Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 08/01/2022-07/31/2023

♥aetna™

UNIVERSITY OF VIRGINIA: Open Choice®

Coverage for: Individual + Family | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <u>https://www.aetnastudenthealth.com/</u> or by calling 1-800-466-3027. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms, see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-800-466-3027 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	For each <u>Plan</u> Year, In- <u>Network</u> : Individual \$350 / Family \$700. Out-of-Network: Individual \$500 / Family \$1,000.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Prescription drugs;</u> plus in- <u>network</u> preventive care are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <u>https://www.healthcare.gov/coverage/preventive-care-benefits/</u> .
Are there other <u>deductibles</u> for specific services?	Yes. For <u>prescription drugs</u> - Individual \$200. There are no other specific <u>deductible</u> .	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	In- <u>Network</u> : Individual \$5,500 / Family \$11,000. Out-of-Network: Individual \$11,000 / Family \$22,000.	The <u>out–of–pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket</u> <u>limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover & penalties for failure to obtain <u>pre-authorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.aetna.com/docfind or call 1-800- 466-3027 for a list of in- <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's</u> <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **<u>copayment</u>** and **<u>coinsurance</u>** costs shown in this chart are after your **<u>deductible</u>** has been met, if a **<u>deductible</u>** applies.

Common Medical Event	Services You May Need	What Yo In-Network Provider (You will pay the least)	ou Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Primary care visit to treat an injury or illness	10% <u>coinsurance</u> after \$25 <u>copay</u> /visit	10% <u>coinsurance</u> after \$50 <u>copay</u> /visit	None
If you visit a health care <u>provider</u> 's office	<u>Specialist</u> visit	10% <u>coinsurance</u> after \$25 <u>copay</u> /visit	10% <u>coinsurance</u> after \$50 <u>copay</u> /visit	None
or clinic	<u>Preventive care</u> / <u>screening</u> /immunization	No charge	10% <u>coinsurance</u> after \$100 <u>copay</u> /visit	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% <u>coinsurance</u>	None
n you nave a test	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	None
	Generic drugs	<u>Copay</u> /prescription, after specific <u>deductible</u> : \$10 for 30 day supply (retail), \$30 (mail order)	<u>Copay</u> /prescription, after specific <u>deductible</u> : \$10 for 30 day supply (retail)	
If you need drugs to treat your illness or condition More information about prescription drug	Preferred brand drugs	20% <u>coinsurance</u> with minimum (min) & maximum (max)/ prescription, after specific <u>deductible</u> : \$40 min & \$80 max (retail), \$120 min & \$240 max (mail order)	20% <u>coinsurance</u> with min & max/ prescription, after specific <u>deductible</u> : \$40 min & \$80 max (retail)	Covers 30 day supply (retail), 31-90 day supply (mail order). Includes contraceptive drugs & devices obtainable from a pharmacy. No charge for preferred generic FDA-approved women's contraceptives in- <u>network</u> .
coverage is available at https://www.aetna.com/i ndividuals- families/pharmacy.html	Non-preferred brand drugs	20% <u>coinsurance</u> with min & max/ prescription, after specific <u>deductible</u> : \$80 min & \$160 max (retail), \$240 min & \$480 max (mail order)	20% <u>coinsurance</u> with minimum & maximum/ prescription, after specific <u>deductible</u> : \$80 minimum & \$160 maximum (retail)	
	Specialty drugs	Applicable cost as noted above for generic or brand drugs	Applicable cost as noted above for generic or brand drugs	None

