



Welcome

Explore the ways your international benefit plan can help you thrive

The Navigators

UnitedHealthcare Global Customer Support:
+1.877.844.0280

**United
Healthcare
Global**

Thanks for being a member

We're here to help make accessing your international benefit plan easier. Use this guide as a tool to help you better understand your benefits, find care options, manage costs and get more out of your plan—and start experiencing all that your benefits can do for you.

If you do not have computer access, need assistance or have questions after reading this guide, please call the number on your ID card. [Click here](#) for a list of toll-free international access codes. Be prepared to provide the information on your ID card, a description of the situation and a phone number to contact you.

If this is a medical emergency follow the “first call” protocol for the country you are in. [Click here](#) for a complete listing of international emergency contact numbers by country.



Connect with us

Email
myuhc.com
uhcglobal.com



Locate your ID card

An ID card will be sent to you in the mail. Always carry your ID card with you. You can also find your digital ID card on myuhc.com and in the UHC Global app.

Your ID card contains valuable information about your coverage, so it's important to know what everything means. [Click here](#) for a guide on how to read your ID card.

				Expatriate Insurance	
Member: SUBSCRIBER SMITH		Group Number: 9999999			
Member ID: 123456789		Customer Name			
Dependents: SPOUSE SMITH CHILD1 SMITH CHILD2 SMITH CHILD3 SMITH		Payer ID: 87726			
U.S. Only: Office: \$25 UrgCare: \$35 Coins 10%		ER: \$100 Spec: \$40		Rx Bin: 610279 Rx PCN: 9999 Rx Grp: UHEALTH	
Ded IND/FAM: \$375/\$750 OON: \$1000/\$2000		OOPM IND/FAM: \$2500/\$7500 \$5000/\$13000		Ded IND/FAM: \$1000/\$3000 OOPM IND/FAM:	
Expatriate Insurance Choice Plus Underwritten by UnitedHealthcare Insurance Company					

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.

For Members: myuhc.com +1 877-844-0280
 Calls Outside U.S.: +1 763-274-7362

For U.S. Providers: UHCprovider.com 877-842-3210
 For Non-U.S. Providers: +1 763-274-7362
 International Claim Fax: +1 813-877-8167
 Medical Claims: PO Box 740111, Atlanta, GA 30374-0111

Pharmacy Claims: PO Box 740111, Atlanta, GA 30374-0111
 For U.S. Pharmacists: 888-290-5416

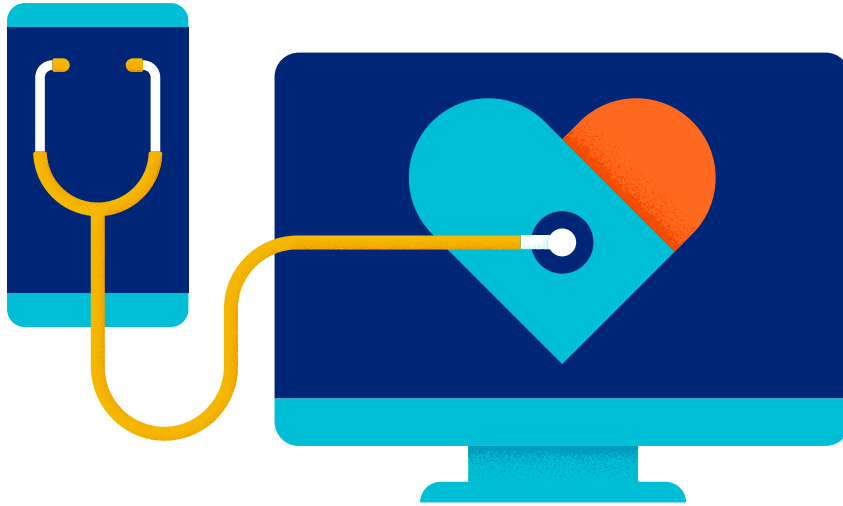
Note that this is a sample ID card image and your own ID card may differ.



Connect with us

Your employer may choose to offer you a welcome call with one of our experienced team members. During the call, they will walk you through your benefits, answer questions and address concerns you might have about your health or the health of qualifying dependents. They will also confirm or collect your email address should we need to connect with you.

If you or your employer chooses to provide us with your email address, you will receive a series of welcome emails filled with tips on how to activate and use your plan.



Activate your myuhc.com[®] account

When it comes to managing your plan, myuhc.com lets you see what's covered, manage costs and so much more. To help everyone get more from their plan, it's important that each member aged 18 and over consider creating their own account.

Use myuhc.com to:

- Find the average cost of care
- See what's covered
- View claim details
- Check your plan balances
- Find network providers

Get started today:

- Go to myuhc.com
- Have your ID card handy and follow the step-by-step instructions

For more assistance on how to connect to your plan, [click here](#).

Download the UnitedHealthcare Global app

The UHC Global app puts your plan at your fingertips. Download it to:

- Find local in-network care
- View and share your ID card with your provider's office
- Easily check your coverage details, submit claims and more





How to read your certificate of coverage and benefits summary

When you understand your benefits, you can make more informed health care decisions. The certificate of coverage (CoC), located on myuhc.com, describes your plan in detail. While long, it can be helpful if you need to know something specific. If you want an easy-to-read summary that lets you quickly review the plan, refer to your benefits summary.

Both documents are designed to help you understand what is and is not covered, as well as your plan's costs, including types of coverage, deductible amounts and out-of-pocket limits. They also contain information on coverage for in-network and out-of-network providers so you know what your costs will be ahead of time and can help you avoid surprise bills.

