



2026–2027 Student Health Insurance Plan for Boston College

THIS PLAN DOES NOT INCLUDE ANY EXCLUSIONS OR LIMITATIONS FOR PRE-EXISTING CONDITIONS.



This health plan meets the Minimum Creditable Coverage standards that are effective January 1, 2026 as part of the Massachusetts Health Care Reform Law. This plan will satisfy the statutory requirement that the Insured Person must have health insurance meeting these standards.

Who is eligible to enroll?

Students must be in a degree-seeking program or enrolled 75% of full-time in courses for credit to be eligible to participate in the insurance.

Seventy-five of full-time enrollment is the following number of credits:

- Morrissey College of Arts and Sciences, Graduate – seven or more
- Lynch School of Education and Human Development, Graduate – seven or more
- Carroll School of Management Graduate Programs – seven or more
- Connell Graduate School of Nursing – seven or more
- School of Social Work – seven or more
- Woods College of Advancing Studies, Undergraduate – nine more
- Woods College of Advancing Studies, Graduate – seven more
- School of Theology and Ministry – seven or more

Non-degree graduate and WCAS students registering at the above credit hours are also automatically enrolled in SHIP unless proof of comparable coverage is provided.

Students who are not citizens or permanent residents of the United States will be automatically enrolled in SHIP unless proof of comparable coverage is provided.

Medical Leave of Absence policy: Boston College allows eligible students who are on an approved medical leave of absence to continue enrollment under the Boston College Student Health Insurance Plan for a maximum of one semester. Student must have been enrolled in the College's Student Health Insurance Plan for the semester immediately preceding the requested enrollment extension. Eligible students may also insure their Dependents.

Insured students may also cover their eligible Dependents, if the Dependents have been previously insured or if there is a qualifying event. If students are enrolled they need to log into the Gallagher portal to enroll dependents. If students are not enrolled they should contact Boston College's Office of Student Services to enroll. 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 who meets the specific requirements set forth in the Definitions section of the Certificate.
 - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Medicare Eligibility

Any person who has Medicare at the time of enrollment in this student insurance plan is not eligible for coverage under the Master Policy.

If an Insured Person obtains Medicare after the Insured Person is covered under the Master Policy, the Insured Person's coverage will not end due to obtaining Medicare.

As used here, "has Medicare" means that an individual is entitled to benefits under Part A (receiving free Part A) or enrolled in Part B or Premium Part A.

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 may be viewed at www.uhcsr.com/bc. This plan is underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care, Inc. and administered by UnitedHealthcare Student Resources and is based on policy number 2026-16-1. The Policy is a Non-Renewable One-Year Term Policy.

Who can answer questions I have about the plan?

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

Highlights of Coverage offered by UnitedHealthcare Student Resources

Coverage Dates and Plan Cost

Rates	Fall 8-7-2026 to 1-14-2027	Spring/Summer 1-15-2027 to 8-6-2027
Student	\$2,083.00	\$2,640.00
Spouse	\$2,082.00	\$2,639.00
One Child	\$2,082.00	\$2,639.00
Two or More Children	\$4,164.00	\$5,278.00
Spouse and Two or More Children	\$6,246.00	\$7,917.00

Highlights of the Student Health Insurance Plan Benefits

METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 92.210%

Preferred Providers: The Preferred Provider for this plan is HPHC Insurance Company Network Preferred Providers can be found using the following link:

[UHC Choice Plus Harvard Pilgrim Joint Venture](#)

Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at 80% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center. Policy Exclusions and Limitations do not apply.

