2025-2026 Student Health Insurance Plan for International Students of the Kansas Board of Regents

Student Letter

Dear Student:

The Kansas Board of Regents (KBOR) in cooperation with the Regents Institutions of the State of Kansas, is pleased to offer to students and their dependents, a Blanket Health Insurance Plan underwritten by UnitedHealthcare Insurance Company and Administered by UnitedHealthcare Student Resources.

Preferred Providers are members of the UnitedHealthcare Choice Plus Network. Additionally, for Pittsburg State University students, Via Christi Hospital is a Preferred Provider. These providers offer you superior access to a choice of qualified physicians, hospitals, and Preferred Provider network programs nationwide, while reducing the costs of your medical care with rates that are usually much lower than normal charges.

If you choose to seek treatment from an out-of-network provider, your benefits may be reduced.

F-1 International students and J-1 Exchange Visitors are required to have health insurance and must either enroll in this plan or show proof of health insurance coverage in an alternative plan that meets their university's requirements. We encourage you to carefully read the entire booklet to familiarize yourself with the available plan and benefits. Any questions about this plan should be directed to UnitedHealthcare Student Resources at 1-888-344-6104.

Who is eligible to enroll?

The Master Policy covers students and their eligible Dependents who have met the Policy's eligibility requirements (as shown below) and who:

1. Are properly enrolled in the plan, and
2. Pay the required premium.

F-1 International students and J-1 Exchange Visitors are required to have health insurance and must either enroll in this plan or show proof of health insurance coverage in an alternative plan that meets their university's requirements. International students on Optional Practical Training are eligible to enroll in this insurance plan on a voluntary basis.

Students who have at least a 50% graduate teaching assistant, graduate research assistant and/or graduate assistant appointment may be eligible for a separate plan designed for them. Information is available in graduate teaching assistant, graduate research assistant and the graduate assistant health insurance brochure or on-line at www.uhcsr.com/kbor.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age. Dependent coverage must be applied for by filling out the Enrollment Form and paying the required premium. Dependent Eligibility expires concurrently with that of the Insured student. Dependents that are not in the country at the time the student enrolls will be eligible to be enrolled in coverage within 30 days of entering the country.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

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

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

Dependent eligibility expires concurrently with that of the Named Insured.

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.

How do I enroll?

International students with F-1 and J-1 visas are required to participate in this plan unless proof of other insurance is provided. The premium for coverage will be added to the tuition billing of those International Students attending Emporia State, Fort Hays State, University of Kansas, Kansas State University, Wichita State, and Pittsburg State who do not show proof of coverage that is accepted by the university.

All students and all dependents complete enrollment by submitting the enrollment form with the appropriate payment. The enrollment form and description certificate will be available before August 1st online at www.uhcsr.com/kbor (select your university) or by calling 1-888-344-6104.

Buy the insurance online at www.uhcsr.com/kbor or remit the enrollment form along with the correct premium payment to UnitedHealthcare Student Resources, P.O. Box 809026, Dallas, TX 75380-9026.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.uhcsr.com/kbor. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2025-200118-4. The Policy is a Non-Renewable One-Year Term Policy.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-888-344-6104 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare Student Resources

Notice to Students

Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By enrolling online, the student acknowledges the following: 1) He/She has carefully read the certificate and elects to enroll; 2) Rates are not

pro-rated other than as listed; 3) He/She meets the eligibility requirements for this coverage as described in the certificate; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

Coverage Dates and Plan Cost

Rates	Annual 8/1/25 – 7/31/26	Fall 8/1/25 – 12/31/25	Spring 1/1/26 – 5/31/26	Spring / Summer 1/1/26 – 7/31/26	Summer 6/1/26 – 7/31/26	Summer 1 5/15/26 – 7/31/26
Student	$2,661.00	$1,108.00	$1,108.00	$1,553.00	$445.00	$569.00
Student and Spouse	$5,322.00	$2,216.00	$2,216.00	$3,106.00	$890.00	$1,138.00
Student and One Child	$5,322.00	$2,216.00	$2,216.00	$3,106.00	$890.00	$1,138.00
Student and Two or More Children	$7,983.00	$3,324.00	$3,324.00	$4,659.00	$1,335.00	$1,707.00
Student, Spouse, and One Child	$7,983.00	$3,324.00	$3,324.00	$4,659.00	$1,335.00	$1,707.00
Student, Spouse, and Two or More Children	$10,644.00	$4,432.00	$4,432.00	$6,212.00	$1,780.00	$2,276.00

Open Enrollment

Applications and correct premium payments received within 31 days of the period effective date will be effective the first day of the period. For example: Applications and premium payments received July 1 – August 31 will receive an effective date of August 1, 2025.

