



2017–2018 Student Injury and Sickness Insurance Plan for Cleveland State University (High Option, Plan II)

Who is eligible to enroll?

The Master Policy covers students and their eligible Dependents, when the plan includes Dependent coverage, who have met the Policy's eligibility requirements (as shown below) and who:

1. Are properly enrolled in the plan, and
2. Pay the required premium.

All international students with F1 or J1 visas who are registered for one or more credit hours per term and International scholars, visitors, and professors on the University's exchange program holding a J-1 Visa are required to purchase the High Option II Plan (2017-444-2) of this insurance plan unless proof of comparable coverage is furnished.

All domestic and undergraduate students enrolled in 6 or more credit hours, graduate students or law students taking credit hours, including those enrolled in independent study classes are eligible to enroll in either the High Option II Plan (2017-444-2) or the Low Option I Plan (2017-444-1) of this insurance plan.

If the plan includes Dependent coverage, then eligible students who do enroll may also insure their Dependents.

When the policy includes Dependent coverage, eligible Dependents include:

1. The Insured Person's legal spouse.
2. The Insured Person's Domestic Partner, if Domestic Partner is included as a "Class of Person to be Insured" as specified in the Policyholder Application.
3. Dependent children up to age 26.
4. Disabled children beyond age 26 if the child is:
 - a. Incapable of self-sustaining employment by reason of intellectual disability or physical handicap.
 - b. Chiefly dependent upon the Insured Person for support and maintenance.
5. Children for whom the parent is required by court or administrative order to provide coverage.

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.

When the Policy includes Dependent coverage, 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.

Coverage availability is guaranteed for all individuals who meet the eligibility requirements specified above.

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.uhcsr.com. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2017-444-2. 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.

Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

Rates	Annual 8/13/17- 8/12/18	Fall 8/13/17- 12/31/17	Spring 1/1/18- 5/19/18	Spring/Summer 1/1/18- 8/12/18	Summer 5/20/18- 8/12/18
Student	\$1,795.00	\$698.00	\$650.00	\$1,097.00	\$421.00
Spouse	\$1,795.00	\$698.00	\$650.00	\$1,097.00	\$421.00
One Child	\$1,795.00	\$698.00	\$650.00	\$1,097.00	\$421.00
Two or more Children	\$3,590.00	\$1,396.00	\$1,300.00	\$2,194.00	\$842.00

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.

Choice of Plan

Domestic and undergraduate students enrolled in 6 or more credit hours, graduate students or law students taking credit hours, including those enrolled in independent study classes have a choice of one of the benefit Plans. The High Option Plan II (2017-444-2) has higher benefits than the Low Option Plan I (2017-444-1) and it has a higher premium. Make your selection carefully, you cannot upgrade coverage after initial purchase of the plan for the Policy Year.

Student Health and Wellness Services

Welcome to the Student Health & Wellness Services (SH&WS)

Cleveland State University offers health care to all students of the University community. The clinic is staffed by certified Nurse Practitioners and Physicians who are qualified to discuss your health history, perform physical examinations, and provide care for you. When you are in need of quality health care that is convenient and affordable, the SH&WS professionals are here (right on campus) to care for your medical, psychological, and health educational needs. Our highly trained and experienced staff offers students a variety of services; laboratory testing; prescription and over-the-counter medication. We also offer students educational programs, activities, and classes to enhance their knowledge and understanding of the many benefits in choosing healthier lifestyles.

Important Telephone Numbers:

SH&WS Appointment Desk (216) 687-3649

Counseling Center (216) 687-2277

All Emergency Situations Off Campus 911

Campus Police (216) 687-2020

Poison Control Center (216) 231-4455

Academic Year: 2017-2018

Hours of Operation:

Monday & Tuesday 8:00 a.m. - 5:30 p.m.

Wednesday-Friday 8:00 a.m. - 5:00 p.m.

Summer Hours:

Monday-Friday 8:00 a.m. - 5:00 p.m.

Eligibility For Use:

All CSU registered students are eligible to use the many services offered at the SH&WS.

Payment:

There is no charge for visits for students with the Student Health Insurance. There is a \$5 Copay for covered generic prescriptions dispensed by Health Wellness Services. Payments can be accepted by cash, check or IOU. No IOU's are accepted without a CSU ID and a current registration number.

