### 2019–2020 Student Injury and Sickness Insurance Plan for Minnesota Community and Technical Colleges

**Minnesota Community and Technical Colleges**

<table>
<thead>
<tr>
<th>College Name</th>
<th>Location</th>
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<tbody>
<tr>
<td>Alexandria Tech College</td>
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<tr>
<td>Anoka Technical College</td>
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<tr>
<td>Anoka-Ramsey Community College Cambridge Campus</td>
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<tr>
<td>Anoka-Ramsey Community College Coon Rapids Campus</td>
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<tr>
<td>Central Lakes College Brainerd Campus</td>
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<td>Central Lakes College Staples Campus</td>
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<tr>
<td>Century College</td>
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<tr>
<td>Dakota County Tech College</td>
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<tr>
<td>Fond du Lac Tribal and Community College</td>
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<tr>
<td>Hennepin Tech College Brooklyn Park Campus</td>
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<td>Hennepin Tech College Eden Prairie Campus</td>
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<tr>
<td>Hibbing Community College</td>
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<td>Inver Hills Community College</td>
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<td>Itasca Community College</td>
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<tr>
<td>Lake Superior College</td>
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<tr>
<td>Mesabi Range Community &amp; Tech College Eveleth MN</td>
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<td>Mesabi Range Community &amp; Tech College Virginia MN</td>
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<tr>
<td>Minneapolis Community and Tech College</td>
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<tr>
<td>Minnesota State College - Southeast Tech Red Wing Campus</td>
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<tr>
<td>Minnesota State College - Southeast Tech Winona Campus</td>
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<tr>
<td>Minnesota State Community and Technical College, Detroit Lakes</td>
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<td>Minnesota State Community and Technical College, Fergus Falls</td>
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<td>Minnesota State Community and Technical College, Moorhead</td>
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<td>Minnesota State Community and Technical College, Wadena</td>
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<tr>
<td>Minnesota West Community &amp; Tech College Canby Campus</td>
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<tr>
<td>Minnesota West Community &amp; Tech College Granite Falls Campus</td>
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<tr>
<td>Minnesota West Community &amp; Tech College Jackson Campus</td>
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<tr>
<td>Minnesota West Community &amp; Tech College Pipestone Campus</td>
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<tr>
<td>Minnesota West Community &amp; Tech College Worthington Campus</td>
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<tr>
<td>Normandale Community College</td>
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<tr>
<td>North Hennepin Community College</td>
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<tr>
<td>Northland Community and Technical College, East Grand Forks</td>
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<tr>
<td>Northwest Tech College Bemidji Campus</td>
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<tr>
<td>Pine Tech College</td>
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<tr>
<td>Rainy River Community College</td>
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<tr>
<td>Ridgewater College Hitchinson Campus</td>
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<td>Ridgewater College Willmar Campus</td>
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<td>Riverland Community College Albert Lea Campus</td>
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<tr>
<td>Riverland Community College Austin Campus</td>
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<tr>
<td>Riverland Community College Owatonna Campus</td>
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<tr>
<td>Rochester Community and Tech College</td>
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<tr>
<td>Saint Paul College - A Community &amp; Technical College</td>
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<tr>
<td>South Central Tech College Faribault Campus</td>
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<tr>
<td>South Central Tech College Mankato Campus</td>
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<tr>
<td>St. Cloud Technical College</td>
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<tr>
<td>Vermilion Community College</td>
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</tbody>
</table>

**Who is eligible to enroll?**

All international students, international scholars, international faculty, and international visitors engaged in educational activities (or on medical leave approved by the Dept. of Homeland Security) are required to enroll in this insurance plan except for those whose sponsoring government or agency certifies in writing that coverage is in effect under a plan provided by the sponsoring government or agency. F and J visa International students and scholars on Optional Practical Training (OPT) and Academic Training are eligible to enroll in this insurance plan on a voluntary basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse and dependent children under 26 years of age.
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. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
   a. On the date the Named Insured acquires a legal spouse.
   b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

**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 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.uhcsrc.com. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 201-1757-4. The Policy is a Non-Renewable One-Year Term Policy.