Common Medical	ommon Medical Services You May Need In-Network Provider Out-of-Network Provider		Limitations, Exceptions, & Other Important	
Event		(You will pay the least)	(You will pay the most)	Information
If you have outpatient	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% coinsurance	None
surgery	Physician/surgeon fees	20% coinsurance	40% coinsurance	None
If you need immediate	Emergency room care	10% <u>coinsurance</u> after \$150 <u>copay</u> /visit	10% <u>coinsurance</u> after \$150 <u>copay</u> /visit	No coverage for non-emergency use.
medical attention	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	<u>Urgent care</u>	20% coinsurance	40% coinsurance	No coverage for non-urgent use.
If you have a hospital	Facility fee (e.g., hospital room)	20% <u>coinsurance</u> after \$200 <u>copay</u> /stay	40% <u>coinsurance</u> after \$200 <u>copay</u> /stay	Penalty of \$500 for failure to obtain <u>pre-</u> authorization for out-of-network care.
stay	Physician/surgeon fees	20% coinsurance	40% coinsurance	None
If you need mental health, behavioral health, or substance	Outpatient services	Office: 10% <u>coinsurance</u> after \$20 <u>copay</u> /visit; other outpatient services: 20% <u>coinsurance</u>	Office: 10% <u>coinsurance</u> after \$20 <u>copay</u> /visit; other outpatient services: 40% <u>coinsurance</u>	None
abuse services	Inpatient services	20% <u>coinsurance</u> after \$200 <u>copay</u> /stay	40% <u>coinsurance</u> after \$200 <u>copay</u> /stay	Penalty of \$500 for failure to obtain <u>pre-</u> authorization for out-of-network care.
	Office visits	No charge	10% <u>coinsurance</u> after \$50 <u>copay</u> /visit	<u>Cost sharing</u> does not apply for <u>preventive</u> <u>services</u> . Maternity care may include tests and
If you are pregnant	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	services described elsewhere in the SBC (i.e. ultrasound.) Penalty of \$500 for failure to obtain
	Childbirth/delivery facility service	20% <u>coinsurance</u> after \$200 <u>copay</u> /stay	40% <u>coinsurance</u> after \$200 <u>copay</u> /stay	pre-authorization for out-of-network care may apply.
	Home health care	20% <u>coinsurance</u>	40% coinsurance	100 visits/ <u>plan</u> year. Penalty of \$500 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	Rehabilitation services	20% <u>coinsurance</u>	40% coinsurance	Includes Physical, Occupational & Speech
If you need help recovering or have other special health needs	Habilitation services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Therapy.
	Skilled nursing care	20% <u>coinsurance</u>	40% coinsurance	Penalty of \$500 for failure to obtain <u>pre-</u> authorization for out-of-network care.
	Durable medical equipment	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Limited to 1 durable medical equipment for same/similar purpose. Excludes repairs for misuse/abuse.
	Hospice services	10% <u>coinsurance</u>	10% coinsurance	Penalty of \$500 for failure to obtain <u>pre-</u> authorization for out-of-network care.

	Common Medical Event	Services You May Need	In-Network Provider	ou Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
		Children's eye exam	No charge	40% <u>coinsurance,</u> <u>deductible</u> doesn't apply	1 routine eye exam/ <u>plan</u> year. Covered through the end of the month in which the covered person turns 19.
	f your child needs dental or eye care	Children's glasses	No charge	40% <u>coinsurance,</u> <u>deductible</u> doesn't apply	1 pair of glasses or lenses/ <u>plan</u> year. Covered through the end of the month in which the covered person turns 19.
	Children's dental check-up	No charge	40% coinsurance	Covered through the end of the month in which the covered person turns 19.	

Excluded Services & Other Covered Services:

 Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

 • Cosmetic surgery
 • Long-term care
 • Weight loss programs - Except for required preventive services.

 • Dental care (Adult)
 • Routine foot care
 • Weight loss programs - Except for required preventive services.

 Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

 Acupuncture Bariatric surgery Chiropractic care Hearing aids - 1 hearing aid per ear/plan year. Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition. 	 Non-emergency care when traveling outside the U.S. Private-duty nursing - Limited to 8 shifts/plan year. Routine eye care (Adult) - 1 routine eye exam/plan year.
---	---

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Virginia State Corporation Commission, Bureau of Insurance, (800) 552-7945 (Virginia only), 804-371-9741, <u>http://www.scc.virginia.gov/boi/index.aspx</u>. For more information on your rights to continue coverage, contact the <u>plan</u> at 1-800-466-3027. Other coverage options may be available to you, too, including buying individual insurance coverage through the <u>Health Insurance Marketplace</u>. For more information about the <u>Marketplace</u>, visit <u>www.HealthCare.gov</u> or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact Aetna directly by calling the toll free number on your Medical ID Card or by calling our general toll free number at 1-800-466-3027 or Virginia State Corporation Commission, Bureau of Insurance, (800) 552-7945 (Virginia only), 804-371-9741, <u>http://www.scc.virginia.gov/boi/index.aspx</u>.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-466-3027. Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-466-3027. Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-466-3027. Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijijgo holne' 1-800-466-3027.

