



2023-2024 Student Health Insurance Plan for Drexel University – College of Medicine

Who is eligible to enroll?

University City (Main Campus) and Center City Campus:

All full-time undergraduate international students holding a J-1 visa are automatically enrolled in this insurance plan on a mandatory basis unless other coverage is verified with another Embassy-sponsored Health Insurance coverage.

All Visiting Student Scholars are required to purchase this insurance plan on a mandatory basis.

International graduate students holding a F-1 visa are automatically enrolled in this insurance plan unless proof of comparable coverage is furnished.

Enrolled full-time domestic undergraduate and full-time domestic graduate students (including online students) are automatically enrolled in this insurance plan unless proof of comparable coverage is furnished.

Currently enrolled domestic part-time undergraduate, domestic part-time graduates, and online degree seeking students are eligible to enroll in this insurance plan on a voluntary basis.

College of Medicine:

All full-time matriculated students are automatically enrolled in this insurance plan unless proof of comparable is furnished.

All qualifying part-time students (undergraduate six or more credit hours) and part-time graduate students (four and a half credit hours or more) who actively attend classes for the first 31 days after the date when coverage becomes effective are eligible to enroll in this insurance plan on a voluntary basis.

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 has Dependents and is issued a court or administrative order to provide insurance for those Dependent(s), the Dependents are eligible for insurance without enrollment restrictions:
 - a. On the date the Named Insured is ordered to provide insurance for said Dependent; and

- b. We receive a copy of the order within 30 days of the date the court order or administrative order is issued.
- 3. 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/waive?

College of Medicine:

All full-time matriculated students are automatically enrolled in this insurance plan unless proof of comparable is furnished. Students are able to demonstrate a waiver through a waiver process or enrolling in the Drexel-sponsored plan. To complete the enrollment/waiver process please visit: <https://studentcenter.uhcsr.com/drexel>

Any student who does not comply by the deadline date will be default enrolled into the Dragon Plan and the premium amount will be placed on their student account. Once this charge has been placed, it cannot be removed

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. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2023-195-1. 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 1-888-265-0117 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare Student Resources

Coverage Dates and Plan Cost

Rates	Returning Students 09/01/23 – 08/031/24	1 st Year Graduate Students in Graduate School of Biomedical Sciences 08/01/23 – 08/31/24	1st Year Medical Students 07/01/24 – 08/31/24
Student	\$2,958.00	\$3,205.00	\$ 3,452.00
Spouse	\$2,918.00	\$3,165.00	\$ 3,412.00
Each Child	\$2,918.00	\$3,165.00	\$ 3,412.00
All Children	\$5,836.00	\$6,330.00	\$ 6,824.00
All Dependents	\$8,754.00	\$9,495.00	\$10,236.00

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.

Important dates or deadlines

Term Start	Compliance Deadline
Incoming Students	08/30/2023
Returning Students	09/30/2023

Other Coverage

Also available for Drexel University students is a UnitedHealthcare Insurance Company fully insured Dental and Vision plan. To enroll go to: <https://.uhcsr.com/drexel>.

Highlights of the Student Health Insurance Plan Benefits

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 87.90%

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 for the following services: e.g., any services listed in the schedule of benefits. Policy Exclusions and Limitations do not apply.

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$100 Per Insured Person, per Policy Year	\$350 Per Insured Person, per Policy Year
Out-of-Pocket Maximum <i>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.</i>	\$5,000 Per Insured Person, Per Policy Year \$10,000 For all Insureds in a Family, Per Policy Year	\$10,000 Per Insured Person, Per Policy Year \$20,000 For all Insureds in a Family, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>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.</i>	\$15 Copay for Tier 1 \$40 Copay for Tier 2 \$75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	\$40 Copay for generic drugs \$75 Copay for brand name drugs Up to a 31-day supply per prescription 100% of billed charge generic drug 100% of billed charge brand-name drug not subject to Deductible
Preventive Care Services <i>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/ for a complete list of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	80% of Allowed Amount after Deductible
The following services have per service Copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician's Visits: \$20 after Deductible Medical Emergency: \$150 after Deductible The Copay will be waived if admitted to the Hospital	Medical Emergency: \$150 after Deductible The Copay will be waived if admitted to the Hospital

Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs	Office Visits: \$20 not subject to Deductible Other Outpatient Services: 80% of Allowed Amount after Deductible	Office Visits: 80% of Allowed Amount after Deductible Other Outpatient Services: 60% of Allowed Amount after Deductible
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. Acne; except as specifically provided in the Policy.
2. Acupuncture
3. Addiction, such as:
 - Caffeine addiction.
 - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
 - Codependency.
4. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Learning disabilities. Milieu therapy. Parent-child problems.
This exclusion does not apply to benefits specifically provided in the Policy.
5. Biofeedback, except as specifically provided in the Policy.
6. Chronic pain disorders.
7. Circumcision.
8. Cosmetic procedures, except as specifically provided in the Policy or reconstructive procedures to correct an Injury or treat a Sickness, or to restore normal bodily function, for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
9. 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
10. Dental treatment, except:
 - For accidental Injury to 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.
11. Elective Surgery or Elective Treatment as defined in the Policy. This exclusion does not apply to cosmetic surgery necessitated by a covered Injury.
12. 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 activity.
13. Foot care for the following, except as specifically provided in the Policy:
 - 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 due to conditions associated with metabolic, neurologic, or peripheral vascular disease.
14. Genetic testing, except as specifically provided in the Policy.
15. Health spa or similar facilities. Strengthening programs.
16. 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.
 - Benefits specifically provided in the Policy.
17. Hirsutism. Alopecia.
18. Hypnosis.

