Who is eligible to enroll?

All registered International Undergraduate students taking credit hours are automatically enrolled in this insurance plan on a mandatory basis. All registered Graduate students and Domestic Undergraduate students taking 12 or more credit hours are automatically enrolled in this insurance plan on a hard-waiver basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse and dependent children under 26 years of age.

The student (Named Insured, as defined in this Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. 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.

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

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

Dependent eligibility expires concurrently with that of the Named Insured.

How do I enroll?

All F1 and J1 Visa status international undergraduate students are required to be enrolled in the Butler University sponsored Student Injury & Sickness Insurance Plan regardless of the number of credit hours taken.

All full-time degree-seeking Graduate students and Domestic undergraduate students enrolled in 12 or more credits at Butler University are automatically enrolled and billed for the Student Injury and Sickness Plan. Students who are currently enrolled in a health insurance plan of comparable coverage can elect to waive the Student Injury and Sickness Plan. Full-time undergraduate students will be asked annually to provide proof of comparable coverage in order to waive the Student Injury and Sickness Plan.

Online Enrollment / Waiver Process

To document proof of comparable coverage or enroll in the Student Health Insurance Plan an online waiver or enrollment form must be completed and submitted by established deadlines.
Instructions on how to access the online waiver system can be located at http://legacy.butler.edu/health-services/student-health-insurance/

**The online process is the only accepted process for enrolling or waiving coverage.** Butler University reserves the right to audit and subsequently reject a waiver request. If it is determined that a student waived coverage with a health insurance plan that was not comparable coverage, the student will be automatically enrolled in the Student Injury and Sickness Plan, effective the date that the determination was made and there will be no prorata of premium. In the event students waive the Student Injury and Sickness Plan and then lose current coverage due to a qualifying event, (i.e. parent loss of coverage or the maximum age limit available is attained), students have the right to petition to add coverage within 31 days of the qualifying event. If the petition is received within 31 days of the qualifying event, there will be no break in coverage. For petitions received after the 31 days, the effective date of coverage will be the date that the petition is received. If approved, the premium will not be prorated.

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

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the Butler University and may be viewed at www.uhcsr.com. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2019-267-1. 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 1-800-767-0700 or customerservice@uhcsr.com. Instructions on how to access the online waiver system can be located at http://legacy.butler.edu/health-services/student-health-insurance/.

**Highlights of Coverage offered by UnitedHealthcare StudentResources**

**Coverage Dates and Plan Cost**

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-15-19 to 8-14-20</th>
<th>Fall 8-15-19 to 12-31-19</th>
<th>Spring/Summer 1-1-20 to 8-14-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,156.00</td>
<td>$797.50</td>
<td>$1,335.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,156.00</td>
<td>$797.50</td>
<td>$1,335.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,156.00</td>
<td>$797.50</td>
<td>$1,335.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$4,312.00</td>
<td>$1,595.00</td>
<td>$2,360.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$6,468.00</td>
<td>$2,392.50</td>
<td>$4,005.00</td>
</tr>
</tbody>
</table>

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 14 days after the coverage expiration date. It is the Insured Person’s responsibility to make timely premium payments to avoid a lapse in coverage.

**Important dates or deadlines**

Online waivers must be submitted by August 1, 2019 to avoid the charge being placed on the August Butler University E-Bill.

**Other Coverage**

Also available for Butler University students is a UnitedHealthcare Insurance Company fully insured Dental plan. To enroll go to www.uhcsr.com.

**Butler University Health Services (BUHS) Referral Required**

**STUDENTS ONLY**

**OUTPATIENT SERVICES ONLY**

The student must use the services of the Butler University Health Services first where outpatient treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the BUHS for which no prior
approval or referral is obtained are excluded from coverage. A referral issued by the BUHS must accompany the claim when submitted. Only one referral is required for each Injury or Sickness per Policy Year.

A BUHS referral for outside care is not necessary only under any of the following conditions:

1. Medical Emergency. The student must return to BUHS for necessary follow-up care.
2. When the Butler University Health Services is closed.
3. When service is rendered at another facility during break or vacation periods.
4. Medical care received when the student is more than 50 miles from campus.
5. Medical care obtained when a student is no longer able to use the BUHS due to a change in student status.
6. Maternity, obstetrical and gynecological care.

Dependents are not eligible to use the BUHS and therefore are exempt from the above limitations and requirements.