Obtaining Service and Canceling Appointments:

There are two ways to be seen by a health care provider at the Student Health & Wellness Services. The first (and most preferred) is to call and make an appointment in advance. If you cannot get to your appointment for some reason, it is your responsibility to call and cancel. "Same day appointments" are available if you have an acute illness that needs immediate attention. You must call beginning at 8:10 a.m. and request an appointment for the same day. Same day appointments are limited and are intended only for students who are acutely ill.

Student Health & Wellness Services

- Assessment and treatment of illness or injury
- Preventive services, including immunizations, screening for blood pressure, cholesterol, HIV, pregnancy, rubella, rubeola, strep throat, annual gynecological exams, and physical exams
- Educational materials and individual or group counseling on many health related topics
- Campus wide health promotion campaigns
- Laboratory services
- Emergency contraception and birth control
- Care for most illness or problems for which you would see your own doctor

Confidentiality

We keep your records private and confidential. Medical records do not become a part of any other University record or go to anyone outside the Student Health & Wellness Services without your written consent. This consent is valid for 90 days from the date signed. However, please note that patients under 18 may be subject to guardian/parent review if they (parents) sign a release.

Patient Rights

1. Patients are:
 - a. Treated with respect, consideration and dignity.
 - b. Provided appropriate privacy.
 - c. Provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, and prognosis, or when it is medically inadvisable to give such information to a person designated by the patient or to a legally authorized person.
 - d. Given the opportunity to participate in decisions involving their health care, except when such participation is contradicted for medical reasons.
 - e. Informed of the names and positions of people involved in their care by official name tag and/or personal introduction.
 - f. Provided with appropriate information regarding the absence of malpractice insurance coverage.
2. Patient disclosures and records are treated confidentially, and are released by a signed release by the patient or court order or subpoena. Exception is made for personal health information released for payment or treatment.
3. Information is available to patients and staff concerning:
 - a. Patient conduct and responsibilities.
 - b. Services available.
 - c. Provisions for after-hours and emergency care. When clinic is closed patients should go to an urgent care or emergency room with any urgent or emergency medical problem.
 - d. Fees for services.
 - e. Payment policies.
 - f. Methods for expressing grievances and suggestions to the organization. Yearly evaluations on the clinic and personnel are done by patients seen. A suggestion box is available on a daily basis.
4. Patients are informed of their rights to change primary providers, view their charts and amend charts, but not change what provider has written.
5. Marketing or advertising regarding the competence and capabilities of the organization is not misleading to patients.

Your Health Is Your Responsibility

More and more people are realizing that they are responsible for their own health. Being healthy is not just being free from disease or illness. It is a state of mind and body, encompassing the WHOLE you. Health includes learning about wellness so that you can maintain and improve your health status. We are always open to questions and concerns regarding your health. Make use of your Student Health & Wellness Services. Be Well!

Policy Periods

1. **Students:** Coverage for all insured students enrolled for the Fall Semester will become effective at 12:01 a.m. on August 13, 2017 and will terminate at 12:01 a.m. on December 31, 2017.
2. **New Spring Semester students:** Coverage for all insured students enrolled for the Spring Semester will become effective at 12:01 a.m. on January 1, 2018 and will terminate at 12:01 a.m. on May 19, 2018.
3. **Summer Coverage:** Coverage for all insured students enrolled for the Summer Semester will become effective at 12:01 a.m. on May 20, 2018 and will terminate at 12:01 a.m. on August 12, 2018.
4. **Insured Dependents:** Coverage will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premium are sent, if later. Coverage for Dependent terminates in accordance with the Termination Provisions described in the Master Policy. Examples include, but are not limited to: the date the student's coverage terminates, the date the Dependent no longer meets the definition of a Dependent.

Highlights of the Student Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 81.800%

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>

Student Health Center Benefits: The Deductible will be waived and benefits will be paid at 100% of billed charges when treatment is rendered at the Student Health Center.

The Policy Deductible applies to all benefits, except:

- When a Copay applies to the services as shown below.
- When the service indicates the Deductible is waived.
- Pediatric Dental services and Pediatric Vision Care services.

