



Retiree Health Benefit Options

BlueChoice Advantage Plans for Retirees Under 65



MONTGOMERY COUNTY GOVERNMENT

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If you have questions, call CareFirst BlueCross BlueShield's Customer Service Department at **888-417-8385**. You can call between 8:00 a.m. and 8:00 p.m., Monday through Friday. A customer service representative will be happy to help you.

Welcome

Welcome to your plan for healthy living

From preventive services to maintaining your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.

We know that health insurance is one of the most important decisions you make for you and your family—and we thank you for choosing CareFirst. This guide will help you understand your plan benefits and all the services available to you as a CareFirst member.

Please keep and refer to this guide while you are enrolled in this plan.

How your plan works

Find out how your health plan works and how you can access the highest level of coverage.

What’s covered

See how your benefits are paid, including any deductibles, copayments or coinsurance amounts that may apply to your plan.

Plan choices

- BlueChoice Advantage High Option
- BlueChoice Advantage Standard Option

Getting the most out of your plan

Take advantage of the added features you have as a CareFirst member:

- Wellness discount program offering discounts on fitness gear, gym memberships, healthy eating options and more.
- Online access to quickly find a doctor or search for benefits and claims.
- Health information on our website includes health calculators, tracking tools and podcast videos on specific health topics.
- *Vitality* magazine offers helpful tips, insights and resources to make the most of your CareFirst coverage.

General plan differences

	BlueChoice Advantage High Option	BlueChoice Advantage Standard Option
Medical Copays	\$10 PCP \$10 Specialist	\$15 PCP \$30 Specialist
Emergency Room Copay	\$25	\$35
Per Admission Copay	\$0	\$150

* These benefits are based on in-network benefit. This is a summary of your benefits. For complete descriptions, please see the benefits contract.

Take the Call

If you're dealing with something health-related—a medical emergency, chronic condition like diabetes, or personal goal such as losing weight—you don't have to go it alone. CareFirst BlueCross BlueShield (CareFirst) is here for you.

As part of your medical benefits, you may receive a call from us (or a letter or postcard in the mail) telling you more about our personal, one-on-one health support programs that can help with whatever you're facing. These programs are confidential, and there's no obligation to participate. But if you decide to take part, you can choose how involved you want to be.

We encourage you to “take the call” so you can take advantage of this personal support.



You don't need to wait for us to contact you. If you would like to learn more about our one-on-one coaching and support programs, visit carefirst.com/takethecall.

Know Before You Go

Your money, your health, your decision

Choosing the right setting for your care—from allergies to X-rays—is key to getting the best treatment with the lowest out-of-pocket costs. It's important to understand your options so you can make the best decision when you or your family members need care.*

Primary care provider (PCP)

The best place to get consistent, quality healthcare is your primary care provider (PCP). If you have a medical issue, having a doctor who knows your health history often makes it easier to get the care you need.

CloseKnit Virtual Care

Our virtual-first practice, CloseKnit, offers 24/7/365 virtual primary care, behavioral health, and urgent care services.

Primary care patients have access to a dedicated Care Team equipped to treat most medical concerns virtually, through CloseKnit's convenient mobile app. The team can direct to in-person or specialty care when needed and can help patients manage medications, chronic conditions, navigate billing and more.

Urgent care services, for conditions such as cold or flu, and behavioral health visits, are available to patients regardless of whether they've selected CloseKnit as their primary care provider.

24-Hour Nurse Advice Line

Registered nurses are available 24/7 to discuss your symptoms with you and recommend the most appropriate care. Call 800-535-9700 anytime to speak with a nurse.

Convenience care centers (retail health clinics)

These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer care for non-emergency situations like colds, pink eye, strep tests and vaccinations. These centers usually have evening and weekend hours.

Urgent care centers

Urgent care centers (such as Patient First or ExpressCare) provide treatment for injuries and illnesses that require prompt medical attention but are not life-threatening (sprains, minor cuts, flu, rashes, minor burns). These centers have doctors on staff and offer weekend/after-hours care.

