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?

International Undergraduate:
International undergraduate students will be default enrolled into the Drexel University Dragon Plan. The premium amount
for this plan will be placed on your student account. The only plan accepted in lieu of this plan will be Government-sponsored
coverage. If you have a Government-sponsored insurance plan, you must submit proof of this once you arrive at the
University by bringing a copy of your sponsored health insurance card to our office in Creese Student Center, room 215, by
the posted deadline date. It is your responsibility to do this, and if you do not bring this verification to our office by the
compliance deadline date, the premium amount will remain on your student account and you will be responsible for payment.
This process must be completed each academic year.

Full Time Domestic Undergraduate and Graduate Students and International Graduate Students (Including Online
Students): Students are able to demonstrate proof of insurance 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.

Domestic Part-time Undergraduate, Domestic Part-Time Graduates and Online Degree Seeking students: You are
considered voluntary and are not required to complete a waiver. To enroll in the plan, please visit
https://www.uhcsr.com/drexel and click on explore policy and select Part-Time Quarter Student Category.

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,958.00</td>
<td>$1,985.00</td>
<td>$1,260.00</td>
<td>$646.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,918.00</td>
<td>$1,945.00</td>
<td>$1,220.00</td>
<td>$606.00</td>
</tr>
<tr>
<td>Each Child</td>
<td>$2,918.00</td>
<td>$1,945.00</td>
<td>$1,220.00</td>
<td>$606.00</td>
</tr>
<tr>
<td>All Children</td>
<td>$5,836.00</td>
<td>$3,890.00</td>
<td>$2,440.00</td>
<td>$1,212.00</td>
</tr>
<tr>
<td>All Dependents</td>
<td>$8,754.00</td>
<td>$5,835.00</td>
<td>$3,660.00</td>
<td>$1,818.00</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.

NOTE: UnitedHealthcare reserves the right to adjust the terms of the policy (i) in the event of any changes in federal, state or other
applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable state regulatory authority;
and (iii) as otherwise permitted in the our policy.
## Important dates or deadlines

<table>
<thead>
<tr>
<th>Term Start</th>
<th>Compliance Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2023</td>
<td>September 30, 2023</td>
</tr>
<tr>
<td>Winter 2024</td>
<td>January 31, 2024 – New Incoming Students Only</td>
</tr>
<tr>
<td>Spring 2024</td>
<td>April 30, 2024 – New incoming Students Only</td>
</tr>
<tr>
<td>Summer 2024</td>
<td>July 15, 2024 – New incoming Students Only</td>
</tr>
</tbody>
</table>

## Other Coverage

Also available for Drexel University students is a UnitedHealthcare Insurance Company fully insured Dental and Vision plan. To enroll go to [www.uhcsr.com/drexel](http://www.uhcsr.com/drexel).

## Highlights of the Student Health Insurance Plan Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Providers</strong>: The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: UHC Choice Plus</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Student Health Center Benefits</strong>: 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
<td>$100 Per Insured Person, per Policy Year</td>
<td>$350 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$5,000 Per Insured Person, Per Policy Year</td>
<td>$10,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</td>
<td>$10,000 For all Insureds in a Family, Per Policy Year</td>
<td>$20,000 For all Insureds in a Family, Per Policy Year</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% of Allowed Amount for Covered Medical Expenses</td>
<td>60% of Allowed Amount for Covered Medical Expenses</td>
</tr>
<tr>
<td>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>$15 Copay for Tier 1</td>
<td>$40 Copay for Tier 2</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>$75 Copay for Tier 3</td>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>100% of Allowed Amount</td>
<td>80% of Allowed Amount after Deductible</td>
</tr>
<tr>
<td>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit <a href="http://www.healthcare.gov/preventive-care-benefits/">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>
### The following services have per service Copays

<table>
<thead>
<tr>
<th>Physician's Visits</th>
<th>Medical Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20 after Deductible</td>
<td>$150 after Deductible</td>
</tr>
</tbody>
</table>

The Copay will be waived if admitted to the Hospital.

### Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs

<table>
<thead>
<tr>
<th>Office Visits</th>
<th>Other Outpatient Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20 after Deductible</td>
<td>80% of Allowed Amount after Deductible</td>
</tr>
</tbody>
</table>

### Pediatric Dental and Vision Benefits

Refer to the plan certificate for details (age limits apply).

### Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. 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.
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.
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.
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.
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](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
Shërbi i ndihmës në gjërinë e mundur për të përfshirë falas, Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic
የወስ.isTrue ከአማርኛ ከእነወነ ከማስቃወን ከማስታወቂያ 1-866-260-2723 ያሆኔ እና.

Arabic
توفرللخدمات المساعدة اللغوية مجانًا، اتصل على الرقم 1-866-260-2723.

