2020-2021 Student Injury and Sickness Insurance Plan for University of Chicago

Who is eligible to enroll?

Registered students taking credit hours and who are eligible to use UChicago Student Wellness are required to have insurance and will be enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished. Toyota Technological Institute at Chicago students are also required to have insurance and will be enrolled in this plan unless proof of comparable coverage is furnished.

Affiliated seminary students and opt-in students in the following programs: Booth School of Business; Graham School of Continuing Liberal and Professional Studies; Harris School of Public Policy; and School of Social Service Administration are not eligible to use UChicago Student Wellness and therefore are able to enroll in the program on a voluntary basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse, Civil Union partner and dependent children under 26 years of age. To enroll dependents, students must first enroll themselves and then complete the “Enrollment Form for Dependents” (www.uhcsr.com/UChicago) and submit to the on campus insurance office along with proof of eligible dependent status. For more information visit studentinsurance.uchicago.edu

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 or Civil Union partner 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.

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. Copies of the certificate of coverage are available from the University and may be viewed at www.uhcsr.com/UChicago. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2020-451-1. 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 1-866-348-8472 or customerservice@uhcsr.com.
### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Basic Rates</th>
<th>Annual 9-1-2020 to 8-31-2021</th>
<th>OPT-IN Rates</th>
<th>Annual 9-1-2020 to 8-31-2021</th>
<th>Seminary Rates</th>
<th>Annual 9-1-2020 to 8-31-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$4,566.00</td>
<td>Spouse</td>
<td>$4,566.00</td>
<td>Spouse</td>
<td>$4,566.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$4,566.00</td>
<td>Spouse</td>
<td>$4,566.00</td>
<td>Spouse</td>
<td>$4,566.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$4,566.00</td>
<td>One Child</td>
<td>$4,566.00</td>
<td>One Child</td>
<td>$4,566.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$9,078.00</td>
<td>Two or More Children</td>
<td>$9,078.00</td>
<td>Two or More Children</td>
<td>$9,078.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$13,590.00</td>
<td>Spouse and Two or More Children</td>
<td>$13,590.00</td>
<td>Spouse and Two or More Children</td>
<td>$13,590.00</td>
</tr>
</tbody>
</table>

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

The Insured Person must meet the eligibility requirements each time a premium payment is made. To avoid a lapse in coverage, the Insured Person’s premium must be received within 31 days after the coverage expiration date. It is the Insured Person’s responsibility to make timely premium payments to avoid a lapse in coverage.

### Other Coverage

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

Accident coverage for Intercollegiate sports injury is available under a separate policy, 2020-451-8.

### Highlights of the Student Injury and Sickness Insurance Plan Benefits

**METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 91.810%**

**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](#)

**UChicago Student Wellness Referral Required:** An additional $50 Deductible per service will apply for Outpatient Physician’s Visits, Consultant, Mental Illness Treatment and Substance Use Disorder Visits incurred without first obtaining the appropriate referral from UChicago Student Wellness. See UChicago Student Wellness Referral Requirement section in the Certificate.

*NOTE:* Only one UChicago Student Wellness referral is required per condition. The referral will apply to the same condition for all years the student is insured under the student Injury and Sickness insurance plan at the University of Chicago.

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Deductible</td>
<td>$500 per Insured Person, Per Policy Year</td>
<td>$1,000 per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$1,500 Per Insured Person, Per Policy Year</td>
<td>$2,500 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</td>
<td>$3,000 For all Insureds in a Family, Per Policy Year</td>
<td>$10,000 For all Insureds in a Family, Per Policy Year</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>90% of Preferred Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>$10 Copay for Tier 1</td>
<td>No Benefits</td>
</tr>
</tbody>
</table>
Prescriptions must be filled at a UHCP network pharmacy. A 90-day supply will be filled at two times the Copay cost for Chronic Medications filled at DCAM (University pharmacy) only. Prescription Inhalants for persons suffering from asthma or other life threatening bronchial ailments are not limited by restrictions on the number of days before an inhaler refill may be obtained when ordered or prescribed by the treating Physician. Prior authorization is required for growth hormones drugs.

