

Gold Plan Summary of Benefits

Kennedy Krieger Institute

Non-Integrated Deductible

Services	In-Network You Pay ^{1,2}	Out-of-Network You Pay ^{1,3}
	Visit www.carefirst.com/doctor to locate providers and facilities	
24-HOUR NURSE ADVICE LINE		
Free advice from a registered nurse. Visit www.carefirst.com/needcare to learn more about your options for care.	When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health questions and treatment options.	
WELLBEING PROGRAM & BLUE REWARDS		
Visit www.carefirst.com/wellbeing for more information.	You have access to a comprehensive wellbeing program as part of your medical plan. You also have Blue Rewards, an incentive program where you can get rewarded for completing certain activities.	
ANNUAL DEDUCTIBLE (Benefit period) ⁴		
Individual	\$600	\$1,400
Family	\$1,200	\$2,800
ANNUAL OUT-OF-POCKET MAXIMUM (Benefit period) ⁵		
Medical ⁶	\$3,000 Individual/\$6,000 Family	\$5,000 Individual/\$10,000 Family
PREVENTIVE SERVICES		
Well-Child Care (including exams & immunizations)	No charge*	Deductible, then 30% of Allowed Benefit
Adult Physical Examination (including routine GYN visit)	No charge*	Deductible, then 30% of Allowed Benefit
Breast Cancer Screening	No charge*	No charge*
Pap Test	No charge*	No charge*
Prostate Cancer Screening	No charge*	No charge*
Colorectal Cancer Screening	No charge*	No charge*
OFFICE VISITS, LABS AND TESTING		
Office Visits for Illness	\$20 PCP/\$35 Specialist per visit	Deductible, then 30% of Allowed Benefit
Convenience Care (retail health clinics such as CVS Minute Clinic and other participating retail health clinics)	\$5 per visit	\$5 per visit
Imaging (MRA/MRS, MRI, PET & CAT scans) ⁹	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Lab ⁹	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
X-ray ⁹	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Allergy Testing	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Allergy Shots	No charge*	Deductible, then 30% of Allowed Benefit
Physical, Speech and Occupational Therapy ⁸	\$20 per visit	Deductible, then 30% of Allowed Benefit
Chiropractic	\$35 per visit	Deductible, then 30% of Allowed Benefit
Acupuncture	\$35 per visit	Deductible, then 30% of Allowed Benefit

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EMERGENCY SERVICES		
Urgent Care Center	\$20 per visit	Deductible, then 30% of Allowed Benefit
Emergency Room—Facility Services	\$50 per visit plus deductible, then 10% of Allowed Benefit, (waived if admitted)	\$50 per visit plus deductible, then 10% of Allowed Benefit, (waived if admitted)
Emergency Room—Physician Services	Deductible, then 10% of Allowed Benefit (waived if admitted)	In-network deductible, then 30% of Allowed Benefit (waived if admitted)
Ambulance (if medically necessary)	\$50 per service, then 10% of Allowed Benefit	\$50 per service, then 10% of Allowed Benefit
HOSPITALIZATION—(Members are responsible for applicable physician and facility fees)		
Outpatient Facility Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Outpatient Physician Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Inpatient Facility Services	\$200 copay per visit, Deductible, then 10% of Allowed Benefit	\$200 copay per visit, Deductible, then 30% of Allowed Benefit
Inpatient Physician Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
HOSPITAL ALTERNATIVES		
Home Health Care	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Hospice	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Skilled Nursing Facility	\$200 per visit plus deductible, then 10% of Allowed Benefit	\$200 per visit plus deductible, then 30% of Allowed Benefit
MATERNITY		
Preventive Prenatal and Postnatal Office Visits	No charge*	Deductible, then 30% of Allowed Benefit
Delivery and Facility Services	\$200 copay per admission, Deductible, then 10% of Allowed Benefit	\$200 copay per admission, Deductible, then 30% of Allowed Benefit
Artificial and Intrauterine Insemination ¹⁰ (limited to up to \$20,000 lifetime maximum combined with IVF including non-iatrogenic related cryopreservation)	Deductible, then 10% of Allowed Benefit (see plan documents for limitations)	Deductible, then 30% of Allowed Benefit (see plan documents for limitations)
In Vitro Fertilization Procedures ¹⁰ (limited to up to \$20,000 lifetime maximum combined with AI including non-iatrogenic related cryopreservation)	Deductible, then 10% of Allowed Benefit (see plan documents for limitations)	Deductible, then 10% of Allowed Benefit (see plan documents for limitations)
MENTAL HEALTH AND SUBSTANCE USE DISORDER—(Members are responsible for applicable physician and facility fees)		
Inpatient Facility Services	\$200 per admission plus deductible, then 10% of Allowed Benefit	\$200 per admission plus deductible, then 30% of Allowed Benefit
Inpatient Physician Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Outpatient Facility Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Outpatient Physician Services	\$20 copay per visit	Deductible, then 30% of Allowed Benefit
Office Visits	\$20 copay per visit	Deductible, then 30% of Allowed Benefit
MEDICAL DEVICES AND SUPPLIES		
Durable Medical Equipment	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Hearing Aids One (1) Per Ear up to \$2,000 Per Ear every 36 months	No charge*	No charge*
VISION		
Routine Exam (limited to \$100 maximum benefit every 2 years)"	No Charge*(see plan documents for limitations)	No Charge*(see plan documents for limitations)
Eyeglasses and Contact Lenses (limited to \$150 maximum benefit every 2 years)	No Charge*(see plan documents for limitations)	No Charge*(see plan documents for limitations)

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*No copayment or coinsurance.

Note: Allowed Benefit is the fee that participating, in-network providers have agreed to accept for a particular covered 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.