**Who can answer questions I have about the plan?**

If you have questions please contact Customer Service at 1-888-251-6243 or customerservice@uhcsr.com.
### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-10-19 to 8-9-20</th>
<th>Spring/Summer 1-1-20 to 8-9-20</th>
<th>Summer 5-1-20 to 8-9-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,668.00</td>
<td>$1,012.00</td>
<td>$460.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,668.00</td>
<td>$1,012.00</td>
<td>$460.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,668.00</td>
<td>$1,012.00</td>
<td>$460.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$3,336.00</td>
<td>$2,204.00</td>
<td>$920.00</td>
</tr>
<tr>
<td>Spouse and 2 More Children</td>
<td>$5,004.00</td>
<td>$3,036.00</td>
<td>$1,380.00</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 31 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

Accident coverage for Intercollegiate sports injury is provided under a separate policy, 2019-1757-48.

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

**METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 88.570%**

**Preferred Providers:** The Preferred Provider Network for this plan is UnitedHealthcare Options PPO and Boynton Health Services. Preferred Providers can be found using the following link: [UHC Options PPO](#)

**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 Service. The Deductible will be reduced to $25 if the student is referred by the Student Health Service for outside treatment.

**Student Health Center Pharmacy Benefits:** Winona Clinic Pharmacy and Parkview Pharmacy utilize the UnitedHealthcare Pharmacy card. Contraceptives and other prescriptions are covered at 100% for Tier 1 drugs and 100% after a $15 Copay for Tier 2 or 3 drugs. At all other SHC pharmacies, generic prescription drugs (including contraceptives) are covered at 100%; and brand-name prescription drugs (including contraceptives) are covered at 100% after a $15 Copay.

**Overall Plan Maximum**

- Preferred Providers: There is no overall maximum dollar limit on the policy
- Out-of-Network Providers: $50 For each Injury or Sickness

**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.
- Preferred Providers: $6,350 Per Insured Person, Per Policy Year
- Out-of-Network Providers: $12,700 For all Insureds in a Family, Per Policy Year

**Coinsurance**

- 80% of Preferred Allowance to $2,500 then 100% thereafter for Covered Medical Expenses
- 80% of Usual and Customary Charges to $2,500 then 100% thereafter for Covered Medical Expenses

**Prescription Drugs**

- 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.
- Preferred Providers: $15 Copay for Tier 1
- Out-of-Network Providers: No Benefits
UnitedHealthcare Pharmacy (UHCP)

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.

100% of Preferred Allowance
No Benefits

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. Acupuncture.
2. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
3. Learning disabilities.
   This exclusion does not apply to benefits specifically provided in the Policy.
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.
   - Remove port wine stains.
   - As described under Benefits for Reconstructive Surgery.
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. 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.
9. 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.
10. Genetic testing, except as specifically provided in the Policy.
11. Hearing examinations. Hearing aids. 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.
   - External hearing aids or bone anchored hearing aids once every 3 years for an Insured Person age 18 or younger with a hearing loss that is not correctable by other services provided in the Policy.
12. Hirsutism.
13. Immunizations, except as specifically provided in the Policy under Preventive Care Services in the Medical Expense Benefits section and under Benefits for Child Health Supervision Services and Prenatal Care Services in the Mandated Benefits section. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy under Preventive Care Services in the Medical Expense Benefits section and under Benefits for Child Health Supervision Services and Prenatal Care Services in the Mandated Benefits section.
14. Injury sustained from playing, practicing, traveling to or from, or participating in, or conditioning for any intercollegiate sport for which benefits are paid under a sports accident policy issued to the Policyholder, or for which coverage is provided by the National Collegiate Athletic Association (NCAA), National Association of Intercollegiate Athletics (NAIA) or any other sports association.
15. Commission of or attempt to commit a felony.
16. Prescription Drugs, services or supplies as follows:
   - Therapeutic devices or appliances, including: hypodermic needles and syringes, this exclusion does not apply to the treatment of diabetes, 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 under Preventive Care Services in the Medical Expense Benefits section and Benefits for Child Health Supervision Services and Prenatal Care Services in the Mandated Benefits section.
   - Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs, except as specifically provided in Benefits for Cancer Drug Coverage.
   - 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.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

17. Reproductive infertility services including but not limited to the following:
   - Procreative counseling.
   - Genetic counseling and genetic testing, except as specifically provided in the Policy under the Genetic Testing benefit.
   - 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 to diagnose the underlying cause of the infertility.
   - Premarital examinations.
   - Impotence, organic or otherwise.
   - Female sterilization procedures, except as specifically provided in the Policy.
   - Vasectomy.
   - Reversal of sterilization procedures.

   This exclusion does not apply as follows:
   - When due to a covered Injury or disease process.
   - To benefits specifically provided in Pediatric Vision Services.
   - To the initial evaluation, fitting, and initial pair of eyeglasses or contact lenses for: a) the post-operative treatment of cataracts; and b) the treatment of aphakia or keratoconus.
   - To benefits specifically provided in the Policy.

