

# 2022-2023

## Student Health Plan for

## Rutgers, The State University of New Jersey, Full-Time

### Who is eligible to enroll?

**Rutgers Full-Time** - All full time domestic and Non F1, F2, J1, J2 Rutgers Visa Sponsored students taking at least: 12 credits for Undergraduate, 9 credit hours\* for Graduate, and ALL F1, F2, J1, J2 Rutgers Visa sponsored students and ALL advanced Standing students are automatically enrolled in this insurance Plan and the premium is added to their tuition billing, unless proof of comparable coverage is furnished.

\*Full time students, as defined by the student’s department, could require you to be registered for 12 credit hours. (Example: Rutgers Business School & Rutgers Law School)

**Summer Coverage:** All new full time Undergraduate Students registered for 6 or more credit hours and all new full time Graduate students registered for 4.5 or more credit hours are eligible to enroll in this insurance plan.

Visiting Scholars, EOF, PALS, GAP Students, Short Term Non-Degree Students and Early Start Programs are required to purchase this insurance Plan, unless proof of comparable coverage is furnished.

Ph. D and Ed.D students taking only research credits and Part-Time considered Full-Time by the student’s department are eligible to enroll in this insurance Plan.

Online only degree programs and non-matriculated students registered for online courses only, do not fulfill the eligibility requirements.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse, Civil Union partner, or Domestic Partner and dependent children, including any child for which the Named Insured is under court order to provider coverage, up to 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. 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 contribution amounts.

### Important dates or deadlines

- Fall Deadline: **September 23, 2022**
- Spring Deadline: **February 10, 2023**
- Summer Deadline: **June 30, 2023**

### How do I Enroll / Waive?

The Student Injury and Sickness Insurance Plan premium is automatically charged on the term bill. Failure to waive each semester before the deadline will result in a non-refundable charge, and students will be responsible for the premium. A hold will be placed on the student’s account until it is paid in full.

**Full-Time Domestic & Non F1,F2,J1,J2 Rutgers Visa Sponsored Students (2022-519-2):** To complete the Enrollment or the Waiver process, go to [www.universityhealthplans.com](http://www.universityhealthplans.com). For waiver or enrollment issues, contact University Health Plans at 1-833-251-1142.

**F1,F2,J1,J2 Rutgers Visa Sponsored Students (2022-519-2):** To complete the Insurance Waiver Request (waiver form) or to enroll dependents visit <https://sunapsis.rutgers.edu/istart/controllers/start/StartEngine.cfm>

**Non F1,F2,J1,J2 Rutgers Visa Sponsored International Students** must follow the applicable enrollment or waiver process for full-time or part-time domestic students 2022-519-2 or 2022-519-3. See [www.universityhealthplans.com](http://www.universityhealthplans.com).

### Important Information for Students:

If you have Eligible Dependents in the fall or, are a student in the fall semester and Eligible to purchase coverage and you choose not to enroll for coverage before the Fall Enrollment Deadline of **9/23/22\***, your Dependents or you, will not be Eligible to enroll again until the start of the spring/summer unless you experience a Qualifying Life Event during the year.

\*For new Dependents or new or renewing students in the spring semester, your open enrollment deadline is **2/10/23**.

\*For new Dependents or new students in the summer semester, your open enrollment deadline is **6/30/23**.

### NOTICE: Cancellations/Refunds

Once you are enrolled in the plan, there are no refunds or cancellations after the deadline, except for ineligibility or entry into the armed forces. The Policy is a Non-Renewable One-Year Term Policy and does not guarantee enrollment in the next policy year.

### Coverage Dates and Plan Cost

Full-Time Students and F or J Rutgers Visa Sponsored Students	Student	Spouse	One Child	Two or More Children	Spouse + Two or More Children
<b>This policy with UnitedHealthcare StudentResources offers nationwide coverage.</b>					
<b>Fall:</b> (8/15/22 – 1/14/23)	\$1,076.00	\$1,076.00	\$1,076.00	\$2,152.00	\$3,228.00
<b>Spring/Summer:</b> (1/15/23 – 8/14/23)	\$1,489.00	\$1,489.00	\$1,489.00	\$2,978.00	\$4,467.00
<b>Summer:</b> (5/26/23 - 8/14/23)	\$569.00	\$569.00	\$569.00	\$1,138.00	\$1,707.00

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.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on 2022-519-2. The Policy is a Non-Renewable One-Year Term Policy.

