2021-2022 Student Injury and Sickness Insurance Plan for Marquette University

Who is eligible to enroll?

All registered F-1 and J-1 international students, J-1 visiting scholars and their dependents are required to purchase this insurance plan on a mandatory basis.

Eligible students may also insure their Dependents. Eligible Dependents are the student’s legal spouse or Domestic Partner and dependent children under 26 years of age or who meet the additional requirements specified in the definition of Dependent. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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.

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

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

Dependent eligibility expires concurrently with that of the Named Insured.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right 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 University and may be viewed at www.uhcsr.com. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-1529-4. 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.
Highlights of Coverage offered by UnitedHealthcare Student Resources

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-1-21 to 7-31-22</th>
<th>Fall 8-1-21 to 12-31-21</th>
<th>Spring/Summer 1-1-22 to 7-31-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,016.00</td>
<td>$845.00</td>
<td>$1,171.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,016.00</td>
<td>$845.00</td>
<td>$1,171.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,016.00</td>
<td>$845.00</td>
<td>$1,171.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$4,032.00</td>
<td>$1,690.00</td>
<td>$2,342.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$6,048.00</td>
<td>$2,535.00</td>
<td>$3,513.00</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 31 days 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 Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 93.450%

Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: UHC Choice Plus

Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center. Policy Exclusions and Limitations do not apply.

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Deductible</td>
<td>$250 Per Insured Person, per Policy Year</td>
<td>$500 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,350 Per Insured Person, Per Policy Year</td>
<td>$12,700 For all Insureds in a Family, Per Policy Year</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>There is no Out-of-Pocket Maximum for Out-of-Network benefits.</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>100% of Preferred Allowance for Covered Medical Expenses</td>
<td>80% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
</tbody>
</table>

Prescription Drugs

UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.

<table>
<thead>
<tr>
<th>Copay</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$10 Copay</td>
<td>$10 Copay for generic drug</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$20 Copay</td>
<td>$20 Copay for brand name drug</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$30 Copay</td>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible</td>
</tr>
</tbody>
</table>

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-

<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>100% of Preferred Allowance</th>
<th>80% of Usual and Customary Charges after Deductible</th>
</tr>
</thead>
</table>
### Benefits

**Benefits/ for a complete list of the services provided for specific age and risk groups.**

<table>
<thead>
<tr>
<th>The following services have per service</th>
<th>Physician's Visits: $20 after Deductible</th>
<th>Medical Emergency: $50 after Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copays</td>
<td>Medical Emergency: $50 after Deductible</td>
<td>The Copay will be waived if admitted to the Hospital.</td>
</tr>
</tbody>
</table>

**This list is not all inclusive. Please read the plan certificate for complete listing of Copays.**

<table>
<thead>
<tr>
<th>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</th>
<th>Office Visits: $20 Copay per visit Preferred Allowance after Deductible Other Outpatient Services: Preferred Allowance after Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Office Visits: Usual and Customary Charges after Deductible Other Outpatient Services: Usual and Customary Charges after Deductible</td>
</tr>
</tbody>
</table>

### 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. **Acupuncture.**
2. **Addiction,** such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
3. **Behavioral problems.** Conceptual handicap. Developmental delay or disorder or intellectual disability. Learning disabilities. Milieu therapy. Parent-child problems. This exclusion does not apply to benefits specifically provided in the Policy.
4. **Biofeedback.**
5. **Chronic pain disorders.**
6. **Circumcision.**
7. **Cosmetic procedures, except reconstructive procedures to:**
   - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
   - Treat, improve or restore physiologic function of a congenital anomaly.
8. **Custodial Care.**
   - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
   - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
9. **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.
10. **Elective Surgery or Elective Treatment.**
11. **Elective abortion.**
12. **Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline, or chartered aircraft only while participating in a school sponsored intercollegiate sport activity.**
13. **Foot care for the following:**
   - Flat foot conditions.
   - Supportive devices for the foot.
   - Subluxations of the foot.
   - Fallen arches.
   - Weak feet.
   - Chronic foot strain.
   - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).
   - This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
14. **Health spa or similar facilities. Strengthening programs.**
15. **Hearing examinations.** Hearing aids, except as specifically provided in the Benefits for Minor Hearing Aids and Cochlear Implants or specifically provided 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 an infection or injury.
- Benefits specifically provided in the Policy.
- A bone anchored hearing aid for an insured person with: a) craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.

