2021-2022
Student Injury and Sickness Plan for
Haverford College

Who is eligible to enroll?
All registered International students are required to purchase this insurance plan at registration and the premium for coverage is added to their tuition billing.

All full-time undergraduate students who are registered are required to purchase this insurance Plan unless proof of comparable coverage is furnished.

Students 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.

Eligible students who do enroll may also insure their Dependents.

How do I Enroll / Waive?
To complete the Enrollment or the Waiver process, please go to www.firststudent.com, select your school, click on either the Enroll Now - Health Insurance or the Waive Your School’s Health Insurance button and follow the directions. Once you are enrolled in the plan, there are no refunds or cancelations.

Important Communication Information
All personal e-mails are sent securely from the following companies:
· Microsoft Office 365
· Cisco
Most Communication will come from UHCSR.com or Firstriskadvisors.com. Your school email is the main forum of communication and it is the student’s responsibility to maintain and read those communications in a timely fashion.

Who can answer questions I have about the plan?
If you have questions regarding benefits please contact Customer Service at 800-505-4160. With questions regarding enrollment or waiver please contact customerservice@firstriskadvisors.com

Where can I get more information about the benefits available?
Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.firststudent.com. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-62-63. The Policy is a Non-Renewable One-Year Term Policy.

Important deadlines
Important Information for Hard Waiver Students:
Open Enrollment Periods for all Dependents and Hard Waiver Students: If you are a hard-waiver student and you fail to waive coverage before the August 5, 2021, deadline, you will be enrolled automatically and responsible to pay Haverford College for this annual coverage that was purchased on your behalf.

Open Enrollment Periods for all Dependents and Hard Waiver Students: If you have eligible Dependents in the fall or, are a student in the fall semester and eligible to purchase coverage and you choose not to enroll for coverage before the Fall Enrollment Deadline of August 5, 2021, your Dependents or you, will not be eligible to enroll again until the start of the next fall unless you experience a Qualifying Life Event during the year.

*For new students in the spring semester, your open enrollment deadline is February 1, 2022.

NOTICE: Cancelations/Refunds
Once you are enrolled in the plan, there are no refunds or cancelations after the deadline, except for ineligibility or entry into the armed forces. The Policy is a Non-Renewable One-Year Term Policy and does not guarantee enrollment in the next policy year.

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8/1/21 – 7/31/22</th>
<th>Spring/Summer 1/1/22 – 7/31/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,780.00</td>
<td>$1,034.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,780.00</td>
<td>$1,034.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,780.00</td>
<td>$1,034.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$3,560.00</td>
<td>$2,068.00</td>
</tr>
<tr>
<td>Spouse + Two or More Children</td>
<td>$5,340.00</td>
<td>$3,102.00</td>
</tr>
</tbody>
</table>

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-62-63. The Policy is a Non-Renewable One-Year Term Policy.
<table>
<thead>
<tr>
<th>Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources</th>
</tr>
</thead>
<tbody>
<tr>
<td>METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 85.47%</td>
</tr>
</tbody>
</table>

**Preferred Providers:** The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [UHC Choice Plus](#).

Student Health Center Benefits: 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.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
<td>There is no overall maximum dollar limit on the policy</td>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$250 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$600 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td><em>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.</em></td>
<td>$6,850 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>$13,700 For all Insureds in a Family, Per Policy Year</td>
<td>$15,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
</tr>
<tr>
<td>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</td>
<td>60% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
</tr>
<tr>
<td>Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</td>
<td>$25 Copay per prescription Tier 1</td>
</tr>
<tr>
<td>$45 Copay per prescription Tier 2</td>
<td>No Benefits</td>
</tr>
<tr>
<td>$60 Copay per prescription Tier 3</td>
<td></td>
</tr>
<tr>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td></td>
</tr>
<tr>
<td>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for complete details of the services provided for specific age and risk groups.</td>
<td>100% of Preferred Allowance</td>
</tr>
<tr>
<td>No Benefits</td>
<td></td>
</tr>
<tr>
<td><strong>The following services have per Service Copays/Deductibles</strong></td>
<td></td>
</tr>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays/Deductibles.</td>
<td>Urgent Care Center: $50 not subject to deductible</td>
</tr>
<tr>
<td>Medical Emergency: $150 not subject to deductible</td>
<td>Urgent Care Center: $50 not subject to deductible</td>
</tr>
<tr>
<td>Medical Emergency: $150 not subject to deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</strong></td>
<td>Office Visits: $25 Copay per visit not subject to Deductible</td>
</tr>
<tr>
<td>Other Outpatient Services: Preferred Allowance after Deductible</td>
<td>Other Outpatient Services: Usual and Customary Charges after Deductible</td>
</tr>
<tr>
<td><strong>Pediatric Dental and Vision Benefits</strong></td>
<td>Refer to the plan certificate for details (age limits apply).</td>
</tr>
</tbody>
</table>
Exclusions and Limitations:

