



## 2024–2025 Student Health Insurance Plan for Ohio University

### Who is eligible to enroll?

#### Automatic Enrollment:

Domestic Undergraduate, Graduate, Masters, Medical and Doctoral students taking five or more Athens credit hours, and International students taking  $\frac{1}{2}$  or more Athens credit hours (Includes Athens online courses; Excludes eCampus courses) will be automatically enrolled in this insurance plan at registration. This includes Dublin and Cleveland HCOM students. Students that are eligible to waive the student insurance may complete the online waiver application through their MyOhio account prior to posted deadline.

#### Voluntary Enrollment:

**Athens Campus:** Domestic students enrolled in  $\frac{1}{2}$  - four Athens credit hours are eligible to purchase this plan on a voluntary basis during open enrollment periods each semester.

**Regional Campuses/Centers/Satellite Locations/eCampus:** Students taking five or more credit hours at one of the regional campuses, (Cleveland, Dublin, Ironton, St. Clairsville, Lancaster, Zanesville, Chillicothe, Pickerington, and Proctorville), eCampus students, and Eligible Dependents including Domestic Partners of enrolled students may participate in the plan on a voluntary basis. **Voluntary enrollment does not automatically continue.** Enrollment forms must be submitted during Open Enrollment periods each semester.

Students doing OPT or internships prior to graduation, as well as their dependents, may enroll on a voluntary basis. International visiting instructors/Research scholars with J1 Visa status and their Dependents including Domestic Partners are also eligible to enroll on a voluntary basis.

If the plan includes Dependent coverage, then eligible students who do enroll may also insure their Dependents.

When the policy includes Dependent coverage, eligible Dependents include:

1. The Insured Person's legal spouse.
2. The Insured Person's Domestic Partner, if Domestic Partner is included as a "Class of Person to be Insured" as specified in the Policyholder Application.
3. Dependent children up to age 26.
4. Disabled children beyond age 26 if the child is:
  - a. Incapable of self-sustaining employment by reason of intellectual disability or physical handicap.
  - b. Chiefly dependent upon the Insured Person for support and maintenance.
5. Children for whom the parent is required by court or administrative order to provide coverage.

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

When the Policy includes Dependent coverage, 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 this 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 this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage availability is guaranteed for all individuals who meet the eligibility requirements specified above.

### **Medicare Eligibility**

Any person who has Medicare at the time of enrollment in this student insurance plan is not eligible for coverage under the Master Policy.

If an Insured Person obtains Medicare after the Insured Person is covered under the Master Policy, the Insured Person's coverage will not end due to obtaining Medicare.

As used here, "has Medicare" means that an individual is entitled to benefits under Part A (receiving free Part A) or enrolled in Part B or Premium Part A.

### **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.Ohio.edu/Student-Insurance](http://www.Ohio.edu/Student-Insurance) or [www.uhcsr.com/ohio](http://www.uhcsr.com/ohio). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2024-1103-2. 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 1-888-799-7716 or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com) or Ohio University Student Health Insurance at [studentinsurance@ohio.edu](mailto:studentinsurance@ohio.edu) or 740-593-1931.

## **Highlights of Coverage offered by UnitedHealthcare StudentResources**

### **Coverage Dates and Plan Cost**

| Rates                | Fall<br>8/20/24 – 2/19/25 | Spring 1<br>2/20/25 – 8/19/25 | Spring 2<br>1/1/25 – 8/19/25 | Summer<br>5/1/25 – 8/19/25 |
|----------------------|---------------------------|-------------------------------|------------------------------|----------------------------|
| Student              | \$1,448.00                | \$1,447.00                    | \$1,838.00                   | \$880.00                   |
| Spouse               | \$1,448.00                | \$1,447.00                    | \$1,838.00                   | \$880.00                   |
| One Child            | \$1,448.00                | \$1,447.00                    | \$1,838.00                   | \$880.00                   |
| Two or More Children | \$2,896.00                | \$2,894.00                    | \$3,676.00                   | \$1,760.00                 |

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

### **Important dates or deadlines**

Students eligible to waive the health insurance policy must complete a waiver application online through their MyOhio Student Center account prior to the posted deadlines.