To see examples of how this <u>plan</u> might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a
hospital delivery)

\$350

10% 20%

20%

The <u>plan's</u> overall <u>deductible</u>
Specialist coinsurance
Hospital (facility) <u>coinsurance</u>
Other <u>coinsurance</u>

This EXAMPLE event includes services like: <u>Specialist</u> office visits (*prenatal care*) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services <u>Diagnostic tests</u> (*ultrasounds and blood work*) <u>Specialist</u> visit (*anesthesia*)

Total Example Cost	\$12,700
In this example, Peg would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$400
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$2,200
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$2,660

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a wellcontrolled condition)

The <u>plan's</u> overall <u>deductible</u>	\$350
Specialist coinsurance	10%
Hospital (facility) <u>coinsurance</u>	20%
Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:Primary care physicianoffice visits (including
disease education)Diagnostic tests (blood work)Prescription drugsDurable medical equipment (glucose meter)

Total Example Cost	\$5,600	
In this example, Joe would pay:		
Cost Sharing		
Deductibles	\$550	
<u>Copayments</u>	\$800	
Coinsurance	\$80	
What isn't covered		
Limits or exclusions	\$20	
The total Joe would pay is	\$1,450	

Mia's Simple Fracture (in-network emergency room visit and follow up care)

The <u>plan's</u> overall <u>deductible</u>	\$350
Specialist coinsurance	10%
Hospital (facility) <u>coinsurance</u>	20%
Other coinsurance	20%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)

Total Example Cost	\$2,800	
In this example, Mia would pay:		
Cost Sharing		
Deductibles	\$400	
<u>Copayments</u>	\$0	
<u>Coinsurance</u>	\$300	
What isn't covered		
Limits or exclusions	\$0	
The total Mia would pay is	\$700	

The <u>plan</u> would be responsible for the other costs of these EXAMPLE covered services.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-800-466-3027.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779) 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 1-860-262-7705) Email: CRCoordinator@aetna.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <u>https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</u>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates.

TTY: 711

Language Assistance:

For language assistance in your language call 1-800-466-3027 at no cost.

