Who is eligible to enroll?

All Domestic undergraduate and graduate students registered for resident study and taking classes at LSU Baton Rouge are eligible to enroll in this insurance plan.

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 enroll?

Enrollment in the Student Health Insurance Plan is voluntary. The deadline to enroll in the plan through Gallagher Student Health & Special Risk is September 13, 2019.

Eligible students who are interested in enrolling in the Student Health Insurance Plan should follow these instructions:

2. First Time Users will need to create a unique User account. Returning students can log in with their existing User Account information.
3. Once an account has been created, on the left toolbar, click ‘Student Direct Pay Enroll’.
4. Follow the instructions to complete the form and submit payment.
5. Enrollment in the plan will be processed once verification of your eligibility is approved by the University.

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 2019-201720-1. 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 1-844-288-4920 or www.gallagherstudent.com/LSU-BatonRouge.

## Highlights of Coverage offered by UnitedHealthcare StudentResources

### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8/14/19 – 8/13/20</th>
<th>Fall 8/14/19 – 1/5/20</th>
<th>Spring/Summer 1/6/20 – 8/13/20</th>
<th>Summer 6/1/20 – 8/13/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,728.00</td>
<td>$1,083.00</td>
<td>$1,645.00</td>
<td>$555.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,728.00</td>
<td>$1,083.00</td>
<td>$1,645.00</td>
<td>$555.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,728.00</td>
<td>$1,083.00</td>
<td>$1,645.00</td>
<td>$555.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$5,456.00</td>
<td>$2,166.00</td>
<td>$3,290.00</td>
<td>$1,110.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$8,184.00</td>
<td>$3,248.00</td>
<td>$4,936.00</td>
<td>$1,665.00</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.

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 30 days after the coverage expiration date. It is the Insured Person's responsibility to make timely premium payments to avoid a lapse in coverage.

### 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 20 of the Certificate for complete details.

#### Services available at the Student Health Center:

- **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

#### Student Health Center Hours:

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

**METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 83.540 %**

#### 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](#).

#### 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 the Student Health Center. No Deductible, Copays, or Coinsurance will be applied to Preventive Care Services received from the Student Health Center.

#### Student Health Center Referral Required:
This plan includes a Student Health Center Referral Requirement. No benefits will be paid without a referral from the Student Health Center for treatment received from a provider other than the Student Health Center. Refer to the plan Certificate of Coverage for details and exceptions.

<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></td>
</tr>
<tr>
<td>$500 Per Insured Person, per Policy Year</td>
<td>$1,000 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>$1,500 For all Insureds in a Family, Per Policy Year</td>
<td>$3,000 For all Insureds in a Family, Per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></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></td>
</tr>
<tr>
<td>$7,350 Per Insured Person, Per Policy Year</td>
<td>$25,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>$14,700 For all Insureds in a Family, Per Policy Year</td>
<td></td>
</tr>
</tbody>
</table>

#### Coinsurance:
All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.

- 80% of Preferred Allowance for Covered Medical Expenses
- 60% of Usual and Customary Charges for Covered Medical Expenses

#### Prescription Drugs:
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.

- $15 Copay for Tier 1
- $50 Copay for Tier 2
- $75 Copay for Tier 3

Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)

- No Benefits

#### Preventive Care Services:
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/](http://www.healthcare.gov/preventive-care-benefits/) for a complete list of the services provided for specific age and risk groups.

- 100% of Preferred Allowance

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

- Physician’s Visits: $35, Policy Deductible does not apply.
- Urgent Care: $50, Policy Deductible does not apply.
- Medical Emergency: $100, waived if admitted to the Hospital. Policy Deductible does not apply.

#### 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. This exclusion does not apply to cancer treatment drugs not approved by the United States Food and Drug Administration if the drug is recognized for the treatment of cancer in a standard reference compendia or in substantially accepted peer-reviewed medical literature.
• 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.
• To benefits specifically provided in the Policy.
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:
• Motorcycle.
• Recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle, four-wheeled all terrain vehicle (ATV), jet ski, ski cycle, or snowmobile.
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).
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:

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.

The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Assistance Benefits include:
- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

To access services please refer to the phone number on the back of your ID Card or access My Account and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:
- Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- Description of the patient's condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

Highlights of Services offered by UnitedHealthcare StudentResources

Healthiest You: 24/7 Doctor Access

Starting on the effective date of your 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 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.

