Who is eligible to enroll?

Graduate Students on Assistantship:
Full time Graduate students who have an Assistantship (GA) and are enrolled in 6 or more graduate credit hours at the University of Nevada, Reno are automatically enrolled in the student health insurance plan at no charge to the student unless they choose to submit an approved insurance waiver of comparable coverage. Half time Graduate students who have an Assistantship (GA) and are enrolled in 6 or more graduate credit hours at the University of Nevada, Reno are automatically enrolled in the student health insurance plan with half of the insurance premium paid by UNR. Half time GA students who do not submit an approved insurance waiver of comparable coverage will have their student accounts charged for the remaining half of the insurance premium.

Graduate Students NOT on Assistantship:
All eligible degree-seeking graduate students enrolled in 6 or more credit hours are automatically enrolled in the UNR sponsored student health insurance plan, unless they choose to submit an approved insurance waiver of comparable coverage.

Students on University approved Medical Leave are eligible to enroll on a voluntary basis for continued coverage under this insurance plan for only the first term immediately following medical withdrawal, provided they were enrolled in this insurance plan for the term prior to the leave.

Eligible students will be charged a Health Insurance Fee or the Fall and Spring/Summer terms. All students who have the student health insurance plan during Spring 2018 term will be covered through August 14th, 2018, regardless of summer credit hours. This means if you have paid the Spring/Summer student health insurance charge, you will have continuous coverage throughout summer term, regardless of taking classes, traveling or graduating.

Dependents:
Dependent enrollment in this plan is voluntary. Eligible students who do enroll may also insure their Eligible Dependents. Eligible Dependents are the legal spouse (or domestic partner), and their dependent children under 26 years of age. A “Newborn” will automatically be covered for Injury or Sickness from birth until 31 days old, providing that the Insured Person, who is the parent, is covered under this plan. Coverage may be continued for that child when Wells Fargo Student Insurance is notified in writing within 31 days from the date of birth and by payment of any additional premium. Dependent eligibility expires concurrently with that of the Insured Student, and Dependents must re-enroll when coverage terminates to maintain coverage. To enroll your dependents contact UNR’s student health insurance brokers, Wells Fargo Student Insurance at (800) 853-5899, M-F, 8:00am-5:00pm (PST).

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 30 days after the coverage expiration date. It is the student’s responsibility to make timely premium payments to avoid a lapse in coverage.
Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the University of Nevada, Reno Student Health Insurance Plan. These students must provide Wells Fargo Student Insurance with proof that they have lost insurance through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by Wells Fargo Student Insurance within 30 days from loss of prior coverage.

To be an Insured under the Master Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first 45 consecutive days following their effective date for the term purchased, and/or pursuant to their visa requirements for the period for which coverage is purchased, except during school authorized breaks or in case of a medical withdrawal, approved by your school and any applicable regulatory authority. Please contact your school or Wells Fargo Student Insurance for details. Home study, correspondence and online courses do not fulfill the eligibility requirements that the student actively attend classes.

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 this 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 this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.

Waiver Information

Graduate students who are eligible to waive out of the student health insurance plan who have insurance that is comparable to the UNR Student Health Insurance Plan offered through a different insurance company (i.e. through an employer, spouse, parent/guardian, scholarship, etc.), and DO NOT want to take part in the UNR Student Health Insurance Plan, must complete the online waiver process by the waiver deadline and have the waiver approved to have the insurance fees removed from your student account. Graduate students must submit an approved waiver once per academic year.

Students who are eligible to waive out of the student health insurance plan, who do not have insurance, no action is required. You will automatically be enrolled in the UNR UnitedHealthcare StudentResources Student Health Insurance Plan each term you are eligible, (Fall and Spring/Summer), and your student account will be charged.