Learn more about Understanding your Explanation of Benefits statement. Navigate to myuhc.com > Coverage & Benefits > Plan Documents to view your CoC



For additional assistance with the information in your CoC or benefits summary, call the number on your ID card.

Transition of care services

If you are currently undergoing a course of treatment using an out-of-network physician or health care facility in the U.S., you may be eligible to receive transition of care benefits that prevent disruption of your current treatment plans.

You have the option to request extended coverage from your current, out-of-network health care provider at network rates for a limited time due to a specific medical condition until the safe transfer to a network health care professional can be arranged. This transition period is available for specific medical services and for limited periods of time.

If you have questions regarding this transition of care reimbursement policy or would like help finding out if you are eligible for transition of care benefits, call the number on your ID card.



Pharmacy benefits

OptumRx® pharmacy services help make it easier to save on medications and keep track of them, too—whether you're online or on the go.

Visit myuhc.com > Pharmacies & Prescriptions to:

- Find and compare medication costs
- Locate a network pharmacy
- See if your medications have any requirements before filling them

Keep costs in check

Your Prescription Drug List (PDL)—available on myuhc.com—lists the most prescribed medications covered by your plan. Choosing medications in the lower tiers may help you save money. Consider generic medications instead of brand names, which may keep costs down.

Keep in mind that your plan covers prescription medication only. Pharmacy benefits will not apply if your medication is available over-the-counter in the host country.

Fill your prescriptions before you go

You are eligible to receive up to a one-year supply of prescription medication. It's important to talk to your primary care provider (PCP) before you depart to make sure the medications you are on are available in your host country or have a comparable option.

Call the number on your ID card for assistance filling, storing and finding comparable prescriptions. Visit myuhc.com to see drug name translations and get detailed information on medications.

Buying prescriptions abroad

Certain federal regulations prohibit the shipment of prescription medication, so it is best to fill your prescriptions at local retail pharmacies. Call the number on your ID card or visit myuhc.com to locate a retail pharmacy nearby. You can pay for your medication and submit a claim to us for reimbursement.

It is important to know that medication names and strengths can vary from country to country. Call the number on your ID card for help in understanding medication differences.

Dental benefits

Taking care of your teeth and gums is important to your overall health. If you have dental benefits as part of your plan, you can use the services of any dentist or dental specialist around the world.

- To view your dental benefits, visit myuhc.com
- To find a provider, visit myuhc.com or call the number on your ID card
- To receive an estimate for dental services exceeding \$500 and to arrange for direct payment to a provider, call the number on your ID card
- You do not need a referral to see a dental specialist



Vision benefits

If you have vision benefits, a comprehensive eye exam can do more than test your vision. It can also identify symptoms of many health problems, such as diabetes, hypertension, high cholesterol, glaucoma and cataracts.

- To learn about your vision benefits, visit myuhc.com
- To find a provider, visit myuhc.com or call the number on your ID card

Long-term disability benefits

Long-term disability (LTD) benefits are designed to enhance employees' financial security if health conditions prevent them from working for an extended period. If you have LTD as part of your plan, this coverage can help mitigate the impact of an extended interruption of income. Refer to your benefit summary for additional details.

To learn about your LTD benefits, call the number on your ID card.

Accidental death and dismemberment benefits

If you have accidental death and dismemberment (AD&D) benefits as part of your plan, it can help ease the financial transition that results from a reduced earning capacity. It can also help fund lifestyle changes a person may need to make following a physical impairment. Refer to your benefit summary for additional details.

To learn about your AD&D benefits, call the number on your ID card.

If you need medical attention in select locations

Different countries have different rules and regulations when it comes to health care. An insurance claim has the potential to turn into a complicated maze of red tape due to language barriers, local laws, customs and norms that differ from country to country.

We remove the complexity and partner with locally licensed insurers or administrators in countries where this type of coverage is required. All you need to do is show the right ID card to receive care, or contact us to arrange payment to a provider.

If you are living in or receiving care in one of the countries listed below, you may receive and need to carry an additional insurance ID card. Simply present the locally licensed insurer or administrator ID card at the time of service. Use your UnitedHealthcare Global ID card in all other instances.

To help you understand who your locally licensed insurer or administrator is, which ID card to use and who to call for assistance in select countries, reference the chart below. You can always contact us if you have additional questions.

When you are in:	The locally licensed insurer or administrator will be:	Carry the following ID cards in this country:	For assistance, contact:
Africa	Medical Services Organization (MSO)	UnitedHealthcare Global	UnitedHealthcare Global via the information on your ID card
Australia	nib Health Funds (nib)	<ul style="list-style-type: none"> UnitedHealthcare Global nib 	nib Phone: +1.800.244.466 Phone: +61.2.4914.1156 Email: uhc@nib.com.au Online: nib.com.au/uhc
Bahrain, Jordan, Kuwait, Lebanon, Kingdom of Saudi Arabia, Oman, Qatar, United Arab Emirates	Al Sagr National Insurance Company (ASNIC) with NEXtCARE, a local third-party administrator who will process your claims and provide customer support	<ul style="list-style-type: none"> UnitedHealthcare Global ASNIC 	NEXtCARE Phone: +966.55.088.2527 Phone: +1.800.249.9997 (in the KSA only) Email: asnicare@nextcarehealth.com
Canada	Cowan	<ul style="list-style-type: none"> UnitedHealthcare Global Cowan 	Phone: +1.844.974.1469 Email: uhcgmemberservices@cowangroup.ca
Europe*, Armenia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkey, Turkmenistan	AP Companies	UnitedHealthcare Global	UnitedHealthcare Global via the information on your ID card
Japan	Emergency Assistance Japan (EAJ)	UnitedHealthcare Global	UnitedHealthcare Global via the information on your ID card
India	Paramount Health Management (PHM)	UnitedHealthcare Global	UnitedHealthcare Global via the information on your ID card

* Select countries, does not include Andorra, Channel Islands, Faroe Islands, Gibraltar, Holy See, Isle of Man and San Marino.

