

BlueChoice Advantage 2.0 Minimum Value Summary of Benefits

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 | \$3,000 | \$6,000 |
| Family | \$6,000 | \$12,000 |
| ANNUAL OUT-OF-POCKET MAXIMUM (Benefit period)⁵ | | |
| Medical ⁶ | \$6,000 Individual/\$12,000 Family | \$12,000 Individual/\$24,000 Family |
| Prescription Drug ⁶ | Combined with in-network medical out-of-pocket maximum | All drug costs are subject to in-network out-of-pocket maximum |
| PREVENTIVE SERVICES | | |
| Well-Child Care (including exams & immunizations) | No charge* | No charge* |
| Adult Physical Examination (including routine GYN visit) | No charge* | No charge* after deductible |
| Breast Cancer Screening | No charge* | No charge* |
| Pap Test | No charge* | No charge* after deductible |
| Prostate Cancer Screening | No charge* | No charge* |
| Colorectal Cancer Screening | No charge* | No charge* after deductible |
| PCP AND SPECIALIST SERVICES | | |
| FACILITY CHARGE ⁷ —In addition to the physician copays/coinsurances listed below, if a service is rendered on a hospital campus, ADD facility charge if applicable | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| Office Visits for Illness—PCP ^{7,8} | Virtual Connect Plus through selected providers, including CloseKnit ⁹ - No charge* (www.carefirst.com/virtualconnect) All other providers - \$25 per visit | Deductible, then 20% of Allowed Benefit |
| Convenience Care (retail health clinics such as CVS MinuteClinic) | \$25 per visit | Deductible, then 20% of Allowed Benefit |
| Office Visits for Illness—Specialist ^{7,8} | \$50 per visit | Deductible, then 20% of Allowed Benefit |
| Allergy Testing ⁷ | \$50 per visit | Deductible, then 20% of Allowed Benefit |
| Allergy Shots ⁷ | \$50 per visit | Deductible, then 20% of Allowed Benefit |
| Physical, Speech, and Occupational Therapy ^{7,10} (limited to 30 visits/injury/benefit period) | \$50 per visit | Deductible, then 20% of Allowed Benefit |
| Chiropractic Services ⁷ (limited to 20 visits/benefit period) | \$50 per visit | Deductible, then 20% of Allowed Benefit |
| Acupuncture ⁷ (limited to 20 visits/benefit period) | \$50 per visit | Deductible, then 20% of Allowed Benefit |

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|--|---|--|
| EMERGENCY SERVICES | | |
| Urgent Care Center ¹¹ (such as Patient First or Express Care) | \$100 per visit | \$150 per visit |
| Hospital Emergency Room Services ¹¹ | | |
| ■ Facility | Deductible, then \$250 per visit (waived if admitted) | In-network deductible, then \$250 per visit (waived if admitted) |
| ■ Physician | No charge* after deductible | No charge* after in-network deductible |
| Ambulance ¹¹ (if medically necessary) | No charge* after deductible | No charge* after deductible |
| DIAGNOSTIC SERVICES | | |
| Labs ¹² | | |
| ■ Non-Hospital/Freestanding Facility | No charge* | Deductible, then 20% of Allowed Benefit |
| ■ Hospital | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| X-ray ¹² | | |
| ■ Non-Hospital/Freestanding Facility | No charge* | Deductible, then 20% of Allowed Benefit |
| ■ Hospital | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| Imaging ¹² | | |
| ■ Non-Hospital/Freestanding Facility | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| ■ Hospital | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| HOSPITALIZATION—(Members are responsible for both physician and facility fees) | | |
| Outpatient Surgical Center Services | | |
| ■ Facility | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| ■ Physician | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| Outpatient Hospital Surgical Services | | |
| ■ Facility | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| ■ Physician | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| Inpatient Hospital Services | | |
| ■ Facility | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| ■ Physician | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| HOSPITAL ALTERNATIVES | | |
| Home Health Care | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| Hospice (Inpatient—limited to 30 days; Outpatient—unlimited during Hospice eligibility period) | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| Skilled Nursing Facility (limited to 60 days/benefit period) | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| MATERNITY | | |
| Preventive Prenatal and Postnatal Office Visits | No charge* | Deductible, then 20% of Allowed Benefit |
| Delivery and Facility Services | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| Artificial and Intrauterine Insemination ^{7,13} (limited to 6 attempts per live birth) | Deductible, then 25% of Allowed Benefit | Deductible, then 30% of Allowed Benefit |
| In Vitro Fertilization Procedures ^{7,13} (limited to 3 attempts per live birth up to \$100,000 lifetime maximum) | Deductible, then 25% of Allowed Benefit | Deductible, then 30% of Allowed Benefit |

