Who is eligible to enroll?

All students who are enrolled in a UA graduate program and are receiving Graduate Assistantships (GA) and/or Graduate Fellowships must be enrolled in this insurance plan on a mandatory basis. Graduate students not on GA/Fellowships, but who are receiving tuition and/or fee awards, are eligible to be enrolled in this insurance plan. For GAs and Fellows, the premium is paid by the University on behalf of the student. Plan enrollment is not automatic.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 45 days after the date for which coverage is purchased. 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 a Domestic 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.

How do I enroll?

Eligible students who do enroll may also insure their Dependents on a voluntary basis directly with UHCSR by logging into My Account at www.uhcsr.com/MyAccount.

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.uhcsr.com/uaf. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-335-2. 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 1-888-344-5989 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-25-22 to 8-24-23</th>
<th>Fall 8-25-22 to 1-4-23</th>
<th>Spring/Summer 1-5-23 to 8-24-23</th>
<th>Summer 5-17-23 to 8-24-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,808.00</td>
<td>$1,023.00</td>
<td>$1,785.00</td>
<td>$769.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,638.00</td>
<td>$961.00</td>
<td>$1,677.00</td>
<td>$723.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,638.00</td>
<td>$961.00</td>
<td>$1,677.00</td>
<td>$723.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$5,276.00</td>
<td>$1,922.00</td>
<td>$3,354.00</td>
<td>$1,446.00</td>
</tr>
<tr>
<td>Spouse and 2 or More Children</td>
<td>$7,914.00</td>
<td>$2,883.00</td>
<td>$5,031.00</td>
<td>$2,169.00</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 14 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 Alaska Fairbanks students is a UnitedHealthcare Insurance Company fully insured Dental and Vision plan. To enroll go to www.uhcsr.com/uaf.

Highlights of the Student Health Insurance Plan Benefits

<table>
<thead>
<tr>
<th>METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 88.150%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: UHC Options PPO</td>
</tr>
<tr>
<td>Student Health Center Benefits: The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health and Counseling Center. Policy Exclusions and Limitations do not apply.</td>
</tr>
</tbody>
</table>

<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>$400 Per Insured Person, per Policy Year</td>
<td>$800 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$2,000 Per Insured Person, Per Policy Year</td>
<td>$13,700 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>Covered in a Family</td>
<td>$4,000 For all Insureds in a Family, Per Policy Year</td>
<td>$27,400 For all Insureds in a Family, Per Policy Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coinsurance</th>
<th>80% of Allowed Amount for Covered Medical Expenses</th>
<th>70% of Allowed Amount for Covered Medical Expenses</th>
</tr>
</thead>
<tbody>
<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></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>$4,000 For all Insureds in a Family, Per Policy Year</td>
<td>$27,400 For all Insureds in a Family, Per Policy Year</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$25 Copay for Tier 1</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90-day supply.</td>
<td>$45 Copay for Tier 2</td>
</tr>
<tr>
<td>Prescription Drugs dispensed at the Student Health Center are payable at 100% and are not subject to the Copays. Self-Injectables are not covered.</td>
<td>$75 Copay for tier 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>100% of Allowed Amount</th>
<th>70% of Allowed Amount after Deductible</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="https://www.healthcare.gov/preventive-care-benefits/">https://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: $25 not subject to Deductible</th>
<th>Medical Emergency: $200 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>Lab: $25 not subject to Deductible</td>
<td>The Copay will be waived if admitted to the Hospital.</td>
</tr>
<tr>
<td></td>
<td>Medical Emergency: $200 after Deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urgent Care: $50 not subject to Deductible</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: $25 Copay per visit 100% Allowed Amount not subject to Deductible</th>
<th>Office Visits: 70% of Allowed Amount after Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Other Outpatient Services: 80% of Allowed Amount after Deductible</td>
<td>Other Outpatient Services: 70% of Allowed Amount 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. Acne.
2. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
3. Learning disabilities.
4. Circumcision, except as specifically provided in the Policy benefits for Routine Newborn Care.
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.
6. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As specifically provided in the Schedule of Benefits.
   - As described under Dental Treatment in the Policy.
This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.

7. Elective Surgery or Elective Treatment.

8. Foot care for the following:
   - 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.

9. Hearing examinations, except as specifically provided in the Benefits for Newborn Infant Hearing Screening. 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.


11. 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.

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

13. 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.

14. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.

15. 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 Parlodol, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

16. 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.

17. 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 for Approved Clinical Trials and Benefits for Routine Care Costs for Cancer Clinical Trials.

18. Routine eye examinations, except as specifically provided in the Policy for Well-Baby Exams. 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 eyeglasses or contact lenses for the following medical conditions of the eye: corneal ulcer, bullous keratopathy, recurrent erosion of the cornea, tear film insufficiency, aphakia, Sjogren’s syndrome, congenital cataract, corneal abrasion and keratoconus.

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

20. Preventive services including:
   - Routine physical examinations and routine testing.
   - Preventive testing or treatment.
   - Screening exams or testing in the absence of Injury or Sickness.
   This exclusion does not apply to benefits specifically provided in the Policy for Preventive Care Services.
21. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.

22. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Temporomandibular joint dysfunction. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.


24. Sleep disorders.

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

26. Supplies, except as specifically provided in the Policy.

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, except as specifically provided in the Policy for Nutrition Programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse, Domestic Partner and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

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

Domestic Students, insured spouse, Domestic Partner 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 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 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](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. 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 **StudentResources**, there is no consultation fee for this service. Every communication with a provider is covered 100% during your policy period.

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

### 24/7 StudentAssist

Insureds have immediate access to the Student Assistance Program, 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 Advice** - financial services are provided by licensed CPA’s and Certified Financial Planners who 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** - 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 liveanworkwell.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.
• Sanvello – 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.

This Summary Brochure is based on Policy #2022-335-2.

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)


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

Amharic
የአማርኛ ከርስታትን ካለ ያለባቸው ከሚታወቅ ከማወቅነት እና ያለባቸው ከማወቅነት እና ያለባቸው ከማወቅነት እና ያለባቸው ከማወቅነት እና ያለባቸው ከማወቅነት እና ያለባቸው ከማወቅነት እና ያለባቸው ከማወቅነት እና ያለባቸው ከማወቅነት እና ያለባቸው ከማወቅነት እና ያለባቸው ከማወቅነት እና ያለባቸው ከማወቅነት እና ያለባቸው ከማወቅነት እና ያለባቸው ከማወቅነት እና ያለባቸው ከማወቅነት እና ያለባቸው ከማወቅነት እና ያለባቸው ከማወቀ

Arabic
توفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم 1-866-260-2723.

Armenian
Հերթեք մասին երբեմն լրավորում են օգտներին օգտագործում են համարտամասնությունները. Բեռնեք մասն քննականությունը 1-866-260-2723 համարցածի.

Bantu-Kirundi
Uronswa ku bantu servisii zifiatiye ku turimi zo kugufasha. Utegereza guhatura sa 1-866-260-2723.

Bisayan-Visayan (Cebuano)
Magamit nimo ang mga serbisyo sa tabang sa lenguwahe nga wala kay bayad. Palihug tawag sa 1-866-260-2723.

Bengali-Bangladesh
ভাষার জন্য যে সহায়তা পারিবারিক জনসাধারণ বিনামূল্যে পেতে পারেন। ডাক করে 1-866-260-2723-এ কল করুন।

Burmese
အာလိန်းနိုင်ငံတွင် အပါအဝင် လူများ သိမ်းပိုးနေသော လူ့အခွင့်အရေးကို ဖော်ပြသည် 1-866-260-2723 လိုက်နှံပါ။

Cambodian-Mon-Khmer
ក្នុងប្រទេសអង់គ្លេស មាន ប្រចាំមួយ សមាជី ដែល មានសេវាអន្តរជាតិនៃជិតសិស្សសហនីជាតិ និង សិស្សសហនីជាតិ ដែលបានដំណើរការ 1-866-260-2723 នៅក្នុងប្រទេសអង់គ្លេស។

Cherokee
Staawadi Ooteowali Oowet lih RGeeTaLoah TInEGloSh DaGoy. IKgO Dih DBoWSh 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 hokmvt tokshili yvt peh pilla hq chi aple hina. 1 pana 1-866-260-2723.

Cushite-Oromo
Tajaqilliwan gargaarsa afaanii kanfaltii malee siif jira. Maaloa kana laakooofa bilabaa 1-866-260-2723 bilbul.

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

French

French Creole-Haitian Creole

German

Greek
Παρέχεται ελεύθερη επικοινωνία για όποιον χρειάζεται. Καλέστε το 1-866-260-2723.

Gujarati
સાહિત્ય સહાય સેવાઓ તમામદ્ભાષા માટે લિંગ્ડા ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર કોલ કરો.

Hawaiian
Kōkua manuhii ma kāu ʻōlelo i kaʻa i.a. E kelepona i ka helu 1-866-260-2723.

Hindi
आप के लिए आपकी सहायता सेवाएं निष्णुता उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

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

Ibo

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

Karen
�ᥱ᥎ᥴ ᤍᥪᥒᥰ ᤡᥬᥒᥰ ᤜᥒᥰ ᤡᥬᥒᥴ ᤡᥰ ᤣ给出 1-866-260-2723 นู้.<

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

Kru-Bassa
Bot ba hola ni kobol mahgup nga wouw gui bo yé ha ni nyu yon. Sebel i nISING na 1-866-260-2723.

Kurdish Sorani
نۆزەرخانەیەکی یژمەنشی زمانی بەکەزێتەوە بۆ تۆ دەنکێک کەڵکەیەوە بۆ زmars 2723-1-866-260-2723.

Laotian
幝 swingers ທ່ານບໍ່ສາມາດີຄ່າງ້າຍສ່າຍເວນຖ້າທ້າຍ. ອ່າງນັກຂາ ອູ່ 1-866-260-2723.