



2018-2019 Student Injury and Sickness Insurance Plan for Postdoctoral Trainees

Vanderbilt University

Who is eligible to enroll?

All Postdoctoral trainees who are funded by training grants are automatically enrolled in this insurance plan.

Eligible participants who do enroll may also insure their Dependents. Eligible Dependents are the participant's legal spouse and dependent children under 26 years of age.

The participant (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 participant actively attend classes. The Company maintains its right to investigate eligibility or participant status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

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

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

Dependent eligibility expires concurrently with that of the Named Insured.

Dependent Eligibility and Enrollment

Participants may enroll their eligible Dependents for an additional cost. Check with your Department or Program to determine if payment for dependent coverage is being provided. To submit a Dependent Enrollment Form, go to www.gallagherstudent.com/vandypostdoc and click on the 'Dependent Enrollment' link. Payment for Dependent coverage is in addition to the fee for your individual participant coverage. Coverage is not effective until the start date shown in the Plan Costs and Period of Coverage section. The premium will not be prorated. It is the Insured Participant's responsibility to enroll eligible Dependents each year.

Dependent Enrollment Deadlines

It is the Insured participant's responsibility to enroll eligible Dependents each year. Dependents are not automatically re-enrolled. Participants need to purchase coverage for their eligible dependent(s) at the same time of their initial plan enrollment and must purchase the same period of coverage in which they are enrolled.

The deadlines to enroll dependents are as follows: September 12, 2018 for newly enrolled and returning Annual participants to have an effective date of August 12, 2018; Postdocs who begin their program after August 12, 2018 will have 31 days from their start date to enroll their eligible dependents.

The only time participants can purchase coverage for their dependents outside of their own coverage period is if the participant experiences one of the following qualifying events: (a) marriage (b) birth of a child, (c) divorce, (d) if the dependent is entering the country for the first time, or (e) the dependent loses coverage under another health insurance plan. If dependent enrollment meets one of these qualifying events, the Dependent Enrollment form and supporting documentation must be received by Gallagher Student Health within 31 days of the qualifying event. Once a dependent is enrolled, coverage cannot be terminated unless the participant loses eligibility.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.gallagherstudent.com/vandypostdoc. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2018-99-2. 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 1-800-468-5867 or www.gallagherstudent.com/vandypostdoc.

Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

Rates	Annual 08/12/18 – 08/11/19
Participant	\$3,142
Spouse	\$3,142
One Child	\$3,142
Two or More Children	\$6,284
Spouse and Two or More Children	\$9,426

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may include amounts which are retained by your school (to, for example, cover your school's administrative costs associated with offering this health plan) as well as amounts which are paid to Gallagher Student Health & Special Risk including Eyemed and Basix dental plan fees at the direction of your school.

Waiver Information and Deadlines

Online waivers must be submitted by August 31, 2018.

Eligible participants are automatically enrolled in and billed for the Student Injury and Sickness Insurance Plan. Participants who are currently enrolled in a health insurance plan of comparable coverage that will be in effect through August 11, 2019 can waive the Student Injury and Sickness Insurance Plan. Recognizing that your current health insurance coverage may change, at the beginning of each academic year participant will be asked to provide proof of comparable coverage in order to waive the Student Injury and Sickness Insurance Plan.

What is Comparable Coverage?

In order to be considered comparable, your current insurance plan must:

1. Be fully compliant with all provisions of the Affordable Care Act (ACA);

2. Be underwritten by an insurance company based in the United States (no international insurance companies);
3. Use a claims company in the United States;
4. Provide access to local doctors, specialists, Hospitals and other health care providers in the Vanderbilt University area;
5. Cover injury and sickness at a minimum of 85% with no policy year maximum;
6. Not have Deductibles greater than \$250 per insured person, per policy year;
7. Cover inpatient and outpatient Hospital expenses, outpatient surgical expenses, inpatient and outpatient mental health, prescription drugs, laboratory tests and x-rays, physical therapy, maternity, home health care;
8. Provide coverage for Medical Evacuation and Repatriation of Remains; and
9. Provide coverage for the period of August 12, 2018 to August 11, 2019.

Waiver Process

To document proof of comparable coverage an online waiver form must be completed and submitted by the deadline.

1. Go to www.gallagherstudent.com/vandypostdoc.
2. Click on "Post doc Waive".
3. Log in by following the directions on the website.
4. Click on the Red "I Want to Waive" button.

To complete the online Waiver Form, you will need to provide information from your current health insurance card: name, claims address, and toll-free customer service number of the insurance carrier, the name of the policyholder and policyholder ID or group number. If you have any trouble logging into your user account, please contact Gallagher Student Health & Special Risk customer service at 1-800-468-5867.

After completing the online waiver form you will be asked to review the information provided; if correct, click "Continue". Immediately upon submitting the form you will receive a confirmation number indicating the form has been submitted. Print this confirmation number for your records as it is your documentation that the form was submitted. If you do not receive a confirmation number, the form was not successfully submitted and you will need to correct any errors and resubmit the form. The online process is the only accepted process for waiving coverage.