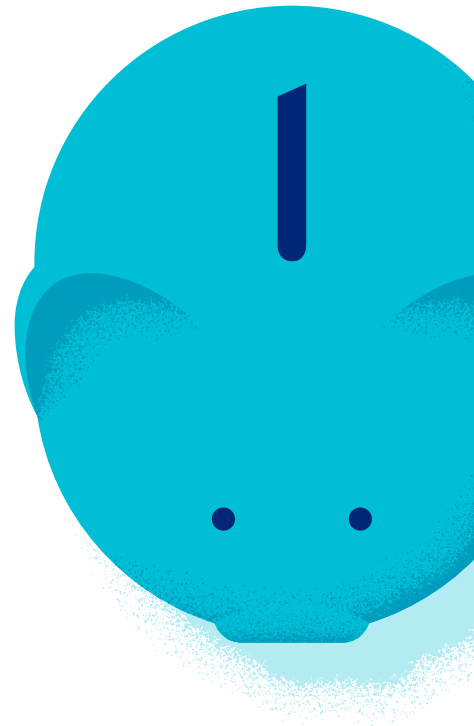
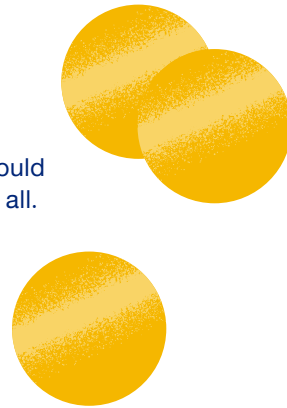
Simple ways to help you save

Here are a few good-to-know things you can do to help get the most out of your plan.

Stay in-network

The doctors and facilities in-network may have agreed to provide services at a discount—so staying in-network makes sense, especially when visiting an out-of-network provider in the U.S. could end up costing you a lot more for care or may not be covered at all. Sign in to myuhc.com > Find Care to locate:

- Labs
- Hospitals
- Mental health professionals
- Network providers



Use the direct payment system and guarantee of payment process

We have a direct payment system established with most global network providers. This means your health care bills are sent directly to us for payment, minimizing your out-of-pocket expenses and eliminating the need for you to complete a claim form.

There may be some circumstances when you need care from a provider who does not have a direct payment agreement with UnitedHealthcare Global. In this instance, the provider will need to request a guarantee of payment (GOP) from us before providing services. If a GOP is required, instruct the provider to contact the phone number on your ID card so we can issue a GOP and arrange a direct payment for services. They can also [email us](#). If this is urgent, instruct the provider to include the word “URGENT” in the subject line.



Find the right care


Finding care is simple when you sign in to myuhc.com or use the UHC Global app. This is where you can quickly find a primary care provider (PCP), clinic, hospital or lab based on location, specialty, availability, hours of operation and more. You can even see patient ratings and view average costs before you choose a provider. If you would like more information about a provider's qualifications, call the phone number on your ID card.

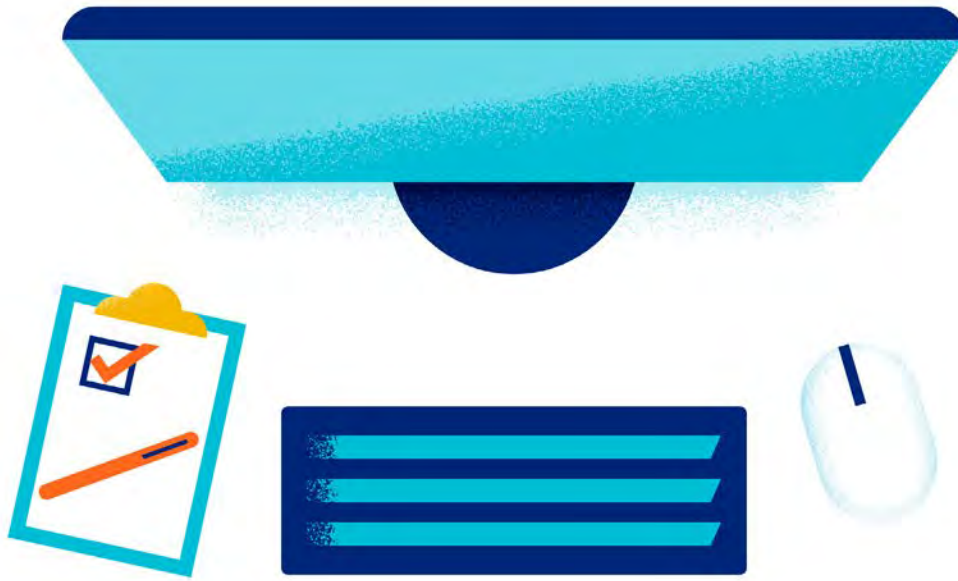
Need help finding care?

- More information on how to [find the right type of provider in the U.S.](#)
- More information on how to [find a provider outside of the U.S.](#)
- Visit myuhc.com or call the number on your ID card if you need additional assistance



Choosing a provider in the U.S.

The UnitedHealth Premium® program uses national, evidence-based, standardized measures to evaluate physicians in various specialties to help you locate quality providers. Find UnitedHealth Premium Care Physicians by going to myuhc.com > Find Care & Costs and look for blue hearts. 