Emergency room (ER)

Emergency rooms treat acute illnesses and trauma. Go to the ER right away if you or a family member have sudden symptoms that need emergency care, including (but not limited to): chest pain, trouble breathing or head trauma. Prior authorization is not needed for emergency room services.

* The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst BlueCross BlueShield. CareFirst does not direct the action of participating providers or provide medical advice.

When you need care

When your PCP isn't available, being familiar with your options will help you locate the most appropriate and cost-effective medical care. The chart below shows how costs* may vary for a sample health plan depending on where you choose to get care.

	Sample Cost	Needs or Symptoms	24/7	Rx
24-Hour Nurse Advice Line	\$0	If you are unsure about your symptoms or where to go for care, call 800-535-9700, anytime day or night to speak to a registered nurse.		
CloseKnit Virtual Care <i>(24/7/365 virtual care for members)</i>	\$10	<ul style="list-style-type: none"> ▪ Cough, cold and flu ▪ Urgent care needs ▪ Illness while traveling ▪ Therapy 	✓	✓
Convenience Care <i>(e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)</i>	\$20	<ul style="list-style-type: none"> ▪ Cough, cold and flu ▪ Pink eye ▪ Ear pain 	✗	✓
Urgent Care <i>(Non-life threatening illness or injury requiring immediate care, e.g., Patient First or ExpressCare)</i>	\$60	<ul style="list-style-type: none"> ▪ Sprains ▪ Cut requiring stitches ▪ Minor burns 	✗	✓
Emergency Room <i>(Life-threatening illness or injury)</i>	\$200	<ul style="list-style-type: none"> ▪ Chest pain ▪ Difficulty breathing ▪ Abdominal pain 	✓	✓

* The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.

To determine your specific benefits and associated costs:

- Log in to *My Account* at carefirst.com/mcg;
- Check your Evidence of Coverage or benefit summary;
- Ask your benefit administrator; or
- Call Member Services at the telephone number on the back of your member ID card.



Did you know that **where** you choose to get lab work, X-rays and surgical procedures can have a big impact on your wallet? Typically, services performed in a hospital cost more than non-hospital settings like LabCorp, Advanced Radiology or ambulatory surgery centers.

Virtual Care Options

It's important to be able to get the care you need, when you need it. Our virtual care offerings make it easy to do just that.

24-Hour Nurse Advice Line

Talk to a registered nurse about your symptoms, and the appropriate steps to take, at any time by calling 800-535-9700.

CloseKnit

CloseKnit, our leading virtual care practice, gives you 24/7 access to the support you deserve—from primary and urgent care to therapy and more* through your desktop or the convenient CloseKnit mobile app.



Learn more and register at closeknithealth.com.

CloseKnit offers:



Primary Care

Full-service primary care from a dedicated care team. *For adults age 18+.*



Urgent Care

The care you need to treat minor injuries and illnesses fast. Average wait time is 30 minutes or less. *For adults and children (age 2+).*



Behavioral Health Services

Expert help, including therapy for depression, anxiety or other behavioral health diagnoses. *Psychiatric services coming soon.*



Lactation Support

Assistance for nursing mothers with breastfeeding challenges. *Coming soon.*



Diet & Nutrition

Guidance and support for healthy eating, weight loss and more. *Coming soon.*

* Providers will use their professional judgment to determine if a telemedicine visit is appropriate or if an in-person visit is required.

BlueCard & Blue Cross Blue Shield Global® Core

Wherever you go, your health care coverage goes with you

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home, from coast to coast. And with Blue Cross Blue Shield Global® Core (BCBS Global® Core) you have access to care outside of the U.S.



As always, go directly to the nearest hospital in an emergency.

Your membership gives you a world of choices. More than 93% of all doctors and hospitals throughout the U.S. contract with Blue Cross and Blue Shield plans. Whether you need care here in the United States or abroad, you'll have access to health care in more than 190 countries.

When you're outside of the CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C., and Northern Virginia), you'll have access to the local Blue Cross Blue Shield Plan and their negotiated rates with doctors and hospitals in that area. You shouldn't have to pay any amount above these negotiated rates. Also, you shouldn't have to complete a claim form or pay up front for your health care services, except for those out-of-pocket expenses (like non-covered services, deductibles, copayments, and coinsurance) that you'd pay anyway.

