



Member Quick Guide

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How health insurance works

To help you make the most of your health care plan, it's important to understand a bit about health insurance.

Plan year begins January 1

Get your preventive care

Here are some examples of care provided at no cost to you each year when you use a LBH Network or CareFirst in-network provider:

- Adult physicals
- Well-child exams and immunizations
- OB/GYN visits and Pap tests
- Mammograms
- Prostate and colorectal screenings
- Routine prenatal/maternity services

Need additional care?

Meet your deductible

Your **DEDUCTIBLE** is the amount of money you must pay each year before the plan will start paying for all or part of your health care services.

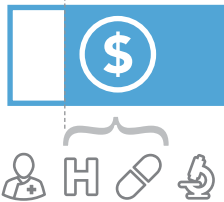
YOU PAY 100%
until you meet your deductible



Pay your share

After you meet your deductible, you'll pay a **COPAY OR COINSURANCE** for covered services.

YOU PAY | **YOUR INSURANCE PAYS**



Reach your out-of-pocket maximum

Your insurance will pay 100 percent of your covered medical expenses after you have reached your out-of-pocket maximum for the year.

YOUR INSURANCE PAYS 100%



Your monthly premium does not count toward your deductible or out-of-pocket maximum.

Plan year ends December 31



Plan networks

To find a provider, log in to *My Account* at carefirst.com/lifebridge. Under the *Doctors* tab at the top, select *Find a Doctor*. Your search results will only display doctors who participate in your health plan.



LifeBridge Health Provider Network (LBH Network)

This network includes hospitals, facilities and providers that are part of the LifeBridge Health provider network. Members will pay the lowest out-of-pocket care costs by visiting these hospitals, facilities and providers.

Look for the LifeBridge Provider icon when searching:

 LifeBridge Provider



CareFirst In-network

Members receive the next highest level of benefits by visiting these hospitals, facilities and providers. When you choose a CareFirst in-network provider, you'll pay the next lowest out-of-pocket care costs.

Look for the In-network Provider icon when searching:


 In-Network Provider



Out-of-network

Hospitals, facilities, and providers that do not participate in either the LifeBridge Health or the CareFirst network are considered out-of-network. 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.

Out-of-network providers will display this icon:

 Out-of-Network provider at a higher cost



Your Explanation of Benefits

After you begin using your plan benefits, CareFirst will provide you with an Explanation of Benefits (EOB). An EOB summarizes your medical care and the total costs. An EOB is not a bill. It details the costs you may be responsible for under the column *What You Owe*.

SAMPLE

Explanation of Benefits

THIS IS NOT A BILL

THIS STATEMENT REPORTS ON A CLAIM(S) WE RECENTLY PROCESSED FOR YOU AND/OR YOUR DEPENDENTS. IF YOU HAVE ANY QUESTIONS, PLEASE CALL OR WRITE:

MAIL ADMINISTRATOR
P.O. BOX 14114
LEXINGTON, KY 40512

Claim Detail				What Your Provider Can Charge You		Your Responsibility			Total Claim Cost			
				1	2	3	4	5				
Line No.	Date of Service	Service Description	Status	Provider Charges	Allowed Charges	Co-Pay	Deductible	Co-Insurance	Paid by CareFirst	What You Owe	Remark Code	
	2/15/2020 - 2/15/2020	Medical Care	Paid	\$125.00	\$79.41	\$35.00	\$0.00	\$0.00	\$44.41	\$35.00		
Total				\$125.00	\$79.41	\$35.00	\$0.00	\$0.00	\$44.41	\$35.00		

For illustrative purposes only. This information is not intended as medical advice. Amount paid will be based on deductible status and plan you are enrolled in.

- 1 Provider charges**—the amount billed by your health care provider(s) for your visit(s).
- 2 Allowed benefit (allowed charges in your EOB)**—the net amount a provider can charge a CareFirst member for a covered service.
- 3 Copay**—a fixed dollar amount you pay when you visit a doctor or other provider. For example, you'll pay \$35 each time you visit a specialist. The Plan will start paying for part or all of the services received after that.
- 4 Deductible**—the amount of money you must pay each year before the Plan begins to pay its portion of your claims. For example, if your deductible is \$100, you'll pay the first \$100 for health care services covered by your Plan (subject to the deductible). The Plan will start paying for part or all of the services received after that.
- 5 Coinsurance**—the percentage you pay after you've met your deductible. For example, if your health care plan has a 30 percent coinsurance and the allowed benefit is \$100, your cost would be \$30. The Plan would pay the remaining \$70.