Try a Virtual Visit

Seeing a doctor at home and on assignment should be simple. From treating colds and fevers, to caring for migraines and allergies—a Virtual Visit can be a great option. Sign in to myuhc.com or use the UnitedHealthcare Global app to find and connect with a doctor.

Learn more about [Virtual Visits](#).

Keep up on preventive care

Preventive care — such as routine wellness exams and certain recommended screenings and immunizations — is covered by most of our plans at no additional cost when you see an in-network provider. A preventive care visit may be a good time to help establish your relationship and create a connection for future medical services.

Need help finding out what services are covered? You have three options:

1. View your benefit summary
2. Log in to myuhc.com or the UHC Global app
3. Call the number on your ID card



Need help in an emergency?

If you're in an emergency abroad, you'll need to know how to contact the police, an ambulance or even the fire department. Follow the "first call" protocol for the country you are in. [View for a complete listing of international emergency contact numbers by country.](#)

Submit and manage claims online

When you receive medical care, the provider may require you to pay for your care at the time of service. This is called an out-of-pocket expense and should be submitted for reimbursement.

Getting reimbursed for medical services is easy when you complete and submit a claim via myuhc.com or through the UHC Global app. Simply:

1. Log in to myuhc.com or the UHC Global app and select your location
2. Select “Submit a Claim”
3. Enter the required information
4. Upload information about the care received and select the attestation box
5. Submit your claim, being sure to confirm your preferred method for reimbursement. A confirmation page will appear with a submission ID number.

Each claim is different and processing times vary, but most claims are processed for payment within 14 business days. Payment processing times vary by payment method and banking institution, but in general should take no longer than 7 additional business days.

To check on the status of a claim, visit myuhc.com or the UHC Global app. From here, you can view all submitted claims, review claims payment status and reference your past claim history.



Health and wellness benefits powered by care



My Wellbeing

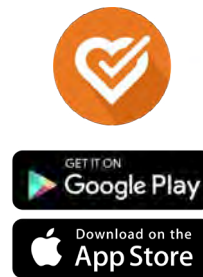
My Wellbeing is a digital health platform designed to help you create positive behavioral changes and healthy habits.

Use it to:

- Set goals
- Create social, physical and nutrition programs
- Track your health and activity
- Stay connected and focused

Register at mywellbeingsolution.com using the company access code **uhcglobal**. Dependents can use the same code to create their account. Download the Optum® My Wellbeing app from your favorite app store.

[Learn more about My Wellbeing here.](#)



Employee Assistance Program

When life gets challenging, you've got caring, confidential help from your Employee Assistance Program (EAP).

There are three ways to access your EAP benefits:

1. Call and talk to a specialist
+1.877.510.9664 in the U.S.
+44.1865.397.074 outside the U.S.
2. Online at mywellbeingsolution.com using company access code **uhcglobal** and select "contact your EAP" from the home page
3. Download the Optum My Wellbeing app from your favorite app store and select "contact your EAP" from the home page

[Learn more about the Employee Assistance Program.](#)

Behavioral health services

Life is change. LiveWell offers programs and resources designed to help you improve your wellbeing and create the life you want. From topics such as work/life balance, building healthy relationships, coping with stress and anxiety and more, we're here to support you with whatever challenges you may experience in life. Come back each month to explore new articles, training sessions and the latest resources.

Register at liveswell.optum.com using the company access code **uhcglobal**.

Mindfulness

Mindful Matters offers live, expert-led mindfulness sessions plus on-demand content on a variety of topics, and daily mindfulness topics to help you tackle stress, ease worries or fears, and build resilience.

Register at liveswell.optum.com using the company access code **uhcglobal**.

Financial wellness

Financial Wellness Resources offer free support to help you reach your financial goals, pay down debt, and plan for retirement.

Register at liveswell.optum.com using the company access code **uhcglobal**.

Health Management Program

If you and your qualifying dependents have a complex or chronic condition, you can take advantage of the Health Management Program. This program is uniquely designed to help you access the resources you need to overcome the challenges of accessing care and resources for complex, high-risk conditions.

Here's how it works:

- Enroll by calling the number on your ID card
- A clinician will be assigned to you and will provide targeted support and assistance to help you overcome the challenges of accessing care and resources outside your home country
- They work with you to develop a long-term and trusted relationship, getting to know your case history and needs on a personal level so you can focus on getting better

[Learn more](#) about the Health Management Program here.

Assistance services

If you have a medical or travel problem, call the number on your ID card for 24/7 assistance. Reasons to call may include:

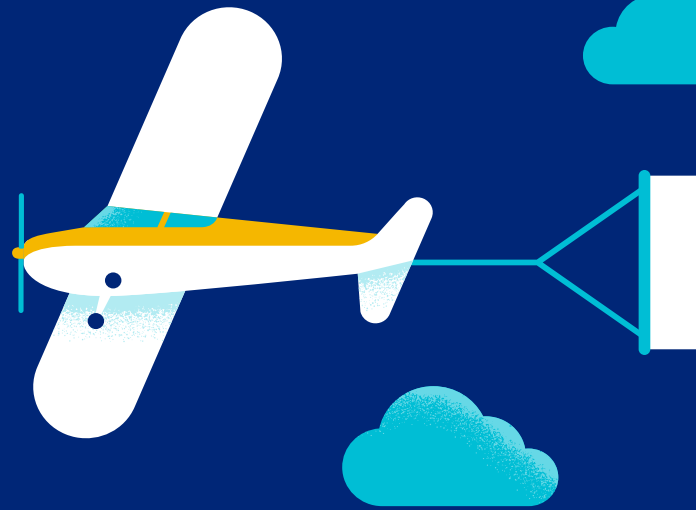
- Medical evacuations and repatriations
 - Provider referral
 - Payment coordination
 - Device and prescription transfer
 - Document replacement
 - Emergency travel assistance
 - Legal referrals
 - Security evacuation*
-

Daily security alerts

It's easy to stay ahead of possible risks that may impact your safety while abroad. [Sign up](#) to receive daily security alerts – emails notifying you of global developments related to terrorist threats, geopolitical strife, criminal activity and health outbreaks.

