

# BlueChoice HMO Gold 500

## Non-Integrated Deductible

## Summary of Benefits

Services	In-Network You Pay <sup>1</sup>
	Visit <a href="http://www.carefirst.com/doctor">www.carefirst.com/doctor</a> to locate providers and facilities
<b>FIRSTHELP—24/7 NURSE ADVICE LINE</b>	
Free advice from a registered nurse. Visit <a href="http://www.carefirst.com/needcare">www.carefirst.com/needcare</a> to learn more about your options for care.	When your doctor is not available, call FirstHelp at 800-535-9700 to speak with a registered nurse about your health questions and treatment options.
<b>BLUE REWARDS</b>	
Visit <a href="http://www.carefirst.com/bluerewards">www.carefirst.com/bluerewards</a> for more information	Blue Rewards is an incentive program where you can earn up to \$300 for taking an active role in getting healthy and staying healthy.
<b>ANNUAL MEDICAL DEDUCTIBLE (Benefit Period)<sup>2</sup></b>	
Individual/Family	\$500 Individual/\$1,000 Family (separate)
<b>ANNUAL OUT-OF-POCKET MAXIMUM (Benefit Period)<sup>3,4</sup></b>	
Individual/Family	\$7,150 Individual/\$14,300 Family (separate)
<b>PREVENTIVE SERVICES</b>	
Well-Child Care (including exams & immunizations)	No charge*
Adult Physical Examination (including routine GYN visit)	No charge*
Breast Cancer Screening	No charge*
Pap Test	No charge*
Prostate Cancer Screening	No charge*
Colorectal Cancer Screening	No charge*
<b>PCP AND SPECIALIST SERVICES</b>	
<b>FACILITY CHARGE<sup>5</sup></b> —In addition to the physician copays/coinsurances listed below, if a service is rendered on a hospital campus, ADD facility charge if applicable (also applies to Artificial Insemination and In Vitro Fertilization on page 2)	Deductible, then \$50 per visit
Office Visits for Illness—PCP <sup>5,6</sup>	\$15 per visit
Office Visits for Illness—Specialist <sup>5,6</sup>	\$30 per visit
Allergy Testing <sup>5</sup>	\$30 per visit
Allergy Shots <sup>5</sup>	\$30 per visit
Physical, Speech, and Occupational Therapy <sup>5</sup> (limited to 30 visits/illness or injury/benefit period)	\$30 per visit
Chiropractic <sup>5</sup> (limited to 20 visits/benefit period)	\$30 per visit
Acupuncture <sup>5</sup>	\$30 per visit
<b>IMMEDIATE AND EMERGENCY SERVICES</b>	
Convenience Care (retail health clinics such as CVS MinuteClinic or Walgreens Healthcare Clinic)	\$15 per visit
Urgent Care Center (such as Patient First or ExpressCare)	\$50 per visit
Hospital Emergency Room Services	
▪ Facility	Deductible, then \$250 per visit (waived if admitted)
▪ Physician	Deductible, then \$30 per visit
Ambulance (if medically necessary)	Deductible, then \$30 per service