Anharic-여ድድድ የ1-800-466-3027 ቦንዶ ይ.ዶው.Arabic-1-800-466-3027 ቦንዶ ይ.ዶው.Arabic-1-800-466-3027 ቦንዶ ይ.ዶው.Armenian-Ազվկ թուցաբ էրած աջակցության (հայերեն) զանգի 1-800-466-3027 տոանց գնուվ;Bahasa Indonesia0 trutk bantuan dalam bahasa Indonesia, silakan hubungi 1-800-466-3027 tanpa dikenakan biaya.Banta-Kirundi -Niba urondera uwugufasha mu Kirundi, twakure kuri iyi nomero 1-800-466-3027 ku busaBengali-Bangalaवराराष्ठ एवा प्राराष्ठ उठा दिवा प्राराष्ठ (Ku kantus kuri iyi nomero 1-800-466-3027 ku busaBisayan-VisayanAlang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawag sa 1-800-466-3027 nga walay bayad.Burmese-өсөрбарбөрсүсү (Биоэтор) бутор отратор такура убарбар (Laubutes Sazz) of adfachChalan-Per rebre assistència en (catal), truqui al número gratuï 1-800-466-3027. Que Yad Saguel 1-800-466-3027.Chanorro -Para ayuda gi fino' (Chamoru), ágang 1-800-466-3027, imatif dig.Chrinese-अठ्य अठ	Albanian -	Për asistencë në gjuhën shqipe telefononi falas në 1-800-466-3027.
Amenian-Ltqdlh gnuguptpuw ugulygnupjuw (huytpthu) quulqh 1-800-466-3027 unuw ug qinql:Bahasa Indonesia-Untuk bantuan dalam bahasa Indonesia, silakan hubungi 1-800-466-3027 tanpa dikenakan biaya.Bantu-Kirundi-Niba urondera uwugufasha mu Kirundi, twakure kuri iyi nomero 1-800-466-3027 ku busaBengali-Bangala-तारामा श्रमाशाजात जणा विमाभूला 1-800-466-3027.co रून कक्त्रनाBisayan-Visayan-Alang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawag sa 1-800-466-3027 nga walay bayad.Burnese-ढुल्फ्र्र्ज्ज्ज्ज्ज्ज्ज्ज्ज्ज्ज्ज्ज्ज्ज्ज्ज	Amharic -	ለቋንቋ እንዛ በ አማርኛ በ 1-800-466-3027 በነጻ ይደውሉ
Bahasa IndonesiaUntuk bantuan dalam bahasa Indonesia, silakan hubungi 1-800-466-3027 tanpa dikenakan biaya.Bahasa IndonesiaNiba urondera uwugufasha mu Kirundi, twakure kuri iyi nomero 1-800-466-3027 ku busaBengali-Bangala-বাংলায় ভাষা মহায়ভার জন্য বিলামূল্যে 1-800-466-3027-cত रून करकनाBisayan-Visayan-Alang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawag sa 1-800-466-3027 nga walay bayad.Burmese -eçmৄয়য়ৢয়ৢয়ৢয়ৢয়ৢয়	Arabic -	للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني 202-466-100-1-
Bantu-Kirundi -Niba urondera uwugufasha mu Kirundi, twakure kuri iyi nomero 1-800-466-3027 ku busaBengali-Bangala -বাং বায় ডাবা সহায়ডার জব্য বিবায়ুল্যে 1-800-466-3027 (ত কব করুব।Bisayan-Visayan -Alang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawag sa 1-800-466-3027 nga walay bayad.Burmese -ଡ্রেপ্র্কিল্ব্র্ঞেল্ফেণ্ট্রের্ট্ স্র্র্সস্র্র্র্র্র্র্র্র্র্র্র্র্র্র্র	Armenian -	Լեզվի ցուցաբերած աջակցության (հայերեն) զանգի 1-800-466-3027 առանց գնով։
Bengali-Bangala-বাংলায় ভাষা সহায়ভার জন্য বিনামূল্যে 1-800-466-3027 তে কল করুন।Bisayan-Visayan-Alang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawag sa 1-800-466-3027 nga walay bayad.Burmese -ឧçৣৣ৵ৄঌ৵ৣৣ৾৾৻৵ৣৣ৾৾৻ৣ৾৾৻ৣ৾ড়ড়ঢ়ৣ৾৶ড়৾ৣড়ৣ৾, ড়য়য়য়য়য়য়ৣ৾৾য়ৣ৾ঀয়ৣয়য়ৣ৾য়ৣয়য়ৣ৾য়ৣয়য়ৣয়য়ৣয়য়ৣয়য়য়য়য়য়য়য়	Bahasa Indonesia -	Untuk bantuan dalam bahasa Indonesia, silakan hubungi 1-800-466-3027 tanpa dikenakan biaya.
Bisayan-Visayan-Alang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawag sa 1-800-466-3027 nga walay bayad.Burmese -ፍርጥई ጥያ ው ው ው ው ው ው ው ው ው ው ው ው ው ው ው ው ው ው	Bantu-Kirundi -	Niba urondera uwugufasha mu Kirundi, twakure kuri iyi nomero 1-800-466-3027 ku busa
Burmese - eçmźmi żene w zaktor a processow zaktore a processow zaktor a processow zaktor a processow zakt	Bengali-Bangala -	বাংলায় ভাষা সহায়তার জন্য বিনামুল্যে 1-800-466-3027-তে কল করুন।
Catalan -Per rebre assistència en (català), truqui al número gratuït 1-800-466-3027.Chamorro -Para ayuda gi fino' (Chamoru), ågang 1-800-466-3027 sin gåstu.Cherokee - $\Theta c \partial \mathcal{V} \Theta S \mathcal{O} h \mathcal{J} c \partial \mathcal{J} \mathcal{J} h c \partial S \mathcal{P} c \partial \mathcal{V} \Theta t T (GW \mathcal{V}) \Theta b W O°1S 1-800-466-3027 O° OT C A Γ c ∂ \mathcal{J} J EG P \mathcal{J} h b R O.Chinese -\delta w R q g m h c h c h c h c h c h c h c h c h c h$	Bisayan-Visayan -	Alang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawag sa 1-800-466-3027 nga walay bayad.
Chamorro -Para ayuda gi fino' (Chamoru), ågang 1-800-466-3027 sin gåstu.Cherokee -OፙӮѲ SϘϿh.∂ፙJ.J.hoのSPፙӮ OhT (GWӮ) ØbWで³iS 1-800-466-3027 OOT £ AFoD.J JEGP.J hÞRO.Chinese -欲取得繁體中文語言協助, 請撥打 1-800-466-3027, 無需付費。Choctaw -(Chahta) anumpa ya apela a chi I paya hinla 1-800-466-3027.Cushite -Gargaarsa afaan Oromiffa hiikuu argachuuf lakkokkofsa bilbilaa 1-800-466-3027 irratti bilisaan bilbilaa.Dutch -Bel voor tolk- en vertaaldiensten in het Nederlands gratis naar 1-800-466-3027.French -Pour une assistance linguistique en français appeler le 1-800-466-3027 sans frais.French Creole -Pou jwenn asistans nan lang Kreyðl Ayisyen, rele nimewo 1-800-466-3027 gratis.German -Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-800-466-3027 an.Greek -Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-800-466-3027 χωρίς χρέωση.	Burmese -	ငွေကုန်ကျခံစရာမလိုဘဲ (မြန်မာဘာသာစကား)ဖြင့် ဘာသာစကားအကူအညီရယူရန် 1-800-466-3027 ကို ခေါ် ဆိုပါ။