* Optional buy-up service

Here's the fine print



To protect your privacy, UnitedHealthcare Global follows rules for how we use and share your information. In addition, you have certain rights for managing your private information. To view the full Notice of Privacy Practices, [click here](#). To request a printed copy, call Customer Service at the member phone number on your health plan ID card.

We may use and share your information as we:

- Help manage your health care treatment
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests, and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of the privacy notice
- Choose someone to act for you

To exercise your rights, or if you believe your privacy rights have been violated, call the phone number on your ID card or send a written notice to:









**UnitedHealthcare
Customer Service — Privacy Unit
P.O. Box 740815
Atlanta, GA 30374-0815**



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Choice Plus plan details, all in one place.

Use this benefit summary to learn more about this plan's benefits, ways you can get help managing costs and how you may get more out of this health plan.

Check out what's included in the plan	Choice Plus
 <p>International and U.S. network and out-of-network benefits With this worldwide plan, you may receive care and services from network and out-of-network providers and facilities - but staying in the network can help lower your costs.</p>	<input checked="" type="checkbox"/>
 <p>International Benefits With this worldwide excluding U.S. plan, you may receive care and services from international providers and facilities. This plan does not cover services received in the United States, outside of Emergency Health Care Services.</p>	<input type="checkbox"/>
 <p>Virtual Care Services Talk to a doctor 24/7 who can diagnose and treat a wide range of non-emergency medical or behavioral conditions.</p>	<input checked="" type="checkbox"/>
 <p>Preventive care covered at 100% There is no additional cost to you for seeing an International or U.S. network provider for preventive care.</p>	<input checked="" type="checkbox"/>
 <p>Pharmacy benefits With this plan, you have coverage that helps pay for prescription drugs and medications.</p>	<input checked="" type="checkbox"/>
 <p>Evacuation and Repatriation With our program, you are covered for certain assistance benefits and services, including medical evacuations and repatriations.</p>	<input checked="" type="checkbox"/>
 <p>Intelligence The Global Intelligence Center provides real-time, country-specific medical and security details, risks, quality of care assessments, threats and immunizations requirements.</p>	<input checked="" type="checkbox"/>
 <p>Short Term Assignee With this plan, you have coverage outside your Home Country for a work assignment six to eighteen months in length. Services received within your Home Country are excluded from coverage.</p>	<input type="checkbox"/>

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

Here's a more in-depth look at how Choice Plus works.

Medical Benefits

	International	U.S. Network	U.S. Out-of-Network
Annual Medical Deductible			
Individual	You do not have to pay a medical deductible.	\$2,000	\$4,000
Family	You do not have to pay a medical deductible.	\$4,000	\$8,000

All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

	International	U.S. Network	U.S. Out-of-Network
Annual Out-of-Pocket Limit			
Individual	You do not have to pay a medical out of pocket maximum.	\$4,000	\$8,000
Family	You do not have to pay a medical out of pocket maximum.	\$8,000	\$16,000

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year. Your co-pays, co-insurance and deductibles (including pharmacy) count towards meeting the out-of-pocket limit.

	International	U.S. Network	U.S. Out-of-Network
Maximum Policy Benefit			
The maximum amount we will pay for Benefits during the entire period of time you are enrolled under the Policy.	You do not have a Policy Maximum Benefit.		
Annual Maximum Benefit			
The maximum amount we will pay for Benefits during the year.	You do not have an Annual Maximum Benefit.		

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	International	U.S. Network	U.S. Out-of-Network
Preventive Care Services			
Preventive Care Services	No copay	No copay	40%*

Certain preventive care services are provided as specified with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.

Includes services such as Routine Wellness Checkups, Immunizations, and Lab and X-ray services for Mammogram, Pap Smear, Prostate and Colorectal Cancer screenings.

Initial depression screening limited to Network benefits only.

*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	International	U.S. Network	U.S. Out-of-Network
Office Services - Sickness & Injury			
Primary Care Physician	No copay	20%*	40%*
<i>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.</i>			
<i>Coverage for chronic care management must not be subject to patient deductibles, Co-payments, or fees.</i>			
Specialist	No copay	20%*	40%*
<i>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.</i>			
<i>Coverage for chronic care management must not be subject to patient deductibles, Co-payments, or fees.</i>			
Urgent Care Center Services	No copay	20%*	40%*
<i>Additional copays, deductible, or co-insurance may apply when you receive other services at the urgent care facility. For example, surgery.</i>			
Virtual Care Services	No copay	No copay	Not covered
<i>Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Network Provider by contacting us at myuhc.com® or the telephone number on your ID card.</i>			
Vision Exams	No copay	20%*	40%*
<i>Limited to 1 exam every 12 months.</i>			
<i>For U.S. Benefits find a listing of UnitedHealthcare Vision Network Providers at myuhcvision.com.</i>			
Emergency Care			
Ambulance Services - Emergency Ambulance			
Air Ambulance	No copay	20%*	20%*
Ground Ambulance	No copay	20%*	20%*
Ambulance Services - Non-Emergency Ambulance ¹			
Air Ambulance	No copay	20%*	20%*
Ground Ambulance	No copay	20%*	40%*
Dental Services - Accident Only	No copay	20%*	20%*
Emergency Health Care Services - Outpatient ¹	No copay	20%*	20%*
Inpatient Care			
Congenital Heart Disease (CHD) Surgeries ¹	No copay	20%*	40%*

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	International	U.S. Network	U.S. Out-of-Network
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Habilitative Services - Inpatient¹

The amount you pay is based on where the covered health care service is provided.