Services	In-Network You Pay <sup>1</sup>
<b>DIAGNOSTIC SERVICES</b>	
Labs <sup>7</sup>	
▪ LabCorp	\$15 per visit
▪ Hospital (preauthorization required)	Deductible, then \$30 per visit
X-ray	
▪ Non-Hospital/Freestanding Facility	\$30 per visit
▪ Hospital (preauthorization required)	Deductible, then \$60 per visit
Imaging	
▪ Non-Hospital/Freestanding Facility	\$200 per visit
▪ Hospital (preauthorization required)	Deductible, then \$400 per visit
<b>SURGERY AND HOSPITALIZATION—(Members are responsible for both physician and facility fees)</b>	
Outpatient Surgery (Non-Hospital)	
▪ Facility	\$200 per visit
▪ Physician	\$30 per visit
Outpatient Surgery (Hospital)	
▪ Facility	Deductible, then \$300 per visit
▪ Physician	Deductible, then \$30 per visit
Inpatient Surgery and Hospital Services	
▪ Facility	Deductible, then \$400 per admission
▪ Physician	Deductible, then \$30 per visit
<b>HOSPITAL ALTERNATIVES</b>	
Home Health Care	No charge*
Hospice	No charge*
Skilled Nursing Facility (limited to 100 days/benefit period)	Deductible, then \$30 per admission
<b>MATERNITY</b>	
Preventive Prenatal and Postnatal Office Visits	No charge*
Delivery and Facility Services	Deductible, then \$400 per admission
Artificial and Intrauterine Insemination <sup>5,8</sup>	Deductible, then \$15 per visit
In Vitro Fertilization Procedures <sup>5,8</sup>	Not covered
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER—(members are responsible for both physician and facility fees)</b>	
Office Visits	\$15 per visit
Outpatient Services	
▪ Facility	\$30 per visit
▪ Physician	\$30 per visit
Inpatient Services	
▪ Facility	Deductible, then \$400 per admission
▪ Physician	Deductible, then \$30 per visit
<b>MEDICAL DEVICES AND SUPPLIES</b>	
Durable Medical Equipment	Deductible, then 25% of Allowed Benefit
Hearings Aids (limited to one hearing aid per hearing-impaired ear every 36 months)	Deductible, then 25% of Allowed Benefit
<b>PRESCRIPTION DRUGS<sup>9</sup></b>	
Formulary List	Visit <a href="http://www.carefirst.com/acarx">www.carefirst.com/acarx</a> to locate Formulary List
Annual Prescription Drug Deductible	\$250 per person (waived for generic drugs)
Preventive Drugs	No charge*
Oral Chemo Drugs and Diabetic Supplies	No charge*
Generic Drugs	30-day supply \$10; 90-day supply \$20 (maintenance drugs only)
Preferred Brand Drugs <sup>10</sup>	30-day supply Deductible, then \$45; 90-day supply Deductible, then \$90 (maintenance drugs only)
Non-preferred Brand Drugs <sup>11</sup>	30-day supply Deductible, then \$65; 90-day supply Deductible, then \$130 (maintenance drugs only)
Specialty Drugs (must be filled through Exclusive Specialty Pharmacy Network)	30-day supply—Deductible, then 50% up to \$150 maximum; 90-day supply—Deductible, then 50% up to \$300 maximum (maintenance drugs only)

Services	In-Network You Pay <sup>1</sup>
<b>PEDIATRIC VISION—(Through the end of the calendar year in which the dependent turns 19)</b>	
Routine Exam (limited to 1 visit/benefit period)	In-network-No charge*; Out-of-network-Total charge minus \$40 reimbursement
Frames and Contact Lenses—Pediatric Collection Only	In-network-No charge*; Out-of-network-Reimbursements apply
Spectacle Lenses	In-network-No charge*; Out-of-network-Reimbursements apply
<b>PEDIATRIC DENTAL—(Through the end of the calendar year in which the dependent turns 19)</b>	
Annual Dental Deductible	In-network-\$25; Out-of-network-\$50
Class I Preventative & Diagnostic Services—Exams (2 per year). Cleanings (2 per year), fluoride treatments (2 per year), sealants, bitewing X-rays (2 per year), full mouth X-ray (one every 3 years)	In-network-No charge*; Out-of-network-20% of Allowed Benefit
Class II Basic Services—Fillings (amalgam or composite), simple extractions, non-surgical periodontics	In-network-Deductible, then 20% of Allowed Benefit; Out-of-network-Deductible, then 40% of Allowed Benefit
Class III Major Services—Surgical periodontics, endodontics, oral surgery	In-network-Deductible, then 20% of Allowed Benefit; Out-of-network-Deductible, then 40% of Allowed Benefit
Class IV Major Services—Restorative Crowns, dentures, inlays and onlays	In-network-Deductible, then 50% of Allowed Benefit; Out-of-network-Deductible, then 65% of Allowed Benefit
Class V Medically Necessary Orthodontic Services	In-network-50% of Allowed Benefit; Out-of-network-65% of Allowed Benefit

Note: Allowed Benefit is the fee that providers in the network have agreed to accept for a particular service. The provider cannot charge the member more than this amount for any covered service. Example: Dr. Carson charges \$100 to see a sick patient. To be part of CareFirst's network, he has agreed to accept \$50 for the visit. The member will pay their copay/coinsurance and deductible (if applicable) and CareFirst will pay the remaining amount up to \$50.

\* No copayment or coinsurance.

<sup>1</sup> When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.

<sup>2</sup> Separate - For family coverage only: When one family member meets the individual deductible, they can start receiving benefits as indicated above. Each family member cannot contribute more than the individual deductible amount. The family deductible must be met before the remaining family members can start receiving benefits.

<sup>3</sup> Separate - For family coverage only: When one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the Allowed Benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the Allowed Benefit. The out-of-pocket maximum includes deductibles, copays and coinsurance.

<sup>4</sup> All drug costs are subject to the in-network out-of-pocket maximum.

<sup>5</sup> If a service is rendered on a hospital campus you could receive two bills, one from the physician and one from the facility.