To Waive out of the insurance plan you must complete an approved online waiver through https://studentinsurance.wellsfargo.com/UNR/unr-grad

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right for you before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.uhcsr.com/unr. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2017-524-2. 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 1-800-767-0700 or customerservice@uhcsr.com/unr.
### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Fall 8-15-17 to 1-14-18</th>
<th>Spring/Summer 1-15-18 to 8-14-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,274.67</td>
<td>$1,765.33</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,274.67</td>
<td>$1,765.33</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,274.67</td>
<td>$1,765.33</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$2,549.33</td>
<td>$3,530.67</td>
</tr>
</tbody>
</table>

**NOTE:** The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may include amounts which are retained by your school (to, for example, cover your school’s administrative costs associated with offering this health plan) as well as amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

### Other Coverage

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

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

#### METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 89.150%

**Preferred Providers:** The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [http://www.uhcsr.com/lookupredirect.aspx?delsys=52](http://www.uhcsr.com/lookupredirect.aspx?delsys=52)

**Student Health Center Benefits:** The Deductible will be waived when treatment is rendered at the UNR Student Health Center (Reno). Covered Medical Expenses for services rendered at the University of Nevada – Reno Health Center that are otherwise not covered by the University of Nevada – Reno Health Fee will be paid at 100% of billed charges. The Routine/Preventive Exclusion will be waived for treatment rendered at the Student Health Center. Quantiferon TB Gold Test is covered at the Student Health Center only.

<table>
<thead>
<tr>
<th></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$250 Per Insured Person, per Policy Year</td>
<td>$500 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td></td>
<td>$500 For all Insureds in a Family, Per Policy Year</td>
<td>$1,000 For all Insureds in a Family, Per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$1,800 Per Insured Person, Per Policy Year</td>
<td>$3,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td></td>
<td>$3,600 For all Insureds in a Family, Per Policy Year</td>
<td></td>
</tr>
</tbody>
</table>

**Out-of-Pocket Maximum**

*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.*

**Coinsurance**

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

<table>
<thead>
<tr>
<th></th>
<th>Preferred Acceptance for Covered Medical Expenses</th>
<th>60% of Usual and Customary Charges for Covered Medical Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Room and Board</strong></td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual and Customary Charges</td>
</tr>
<tr>
<td><strong>Physiotherapy</strong></td>
<td>80% of Preferred Allowance</td>
<td>60% of Usual and Customary Charges</td>
</tr>
</tbody>
</table>

**Physiotherapy**

*Limit per Policy Year as follows: 60 visits for any combination of physical therapy, occupational therapy, speech therapy and cardiac rehabilitation therapy.*

*Separate physical, occupational and speech therapy limits apply to rehabilitative and...*
### Habilitative Services

<table>
<thead>
<tr>
<th>Medical Emergency Expenses</th>
<th>80% of Preferred Allowance</th>
<th>80% of Usual and Customary Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>$10 Copay for Tier 1</td>
<td>No Benefits</td>
</tr>
<tr>
<td>Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</td>
<td>$25 Copay for Tier 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$100 Copay for Tier 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)</td>
<td></td>
</tr>
</tbody>
</table>

### Preventive Care Services

Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.

<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>100% of Preferred Allowance</th>
<th>No Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Dental and Vision Benefits</td>
<td>Refer to the plan certificate for details (age limits apply).</td>
<td></td>
</tr>
</tbody>
</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:

   
   This exclusion does not apply to benefits specifically provided in the Policy.

2. Biofeedback.

3. 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.
   - Correct a congenital malformation which causes a functional impairment.

4. 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.

5. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As described under Dental Treatment in the Policy.
   
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.

6. Elective Surgery or Elective Treatment.

7. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.

8. Foot care for the following:
   - Flat foot conditions.
   - Supportive devices for the foot.
   - Fallen arches.
   - Weak feet.
   - Chronic foot strain.
   - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).
   
   This exclusion does not apply to preventive foot care for Insured Persons with diabetes.