Limit will be the same as, and combined with, those stated under Skilled Nursing Facility/Inpatient Rehabilitation Services.

Hospital - Inpatient Stay¹

No copay

20%*

40%*

Skilled Nursing Facility/Inpatient Rehabilitation Facility Services¹

No copay

20%*

40%*

Limited to 120 days per year.

Outpatient Care

Acupuncture Services

No copay

20%*

40%*

Limited to \$2,500 per year.

Habilitative Services - Outpatient

All other Habilitative Services

No copay

20%*

40%*

Manipulative Treatment Services

No copay

No copay

25%

Co-payments and Co-insurance for Covered Health Services provided within the scope of a Physical Therapist for physical therapy care or services or chiropractic care provided within the scope of a Doctor of Chiropractic's license will not pay more than 25% of the total fee.

Limits will be the same as, and combined with those stated under Rehabilitation Services - Outpatient Therapy and Manipulative Treatment.

Home Health Care¹

No copay

20%*

40%*

Limited to 120 visits per year.

One visit equals up to four hours of skilled care services. This visit limit does not include any service which is billed only for the administration of intravenous infusion.

Lab, X-Ray and Diagnostic - Outpatient - Lab Testing¹

No copay

No copay

40%*

Limited to 18 Definitive Drug Tests per year.

Limited to 18 Presumptive Drug Tests per year.

Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing¹

No copay

No copay

40%*

Major Diagnostic and Imaging - Outpatient¹

No copay

20%*

40%*

Physician Fees for Surgical and Medical Services

No copay

20%*

40%*

Coverage for chronic care management must not be subject to patient deductibles, Co-payments, or fees.

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	International	U.S. Network	U.S. Out-of-Network
Rehabilitation Services - Outpatient Therapy and Manipulative Treatment			
All other Rehabilitative Services	No copay	20%*	40%*
Manipulative Treatment Services	No copay	No copay	25%
<i>Limited to 20 visits of cognitive rehabilitation therapy per year.</i>			
<i>Limited to 20 visits of manipulative treatments per year.</i>			
<i>Limited to 20 visits of occupational therapy per year.</i>			
<i>Limited to 20 visits of physical therapy per year.</i>			
<i>Limited to 20 visits of pulmonary rehabilitation therapy per year.</i>			
<i>Limited to 20 visits of speech therapy per year.</i>			
<i>Limited to 30 visits of post-cochlear implant aural therapy per year.</i>			
<i>Limited to 36 visits of cardiac rehabilitation therapy per year.</i>			
<i>Limits do not apply to physical therapy and for Manipulative Treatment for the treatment of back pain.</i>			
<i>Co-payments and Co-insurance for Covered Health Services provided within the scope of a Physical Therapist for physical therapy care or services or chiropractic care provided within the scope of a Doctor of Chiropractic's license will not pay more than 25% of the total fee.</i>			
Scopic Procedures - Outpatient Diagnostic and Therapeutic	No copay	20%*	40%*
<i>Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.</i>			
Surgery - Outpatient ¹	No copay	20%*	40%*
Therapeutic Treatments - Outpatient ¹	No copay	20%*	40%*
<i>Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.</i>			
Supplies and Services			
Diabetes Self-Management Items ¹	The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section.		
<i>For insulin drugs the total amount of Co-payment and/or Co-insurance shall not exceed \$100 for an individual prescription up to a 30-day supply not subject to the deductible.</i>			
Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care ¹	The amount you pay is based on where the covered health care service is provided.		

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	International	U.S. Network	U.S. Out-of-Network
Durable Medical Equipment (DME), Orthotics and Supplies ¹	No copay	20%*	40%*
<i>Limited to a single purchase of a type of DME or orthotic every 3 years.</i>			
<i>For insulin pumps, you pay none of the Allowed Amount and the Annual Deductible does not apply. Co-insurance does not apply to the Out-of-Pocket Limit.</i>			
<i>Repair and/or replacement of DME or orthotics would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums.</i>			
Enteral Nutrition	No copay	20%*	40%*
Hearing Aids	No copay	20%*	40%*
<i>Limited to a single purchase per hearing impaired ear every 3 years.</i>			
<i>Repair and/or replacement of a hearing aid would apply to this limit in the same manner as a purchase.</i>			
Ostomy Supplies	No copay	20%*	40%*
<i>Limited to \$2,500 per year.</i>			
Pharmaceutical Products - Outpatient	No copay	20%*	40%*
<i>This includes medications given at a doctor's office, or in a covered person's home.</i>			
Prosthetic Devices ¹	No copay	20%*	40%*
<i>Limited to a single purchase of each type of prosthetic device every 3 years.</i>			
<i>Repair and/or replacement of a prosthetic device would apply to this limit in the same manner as a purchase.</i>			
Urinary Catheters	No copay	20%*	40%*
Pregnancy			
Pregnancy - Maternity Services ¹	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.		
Mental Health Care & Substance Related and Addictive Disorder Services			
Inpatient ¹	No copay	20%*	40%*
Outpatient ¹	No copay	20%*	40%*
Partial Hospitalization ¹	No copay	20%*	40%*
Other Services			
Autism Spectrum Disorder Services ¹	The amount you pay is based on where the covered health care service is provided.		
<i>Benefit limits do not apply to physical therapy, occupational therapy, and speech therapy required for the treatment of Autism Spectrum Disorder.</i>			

