Who is eligible to enroll?

All non-immigrant international students with F or J Visa status enrolled in any amount of credit hours at LSU Baton Rouge are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse and dependent children or grandchildren who meet the limits of a Dependent set forth in the Dependent definition.

The student (Named Insured, as defined in this Certificate) 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. 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.
   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 this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

How do I waive?

Students who are currently enrolled in a health insurance plan of comparable coverage to the LSU Baton Rouge Student Injury and Sickness Insurance Plan and is in effect until August 13, 2018 can elect to waive the school sponsored Student Injury and Sickness Insurance Plan.

Recognizing that health insurance coverage may change, at the beginning of each academic year students will be asked to provide proof of comparable coverage to LSU Baton Rouge in order to waive coverage. To document proof of comparable coverage, a waiver form must be completed and submitted by the deadline.

Waiver Process

To document proof of comparable coverage, an online waiver form must be completed and submitted by the deadline.

2. Click on the “Student Waive” button.
3. First Time Users will need to create a unique User Account. Returning students can log in with their existing User Account information.
4. Once an account has been created, select the Red “I Want to Waive” button. When waiving the insurance, have your current health insurance ID card ready as you will need this information in order to complete the waiver form.

Immediately upon submitting your waiver request, you will receive a confirmation number indicating that the form has been successfully submitted. Print this confirmation number for your records. If you do not receive a confirmation number, you will
need to correct any errors and resubmit the form. The online process is the only accepted process for waiving the Student Injury and Sickness Insurance Plan.

LSU reserves the right to audit and subsequently reject a waiver request. If it is determined that a student waived coverage with a health insurance plan that was not comparable coverage, the student will be automatically enrolled in the LSU Student Injury and Sickness Insurance Plan.

International students can only waive the Student Injury and Sickness Insurance Plan if they are covered by an insurance plan comparable to LSU Student Injury and Sickness Insurance Plan and the insurance carrier is based in the United States.

In the event that a student waives the Student Injury and Sickness Insurance Plan and then loses their current coverage due to a qualifying event, (i.e. parent loss of coverage or the maximum age limit available is attained), students have the right to petition to add coverage within 31 days of the qualifying event. If the petition is received within 31 days of the qualifying event, there will be no break in coverage. For petitions received after the 31 days, the effective date of coverage will be the date that the petition is received at Gallagher Student Health & Special Risk. If approved, the premium will not be prorated.

Waiver Deadline
The deadline for processing the online waiver is September 8, 2017 for students enrolling in the fall for Annual Coverage, and January 30, 2018 for students who are newly enrolled for the spring term. Students who do not submit the online Waiver Form by the deadline will be automatically enrolled in the Student Injury and Sickness Insurance Plan and the fee will appear on their student account bill.

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.gallagherstudent.com/LSU-BatonRouge. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2017-201720-4. 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 1-844-288-4920 or www.gallagherstudent.com/LSU-BatonRouge.

Highlights of Coverage offered by UnitedHealthcare StudentResources

<table>
<thead>
<tr>
<th>Coverage Dates and Plan Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rates</td>
</tr>
<tr>
<td>Student</td>
</tr>
<tr>
<td>Spouse</td>
</tr>
<tr>
<td>One Child</td>
</tr>
<tr>
<td>Two or More Children</td>
</tr>
<tr>
<td>Student and Two or More Children</td>
</tr>
</tbody>
</table>

Note: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to Gallagher Student Health & Special Risk at the direction of, your school.

Student Health Center Message

Students MUST use the SHC as primary access to medical care, or to receive a referral for treatment outside of the SHC. See Student Health Center Requirements on page 18 of the Certificate for complete details.

Medical Services
• Primary Care
• Specialty Care
• Lab & X-ray

Mental Health Counseling
• Emotional difficulties
• Substance abuse
• Marital and family distress
• Academic concerns

Preventive & Wellness Services
• Screenings/Exams
• Immunizations/Vaccines
• Health Promotion Consults
• Health Workshops

17PPOSB-201720-4 Page 2 of 8 UnitedHealthcare StudentResources
Fall and Spring Semesters: Monday-Friday 8:00 a.m. to 5:00 p.m.
*Saturday 9:00 a.m. to 12:30 a.m. Medical Clinic
**Sunday 1:30 p.m. to 5:00 p.m.