My Account—your total online resource

We've created an easy-to-use, secure section of our website where you can go to take an active role in managing your and your family's health. By setting up an account, you'll have password-protected access to help you:

- Search for doctors
- View your member ID card
- View your Explanation of Benefits (EOB)
- Track your remaining deductible, out-of-pocket maximum(s) and
- Check the status of your claims
- Choose to go paperless

Visit *My Account* at carefirst.com/lifebridge on your computer, tablet or smartphone and select Log In. Or, download the CareFirst mobile app.








Your member ID card


Your member ID card—like the example shown here—identifies you as a LifeBridge Health Plan member with CareFirst, and shows important information about you and your covered benefits. Each family member on your plan should have a card with their name on it. Make sure to always present your ID card when receiving services. If you don't have your physical card, you can view it on your smartphone through *My Account*.

Here are the areas of your card you'll most often need to provide when receiving care. In addition, you will find important phone numbers on the back.

- 1 & 2 **Member ID & Group No.** — these are the numbers providers need to verify your coverage
- 3 **Codes** pharmacies use to route claims for payment
- 4 **Open Access** — no referrals are needed
- 5 **Plan name** — your plan name
- 6 **Abbreviations** — correspond to your plan copays

Make sure the information on your card is correct. If there is an error, call Member Services at the number on the back of your member ID card.

		
CareFirst BlueChoice, Inc.		
Member Name DOE JOHN	Member ID VVL 8104567489	5 BC ADV OPEN ACCESS
2 Group 1902874-MD10	Eff Date 01/01/19	6 LVL 1 LIFEBRIDGE DED/\$10/35
3 BC/BS Plan 190/960		LVL 2 DED 70/30 LVL3 DED 60/40
		4 

	www.carefirst.com
	Customer Service: 866-595-6245 Provider Service: 877-228-7268
This employee benefit plan provides benefits to you and your eligible dependents.	24hr FirstHelp(Nurse): 800-535-9700 Mental Health/Substance Abuse: 800-245-7013 Pre-Auth/Case Management: 866-773-2884 Locale Out of Area Providers: 800-810-2583
<small>CareFirst BlueCross BlueShield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.</small>	Local CareFirst providers mail to: Mail Administrator PO Box 14115 (for claims) PO Box 14114 (for correspondence) Lexington, KY 40512
<small>CareFirst BlueChoice, Inc. and CareFirst BlueCross BlueShield, the business name of CareFirst of Maryland, Inc., is an independent corporation operating under a license from the Blue Cross and Blue Shield Association. 590100LIFECP (10/15)</small>	



Ways to save

Stay in your plan's network

Use LifeBridge Health Network hospitals, facilities and providers to receive the highest benefits. To find a provider, login to *My Account* at carefirst.com/lifebridge. Under the *Doctors* tab at the top, select *Find a Doctor*. You can search by your doctor's name or provider type.

See doctors outside of a hospital setting

Some doctors and specialists see patients in a hospital or on a hospital campus. This means you could receive two bills—one from your doctor/specialist and one from the hospital for using their facility. If you go to a CareFirst in-network provider at a hospital setting you may be charged for the facility fee in addition to the provider's bill.

Take advantage of \$0 preventive benefits

All of our plans include many no-cost preventive services. You'll pay nothing for the following health visits when you use one of our LBH network providers or a CareFirst in-network provider:

- Adult physicals
- Well-child exams and immunizations
- OB/GYN visits and Pap tests
- Mammograms
- Prostate and colorectal screenings
- Routine prenatal/maternity services





Important terms and definitions

Allowed benefit (allowed charges on your EOB)—the maximum dollar amount an insurer will pay for a covered health service, regardless of the provider's actual charge. A provider who participates in the CareFirst BlueCross BlueShield or BlueChoice network cannot charge members more than the allowed benefit for any covered service.