9. Genetic testing, except as specifically provided in the Policy.

10. Health spa or similar facilities. Strengthening programs.

11. Hearing examinations. Hearing aids, except as specifically provided in the Policy. 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.
13. Hypnosis.
14. 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.
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
16. Injury or Sickness outside the United States and its possessions, except for a Medical Emergency when traveling for academic study abroad programs, business or pleasure.
17. 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.
18. 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.
19. Investigational services.
20. Lipectomy.
21. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
22. 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 Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Growth hormones.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
23. Reproductive/Infertility services including but not limited to the following:
   - Precreative counseling.
   - Genetic counseling and genetic testing, except as specifically provided in the Policy.
   - Cryopreservation of reproductive materials. Storage of reproductive materials.
   - Fertility tests, except as specifically provided in the Policy.
   - 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.
24. 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.
25. 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 one pair of eyeglasses or set of contact lenses following cataract surgery.
26. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
27. 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.
28. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
29. Speech therapy, except as specifically provided in the Policy. Naturopathic services.
30. 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.

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

32. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.

33. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

34. 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).

35. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity, limited to one operative procedure per lifetime). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

### Highlights of Services offered by UnitedHealthcare StudentResources

#### NurseLine and Student Assistance

Insureds have immediate access to nurse advice, a health information library, and counseling support 24 hours a day by calling the toll-free number listed on their medical ID card. NurseLine is staffed by both English and Spanish speaking Registered Nurses who can provide health information, support, and guidance on when to seek medical care. The Student Assistance Program coordinates services using a network of resources. Services available include financial and legal advice, as well as mediation. Counseling is also available by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount.

#### UnitedHealthcare Global: Global Emergency Services

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

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 and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

The Emergency Medical Evacuation 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 Services include:**

- Transfer of Insurance Information to Medical Providers
- Monitoring of Treatment
- Transfer of Medical Records
- Medication, Vaccine
- Worldwide Medical and Dental Referrals
- Dispatch of Doctors/Specialists
- Emergency Medical Evacuation
- Facilitation of Hospital Admittance up to $5,000.00 payment
- Transportation to Join a Hospitalized Participant
- Transportation After Stabilization
- Coordinate the replacement of Corrective Lenses and Medical Devices
- Emergency Travel Arrangements
- Hotel Arrangements for Convalescence
- Continuous Updates to Family and Home Physician
- Return of Dependent Children
• Replacement of Lost or Stolen Travel Documents
• Repatriation of Mortal Remains
• Worldwide Destination Intelligence Destination Profiles
• Legal Referral
• Transfer of Funds
• Message Transmittals
• Translation Services
• Security and Political Evacuation Services
• Natural Disaster Evacuation Services

Please visit www.uhcsr.com/UHCGlobal for the UnitedHealthcare Global brochure which includes service descriptions and program exclusions and limitations.

To access services please refer to the phone number on the back of your ID Card or access My Account and select Value Added Benefits: 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 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.

UnitedHealthcare Global is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. Please refer to the UnitedHealthcare Global information in My Account at www.uhcsr.com/MyAccount for additional information, including limitations and exclusions.

This Summary Brochure is based on Policy #2017-524-2

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


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.
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

请注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-866-260-2723.

XIN LUÚ Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1-866-260-2723.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 1-866-260-2723.


ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisyè sevis ki gratis pou ede w nan lang pa w. Tanpri rele nan 1-866-260-2723.

ATTENTION: Si vous parlez français (French), des services d’aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-866-260-2723.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 1-866-260-2723.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue para 1-866-260-2723.

ATTENZIONE: in caso la lingua parlata sia l’italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-866-260-2723.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-866-260-2723 an.

注意事項：日本語 (Japanese) を話される場合、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 にお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می‌باشد. 1-866-260-2723
कृपा ध्यान दें: यदि आप हिंदी (Hindi) भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपा पर काल करें 1-866-260-2723

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev txuais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

PKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lenguage nga awanan bayadna, ket sidaan para kenyam. Maidawat nga awagan iti 1-866-260-2723.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánilti'go, saad bee áka'anida'awo'ígíí, t'áá jík'eh, bee ná'ahóó'tí'i'. T'áá shoodi kohjí 1-866-260-2723 hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-866-260-2723.