



Who is eligible to enroll?

All full-time Graduate and Undergraduate students are automatically enrolled in this insurance Plan unless proof of comparable coverage is furnished. All international students are enrolled on a mandatory basis and cannot waive coverage.

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?

Enroll

1. Go to www.gallagherstudent.com/SFCM.
2. On the left toolbar, click "Student Waive/Enroll".
3. Log in (if you haven't already) by following the instructions on the website.
4. Click the "I want to Enroll" button.
5. Follow the instructions to complete the form.
6. Save a copy of your reference number.

Waive

If your current insurance plan is comparable to the SHIP:

1. Go to www.gallagherstudent.com/SFCM.
2. On the left toolbar, click "Student Waive/Enroll"
3. Log in by following the instructions on the website (if you haven't already).
4. Click the "I want to Waive" button.
5. Follow the instructions to complete the form.
6. Save a copy of your reference number. This number only confirms submission, not approval of your form.

Who can answer questions I have about the plan?

If you have questions please contact Gallagher Student Health & Special Risk at 844-269-4994 or please visit www.gallagherstudent.com/SFCM.

Important Communication Information

All personal e-mails 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**

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/SFCM. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-868-63. The Policy is a Non-Renewable One-Year Term Policy.

Important dates or deadlines

Important Information for Hard Waiver Students:
Open Enrollment Periods for all Dependents and Hard Waiver Students: If you are a hard-waiver student and you fail to waive coverage before the **September 27, 2021** Fall deadline, you will be enrolled automatically and responsible to pay San Francisco Conservatory of Music for this annual coverage that was purchased on your behalf.

*Spring/Summer enrollment deadline is **January 31, 2022**.

Coverage Dates and Plan Cost

Undergraduate Rates	Fall 8/1/21 – 12/31/21	Spring / Summer 1/1/22 – 7/31/22
Student	\$957	\$1,326
Spouse	\$957	\$1,326
One Child	\$957	\$1,326
Two or More Children	\$1,914	\$2,652
Spouse +Two or More Children	\$2,871	\$3,978

Graduate Rates	Fall 8/1/21 – 12/31/21	Spring / Summer 1/1/22 – 7/31/22
Student	\$1,410	\$1,953
Spouse	\$1,410	\$1,953
One Child	\$1,410	\$1,953
Two or More Children	\$2,820	\$3,906
Spouse +Two or More Children	\$4,230	\$5,859

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 Injury and Sickness Insurance Plan Benefits offered by UnitedHealthcare StudentResources

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 85.21%

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
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$250 Per Insured Person, Per Policy Year	\$600 Per Insured Person, Per Policy Year
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$6,850 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
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <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>	\$25 Copay per prescription Tier 1 \$45 Copay per prescription Tier 2 \$60 Copay per prescription Tier 3 up to a 31-day supply per prescription. not subject to Deductible	No Benefits
Preventive Care Services <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 www.healthcare.gov/preventive-care-benefits/ for complete details of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	No Benefits
The following services have per service Copays/Deductibles <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Medical Emergency: \$150 copay per visit not subject to Deductible	Medical Emergency: \$150 copay per visit not subject to Deductible
Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs	Office Visits: \$25 copay per visit not subject to Deductible Other Outpatient Services: 80% of Preferred Allowance after Deductible	Other Outpatient Services: 60% of Usual and Customary Charges 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. Addictive, mental, and behavioral conditions and problems that may be the focus of clinical attention but are specifically noted not to be a mental disorder within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association or the Mental and Behavioral Disorders chapter of the ICD-10.
2. Cosmetic procedures performed to alter or reshape normal structures of the body in order to improve the Insured's appearance.

This exclusion does not apply to:

- Benefits for Reconstructive Surgery and Benefits for Upper or Lower Jawbone Surgery in the Mandated Benefits section of the Policy.
- Medically Necessary reconstructive procedures that are for the treatment of gender dysphoria.
- Reconstructive Breast Surgery Following Mastectomy.
- Reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy.