<sup>6</sup> "Telemedicine services" refers to the use of a combination of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment. Use of audio-only telephone, electronic mail message (e-mail), or facsimile transmission (FAX) is not considered a telemedicine service.

<sup>7</sup> Members accessing laboratory services inside the CareFirst Service area (Maryland, D.C., Northern Virginia) must use LabCorp as their Lab Test facility and a non-hospital/freestanding facility for X-rays and specialty Imaging.

<sup>8</sup> Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment options for infertility. Preauthorization required.

<sup>9</sup> Benefits for Specialty Drugs are only available when Specialty Drugs are purchased from and dispensed by a specialty Pharmacy in the Exclusive Specialty Pharmacy Network.

<sup>10</sup> If a Generic drug becomes available for a Preferred Brand drug, the Preferred Brand drug moves to the Non-preferred Brand drug tier.

<sup>11</sup> If a provider prescribes a Non-preferred Brand drug, and the Member selects the Non-preferred Brand drug when a Generic drug is available, the Member shall pay the applicable Copayment or Coinsurance as stated in the Schedule of Benefits plus the difference between the price of the Non-preferred Brand drug and the Generic drug up to the cost of the drug. This amount will not contribute to the Out-of-Pocket Maximum.

**Not all services and procedures are covered by your benefits contract. This summary is for comparison purposes only and does not create rights not given through the benefit plan.**

The benefits described are issued under form numbers: MD/CFBC/GC (1/14) • MD/CFBC/SG/HMO-POS/EOC (1/17) • MD/CFBC/DOL APPEAL (R. 9/11) • MD/CFBC/SHOP/HMO DOCS (R. 1/17) • MD/CFBC/SG/HMO OA/GOLD 500 (1/17) • MD/CFBC/INCENT (R. 1/17) • MD/CFBC/ELIG (1/14) and any amendments.



[www.carefirst.com](http://www.carefirst.com)

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# Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator.

## **Civil Rights Coordinator, Corporate Office of Civil Rights**

Telephone Number 410-528-7820  
Mailing Address P.O. Box 8894  
Baltimore, Maryland 21224  
Fax Number 410-505-2011  
Email Address [civilrightscordinator@carefirst.com](mailto:civilrightscordinator@carefirst.com)

You can file a grievance by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

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

## Foreign Language Assistance

**Attention (English):** This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

**Amaric (Amharic):** ጥላቢያ፡- ይህ ጥበቃ-ወይን ስለ ማረጋገጫ ማረጋገጫ ይዘቱ፡ ከተወሰኑ ቀን-ጊዜች በፊት ለፈጠራዎቻቸው ማረጋገጫ ለግዴታ ለማረጋገጥ ለወሰን ወሳኝ ቀናት ለይዘት ይሻላል። ይህን ማረጋገጫ ማረጋገጥ ለግዴታ ለማረጋገጥ ለወሰን ወሳኝ ቀናት ለይዘት ይሻላል። ለሌሎች ለማረጋገጥ ለወሰን ወሳኝ ቀናት ለይዘት ይሻላል። ለሌሎች ለማረጋገጥ ለወሰን ወሳኝ ቀናት ለይዘት ይሻላል። ለሌሎች ለማረጋገጥ ለወሰን ወሳኝ ቀናት ለይዘት ይሻላል። ለሌሎች ለማረጋገጥ ለወሰን ወሳኝ ቀናት ለይዘት ይሻላል።

**Èdò Yorùbá (Yoruba):** Ìgbìlẹ̀kọ: Àkíyèsí yí ní ìwífún nipa ìpẹ̀ adijítífíṣọ̀ rẹ̀. Ó lẹ̀ ní àwọn èdèti pàtó o sì lẹ̀ ní láti gbé ìgbésẹ̀ ní àwọn ọjọ̀ gbèdèkẹ̀ kan. O ni ètò láti gba ìwífún yí àti ìzànlọ̀wọ̀ ní èdè rẹ̀ lóṣẹ́. Àwọn omọ-egbè gbòdò pẹ̀ nǹmbà fòunú tò wà lẹ́yìn kàdèfi idánimọ̀ wun. Àwọn míràn lẹ̀ pẹ̀ 855-258-6518 kí o sì dínú níyàsè ìjiròndò tífi a ó fi sọ̀ fun ọ̀ láti tẹ̀ 0. Nígbàtí aṣọ̀jú kan bá dàbùn, sọ̀ èdè tí o fẹ̀ a ó sì sọ̀ ọ̀ pọ̀ mó ọ̀gbufọ̀ kan.