**Fall Semester 2024 Waiver Deadline:** September 13, 2024. Completing a waiver for Fall semester will waive the insurance policy for Fall 2024, Spring and Summer 2025 semesters.

**Spring Semester 2025 Waiver Deadline:** January 31, 2025. Completing a waiver for Spring semester will waive the insurance policy for Spring and Summer 2025 semesters.

**Summer Semester 2025 Waiver Deadline:** May 30, 2025. Completing a waiver for Summer semester will waive the insurance policy only for Summer semester 2025.

## OPEN ENROLLMENT

Students wishing to enroll on a voluntary basis must complete enrollment forms each semester prior to the Waiver deadlines listed above.

Voluntary Enrollment requires an enrollment form to be completed each semester during Open Enrollment. Voluntary Enrollment does not automatically continue. Open Enrollment begins 30 days prior to the effective start date of the coverage period. Enrollment forms are available at [www.ohio.edu/student-insurance/forms-brochures](http://www.ohio.edu/student-insurance/forms-brochures)

## Other Available Coverage

Also available for Ohio University students is a UnitedHealthcare Insurance Company fully insured Dental plan. To enroll go to [www.uhcsr.com/ohio](http://www.uhcsr.com/ohio). Open Enrollment is available in the Fall each year.

Also available for Ohio University students is a supplementary Global Emergency Services policy, which includes coverage for Repatriation and Evacuation. This plan may be purchased directly from the American College Student Association (ACSA) on their website: [www.acsa-travelsolutions.com](http://www.acsa-travelsolutions.com) to supplement an alternate health insurance policy.

## Student Health Center Message | Ohio University Campus Care (OUCC) Referral Requirement

### STUDENTS ONLY

The student should use the services of the Ohio University Campus Care (OUCC) first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the OUCC for which no prior approval or referral is obtained will be subject to an additional \$150 Deductible. A referral issued by the OUCC must accompany the claim when submitted. Only one referral is required for each Injury or Sickness per Policy Year.

An OUCC referral for outside care is not necessary only under any of the following conditions:

1. Medical Emergency. The student must return to OUCC for necessary follow-up care.
2. When the OUCC is closed.
3. Medical care received when the student is more than 30 miles from campus.
4. Medical care obtained when a student is no longer able to use the OUCC due to a change in student status.
5. Maternity, obstetrical and gynecological care.
6. Mental Illness treatment and Substance Use Disorder treatment.
7. Preventive Care Services.

Dependents are not eligible to use the OUCC; and therefore, are exempt from the above limitations and requirements.

### Highlights of the Student Health Insurance Plan Benefits

#### METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 88.300%

**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](#)

**Ohio University Campus Care:** The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Ohio University Campus Care (OUCC).

**Ohio University Campus Care Referral Required:** This plan includes an Ohio University Campus Care Referral Requirement. Benefits will be reduced without a referral from the Ohio University Campus Care for treatment received from a provider other than the Ohio University Campus Care. Refer to the plan Certificate of Coverage for details and exceptions.

|  | Preferred Providers  | Out-of-Network Providers  |
|--|--|---|
| Overall Plan Maximum   | There is no overall maximum dollar limit on the policy   |   |
| Plan Deductible  | \$250 Per Insured Person, Per Policy Year<br>\$500 For all Insureds in a Family, Per Policy Year | \$5,000 Per Insured Person, Per Policy Year<br>\$10,000 For all Insureds in a Family, Per Policy Year |
| Out-of-Pocket Maximum<br><i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be</i> | \$5,000 Per Insured Person, per Policy Year  | \$10,000 Per Insured Person, Per Policy Year  |