Cherokee -ΘοϿУΘ SODLJODL JhoDSPoDY θtT (GWY) ØbWO'IS 1-800-466-3027 O'OT C AFoDJ JEGPJ hÞRÐ.Chinese -欲取得繁體中文語言協助, 請撥打 1-800-466-3027, 無需付費。Choctaw -(Chahta) anumpa ya apela a chi I paya hinla 1-800-466-3027.Cushite -Gargaarsa afaan Oromiffa hiikuu argachuuf lakkokkofsa bilbilaa 1-800-466-3027 irratti bilisaan bilbilaa.Dutch -Bel voor tolk- en vertaaldiensten in het Nederlands gratis naar 1-800-466-3027.French -Pour une assistance linguistique en français appeler le 1-800-466-3027 sans frais.French Creole -Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 1-800-466-3027 gratis.German -Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-800-466-3027 an.Greek -Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-800-466-3027 χωgίς χρέωση.	Catalan -	Per rebre assistència en (català), truqui al número gratuït 1-800-466-3027.
Chinese -欲取得繁體中文語言協助,請撥打1-800-466-3027, 無需付費。Choctaw -(Chahta) anumpa ya apela a chi I paya hinla 1-800-466-3027.Cushite -Gargaarsa afaan Oromiffa hiikuu argachuuf lakkokkofsa bilbilaa 1-800-466-3027 irratti bilisaan bilbilaa.Dutch -Bel voor tolk- en vertaaldiensten in het Nederlands gratis naar 1-800-466-3027.French -Pour une assistance linguistique en français appeler le 1-800-466-3027 sans frais.French Creole -Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 1-800-466-3027 gratis.German -Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-800-466-3027 an.Greek -Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-800-466-3027 χωρίς χρέωση.	Chamorro -	Para ayuda gi fino' (Chamoru), ågang 1-800-466-3027 sin gåstu.
Choctaw -(Chahta) anumpa ya apela a chi I paya hinla 1-800-466-3027.Cushite -Gargaarsa afaan Oromiffa hiikuu argachuuf lakkokkofsa bilbilaa 1-800-466-3027 irratti bilisaan bilbilaa.Dutch -Bel voor tolk- en vertaaldiensten in het Nederlands gratis naar 1-800-466-3027.French -Pour une assistance linguistique en français appeler le 1-800-466-3027 sans frais.French Creole -Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 1-800-466-3027 gratis.German -Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-800-466-3027 an.Greek -Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-800-466-3027 χωρίς χρέωση.	Cherokee -	Օ ℴ⅁℣Ѳ <i>℁</i> ℗ℎℬℴ⅁ <i>⅄</i> ℐℎℴ⅁Տℙℴ⅁℣ ϴ℄ℸ (GWУ) ℗ ᲮѠℰ℩℁ 1-800-466-3027 ℺℮ℸ Ը ⅄ℾℴ⅁ <i>⅄</i> ℐℇ Ωℙ ℐ ℎℙℝϴ.
Cushite -Gargaarsa afaan Oromiffa hiikuu argachuuf lakkokkofsa bilbilaa 1-800-466-3027 irratti bilisaan bilbilaa.Dutch -Bel voor tolk- en vertaaldiensten in het Nederlands gratis naar 1-800-466-3027.French -Pour une assistance linguistique en français appeler le 1-800-466-3027 sans frais.French Creole -Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 1-800-466-3027 gratis.German -Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-800-466-3027 an.Greek -Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-800-466-3027 χωρίς χρέωση.	Chinese -	欲取得繁體中文語言協助,請撥打1-800-466-3027,無需付費。
Dutch -Bel voor tolk- en vertaaldiensten in het Nederlands gratis naar 1-800-466-3027.French -Pour une assistance linguistique en français appeler le 1-800-466-3027 sans frais.French Creole -Pou jwenn asistans nan lang Kreyôl Ayisyen, rele nimewo 1-800-466-3027 gratis.German -Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-800-466-3027 an.Greek -Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-800-466-3027 χωρίς χρέωση.	Choctaw -	(Chahta) anumpa y <u>a</u> apela a chi I p <u>a</u> ya hinla 1-800-466-3027.
French -Pour une assistance linguistique en français appeler le 1-800-466-3027 sans frais.French Creole -Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 1-800-466-3027 gratis.German -Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-800-466-3027 an.Greek -Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-800-466-3027 χωφίς χφέωση.	Cushite -	Gargaarsa afaan Oromiffa hiikuu argachuuf lakkokkofsa bilbilaa 1-800-466-3027 irratti bilisaan bilbilaa.
French Creole -Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 1-800-466-3027 gratis.German -Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-800-466-3027 an.Greek -Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-800-466-3027 χωφίς χφέωση.	Dutch -	Bel voor tolk- en vertaaldiensten in het Nederlands gratis naar 1-800-466-3027.
German -Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-800-466-3027 an.Greek -Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-800-466-3027 χωρίς χρέωση.	French -	Pour une assistance linguistique en français appeler le 1-800-466-3027 sans frais.
Greek - Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-800-466-3027 χωρίς χρέωση.	French Creole -	Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 1-800-466-3027 gratis.
	German -	Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-800-466-3027 an.
Gujarati - ગુજરાતીમાં ભાષામાં સહ્રાય માટે કોઈ પણ ખર્ચ વગર 1-800-466-3027 પર કૉલ કરો.	Greek -	Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-800-466-3027 χωρίς χρέωση.
	Gujarati -	ગુજરાતીમાં ભાષામાં સહ્રાય માટે કોઈ પણ ખર્ચ વગર 1-800-466-3027 પર કૉલ કરો.