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	International	U.S. Network	U.S. Out-of-Network
Cellular and Gene Therapy ¹	The amount you pay is based on where the covered health care service is provided.		Not covered
Clinical Trials ¹	The amount you pay is based on where the covered health care service is provided.		
<i>To be a qualifying clinical trial for services outside the United States, a clinical trial must meet all of the criteria as described under Clinical Trials in the Certificate of Coverage.</i>			
Culturally Based Services	No copay	Benefits are not available	Benefits are not available
Fertility Care Services ¹	No copay	20%*	40%*
<i>Limited to 6 completed egg retrievals per lifetime.</i>			
<i>For International Benefits, this limit includes Benefits for infertility medications provided under the Outpatient Prescription Drug Benefit.</i>			
<i>For Network and Out-of-Network Benefits, this limit includes Benefits for infertility medications provided under the Outpatient Prescription Drug Rider.</i>			
<i>This limit does not include Physician office visits for fertility care services for which Benefits are described under Physician's Office Services.</i>			
Gender Dysphoria ¹	The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.		
Hospice Care ¹	No copay	20%*	40%*
Reconstructive Procedures ¹	The amount you pay is based on where the covered health care service is provided.		
Temporomandibular Joint (TMJ) Services ¹	The amount you pay is based on where the covered health care service is provided.		
Transplantation Services ¹	The amount you pay is based on where the covered health care service is provided.		Not covered
Vision Materials	No copay	No copay	No copay
<i>Benefits for these services will be paid as reimbursements. When obtaining these services, you will be required to pay all billed charges at the time of service. You may then obtain reimbursement from us.</i>			
<i>Includes Eyeglass Frames, Eyeglass Lenses, and Contact Lenses.</i>			
<i>Limited to a maximum reimbursement of \$250 every 12 months.</i>			
Wigs	No copay	20%*	40%*
Evacuation and Repatriation Services			
Emergency Family Reunion ¹	No copay	No copay	Benefits are not available
<i>Limited to a per diem for living expenses of \$300 for immediate family members up to 30 days while the Covered Person is hospitalized more than 7 days.</i>			
<i>Services for Evacuation/Repatriation benefits are only covered if all arrangements are approved in advance and arranged by us.</i>			

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	International	U.S. Network	U.S. Out-of-Network
<p>Medical Evacuation¹</p> <p><i>Benefits are only available outside the United States.</i></p> <p><i>Limited to a per diem of \$300 for up to 30 days towards the living expenses incurred by the person(s) accompanying you.</i></p> <p><i>Services for Evacuation/Repatriation benefits are only covered if all arrangements are approved in advance and arranged by us.</i></p>	No copay	Benefits are not available	Benefits are not available
<p>Medical Repatriation¹</p> <p><i>Benefits include Repatriation of Children (under age 18) and adult family members.</i></p> <p><i>Services for Evacuation/Repatriation benefits are only covered if all arrangements are approved in advance and arranged by us.</i></p>	No copay	No copay	Benefits are not available
<p>Repatriation of Remains¹</p> <p><i>Benefits include Return of Children (under age 18) and adult family members.</i></p> <p><i>Services for Evacuation/Repatriation benefits are only covered if all arrangements are approved in advance and arranged by us.</i></p>	No copay	No copay	Benefits are not available
International Pharmacy Benefits			
<p>Outpatient Prescription Drugs</p> <p><i>Prescriptions must be paid for out-of-pocket and submitted to us for reimbursement.</i></p>	No copay	Benefits are not available	Benefits are not available

^{*}After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

U.S. Pharmacy Benefits

Pharmacy Plan Details	
Pharmacy Network	National
Prescription Drug List	Advantage

U.S. In Network and Out of Network

Annual Pharmacy Deductible	
Individual	You do not have to pay a pharmacy deductible
Family	You do not have to pay a pharmacy deductible

Prescription Drug Product Tier Level	Up to a 31-day supply		Up to a 90-day supply
	U.S. Retail Network	U.S. Out-of-Network Pharmacy	U.S. Mail Order Network Pharmacy**
Tier 1 \$	\$10	\$10	\$25
Tier 2 \$\$	\$25	\$25	\$62.50
Tier 3 \$\$\$	\$60	\$60	\$150

* After the Annual Pharmacy Deductible has been met.

** Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills.

If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits.

For members that need to take their prescription drugs with them outside the United States, up to 365 day supply may be obtained with a prescription from a Network provider. Certain limitations may apply, such as controlled narcotics or drugs with a limited shelf-life.

Other important information about your benefits.

Medical Exclusions

Services your plan generally does NOT cover. It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

- Bariatric Surgery
- Cosmetic Surgery
- Long-Term Care
- Private-Duty Nursing
- Routine Foot Care
- Weight Loss Programs

Outpatient Prescription Drug Benefits

For Prescription Drug Products dispensed at a retail Network Pharmacy, you are responsible for paying the lowest of the following: 1) The applicable Copayment and/or Coinsurance; 2) The Network Pharmacy's Usual and Customary Charge for the Prescription Drug Product; and 3) The Prescription Drug Charge for that Prescription Drug Product. For Prescription Drug Products from a mail order Network Pharmacy, you are responsible for paying the lower of the following: 1) The applicable Copayment and/or Coinsurance; and 2) The Prescription Drug Charge for that Prescription Drug Product. For an out-of-Network Pharmacy, your reimbursement is based on the Out-of-Network Reimbursement Rate, and you are responsible for the difference between the Out-of-Network Reimbursement Rate and the out-of-Network Pharmacy's Usual and Customary Charge.