Copay—a fixed dollar amount you pay when you visit a doctor or other provider. For example, you'll pay \$50 each time you visit a specialist.

Coinsurance—the percentage you pay after you've met your deductible. For example, if your health care plan has a 10 percent coinsurance and the allowed benefit is \$100, then your cost would be \$10. The Plan would pay the remaining \$90.

Deductible—the amount of money you must pay each year before the Plan begins to pay its portion of your claims. For example, if your deductible is \$600, you'll pay the first \$600 for health care services covered by your Plan (subject to the deductible). The Plan will start paying for part or all of the services received after that.

Effective date—the date your coverage begins.

Health Savings Account (HSA)— a tax-advantaged account that you can set up to save money for current and future health care expenses. The deposits you make to your HSA reduce your taxable income, helping you keep more of your money. You can use your HSA funds to pay approved out-of-pocket expenses for you, your spouse and your dependents (even if they're not enrolled in your health care plan). Additionally, you can save funds for future health care expenses.

Open enrollment—the only time of year when individuals can enroll or switch health plans without qualifying for a special or limited enrollment period.

Out-of-pocket maximum—the most you pay for medical expenses and prescriptions in one calendar year. Your out-of-pocket maximum resets every January 1.

Premium—the amount you pay each pay check for your medical plan. Your premium does not count toward your deductible or out-of-pocket maximum.

Primary care provider (PCP)—A doctor you choose who is part of your plan's network, provides routine care and coordinates other specialized care as needed.



Frequently requested services

We're here to help you get the most from your health plan. The following is a list of questions about frequently requested services:

Need to find a hospital, facility, or provider?

Visit carefirst.com/lifebridge

Have a question about your benefits?

Visit carefirst.com/lifebridge or call Member Services at **800-628-8549**

Want to talk with a nurse?

Call the FirstHelp 24-hour nurse advice line at **800-535-9700**.

Need a pre-authorization? Need to talk to a CareFirst case manager?

Call CareFirst BlueCross BlueShield at **866-773-2884**

Want information about LifeBridge Health's benefits?

Visit mymobilewalletcard.com/lifebridge



Your right to appeal

Try calling CareFirst Member Services first. If you need further assistance, submit a written appeal within 180 days of receiving the written notification of claim denial.

Send it to Mail Administrator, P.O. Box 14114, Lexington, KY 40512. If you prefer, you can send a secure email with your request through *My Account*.

The correspondence should include:

- Member name and ID number
- Provider name
- Date(s) of service
- Admission and discharge date (if applicable)
- A copy of the original Explanation of Benefits, voucher or bill
- Copies of medical records (emergency room records, X-rays, etc.)

Be an informed consumer! Review additional member information:

- Rights and Responsibilities
carefirst.com/myrights
- Quality of Care Complaint Process
carefirst.com/qoc
- Privacy Statement
carefirst.com/privacy



CONNECT WITH US:



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The Blue Cross® and 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.

CST4411-1E (2/20)

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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 8894 Baltimore, Maryland 21224
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>.

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.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ 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 ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójútòfò rẹ̀. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ̀ lófèḗ. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lèyìn kààdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjíròrò tí tí a ó fì sọ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì sọ ọ̀ pò mọ̀ ògbufò 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 impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka 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 diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta 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।

Bàsòò-wùdù (Bassa) Tò Dùù Cáo! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́éa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàè dεín nyε. Nyò t̀òò séín m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀òà 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀úǐn, po wuqu m̄ ḿ poε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে 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 شان 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識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) 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 akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozu niile nwere ike ikpo 855-258-6518 wee chere ububu ahuru roo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, 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 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aa'ahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowól t'áa nínizaad bee t'áa jii'k'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éí kójjí' dahóoolnih 855-258-6518 dóo yíi dii'łts'ííł yałtí'ígíí t'áa níléj'í' áádóo éí bikéé'dóo naasbaqas bíł adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yáníłt'í'ígíí yíi diikił dóo ata' halne'é lá níká'ádoowól.