Qualifying Event: If you experience a qualifying event during the plan year, you can enroll in the insurance plan for the remainder of the current coverage period. A qualifying event is one of the following: a) Loss of coverage on another plan; b) Marriage; c) Guardianship appointment; d) Arrival of Spouse/Dependents in Country (within 30 days of arrival date). Please visit www.uhcsr.com/kbor for the Enrollment Form for Qualifying Events for enrollment and payment instructions. For applications received outside of the open enrollment period, due to a qualifying event, coverage will be effective the date the correct premium is received by the Company or representative of the Company or the effective date of the coverage period, whichever is later.

Open Enrollment Periods

Kansas Board of Regents	Fall		Spring		Summer		Summer 1	
	Start Date	End Date	Start Date	End Date	Start Date	End Date	Start Date	End Date
	7/1/2025	8/31/2025	12/1/2025	1/31/2026	5/1/2026	6/30/2026	4/15/2026	6/14/2026

Student Health Center Information

This student health insurance plan is designed to coordinate with the services provided by the Student Health Center for students. Please check with your university's health center to determine whether spouses and/or dependent children are eligible to use the health center. The Student Health Center acts as a gatekeeper for the plan and can evaluate your condition and provide treatment or a referral to a specialist as necessary. The Student Health Center is staffed with professionals that are familiar with the unique needs of students and can meet most of the health care needs the student may have. Check to see what hours and what services are available. The treatment provided by the Student Health Center is of high quality and is cost efficient for the patient.

When possible, it is recommended that you go to your Student Health Center when seeking treatment.

Emporia State University	https://www.emporia.edu/student-life/health-wellness/	620-341-5222
Fort Hays State University	https://www.fhsu.edu/health-and-wellness/	785-628-4401
Kansas State University	www.k-state.edu/lafene/	785-532-6544
Pittsburg State University	https://www.pittstate.edu/office/health-services/	620-235-4452
University of Kansas	www.studenthealth.ku.edu/	785-864-9500
University of Kansas Medical Center	https://www.kumc.edu/academic-and-student-affairs/departments/student-health-services.html	913-588-1941
Wichita State University	https://www.wichita.edu/services/studenthealth	316-978-4792

Highlights of the Student Health Insurance Plan Benefits

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 80.350%

Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Additionally, for Pittsburg State University students, Via Christi Hospital is a Preferred Provider. Preferred Providers can be found using the following link: UHC Choice Plus.

Student Health Center Benefits (SHC Benefits not available at Pittsburg State University):

1. The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services:
   - Physician's Visits
   - Mental Illness Treatment and Substance Use Disorder Treatment outpatient office visits
2. The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services:
   - Prescription Drugs after a $5 Copay per prescription for generic drug/40% Coinsurance per prescription for brand-name drug up to a 31-day supply per prescription
   - Diagnostic X-ray Services and Laboratory Procedures after a $5 Copay per procedure. The $5 Copay does not apply to a TB test required by the school or a chest x-ray as a result of a positive TB test required by the school.
   - Chlamydia tests performed in connection with a gynecological exam after a $5 Copay. The Copay does not apply to the chlamydia tests provided under Preventive Care Services.
   - All other services listed in the Schedule of Benefits.

	Preferred Providers	**Out-of-Network Providers**
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	$500 Per Insured Person, per Policy Year	$1,000 Per Insured Person, per Policy Year
Out-of-Pocket Maximum *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.*	$8,200 Per Insured Person, Per Policy Year $16,400 For all Insureds in a Family, Per Policy Year	$20,000 Per Insured Person, Per Policy Year $40,000 For all Insureds in a Family, Per Policy Year
Coinsurance *All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.*	75% of Allowed Amount for Covered Medical Expenses	55% of Allowed Amount for Covered Medical Expenses
Prescription Drugs *UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 100-day supply.* **Student Health Center:** $5 Copay per prescription for generic drug 40% Coinsurance per prescription for brand-name drug up to a 34-day supply per prescription not subject to Deductible	$200 Prescription Drug Deductible (per Policy Year) does not apply to Policy Deductible $15 Copay per prescription Tier 1 40% Coinsurance per prescription Tier 2 40% Coinsurance per prescription Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP), Retail Network Pharmacy	$200 Prescription Drug Deductible (per Policy Year) does not apply to Policy Deductible $20 Copay per prescription generic drug 50% Coinsurance per prescription brand-name drug 100% of billed charge up to a 31-day supply per prescription

Preventive Care Services *Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.*	100% of Allowed Amount	No Benefits
The following services have per service Copays *This list is not all inclusive. Please read the plan certificate for complete listing of Copays.*	Physician's Visits: $25 Copay per visit (waived at the SHC) not subject to Deductible Medical Emergency: $250 Copay per visit after Deductible Copay waived if admitted to Hospital See the top of the table for SHC Copays.	Medical Emergency: $250 Copay per visit after Deductible Copay waived if admitted to Hospital See the top of the table for SHC Copays.
Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs	Office Visits: $25 Copay per visit (waived at the SHC) 100% of Allowed Amount not subject to Deductible Other Outpatient Services: Allowed Amount after Deductible	Office Visits: 70% of Allowed Amount after Deductible Other Outpatient Services: Allowed Amount after Deductible
Pediatric Dental and Vision Benefits	Refer to the plan certificate for details (age limits apply).	

