



## 2025-2026 Student Health Insurance Plan for Principia College

### Who is eligible to enroll?

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All full-time Domestic students are required to have health insurance coverage that is accepted in the state of Illinois. All eligible Domestic students are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished.

The student (Named Insured, as defined in the 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.

### Medicare Eligibility

Any person who has Medicare at the time of enrollment in this student insurance plan is not eligible for coverage under the Master Policy.

If an Insured Person obtains Medicare after the Insured Person is covered under the Master Policy, the Insured Person's coverage will not end due to obtaining Medicare.

As used here, "has Medicare" means that an individual is entitled to benefits under Part A (receiving free Part A) or enrolled in Part B or Premium Part A.

### Where can I get more information about the benefits available?

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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 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 College and may be viewed at [www.uhcsr.com](http://www.uhcsr.com). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2025-1318-1. The Policy is a Non-Renewable One-Year Term Policy.

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

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If you have questions please contact Customer Service at 1-800-767-0700 or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com).

# Highlights of Coverage offered by UnitedHealthcare Student Resources

## Coverage Dates and Plan Cost

Rates	Annual] 8-10-2025 to 8-9-2026	Spring/Summer 1/15/2026 to 8/9/2026
Student	\$2,333.00	\$1,267.00

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

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 10 days for monthly premium payment Policies and 31 days for all other premium payment Policies after the coverage expiration date. It is the Insured Person's responsibility to make timely premium payments to avoid a lapse in coverage.

## Highlights of the Student Health Insurance Plan Benefits

### METALLIC LEVEL - GOLD WITH ACTUARIAL VALUE OF 85.680%

**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](#).

	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>	\$250 Per Insured Person, Per Policy Year	\$750 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>	\$8,700 Per Insured Person, Per Policy Year	There is no Out-of-Pocket Maximum for Out-of-Network benefits.
<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>	80% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <i>For insulin drugs, the total amount of Copayments or Coinsurance shall not exceed \$35 for an individual prescription of up to a 30-day supply. For a twin-pack of epinephrine injectors, regardless of the type of epinephrine injector, the total amount of Deductible, Copayments, and Coinsurance shall not exceed \$60.</i>	\$20 Copay for Tier 1 \$40 Copay for Tier 2 \$60 Copay for Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	Up to a 30-day supply per prescription 60% of billed charge not subject to Deductible

<b>Preventive Care Services</b> <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 <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	Allowed Amount after Deductible
<b>The following services have per service Copays</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician's Visits: \$25 not subject to Deductible	
<b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b>	Office Visits: \$25 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, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acne.
2. Acupuncture.
3. Biofeedback.
4. Cosmetic procedures, except as specifically provided in the Policy or 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 Congenital Conditions.
5. 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 use facilities for domiciliary or Custodial Care.
6. Dental treatment, except:
  - 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. 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 due to conditions associated with metabolic, neurologic, or peripheral vascular disease.
9. Health spa or similar facilities. Strengthening programs.
10. Hearing examinations. Hearing aids, except as specifically provided for in the Policy. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.

This exclusion does not apply to:

  - Hearing defects or hearing loss as a result of a Congenital Condition, infection, or Injury.
  - Benefits specifically provided in the Policy.
11. Hirsutism. Alopecia.
12. Hypnosis.
13. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
14. 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.
- 15. Investigational services.  
This exclusion does not apply to benefits specifically provided for an Approved Clinical Trial
- 16. Lipectomy.
- 17. Participation in a riot or civil disorder. Any loss to which a contributing cause was the Insured's commission of or attempt to commit a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.
- 18. Prescription Drugs, services or supplies as follows:
  - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
  - Immunization agents, except as specifically provided in the Policy.
  - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
  - Products used for cosmetic purposes.
  - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
  - Anorectics - drugs used for the purpose of weight control.
  - Fertility agents or sexual enhancement drugs.
  - Growth hormones, except when a Medical Necessity.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
- 19. Reproductive services for the following, except as specifically provided in the Policy:
  - Procreative counseling.
  - Genetic counseling and genetic testing.
  - Cryopreservation of reproductive materials and storage of reproductive materials, except as specifically provided in the Policy.
  - Premarital examinations.
  - Impotence, organic or otherwise.
  - Reversal of sterilization procedures.
- 20. 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.
- 21. 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.
- 22. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
- 23. Sleep disorders.
- 24. Speech therapy, except as specifically provided in the Policy. Naturopathic services.
- 25. Supplies, except as specifically provided in the Policy.
- 26. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
- 27. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
- 28. 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).
- 29. 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 the Policy.

## Important Terms

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**ALLOWED AMOUNT** means the maximum amount the Company is obligated to pay for Covered Medical Expenses. Allowed amounts are determined by the Company or determined as required by law, as described below.

