2023–2024 Student Health Insurance Plan for Boston College

THIS PLAN DOES NOT INCLUDE ANY EXCLUSIONS OR LIMITATIONS FOR PRE-EXISTING CONDITIONS.

This health plan meets the Minimum Creditable Coverage standards that are effective January 1, 2021 as part of the Massachusetts Health Care Reform Law. This plan will satisfy the statutory requirement that the Insured Person must have health insurance meeting these standards.

Who is eligible to enroll?

All students enrolled in a degree program, regardless of credit hours, and non-degree students enrolled at least 75% of full-time will be automatically enrolled and billed for the Student Health Insurance Plan unless proof of comparable coverage is provided. Seventy-five of full-time enrollment is as follows:

- Morrissey College of Arts and Sciences, Graduate – seven or more
- Lynch School of Education and Human Development, Graduate – seven or more
- Carroll School of Management Graduate Programs – seven or more
- Connell Graduate School of Nursing – seven or more
- School of Social Work – seven or more
- Woods College of Advancing Studies, Undergraduate – nine more
- Woods College of Advancing Studies, Graduate – seven more
- School of Theology and Ministry – seven or more

Non-degree graduate and WCAS students registering at the above credit hours are also automatically enrolled in SHIP unless proof of comparable coverage is provided.

Students who are not citizens or permanent residents of the United States will be automatically enrolled in SHIP unless proof of comparable coverage is provided.

Medical Leave of Absence policy: Boston College allows eligible students who are on an approved medical leave of absence to continue enrollment under the Boston College Student Health Insurance Plan for a maximum of one semester. Student must have been enrolled in the College’s Student Health Insurance Plan for the semester immediately preceding the requested enrollment extension.

Eligible students may also insure their Dependents, if the Dependents have been previously insured. Please contact Boston College’s Office of Student Services.

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 enrollment in exclusively 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 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 College and may be viewed at www.uhcsr.com/bc. This plan is underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care, Inc. and administered by UnitedHealthcare Student Resources and is based on policy number 2023-16-1. 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 1-866-948-8472 or GSHcustomerservice@uhcsr.com.

### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Fall 8-7-2023 to 1-12-2024</th>
<th>Spring 1-13-2024 to 8-6-2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,795.00</td>
<td>$2,338.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,795.00</td>
<td>$2,338.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,795.00</td>
<td>$2,338.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$3,590.00</td>
<td>$4,676.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$5,385.00</td>
<td>$7,014.00</td>
</tr>
</tbody>
</table>

### Highlights of the Student Health Insurance Plan Benefits

METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 92.520%

**Preferred Providers:** The Preferred Provider for this plan is HPHC Insurance Company Network Preferred Providers can be found using the following link:

[UHC Options PPO - Harvard Pilgrim Joint Venture](#)

**Student Health Center Benefits:** The Deductible and Copays will be waived and benefits will be paid at 80% 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></td>
<td>There is no overall maximum dollar limit on the policy</td>
<td>$150 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$300 For all Insureds in a Family, Per Policy Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan Deductible</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$150 Per Insured Person, per Policy Year</td>
<td>$2,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td></td>
<td>$300 For all Insureds in a Family, Per Policy Year</td>
<td>$4,000 For all Insureds in a Family, Per Policy Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<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</td>
<td>$2,000 Per Insured Person, Per Policy Year</td>
<td>$4,000 For all Insureds in a Family, Per Policy Year</td>
</tr>
</tbody>
</table>
Maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.

<table>
<thead>
<tr>
<th>Coinsurance</th>
<th>100% of Allowed Amount for Covered Medical Expenses</th>
<th>80% of Allowed Amount for Covered Medical Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Drugs</td>
<td>$15 Copay per prescription Tier 1</td>
<td>50% of billed charge for generic drugs</td>
</tr>
<tr>
<td></td>
<td>$30 Copay per prescription Tier 2</td>
<td>50% of billed charge for brand name drugs</td>
</tr>
<tr>
<td></td>
<td>$50 Copay per prescription Tier 3</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>
<tr>
<td>Preventive Care Services</td>
<td>100% of Allowed Amount</td>
<td>Allowed Amount after Deductible</td>
</tr>
<tr>
<td>The following services have per service Copays</td>
<td>Physician’s Visits: $25 not subject to Deductible Medical Emergency: $150 not subject to Deductible The Copay will be waived if admitted to the Hospital.</td>
<td></td>
</tr>
<tr>
<td>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</td>
<td>Office Visits: Allowed Amount not subject to Deductible Other Outpatient Services: Allowed Amount after Deductible</td>
<td></td>
</tr>
<tr>
<td>Pediatric Dental and Vision Benefits</td>
<td>Refer to the plan certificate for details (age limits apply).</td>
<td></td>
</tr>
</tbody>
</table>