<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>100% of Preferred Allowance</th>
<th>No Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 <a href="http://www.healthcare.gov/preventive-care-benefits">www.healthcare.gov/preventive-care-benefits</a> for a complete list of the services provided for specific age and risk groups.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The following services have per service Copays</th>
<th>Physician’s Visits: $20 not subject to Deductible</th>
<th>Medical Emergency: $100 after Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</th>
<th>Office Visits: $20 Copay per visit Preferred Allowance not subject to Deductible</th>
<th>Office Visits: Usual and Customary Charges after Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Other Outpatient Services: Preferred Allowance after Deductible</td>
<td>Other Outpatient Services: Usual and Customary Charges after Deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pediatric Dental and Vision Benefits</th>
<th>Refer to the plan certificate for details (age limits apply).</th>
</tr>
</thead>
</table>

### 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. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
2. Behavioral problems. Developmental delay or disorder or intellectual disability. Learning disabilities. This exclusion does not apply to benefits specifically provided in the Policy.
3. 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.
   - Treat or correct Congenital Conditions.
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 use 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:
   - 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 for Insured Persons with diabetes.

8. Hearing examinations. Hearing aids except as specifically provided for in the Policy. 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.
• Cochlear hearing aids.
• 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.

10. Alopecia.

11. Hypnosis.

12. 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.

13. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.

14. 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.

15. Investigational services.

16. Lipectomy.

17. Participation in a riot or civil disorder. Any loss to which a contributing cause was the Insured’s commission of or attempt to commit a felony or to which a contributing cause was the Insured being engaged in an illegal occupation. Fighting.

18. 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.
• Growth hormones, except when a Medical Necessity.
• Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

19. Reproductive services for the following:
• Procreative counseling.
• Genetic counseling and genetic testing.
• Cryopreservation of reproductive materials and storage of reproductive material, except as specifically provided in the Policy.
• Premarital examinations.
• Impotence, organic or otherwise.
• Reversal of sterilization procedures.

20. 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.


This exclusion does not apply as follows:
• When due to a covered Injury or disease process.
• To benefits specifically provided in Pediatric Vision Services.

22. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.

23. Preventive care services which are not specifically provided in the Policy, including:
24. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.

25. Speech therapy, except as specifically provided in the Policy.

26. 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.

27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.

28. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

29. 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).

30. 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 the Policy.

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**UnitedHealthcare Global: Global Emergency Services**

If you are a student insured with this insurance plan, you and your insured spouse 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 or Civil Union partner and insured minor child(ren): you are eligible to receive Assistance and Evacuation Benefits worldwide, except in your home country.

Domestic Students, insured spouse or Civil Union partner and insured minor child(ren): you are eligible for Assistance and Evacuation Benefits 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.

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### 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 UChicago Student Wellness. If possible, we encourage you to visit UChicago Student Wellness 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.

This Summary Brochure is based on Policy #2020-451-1.

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.
NON-DISCRIMINATION NOTICE

UnitedHealthcare Student Resources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf


Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)


We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.
We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

English
Language assistance services are available to you free of charge. Please call 1-866-260-2723.

Albanian

Amaric
תורגם את ה помощи ל לשון זרה מجانًا. תتصل על ה refining 1-866-260-2723.

Arabic
توفر لك خدمات المساعدة اللغوية مجاناً. قم بالاتصالعلى الرقم 1-866-260-2723.

Armenian
20q ճախատիրք են նախարարական զարգացման ծառայություններ են perpetrins. Մենք եք զանգակալներ 1-866-260-2723 համարված եք.

Bantu- Kirundi
Uronswa ku bantu servisii zizafite ku turimi zo kugufasha. Utegereza guhamagare 1-866-260-2723.

Bisayan- Visayan (Cebuano)
Magamit nimo ang mga serbisyo sa tabang sa lengooyahoe nga walay bayad. Palihiug tawag sa 1-866-260-2723.

Bengali- Bangala
ঘোষণা: ভাষা সহায়তা পরিষেবা অফিস বিবাহ পেরার। দের কর্ম 1-866-260-2723-এ কর্ম করুন।

Burmese
သို့လျော်သည် အိမ် သို့ မိုးဝေး ပတ်သွားပြီး ပုံးသုံးပါ 1-866-260-2723 ကို ကြည့်ပါ။

Cambodian- Mon-Khmer
ហេតុបញ្ហាដែលក្នុងការបញ្ជាក់ អាច ត្រូវបាន ឬ ឬ សុំឡើងក្នុងប្រភេទ 1-866-260-2723 ដែល ចាប់ ដោយ។

Cherokee
SOWELALI OQUETI OA RGEO-TOHAT HLEGGB3H DATO, IGGOH DHA DDWOH. 1-866-260-2723.

Chinese
您可以免費獲得語言援助服務。請致電 1-866-260-2723。

Chocotaw
Chaha anumpa ish anumpuli homwv tohshili yvt peh pilla hq chi apela hina. 1 paya 1-866-260-2723.