## Highlights of the Student Health Insurance Plan Benefits offered by UnitedHealthcare StudentResources

METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 90.60%

**Preferred Providers:** The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [UHC Choice Plus](#)

**Student Health Center Benefits:** The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.

	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the policy	
<b>Plan Deductible</b>	\$100 per Insured Person, per Policy Year	\$500 per Insured Person, per Policy Year
<b>Out-of-Pocket Maximum</b> <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>	\$2,500 Per Insured Person, Per Policy Year \$5,000 For all Insureds in a Family, Per Policy Year	\$10,000 Per Insured Person, Per Policy Year \$20,000 For all Insureds in a Family, Per Policy Year
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	90% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <i>UHCP Mail Order Network Pharmacy or 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.</i>	\$15 Copay for Tier 1 \$30 Copay for Tier 2 \$50 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	60% of billed charge Up to a 31 day supply per prescription Not subject to the deductible
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for complete details of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	No Benefits
<b>The following services have per service Copays/Deductibles</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician's Visits: \$35 Copay Per Visit 100% of Allowed Amount Not subject to Deductible	Physician's Visits: Allowed Amount after Deductible
<b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b>	Office Visits: \$35 Copay per visit 100% of Allowed Amount not subject to Deductible Other Outpatient Services: Allowed Amount after Deductible	Office Visits: Allowed Amount after Deductible Other Outpatient Services: Allowed Amount after Deductible
<b>Pediatric Dental and Vision Benefits</b>	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, except as specifically provided in the Policy.
2. Behavioral problems. Developmental delay or disorder or intellectual disability. Learning disabilities.

This exclusion does not apply to benefits specifically provided in Mental Health Condition and Substance Use Disorder Treatment.

3. Cosmetic procedures, except reconstructive procedures to:
  - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
  - Treat or correct a functional defect caused by a Congenital Condition.
4. Custodial Care.
  - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, or places mainly for domiciliary or Custodial Care.
  - Extended care in treatment or Substance Use Disorder facilities for domiciliary or Custodial Care.
5. Dental treatment, except as described in Dental Treatment in the Policy.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
8. Foot care for the following:
  - Flat foot conditions.
  - Supportive devices for the foot.
  - Subluxations of the foot.
  - Fallen arches.
  - Weak feet.
  - Chronic foot strain.
  - Routine foot care including the care, cutting and removal of corns, calluses, toenails, except for the removal of nail roots, and bunions.

This exclusion does not apply to Medically Necessary open surgery of the foot or to preventive foot care for Insured Persons with diabetes.

9. 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.
  - Benefits specifically provided in the Policy.
10. Hirsutism. Alopecia.
  11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
  12. 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.

13. Lipectomy.

14. Participation in a riot or civil disorder. Loss to which a contributing cause was the Insured Person's commission of or attempt to commit a felony or engagement in an illegal occupation.

15. Prescription Drugs, services or supplies as follows:

- Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other nonmedical substances, regardless of intended use, except as specifically provided in the Policy.
- Immunization agents, except as specifically provided in the Policy.
- Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except for a drug for a treatment for which it has not been approved by the Food and Drug Administration if the drug is recognized as being medically appropriate for the specific treatment for which it has been prescribed in one of the following established reference compendia: (1) the American Hospital Formulary Service Drug Information; (2) the United States Pharmacopeia Drug Information; or it is recommended by a clinical study or review article in a major peer-reviewed professional journal. Any coverage of a drug shall also include Medically Necessary services associated with the administration of the drug.
- Products used for cosmetic purposes, except as specifically provided in the Policy.
- Drugs used to treat or cure baldness. Anabolic steroids used for body building.
- Anorectics - drugs used for the purpose of weight control.
- Sexual enhancement drugs, such as Viagra.
- Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

16. Reproductive services for the following:

- Procreative counseling.
- Genetic counseling and genetic testing.
- Cryopreservation of reproductive materials. Storage of reproductive materials.
- Premarital examinations.
- Impotence, organic or otherwise.
- Female sterilization procedures, except as specifically provided in the Policy.
- Vasectomy except as specifically provided in the Policy.
- Reversal of sterilization procedures.