**COINSURANCE** means the percentage of Covered Medical Expenses that the Company pays.

**COPAY/COPAYMENT** means a specified dollar amount that the Insured is required to pay for certain Covered Medical Expenses.

**COVERED MEDICAL EXPENSES** means health care services and supplies which are all of the following:

1. Provided for the purpose of preventing, evaluating, diagnosing or treating a Sickness or Injury.
2. Medically Necessary.
3. Specified as a covered medical expense in the Certificate under the Medical Expense Benefits or in the Schedule of Benefits.

4. Not in excess of the Allowed Amount or the Recognized Amount when applicable.
5. Not in excess of the maximum benefit payable per service as specified in the Schedule of Benefits.
6. Not excluded in the Certificate under the Exclusions and Limitations.
7. In excess of the amount stated as a Deductible, if any.

**DEDUCTIBLE** means an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made.

**HOSPITAL** means a licensed or properly accredited general hospital which is all of the following:

1. Open at all times.
2. Operated primarily and continuously for the treatment of and surgery for sick or injured persons as inpatients.
3. Under the supervision of a staff of one or more legally qualified Physicians available at all times.
4. Continuously provides on the premises 24 hour nursing service by Registered Nurses.
5. Provides organized facilities for diagnosis and major surgery on the premises or in facilities available to the Hospital on a pre-arranged basis.
6. Not primarily a clinic, nursing, rest or convalescent home.

The requirement for major surgery facilities does not apply to treatment or services for rehabilitation or mental illness rendered in a hospital.

For the purpose of Mental Illness or Substance Use Disorder treatment, the surgery requirement does not apply.

**MEDICAL EMERGENCY/EMERGENCY MEDICAL CONDITION** means a medical condition (including Mental Illness and Substance Use Disorder) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention, regardless of the final diagnosis given would result in any of the following:

1. Placement of the Insured's health in jeopardy.
2. Serious impairment of bodily functions.
3. Serious dysfunction of any body organ or part.
4. Inadequately controlled pain.
5. In the case of a pregnant woman, serious jeopardy to the health of the woman or unborn child.
6. With respect to a pregnant woman who is having contractions: (a) inadequate time to complete a safe transfer to another Hospital before delivery; or (b) a transfer to another Hospital may pose a threat to the health or safety of the woman or unborn child.

Expenses incurred for Medical Emergency/Emergency Medical Condition will be paid only for Sickness or Injury which fulfills the above conditions.

**MEDICAL NECESSITY/MEDICALLY NECESSARY** means those services or supplies provided or prescribed by a Hospital or Physician which are all of the following:

1. Essential for the symptoms and diagnosis or treatment of the Sickness or Injury.
2. Provided for the diagnosis, or the direct care and treatment of the Sickness or Injury.
3. In accordance with Generally Accepted Standards of Medical Practice.
4. Not primarily for the convenience of the Insured, or the Insured's Physician.
5. The most clinically appropriate supply, frequency, duration, or level of service which can safely be provided to the Insured.

The Medical Necessity of being confined as an Inpatient means that both:

1. The Insured requires acute care as a bed patient.
2. The Insured cannot receive safe and adequate care as an outpatient.

The Policy only provides payment for services, procedures and supplies which are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Inpatient confinement.

**OUT-OF-NETWORK PROVIDER** means a provider who does not have a contract with the Company to provide services to Insured Persons.

**OUT-OF-POCKET MAXIMUM** means the amount of Covered Medical Expenses that must be paid by the Insured Person before Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year.



**PREFERRED PROVIDER** means a provider that has a participation agreement in effect (either directly or indirectly) with the Company or Our affiliates to participate in Our preferred provider network.

## UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

Domestic Students: 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 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 Student Resources

### 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 Student Resources, 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; 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

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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 Student Resources, there is no consultation fee for this service. Every communication with a provider is covered 100% during your policy period.

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

## 24/7 StudentAssist

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Insureds have immediate access to StudentAssist, 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 Counseling - two 30 minute telephonic consultations with money coaches who offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by licensed state-specific attorneys. One 30 minute telephonic or face-to-face legal consultation per issue per year at no cost.
- Mediation services – one 30 minute telephonic or face-to-face consultation per issue per year 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 [liveandworkwell.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.
- Calm Premium Access – designed to assist in managing stress, improve sleep, and enhance presence in daily life.

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.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount) under Additional Benefits.

This Summary Brochure is based on Policy #2025-1318-1.

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. The Policy should be consulted to determine the governing contractual provisions.

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.

# Notice of Non-Discrimination

We<sup>1</sup> comply with the applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans (TTY 711).

