2019–2020 Student Injury and Sickness Insurance Plan for Graduate Assistant and International Students of University of Maine

Who is eligible to enroll?

All eligible registered students taking credit hours are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished.

All U.S. half-time (20 hrs. of work a week) Graduate Assistants, Fellows, and Trainees (GAFT), earning at least The University of Maine’s established minimum stipend ($1,733) per month during the fall and spring semesters are automatically enrolled in The University of Maine Student Health Insurance Plan, unless proof of comparable coverage is furnished. All F-1 and J-1 International students and Scholars are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse or Domestic Partner and dependent children under 26 years of age. See the Benefits for Domestic Partners section of this Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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 and correspondence 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 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.

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/um or www.crossagency.com/umaine. This plan is underwritten by HPHC Insurance Company and is based on policy number 2019-113-1. 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 1-800-977-4698 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-1-19 to 7-31-20</th>
<th>Fall 8-1-19 to 12-31-19</th>
<th>Spring/Summer 1-1-20 to 7-31-20</th>
<th>Summer 6-1-20 to 7-31-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,845.00</td>
<td>$1,193.00</td>
<td>$1,652.00</td>
<td>$475.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,845.00</td>
<td>$1,193.00</td>
<td>$1,652.00</td>
<td>$475.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,845.00</td>
<td>$1,193.00</td>
<td>$1,652.00</td>
<td>$475.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$5,690.00</td>
<td>$2,386.00</td>
<td>$3,304.00</td>
<td>$950.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$8,535.00</td>
<td>$3,579.00</td>
<td>$4,956.00</td>
<td>$1,425.00</td>
</tr>
</tbody>
</table>

Other Coverage

Accident coverage for Intercollegiate sports injury is provided under a separate policy, 2019-113-8.

Highlights of the Student Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL—PLATINUM WITH ACTUARIAL VALUE OF 87.410%

Preferred Providers: The Preferred Provider Network for this plan is HPHC Insurance Company Network Preferred Providers can be found using the following link: UHC Options PPO - Harvard Pilgrim Joint Venture

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 Center. Plan Copays apply to all services rendered at the Student Health Center, including the $25 Physician Copay.

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Deductible</td>
<td>$250 Per Insured Person, per Policy Year</td>
<td>$1,000 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$5,000 Per Insured Person, Per Policy Year</td>
<td>$10,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td></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>
</tbody>
</table>

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>Prescription Drugs</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</td>
<td>$10 Copay for Tier 1</td>
<td>$10 Copay for generic drug</td>
</tr>
<tr>
<td>$40 Copay for Tier 2</td>
<td>$40 Copay for brand name drug</td>
<td></td>
</tr>
<tr>
<td>$60 Copay for Tier 3</td>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)</td>
<td>Up to a 31-day supply per prescription</td>
</tr>
</tbody>
</table>

90% of Preferred Allowance for Covered Medical Expenses

70% of Usual and Customary Charges for Covered Medical Expenses
Highlights of the Student Injury and Sickness Insurance Plan Benefits

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.

The following services have per Service Copays
This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

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.
2. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
   This exclusion does not apply to benefits specifically provided in the Benefits for Treatment of Mental Illness and Substance Use Disorder.
5. Circumcision.
6. 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 port wine stains.
7. 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.
8. 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.
9. Elective Surgery or Elective Treatment.
10. 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 intercollegiate sport activity.
11. Foot care for the following:
   - Arch supports.
   - Shoe inserts.
   - Supportive devices for the foot.
   - Orthopedic shoes, unless attached to a brace.
   - Support hose.
   - 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.
12. Health spa or similar facilities. Strengthening programs.
13. Hearing examinations. Hearing aids, except as specifically provided under the Benefits for 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.
- Hirsutism. Alopecia.
- Hypnosis.
- 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.
- Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
- 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.
- 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.
- 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.
- Lipectomy.
- Marital or family counseling.
- Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
- 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 Benefits for Diabetes Treatment.
  - Immunization agents, except as specifically provided in the Policy.
  - Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs, except as specifically provided in the Benefits for Off-Label Drug Use.
  - 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.
- Reproductive/Infertility services including but not limited to the following:
  - Procreative counseling.
  - Genetic counseling and genetic testing.
  - 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.
  - Premarital examinations.
  - Impotence, organic or otherwise.
  - Female sterilization procedures, except as specifically provided in the Policy.
  - Vasectomy.
  - Reversal of sterilization procedures.
- 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.
- Routine eye examinations. 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 contact lenses to treat accommodative strabismus, cataracts, or aphakia.
  - To benefits specifically in the Policy.
- 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.
- Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
31. Services provided to an Insured with autism spectrum disorders under an individualized education plan or an individualized family service plan.
32. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except reconstructive surgery for mandibular/maxillary orthognathia. Temporomandibular joint dysfunction. 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.
33. Sleep disorders.
34. 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.
35. Supplies, except as specifically provided in the Policy.
36. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except:
   • As specifically provided in the Benefits for Breast Cancer Treatment and Reconstructive Breast Surgery.
   • Medically Necessary surgery for gynecomastia.
   • As specifically provided in the Policy.
37. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
38. 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).
39. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except morbid obesity for an Insured diagnosed as morbidly obese). Surgery to treat morbid obesity is limited to an intestinal bypass, gastric bypass, or gastroplasty. 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, Domestic Partner 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, or 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, or Domestic Partner and insured minor child(ren): you 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 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 Student Resources, 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.