Armenian
քենս ձերգինքի հետ եւ նշենք լուսաբանություն շրջանակում 1-866-260-2723 հանձնաժողովով:

Bantu- Kirundi
Uronswa ku bantu servisi ziatafiki ku ruimi za kugufasha. Utegerezewa guharagwara 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Bengali- Bangala
ঘোষণা: ভাষা সাহায্য পরিষেবা আপনি বিমুখী পেও পাবেন। এখন করুন 1-866-260-2723-তে কল করুন।

B啁inese
您可以免費獲得語言援助服務。請致電 1-866-260-2723。

Cherokee
 Cherokee

Chinese

French
Des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-260-2723.

Haitian Creole
Gen sevis d'ayiti la ki dloèn liv nan sou ou. Rele 1-866-260-2723.

German

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

Hindi
आप के लिए भाषा सहायता सेवाएँ मुफ्त उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong
Moaj cov kev xab tchais lus pub dawb rau koj. Thov hau rau 1-866-260-2723.

Ibo

Ilocano
Adda avan bayadana a serbisio para iti language assistance. Pangugua sa tawag ni 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

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

Kru- Bassa
Bot ba hola ni kobol mahop ngai naa wogui wo ba yé ha i nyuu won. Sebel i nisingi ini 1-866-260-2723.

Kurdish
خزمالگیکی یوستیمبیزی زمانی یومونهایی جزئی تو تا دویزن. تکنیکی تفاوت بکه زمینا 1-866-260-2723.

Laotian

SR LAP 64 (6-18)
Marathi
भाष्यचित्र: मादीही सुविधा आपल्या विनामूल्य उपलब्ध आहे.
त्यासाठी 1-866-260-2723 या क्रियानार्क संपर्क करा.

Marshallese
Kwamaroña bok jerbal in jipaín in kajín ilo ejelok wónán. Jouj
im kallok 1-866-260-2723.

Micronesian- Pohnpeian
Mie savas en mahsen ong komwi, soh isepe. Melau eler
1-866-260-2723.

Navajo
Saad bee áka’ei’eyeed bee áka’ni’di’we’i’gi’i t’áá iij’êh bee nich’êh
bee ná’áhcori’. T’áá shóódi kohjí 1-866-260-2723 hodílnih.

Nepali
भाषा सहायता सेवात निष्कलेक उपलब्ध हुन। कृपया
1-866-260-2723 द्वारा कल समाधान करें।

Nileot-Dinka
Kük à kuny ajuar à thok. átt túnè yin abac tè cin wëu yeke

Norwegian

Pennsylvania Dutch
Schrivoproach iwwezetzé Hilf kannscht du frei hawwe. Ruif
1-866-260-2723.

Persian-Farsi
خدمات امامی بیمه طور رایگان در اختیار شما می باشد. لطفاً با شماره
1-866-260-2723 تماس بگیرید.

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

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

Punjabi
ਮਰਾਠੀ
1-866-260-2723 'ਤੇ ਕਲੋਰ ਧਾਰਨ ਕਰੋ।

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

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

Samoan - Fa'a'asamoa
O loo maau fesasaoni mo gagana mo oe ma e le totogia.
Fia'molele Telephone le 1-866-260-2723.

Serbo-Croatian
Možete besplatno koristiti usluge prevodioaca. 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 woollund dow volde caahu ngam maada. Noodu
1-866-260-2723.

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

Syriac- Assyrian
@مادا @عربية @يلا @من @لنا @لغة @ услуги @نافذة @عن @كامل @kses @ América.
1-866-260-2723 رجاء اتصل من خلال هذه الخدمة.

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

Telugu
సాహాయ సేవలను నిశ్చలంగా ఉపయోగించండి. సాహాయం లేని
సమస్యలు ఆంధ్రప్రదేశ్ లో నిర్ధారించండి.
సేవలను వాటికి 1-866-260-2723 ఈ నంబర్ ఉపయోగం.

Thai
มีบริการความช่วยเหลือภาษาไทยในCEDM เพื่อพิจารณาได้.
โปรดติดต่อตามเบอร์ 1-866-260-2723.

Tongan-Fakatonga
'Ooka 'i a i pe' a e sevesi ki he lea' ke tokoni kiate koe pea 'oko
'atia ia ma'a' u o 'ikai ha totongi. Kikiki 'o tii ki he
1-866-260-2723.

Trukese (Chuukese)
En mei tongenii anegeri emon chon chiaaku, ese kumo.
Kose mochen kopwe kolkki 1-866-260-2723.

Turkish
Dil yardımı hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen
1-866-260-2723 numaranızı anыnyiz.

Ukrainian
Послуги переводчика наводяться вам безкоштовно. Дзвоніть з
номером 1-866-260-2723.

Urdu
زبان کی حوالے سی معاونی خدمات آپ کی لئی بالامعم، دستیاب ہیں.
براءہ سرباری 260-266-1-866-260-2723.

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

Yiddish
意识形态 פּרְשַׁט הleccion מיטביווסק Toeטעאנא סידני מיטביווסק מיטרגראן
1-866-260-2723.

Yoruba

SR LAP 64 (6-18)