**Tiếng Việt (Vietnamese):** Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

**Tagalog (Tagalog):** Atensyon: Ang abisang ito ay naglalaman ng impormasyon tungkol sa nasasaklawang ng iyang insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mang gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuhang ang impormasyong ito at tulang sa iyang sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kaniyang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dalò ng diyalego hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, saluhin ang wika na kailangan mo at ikukonekta ka sa isang interpreter.

**Español (Spanish):** Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responde, indique el idioma que necesita y se le comunicará con un intérprete.

**Русский (Russian):** Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы можете право бесплатно получить настоящие сведения и консультационную помощь на удобном вам языке. Участникам следует обратиться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут позвонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

**हिन्दी (Hindi)** ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियाँ का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के शीतल काम करना जरूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्यवसायिक से कनेक्ट कर दिया जाएगा।

**हिंदी-बोडो (Bodo)** Tò thüm Cän! Hí miä ke bô nyo hê kâ in gbo kpâ hâ mi füm-füm-tüm nyoa jê thü. Hí miä ke hêdê wê jün hê hê in kâ dje wa mō in kâ nyasa nyo hwe hâ wê hêa kâ xi. O mō mi kpê hê in kâ hî miä ke kâ gbo-kpâ-kpâ in mäta thê dje mi hêdê-wödjü mi fâ in kâ se wêdê dje pèa. Kpouo nyo hê ma dja füm-töbâ miä dje waä L.D. kâkê djein nyo. Nyo tãe säin ma dja nöbâ miä ke 855-258-6518, kâ in ma hi tãe hê wa kân in gbo cê hâ in kâ nöbâ miä O kee dji pärdün hwe. O jü kâ nyo dje dji in hê jün, po wêdê in mō pos dji, kâ nyo dje ma bô mün hê a kâ mi wêdê mi ä.

**বাংলা (Bangla)** নতুন কন্টেন্ট: এই (বাংলা) জননার বিষয় কন্টেন্ট সম্পর্কিত তথ্য রয়েছে। এর মধ্যে অন্তর্ভুক্ত তথ্য থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে জননকে বদলে নেওয়া হতে পারে। বিনা খরচে নিজেসর চাওয়ার এই তথ্য পাওয়ার এক সহায়তা পাওয়ার অধিকার জননার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের দ্বারা থাকা নম্বরে কল করতে হবে। আমরা 855-258-6518 নম্বরে কল করে 0 টিপতে বা বলা শব্দ ব্যবহার করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন জননার নিজস্ব চাওয়ার নাম কল এবং জননকে দোতখির সঙ্গে সংযুক্ত করা হবে।

**اردو (Urdu)** توجہ: یہ نوٹس آپ کے انٹورینس گوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کلروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے تعلق کی کلرڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ یہی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

**فارسی (Farsi)** توجه: فون اطلاعیه حاوی اطلاعاتی دربارہ پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خلاصی اقدام کنید. شما حق بر خوردن هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید یا شمار ۰ در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند یا شمار 855-258-6518 تماس بگیرند و منتظر بهند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورهای زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

**اللغة العربية (Arabic)** تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطية التأمين وقد يحتوي على تواريخ مهمة وقد تحتاج إلى اتخاذ إجراءات بطول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلتلك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم يمكن للآخرين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0 عند إجابة أحد الوكلاء. انكر اللغة التي تحتاج إلى التواصل بها وحين توصيلك بعد المترجمين الشرعيين.

**中文繁体 (Traditional Chinese)** 注意: 本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊, 以及透過您的母語提供的協助服務。會員請撥打印在身分證別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518, 並等候直到對話提示按下按鍵 0。當接線生回答時, 請說出您需要使用的語言, 這樣您就能與口譯人員連線。

**Igbo (Igbo) Nrihama:** Okwa a swere nzi ghasara nkpochi nchekwa onwe gi. O nwere ike inwe nbochi ndi di nkpa, i swere ike ime ihe tapu nfochi nbochi njekebe. I nwere ilike inweta nzi na enyemaka a n'azụ gi na akwughị ugwo o hula. Ndi otu kwesiri ikpo akara ekwentị di n'azụ nke kaadi njirimara ha. Ndi ọzọ nile nwere ike ikpo 855-258-6518 wee chere n'abọ abụ nso mgbe amanyere ipi 0. Mgbe anye nsochite anya zara, kwuo azụm i choro, a ga-ajiko gi na anye okowa okwu.

**Deutsch (German) Achtung:** Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

**Français (French) Attention:** cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

**한국어(Korean) 주의:** 이 통지서에는 보행 거머리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 올릴 때까지 기다리십시오. 연결된 상담원이 귀하 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.