Hawaiian -	No ke kōkua ma ka 'ōlelo Hawai'i, e kahea aku i ka helu kelepona 1-800-466-3027. Kāki 'ole 'ia kēia kōkua nei.
Hindi -	हनिदी में भाषा सहायता के लए, 1-800-466-3027 पर मुफ्त कॉल करें।
Hmong -	Yog xav tau kev pab txhais lus Hmoob hu dawb tau rau 1-800-466-3027.
lbo -	Maka enyemaka asusu na Igbo kpọọ 1-800-466-3027 na akwughị ugwọ ọ bula
llocano -	Para iti tulong ti pagsasao iti pagsasao tawagan ti 1-800-466-3027 nga awan ti bayadanyo.
Italian -	Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 1-800-466-3027.
Japanese -	日本語で援助をご希望の方は、1-800-466-3027 まで無料でお電話ください。
Karen -	လ၊ တၢိမၢစားတၢိဳကတိုးကိုျာ်အဂ်ီ၊ ကိုျာ် ကိုး 1-800-466-3027 လ၊ တအိုဉ်ဒီးတၢိဳလ၊ ၁်ဘူဉ်လ၊ ၁်စူးဘာဉ်
Korean -	한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-800-466-3027 번으로 전화해 주십시오.
Kru-Bassa -	Ɓɛ´m`ké gbo-kpá-kpá dyé pidyi dé Ɓašɔɔ́>̀wùdุùùň wɛ̃ɛ, dá 1-800-466-3027
Kurdish - Laotian - Marathi -	برای راهنمایی به زبان فارسی با شمار م 1-800-466-3027 به خوّر ایی پهیومندی بکهن. ถ้าท่ามต้อງການຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາລາວ, ກະລຸນາໂທຫາ-800-466-3027 ໂດຍບໍ່ເສຍຄ່າໂທ. कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-800-466-3027 वर फोन करा.
Marshallese -	Ñan bōk jipañ ilo Kajin Majol, kallok 1-800-466-3027 ilo ejjelok wōnān.
Micronesian- Pohnpeyan - Mon-Khmer, Cambodian -	Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl 1-800-466-3027 ni sohte isais. សម្ភាប់ជំនួយភាសាជា ភាសាខុមរំ សូមទូរស័ព្ទទទៅកាន់លខេ 1-800-466-3027 ដោយឥតគិតថ្លល់។
Navajo -	T'áá shi shizaad k'ehjí bee shíká a'doowol nínízingo Diné k'ehjí koji' t'áá jíík'e hólne' 1-800-466-3027
Nepali -	(नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि १- 🛛 800-466-3027 मा फोन गर्नुहोस् ।
Nilotic-Dinka -	Tën kuɔɔny ë thok ë Thuɔŋjäŋ cɔl 1-800-466-3027 kecïn aɣöc.
Norwegian -	For språkassistanse på norsk, ring 1-800-466-3027 kostnadsfritt.
Panjabi -	ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-800-466-3027 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।
Pennsylvania Dutch - Persian - Polish -	Fer Helfe in Deitsch, ruf: 1-800-466-3027 aa. Es Aaruf koschtet nix. برای راهنمایی به زبان فارسی با شماره 1-800-466-3027 بدون هیچ هزینه ای تماس بگیرید. انگلیسی Aby uzyskać pomoc w języku polskim, zadzwoń bezplatnie pod numer 1-800-466-3027.