Civil Right Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

If you need help with your complaint, please call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans. (TTY 711).

You can also file a complaint with the U.S. Dept. of Health and Human Services, Office for Civil Rights:

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

**Phone:** Toll-free **1-800-368-1019**, **1-800-537-7697** (TDD)

**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at: <https://www.uhc.com/content/dam/uhcdotcom/en/npp/NDN-LA-UHC-StudentResources-EN.pdf>

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<sup>1</sup>For purposes of the Language Assistance Services and this Non-Discrimination Notice ("Notice"), "We" refers to the following entities: Dental Benefit Providers, Inc.; Health Allies, Inc.; Spectera, Inc.; UMR, Inc.; United Behavioral Health,; United Behavioral Health of New York, I.P.A.; UnitedHealthcare Insurance Company; and UnitedHealthcare Insurance Company of New York. Please note that not all entities listed are covered by this Notice.



**NOTICE-OF-AVAILABILITY-OF-LANGUAGE-ASSISTANCE-SERVICES-AND-ALTERNATE-FORMATS¶**

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**ATTENTION:** You can get an interpreter to talk to your doctor at the time of your appointment or with us. If you speak English, free language assistance services and free communications in other formats, such as large print, are available to you. Call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans, or call the toll-free phone number listed on your ID card. (TTY: 711). ¶

**ጥንቅቅ፡-** በቀጠሮው ጊዜ ወይም ከእኛ ጋር ሲሆኑ ከሐኪምዎ ጋር በመነጋገር አስተርጓሚ ማግኘት ይችላሉ። **አማርኛ (Amharic)** የሚናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች እና ነፃ ግንኙነቶች እንደ ትልቅ ህትመት ባሉ ሌሎች ቅርጾች ለእርስዎ ይገኛሉ። ለህክምና ፅቅዶች ወደ **1-866-260-2723**፣ ለእይታ ፅቅዶች ወደ **1-800-638-3120**፣ ለጥርስ ፅቅዶች ወደ **1-877-816-3596** ይደውሉ ወይም በአባል መታወቂያ ካርድዎ ላይ ወደተዘረዘረው ነፃ የሰልክ ቁጥር ይደውሉ። (TTY: 711)። ¶

**يرجى الانتباه:** يمكنك الحصول على مترجم فوري لمساعدتك في التحدث مع طبيبك خلال الموعد أو معنا. إذا كنت تتحدث اللغة العربية، ستوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتفسيرات أخرى، مثل الطباعة بأحرف كبيرة. اتصل على ..... **1-866-260-2723** للحصول على مترجم فوري للمساعدة اللغوية المجانية والمراسلات المجانية بتفسيرات أخرى، مثل الطباعة بأحرف كبيرة. اتصل على ..... **1-800-638-3120** للحصول على مترجم فوري للمساعدة اللغوية المجانية والمراسلات المجانية بتفسيرات أخرى، مثل الطباعة بأحرف كبيرة. اتصل على ..... **1-877-816-3596** للحصول على مترجم فوري للمساعدة اللغوية المجانية والمراسلات المجانية بتفسيرات أخرى، مثل الطباعة بأحرف كبيرة. اتصل على ..... (TTY: 711). ¶

**মনোযোগ দিয়ে শুনুন:** আপনার অ্যাপয়েন্টমেন্টের সময় আপনার ডাক্তারের সাথে কথা বলার জন্য বা আমাদের সাথে কথা বলার জন্য আপনি একজন দোভাষী পেতে পারেন। আপনি যদি বাংলা (Bengali) এ কথা বলেন, তাহলে বিনামূল্যের ভাষা সহায়তা পরিষেবা এবং অন্যান্য বিনামূল্যের বিভিন্ন যোগাযোগ পদ্ধতি, যেমন বড় মুদ্রণ, আপনার জন্য উপলব্ধ থাকবে। মেডিকেল প্ল্যানের জন্য কল করুন **1-866-260-2723** নথরে, ভিশন প্ল্যানের জন্য কল করুন **1-800-638-3120** নথরে, ডেন্টাল প্ল্যানের জন্য কল করুন **1-877-816-3596** নথরে, অথবা আপনার সদস্য আইডি কার্ডে টোল-ফ্রি ফোন নথরে কল করুন। (TTY: 711) ¶