|  |   |   |
|--|---|---|
| <p>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.</p>  | <p>\$10,000 For all Insureds in a Family, per Policy Year</p>   | <p>\$15,000 For all Insureds in a Family, per Policy Year</p>   |
| <p><b>Coinsurance</b><br/>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</p>  | <p>80% of Allowed Amount for Covered Medical Expenses</p>   | <p>60% of Allowed Amount for Covered Medical Expenses</p>   |
| <p><b>Prescription Drugs</b><br/>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.</p>   | <p>\$0 Copay for Tier 1<br/>\$10 Copay for Tier 2<br/>\$20 Copay for Tier 3<br/>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible</p> | <p>\$15 Copay for generic drug<br/>\$30 Copay for brand name drug<br/>60% of billed charge<br/>Up to a 31-day supply per prescription<br/>not subject to Deductible</p> |
| <p><b>Preventive Care Services</b><br/>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 <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</p> | <p>100% of Allowed Amount</p>   | <p>60% of Allowed Amount after Deductible</p>   |
| <p><b>The following services have per service Copays</b><br/>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</p>  | <p>Physician's Visits: \$25 not subject to Deductible<br/><br/>Medical Emergency: \$250 not subject to Deductible<br/>The Copay will be waived if admitted to the Hospital.</p>   | <p>Medical Emergency: \$250 not subject to Deductible<br/>The Copay will be waived if admitted to the Hospital.</p>   |
| <p><b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b></p>  | <p>Office Visits:<br/>80% of Allowed Amount not subject to Deductible<br/><br/>Other Outpatient Services:<br/>80% of Allowed Amount after Deductible</p>  | <p>Office Visits:<br/>60% of Allowed Amount after Deductible<br/><br/>Other Outpatient Services:<br/>60% of Allowed Amount after Deductible</p>                         |
| <p><b>Pediatric Dental and Vision Benefits</b></p>   | <p>Refer to the plan certificate for details (age limits apply).</p>  |   |

## Exclusions and Limitations

This Exclusions and Limitations section describes items which are excluded from coverage and are not considered to be Covered Medical Expenses.

**Read the Definitions section and the attached Schedule of Benefits carefully. Refer to the Medical Expense Benefits section for benefit specific limitations.**

No benefits will be paid for services designated as "No Benefits" in the Schedule of Benefits or for procedures, equipment, services, supplies, or charges which the Company determines are not Medically Necessary or do not meet the Company's medical policy, clinical coverage guidelines, or benefit policy guidelines.

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. Cosmetic procedures. Cosmetic procedures are primarily intended to preserve, change, or improve the Insured Person's appearance, including surgery or treatments to change the size, shape, or appearance of facial or body features (such as the Insured's skin, nose, eyes, ears, cheeks, chin, chest, or breasts).  
This exclusion does not apply to:
  - Benefits specifically provided in the Policy for Reconstructive Procedures.
  - Myocardial infarction.
  - Pulmonary embolism.
  - Thrombophlebitis.
  - Exacerbations of co-morbid conditions.
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. Any dental treatment not specifically provided for in the Policy.
5. Elective Surgery or Elective Treatment.
6. Examinations related to research screenings.
7. 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).
8. Health spa or similar facilities. Strengthening programs.
9. Hearing aids or exams to prescribe or fit them.
10. Hypnosis.
11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
12. Injury sustained from playing, practicing, traveling to or from, participating in, or conditioning for any intercollegiate sport for which benefits are paid or payable under a sports accident policy issued to the Policyholder, or for which coverage is provided by the National Collegiate Athletic Association (NCAA), the National Association of Intercollegiate Athletics (NAIA), or any other sports association.
13. Investigational services.
14. Marital counseling.
15. Direct participation in a riot or civil disobedience, nuclear explosion, or nuclear accident. Commission of or attempt to commit a felony.
16. Physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, or for licensing.
17. Prescription Drugs, services or supplies as follows:
  - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, not specifically provided for in the Policy.
  - Immunization agents, except as specifically provided under Preventive Care Services.



- 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.
  - Growth hormones.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
18. Reconstructive procedures, except as specifically provided in the benefits for Reconstructive Procedures.
  19. Reproductive services for the following:
    - 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.
    - Impotence, organic or otherwise.
    - Reversal of sterilization procedures.
  20. When the Policyholder has a Student Health Center, services provided by the Student Health Center for which the Insured Person has no legal obligation to pay.
  21. Naturopathic services.
  22. Surgical treatment of gynecomastia.
  23. Services provided by any Governmental unit, unless otherwise required by law or regulation.
  24. 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).
  25. 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 benefits for Preventive Care Services.