#### BetterHelp: 24/7 Online Counselor Access

Starting on the effective date of your policy, you have access to Psychologists (PhD / PsyD), Marriage and family therapists (LMFT), Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC) through BetterHelp, a national virtual counseling service. These professional licensed counselors will be available to you via ongoing text communications, live chat, phone, video or groupinars.
When you first visit the counseling website, you will be asked to complete a questionnaire that will request your UHCSR
insurance information on your ID card, emergency contacts and your goals for accessing the service. The questionnaire will
also ask you for counselor preferences (gender, specialty, etc.) to ensure you are matched with a practitioner that can help
you meet your goals. Within 24 hour after completing the questionnaire, you will be contacted by a counselor to schedule
an appointment and decide on a communication method that best suits your needs.

As an insured with StudentResources, there is no consultation fee for this service. Every communication with a BetterHelp
counselor is covered 100% during your policy period.

This Summary Brochure is based on Policy #2019-113-1.

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


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.
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
አማርኛውን በትልቅ ከምርጥ በምርጥ ፓቱም ይታቅ የተጋራ እስከ ከምርጥ ከምርጥ ይታቅ ያለ። 1-866-260-2723

Arabic
تتوفر لك خدمات الترجمة اللغوية مجانًا، أتصل على الرقم 1-866-260-2723

Armenian
24/7, 7 days a week. For assistance please call 1-866-260-2723.

Bantu- Kirundi
Urunawa ku bantu servisivi zišiziye ku namiri za kugufisha. Ufukendo wa gahamagura 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Bengali- Bangla
বাংলা ভাষায় সাহায্য পেতে পারেন নিয়মিত বাংলা পেতে পারা। মানুষ খার 1-866-260-2723-তে করুন।

Burmese
စာသား အသိအမှတ်များစွာ ကာကွယ်ပါသည်။ 1-866-260-2723-ထဲမှ ကြည့်ပါ။

Cambodian- Mon-Khmer
នៃអតិថិជនពីរំដោះស៊ិបបារិា 1-866-260-2723 អំពីអតិថិជន

Cherokee
SCOTLISH O'GOOI OCHETET Ila RGM'NQIYQT HLEEGD0 D4GOT ICQO DIB0BW0 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。

Chocaraw

Cushite- Oromo

Dutch
Taalbijstandsdiensten zijn gratis voor u beschikbaar. Believe 1-866-260-2723 op te bel len.

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

French Creole- Haitian Creole
Gen servis ti pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

Greek
Όλα τα υπηρεσίες γλωσσοθεραπείας είναι διαθέσιμα δωρεάν. Καλείστε το 1-866-260-2723.

Gujarati
ભાષા સમર્થ સેવાઓ તમામ માટે સહૂલિત હોય તે પર કોઈ કાફી નથી.

Hawaiian
Keaualii mai i ka 'olelo i ho'ina. E kelepona i ka helu 1-866-260-2723.

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

Iloilo
Nalij cov kev pok tuhsal los puw dawb rau kej. Thow hu rau 1-866-260-2723.

Ibo

Ilocano
Adda swan bayadna a serbisio para iti language assistance. Pangangasi 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 までお電話ください。

Karen
ქართულუელი ბირთვების პირთოვანები სათროანი არ არის. 1-866-260-2723 შთანთავის საიტზე.

Korean
언어 지원 서비스는 무료로 이용하실 수 있습니다. 1-866-260-2723 번으로 전화하십시오.

Kru- Bassa
Bot ba hola ni kobol mahop ngi saa wagui wo ba yë ha i nyu yon. Schemplo sa nga jëfla 1-866-260-2723.

