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. All eligible Graduate Assistants will be enrolled 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 the 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 the 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 9, 2023.

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

2. On your first visit, you will need to create a unique User account.
3. Once an account has been created, you will receive an email to verify the account.
4. Under ‘Plan Summary’, click on “Enroll”.
5. Follow the instructions to complete the form and submit payment.
6. You will be prompted to submit payment.
7. 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 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 2023-201720-4. 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

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-14-23 to 8-13-24</th>
<th>Fall 8-14-23 to 1-5-24</th>
<th>Spring/Summer 1-6-24 to 8-13-24</th>
<th>Summer 5-22-24 to 8-13-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,883.00</td>
<td>$1,142.00</td>
<td>$1,741.00</td>
<td>$661.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,883.00</td>
<td>$1,142.00</td>
<td>$1,741.00</td>
<td>$661.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,883.00</td>
<td>$1,142.00</td>
<td>$1,741.00</td>
<td>$661.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$5,766.00</td>
<td>$2,284.00</td>
<td>$3,482.00</td>
<td>$1,322.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$8,649.00</td>
<td>$3,426.00</td>
<td>$5,223.00</td>
<td>$1,983.00</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 25 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 Lane and West Chimes Street across from the School of Music.
# Highlights of the Student Health Insurance Plan Benefits

**METALLIC LEVEL – SILVER WITH ACTUARIAL VALUE OF 77.260%**

**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>$500 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td></td>
<td>$1,500 For all Insureds in a Family, Per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$8,500 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td></td>
<td>$14,700 For all Insureds in a Family, Per Policy Year</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>75% of Allowed Amount for Covered Medical Expenses</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>No Benefits</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>Allowed Amount after Deductible</td>
</tr>
<tr>
<td><strong>The following services have per service Copays</strong></td>
<td>100% of Allowed Amount</td>
</tr>
<tr>
<td></td>
<td>Physician’s Visits: $35 not subject to Deductible</td>
</tr>
<tr>
<td></td>
<td>Urgent Care: $50 not subject to Deductible</td>
</tr>
<tr>
<td></td>
<td>Medical Emergency: $250 not subject to Deductible</td>
</tr>
<tr>
<td></td>
<td>The Copay will be waived if admitted to the Hospital.</td>
</tr>
</tbody>
</table>

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*Note: All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.*
### Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Cost</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits:</td>
<td>$35 Copay per visit</td>
<td>Allowed Amount after Deductible</td>
</tr>
<tr>
<td>100% of Allowed Amount not subject to Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Outpatient Services:</td>
<td>Allowed Amount after Deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pediatric Dental and Vision Benefits</strong></td>
<td>Refer to the plan certificate for details (age limits apply).</td>
<td></td>
</tr>
</tbody>
</table>
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.
   - 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 services for 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:

International Students, insured spouse, and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

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

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

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

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

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.
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 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 Student Resources, there is no consultation fee for this service. *Every call with a HealthiestYou doctor is covered 100% during your policy period. You can learn more about this benefit and how to use it in My Account.

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; age restrictions may apply. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a service fee before being connected to a board-certified physician.

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 Student Resources, there is no consultation fee for this service. Every communication with a provider is covered 100% during your policy period.

*Available to Insured students and their covered Dependent; age restrictions may apply, depending on your state.

24/7 StudentAssist

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

- **24/7 Crisis Support** – access to trained master's level specialists, 24/7/365, who provide in-the-moment support and consultation.
- **Financial and Legal Counseling** – two 30 minute telephonic consultations with money coaches who offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by licensed state-specific attorneys. One 30 minute telephonic or face-to-face legal consultation per issue per year at no cost.
- **Mediation services** – one 30 minute telephonic or face-to-face consultation per issue per year available to help resolve family-related disputes, including but not limited to separation, child custody, child support, divorce property and debt division, etc.
- **Living Well Portal** – access to liveandworkwell.com where insureds can participate in personalized self-help programs and find information on many helpful resources.
- **CollegeLife** – direct access to experts on the Optum team and through referrals to a broad spectrum of pre-screened and qualified convenience resources.
- **Self Care** – access to an evidence-based mobile care solution created by clinical experts that allows insureds to access on-demand help for stress, anxiety, and depression.
Translation services are available in over 170 languages for most services. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount under Additional Benefits.