## UnitedHealthcare Global: Global Emergency Services

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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.

Domestic Students, insured spouse, Domestic Partner 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 StudentResources

### HealthiestYou: 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

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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](http://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](http://www.uhcsr.com/MyAccount) under Additional Benefits.

## ID Cards

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Insured students will receive emailed instructions on how to create a My Account and access their electronic ID card. From the [uhcsr.com/myaccount](http://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 #2024-1103-2.

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 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](mailto: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 <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/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.



**Marathi**

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे.  
त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

**Marshallese**

Kwomaron ñ bok jermal in jipañ in kajin ilo ejjelok wōñāñ. Jouj im kallok 1-866-260-2723.

**Micronesian- Pohnpeian**

Mie sawas en mahsen ong komwi, soh isepe. Melau eker 1-866-260-2723.

**Navajo**

Saad bee áka'e'eyeed bee áka'nida'wo'igíi t'áá jíik'eh bee nich'i' bee ná'ahoot'i'. T'áá shqoqi kohji' 1-866-260-2723 hodiilnih.

**Nepali**

भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया  
1-866-260-2723 मा कल गर्नुहोस्।

**Nilotic-Dinka**

Kák ë kuny ajueer ë thok atō tinë yin abac të cin wëu yeke thiëëc. Yin col 1-866-260-2723.

**Norwegian**

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

**Pennsylvania Dutch**

Schprooch iwwesetze Hilf kantscht du frei hawwe. Ruf 1-866-260-2723.

**Persian-Farsi**

خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره  
1-866-260-2723 تماس بگیرید.

**Polish**

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

**Portuguese**

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

**Punjabi**

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ  
1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

**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.

**Samoan- Fa'asamoa**

O loo maua fesoasoani mo gagana mo oe ma e le totogia.  
Faamolemole 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 wac 1-866-260-2723.

**Spanish**

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

**Sudanic- Fulfulde**

E woodi walliinde dow wolde caahu ngam maada. Noodu 1-866-260-2723.

**Swahili**

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

**Syriac- Assyrian**

ܟܘܡܪܘܢ ܒܘܟ ܝܪܡܠ ܝܢ ܟܝܢ ܝܠܘ ܝܟܝܠܘܟ ܘܘܢܝܢܝܢ. ܝܘܝܝܡ ܝܡ ܟܠܠܘܟ 1-866-260-2723.

**Tagalog**

Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

**Telugu**

అంకియి అసిస్టుంట్ సర్వీస్ ని మీకు ఉచితంగా అందుబాటులో ఉన్నాయి.  
దయ చేసి 1-866-260-2723 కి కాల్ చేయండి.

**Thai**

มีบริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่าย  
แต่อย่างใด โปรดโทรศัพท์ถึงหมายเลข  
1-866-260-2733

**Tongan- Fakatonga**

'Oku 'i ai pē 'a e sēvesi ki he lea' ke tokoni kiate koe pea 'oku  
'atā ia ma'au 'o 'ikai ha totongi. Kātaki 'o tā ki he  
1-866-260-2723.

**Trukese (Chuukese)**

En mei tongeni angei aninisin emon chon chiakku, ese kamo.  
Kose mochen kopwe kokkori 1-866-260-2723.

**Turkish**

Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen  
1-866-260-2723 numarayı arayınız.

**Ukrainian**

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

**Urdu**

زبان کے حوالے سے معاونتی خدمات آپ کے لیے بلا معاوضہ دستیاب ہیں۔  
براہ مہربانی 1-866-260-2723 پر کال کریں۔

**Vietnamese**

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

**Yiddish**

שפראך הילף סערוויסעס זענען אוועקגעבן פאר אייך פריי פון אפצאל. ביטע  
רופט 1-866-260-2723.

**Yoruba**

Isẹ iranlọwọ èdè tí ó jẹ ọfẹ́, wà fún ọ. Pe 1-866-260-2723.