This exclusion does not apply to benefits specifically provided for in Benefits for Infertility Treatment, Benefits for Fertility Preservation Services, or Benefits for Contraceptive Services and Devices.

17. 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.

18. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.

This exclusion does not apply as follows:

- When due to a covered Injury or disease process.
- To benefits specifically provided in Pediatric Vision Services.
- To one pair of eyeglasses or contact lenses for the initial replacement for the loss of a natural lens.

19. Services provided normally without charge.

20. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.

21. 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.
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 in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
25. War or any act of war, declared or undeclared, while the Insured Person:
  - Is serving in the armed forces of any country.
  - Is serving in any civilian non-combatant unit supporting or accompanying any armed forces of any country or international organization.
  - Is not serving in any armed forces if the Injury or Sickness occurs outside the 50 states of the United States of America, the District of Columbia, or Canada.A pro-rata premium contribution will be refunded upon request for such period not covered.
26. Weight management. Weight reduction. Nutrition programs, except for prescribed nutritional counseling for the management of a disease which has a specific diagnostic criteria that can be verified. Treatment for obesity (except morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in Benefits for Treatment of Inherited Metabolic Disease or as specifically provided in the Policy.

# Highlights of Services offered by UnitedHealthcare StudentResources

## Healthiest You: 24/7 Doctor Access

Starting on the effective date of your coverage under the student insurance plan, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service.\* By 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. You can learn more about this benefit and how to use it in My Account.

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.

\* Available to Insured students and their covered Dependents age restrictions may apply. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a service fee before being connected to a board-certified physician.

## HealthiestYou: Virtual Counselor Access

Starting on the effective date of your coverage under the student insurance plan, you have access to mental health providers through a national virtual counseling service.\* Psychiatrists, psychologists and licensed therapists are available to you through a variety of communication methods, including phone and video.

When you sign up, you'll complete a questionnaire, choose your provider and select a date and time for your appointment. Appointments are available 7 days a week. Visits are secure, discreet and confidential, and you have ongoing support with the same provider.

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

This Summary Brochure is based on Policy #2022-519-2.

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

\*Available to Insured students and their covered Dependent; age restrictions may apply, depending on your state.

## 24/7 Student Support

- Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include:
  - 24/7 Crisis Support – access to trained master's level specialists, 24/7/365, who provide in-the-moment support and consultation.
  - Financial and Legal Advice - financial services are provided by licensed CPA's and Certified Financial Planners who 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 - available to help resolve family-related disputes, including but not limited to separation, child custody, child support, divorce property and debt division, etc.
  - Living Well Portal – access to liveanworkwell.com where insureds can participate in personalized self-help programs and find information on many helpful resources.
  - Collegelife – direct access to experts on the Optum team and through referrals to a broad spectrum of pre-screened and qualified convenience resources.
  - Sanvello – access to an evidence-based mobile care solution created by clinical experts that allows insureds to access on-demand help for stress, anxiety, and depression.

Translation services are available in over 170 languages for most services. More information about these services is available by logging into My Account at [www.firststudent.com](http://www.firststudent.com) under Additional Benefits.

## ID Cards

Insured students will receive emailed instructions on how to create a **My Account** and access their electronic ID card. From the My Account at [www.firststudent.com](http://www.firststudent.com) website, ID cards can be downloaded, faxed, emailed or printed. Additionally, students can request delivery of an ID card through the U.S. mail from their **My Account**. Access to ID card information is also available on the UHCSR mobile app, available on the App Store or Google Play.