19. Preventive care services, including routine physical exam, preventive testing or treatment, screening exams or testing in the absence of Injury or Sickness which are not specifically provided for under Preventive Care Services in the Medical Benefits section or in the Mandated Benefits section.

20. Services provided without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.


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

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

24. Treatment where there is no legal obligation for the Insured Person to pay for such treatment.

25. 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).

26. Weight management. Weight reduction. Nutrition programs, except Medically Necessary programs, provided to an Insured Person with a medical condition such as diabetes, phenylketonuria or a Mental Illness eating disorder.
   Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in Preventive Care Services or as 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): you are eligible to receive UnitedHealthcare Global Services worldwide, except in your home country.

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

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

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

To access services please refer to the phone number on the back of 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 policy, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service. By calling the toll-free number listed on the front of your medical ID card or 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.

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.

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a $40 service fee before being connected to a board-certified physician.
Student Assistance: 24/7 Counseling Support

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA’s and Certified Financial Planners 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 are available to help resolve family-related disputes. 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.

This Summary Brochure is based on Policy #2019-1757-4

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

UnitedHealthcare 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:

Stacy Chalupsky  
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

Amharic
فارسی کناره گیری ممکن است که از کارگر مشاور مخاطبان مجاز می‌باشد. لطفاً به شماره 1-866-260-2723 تماس بگیرید.

Arabic
تتوفر للخدمات المساعدة اللغوية مجانًا، اتصل بالرقم 1-866-260-2723.

Armenian
Անձանց ոմանխության համար օգտագործեք նրանց ոգեշնչական համակարգը. Միացնեք 1-866-260-2723 հանքարդյուն.

Bantu- Kirundi
Uronswa ku bantu servisivu zifatiye ku turimi za kugufasha. Utegezeza guhantanga 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Bengali- Bangala
যোগদান: ভাষা সহায়তা পরিধির আগন্তু বিবাংলা ভাষা পরিধি। প্রাপ্ত করা 1-866-260-2723-তে কল করুন।

Burmese
သဘာဝအသုံးနှင့် အခြားသော စိတ်ဝင်စားမှုပြုလုပ်ခြင်းများ အားလုံးကို 1-866-260-2723 အောက် ကူညီပေးမည်။

Cambodian- Mon-Khmer
បង្កើតប្រយុទ្ធកីឡាខ្នាប់ក្នុងការប្រកួតប្រជែង 1-866-260-2723.

Cree
Ojibway Ojibwe Ojibwe Ojibwe Ojibwe Ojibwe Ojibwe Ojibwe Ojibwe Ojibwe Ojibwe 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。

Cherokee
S̱o kho na Ochokiesi Ochokiesi 1-866-260-2723.

Cherokee
DAGHT. HEGO DIB WISS 1-866-260-2723.

Chinese
您可以用普通话、英语或其他语言与我们沟通。请拨打 1-866-260-2723。

Chocotaw
Chahta anumpa ish anumpuli hokmvi toshkoli yvt peh pilla ho chi apela hina. 1 paya 1-866-260-2723.

Cushite- Oromo

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

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

French Creole- Haitian Creole

German

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

Gujarati
ભાષા સહાય સેવાઓ સામાન્ય માર્ગ નિયુઝ પ્રતિબંધ છે. કૃપા કરીને 1-866-260-2723 પર ક્રિયા કરો.

Hawaiian
Kūka manuahi ma kaʻū ʻōlelo i loaʻa ʻia. E kelepona i ka helu 1-866-260-2723.

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

Hmong
Muaj cøv keb phiahs lus bus dawb rau køj. Thov hu rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayaduna a serbisyo para it language assistance. Pangangasas ta tawagan 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 でお電話ください。

Karen
ตรวจและสื่อสารกับพนักงานของเราได้โดยไม่จำกัดภาษา 1-866-260-2723.

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

Kru- Bassa
Bot ba hola ni kobol makpi ngai nsaa wogui wo ba yé hu i nyuul yon. Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani
خزیمکی کوردی زمانی می‌توانیم به زبان عربی یا به زبان کردی کمک کنیم 1-866-260-2723.

Laotian
ເພີ່ມການຮຽກຮ່ວມພາສາຊະນະພາສາເພີ່ມເພີ່ມຕໍ່ກັນ. ຂໍ້ມູນໄດ້ເບິ່ງເທີ່ມ 1-866-260-2723.