

**Who is eligible to enroll?**

All registered full-time professional and graduate students who are registered for 9 or more credit hours are automatically enrolled in this insurance Plan at registration and the premium for coverage is added to their tuition billing unless proof of comparable coverage is furnished. All graduate and professional students taking less than 9 credit hours are eligible to enroll on a voluntary basis.

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?**

1. Go to [www.gallagherstudent.com/UMB](http://www.gallagherstudent.com/UMB)
2. Log in (if you haven't already) by following the instructions on the website.
3. Click 'WAIVE' or 'ENROLL' and follow the instructions to complete the form

**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.**

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

If you have questions regarding benefits please contact Customer Service at 833-255-0743. With questions regarding enrollment or waiver please visit [www.gallagherstudent.com/umb](http://www.gallagherstudent.com/umb).

**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.

**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 costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. The certificate of coverage can be viewed at [www.gallagherstudent.com/umb](http://www.gallagherstudent.com/umb). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-1780-1. The Policy is a Non-Renewable One-Year Term Policy.

**Important deadlines**

Important Information for Hard Waiver Students:  
Open Enrollment Periods for all Dependents and Hard Waiver Students: If you have eligible Dependents in the fall or, are a student in the fall semester and eligible to purchase coverage and you choose not to enroll for coverage before the Fall Enrollment Deadline of **September 15, 2021**, your Dependents or you, will not be eligible to enroll again until the start of the next fall unless you experience a Qualifying Life Event during the year.

\*For new Dependents or new or renewing students in the Spring semester, your open enrollment deadline is **February 15, 2021**.

**Dependent Eligibility and Enrollment**

Insured students can enroll their eligible Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age. Dependent eligibility expires concurrently with that of the Insured Student. Students can submit an online Dependent enrollment form through [www.gallagherstudent.com/umb](http://www.gallagherstudent.com/umb) by **September 15, 2021**. The deadline for the spring semester is **February 15, 2022**.

Students who waived or enrolled in the fall are good for both Fall and Spring, unless the student is not registered for the spring. Students enrolled in the fall semester can waive for the spring by submitting a spring waiver.

It is the student's responsibility to ensure the timely enrollment of eligible Dependents each policy year. Dependents are not automatically re-enrolled.

**Coverage Dates and Plan Cost**

Rates	Fall (08/01/21 – 01/31/22)	Spring/Summer (02/01/2022 – 07/31/2022)
Enrollment/Waiver Deadline	September 15, 2021	February 15, 2022
Student	\$2,365.00	\$2,327.00
Spouse	\$2,365.00	\$2,327.00
One Child	\$2,365.00	\$2,327.00
Two or More Children	\$4,730.00	\$4,654.00
Spouse + Two or More Children	\$7,095.00	\$6,981.00

All dependent rates **do not** include the student rate. Student insurance payments are facilitated through your UMB student account. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-1780-1. The Policy is a Non-Renewable One-Year Term Policy.

## Highlights of the Student Injury and Sickness Insurance Plan Benefits offered by UnitedHealthcare StudentResources

METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 91.16%

**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](#)

**Copays:** All Preferred Provider and Out-of-Network Copays specified in the Schedule of Benefits are in addition to the Policy Deductible, except for Outpatient Physician Visits and Consultant Physician Fees.

	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>	\$100 Per Insured Person, Per Policy Year	\$200 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>	\$1,500 Per Insured Person, Per Policy Year \$3,000 For all Insureds in a Family, Per Policy Year	\$5,000 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 Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b> <i>Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</i>	\$20 Copay per prescription for Tier 1 \$40 Copay per prescription for Tier 2 \$70 Copay per prescription for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	\$20 Deductible for generic drugs \$40 Deductible for brand name drugs Up to a 31-day supply per prescription 100% of Usual and Customary Charges
<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 Preferred Allowance	100% of Usual and Customary Charges
<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/Deductibles.</i>	Physician's Visits: \$15 not subject to Deductible Urgent Care Center: \$25, 100% of Preferred Allowance after Deductible Medical Emergency: \$150 Copay per visit 100% of Preferred Allowance after Deductible	Physician's Visits: 80% of Usual and Customary Charges after Deductible Urgent Care Center: \$25, 100% of Usual & Customary Charges after Deductible Medical Emergency: \$150 Copay per visit 100% of Usual and Customary Charges after Deductible
<b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b>	Office Visits: \$15 copay per visit 100% of Preferred Allowance not subject to Deductible Other Outpatient Services: Preferred Allowance after Deductible	Other Outpatient Services: Usual and Customary Charges 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. Sexual dysfunction not related to organic disease.
2. Cosmetic procedures, surgery, or related services to improve appearance.  
This exclusion does not apply to reconstructive procedures to restore bodily function or correct deformity resulting from disease, trauma or congenital or developmental anomalies for which benefits are otherwise payable under the Policy, as determined by the treating Physician.
3. Personal care services and domiciliary care services.
4. Dental treatment which includes Hospital or professional care in connection with:
  - The operation or treatment for the fitting or wearing of dentures.
  - Orthodontic care or malocclusion.
  - Operations on or for treatment of or to the teeth or supporting tissues of the teeth, except for removal of tumors and cysts or treatment of Injury to natural teeth due to an accident if the treatment is received within 6 months of the accident.
  - Dental implants.This exclusion does not apply to benefits specifically provided in Pediatric Dental Services and benefits specified under Dental Treatment in the Policy.
5. Experimental Services.
6. Foot care for the following:
  - Supportive devices for the foot, including arch supports, orthotic devices, in-shoe supports, orthopedic shoes, elastic supports or exams for their prescription or fitting.
  - Routine foot care including the care, cutting and removal of corns, calluses, and toenails.This exclusion does not apply to preventive foot care for Insured Persons with diabetes or treatment of a covered Injury or Sickness, as determined necessary by the treating Physician.
7. Lifestyle improvements, including nutritional counseling, or physical fitness programs, except as specifically provided in the Policy.
8. The purchase, examination, or fitting of hearing aids or supplies, and tinnitus maskers. This exclusion does not apply to:
  - Treatment for hearing defects or hearing loss as a result of an infection or Injury. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
  - Hearing aids as specifically provided in the Policy.
9. Immunizations related to foreign travel.
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
11. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except when traveling for academic study abroad programs, business or pleasure.