**ចំណាំ៖** អ្នកអាចស្នើសុំអ្នកបកប្រែដើម្បីទំនាក់ទំនងជាមួយគ្រូពេទ្យរបស់អ្នកនៅពេល ណា ក៏ ច្បាប់ ឬនិយាយជាមួយយើងខ្ញុំ។ បើសិនអ្នកនិយាយជា **សាខាខ្មែរ (Cambodian-Mon-Khmer)** មាន សេវា ជំនួយ ភាសា ដោយឥតគិតថ្លៃ ការទំនាក់ទំនងដោយឥតគិតថ្លៃ ក្នុងទម្រង់ផ្សេងទៀត ដូចជា អក្សរធំ មានសម្រាប់អ្នក សូមហៅទូរសព្ទទៅ **1-866-260-2723** សម្រាប់ការប្រាប់ដឹងស្តីពី **1-800-638-3120** សម្រាប់ការប្រាប់ដឹងទៅក្រុម **1-877-816-3596** សម្រាប់ការប្រាប់ដឹងទៅក្រុម ឬហៅទូរសព្ទទៅលេខទូរសព្ទដោយមិនគិតថ្លៃ ដែលបានចុះក្នុងបញ្ជីសមាជិក របស់ អ្នក។ (TTY ៖ 711) ¶

**ATENSHUN:** Kunka-me-liye-ayu-yo-interpretate-para-ughul-maghal-na-dokto-ya-eppunghi-me-guahu. Gare-kapetal-Faluwasch-(Carolinian), ye-toore-paliuwal-kapetal-Faluwasch-lane-bwe-me-sew-format, ta-tipel-lane, bwe-bwale-tepangiyom. Kali **1-866-260-2723** para-ughul-Lalap-ni-ughul-tipiye, **1-800-638-3120** para-ughul-Lalap-ni-tipiye-nu-mata, **1-877-816-3596** para-ughul-Lalap-ni-tipiye-nu-apapa, o-kali-ewe-kali-rerekkepal-ni-Nuumur-ni-telepon-yeeg-listed-me-ni-Kaaret-ni-meybur-ID-mu. (TTY: 711). ¶

**ATENSYON:** Siña-hao-humosga-un-intérprete-para-kumuentos-yan-i-doktermu-gi-ora-di-i-konsulta-mu-pat-yan-hame. Yanggen-fifino'-hao-**CHamoru (Chamorro)**, guaha-setbisio-siha-para-hågu-ni'-mandibåt'di, i-setbision-fino'-pat-lengguåhi-yan-fina'uma'espiha-gi-otro-na-manera-siha, taiguihi-i-para-mana'dångkolo-i-inempressa. Kålle-**1-866-260-2723** para-Planån-Mediku, **1-800-638-3120** para-Planån-Visión, **1-877-816-3596** para-Planån-Dental, pat-kålle-i-númeru-gratut-na-teleponu-na-esta-på'go-gi-kåtta-ID-para-miembro-mu. (TTY: 711). ¶

請注意：您可以獲得一位口譯員，在您看診時與您的醫生溝通或平常與我們溝通。如果您說**中文 (Chinese)**，我們可為您提供免費的語言協助服務與其他溝通格式，例如大字版文件。醫療計劃請致電**1-866-260-2723**，視力計劃請致電**1-800-638-3120**，牙科計劃請致電**1-877-816-3596**，或撥打您會員卡上所列的免付費電話號碼。(TTY：711)。¶

**توجه:** شما می‌توانید یک مترجم برای صحبت با پزشک خود در زمان ویزیت یا برای گفتگو با ما، درخواست کنید. اگر **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و خدمات رایگان ارتباطی در سایر قالب‌ها، مانند چاپ با حروف درشت، در دسترس شما هستند. برای برنامه‌های پزشکی با شماره **1-866-260-2723** و برای طرح چشم پزشکی با شماره **1-800-638-3120** و برای طرح دندانپزشکی با شماره **1-877-816-3596**، یا با **1-866-260-2723** (TTY: 711). اگر به کمک بیشتری نیاز دارید، با خط تلفن رایگان سازمان ¶

**ATTENTION:** Vous pouvez demander à un(e) interprète de parler à votre médecin au moment de votre rendez-vous ou avec nous. Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le **1-866-260-2723** pour les régimes médicaux, le **1-800-638-3120** pour les régimes de soins de la vue, le **1-877-816-3596** pour les régimes de soins dentaires, ou appelez le numéro de téléphone gratuit indiqué sur votre carte de membre. (TTY: 711). ¶

**ACHTUNG:** Sie können für Gespräche mit Ihrem Arzt bei Ihrem Termin oder mit uns einen Dolmetscher anfordern. Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie **1-866-260-2723** für Krankenversicherungen, **1-800-638-3120** für Augenversicherungen, **1-877-816-3596** für Zahnversicherungen oder die gebührenfreie Telefonnummer auf Ihrer Mitgliedskarte an. (TTY: 711). ¶