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$500 Per Insured Person, per Policy Year \$1,000 For all Insureds in a Family, Per Policy Year	\$1,000 Per Insured Person, per Policy Year \$2,000 For all Insureds in a Family, 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	\$8,000 Per Insured Person, per Policy Year \$16,000 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 Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <i>When Specialty Prescription Drugs are dispensed at a Non-Preferred Specialty Network Pharmacy, the Insured is required to pay 2 times the retail Copay (up to 50% of the Prescription Drug Charge). Mail order Prescription Drugs through UHCP at 2.5 times the retail Copay up to a 90 day supply. Prescription Drugs covered under the Preventive Care Services benefit will be paid at the benefit levels shown under Preventive Care Services.</i>	UnitedHealthcare Pharmacy (UHCP) \$15 Copay per prescription Tier 1 \$30 Copay per prescription Tier 2 \$45 Copay per prescription Tier 3 up to a 31 day supply per prescription	60% of Usual and Customary Charges \$15 Copay per prescription generic drug \$30 Copay per prescription brand name drug up to a 31 day supply per prescription
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 Preferred Allowance	60% of Usual and Customary Charges
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: \$25 Lab: \$25 X-rays: \$25 Medical Emergency: \$125 will be waived if admitted to the Hospital	Medical Emergency: \$125 will be waived if admitted to the Hospital
Pediatric Dental and Vision Benefits	Refer to the plan certificate for details (age limits apply).	

Exclusions and Limitations

This Exclusions and Limitations section describes items which are excluded from coverage and are not considered to be Covered Medical Expenses.

Read the Definitions section and the attached Schedule of Benefits carefully. Refer to the Medical Expense Benefits section for benefit specific limitations.

No benefits will be paid for services designated as "No Benefits" in the Schedule of Benefits or for procedures, equipment, services, supplies, or charges which the Company determines are not Medically Necessary or do not meet the Company's medical policy, clinical coverage guidelines, or benefit policy guidelines.

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. Cosmetic procedures. Cosmetic procedures are primarily intended to preserve, change, or improve the Insured Person's appearance, including surgery or treatments to change the size, shape, or appearance of facial or body features (such as the Insured's skin, nose, eyes, ears, cheeks, chin, chest, or breasts).
This exclusion does not apply to:
 - Benefits specifically provided in the Policy for Reconstructive Procedures.
 - Myocardial infarction.
 - Pulmonary embolism.
 - Thrombophlebitis.
 - Exacerbations of co-morbid conditions.
3. 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.
4. Any dental treatment not specifically provided for in the Policy.
5. Elective Surgery or Elective Treatment.
6. Elective abortion. This exclusion does not apply to therapeutic abortions as specified under Maternity Benefits.
7. Examinations related to research screenings.
8. Foot care for the following:
 - 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).
9. Health spa or similar facilities. Strengthening programs.
10. Hearing aids or exams to prescribe or fit them.
11. Hypnosis.
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. Injury sustained while:
 - Participating in any intercollegiate or professional sport, contest or competition.
 - Traveling to or from such sport, contest or competition as a participant.
 - Participating in any practice or conditioning program for such sport, contest or competition. Investigational services.
14. Marital counseling.
15. Voluntary participation in a riot or civil disorder. Commission of or attempt to commit a felony.
16. Physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, or for licensing.
17. 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 under Preventive Care Services.
 - 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.
18. Reconstructive procedures, except as specifically provided in the benefits for Reconstructive Procedures.
 19. Reproductive/Infertility services including but not limited to the following:
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Fertility tests.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
 - Impotence, organic or otherwise.
 - Reversal of sterilization procedures.
 20. When the Policyholder has a Student Health Center, services provided by the Student Health Center for which the Insured Person has no legal obligation to pay.
 21. Naturopathic services.
 22. Surgical treatment of gynecomastia.
 23. Services provided by any Governmental unit, unless otherwise required by law or regulation.
 24. 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).
 25. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in benefits for Preventive Care Services.

Highlights of Services offered by UnitedHealthcare StudentResources

Healthiest You: National Telehealth Service

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, 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 compliment 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. Not available in Arkansas; limited services in Idaho and Texas.

*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.

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:

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

Domestic Students, insured spouse Domestic Partner and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address 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 #2017-444-1.

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 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>

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.

LANGUAGE ASSISTANCE PROGRAM

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.

請注意：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 LƯU 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.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по номеру 1-866-260-2723.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال بـ 1-866-260-2723.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis 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 می باشد. 1-866-260-2723 تماس بگیرید.

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 pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទ ទៅលេខ 1-866-260-2723។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti 1-866-260-2723.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí kohji' 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.