health Service of the Policyholder.
28. 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. This exclusion does not apply to Newborn Infants.
29. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
30. Sleep disorders.
31. Speech therapy, except as specifically provided in the Policy. Naturopathic services.
32. 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.
33. Supplies, except as specifically provided in the Policy.
34. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
35. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
36. 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).
37. 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 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](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 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.

This Summary Brochure is based on Policy #2022-202969-61.

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.

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

## 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:
- 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](http://liveanworkwell.com) where insureds can participate in personalized self-help programs and find information on many helpful resources.
- ColleagueLife – 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.firststudent.com](http://www.firststudent.com) 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 My Account at [www.firststudent.com](http://www.firststudent.com) 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.

## Online Services

UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at [www.firststudent.com](http://www.firststudent.com). To create an online account, select the "create My Account Now" link and follow the simple, onscreen directions. All you need is your School ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and the App Store.

## NON-DISCRIMINATION NOTICE

UnitedHealthcare StudentResources 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 مجاناً. اتصل على الرقم 1-866-260-2723.

### Armenian

Ձեզ անստնելի են անվճար լեզվակապ ոգնություն  
ձառնարություններ: Խնդրում ենք զանգահարել  
1-866-260-2723 համարով:

### Bantu- Kirundi

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

### Bisayan- Visayan (Cebuano)

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

### Bengali- Bangla

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។  
សូមម្ស័ត្នទៅលេខ 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 ed 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

ကျိတ်တီမၤတၢ်အတူနီၤနီၤအီၤသ့ၤလၢတၢ်လိၤဟ့ၣ်အပူၤဘၣ်(ခိၣ်)နီၣ်လီၤ.  
ဝံသးစူၤဆဲးကျိးဘၣ်1-866-260-2723တၢ်က့ၢ်.

### 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

خزمەتگه‌ڵی یارمەتی زمانی به‌خۆڕای یۆ تۆ دابین ده‌کړین. تکه‌یه تله‌فۆن بکه‌ یۆ  
ژماره‌ی 1-866-260-2723.

### Laotian

ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ກະລຸນາໃບທາງດ້ານ  
1-866-260-2723.