**ΠΡΟΣΟΧΗ:** Μπορείτε να πάρετε έναν διερμηνέα για να μιλήσετε με το γιατρό σας στο ραντεβού σας ή για να μιλήσετε μαζί μας. Εάν μιλάτε **Ελληνικά (Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε στο **1-866-260-2723** για ιατρικά προγράμματα, στο **1-800-638-3120** για οφθαλμολογικά προγράμματα, στο **1-877-816-3596** για οδοντιατρικά προγράμματα ή καλέστε τον αριθμό τηλεφώνου χωρίς χρέωση που αναγράφεται στην κάρτα μέλους σας. (TTY: 711). ¶

ધ્યાન આપો. તમે તમારી મુલાકાત સમયે અથવા અમારી સાથે તમારા ડોક્ટર સાથે વાત કરવા માટે દુભાષિયા મેળવી શકો છો. જો તમે ગુજરાતી (Gujarati), બોલો છો, તો મફત ભાષા સહાયતા સેવાઓ અને અન્ય ફોર્મેટમાં મફત સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. મેડિકલ પ્લાન માટે **1-866-260-2723**, વિઝન પ્લાન માટે **1-800-638-3120**, ડેન્ટલ પ્લાન માટે **1-877-816-3596** પર કોલ કરો અથવા તમારા સભ્ય આઈડી કાર્ડ પર સુચિબદ્ધ ટોલ-ફ્રી ફોન નંબર પર કોલ કરો. (TTY: 711). ¶

**ATANSYON:** Ou ka jwenn yon entèprèt pou pale ak doktè ou a nan moman randevou w la oswa avèk nou. Si w pale **Kreyòl Ayisyen (Haitian-Creole)**, sèvis asistans lang gratis ak kominikasyon gratis nan lòt fòm, tankou gwo lèt, disponib pou ou. Rele **1-866-260-2723** pou Plan Medikal, **1-800-638-3120** pou Plan Vizyon, **1-877-816-3596** pou Plan Dantè, oswa rele nimewo telefòn gratis ki endike sou kat ID manm ou a. (TTY: 711). ¶

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ध्यान दें: आप अपनी अपॉइंटमेंट के समय या हमारे साथ अपने डॉक्टर से बात करने के लिए एक दुभाषिया प्राप्त कर सकते हैं। यदि आप हिन्दी (Hindi) बोलते हैं, तो मुफ्त भाषा सहायता सेवाएँ और बड़े प्रिंट जैसे अन्य प्रारूपों में मुफ्त संचार सेवा आपके लिए उपलब्ध हैं। मेडिकल प्लान के लिए 1-866-260-2723 पर कॉल करें, विजन प्लान के लिए 1-800-638-3120 पर, डेंटल प्लान के लिए 1-877-816-3596 पर कॉल करें, या अपने सदस्य आईडी कार्ड पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें। (TTY: 711)¶

**CEEBOOM:** Koj-tuaj-yeem-tau-txais-ib-tug-neeg-txhais-lus-tham-nrog-koj-tus-kws-kho-mob-thaum-lub-sijhawm-kev-teem-caij-los-sis-thaum-tham-nrog-peb. Yog-tias-koj-hais **Lus-Hmoob (Hmong)**, yuav-muaj-cov-kev-pab-cuam-txhais-lus-pub-dawb-thiab-kev-sib-txuas-lus-ua-lwm-hom-gauv, xws-li-luam-ua-tus-ntawv-loj-rau-koj. Hu-rau-1-866-260-2723-rau-Cov-Phiaj-Xwm-Kho-Mob, 1-800-638-3120-rau-Cov-Phiaj-Xwm-Kho-Qhov-Muag, 1-877-816-3596-rau-Cov-Phiaj-Xwm-Kho-Hniav, los-yog-hu-rau-tus-xov-tooju-hu-dawb-uas-teev-rau-hauv-koj-daim-npav-ID. (TTY: 711).¶

**ATENSIÓN:** Makaalaka-iti-interpreter-a-makisarita-kadakami-wenno-iti-doktormo-iti-oras-ti-appointment-mo. No-makasaoka-iti-**Ilocano (Ilocano)**, makaalaka-iti-libre-a-tulong-iti-lengguahe-ken-libre-a-pannakikomunikar-iti-sabali-a-format, kas-iti-dadakkel-a-letra. Tawagam-ti-1-866-260-2723-para-kadagiti-Plan-a-Medikal, 1-800-638-3120-para-kadagiti-Plan-para-iti-Panagkita, 1-877-816-3596-para-kadagiti-Plan-para-iti-Ngipen, wenno-tawagam-ti-libre-a-numero-ti-telepono-a-nailista-iti-ID-card-mo-kas-miembro. (TTY: 711).¶