17. Hypnosis.
18. 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.
19. Injury or sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
20. Investigational services.
21. Lipectomy.
22. Marital or family counseling.
23. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
24. 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 bodybuilding.
   - Anorectics - drugs used for the purpose of weight control.
   - Fertility agents or sexual enhancement drugs, such as Parlod, Perconal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
25. Reproductive services for 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, except to surgically treat or correct the underlying cause of the infertility.
   - Premarital examinations.
   - Impotence, organic or otherwise.
   - Female sterilization procedures, except as specifically provided in the Policy.
   - Vasectomy.
   - Reversal of sterilization procedures.
26. 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.
27. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
   - When due to a covered injury or disease process.
   - To benefits specifically provided in Pediatric Vision Services.
   - To benefits specifically provided in the Policy.
28. 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.
29. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
30. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered injury or treatment of chronic sinusitis. This exclusion does not apply to benefits specifically provided in the Policy.
33. Sleep disorders.
34. Speech therapy, except as specifically provided in the Policy. Naturopathic services.
35. 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.
36. Supplies, except as specifically provided in the Policy.
37. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
38. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
39. 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).
40. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid 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, Domestic Partner and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

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

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.
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 calling the toll-free number listed on the front of your medical ID card or visiting [www.telehealth4students.com](http://www.telehealth4students.com), you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor’s office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor’s office, urgent care facility, or emergency room. As an insured with StudentResources, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period.

This service is meant to complement your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state.

*Available to Insured students and their covered Dependents ages 18 and over. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a $55 service fee before being connected to a board-certified physician.

24/7 Student Support

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include 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 and participate in personalized self-help programs. More information about these services is available by logging into My Account at [www.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount).

HealthiestYou: Virtual Counselor Access

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

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

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

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

This Summary Brochure is based on Policy #2021-1529-4.
NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.
NON-DISCRIMINATION NOTICE

UnitedHealthcare Student Resources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

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


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

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.
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 እድመ እንታት እንክ ይከም ይ관리 እሆኔ እንካ ለማ ከ1-866-260-2723 ይጠበቃኝን እና መንገድ ከ1-866-260-2723 ይጠበቃኝን እና መንገድ

Arabic
توفر لك خدمات المساعدة اللغوية مجانية طوال اليوم على الرقم 1-866-260-2723

Armenian
25q dumozyag t db u nakedq |kagıntıqag dšqdwzqag buxnumyyag'l|: M✨q dulo qulaxuhaqul|1-866-260-2723 hagatl|n

Bantu- Kirundi
Uronwa ku bantu servisi zišfii kyurumy zo kugufasha. Utgerezwa guhamagara 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Bengali- Bangala
প্রশ্না : ভাষা সহায়তা পরিষেবা অথবা বিভিন্ন ভাষায় মেত প্রশ্ন। প্রশ্ন কর 1-866-260-2723- & কর কর

Burmese
မိဘား widget အား လက်ရှိသောကြိုးများကို ပြခြင်း သည် ပြပြန်ကြည့် တော် 1-866-260-2723 သား

Cambodian- Mon-Khmer
ការគាំទ្របំបួរសំខាន់ តាមការជួយជំនួស ភាសាខ្មែរ 1-866-260-2723 គ្នា

Chinese
您可以免費獲得語言援助服務，請致電 1-866-260-2723。

Chocatw
Chaha anumpa ish anumpuli hoknvnt tolsholi yvt peh pilla hq chi aple hina i. Paya 1-866-260-2723.

Cushite- Oromo
Tajaaqulliwan gargaarsa afamii kanfaltii malee siif jira. Maaloo karaa lakkoofsaa bibila 1-866-260-2723 bibi.

Dutch
Taallbijsstandsdiensen zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

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

French Creole- Haitian Creole

German

Greek
Oi upostreisis ylaxoqsis boqhtitas saz daxhtidiqta deprean. Kallouso to 1-866-260-2723.

Gujarati
ભાષા સહાય સેવા પાસે માટે લિંશુઠ ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર કેલલ કોલ કરો.

Hawaiian
Kokua marauhi ma kau ‘olelo i loa’a ‘ia. E kelepona i ka helu 1-866-260-2723.

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

Hmong
Muaj cew kev pab tchais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangungasim ta twangm 1-866-260-2723.

Indonesian

Italian
Sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-260-2723.

Japanese
無料の言語支援サービスをご利用いただけます。1-866-260-2723 までお電話ください。

Karen
อรุณแบบละเอียดและเต็มรูปแบบภาษาไทยในอย่าง (K & S) อี. สามารถติดต่อกับ K & S ได้ที่ 1-866-260-2723.

Korean
연어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723 번으로 전화하십시오.