19. 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.
20. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
21. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs, business or pleasure.
22. Investigational services.
23. Lipectomy.
24. Marital or family counseling.
25. Benefits which duplicate any benefits provided by the Pennsylvania Motor Vehicle Financial Responsibility Law.
26. Nuclear, chemical or biological Contamination, whether direct or indirect. "contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death.
27. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
28. Prescription Drugs, services or supplies as follows, except as specifically provided in the Policy:
 - 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.
 - Growth hormones.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
29. Reproductive services for the following, except as specifically provided in the Policy:
 - Procreative counseling.
 - Genetic counseling and genetic testing, except as specifically provided in the Policy.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except as specifically provided in the Policy.
 - Premarital examinations.
 - Impotence, organic or otherwise.
 - Reversal of sterilization procedures.
30. 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.
31. Routine eye examinations. 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.
 - For scleral lenses for keratoconus, treatment to retain moisture for lack of normal tearing, and an initial pair of eyeglasses for aphakia.
 - To benefits specifically provided in Pediatric Vision Services.
 - To benefits specifically provided in the Policy.
32. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
33. 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.
34. Services provided normally without charge by the Health Service of the Policyholder.
35. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. 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. This exclusion does not apply to benefits specifically provided in the Policy.
36. Skiing. Snowboarding. Scuba diving. Surfing. Roller skating. Skateboarding. Riding in a rodeo.
37. Skydiving. Recreational parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
38. Sleep disorders, except for sleep studies or as specifically provided in the Policy.
39. Speech therapy, except as specifically provided in the Policy. Naturopathic services.

40. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.
41. Supplies, except as specifically provided in the Policy.
42. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
43. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any:
 - Motorcycle.
 - Recreational vehicle: two- or three-wheeled motor vehicle, four-wheeled all terrain vehicle (ATV), jet ski, ski cycle, or snowmobile.
44. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
45. 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).
46. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

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): are eligible to receive UnitedHealthcare Global services worldwide, except in your Home Country.

Domestic Students, insured spouse and insured minor child(ren): 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.

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 #2023-195-1.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.

NON-DISCRIMINATION NOTICE

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

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

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

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

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

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

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

Complaint forms are available at <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.

Marathi

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे.
त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese

Kwomaroñ bōk jermal in jipañ in kajin ilo ejjelōk wōñāñ. Jouj im kallōk 1-866-260-2723.

Micronesian- Pohnpeian

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

Navajo

Saad bee áka'e'eyeed bee áka'nída'wo'ígíí t'áá jíík'eh bee nich't'í bee ná'ahoot'i'. T'áá shóqdí kohjí'í 1-866-260-2723 hodíilnih.

Nepali

भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया
1-866-260-2723 मा कल गर्नुहोस्।

Nilotic-Dinka

Kāk ē kuny ajuser ē thok atō tīnē yīn abac tē cīn wēu yeke thiēēc. Yīn col 1-866-260-2723.

Norwegian

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

Pennsylvania Dutch

Schprooch iwwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723.

Persian-Farsi

خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره
1-866-260-2723 تماس بگیرید.

Polish

Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

Portuguese

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

Punjabi

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ
1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

Romanian

Vi se pun la dispozitie, în mod gratuit, servicii de traducere. Vă rugăm să sunați la 1-866-260-2723.

Russian

Языковые услуги предоставляются вам бесплатно. Звоните по телефону 1-866-260-2723.

Samoan- Fa'asamoa

O loo maua fesoasoani mo gagana mo oe ma e lē totogia.
Faamolemole 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 disposición. Llame al 1-866-260-2723.

Sudanic- Fulfulde

E woodi walliinde dow wolde caahu ngam maada. Noodu 1-866-260-2723.

Swahili

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

Syriac- Assyrian

1-866-260-2723

Tagalog

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

Telugu

1-866-260-2723 కి కాల్ చేయండి.

Thai

บริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่าย
1-866-260-2733

Tongan- Fakatonga

'Oku 'i ai pē 'a e sēvesi ki he lea' ke tokoni kiate koe pea 'oku 'atā ia ma'au 'o 'ikai ha totongi. Kātaki 'o tā ki he 1-866-260-2723.

Trukese (Chuukese)

En mei tongeni angei aninisin emon chon chiakku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

Turkish

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

Ukrainian

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

Urdu

زبان کے حوالے سے معاونتی خدمات آپ کے لیے بلا معاوضہ دستیاب ہیں۔
براہ مہربانی 1-866-260-2723 پر کال کریں۔

Vietnamese

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

Yiddish

1-866-260-2723

Yoruba

Isẹ iranlọwọ èdè tí ó jẹ ọfẹ, wà fún ọ. Pe 1-866-260-2723.