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	

Plan Deductible	\$250 Per Insured Person, per Policy Year \$500 For all Insureds in a Family, 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>	\$2,000 Per Insured Person, Per Policy Year \$4,000 For all Insureds in a Family, Per Policy Year	
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	100% of Allowed Amount for Covered Medical Expenses	80% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <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>	\$20 Copay per prescription Tier 1 \$40 Copay per prescription Tier 2 \$75 Copay per prescription Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	50% of billed charge for generic drugs 50% of billed charge for brand name drugs Up to a 31-day supply per prescription after Deductible
Preventive Care Services <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 www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	Allowed Amount after Deductible
COVID-19 Vaccine and Administration Cost <i>No Deductible, Copays, or Coinsurance will be applied for the vaccine or for the cost to administer the vaccine. Please visit www.uhcsr.com to locate a provider.</i>	100% of Allowed Amount	100% of Allowed Amount
The following services have per service Copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician's Visits: \$25 not subject to Deductible Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital.
Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs	Office Visits: \$0 Copay per visit Allowed Amount not subject to Deductible Other Outpatient Services: Allowed Amount after Deductible	Office Visits: 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. Alternative treatments, such as:
 - Hypnosis.
3. Cosmetic procedures, except as specifically provided in the Policy or 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.
 - Improve or give back bodily function or to correct a functional impairment caused by a birth defect or a prior surgical procedure.

This exclusion does not apply to Benefits for HIV-Associated Lipodystrophy Syndrome Treatment.

4. Custodial Care.
 - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
 - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
5. Dental treatment, except:
 - As described under Dental Treatment in the Policy.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. Foot care for the following, except as specifically provided in the Policy:

- Flat foot conditions.
- Supportive devices for the foot.
- Subluxations of the foot.
- Fallen arches.
- Weak feet.
- Chronic foot strain.
- Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).

This exclusion does not apply to:

- Preventive foot care due to conditions associated with metabolic, neurologic, or peripheral vascular disease.
 - Benefits specifically provided in Podiatry Care.
 - Medically Necessary treatment of a covered Injury or Sickness, as determined by the treating Physician.
8. Health spa or similar facilities. Strengthening programs.
 9. 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 a Congenital Condition, infection, or Injury.
 - Benefits specifically provided in Benefits for Treatment of Speech, Hearing and Language Disorders.
10. Hirsutism. Alopecia, except as specifically provided in Benefits for Scalp Hair Prosthesis.
 11. 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.
 12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
 13. Investigational services.
 14. Learning disabilities testing, including diagnostic testing of learning disabilities.
 15. Lipectomy.
 16. Nuclear, chemical or biological contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death.
 17. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
 18. Personal care, comfort, or convenience items not directly related to the treatment of a Sickness or Injury.
 19. Prescription Drugs, services or supplies as follows, except as specifically provided in the Policy:
 - Therapeutic devices or appliances, including: 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.
 - Drugs used for the treatment of erectile dysfunction or sexual dysfunction.
 - Growth hormones for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).

- Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
20. Reproductive services for the following, except as specifically provided in Benefits for Infertility or as specifically provided in the Policy:
- Genetic testing.
 - Impotence, organic or otherwise.
 - Reversal of sterilization procedures.
21. 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.
22. 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 contact lenses to treat keratoconus.
 - To benefits specifically provided in the Policy.
23. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in Benefits for Maternity, Childbirth, Well-Baby and Post Partum Care.
24. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
25. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except orthognathic surgery to correct a significant functional impairment that cannot be adequately corrected with orthodontic services. 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 benefits specifically provided in the Policy.
26. Naturopathic services.
27. Supplies, except as specifically provided in the Policy.
28. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except:
- As specifically provided in the Policy.
 - Medically Necessary reconstructive procedures that are for gender affirming, or gender dysphoria treatment.
29. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
30. 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).
31. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in Weight Loss Programs or as 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.

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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.

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 Student Resources

Healthiest You: 24/7 Medical Care 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. 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.

You also have access to registered dietitians, seven days a week, who will offer personalized guidance to help you make informed, healthy choices at no extra cost. Visit telehealth4students.com to learn more or schedule your first appointment.

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 provider.

HealthiestYou: Virtual Mental Health Care Access

Starting on the effective date of your coverage under the student insurance plan, you have access to mental health providers through HealthiestYou, a national virtual counseling service.* Psychiatrists, psychologists and licensed therapists are available to you through 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 Student Assist

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

- 24/7 Crisis Support – telephonic access to trained master's level specialists, 24/7/365, who provide in-the-moment support and consultation.
- Financial and Legal Counseling – in addition to online self-help resources, insureds also receive 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 liveandworkwell.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.
- Calm Health – designed to assist in managing stress, improve sleep, and enhance presence in daily life.