*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: 24/7 Counseling 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, 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.

**BetterHelp: 24/7 Online Counselor Access**

Starting on the effective date of your policy, you have access to Psychologists (PhD / PsyD), Marriage and family therapists (LMFT), Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC) through BetterHelp, a national virtual counseling service. These professional licensed counselors will be available to you via ongoing text communications, live chat, phone, video or groupinars.

When you first visit the counseling website, you will be asked to complete a questionnaire that will request your UHCSR insurance information on your ID card, emergency contacts and your goals for accessing the service. The questionnaire will also ask you for counselor preferences (gender, specialty, etc.) to ensure you are matched with a practitioner that can help you meet your goals. Within 24 hour after completing the questionnaire, you will be contacted by a counselor to schedule an appointment and decide on a communication method that best suits your needs.

As an insured with StudentResources, there is no consultation fee for this service. Every communication with a BetterHelp counselor is covered 100% during your policy period.

**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

**ID Cards**

Digital ID Cards can be downloaded or printed through www.uhcsr.com/MyAccount, where the student can also request delivery of a permanent ID card through the U.S. mail.

This Summary Brochure is based on Policy #2019-201720-1.
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 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

   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

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

Amharic
አማርኛ እንወስ ከወቅ ከወቅ ለማስቀመጡ ያችላል ከ1-866-260-2723 ከማወች ሓይቾም.

Arabic
توفرنا خدمات المساعدة اللغوية مجانًا. أدخل رقمك على الرقم 1-866-260-2723.

Armenian
2եր մասնակից են նպատակ իրավական զինանշաններ գծառույցները. Բացի կիրք զանգաժամկու 1-866-260-2723 համաձայն.

Bantu- Kirundi

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

Bengali-Bangla
ঘাবাষা : ভাষা সহায়তা পরিষেবা অগণি বিনামূল্যে পেতে পারেন। যেকথা 1-866-260-2723-এ কল করুন।

Burmese
ကမာရီစိုးစမ်းကွားရေးရာ ပါဝင်နေသော လူမျိုးကြီး စာအရွယ်များ ဖော်ပြထားသည် 1-866-260-2723

Cambodian- Mon-Khmer
ការជួយសកម្មភាពយံ្វាយជាមួយអត្ថប្រយោជន៍នៃការបង្កើតអត្ថប្រយោជន៍ពីរចំនួនប្រភេទ។ 1-866-260-2723។

Cherokee
SOGUKDI OOTOLELLI OOUET H3 TAYEGGOTOHAY HLEEGGHOT D14GOT. HEGG DH DBWOG. 1-866-260-2723.

Chinese
您可以免费获得语言援助服务。请致电 1-866-260-2723。

Chocotaw
Chahta anumpa ish anumpuli hokmvto tokshili yvt peh pilla hi aphi apera hinya. 1 pyna 1-866-260-2723.

Cushite - Oromo
Tajajillyvan gargaarsa afanaa kanfaltii male oon jira. Maaloo karaa lakkoota biliila 1-866-260-2723 biliibi.

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

French

French Creole- Haitian Creole

German

Greek
Όι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Κάλεστε το 1-866-260-2723.

Gujarati
ભાષા સહાયે સેવામાં તમારા માત્ર નીચે ચુક્કા ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર કોલ કરો.

Hawaiian
Kōkua manuhia ma ka ‘olelo i ka‘a ‘ia. E kelepona i ka helu 1-866-260-2723.

Hindi
आप के लिए भाषा सहायता सेवाएं निष्क्रिय उपलब्ध हैंं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong
Muaj cov kev pab tchais lus pub dawb rau koi. Thov hu rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangangasim na tawagang 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 までお電話ください。

Karen
roducing the Karen language, you can call 1-866-260-2723.

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

Kru- Bassa
Bot ba hola ni kobol mahop ngu nsaa wogwo be ba ye i nyyu yo. Sebel i nisinga imi 1-866-260-2723.

Kurdish Sorani
خزمهکوردی ژرمانی زمانی یوزی یوزیزی تر داین دکتری نئیک تاکریم کرونی بازرگان یوزی ژرمانزی 1-866-260-2723.

Laotian
Muu survivsi fanaovangmoo fanaobat lao. Thakao bok 1-866-260-2723.