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|--|---|---|
| MENTAL HEALTH AND SUBSTANCE USE DISORDER—(Members are responsible for both physician and facility fees) | | |
| Office Visits | Virtual Connect Plus through selected providers, including CloseKnit® - No charge* (www.carefirst.com/virtualconnect) All other providers - \$25 per visit | Deductible, then 20% of Allowed Benefit |
| Outpatient Services | | |
| ■ Facility | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| ■ Physician | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| Inpatient Services | | |
| ■ Facility | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| ■ Physician | No charge* after deductible | Deductible, then 20% of Allowed Benefit |
| MEDICAL DEVICES AND SUPPLIES | | |
| Durable Medical Equipment | Deductible, then 25% of Allowed Benefit | Deductible, then 45% of Allowed Benefit |
| Hearing Aids (limited to 1 hearing aid per hearing impaired ear every 3 years) | No charge* | Deductible, then 20% of Allowed Benefit |
| VISION | | |
| Routine Exam (limited to 1 visit/benefit period) | \$10 per visit at participating vision provider | Total charge minus \$33 Allowed Benefit |
| Eyeglasses and Contact Lenses | Discounts from participating vision centers | Not covered |

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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.

- * No copayment or coinsurance.
- 1 When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.
- 2 In-network: When covered services are rendered in Maryland, Washington D.C. and/or Northern Virginia, collectively known as the CareFirst BlueChoice service area, by a provider in the CareFirst BlueChoice Provider network, care is reimbursed at the in-network level. In-network benefits are based on the CareFirst BlueChoice Allowed Benefit. The CareFirst BlueChoice Allowed Benefit is generally the contracted rates or fee schedules that CareFirst BlueChoice providers have agreed to accept as payment for covered services. These payments are established by CareFirst BlueChoice, Inc., however, in certain circumstances, an allowance may be established by law. Outside of the CareFirst BlueChoice service area, but within the remaining parts of the state of Virginia, services will be reimbursed under a select network, Anthem HealthKeepers, fee schedule based on the contracted rates and fee schedule by the local plan. Outside of the CareFirst BlueChoice service area, when covered services are rendered by a provider in the preferred provider network, care is also covered at the in-network level. These in-network benefits are based on the contracted rates or fee schedules that preferred providers have agreed to accept as payment for covered services that are established by the local Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.
- 3 Out-of-Network: When covered services are rendered by a provider that is not in the CareFirst BlueChoice network in Maryland, Washington D.C. or Northern Virginia, or is not in the preferred provider network outside of CareFirst BlueChoice service area or the local select network, the care is reimbursed as out-of-network. Out-of-network benefits are based on the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that are established by CareFirst BlueChoice, or the local Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.
- 4 For family coverage only: When one family member meets the individual deductible, they can start receiving benefits. 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.
- 5 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.
- 6 Plan has integrated medical and prescription drug out-of-pocket maximum.
- 7 If a service is rendered on a hospital campus you could receive two bills, one from the physician and one from the facility.
- 8 "Telemedicine services" refers to the use of interactive audio, including audio-only telephone conversation between a health care provider and the Member when required by law, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment. Use of e-mail, online questionnaires or Fax is not considered a telemedicine service. Providers will use their professional judgment to determine if a telemedicine visit is appropriate or if an in-person visit is required.
- 9 CloseKnit is a registered Trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit does not provide Blue Cross Blue Shield products or services 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.
- 10 There are no limits for children until the end of the month in which the insured or enrollee turns 19 years of age when Physical, Speech or Occupational Therapy is included as part of Habilitative Services.
- 11 If the out-of-network benefit is listed as contributing toward the in-network deductible, then it also contributes toward the in-network out-of-pocket maximum.
- 12 Members accessing laboratory tests, x-rays, and specialty imaging services inside the CareFirst Service Area (Maryland, 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. Services performed by any other provider while inside the CareFirst Service Area will be considered Out-of-Network. Members accessing laboratory tests, x-rays, and specialty imaging services outside the CareFirst Service Area may use any participating BlueCard PPO facility and receive In-Network benefits.
- 13 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.