See the Copayment and/or Coinsurance stated in the Benefit Information table for amounts. We will not reimburse you for any non-covered drug product.

For a single Copayment and/or Coinsurance, you may receive a Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits based on criteria that we have developed. Supply limits are subject, from time to time, to our review and change.

Specialty Prescription Drug Products supply limits are as written by the provider, up to a consecutive 31-day supply of the Specialty Prescription Drug Product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits, or as allowed under the Smart Fill Program. Supply limits apply to Specialty Prescription Drug Products obtained at a Preferred Specialty Network Pharmacy, a Non-Preferred Specialty Network Pharmacy, an out-of-Network Pharmacy, a mail order Network Pharmacy or a Designated Pharmacy.

Certain Prescription Drug Products for which Benefits are described under the Prescription Drug Rider are subject to step therapy requirements. In order to receive Benefits for such Prescription Drug Products you must use a different Prescription Drug Product(s) first. You may find out whether a Prescription Drug Product is subject to step therapy requirements by contacting us at myuhc.com or the telephone number on your ID card.

Before certain Prescription Drug Products are dispensed to you, your Physician, your pharmacist or you are required to obtain prior authorization from us or our designee to determine whether the Prescription Drug Product is in accordance with our approved guidelines and it meets the definition of a Covered Health Care Service and is not an Experimental or Investigational or Unproven Service. We may also require you to obtain prior authorization from us or our designee so we can determine whether the Prescription Drug Product, in accordance with our approved guidelines, was prescribed by a Specialist.

If you require certain Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products. If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from the Designated Pharmacy, you will be subject to the Out-of-Network Benefit for that Prescription Drug Product.

Certain Preventative Care Medications may be covered at zero costshare. You can get more information by contacting us at myuhc.com or the telephone number on your ID card.

Benefits are provided for certain Prescription Drug Products dispensed by a mail order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy. The Outpatient Prescription Drug Schedule of Benefits will tell you how mail order Network Pharmacy and Preferred 90 Day Retail Network Pharmacy supply limits apply. Please contact us at myuhc.com or the telephone number on your ID card to find out if Benefits are provided for your Prescription Drug Product and for information on how to obtain your Prescription Drug Product through a mail order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy.

Other important information about your benefits.

Pharmacy Exclusions

The following exclusions apply. In addition see your Pharmacy Rider and SBN for additional exclusions and limitations that may apply.

- A Prescription Drug Product with either: an approved biosimilar, a biosimilar and Therapeutically Equivalent to another covered Prescription Drug Product.
- Certain Prescription Drug Products for tobacco cessation.
- General vitamins, except Prenatal vitamins, vitamins with fluoride, and single entity vitamins when accompanied by a Prescription Order or Refill.
- Any product dispensed for the purpose of appetite suppression or weight loss.
- Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Care Service.
- Certain compounded drugs.
- Medications used for cosmetic purposes.
- Diagnostic kits and products, including associated services.
- Durable Medical Equipment, including insulin pumps and related supplies for the management and treatment of diabetes, for which Benefits are provided in your Certificate. Prescribed and non-prescribed outpatient supplies. This does not apply to diabetic supplies and inhaler spacers specifically stated as covered.
- Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.
- Experimental or Investigational or Unproven Services and medications.
- Certain Prescription Drug Products that are FDA approved as a package with a device or application, including smart package sensors and/or embedded drug sensors.
- Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
- Prescription Drug Products when prescribed to treat infertility. This exclusion does not apply to Prescription Drug Products for which Benefits are provided in your Certificate under Fertility Care Services as described in the Certificate.
- Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.
- Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare).
- Certain New Prescription Drug Products and/or new dosage forms until the date they are reviewed and placed on a tier by our PDL Management Committee.
- Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, and prescription medical food products even when used for the treatment of Sickness or Injury, except as required by state mandate.
- Drugs available over-the-counter.
- A Pharmaceutical Product for which Benefits are provided in your Certificate.
- Publicly available software applications and/or monitors that may be available with or without a Prescription Order or Refill.
- Certain Prescription Drug Products for which there are Therapeutically Equivalent alternatives available.

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

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You must send the 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 phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. 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, 1-800-537-7697 (TDD)

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

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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 số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어 (**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تویوغللا تددع اسما مل تامدخ ناف، (Arabic)، تیببرعل اشدحت تنك اذا: هی بنبت یلع جردملا یناجملا فتاامل مقرب لاصتال ایجرئی. کئل عحاتم تیناجملا کئب فصاخل فیرعتلا قاطب

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (**Italian**), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises 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。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर काल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (**Hmong**), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ΠΡΟΣΟΧΗ : Αν μιλάτε Ελληνικά (**Greek**), υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το δωρεάν αριθμό που θα βρείτε στην κάρτα ταυτότητας μέλους.

PAKDAAR: Nu saritaem ti Ilocano (**Ilocano**), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍI BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nitl'izi bee nééhozinígíí bine'déé' t'áá jíik'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (**Somali**), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

ગુજરાતી (Gujarati): ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વવના મૂલ્યે પરાપ્ય છે. મહેરબાની કરી તમારા આઈડી કાર્ડની સૂચિપર આપેલા સભ્ય માટેના ટોલ-ફ્રી નંબર ઉપર કોલ કરો.