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. Cosmetic procedures, except as specifically provided in the Policy or reconstructive procedures to:
   - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
   - Improve or give back bodily function or to correct a functional impairment caused by a birth defect or a prior surgical procedure.
   - Medically Necessary reconstructive procedures that are for gender reaffirming or gender dysphoria treatment. This exclusion does not apply to Benefits for HIV-Associated Lipodystrophy Syndrome Treatment.
3. 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.
4. Dental treatment, except:
   - As described under Dental Treatment in the Policy. This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
5. Elective Surgery or Elective Treatment.
7. Foot care for the following, except as specifically provided in the Policy:
- 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 due to conditions associated with metabolic, neurologic, or peripheral vascular disease.
- Benefits specifically provided in Podiatry Care.
- Medically Necessary treatment of a covered Injury or Sickness, as determined by the treating Physician.

8. Health spa or similar facilities. Strengthening programs.

9. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.

This exclusion does not apply to:
- Hearing defects or hearing loss as a result of an infection or Injury.
- Benefits specifically provided in Benefits for Treatment of Speech, Hearing and Language Disorders.


11. Hypnosis.

12. 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.

13. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.


15. Learning disabilities testing, including diagnostic testing of learning disabilities.

16. Lipectomy.

17. Nuclear, chemical or biological contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death.

18. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.

19. Prescription Drugs, services or supplies as follows, except as specifically provided in the Policy:
- Therapeutic devices or appliances, including: 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.
- Drugs used for the treatment of erectile dysfunction or sexual dysfunction.
- Growth hormones for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition.
- Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

20. Reproductive services for the following, except as specifically provided in Benefits for Infertility or as specifically provided in the Policy:
- Genetic testing.
- Impotence, organic or otherwise.
- Reversal of sterilization procedures.

21. 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.


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 contact lenses to treat keratoconus.
- To benefits specifically provided in the Policy.

23. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in Benefits for Maternity, Childbirth, Well-Baby and Post Partum Care.

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

25. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except orthognathic surgery to correct a significant functional impairment that cannot be adequately corrected with orthodontic services.
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.


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

28. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except:
   • As specifically provided in the Policy.
   • Medically Necessary reconstructive procedures that are for gender affirming, or gender dysphoria treatment.

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

30. 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).

31. 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 Weight Loss Programs or as 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 your ID Card or access My Account and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:
   • Caller's name, telephone and (if possible) fax number, and relationship to the patient;
   • Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
   • Description of the patient's condition;
   • Name, location, and telephone number of hospital, if applicable;
   • Name and telephone number of the attending physician; and
   • Information of where the physician can be immediately reached.
All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

**Highlights of Services offered by UnitedHealthcare Student Resources**

**Healthiest You: 24/7 Doctor Access**

Starting on the effective date of your coverage under the student insurance plan, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service.* By visiting [www.telehealth4students.com](http://www.telehealth4students.com), you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor’s office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor’s office, urgent care facility, or emergency room. As an insured with Student Resources, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period. You can learn more about this benefit and how to use it in My Account.

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

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

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

**HealthiestYou: Virtual Counselor Access**

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

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

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

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

**24/7 StudentAssist**

Insureds have immediate access to StudentAssist, a service that coordinates care using a network of resources. Services available include:

- **24/7 Crisis Support** – access to trained master’s level specialists, 24/7/365, who provide in-the-moment support and consultation.
- **Financial and Legal Counseling** – two 30 minute telephonic consultations with money coaches who offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by licensed state-specific attorneys. One 30 minute telephonic or face-to-face legal consultation per issue per year at no cost.
- **Mediation services** – one 30 minute telephonic or face-to-face consultation per issue per year available to help resolve family-related disputes, including but not limited to separation, child custody, child support, divorce property and debt division, etc.
Living Well Portal – access to [liveandworkwell.com] where insureds can participate in personalized self-help programs and find information on many helpful resources.

CollegeLife – direct access to experts on the Optum team and through referrals to a broad spectrum of pre-screened and qualified convenience resources.

Self Care – access to an evidence-based mobile care solution created by clinical experts that allows insureds to access on-demand help for stress, anxiety, and depression.

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

**Gallagher Student Health Complements**

Exclusively from Gallagher Student Health & Special Risk, enrolled students have access to the following menu of products at no additional cost. These plans are not considered insurance products and are not underwritten or administered by UnitedHealthcare Insurance Company of New York. More information is available on your school’s page at [http://www.gallagherstudent.com](http://www.gallagherstudent.com).