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.

Gallagher Student Health Complements

Exclusively from Gallagher Student Health & Special Risk, enrolled students have access to the following menu of products at no additional cost. These plans are not considered insurance products and are not underwritten or administered by UnitedHealthcare Insurance Company of New York. More information is available on your school's page at <http://www.gallagherstudent.com>.

Coast to Coast Vision

Coast to Coast Vision offers discounts on vision benefits to insured students. Coast to Coast's provider network gives students access to over 20,000 independent providers and retail stores nationwide, including For Eyes Optical, Lens Crafters, Pearle Vision, Target Optical, JC Penney Optical and Visionworks locations. There is no waiting period; students can take advantage of the savings immediately. Students can expect 10% to 60% off regular retail pricing on prescription eyeglasses, conventional contact lenses and other retail eyewear items, as well as 10 to 30% off eye examinations and 40 to 50% off the national average on LASIK.

For more information or to access the Coast to Coast Vision™ membership card, visit the 'Discounts' section on your school's page at <http://www.gallagherstudent.com>.

UNI-CARE

Maintaining good health extends to taking care of your teeth, gums and mouth. The UNI-CARE savings program provides you with a wide range of dental discount services. UNI-CARE contracts with dentists that agree to charge a negotiated fee to students covered under the Gallagher Student Health Insurance plan. Students must pay for the services received at the time of service to receive the negotiated rate. Savings vary but can be as high as 50% depending on the type of service received and the contracted dentist providing the service. To use the program, students must:

- Make an appointment with a contracted dentist. Contracted dentists and their fee schedules are listed at findbestbenefits.com/student.
- Select a participating provider at findbestbenefits.com/student.
- Give the dental network name to your provider when making your appointment
- Simply present your membership card before getting treatment to be assured the proper discount is applied
- Payment is due at the time of services

- There are no forms to complete and no limit to the number of visits

Full details of the program and contact information for further questions are available at findbestbenefits.com/student

SilverCloud Behavioral Health

SilverCloud Health offers online, self-guided programs designed for young adults to address anxiety, depression, stress, resilience, or insomnia. Based on cognitive behavioral therapy principles, these self-guided programs are available any time, on any device.

Each module is comprised of an introductory video and quiz, psychoeducational content with examples and personal stories, interactive activities, homework suggestions and summaries.

SilverCloud is accessible to those enrolled in your School's Student Health Insurance Plan. To start on your path to better managing your well-being, visit <https://gsh.silvercloudhealth.com/signup/>

Broker information

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

Gallagher Student Health & Special Risk
500 Victory Road
Quincy, MA 02171
1-866-948-8472
www.gallagherstudent.com

ID Cards

Insured students will receive emailed instructions on how to create a My Account and access their electronic ID card. From the uhcsr.com/myaccount website, ID cards can be downloaded, faxed, emailed or printed. Additionally, students can request delivery of an ID card through the U.S. mail from their My Account. Access to ID card information is also available on the UHCSR mobile app, available on the App Store or Google Play.

This Summary Brochure is based on Policy #2026-16-1.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by Harvard Pilgrim Health Care. 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 Harvard Pilgrim Health Care 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.



a Point32Health company

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity) you can file a grievance with:

Point32Health Civil Rights Legal Coordinator

1 Wellness Way

Canton, MA 02021-1166

866-750-2074, TTY service: 711

Fax: 617-668-2754

Email: OCRCoordinator@point32health.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

www.hhs.gov/ocr/office/file/index.html

Language Assistance Services

Arabic (العربية) انتباه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. يرجى الاتصال بالرقم الموجود على بطاقة هوية العضو الخاصة بك.

French (Français) ATTENTION : Si vous parlez une langue autre que l'anglais, des services d'assistance linguistique gratuits sont à votre disposition. Veuillez appeler le numéro indiqué sur votre carte d'adhérent.