Exclusions and Limitations:

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

1. Acupuncture.
2. Learning disabilities.
3. Biofeedback, except:
   - To treat urinary incontinence in adults 18 years and older.
4. Cosmetic procedures, or related services including:
   - Circumcision.
   - Lipectomy.
   - Surgical breast reduction, breast augmentation, breast implants, or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
   - Hirsutism.
   - Alopecia.

   This exclusion does not apply to reconstructive procedures to:
   - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
   - Improve or restore impairments of bodily function resulting from Congenital Conditions or developmental anomalies, such as webbed or supernumerary fingers or toes, cleft lip or palate, or birthmarks on head or neck.
5. 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.
6. 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.
7. Elective Surgery or Elective Treatment.

8. Elective abortion.
9. Individualized, custom fabricated shoe insert orthotic devices and appliances. This exclusion does not apply to preventive foot care due to conditions associated with metabolic, neurologic, or peripheral vascular disease.
10. Commercial foot devices available over-the-counter.
11. Routine hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
    This exclusion does not apply to:
    - Hearing defects or hearing loss as a result of a Congenital Condition, infection, or Injury.
    - A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.
12. Immunizations, except as specifically provided in the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy.
13. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
14. Injury arising out of a motor vehicle accident to the extent that benefits are payable under any medical expense payment provision of an automobile insurance policy, including such benefits mandated by law.
15. Non-medical services, such as but not limited to, legal services, social rehabilitation, educational services, vocational rehabilitation, or job placement services.
16. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
17. Prescription Drugs, services or supplies as follows, except as specifically provided in the Policy:
    - 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. This exclusion does not apply to drugs for the treatment of cancer that have not been approved by the federal Food and Drug Administration for that indication, if the drug has been prescribed for an Insured Person who has been diagnosed with cancer, provided the drug is recognized for treatment of the specific type of cancer for which the drug has been prescribed and is recognized in substantially accepted peer-reviewed medical literature or in one of the following established reference compendia: 1) The U.S. Pharmacopeia Drug Information Guide for the Health Care Professional (USPDI) ; 2) The American Medical Association's Drug Evaluations (AMADE) l; or 3) The American Society of Hospital Pharmacists' American Hospital Formulary Service Drug Information (AHFS-DI). This exception does not provide coverage for any experimental or investigational drugs or any drug which the federal Food and Drug Administration has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed.
    - Products used for cosmetic purposes.
    - Drugs used to treat or cure baldness or for the stimulation of hair growth. Anabolic steroids used for body building.
    - Anorectics - drugs used for the purpose of weight control.
    - Fertility agents or sexual enhancement drugs.
    - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
18. Reproductive services for the following, except as specifically provided in the Policy:
    - Procreative counseling.
    - Genetic counseling and genetic testing.
    - Cryopreservation of reproductive materials. Storage of reproductive materials.
    - Fertility tests.
    - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except to diagnose or treat the underlying cause of the infertility.
    - Premarital examinations.
    - Impotence, organic or otherwise, except as specifically provided in the Policy for penile prosthesis for physiological impotence.
    - Reversal of sterilization procedures.
19. 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.
    - The initial pair of eyeglasses or contact lenses following cataract surgery, aphakia, pseudophakia, or Medically Necessary procedures associated with severe anisometropia.
    - To an Insured Person under age 12 for the subsequent eyeglasses or contact lenses following cataract surgery when there is a diopter change of .25 diopter.
    - To benefits specifically provided in the Policy.

20. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
21. 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.
22. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
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 (except surgery for morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

UnitedHealthcare Global: Global Emergency Services

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

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

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

Key Assistance Benefits include:

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

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

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

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

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

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

Highlights of Services offered by UnitedHealthcare Student Resources

24/7 Student Assist

Insureds have immediate access to Student Assist, 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 liveanworkwell.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.
- Calm Premium Access – designed to assist in managing stress, improve sleep, and enhance presence in daily life.

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

This Summary Brochure is based on Policy #2025-200118-4.

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

NON-DISCRIMINATION NOTICE

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

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

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

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

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

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

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

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.