Portuguese -	Para obter assistência linguística em português ligue para o 1-800-466-3027 gratuitamente.
Romanian -	Pentru asistență lingvistică în românește telefonați la numărul gratuit 1-800-466-3027
Russian -	Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 1-800-466-3027.
Samoan -	Mo fesoasoani tau gagana I le Gagana Samoa vala'au le 1-800-466-3027 e aunoa ma se totogi.
Serbo-Croatian -	Za jezičnu pomoć na hrvatskom jeziku pozovite besplatan broj 1-800-466-3027.
Spanish -	Para obtener asistencia lingüística en español, llame sin cargo al 1-800-466-3027.
Sudanic-Fulfude -	Fii yo on heɓu balal e ko yowitii e haala Pular noddee e oo numero ɗoo 1-800-466-3027. Njodi woo fawaaki on.
Swahili -	Ukihitaji usaidizi katika lugha ya Kiswahili piga simu kwa 1-800-466-3027 bila malipo.
Syriac -	ר בי הי א הביוו מאר בלב ה שמיואה הה לי isper זאל, 200-466-3027 מהי י
Tagalog -	Para sa tulong sa wika na nasa Tagalog, tawagan ang 1-800-466-3027 nang walang bayad.
Telugu -	భాషతో సాయం కొరకు ఎలాంటి ఖర్చు లేకుండా 1-800-466-3027 కు కాల్ చేయండి. (తెలుగు)
Thai -	สำหรับความช่วยเหลือทางด้านภาษาเป็น ภาษาไทย โทร 1-800-466-3027 ฟรีไม่มีค่าใช้จ่าย
Tongan -	Kapau 'oku fiema'u hā tokoni 'i he lea faka-Tonga telefoni 1-800-466-3027 'o 'ikai hā ōtōngi.
Trukese -	Ren áninnisin chiakú ren (Kapasen Chuuk) kopwe kékkééri 1-800-466-3027 nge esapw kamé ngonuk.
Turkish -	(Dil) çağrısı dil yardım için. Hiçbir ücret ödemeden 1-800-466-3027.
Ukrainian -	Щоб отримати допомогу перекладача української мови, зателефонуйте за безкоштовним номером 1-800-466-3027.
Urdu -	یا بات کریں۔ بالاقیمت زیان سے متعلقہ خدمات حاصل کرنے کے لیے [،] 1-800-466-3027
Vietnamese -	Đê được hố trợ ngôn ngữ băng (ngôn ngữ), hấy gọi miến phi đên số 1-800-466-3027.
Yiddish -	פאר שפראך הילף אין אידיש רופט 1-800-466-3027 פריי פון אפצאל.
Yoruba -	Fún ìrànlowo nípa èdè (Yorùbá) pe 1-800-466-3027 lái san owó kankan rárá.