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

<table>
<thead>
<tr>
<th>METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 86.960%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Providers</strong>: The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: <a href="#">UHC Options PPO</a></td>
</tr>
<tr>
<td><strong>Butler University Health Services Benefits</strong>: The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred of billed charges when treatment is rendered at Butler University Health Services. Policy Exclusions and Limitations do not apply</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$500 per Insured Person, per Policy Year</td>
<td>$1,000 per Insured Person, per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$3,500 Per Insured Person, Per Policy Year</td>
<td>$7,000 For all Insureds in a Family, Per Policy Year</td>
<td></td>
</tr>
<tr>
<td>There is no Out-of-Pocket Maximum for Out-of-Network benefits.</td>
<td></td>
<td></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. |
| 80% of Preferred Allowance for Covered Medical Expenses | 60% of Usual and Customary Charges for Covered Medical Expenses |

| **Prescription Drugs** |
| Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply. |
| $20 Copay for Tier 1 | $40 Copay for Tier 2 |
| $100 Copay for Tier 3 |
| Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) | No 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/](http://www.healthcare.gov/preventive-care-benefits/) for a complete list of the services provided for specific age and risk groups. |
| 100% of Preferred Allowance | No Benefits |

| **The following services have per Service Copays** |
| Physician’s Visits: $25 | Consultant Physician Fees: $25 |
| Consultant Physician Fees: $25 |
| Medical Emergency: $80 The Copay will be waived if admitted to the Hospital. |
This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

Medical Emergency: $80 The Copay will be waived if admitted to the Hospital.

Pediatric Dental and Vision Benefits

Refer to the plan certificate for details (age limits apply).

Exclusions and Limitations

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. Acupuncture.
3. Learning disabilities.
5. Cosmetic procedures, except reconstructive procedures to:
   - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
   - Correct hemangiomas and port wine stain of the head and neck area for Insureds 18 and under.
   - Correct limb deformities such as club hand, club foot, syndactyly (webbed digits), polydactyly (supernumerary digits), macrodactylia.
   - Improve hearing by directing sound in the ear canal through Otoplasty, when ear or ears are absent or deformed from Injury, surgery, disease, or Congenital Condition.
   - Perform tongue release for diagnosis of tongue-tied.
   - Treat or correct Congenital Conditions that cause skull deformity such as Crouzon’s disease.
   - Correct cleft lip and cleft palate.
6. 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.
7. Elective Surgery or Elective Treatment.
8. Elective abortion.
9. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
10. Foot care for the following:
   - Routine foot care including the care, cutting and removal of corns, calluses and bunions (except capsular or bone surgery).
   This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
11. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
   This exclusion does not apply to:
   - Hearing defects or hearing loss as a result of an infection or Injury.
13. 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.
14. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
15. 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.
16. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
17. Prescription Drugs, services or supplies as follows:
   - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
   - Immunization agents, except as specifically provided 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, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
18. 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.
   • Reversal of sterilization procedures.

   This exclusion does not apply as follows:
   • When due to a covered Injury or disease process.
   • To benefits specifically provided in Pediatric Vision Services.
   • To one pair of eyeglasses or contact lenses following a covered surgery or accidental Injury when they replace the function of the human lens.

20. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.

21. 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.

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

23. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis. This exclusion does not apply to Newborn Infants.


25. Sleep disorders.

26. Speech therapy, except as specifically provided in the Policy.

27. 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.

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

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

30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

31. 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).

32. 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.

### UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

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

**Domestic Students, insured spouse 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

#### 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 #2019-267-1.

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](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)


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

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

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.
LANGUAGE ASSISTANCE PROGRAM

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

English
Language assistance services are available to you free of charge. Please call 1-866-260-2723.

Albanian

Amharic
አማርኛ እንIFA ATA እርምጃ እ 연결 ለማት እ OG ከ 1-866-260-2723 ይተ켓.

Arabic
تتوفر خدماك المساعدة اللغوية مجانًا، اتصل على الرقم 1-866-260-2723.

Armenian
Քանդակագրերի հետ հարաբերություններ ձեռնարկում են։ Կանոններ ուսումնասիրե։ 1-866-260-2723 համառ.

Bantu-Kirundi
Uronswa ku bantu servisi zifatiye ku rurimo zo kugufasha. Utegereza guhamagura 1-866-260-2723.