12. Services resulting from accidental bodily Injury arising out of a motor vehicle accident to the extent that services are payable under a medical expense payment provision of an automobile insurance policy.
13. Reproductive services as follows, except as specifically provided in Infertility Services:
  - Services to reverse a voluntary sterilization procedure.
  - Services for sterilization or reverse sterilization for a Dependent minor, except for FDA approved sterilization procedures for women with reproductive capacity.
14. The purchase, examination, or fitting of eyeglasses or contact lenses, except for aphakic patients and soft or rigid gas permeable lenses or sclera shells intended for use in the treatment of an Injury or Sickness.  
This exclusion does not apply to benefits specifically provided in Pediatric Vision Services.
15. Services performed or prescribed under the direction of a person who is not a Physician or performed beyond the scope of practice of the Physician.
16. Services for which the Insured Person is not legally, or as a customary practice, required to pay in the absence of an Insurance policy.
17. Temporomandibular joint syndrome (TMJ) treatment and treatment for craniomandibular pain syndrome (CPS), except surgery to treat joint abnormalities due to Injury and Sickness and where clear demonstrable radiographic evidence of joint abnormality exists.
18. Services to the extent they are covered by any government unit, except for veterans in Veteran's Administration or armed forces facilities for services received for which the Insured is liable.
19. Medical or surgical treatment or regimen for reducing or controlling weight. This exclusion does not apply to:
  - Benefits specifically provided in Benefits for Morbid Obesity.
  - Benefits specifically provided in Nutritional Services.

## UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse, Domestic Partner or Civil Union Partner and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students, insured spouse, Domestic Partner or Civil Union Partner and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students, insured spouse, Domestic Partner or Civil Union 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;
- 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.

# Highlights of Services offered by UnitedHealthcare StudentResources

## 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 calling the toll-free number listed on the front of your medical ID card or 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.

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 \$40 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

This Summary Brochure is based on Policy #2021-1780-1.

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.

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.firststudent.com](http://www.firststudent.com).

## 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 Dependent; age restrictions may apply, depending on your state.

## 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.



**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'nída'wo'ígíí t'áá jíík'eh bee nich'í  
bee ná'ahoot'í. T'áá shqōdí kohjí' 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 ajuer ē thok atō tinē yin abac tē cin wēu yeke  
thiēēc. Yin cōl 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 togotogia.  
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**

ܟܘܡܪܘܢ ܒܘܟ ܟܝܠܘܢ ܝܢ ܟܝܢ ܝܠܘ ܝܟܠܘܟ ܘܘܢܝܢܝܢ. ܟܘܟ ܟܠܠܘܟ  
1-866-260-2723 ܟܘܟ ܟܠܠܘܟ.

**Tagalog**

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

**Telugu**

ఊంకీస్కో అసిస్టెంట్ సర్వీస్స్ మీకు ఉచితంగా అందుబాటులో ఉన్నాయి.  
దయ చేసి 1-866-260-2723 కి కాల్ చేయండి.

**Thai**

มีบริการความช่วยเหลือด้านภาษาให้โดยที่คนไม่ต้องเสียค่าใช้จ่าย  
แต่อย่างไรใด โปรดโทรศัพท์ถึงหมายเลข  
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**

שפראך הילף סערוויסעס זענען אוועילעבל פאר אייך פריי פון אפצאל. ביטע  
1-866-260-2723 רופט

**Yoruba**

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