**ATTENZIONE:** il-giorno-del-Suo-appuntamento, può-richiedere-i-servizi-di-un-interprete-per-parlare-con-il-Suo-medico-o-con-noi. Se-parla-**italiano (Italian)**, sono-disponibili-gratuitamente-servizi-di-assistenza-linguistica-e-comunicazioni-in-altri-formati, come-la-stampa-a-caratteri-grandi. Chiami-il-numero-1-866-260-2723-per-i-piani-sanitari, il-numero-1-800-638-3120-per-i-piani-oculistici-e-il-numero-1-877-816-3596-per-i-piani-dentistici, oppure-chiami-il-numero-verde-riportato-sul-Suo-tesserino-identificativo. (TTY: 711).¶

ご注意：ご予約にお越しの際またはご来院の際、医師とお話になるための通訳者を手配することが可能です。あなたが**日本語 (Japanese)**をお話になる場合、無料の言語支援サービスおよび大きい活字など他の形式による無料のコミュニケーションをご利用になれます。医療プランについては**1-866-260-2723**、眼科プランについては**1-800-638-3120**、歯科プランについては**1-877-816-3596**までお電話いただくか、メンバーIDカードに記載の通話料無料の番号までお電話ください。(TTY: 711)。¶

주의: 진료 시 의사와 상담하거나 저희와의 소통을 위해 통역사 서비스를 받으실 수 있습니다. 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 큰 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 의료 플랜의 경우 **1-866-260-2723**, 안과 플랜의 경우 **1-800-638-3120**, 치과 플랜의 경우 **1-877-816-3596** 번으로 전화하거나 귀하의 회원 ID 카드에 기재된 무료 전화번호로 전화하십시오. (TTY: 711).¶

**ໝາຍເຫດ:** ທ່ານສາມາດຂໍນາຍແປພາສາເພື່ອເວົ້າກັບທ່ານໝໍໃນເວລາທີ່ທ່ານນັດໝາຍ ຫຼື ກັບພວກເຮົາໄດ້. ຖ້າວ່າທ່ານເວົ້າ **ພາສາລາວ (Lao)**, ການບໍລິການຊ່ວຍເຫຼືອດ້ານ ພາສາ ແລະ ການສື່ສານພຣີໃນຮູບແບບອື່ນໆ, ເຊັ່ນ: ການພິມຂະໜາດໃຫຍ່, ແມ່ນມີໃຫ້ທ່ານ. ໂທ-1-866-260-2723 ສໍາລັບແຜນການທາງການແພດ, 1-800-638-3120 ສໍາລັບແຜນການທາງສາຍຕາ, 1-877-816-3596 ສໍາລັບແຜນການທາງແຂ້ວ, ຫຼື ໂທຫາເບີໂທພຣີທີ່ຈະບໍ່ໄວ້ໃນບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ. (TTY: 711).¶

**SHOOH:**·Nánihoot'·áani·góne'·ne'·azee'·íí'·íní·bich'·j'·'yáníiti'·doodago·nihí·nihich'·j'·'yáníiti'·go·ata'·  
 halne'·í·ta'·naayílt'·eehgo·bíghah.·**Diné (Navajo)**·bizaad·bee·yáníiti'to,·t'·áá·jiik'·eh·saad·bee·  
 áka'·e'·eyeed·bee·áka'·anída'·ow'·í·dóó·t'·áá·jiik'·eh·nááná·tahgo·át'·éego·bee·hada'·dilyaaígíí·bee·ahit·  
 hane',·díí·nitsaago·bik'·e'·ashchíní,·ná·dahólq.·Ats'·íis·Nánél'·j'·Bee·Hada'·dít'·éhi·biniiyé·kohji'·**1-866-260-2723**·hodíilnih,·Anáá'·Bee·Hoot'·íní·Bee·Hada'·dít'·éhi·biniiyé·kohji'·  
**1-800-638-3120**·hodíilnih,·Awoo'·Bee·Hada'·dít'·éhi·biniiyé·kóhji'·**1-877-816-3596**·hodíilnih,·doodago·  
 bee·nit·ha'·dít'·éhi·ninaaltsoos·niti'·izí·bee·nééhóziní·ID·baqah·t'·áá·jiik'·eh·námbóo·bee·dahane'·í·  
 biká'·ígíí·bee·hodíilnih.·(TTY:·711).·¶

**ध्यान दिनुहोस्:** तपाईंले आफ्नो अपोइन्टमेन्टको समयमा वा हामीसँग आफ्नो डाक्टरसँग कुरा गर्न दोभाषे लिन सक्नुहुन्छ। तपाईं **नेपाली (Nepali)** बोलुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र ठूलो अक्षर जस्ता अन्य ढाँचाहरूमा निःशुल्क सञ्चार सेवाहरू तपाईंको लागि उपलब्ध छन्। चिकित्सा योजनाहरूको लागि **1-866-260-2723** भिजन योजनाहरूको लागि **1-800-638-3120** दन्त योजनाहरूको लागि **1-877-816-3596** मा कल गर्नुहोस् वा तपाईंको सदस्य परिचयपत्रमा सूचीबद्ध टोल-फ्री फोन नम्बरमा कल गर्नुहोस्। (TTY: 711)¶