Bisayan-Visayan (Cebuano)
Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

Bengali-Bangala
ধোকারা : ভাষা সহায়তা পরিষেবা আপনি বিবাধিত পোস্ট গ্রহণ। প্যাক কর 1-866-260-2723-তে কর করা।

Burmese
သင်အကြောင်းသည် စိတ်ကူးစိတ်အပေါ် ပုံဖော်ချင်သော အခြေခံကွင်း
ပေါ်ရေး 1-866-260-2723

Cambodian-Mon-Khmer
ផ្កាយសម្រាប់ប្រការសេវាកម្មរបស់ក្រុមហ៊ុនរបស់យើង
សម្រាប់ការបម្រួលប្រែយក្តី 1-866-260-2723

Cherokee
bundle1 onolol. onollpet ha rogooloalatat hlegoppo d4got. igog dele 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。

Chocotaw
Chah to anumpe shi anumpe hokolv tusholi ytw peh pilla ho chi ape hina. I paya 1-866-260-2723.

Cushite-Oromo
Tajajjiliiwan gargarsa afaniini kanfelltii mulee siif jira. Maaloo karaa lakkoofsia bilbilaa 1-866-260-2723 bilbilii.

Dutch
Taalbijstandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.
Marathi
भाषेच्या मदतीला सुविधा आपल्यास डिवाटेकूल उपलब्ध आहे.
त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Ewe
Marshallense
Kwomaro Whitney jalber in jipë in kajin ilo ejelok wonalän. Jouj
im kallok 1-866-260-2723.

Micronesian-Pohnpeian
Mie savas en mahsen ong komw, soh isepe. Melau eler
1-866-260-2723.

Navajo
Saad bee aya’eyeed bee ąla’niča’wo’igii t’aa jiįk’ee bee nichįj’

Nepali
भाषा सहायता सेवेहरू निम्नलिखित उपलब्ध छन्छ। कृपया
1-866-260-2723 भएका गर्नुस्ी।

Nilo-Saharan
Kék é kuni ajuëru ë thok. ațù têm yin abac ò cìn wèu yeke
thièec. Yon cal 1-866-260-2723.

Norwegian

Papiamentu
Schrooosch iwezeset Hilf kannsecht du frei hawwe. Ruf
1-866-260-2723.

Persian-Farsi
خدمات امداد زیستی به طور رایگان در همه شهرها و روستاهای ایران
1-866-260-2723 ممکن است کاریکاتور

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

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

Punjabi
ਅਮਨ ਮਜਾਨਗ ਮੈਂ ਉਧਾਰ ਨਹੀਂ ਮੂਲੁਕ ਕਵਾਲਮੀਤ ਵਾਲਾ ਕੀਤੇ ਲਿਆਂ
1-866-260-2723 'ਤੇ ਕੀਤੇ ਲਿਆਂ।

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

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

Samoan-Fa'aasamoa
O loo maua faasoasamo mo gagana mo oe ma e le totogia.
Faamoletele telefonie le 1-866-260-2723.

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

Somali
Aadeegyada taageerada luqadda oo bilaash ah aayaa la heli karaa.
Fadlan waa 1-866-260-2723.

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

Sudanic- Fufulde
E wooldwallinde dow wolde caahu ngam maadà. Noodu
1-866-260-2723.

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

Syriac-Assyrian
מַעַן שָׁמִיָּה רָמָה שָׁמִיָּה רָמָה שָׁמִיָּה רָמָה
1-866-260-2723 קהל יבש, נצחי ויאשם רם

Tagalog
Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng

Telugu
మీరు మీ సాంస్కృతిక అవాక్షాలను మీరు మీ సాంస్కృతిక అవాక్షాలను మీరు మీ సాంస్కృతిక అవాక్షాలను
1-866-260-2723 లేదా రోల్ బాల్క్

Thai
มีบริการความช่วยเหลือทางภาษาในรูปแบบฟรีๆ ตลอดทั้งวัน โปรดโทรสายพันธุ์หมายเลข
1-866-260-2723.

Tongan-Fukotonga
‘Oka’i ai pe’a e sevesi ki he lea’ ke tokoni kiate koe pen ‘oku
’sata ia ma’a ‘o ‘o ‘iakai ha totonga. Kiitaiki ’o tata ki he
1-866-260-2723.

Trukese (Chuukese)
En mei tongeren angei animisin emon chon chiakku, ese kamo.
Kose mochen kopwe kokkoni 1-866-260-2723.

Turkish
Dil yarım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen
1-866-260-2723 numarayi arayınız.

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

Urdu
زبان کی ہوئی جس معاونتی خدمات کیے کیے بی ایس نامعلوم ہے
1-866-260-2723.

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

Yiddish
עמברא תײָך קײַנען ינינען אָנדערentrיקטע משא יאַךײַנען ינינען אָנדערentrיקטע משא
1-866-260-2723

Yoruba