An Online Waiver Form must be completed at the beginning of each academic year in order to waive participation in the Student Injury and Sickness Insurance Plan.

Participants who waive the insurance and subsequently lose coverage or become ineligible for coverage under their current insurance plan (i.e. a qualifying event), have the option to complete a Petition to Add Form within 31 days of the qualifying event. If the petition is received within 31 days of the qualifying event, coverage will begin the date of the qualifying event and will be in adherence to the Student Injury and Sickness Insurance Plan provisions. If a petition is received after 31 days, the effective date of coverage will be the date that the petition is received at Gallagher Student Health & Special Risk. If the petition is approved, the premium will not be prorated. Petition to Add Forms can be obtained online at www.gallagherstudent.com/vandypostdoc.

Highlights of the Student Injury and Sickness Insurance Plan Benefits		
METALLIC LEVEL – METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 86.270%		
Preferred Providers: The Preferred Provider Network for this plan is VU Medical Center (Preferred Provider) and UnitedHealthcare Options PPO (In-Network). Preferred Providers can be found using the following link: UHC Options PPO .		
	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	Preferred Provider: \$250 Per Insured Person, per Policy Year; In-Network: \$250 Per Insured Person, per Policy Year	\$500 Per Insured Person, per Policy Year
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$5,000 Per Insured Person, Per Policy Year \$10,000 For all Insureds in a Family, Per Policy Year	There is no Out-of-Pocket Maximum for Out-of-Network benefits.

Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	Preferred Provider: 90% of Preferred Allowance for Covered Medical Expenses; In Network: 85% of Preferred Allowance for Covered Medical Expenses	65% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs	HealthSmart RX, \$100 Deductible (per Policy Year) does not apply to Policy Deductible. \$15 Copay per prescription Tier 1 \$50 Copay per prescription Tier 2 \$75 Copay per prescription Tier 3 up to a 30 day supply per prescription Mail order Prescription Drugs through HealthSmart RX network pharmacy at 2 times the retail Copay up to a 90-day supply.	No Benefits
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.</i>	100% of Preferred Allowance	65% of Usual and Customary Charges
The following services have per Service Copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Medical Emergency: \$100 (The Copay will be waived if admitted to the Hospital)	Medical Emergency: \$100 (The Copay will be waived if admitted to the Hospital)
Pediatric Dental and Vision Benefits	Refer to the plan certificate for details (age limits apply).	

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Circumcision.
2. 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.
3. 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.
4. Elective Surgery or Elective Treatment.
5. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
6. Hirsutism. Alopecia.
7. 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.
8. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
9. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.
10. Injury sustained while:
 - Participating in any intercollegiate or professional sport, contest or competition.
 - Traveling to or from such sport, contest or competition as a participant.
 - Participating in any practice or conditioning program for such sport, contest or competition.

11. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting except when unprovoked and in self-defense.
12. Prescription Drugs, services or supplies as follows:
 - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
 - Immunization agents, except as specifically provided in the Policy.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
 - Products used for cosmetic purposes.
 - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
13. Reproductive/Infertility services including but not limited to the following:
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception except to diagnose or treat the underlying cause of the infertility.
 - Premarital examinations.
 - Impotence, organic or otherwise.
 - Reversal of sterilization procedures.
14. 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 the first pair of eyeglasses or contact lenses following cataract surgery.
15. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
16. 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.
17. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the participant health fee.
18. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
19. Supplies, except as specifically provided in the Policy.
20. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
21. 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).
22. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

UnitedHealthcare Global: Global Emergency Services

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

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

Domestic Participants, insured spouse and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address and 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. **All services must be arranged and provided by UnitedHealthcare Global any services not arranged by UnitedHealthcare Global will not be considered for payment.** If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Assistance Benefits include:

- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

To access services please refer to the phone number on the back of your ID Card or access **My Account** and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

- Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- Description of the patient's condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. **Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted.** A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

Highlights of Services offered by UnitedHealthcare StudentResources

Healthiest You: 24/7 Doctor Access

Starting on the effective date of your policy, 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, 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.

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.

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a \$40 service fee before being connected to a board-certified physician.

Student Assistance: 24/7 Counseling Support

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA's and Certified Financial Planners offer consultations on issues

such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount.

BetterHelp: 24/7 Online Counselor Access

Starting on the effective date of your policy, you have access to Psychologists (PhD / PsyD), Marriage and family therapists (LMFT), Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC) through BetterHelp, a national virtual counseling service. These professional licensed counselors will be available to you via ongoing text communications, live chat, phone, video or groupinars.