**WICHDICH:**·Du·darfscht·en·Interpreter·griege·fer·schwetze·mit·dei·Dokter·an·dei·Appointment·odder·mit·uns.·  
 Wann·du·**Deutsch (Pennsylvania Dutch)**·schwetscht·un·brauchscht·Hilf·fer·communicat·e,·kenne·mer·dich·helfe·  
 unni·as·es·dich·ennich·eppes·koschde·zellt.·Mir·kenne·differnti·Sadde·Schprooch·Hilf·beigriege·aa·fer·nix.·Call·  
**1-866-260-2723**·fer·Plans·as·zu·duh·hen·mit·Dokteres,·**1-800-638-3120**·fer·Plans·as·zu·duh·hen·mit·Sehne,·**1-877-816-3596**·fer·Plans·as·zu·duh·hen·mit·Zaeh,·odder·call·die·Toll-Free·Phone·Number·as·uff·dei·ID·Card·is.·(TTY:·711).·¶

**UWAGA:**·Możesz·poprosić·tłumacza·o·pomoc·w·rozmowie·z·lekarzem·w·czasie·wizyty·lub·z·nami.·  
 Osoby·mówiące·w·języku·**polskim (Polish)**,·mają·dostęp·do·bezpłatnej·usługi·pomocy·językowej·i·  
 bezpłatnej·komunikacji·w·innych·formatach,·takich·jak·duży·druk.·Zadzwoń·pod·numer·**1-866-260-2723**·w·celu·uzyskania·informacji·o·planach·medycznych,·**1-800-638-3120**·o·planach·okulistycznych,·  
**1-877-816-3596**·o·planach·stomatologicznych·lub·zadzwoń·pod·bezpłatny·numer·telefonu·podany·  
 na·karcie·członkowskiej.·(TTY:·711).·¶

**ATENÇÃO:**·Você·pode·ter·um·intérprete·para·falar·com·o·médico·no·momento·da·consulta·ou·conosco.·Se·você·  
 fala·**português (Portuguese)**,·há·serviços·gratuitos·de·assistência·linguística·e·comunicações·gratuitas·em·outros·  
 formatos,·como·letras·grandes,·disponíveis·para·você.·Ligue·para·**1-866-260-2723**·para·planos·médicos,·**1-800-638-3120**·para·planos·oftalmológicos,·**1-877-816-3596**·para·planos·odontológicos·ou·ligue·para·o·número·de·  
 telefone·gratuito·listado·no·seu·cartão·de·ID·de·membro.·(TTY:·711).·¶

**ਧਿਆਨ ਦਿਓ:** ਤੁਸੀਂ ਆਪਣੀ ਅਪਾਇੰਟਮੈਂਟ ਦੇ ਸਮੇਂ ਆਪਣੇ ਡਾਕਟਰ ਨਾਲ ਜਾਂ ਸਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਜੇਕਰ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਮੈਡੀਕਲ ਯੋਜਨਾਵਾਂ ਲਈ **1-866-260-2723**, ਵਿਜ਼ਨ ਯੋਜਨਾਵਾਂ ਲਈ **1-800-638-3120**, ਡੈਂਟਲ ਯੋਜਨਾਵਾਂ ਲਈ **1-877-816-3596** 'ਤੇ ਕਾਲ ਕਰੋ, ਜਾਂ ਆਪਣੇ ਮੈਂਬਰ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਟੋਲ-ਫ੍ਰੀ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (TTY: 711)¶

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**ВНИМАНИЕ!** Вы можете воспользоваться услугами устного переводчика для общения с вашим врачом во время приема или через наши услуги. Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Позвоните по телефону **1-866-260-2723** для медицинских планов, **1-800-638-3120** для планов по охране зрения, **1-877-816-3596** для планов по стоматологическим услугам или на линию для бесплатного звонка, указанную на вашей идентификационной карточке участника. (Линия TTY: 711). ¶

**FA'AALIGA:** Afai e te tautala i le **Faa-Samoa (Samoan)**, o lo'o avanoa mo oe'au'aunaga fesoasoani tau gagana e leai se totogi ma feso'ota'iga e leai se totogi i isi faiga, e pei o lomiga e lapopo'a mata'itusi. Vala'au **1-866-260-2723** mo Fuafuaga Fa'afoma'i, **1-800-638-3120** mo Fuafuaga Va'ai, **1-877-816-3596** mo Fuafuaga Nifo, pe'vala'au le numera telefoni e leai se totogi o lo'o lisiina i luga o lau pepa ID tagata. (TTY: 711). ¶