Greek (Ελληνικά) ΠΡΟΣΟΧΗ: Εάν μιλάτε κάποια άλλη γλώσσα πέρα από τα αγγλικά, γλωσσικές υπηρεσίες χωρίς χρέωση είναι στη διάθεσή σας. Καλέστε τον αριθμό στην κάρτα μέλους σας.

Gujarati (ગુજરાતી) ધ્યાન આપો: જો તમે અંગ્રેજી સિવાય બીજી ભાષા બોલો છો, તો ભાષા િહાસ િવેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. કૃપા કરીને તમારા િભ્ય આઈડી કાર્ડ પરના નંબર પર કોલ કરો.

Haitian Creole (Kreyòl Ayisyen) ATANSYON: Si w pale yon lang ki pa Anglè, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo ki sou kat ID manm ou a.

Hindi (हिंदी) ध्यान दें: अगर आप अंग्रेजी以外的 भाषा में बातचीत करना चाहते हैं, तो हम आपको निशुल्क भाषा सहायता सेवाएं प्रदान कर सकते हैं। कृपया अपने ID कार्ड पर दिए गए नंबर पर कॉल करें।

Italian (Italiano) ATTENZIONE: se parli una lingua diversa dall'inglese, sono disponibili gratuitamente servizi di assistenza linguistica. Chiama il numero indicato sulla tua tessera membro identificativa.

Khmer (ភាសាខ្មែរ) ប្រសិនបើអ្នកនិយាយភាសាបសេដបបុរេពីភាសាអង់គ្លេស ឬ បសភាម្មជន្ន យភាសា ដែលគេកំពុងផ្តល់ លីអាចកបានសប្បុរស ក្រុម សូម ម្យ៉ាងកាន់បលខប្រើប្រាស់ ID កាតសាជីកររស់ ក្រុម

Korean (한국어) 알림: 영어 이외의 언어를 사용하신다면 언어 지원 서비스를 무료로 제공해 드립니다. 가입자 ID 카드에 명시된 번호로 전화하시기 바랍니다.

Lao (ພາສາລາວ) ກະ ລຸນາ ຮັບລາບ: ຖ້າ ທ່ານ ວ່າ ພາສາ ອື່ນ ທ່ານ ບໍ່ ມ່ນ ພາສາ ອັງ ກິດ, ທ່ານ ສາມາດ ຈຳ ບັ ລການ ດານພາສາ ດ້ ອ່ອນ ກະ ລຸນາ ທາງ ທາງ ບັ ທ ອ່ອນ ບັ ດປະ ຈາ ຕົ ວສະ ມາ ຊກຂອງ ທ່ານ.

Polish (polski) UWAGA: Jeśli posługujesz się językiem innym niż angielski, możesz bezpłatnie korzystać z usług pomocy językowej. Zadzwoń pod numer podany na Twojej karcie członkowskiej.

Portuguese (Português) ATENÇÃO: caso fale outro idioma que não o inglês, são-lhe disponibilizados gratuitamente serviços de assistência linguística. Ligue para o número no seu cartão de identificação de membro.

Russian (Русский) ВНИМАНИЕ! Если вы не говорите на английском языке, то можете бесплатно воспользоваться услугами языковой поддержки. Позвоните по номеру, указанному на вашей идентификационной карте участника.

Spanish (Español) ATENCIÓN: Si usted habla un idioma que no sea inglés, están disponibles para usted, sin costo, servicios de asistencia en otros idiomas. Llame al número que figura en su tarjeta de identificación de miembro.

Traditional Chinese (繁體中文) 注意事項: 如果您講非英語的其他語言, 我們可以為您提供免費的語言協助服務。請撥打您會員 ID 卡上的電話號碼。

Vietnamese (Tiếng Việt) LƯU Ý: Nếu quý vị nói ngôn ngữ khác không phải tiếng Anh, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi đến số điện thoại trên thẻ ID hội viên của quý vị.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Please call the number on your member ID card.