## Online Services

UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at [www.firststudent.com](http://www.firststudent.com). To create an online account, select the "create My Account Now" link and follow the simple, onscreen directions. All you need is your School ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and the App Store.

## 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](mailto: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.





**Marathi**

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे.  
त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

**Marshallese**

Kwomaroñ bōk jermal in jipañ in kajin ilo ejjelōk wōñāñ. Jouj im kallōk 1-866-260-2723.

**Micronesian- Pohnpeian**

Mie sawas en mahsen ong komwi, soh isepe. Melau eker 1-866-260-2723.

**Navajo**

Saad bee áka'e'eyeed bee áka'nída'wo'ígíí t'áá jíík'eh bee nich'í' bee ná'ahoot'i'. T'áá shqōdí kohjí' 1-866-260-2723 hodíilnih.

**Nepali**

भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया  
1-866-260-2723 मा कल गर्नुहोस्।

**Nilotic-Dinka**

Kāk ē kuny ajuer ē thok atō tinē yin abac tē cin wēu yeke thiēec. Yin cōl 1-866-260-2723.

**Norwegian**

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

**Pennsylvania Dutch**

Schprooch iwwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723.

**Persian-Farsi**

خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره  
1-866-260-2723 تماس بگیرید.

**Polish**

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

**Portuguese**

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

**Punjabi**

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਵਿਰਥਾ ਕਰਕੇ  
1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

**Romanian**

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

**Russian**

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

**Samoan- Fa'asamoa**

O loo maua fesoasoani mo gagana mo oe ma e lē togotogia.  
Faamolemole telefoni le 1-866-260-2723.

**Serbo- Croatian**

Možete besplatno koristiti usluge prevodioca. Molimo nazovite 1-866-260-2723.

**Somali**

Adeegyada taageerada luqadda oo bilaash ah ayaa la heli karaa.  
Fadlan wac 1-866-260-2723.

**Spanish**

Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

**Sudanic- Fulfulde**

E woodi walliinde dow wolde caahu ngam maada. Noodu 1-866-260-2723.

**Swahili**

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

**Syriac- Assyrian**

ܟܘܡܪܘܢ ܒܘܟ ܟܝܠܘܢ ܝܢ ܟܝܝܢ ܝܠܘ ܝܝܟܠܘܟ ܘܘܢܝܢܝܢ. ܝܘܟ ܝܡ ܟܠܠܘܟ 1-866-260-2723.

**Tagalog**

Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

**Telugu**

ఊంకీసర్వీస్ అనిస్టింట్ సర్వీసెస్ మీకు ఉచితంగా అందుబాటులో ఉన్నాయి.  
దయ చేసి 1-866-260-2723 కి కాల్ చేయండి.

**Thai**

มีบริการความช่วยเหลือด้านภาษาให้โดยที่คนไม่ต้องเสียค่าใช้จ่าย  
แต่อย่างไรใด โปรดโทรศัพท์ถึงหมายเลข  
1-866-260-2733

**Tongan- Fakatonga**

'Oku 'i ai pē 'a e sēvesi ki he lea' ke tokoni kiate koe pea 'oku  
'atā ia ma'au 'o 'ikai ha totongi. Kātaki 'o tā ki he  
1-866-260-2723.

**Trukese (Chuukese)**

En mei tongeni angei aninisin emon chon chiakku, ese kamo.  
Kose mochen kopwe kokkori 1-866-260-2723.

**Turkish**

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

**Ukrainian**

Послуги перекладу надаються вам безкоштовно. Дзвоніть за номером 1-866-260-2723.

**Urdu**

زبان کے حوالے سے معاونتی خدمات آپ کے لیے بلا معاوضہ دستیاب ہیں۔  
براہ مہربانی 1-866-260-2723 پر کال کریں۔

**Vietnamese**

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

**Yiddish**

שפראך הילף סערוויסעס זענען אוועילעבל פאר אייך פריי פון אפצאל. ביטע  
1-866-260-2723 רופט

**Yoruba**

Isẹ iranlọwọ èdè tí ó jẹ ọfẹ, wà fún ọ. Pe 1-866-260-2723.