When you first visit the counseling website, you will be asked to complete a questionnaire that will request your UHCSR insurance information on your ID card, emergency contacts and your goals for accessing the service. The questionnaire will also ask you for counselor preferences (gender, specialty, etc.) to ensure you are matched with a practitioner that can help you meet your goals. Within 24 hour after completing the questionnaire, you will be contacted by a counselor to schedule an appointment and decide on a communication method that best suits your needs.

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

Gallagher Student Health & Special Risk Complements

Exclusively from Gallagher Student Health & Special Risk, the following menu of products are provided to all Postdocs currently enrolled in this Plan. These plans are not underwritten by UnitedHealthcare Insurance Company. For more information on all of the products & services listed below, visit your school's page at www.gallagherstudent.com under the "Discounts and Wellness" tab.

EyeMed Vision Care

The discount vision plan is available through EyeMed Vision Care. EyeMed's provider network offers access to over 45,000 independent providers and retail stores nationwide, including LensCrafters, Sears Optical, Target Optical, JC Penney Optical, and most Pearle Vision locations. You can purchase prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses at savings between 15% and 45% off regular retail pricing. In addition, you can receive discounts off laser correction surgery at some of the nation's most highly-qualified laser correction surgeons. You can take advantage of the savings immediately using your EyeMed ID card, which can be printed from the "Discounts and Wellness" tab on your school's page at www.gallagherstudent.com.

Basix Dental Savings

Maintaining good health extends to taking care of your teeth, gums and mouth. The Basix Dental Savings Program provides a wide range of dental services at reduced costs for Postdocs enrolled in a Gallagher Student Health & Special Risk Insurance Plan. It is important to understand **the Dental Savings Program is not dental insurance**. Basix contracts with dentists that agree to charge a negotiated fee to Postdocs covered under the Gallagher Student Health & Special Risk plan.

Savings vary but can be as high as 50% depending upon the type of service received and the contracted dentist providing the service. To use the program, simply:

- Find a contracted dentist from the Basix website.
- Make an appointment with a contracted dentist- be sure to tell the dental office that you have access to the Basix Dental Savings program. You do not need a separate identification card for the Basix program, but you will need to show your health insurance ID card to confirm your eligibility.
- Payment must be made at the time of service in order to receive the negotiated rate.

Full details of the program including lists of contracted dentists and fee schedules can found at www.basixstudent.com.

CampusFit

College health is all about helping participants develop healthy habits for a lifetime. To support your efforts, CampusFit "digitizes" knowledge from registered dietitians and certified fitness instructors to help teach and reinforce mainstream ideas about diet, nutrition, fitness and general wellness.

- The Energy Management section of the site allows a participant to assess how much energy they are consuming, and expending on a daily basis and offers ways to improve food choices.
- The Fitness Works section offers dozens of downloadable mp3 files and written exercise routines to help participants get more active. Want to run your first 5K? We've got a nine week, step-by-step plan to get you there.
- The Wellness Support section has downloadable mp3 files for guided imagery relaxation, and dozens of recordings to reinforce fundamental diet and nutrition ideas.

The CampusFit website can be accessed at <http://campusfit.basixwellness.com>. Registration is fast, free and completely confidential.

Broker information

QUESTIONS? NEED MORE INFORMATION?

For general information on benefits, eligibility and enrollment, ID Cards, please contact:

Gallagher Student Health & Special Risk

500 Victory Road

Quincy, MA 02171

1-800-468-5867

www.gallagherstudenthealth.com/vandypostdoc

For information about Gallagher Student Health & Special Risk Complement, EyeMed, Basix Dental and Campus Fit, go to www.gallagherstudent.com/vandypostdoc and click on Discounts & Wellness.

ID Cards

One way we are becoming greener is to longer automatically mail out ID Cards. Digital ID Cards can be downloaded or printed through Gallagher Student Health by visiting your school's page at www.gallagherstudent.com/vandypostdoc. In addition, upon receipt of an email notification from UHC digital ID cards are also available for download on the UHC My Account page, where the participant can also request delivery of a permanent ID card through the U.S. mail.

This Summary Brochure is based on Policy #2018-99-2

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 StudentResources 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>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

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

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

LANGUAGE ASSISTANCE PROGRAM

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請致電：1-866-260-2723。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1-866-260-2723.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 1-866-260-2723.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по номеру 1-866-260-2723.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال بـ 1-866-260-2723.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 1-866-260-2723.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-866-260-2723.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 1-866-260-2723.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para 1-866-260-2723.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-866-260-2723.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-866-260-2723 an.

注意事項：日本語 (**Japanese**) を話される場合、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 にお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. 1-866-260-2723 تماس بگیرید.

कृपा ध्यान दें: यदि आप **हिंदी (Hindi)** भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपा पर काल करें 1-866-260-2723

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សូមទំនាក់ទំនងយោងតាមលេខ គឺមានសេវាជំនួយ ឥតគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខ 1-866-260-2723។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti 1-866-260-2723.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí kohji' 1-866-260-2723 hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-866-260-2723.