Kru- Bassa
Bot ba hola ni kobol mahop ngu naa wogou we ba yé ha i nyuu yon. Sebel i insinu ini 1-866-260-2723.

Kurdish Sorani
خۆزەکانی کورد فری باهەیە لەبەرەوە گەڕەکەیەکی بە دەکری جۆکەیە. لەسەکەیەکەیەکی بە زەوەڕس 201-866-260-2723

Laotian
ພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາສາພະພາ ساب

SR LAP 64 (6-18)
Marathi
भाषेच्या मदतीली सुविधा आपल्याला दिनामुळे उपलब्ध आहे.
त्यासाठी 1-866-260-2723 या कॉलोन्डे संपर्क करा.

Marshallese
Kwomaroŋ bök jeraŋ in jiŋaŋ in kajaŋ ilo ejeŋok woaŋ. Jouj
im kalok 1-866-260-2723.

Micronesian- Polynesian
Mie savaa en melsen ong komwi, soh isepe. Melau eker
1-866-260-2723.

Nawojo
Saua b koel ‚eiyeed bee ala’i ‚iwa’i ‚igoj jëa ‚iied bee nech ‘i
bee na’a’ihoi. ‘Tëa shëqëd jëhëj 1-866-260-2723 hodiligni.

Nepali
भाषा सहायता सेवाहरू निषुल्क उपलब्ध छ। क्युरा
1-866-260-2723 ना कल गर्नुहोस्।

Nilotic-Dinka
Kik e kun kuj ajar e thok. aṭa tine yin abac tè cin woe yeke

Norwegian

Pennsylvania Dutch
Schroopp has buesse sie Hilf kammscht du frei hawwe. Rûf
1-866-260-2723.

Persian-Farsi
خدمات إمام زاهي به مطول رایگان در اکثریت شهرهای به، لطفاً با شماره
1-866-260-2723 تماس بگیرید.

Polish
Mozesz skorzystaæ z bezpłatnej pomocy językowej. Zadzwoni
pod numer 1-866-260-2723.

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

Punjabi
ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਹਰੁਂ ਨਿਸਲੁਕ ਉਪਲਬਧ ਛਨ। ਕੁਰੂਣ
1-866-260-2723 ਨਾ ਕਲ ਗੁਰੂਹੋਸੀ।

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

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

Samoan- Fa’a samoan
O loo maau fesasori mo gagana mo oe ma e le toetogia.
Faamaleo mo telefoni le 1-866-260-2723.

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

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

Spanish
H ab servicios de asistencia de idiomas, sin cargo, a su

Sudanic- Fulfulde
E woodi wailinda dow wolde caahu ngam maad. Noodu
1-866-260-2723.

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

Syriac- Assyrian
access. The Assyrian Church of the East. English
1-866-260-2723 Translation of the Bible.

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

Telugu
సాధారణంగా సమాచారాల నాటి తండ్రిత్వాంగం నేపితారం
1-866-260-2723 తెలుగు సన్నియత.

Thai
มีบริการคำแปลและบริการให้คำปรึกษาในทุกภาษา โปรดติดต่อเราได้ตาม
ที่ต้องการได้ 1-866-260-2723.

Trukese (Chuukese)
En mei tongen gi aninisin emon chon chiakku, ese kuno.
Kose mochon kopwe kolkor 1-866-260-2723.

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

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

Urdul
زبان کی حوالی می ہے معاونی خدمات آپ کی لئی بال اپریشن، دستیاب ہیں۔
بیکرہ 260-2723 کے لئے کال کریں۔

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

Yiddish
מעסיקות מחטאות ו услуги תランスלייטציה ומורך ייחודיים מיידים כל
1-866-260-2723.

Yoruba
POLICY NUMBER: 2021-1529-4

NOTICE:
The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC2 - 07/01/2021
NOC2 7/1/21

Bid Policy: N/A
Certificate: N/A

Summary Brochure: Updated HealthiestYou service fee from $40 to $55.

NOC1 - 05/24/2021
NOC1 5/24/2021

Bid Policy: N/A
Certificate:
Updated eligibility
from: All registered international students and visiting scholars are required to purchase this insurance plan on a mandatory basis.
to: All registered F-1 and J-1 international students, J-1 visiting scholars and their dependents are required to purchase this insurance plan on a mandatory basis.

Summary Brochure:
Updated eligibility
from: All registered international students and visiting scholars are required to purchase this insurance plan on a mandatory basis.
to: All registered F-1 and J-1 international students, J-1 visiting scholars and their dependents are required to purchase this insurance plan on a mandatory basis.