Cushite- Oromo

Dutch
Taalbijstandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

French
Les services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-866-260-2723.

French Creole- Haitian Creole
Gen sevis ki pou lan ki disponib gratis pou ou. Rele 1-866-260-2723.

German

Greek
Oi υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλής ώρα 1-866-260-2723.

Hindi
अपने के लिए आप सहायता सेवाएं निश्चित करें। 1-866-260-2723 पर कॉल करें।

Hmong
Mnaj cew kev pb tchais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadan a serbisio para iti language assistance. Pangangasim ta tawagam ti 1-866-260-2723.

Indonesian

Italian
Sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-260-2723.

Japanese
無料の言語支援サービスをご利用いただけます。1-866-260-2723 でお電話ください。

Karen
.broadcasting at frequency 88.9. 1-866-260-2723.

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

Kru- Bassa
Bot ba hola ni kobol mahop ngu nsaa wogui wo ba ye hi nu yoo. Sebel i nisinga ini 1-866-260-2723.

Kurdish</p>
Marathi
भाषेच्या महत्त्वाची सुविधा आपल्या विनामुख उपलब्ध आहे.
त्यासाठी 1-866-260-2723 या क्रमांकाच फोन करा.

Marshallese

Micronesian–Pohnpeian
Mie sawas en mahsen ong komwi, soh ipepe. Melau eker 1-866-260-2723.

Nafas
Sawd bee ákae'e eyeed bee áka'ni'da wo'igii t'áa júkhe see nie'ri' bee náa'hoorí'. T'áa shé'ooli kohíj 1-866-260-2723 hodilo'n. dhíj

Nepali
भाषा सहयोग सेवाहरू निजीकृत उपलब्ध छन्। कृपया 1-866-260-2723 मा कल गाइएस।

Nilo–Dinka

Norwegian

Pennsylvania Dutch

Persian–Farsi
خدمات آنادزبانی به طور رایگان در اختیار شما می‌باشد. لطفاً تا شما 1866-260-2723 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
ਦੰਤ ਦਾ ਪ੍ਰਤੀਕ ਗਿਆਣ ਨਵੇਂ ਜਾਣ ਦੀ ਸ਼ਾਨ ਦਾ ਸਿਧਾਂਤ ਕਰਨਾ ਵਿੱਚ ਕਾਰਜਕੀ 1-866-260-2723

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'asamoan
O loo maau faasamoai mo gaganu mo oe ma e lê totopia. Faamalemele telefonë le 1-866-260-2723.

Serbo–Croatian

Somali
Adeegyada taageerada luqadda oo bilash ah ayna 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.

Sudanese–Fulfulde

Swahili
Huduma za msaada wa lugha zinapatikana kwa ajili yako bure. Tafadhali piga simu 1-866-260-2723.

Syriac–Assyrian
لخدمات مترجم من العربية إلى السريانية 1-866-260-2723

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

Telugu
సెర్విసులు సాఫ్ట్ కాంప్యూటర్ లేత్తే యాదాద్రి వాడండి. నంబర్ 1-866-260-2723 లో యాదాద్రి వాటించండి.

Thai
บริการทางภาษาอื่นๆ บริการทางภาษาได้โดยทั่วไปไม่เสียเงินค่าใช้จ่าย บริการทางไกล โปรดโทรศัพท์ที่หมายเลข 1-866-260-2733.

Tongan–Fakatonga
‘Oka ‘i ai pē ‘a e sēvesi ki he lea’ ke tokoni kiate koe pea ‘oku ‘atā ia ma’au ‘o ‘ikai ha totoni. Kūtaki ‘o tā ki he 1-866-260-2723.

Trukese (Chuukese)
En meu tongeri anwani aninisin emon chon chiaaku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

Turkish
Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen 1-866-260-2723 numarayi arayınız.

Ukrainian
Послуги переводу надаються вам безоплатно. Дзвонить за номером 1-866-260-2723.

Urdu
زبان کی مقبولیت میں معاشقہ خدمات ہیں کی کی لیے بہتر پیش ہے۔ نیاز ملے 260-2723-1-866-260-2723

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

Yiddish
כומיסariat רחובות ניידים עבור מ.lu pagar מ.אריכי רץ צפיפות ב. פרס 1-866-260-2723

Yoruba
Isé iranlọwọ èdè ti ọjọ èfẹ, wá ẹ̀pà ọ. Pe 1-866-260-2723.