Examples of cosmetic procedures include:

- Pharmacological regimens, nutritional procedures or treatments.
 - Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male or female breast or nipple.
 - Removal of excess skin.
 - Circumcision for religious reasons or aesthetic purposes.
 - Hair removal.
 - Hair loss or growth treatment, items, and services for the promotion, prevention, or other treatment of hair loss or hair growth.
 - Nasal and sinus surgery performed for any reason other than for the treatment of an Injury or Sickness.
3. Custodial Care. This exclusion does not apply to assistance with activities of daily living that is provided as part of covered Home Health Care, Hospice Care, Inpatient Rehabilitation Facility care, or Skilled Nursing Facility care.
 4. Dental treatment, except:
 - For accidental Injury to Natural Teeth.
 - As described under Dental Treatment in the Medical Expense Benefits section of the Policy.This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
 5. Elective Surgery or Elective Treatment as defined in the Definitions section of the Policy.
 6. 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.
 7. Health spa or similar facilities. Strengthening programs.
 8. Hearing aids. Treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which is not part of a disease process and does or can impair normal hearing.

This exclusion does not apply to:

- Hearing defects or hearing loss as a result of an infection or Injury.
 - A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.
 - Benefits for Reconstructive Surgery in the Mandated Benefits of the Policy.
9. Immunizations, except as specifically provided in the Preventive Care Services benefit in the Medical Expense Benefits section of the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Preventive Care Services benefit in the Medical Expense Benefits section of the Policy.
 10. Injury or Sickness for which benefits are paid:
 - Under any Workers' Compensation or occupational Disease Law or Act, or similar legislation.
 11. Experimental or investigational services. The Insured may request an Independent Medical Review (IMR) from the California Department of Insurance (CDI) at no cost to the Insured as described in the Notice of Appeal Rights section of the Policy.
 12. Commission of or attempt to commit a felony.
 13. Prescription Drugs Services – no benefits will be payable for:
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs. The Insured may request an Independent Medical Review (IMR) from the California Department of Insurance (CDI) at no cost to the Insured as described in the Notice of Appeal Rights section of the Policy.
 - Products used solely for cosmetic purposes.
 - Drugs used to treat hair loss or hair growth. Anabolic steroids used for body building.
 - Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
 14. Reproductive services for the following:
 - Genetic counseling and genetic testing, except for the prenatal diagnosis of fetal genetic disorders.
 - Cryopreservation of reproductive materials. This exclusion does not apply when an Insured received covered treatment that may directly or indirectly cause iatrogenic infertility.
 - Fertility tests.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception. ☐ Impotence, organic or otherwise, except for Prescription Drugs prescribed for the treatment of sexual dysfunction.
 - Reversal of sterilization procedures.
 15. 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.
 16. 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 benefits specifically provided in the Policy Schedule of Benefits.
 - To eye examinations, including preventive screenings, for conditions such as hypertension, diabetes, glaucoma, or macular degeneration.
17. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Medical Expense Benefits section of the Policy. This exclusion does not apply to the Preventive Care Services benefits outlined in the Medical Expense Benefits section of the Policy.
 18. Physical examinations and tests for non-preventive care purposes in the absence of Injury or Sickness.
 19. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
 20. Snoring, except medical and surgical treatment provided as part of treatment for documented obstructive sleep apnea.
 21. Medical supplies (prescribed or non-prescribed) and disposable supplies. (Examples include gauze and dressings, compression stockings, ace bandages.)
This exclusion does not apply to:
 - Ostomy and Urological Supplies in the Medical Expense Benefits section of the Policy.
 - Benefits for Diabetes in the Mandated Benefits section of Policy.
 22. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices. This exclusions does not apply to:
 - Reconstructive Breast Surgery Following Mastectomy in the Medical Expense Benefits section of the Policy.
 - Benefits for Breast Cancer Screening and Treatment in the Mandated Benefits section of the Policy.
 - Benefits for Reconstructive Surgery in the Mandated Benefits section of the Policy.
 - Medically Necessary reconstructive procedures that are for the treatment of gender dysphoria.
 23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
 24. War or any act of war, declared or undeclared; while serving in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
 25. Weight loss and nutrition programs (for example: Weight Watchers®, Jenny Craig®, or other structured commercial weight loss programs) whether or not they are under medical supervision. This exclusion does not apply to benefits specifically provided in the Preventive Care Services benefit in the Medical Expense Benefits section of the Policy.

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

HealthiestYou: 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, 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 \$55 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 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.

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 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. 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.

This Summary Brochure is based on Policy #2021-868-63.

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 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

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'i'. 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 thiēec. 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। ਵਿਰਥਾ 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 ܟܝܝܢ ܝܠܘ ܝܟܝܠܘܟ ܘܘܢܝܢܝܢ. ܟܘܟܝܢ ܝܡ ܟܠܠܘܟ 1-866-260-2723.

Tagalog

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

Telugu

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

Thai

มีบริการความช่วยเหลือด้านภาษาให้โดยที่คนไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด 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.