**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**

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

This Summary Brochure is based on Policy #2023-201720-4.

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 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)

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.
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 ነው። ከእሱ ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከمر ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከም ከremoveAttr
Marathi
मराठी संस्कृती साधनांगण उपकरणांमध्ये उपलब्ध आहे.
त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese
Kwomaroí bôk jerbal in ji'ina in jabin ilo ejeliok wônlîni. Jouj
im kalôk 1-866-260-2723.

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

Navao
Sasí bea áka'eyeed bea áka'nida'wo'igi ti'a jik'eh beeh nichri'
bea ná'ahotû'. Ti'a shóqìd koihjì 1-866-260-2723 hódílnih.

Nepali
नेपाली सहायता सेवाहरू निबन्धक उपलब्ध छ। कृपया
1-866-260-2723 न मा भन्नुहोस्।

Nilotic-Dinka
Kîkí tó kuny ajuer ë thòk. àtò tîñê yín abac tè cîn wëu yeke
thiîlë. Yín cål 1-866-260-2723.

Norwegian

Pennsylvania Dutch
Schrprooch iwwezetie Hilf kannsch du frei hawwe. Ruf
1-866-260-2723.

Persian-Farsi
خدمات استادی زبانی به مدل رایگان در اختیار شما می باشد. لطفاً به شماره
1-866-260-2723 تماس بگیرید.

Polish
Mozesz skorzystae z bezpłatnej pomocy językowej. Zadzwon
pod numer 1-866-260-2723.

Portuguese
Oferemos serviço gratuito de assistência de idioma. Ligue
para 1-866-260-2723.

Punjabi
ਪੰਜਾਬੀ ਵਿੱਚ ਸਬੰਧਿਤ ਮੋਬਾਇਲ ਸੇਰੀਅਸ 
ਦਿੱਲੀ ਸਿਹਤ ਸੇਰੀਅਸ ਵਾਲੀ ਨਿਹਾਲ ਸ਼ਾਹਵੇਲ
ਦੁਆਂ ਤਰਕਾ ਹਨ
1-866-260-2723 ਤੋਂ ਕਲੋ ਸ਼ੋਟ ਕਰੋ।

Romanian
Vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă
răgăți 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 fesasaoni mo gagana mo oe ma e le totogia.
Fa'amatalafe 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

Sudanic- Fulfulde
E woodi walliande dow wolde caahu ngam maadu. Noodu
1-866-260-2723.

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

Syriac-Assyrian
شەکریە تەوە سەڵەکە لە خەڵکەیەکەیانە دەگەڕەوە,
1-866-260-2723 لە کەسەکی کە لە ئێستادی نەبەگەربێت.

Tagalog
Ang mga serbisyo ng tulong sa wika ay available para sa ayard

Telugu
ఎందుకు ఉమ్మడి శాస్త్ర విస్తరణ పనులు చేసే సంస్థలు కర్తవ్యం
చేసితో 1-866-260-2723 ఈ రెండు శాస్త్రాలు.

Thai
มีบริการความช่วยเหลือภาษาที่คุณไม่สามารถแปลภาษาได้จาก
อย่างง่ายดาย โปรดโทรที่หมายเลข
1-866-260-2733

Tongan-Fakatonga
Oka ‘i ai pé ‘o e sèvesi ki he lea’ ke tokoni kiate koe pea ‘oku
‘atì a ma ‘au ‘o ‘ikai ha tontogi. Kita’i ‘o tå ki he
1-866-260-2723.

Trukese (Chuukese)
En mei tongeni angei aninis in emon chon chiakku, ese kamo.
Kose mochen kopwe kolkori 1-866-260-2723.

Turkish
Dil yarım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen
1-866-260-2723 numarayi arayiniz.

Ukrainian
Послуги переводу надаються вам безкоштовно. Дзвоніть за
номером 1-866-260-2723.

Urdu
زبان کی حویلی سی معذرنی خدمات آپ کی لیں بالمعارضہ، دسیلاب بیان
براءہ سپریز 2723-260-1-866-260-2723.

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

Yiddish
טרנספסוק ודיוקוספוק מונקא ויאנטונטסיל יאר אנד נייטס
1-866-260-2723.

Yoruba