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

1. Acupuncture, except as specifically provided in the Policy.
2. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
5. Circumcision.
6. Cosmetic procedures, except reconstructive procedures to correct an Injury or treat a Sickness, or to restore normal bodily function, for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
7. 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.
8. Dental treatment, except:
   - For accidental Injury to Natural Teeth.
   - As specifically provided in the Schedule of Benefits.
   - As described under Dental Treatment in the Policy.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
9. Elective Surgery or Elective Treatment as defined in the Policy. This exclusion does not apply to cosmetic surgery necessitated by a covered Injury.
10. Elective abortion.
11. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
12. Foot care for the following:
   - Flat foot conditions.
   - Supportive devices for the foot.
   - Fallen arches.
   - Weak feet.
   - Chronic foot strain.
   - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).
   This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
13. Health spa or similar facilities. Strengthening programs.
14. 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 an infection or Injury.
17. 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.
18. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
19. Injury sustained while:
   - Participating in any intercollegiate or professional sport, contest or competition.
   - Traveling to or from such sport, contest or competition as a participant.
   - Participating in any practice or conditioning program for such sport, contest or competition.
20. Investigational services.
21. Lipectomy.
22. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
23. Prescription Drugs, services or supplies as follows:
   - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
   - Immunization agents, except as specifically provided in the Policy.
   - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
   - Products used for cosmetic purposes.
   - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Growth hormones.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
24. Reproductive services for the following:
   - Procreative counseling.
   - Genetic counseling and genetic testing, except as specifically provided in the Policy.
   - Cryopreservation of reproductive materials. Storage of reproductive materials.
   - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except as specifically provided in the Policy.
   - Premarital examinations.
   - Impotence, organic or otherwise.
   - Female sterilization procedures, except as specifically provided in the Policy.
   - Vasectomy.
   - Reversal of sterilization procedures.
25. Research or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the Policy.
   This exclusion does not apply as follows:
   - When due to a covered Injury or disease process.
   - For scleral lenses for keratoconus, treatment to retain moisture for lack of normal tearing, and an initial pair of eyeglasses for aphakia.
   - To benefits specifically provided in Pediatric Vision Services.
27. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
28. 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.
29. Services provided normally without charge by the Health Service
   of the Policyholder.
30. Skeletal irregularities of one or both jaws, including orthognathia
   and mandibular retrusion. Temporomandibular joint
   dysfunction. Deviated nasal septum, including submucous
   resection and/or othersurgical correction thereof. Nasal and
   sinus surgery, except for treatment of a covered Injury or
   treatment of chronic sinusitis.
32. Sleep disorders, except for sleep studies.
33. Speech therapy, except as specifically provided in the Policy.
34. Stand-alone multi-disciplinary smoking cessation programs.
   These are programs that usually include health care providers
   specializing in smoking cessation and may include a psychologist,
   social worker or other licensed or certified professional.
35. Supplies, except as specifically provided in the Policy.
36. Surgical breast reduction, breast augmentation, breast implants
   or breast prosthetic devices, or gynecomastia, except as
   specifically provided in the Policy.
37. Treatment in a Government hospital, unless there is a legal
   obligation for the Insured Person to pay for such treatment.
38. 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).
   Treatment for obesity. Surgery for removal of excess skin or fat.
   This exclusion does not apply to benefits specifically provided in
   the Policy.