**Coast to Coast Vision**

Coast to Coast Vision offers discounts on vision benefits to insured students. Coast to Coast’s provider network gives students access to over 20,000 independent providers and retail stores nationwide, including For Eyes Optical, Lens Crafters, Pearle Vision, Target Optical, JC Penney Optical and Visionworks locations. There is no waiting period; students can take advantage of the savings immediately. Students can expect 10% to 60% off regular retail pricing on prescription eyeglasses, conventional contact lenses and other retail eyewear items, as well as 10 to 30% off eye examinations and 40 to 50% off the national average on LASIK.

For more information or to access the Coast to Coast Vision™ membership card, visit the ‘Discounts’ section on your school’s page at [http://www.gallagherstudent.com](http://www.gallagherstudent.com).

**UNI-CARE**

Maintaining good health extends to taking care of your teeth, gums and mouth. The UNI-CARE savings program provides you with a wide range of dental discount services. UNI-CARE contracts with dentists that agree to charge a negotiated fee to students covered under the Gallagher Student Health Insurance plan. Students must pay for the services received at the time of service to receive the negotiated rate. Savings vary but can be as high as 50% depending on the type of service received and the contracted dentist providing the service. To use the program, students must:

- Make an appointment with a contracted dentist. Contracted dentists and their fee schedules are listed at [findbestbenefits.com/student](http://findbestbenefits.com/student).
- Select a participating provider at [findbestbenefits.com/student](http://findbestbenefits.com/student).
- Give the dental network name to your provider when making your appointment
- Simply present your membership card before getting treatment to be assured the proper discount is applied
- Payment is due at the time of services
- There are no forms to complete and no limit to the number of visits

Full details of the program and contact information for further questions are available at [findbestbenefits.com/student](http://findbestbenefits.com/student).

**SilverCloud Behavioral Health**

SilverCloud Health offers online, self-guided programs designed for young adults to address anxiety, depression, stress, resilience, or insomnia. Based on cognitive behavioral therapy principles, these self-guided programs are available any time, on any device.

Each module is comprised of an introductory video and quiz, psychoeducational content with examples and personal stories, interactive activities, homework suggestions and summaries.
SilverCloud is accessible to those enrolled in your School’s Student Health Insurance Plan. To start on your path to better managing your well-being, visit [https://gsh.silvercloudhealth.com/signup/](https://gsh.silvercloudhealth.com/signup/)

**Broker information**

QUESTIONS? NEED MORE INFORMATION? For general information on benefits, eligibility and enrollment, student ID Cards, or service issues, please contact:

Gallagher Student Health & Special Risk  
500 Victory Road  
Quincy, MA 02171  
1-866-948-8472  
[www.gallagherstudent.com](http://www.gallagherstudent.com)

**ID Cards**

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

This Summary Brochure is based on Policy #2023-16-1.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by Harvard Pilgrim Health Care. 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 Harvard Pilgrim Health Care 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)


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 እኔ ከተማ ያለ ያሳኔ ትኬታ ያለ ከጉራ ምልክት ያለ ያለ ከጉራ ምልክት 1-866-260-2723

Arabic
توفر لك خدمات المساعدة اللغوية مجاناً. فضلاً اتصل على الرقم 1-866-260-2723.

Armenian
Հերթնազի են քաղաքական ծրագրական գրավորություններ մարդիկ հանդիսանում են. Բրնում էք քաղաքականություն 1-866-260-2723 համարով.

Bantu- Kirundi

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

Bengali- Bangla
মানুষেরা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্যে পেতে পারেন। পাঠ করুন 1-866-260-2723-তে কল করুন।

Burmese
သင်္ချောင်းဆုံးသောကြောင့် ပုံစံများ ငွေမြှုပ်နိုင်မည် 1-866-260-2723 ကြည့်ရှုလိုက်ပါ။

Cambodian- Mon-Khmer
ការជួយនូវសេវាអធ្វឹមថៃជាច្រើនគ្រប់រដ្ឋ 1-866-260-2723 សូមចូលចូលទស្សនី

Cherokee
S/tli, 109, Oyulsha, O Tel, LG, GT, P, 10, D, GT, I, P

Chinese
您可以免费获得语言援助服务，请致电 1-866-260-2723。

Chontaw
Chahita anumpa ish anumpuli hokmvトsholshi yvt peh pilla hq chi apeka hinla. I paya 1-866-260-2723.

Cushite- Oromo

Dutch
Taalkenboddiendiensten 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
Os υποστηρισμός γλωσσικής βοήθειας σας διατίθεται δωρεάν. Καλέστε το 1-866-260-2723.