This summary is for comparison purposes only and does not create rights not given through the benefit plan. Not all services and procedures are covered by your benefits contract. Some services may have limitations or exclusions. For more information about plan benefits, limitations, exclusions and conditions of coverage, or for a copy of the complete terms of coverage please contact your employer or CareFirst.

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

2 This plan uses a provider network. In-network doctors and healthcare providers are those that are part of the plan's network (also known as participating providers). When an in-network provider is chosen, Members pay the lowest out-of-pocket costs. Members should confirm the plan's network and check with providers before accessing services.

3 If your plan has Out-of-Network coverage: Out-of-network doctors and healthcare providers have not contracted with CareFirst. If you choose to receive care from an out-of-network provider, you can expect to pay more and, in some cases, may be responsible for the entire amount billed. Members should confirm the plan's network and check with providers before accessing services.

4 Generally, you must pay all the costs from provider up to the deductible amount before this plan begins to pay. If you have other family member(s) on the plan, each family member may need to meet their own individual deductible, OR all family members may combine to meet the overall family deductible before the plan begins to pay, depending upon plan coverage. Please refer to your contract for further details.

5 The out-of-pocket limit is the most you could pay in a plan year for covered services. If you have other family member(s) on the plan, each family member may need to meet their own out-of-pocket limits, OR all family members may combine to meet the overall family out-of-pocket limit, depending upon plan coverage. Please refer to your contract for further details.

6 If plan has integrated medical and prescription drug, both contribute to the plan's out-of-pocket maximum. If plan has separate out-of-pocket maximums, medical and drug expenses accumulate independently.

7 CloseKnit is a registered Trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a and is providing in person and telehealth services to CareFirst members. Atlas Health, LLC is a corporate affiliate within the CareFirst, Inc. corporate umbrella of companies.

8 There are no visit limits for Physical, Speech or Occupational Therapy when included as part of Habilitative Services for Maryland members under the age of 19 or Washington, D.C. members under the age of 21, or for the treatment of Autism Spectrum Disorder for Virginia members.

9 Members accessing laboratory tests, x-rays, and specialty imaging services inside the CareFirst Service Area (Maryland, Washington, D.C., Northern Virginia) must use a designated Contracting Provider and/or Contracting Facility which may include a non-hospital/freestanding facility for In-Network benefits.

10 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.

For BlueChoice HMO, BlueChoice HMO Referral and BlueChoice Plus plans, members must live or work within the CareFirst service area of Maryland, Washington, D.C. or Northern Virginia.

Note: For Members enrolling in CareFirst BlueChoice plan, a Primary Care Provider (PCP) must be selected upon enrollment.



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc., which are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits 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 by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 14858 Lexington, KY 40512
Email Address	civilrightscoordinator@carefirst.com
Telephone Number	410-528-7820
Fax Number	410-505-2011

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>.

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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 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.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኸን መረጃ የማግኘት እና ያለምንም ከፍተኛ በቅንቅም እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቅንቅ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yíì ní iwífún nípa isẹ́ a dójú tófòrẹ́. Ó lẹ́ ní àwọn déèti pátó o sì lẹ́ ní láti gbé igbésẹ́ ní àwọn ojò gbèdèké kan. Oni ètò láti gba iwífún yíì àti iránlòwọ́ ní èdè rẹ́ lẹ́fẹ́. Àwọn omọ-egbé gbòdò pe nòmòbà fòonútó wà lẹ́yìn káàdì idánimò wọn. Àwọn mírán lẹ́ pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò títí a ó fi sọ fún ọ láti tẹ 0. Nígbatí a sọjú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì sọ ọ pọ̀ mọ̀ ògbufọ́ 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 abisong ito ay naglalaman ng impormasyong tungkol sa nasasaklawang iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatanka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahanna pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikonekta 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 responda, 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 имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить 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 तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी 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 व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsɔ̀ɔ̀-wùdù (Bassa) Tò Ìdùù Cáo! Bǎ̀ nǎ̀ kɛ́ bá nyo bě́ kɛ́ m̃ gbo kpá bó nǐ fùà-fùá-tiín nyee jè dyí. Bǎ̀ nǎ̀ kɛ́ bédé́ wé jéé́ bě́ bɛ́ m̃ kɛ́ dɛ́ wa mɔ́ m̃ kɛ́ nyuue nyu hwè́ bɛ́ wé bɛ́a kɛ́ zǐ. Ɔ̀ mò nǐ kpé́ bɛ́ m̃ kɛ́ bǎ́ nǎ̀ kɛ́ kè gbo-kpá-kpá m̃ mɔ́ee dyé́ dɛ́ nǐ bídí-wùdù́ m̃ bɛ́ m̃ kɛ́ se wídí dò péè. Kpooò nyo bɛ́ m̃ dǎ́ fùùn-nòbà nǎ̀ dɛ́ waá I.D. káàò dɛ́in nyɛ. Nyo tòò sɛ́in m̃ dǎ́ nòbà nǎ̀ kɛ́: 855-258-6518, kɛ́ m̃ m̃ fò tee bɛ́ wa kée m̃ gbo cɛ́ bɛ́ m̃ kɛ́ nòbà mòà 0 kɛ́ dyi pàdàin hwè. Ɔ̀ jǔ́ kɛ́ nyo dò dyi m̃ gǎ́ jǔ́in, po wudu m̃ mɔ́ poe dyiz, kɛ́ nyo dò mu bó nǐin bɛ́ ɔ́ kɛ́ nǐ wuduò m̃ zà.

বাংলা (Bengali) লক্ষ্য করুন: এই (নাটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی 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 شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی 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: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شما تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

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背面電話號碼。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) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o bula. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke ka adi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ubu o ahuruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i chorọ, a ga-ejiko gi na onye 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 보험 커버리지에 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 아니신 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