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: In-Network: MD/CFBC/GC (R. 1/24); MD/CFBC/LG/POS IN/EOC (1/24); MD/CFBC/DOL APPEAL (R. 1/25); MD/CFBC/LG/POS IN/DOCS (1/19); MD/CFBC/LG/POS IN/SOB (R. 5/19); MD/CFBC/RX (R. 1/25); MD/CFBC/LG/SELECT PROV (1/25); MD/CFBC/LG/INCENT (R. 1/25); MD/CFBC/ELIG (R. 7/09) Out-of-Network: MD/CF/GC (R. 1/24); MD/CF/LG/POS OON/EOC (1/24); MD/GHMSI/DOL APPEAL (R. 1/25); MD/CF/LG/POS OON/DOCS (1/19); MD/CF/LG/POS OON/SOB (R. 5/19); MD/CF/ATT (R. 7/09) Out-of-Network: CFMI/51+/GC (R. 1/24); CFMI/LG/POS OON/EOC (1/24); CFMI/DOL APPEAL (R. 1/25); CFMI/LG/POS OON/DOCS (1/19); CFMI/LG/POS OON/SOB (R. 5/19); CFMI/51+/ELIG (R. 1/10) and any amendments.



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., and The Dental Network, Inc. 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 1-855-258-6518 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.

ማስለበት (Amharic):- ይህ ማጥቃቄ ስለ አ.ንድ-ራንስ ጽሑፍ መረጃ ይሳይ:: ቁልጥ ቅጽናን ለ.ይሁ ይቻላል እና በተወለደ የግዢ ገደብቻ እርምጃ መመሰራ ለ.ኖርጋዣ ይቻላል:: ይህን መረጃ እና እንደ የለ ፈጻሚው የማግኘት መብት አለምት:: እናላት በአባላት መታወቁ ካርድናው ይርሱ ወዳለው ስልክ ቁጥር መድጠል አለባቸው:: ለለመጀመሪያ ወደ 855-258-6518 በመደጋል 0ን እንዲሸጋ እስከመዋቅ ደረሰ ፈጻሚው ይቻላል:: እንደ ወከል ለመልስ:: የሚፈልገኑን ቁንቃ ይገለጹ እና ከእነተርጉም ጽሑፍ ይቻላል::

اتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطية التأمينية. قد يحتوي على تاريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الآلات صـ الـ برـ قـ الـ هـ اـتـ فـ الـ مـوـجـودـ عـ لـ ظـهـرـ بـ طـافـةـ هـوـيـةـ الـعـضـوـ وـ بـهـ الـخـ اـصـ ةـ بـهـمـ. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكالء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হ্যাত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূলে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দাভারীর সাথে সংযুক্ত করা হবে।

注意 (Chinese) : 此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您將會與翻譯人員聯繫。

توجه (Farsi): این اعلامیه حاوی اطلاعاتی درباره پوشش یمه ای شما است. ممکن است شامل تاریخ های مهم باشد و لازم باشد تا مهلت های مشخص اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به صورت رایگان دریافت کنید. اعضا باید با شماره تلفنی درج شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا دس تور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d'assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d'obtenir ces informations ainsi qu'une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d'adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu'à l'invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d'être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Lerooanya (Igbo): ó kwà a nwere ozi bànyéré mkpuchi megide ihe mberede gi. O nwere ike inwe ubochi ndi dí óké mítíka ma o nwekwara ike idí mkpa ka imee ihe tupu oge ụfodú agafee. Inwere ikike inweta ozi a ya na enyemaka na asusú gi n'akwughị ụgwó ọbüla. Ndi òtù ga akpo ọnụogugu ekwenti dí na àzú' káadi njirimara ndi òtù ha. Ndi ọzó nile ike ikpó 855-258-6518 ma chere geruo mkparita ụka ruo mgbe asi ha pia 0. Mgbe onye ozi zara, kwuo asusu ichoro, a qa ejikota gi na onye ntughari asusu.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo) Díí bee il hane'í béeso nich'áah naa'níl bee nik'é'astií' bódahólñihgo bee baa dahane'í biyi'. Dayoolkálí dóó bee ida'ii'aahí háídíí shíí t'áá bich'íjíí ha'át'iíshíí ádadíiliítigíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsos nitt'izhí bee béédaħózini bąqħ béésh bee hane'í námboo biká'ígíí yee dahalne' dooleet. Nááná la' 855-258-6518 yee dahalne' dóó yáltí'í biba' asdáago niléí ó bił adílchíid hodoo'niidji'. Naalnishí haadžíígo, saad nínízinígíí bee bił hodíilníh dóó ata' yáltí'í bich'íí ni'doolníh.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरु सबैले 855-258-6518 मा कल गर्न सक्छन् र ० प्रश्न गर्ने प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помочь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефона, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te mana'omia ai le faia o se gaioiga i nisi taimi fa'agata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atunuina e oomi le 0. A tali mai se so'o upu, fa'aihoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda čete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoći na vašem jeziku besplatno. Trebalо bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i biceste povezani s prevodiocem.

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کویریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبر ان کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبائے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہیے۔ جب کوئی ایجنت جو اب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhở số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.