*SHC is closed in the Fall on home game Saturdays
**Sunday hours are ONLY offered during the Fall when Home football games are on the previous Saturday

The Medical Clinic is closed on Wednesdays from 11:30 a.m. to 1:00 p.m. except for emergencies.

Summer and between semesters: Monday-Friday 8:00 a.m. to 4:15 p.m.
The Medical Clinic is closed on Wednesdays from 11:30 a.m. to 1:00 p.m. except for emergencies.

Location: Corner of Infirmary Road and West Chimes Street across from the School of Music.

<table>
<thead>
<tr>
<th>Highlights of the Student Injury and Sickness Insurance Plan Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 86.760 %</td>
</tr>
</tbody>
</table>

**Preferred Providers:** The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [http://www.uhsr.com/lookupredirect.aspx?delsys=52](http://www.uhsr.com/lookupredirect.aspx?delsys=52)

**Student Health Center Benefits:** The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at or referred by the Student Health Center. Policy Exclusions and Limitations do not apply. No Deductible, Copays, or Coinsurance will be applied to Preventive Care Services received from the Student Health Center.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
<td>There is no overall maximum dollar limit on the policy</td>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$250 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>$750 For all Insureds in a Family, per Policy Year</td>
<td>$500 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>$1,500 For all Insureds in a Family, per Policy Year</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$4,250 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>$8,500 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>$8,500 For all Insureds in a Family, per Policy Year</td>
<td>$17,000 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>
</tr>
<tr>
<td>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</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>
</tr>
<tr>
<td>Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 3 times the retail Copay up to a 90 day supply.</td>
<td>$40 Copay for Tier 2</td>
</tr>
<tr>
<td>$70 Copay for Tier 3</td>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>100% of Preferred Allowance</td>
</tr>
<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</td>
<td>Usual and Customary Charges</td>
</tr>
</tbody>
</table>
Provider. Please visit www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.

The following services have per Service Copays
This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

<table>
<thead>
<tr>
<th>Service</th>
<th>Copay</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician's Visits</td>
<td>$35, Policy</td>
<td>Deductible does not apply</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$50, Policy</td>
<td>Deductible does not apply</td>
</tr>
<tr>
<td>Medical Emergency</td>
<td>$100, Policy</td>
<td>Deductible does not apply</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td><strong>$50</strong>, Policy</td>
<td><strong>Deductible does not apply</strong></td>
</tr>
</tbody>
</table>

**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. Acupuncture.
3. Biofeedback
5. Cosmetic procedures, except reconstructive procedures to:
   - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
   - Treat or correct a Congenital Condition existing at or from birth which significantly interferes with normal bodily function, such as cleft lip and cleft palate.
6. 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.
7. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As described under Dental Treatment and Oral Surgery in the Policy.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
8. Elective Surgery or Elective Treatment.
10. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline, or chartered aircraft only while participating in a school sponsored intercollegiate sport.
11. 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.
12. Genetic testing, except as specifically provided in the Policy.
13. Health spa or similar facilities. Strengthening programs.
14. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
    This exclusion does not apply to:
    - Hearing defects or hearing loss as a result of an infection or Injury.
    - An implantable bone conduction hearing aid.
    - Hearing aids for Insureds age 17 and under as specifically provided in the Policy.
17. 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.
18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
19. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance, except when due to the fault of a third party.
20. 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.
21. Lipectomy.
22. Marital or family counseling.
23. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
24. Prescription Drugs, services or supplies as follows:
   - 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.
   - Fertility agents or sexual enhancement drugs, such as Parlodol, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Growth hormones, except for chronic renal insufficiency, AIDS wasting, Turner’s Syndrome, and growth hormone deficiency with abnormal provocative stimulation testing.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
25. Reproductive/Infertility services including but not limited to the following:
   - Procreative counseling.
   - Genetic counseling and genetic testing.
   - Cryopreservation of reproductive materials. Storage of reproductive materials.
   - Fertility tests.
   - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
   - Premarital examinations.
   - Impotence, organic or otherwise.
   - Reversal of sterilization procedures.
26. 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.
27. 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 the initial fitting and one pair of eyeglasses or contact lenses required following cataract surgery.
28. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
29. Preventive care services which are not specifically provided in the Policy, including:
   - Routine physical examinations and routine testing.
   - Preventive testing or treatment.
   - Screening exams or testing in the absence of Injury or Sickness.
30. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
33. Sleep disorders, except as specifically provided in the Policy.
34. Speech therapy, except as specifically provided in the Policy.
35. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
36. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any:
37. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
38. 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).