**FIIRO-GAAR-AH:** Waxaad heli kartaa turjumaan si aad ula hadasho dhakhtarkaaga wakhtiga ballanta ama annaga. Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Wac **1-866-260-2723** wixii ah Qorshayaasha Caafimaadka, **1-800-638-3120** Qorshooyinka Aragtida, **1-877-816-3596** wixii ah Qorshooyinka Ilkaha, ama wac lambarka telefoonka bilaashka ah ee ku qoran kaarka aqoonsiga xubinta. (TTY: 711). ¶

**ATENCIÓN:** Puede conseguir un intérprete para hablar con nosotros o con su médico durante su cita. Si usted habla **español (Spanish)**, tiene a su disposición servicios gratuitos de asistencia en otros idiomas y comunicaciones gratuitas en otros formatos, como letra grande. Llame al **1-866-260-2723** para los planes médicos, al **1-800-638-3120** para los planes de la vista y al **1-877-816-3596** para los planes dentales, o llame al número de teléfono gratuito que aparece en su tarjeta de identificación de membresía. (TTY: 711). ¶

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**PAUNAWA:** Maaari kang makakuha ng interpreter upang makausap ang iyong doktor sa panahon ng iyong appointment o sa pakikipag-usap sa amin. Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tumawag sa **1-866-260-2723** para sa Mga Planong Medikal, **1-800-638-3120** para sa Mga Plano para sa Paningin, **1-877-816-3596** para sa Mga Plano para sa Ngipin, o tumawag nang libre sa numero ng telepono na nakalista sa iyong ID card ng miyembro. (TTY: 711). ¶

หมายเหตุ: คุณสามารถขอคำปรึกษาพูดคุยกับแพทย์ของคุณได้ในเวลาที่คุณนัดหมายหรือกับเรา หากคุณพูดภาษาไทย (Thai)

เรายินดีให้บริการช่วยเหลือด้านภาษาและการสื่อสารในรูปแบบอื่นๆ เช่น การพิมพ์ด้วยตัวอักษรขนาดใหญ่โดยไม่คิดค่าใช้จ่าย โทร **1-866-260-2723**

สำหรับการวางแผนทางการแพทย์ **1-800-638-3120** สำหรับการวางแผนด้านอื่นๆ **1-877-816-3596** สำหรับการวางแผนด้านทันตกรรม

หรือโทรไปยังหมายเลขโทรศัพท์ที่เราจะให้ในบัตรประจำตัวสมาชิกของคุณ (TTY: 711). ¶

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**ЗВЕРНІТЬ УВАГУ!** Під час прийому у лікаря або розмови з нами ви маєте змогу скористатися послугами усного перекладача. Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як-от набрані великим шрифтом. Телефонуйте на номер **1-866-260-2723** щодо планів медичного страхування, на номер **1-800-638-3120**, щоб дізнатися докладніше про плани страхового покриття офтальмологічних послуг, на номер **1-877-816-3596**, щоб дізнатися докладніше про плани страхового покриття стоматологічних послуг, або телефонуйте на номер безкоштовної телефонної лінії, зазначений на вашій ідентифікаційній картці учасника. (лінія ТТУ: 711). ¶

**توجہ فرمائیں:** آپ اپنی ملاقات کے وقت یا ہمارے ساتھ اپنے ڈاکٹر سے بات کرنے کے لیے مترجم حاصل کر سکتے ہیں۔ اگر آپ اردو (Urdu) بولتے ہیں، تو مفت لسانی معاونتی خدمات اور دیگر ضروریات مثلاً بڑے پرنٹ میں مفت مواصلات آپ کے لیے دستیاب ہیں۔ میڈیکل پلانز کے لیے **1-866-260-2723** پر، ویزن پلانز کے لیے **1-800-638-3120**، ڈیٹیل پلانز کے لیے **1-877-816-3596** پر کال کریں، یا۔ ¶ (TTY: 711)۔<sup>1</sup>

**LƯU Ý:** Quý vị có thể có một thông dịch viên miễn phí để nói chuyện với bác sĩ trong buổi hẹn khám của mình hoặc nói chuyện với chúng tôi. Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Hãy gọi **1-866-260-2723** cho các Chương trình Y tế, **1-800-638-3120** cho các Chương trình Nhãn khoa, **1-877-816-3596** cho các Chương trình Nha khoa, hoặc gọi số điện thoại miễn phí được ghi trên thẻ ID hội viên của quý vị. (TTY: 711). ¶

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