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

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

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

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

Key Assistance Benefits include:
• Emergency Evacuation
• Dispatch of Doctors/Specialists
• Medical Repatriation
• Transportation After Stabilization
• Transportation to Join a Hospitalized Insured Person
• Return of Minor Children
• Repatriation of Remains

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

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

When calling the UnitedHealthcare Global Operations Center, please
be prepared to provide:
• Caller’s name, telephone and (if possible) fax number,
  and relationship to the patient;
• Patient’s name, age, sex, and UnitedHealthcare
  Global ID Number as listed on the back of your
  Medical ID Card
• Description of the patient’s condition;
• Name, location, and telephone number of hospital, if
  applicable;
• Name and telephone number of the attending
  physician; and
• Information of where the physician can be
  immediately reached.

All medical expenses related to hospitalization and treatment costs
incurred should be submitted to UnitedHealthcare Insurance
Company for consideration and are subject to all Policy benefits,
provisions, limitations, and exclusions. All assistance and evacuation
benefits and related services must be arranged and provided by
UnitedHealthcare Global. **Claims for reimbursement of services not
provided by UnitedHealthcare Global will not be accepted.** A full
description of the benefits, services, exclusions and limitations may
be found in your certificate of coverage.
Healthiest You: 24/7 Doctor Access
Starting on the effective date of your coverage under the student insurance plan, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service. By calling the toll-free number listed on the front of your medical ID card or visiting [www.telehealth4students.com](http://www.telehealth4students.com), you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor’s office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor’s office, urgent care facility, or emergency room. As an insured with StudentResources, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period.

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

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

* Available to Insured students and their covered Dependents ages 18 and over. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a $40 service fee before being connected to a board-certified physician.

24/7 Student Support
Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA’s and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments and participate in personalized self-help programs. More information about these services is available by logging into My Account at [www.firststudent.com](http://www.firststudent.com).

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

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

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

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

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

Online Services
UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at [www.firststudent.com](http://www.firststudent.com). To create an online account, select the “create My Account Now” link and follow the simple, onscreen directions. All you need is your School ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and the App Store.

NOTICE TO PLAN PARTICIPANTS:
In accordance with Health Care Reform, the Institution of Higher Education that makes this insurance coverage available to you has a religious objection to providing coverage for contraceptive services. Therefore, these benefits will be provided by the Insurance Company underwriting this plan rather than the Institution of Higher Education. This coverage is subject to change should there be a change in the law or regulations.

This Summary Brochure is based on Policy #2021-62-63.

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

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

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

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

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

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

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

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


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


We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.
We provide free services to help you communicate with us, such as letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

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

Albanian

Amharic
አማርኛ እርግር እስከረም ያደረጉት ይጋማ ምክስ ችልት 1-866-260-2723 ያትም.

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

Armenian
Ձեր մասին մեկնարկում են նախագծվող օգնության ծրագրեր։ Մենք եք սպասումով 1-866-260-2723 համռանում։

Bantu-Kirundi

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

Bengali-Bangla
ধারণা : যে সহায়তা প্রতিষ্ঠান আপনি বিবাদাদুর পেতে পারেন। ঘর করে 1-866-260-2723-র দিকে কল করুন।

Burmese
အသက်ရှင်များကို အထူး တိုင်း ရေးဆိုင်ရာ ပထမဆိုင်ချက်များ ရှင်းလင်းပါ 1-866-260-2723 ဖြင့် ကြည့်ပါ।

Cambodian-Mon-Khmer
អនុភាពរបស់អ្នកបានការពារ និង បង្កើតជាគោលដៅ អនុភាពត្រឹមត្រូវ 1-866-260-2723 ក្នុងការនេ.

Cherokee
Sowda bii owayiyi owayiyi 1-866-260-2723.

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

Choc'taw
Chaha annumpa ish anumpuli hokmvt tolshili yvt peh pilla hq chi aple hinla. I puya 1-866-260-2723.

Cusseet-Oromo

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