Highlights of Services offered by UnitedHealthcare StudentResources

Healthiest You: National Telehealth Service

Starting on the effective date of your policy, 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 compliment 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. Not available in Arkansas; limited services in Idaho and Texas.

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a $40 service fee before being connected to a board-certified physician.

Student Assistance

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, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount.

UnitedHealthcare Global: Global Emergency Services

If you are a member insured with this insurance plan, you and your insured spouse and 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.

The Emergency Medical Evacuation 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 Services include:**
- Transfer of Insurance Information to Medical Providers
- Monitoring of Treatment
- Transfer of Medical Records
- Medication, Vaccine
- Worldwide Medical and Dental Referrals
- Dispatch of Doctors/Specialists
- Emergency Medical Evacuation
- Facilitation of Hospital Admittance up to $5,000.00 payment
- Transportation to Join a Hospitalized Participant
- Transportation After Stabilization
- Coordinate the replacement of Corrective Lenses and Medical Devices
- Emergency Travel Arrangements
- Hotel Arrangements for Convalescence
- Continuous Updates to Family and Home Physician
- Return of Dependent Children
- Replacement of Lost or Stolen Travel Documents
- Repatriation of Mortal Remains
- Worldwide Destination Intelligence Destination Profiles
- Legal Referral
- Transfer of Funds
- Message Transmittals
- Translation Services
- Security and Political Evacuation Services
- Natural Disaster Evacuation Services

Please visit www.uhcsr.com/UHCGlobal for the UnitedHealthcare Global brochure which includes service 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 Value Added Benefits: 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 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.

UnitedHealthcare Global is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. Please refer to the UnitedHealthcare Global information in *My Account* at www.uhcsr.com/MyAccount for additional information, including limitations and exclusions.

**Broker information**

**Need more information? Please contact:**
Gallagher Student Health & Special Risk
500 Victory Road
Quincy, MA  02171
Toll free 1-844-288-4920
www.gallagherstudent.com/LSU-BatonRouge
One way we are becoming greener is to longer automatically mail out ID Cards. Digital ID Cards can be downloaded or printed through Gallagher Student Health by visiting your school's page at www.gallagherstudent.com/LSU-BatonRouge. In addition, upon receipt of an email notification from UHC digital ID cards are also available for download on the UHC My Account page, where the student can also request delivery of a permanent ID card through the U.S. mail.

This Summary Brochure is based on Policy #2017-201720-4.

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](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

**Complaint forms are available at** [http://www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

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

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-866-260-2723.


알림: 한국어 (Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723번으로 전화하십시오.

PAUNAWA: Kung nagsasarita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 1-866-260-2723.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 1-866-260-2723.

ATTENTION: Si vous parlez français (French), des services d’aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-866-260-2723.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 1-866-260-2723.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue para 1-866-260-2723.

ATTENZIONE: in caso la lingua parlata sia l’italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-866-260-2723.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-866-260-2723 an.

注意事項：日本語 (Japanese) を話される場合、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 にお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می‌باشد. 1-866-260-2723
Krupa Dhyana Dhe: Yadi aap Hindi (Hindi) bhashi hain to aapke liye bhasha sahayata sevaye ni: shulak uplabdhy hain. Krupa par kala kar 1-866-260-2723

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-866-260-2723.

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti 1-866-260-2723.

DÍÍ BAA’ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jiik'eh, bee ná'ahóóti'. T'áá shoodi kohji 1-866-260-2723 hodíilnih.

Díí Baa'ákonízin: Diné (Navajo) bizaad bee yánilti'go, saad bee ak'aniida'awo'igii, t'aa jiik'eh, bee na'ahoot'i'. Ta'á shoodi kohji 1-866-260-2723 hodíilnih.