Kurdish Sorani
زومه میکانیک، زومه‌ای زمانی و مخترعی واریز نشده نین خوردن ساختار دکتر تکنولوژی بود. زومه‌ای زمانی که 1-866-260-2723.

Laotian
nodeValue auprès de l'assistance linguistique, toujours gratuitement 1-866-260-2723.
Marathi
शास्त्रीय सुविधा आपसी विज्ञान उपलब्ध असे.
त्यसाठी 1-866-260-2723 या कंप्यूटर सेर्च करा.

Marshallese
Kwamorole bok jerbal in jpo ne kajin ilo ejjelok woonan. Jouj
im kaqjik 1-866-260-2723.

Micronesian- Pohnpeian
Mic savas en mahun ong komwi, soh isepe. Melau eker
1-866-260-2723.

Navojo
Saat bee áka'eeedbee bee áka'nasha wejigi'tá jijik'ee bee nichh'
bee na'ahuoyi. T'áa shuddi kohji 1-866-260-2723 hoolihan.

Nepali
बाहिरी सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया
1-866-260-2723 ना कल लियो।

Niletic-Dinka
Káak ci kany ajace é thok: atá tine yin abac te cín wéne yelé

Norwegian

Pennsylvania Dutch
Schapproch kwesetze Hilf kannsecht du frei hawwe. Ruf
1-866-260-2723.

Persian-Farsi
خدمات امداد زیادی به در طور رایگان در انتظار شما می باشد. لطفا با همکار
1-866-260-2723 تماس بگیرید.

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

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

Punjabi
ਭਾਸਾ ਵਿਚ ਮਹਤਵਪੂਰਵ ਵਿਚਕਾਰ ਸਾਹਿਬ ਗੁਰੂ ਦੀ ਚੁਣਣਾ ਵਾਲੇ
1-866-260-2723 ਨੂੰ ਕਲ ਲੈਂਦੀ।

Romanian
Vă permite să utilizați serviciul gratuit de traducere. Vă
recomandăm să sunați la 1-866-260-2723.

Russian
Избегайте услуг, предоставленных без согласия. Звоните
по номеру 1-866-260-2723.

Samoan- Fa'asamoa
O loc maiu foaioamai mo gagana mo oe ma e le topotia.
Fiaiomolele telefoni la 1-866-260-2723.

Serbo- Croatian
Možete besplatno koristiti usluge prevodece. Molimo nazvite
1-866-260-2723.

Somali
Adeegyada taageerada laqadda oo bilaash ah ayaa la heli kara.
Fudlan wek 1-866-260-2723.

Spanish
Hay servicios de asistencia de idiomas, sin cargo, a su

Sudanic- Fulfude
E wooh wuullide dow wolle mahu ngum manafa. Noodu
1-866-260-2723.

Swahili
Huduma za maashabu wa lugha zipepatakana kwenye ajili yako bure.
Tafadhali piga simu 1-866-260-2723.

Syriac- Assyrian
شئميك دعوبه دشر ىنن ىسحر ىدعت ىسيم ىبى ىشختىك. شئميك دعوب
1-866-260-2723 تامىة ىدعت ىسيم ىبى ىشختىك.

Tagalog
Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng
wala lamang bayad. Ring in your car at 1-866-260-2723.

Telugu
దినికి ఉంచాలా కోసం నాటికి ఉంచాలా ప్రతిపాదాలు కాంతిసేతులు కాల్చడానికి
1-866-260-2723 తూ ప్రామాణికత పొందండి.

Thai
มีบริการความช่วยเหลือภาษาให้โดยที่ไม่ต้องเสียค่าใช้
ภายนอกผลิตภัณฑ์เดียวกันเลย
1-866-260-2733.

Tongan- Fakatonga
‘Oloa ‘i ai pe’a e sēvē ki he lea’ke tokoni kinti koa pea ‘oku
‘ata ia ma’au o’i tiku ha totengi. Kāta ki o tā ki he
1-866-260-2723.

Trukese (Chuukese)
En mei tongenri urgei ananin e emon chon chialku, ese kamo.
Kose moken kopwe kokkori 1-866-260-2723.

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

Ukrainian
Посу́ди перево́д нами не виро́бується вам безкоштовно. Джо́вніть з
номером 1-866-260-2723.

Urdu
زبان کے معاون میں مقامی خدمات آپ کے لئے پہلے پاس کریں۔
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
טארמלשך תמאינע טאָלע会影响到 אברך או מחוורך דערלעפֿט. יאָה באַך קירע
1-866-260-2723.

Yoruba
Isé iranlọwọ èdè ti ọjọ́ ìpí, wà ní ìpí. Pe 1-866-260-2723.