LANGUAGE ASSISTANCE PROGRAM

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

English
Language assistance services are available to you free of charge. Please call 1-866-260-2723.

Albanian
Shërbimet e ndihmës në gjuhën amtare ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic
የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። እባክዎ ወደ 1-866-260-2723 ይደውሉ።

Arabic
تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم 1-866-260-2723.

Armenian
Ձեզ մատչելի են անվճար լեզվական օգնության ծառայություններ: Խնդրում ենք զանգահարել 1-866-260-2723 համարով:

Bantu- Kirundi
Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

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

Bengali- Bangala
ঘোষণা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্যে পেতে পারেন। দয়া করে 1-866-260-2723-তে কল করুন।

Burmese
ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ သင့် အတွက် အခမဲ့ရရှိနိုင်သည်။ ကျေးဇူးပြု၍ ဖုန်း 1-866-260-2723 ကိုခေါ်ပါ။

Cambodian- Mon-Khmer
សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅលេខ 1-866-260-2723។

Cherokee
ᏚᏬᏂᏯᏍᏗ ᎤᎾᏓᏍᏕᏍᏗ ᎤᎾᏓᏡᎬᎢ ᏂᏯ ᎡᏬᎶᏍᎢᏍᏓᏗᏑᎢ ᏂᏓᎬᏩᎶᎾ ᎠᏎᏍᎢ. ᎨᏩᏍ ᎠᏂ ᏫᏏᏔᏰᏕ 1-866-260-2723.

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

Choctaw
Chahta anumpa ish anumpuli hokmvt tohsholi yvt peh pilla ho̱ chi apela hinla. I paya 1-866-260-2723.

Cushite- Oromo
Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

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

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

French Creole- Haitian Creole
Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German
Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

Greek
Οι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

Gujarati
ભાષા સહાય સેવાઓ તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર કૉલ કરો.

Hawaiian
Kōkua manuahi ma kāu ʻōlelo i loaʻa ʻia. E kelepona i ka helu 1-866-260-2723.

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

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

Ibo
Enyemaka na-ahazi asụsụ, bu n’efu, dịrị gị. Kpọọ 1-866-260-2723.

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

Indonesian
Layanan bantuan bahasa bebas biaya tersedia untuk Anda. Harap hubungi 1-866-260-2723.

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

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

Karen
ကွိၣ်တၢ်မၤစၢၤအကလီနမၤန့ၢ်အီၤသ့ဖဲလၢတလိၣ်ဟ့ၣ်အပှ့ၤဘၣ်(ခီလီ)န့ၣ်လီၤ. ဝံသးစူၤဆဲးကျိးဘၣ်1-866-260-2723တက့ၢ်.

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

Kru- Bassa
Bot ba hola ni kobol mahop ngui nsaa wogui wo ba yé ha i nyuu yoŋ. Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani
خزمەتەکانی یارمەتیی زمانی بەخۆڕایی بۆ تۆ دابین دەکرێن. تکایە تەلەفۆن بکە بۆ ژمارەی 1-866-260-2723.

Laotian
ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ກະລຸນາໂທຫາເບີ 1-866-260-2723.

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

Marshallese
Kwomaroñ bōk jerbal in jipañ in kajin ilo ejjeļo̧k wōņāān. Jouj im kaļļo̧k 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'nída'wo'ígíí t'áá jíík'eh bee nich'į' bee ná'ahoot'i'. T'áá shǫǫdí kohjį' 1-866-260-2723 hodíilnih.

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

Nilotic-Dinka
Käk ë kuny ajuɛɛr ë thok atö tïnë yïn abac të cïn wëu yeke thiëëc. Yïn cɔl 1-866-260-2723.

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

Pennsylvania Dutch
Schprooch iwwesetze Hilf kannscht 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 lē 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 maaɗa. 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
ܚܕܡ̈ܬܐ ܕܗܝܪܬܐ ܕܠܫܢܐ، ܡܬܚܫܚܢܝܬܐ، ܐܝܬ ܩܘܝܐ ܠܟܘܢ ܡܓܢܐܝܬ. ܩܪܘ
ܥܠ ܡܢܝܢܐ 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
లాంగ్వేజ్ అసిస్టెంట్ సర్వీసెస్ మీకు ఉచితంగా అందుబాటులో ఉన్నాయి.
దయ చేసి 1-866-260-2723 కి కాల్ చేయండి.

Thai
มีบริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่า
ยแต่อย่างใด 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 بلامعاوضہ 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 אווײלעבל פאר אייך פריי פון אפצאל. ביטע
רופט 1-866-260-2723.

Yoruba
Isẹ́ ìrànlọ́wọ́ èdè tí ó jẹ́ ọ̀fẹ́, wà fún ọ. Pe 1-866-260-2723.