Gujarati
ભાષા સહાયતા સેવાઓ તથા માટે નિશ્ચત ઉપલબ્ધ છે. કૂટા કરીને 1-866-260-2723 પર કોઈને કોઈ.

Hawaiian
Këkua manuahi ma kaʻi ‘olelo i ka‘ia‘ia. E kelepona i ka helu 1-866-260-2723.

Hindi
आप के लिए भाषा सहायता सेवाओं निश्चित उपलब्ध हैं। कूटा 1-866-260-2723 पर कॉल करें।

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

Ibo

Ilocano
Adda awan bayadna a serbisio panit iti language assistance. Pangingaisim ti tawagim ti 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 でお電話ください。

Karen
 обучения на языке панасоник (панджабискый) 1-866-260-2723.

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

Kru- Bassa
Bot ba hola ni kobol mahop ngu nsaa wogoi wo ba ye hu i nyuu yo. Sebel i nsinga imi 1-866-260-2723.

Kurdish- Sorani
خزمانکیسی بەنجامیبی بە ئامونیەیی بۆ توان دەکەیەکی. دەکەیەکی بەوە بەر ژمارەی 1-866-260-2723.

Laotian
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus vitae 1-866-260-2723.

SR LAP 64 (6-18)
Marathi
भाषाविद्या महत्त्वपूर्ण सुविधा आप्लवाला विविध माध्यम उपलब्ध आहे. त्यासाठी 1-866-260-2723 या कंप्यूटर संपर्क करा.

Marshallese

Micronesian- Polynesian
Mie sawas en mahnese olog komw, och ipepe. Melau eler 1-866-260-2723.

Nawo
Saad bee aki’eyeeed bee akarindawiji’ji t’a jiik’eh bee nik’i’ja bee nii’ahooti’ji. T’aahsiqool kohji’ji 1-866-260-2723 hondilnih.

Nepali
भाषा सहायता सेवाहरू निर्देश उपलब्ध छ। कृपया 1-866-260-2723 या कल संपर्क गरेली होसै।

Nilotic-Dinka
Kál kwok ajuevik a thok. ati tine yiin abac te cin wú yeke théece. Yiin col 1-866-260-2723.

Norwegian

Pennsylvania Dutch

Persian-Farsi
خدمات امداد زیانی به طور رایگان بر انتخاب شما می‌باشد. لطفاً با مشترکه 1-866-260-2723 تماس بگیرید.

Polish
Możesz skorzystać 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
ਭਾਸਾ ਸਹਾਇਤਾ ਸੇਵਾਹਾ ਸ਼ਾਨਦਾਰ ਉਪਲਬਧ ਹਨ। ਕੁਰਚਾ 1-866-260-2723 ਨਾ ਕੋਲ ਸੰਪਰਕ ਕੋਹੀਸ਼।

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

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

Samoaan- Fa'asamoa
O loo maun fesasaonei mo gagana mo oe ma e le totoagia. Fiamailemo telefoni le 1-866-260-2723.

Serbo-Croatian

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

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

Sudanic- Fulfulde

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

Syriac- Assyrian
 souhaا. 1-866-260-2723

Tagalog

Telugu
భాషా సహాయత సేవల నిమ్మే ఉపయోగ లేదు. కార్గు 1-866-260-2723 పాట్ల సంపర్క చేశాలి.

Thai
บริการคำแนะนำแล้วบริการฟรีที่คุณไม่ต้องเสียค่าใช้จ่าย
1-866-260-2723

Tongan- Fakatonga
‘Oku ‘i ai pe’a e sèvesi ki he lea’ ke tokoni kiate koe pea ‘oku ‘atia ia ma’au ‘o ‘ikai ha totongi. Kāta ‘o tā ki he 1-866-260-2723.

Trukese (Chuukese)
En mei tongeni angiis aninsin emon chon chiakku, ese kamo.
Kose mochen kopwe kokkiri 1-866-260-2723.

Turkish
Dil yardımı hizmetleri size ücretsiz olmak sunulmaktadır. Lütfen 1-866-260-2723 numarayi arayınız.

Ukrainian
Посуточні переклади надаються вам безкоштовно. Дзвоніть за номером 1-866-260-2723.

Urdu
زبان کی حوالی سر معلومات خدمات آپ کی لپ رابطہ دستیاب ہے۔
برائے مروی 2727-1-866-260-2723

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

Yiddish
צּוֹכִֵּּי צְבָּאָה וְצְוָאָה צְבֵּאָה צְוָאָה צְוָאָה צְוָאָה. 1-866-260-2723

Yoruba