Within the U.S.

1. Always carry your current member ID card for easy reference and access to service.
2. To find names and addresses of nearby doctors and hospitals, visit the National Doctor and Hospital Finder at www.bcbs.com, or call BlueCard Access at 800-810-BLUE (2583).
3. Call the Customer Service number on the back of your member ID card to verify benefits or find out if pre-certification or prior authorization is required.
4. When you arrive at the participating doctor's office or hospital, simply present your ID card.
5. After you receive care, you shouldn't have to complete any claim forms or have to pay up front for medical services other than the usual out-of-pocket expenses. CareFirst will send you a complete explanation of benefits.

Around the world

Like your passport, you should always carry your ID card when you travel or live outside the U.S. The Blue Cross Blue Shield Global® Core program (BCBS Global® Core) provides medical assistance services and access to doctors, hospitals and other health care professionals around the world. Follow the same process as if you were in the U.S. with the following exceptions:

- At hospitals in the BCBS Global Core Network, you shouldn't have to pay up front for inpatient care, in most cases. You're responsible for the usual out-of-pocket expenses. And, the hospital should submit your claim.
- At hospitals outside the BCBS Global Core Network, you pay the doctor or hospital for inpatient care, outpatient hospital care, and other medical services. Then, complete an international claim form and send it to the BCBS Global Core Service Center. The claim form is available online at bcbs.globalcore.com.
- To find a BlueCard provider outside of the U.S. visit bcbs.com, select *Find a Doctor or Hospital*.

Members of Maryland Small Group Reform (MSGR) groups have access to emergency coverage only outside of the U.S.

Medical assistance when outside the U.S.

Call 800-810-BLUE (2583) toll-free or 804-673-1177, 24 hours a day, 7 days a week for information on doctors, hospitals, other health care professionals or to receive medical assistance services. A medical assistance coordinator, in conjunction with a medical professional, will make an appointment with a doctor or arrange hospitalization if necessary.



Visit bcbs.com to find providers within the U.S. and around the world.

BlueChoice Advantage POS Network Summary of Benefits

Plan Features	HIGH OPTION		STANDARD OPTION	
	In-Network Benefits Cost to Member ^{1,2}	Out-of-Network Benefits Cost to Member ^{1,3}	In-Network Benefits Cost to Member ^{1,2}	Out-of-Network Benefits Cost to Member ^{1,3}
Provider Network	Visit carefirst.com/mcg to locate providers			
24-HOUR NURSE ADVICE LINE—FREE ADVICE FROM A REGISTERED NURSE				
Visit carefirst.com/mcg 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.			
ANNUAL DEDUCTIBLE (BENEFIT PERIOD)⁴				
Individual	None	\$300	None	\$300
Family	None	\$600	None	\$600
ANNUAL OUT-OF-POCKET MAXIMUM (BENEFIT PERIOD)⁵				
Medical	\$1,000 Individual/ \$2,000 Family	\$2,000 Individual/ \$4,000 Family	\$1,000 Individual/ \$2,000 Family	\$2,000 Individual/ \$4,000 Family
LIFETIME MAXIMUM BENEFIT				
Lifetime Maximum	None	None	None	None
PREVENTIVE SERVICES				
Well-Child Care (including exams & immunizations)	\$10 per visit	Deductible, then 20% of Allowed Benefit	\$15 per visit	Deductible, then 20% of Allowed Benefit
Adult Physical Examination (including routine GYN visit)	\$10 per visit	Deductible, then 20% of Allowed Benefit	\$15 per visit	Deductible, then 20% of Allowed Benefit
Breast Cancer Screening**	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
Pap Test**	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
Prostate Cancer Screening**	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
Colorectal Cancer Screening**	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
OFFICE VISITS, LABS AND TESTING				
Office Visits for Illness	\$10 per visit	Deductible, then 20% of Allowed Benefit	\$15 per visit	Deductible, then 20% of Allowed Benefit
Imaging (MRA/MRS, MRI, PET & CAT scans) ⁷	No charge*	No charge*	No charge*	No charge*
Lab ⁶ (at approved locations)	No charge*	No charge*	No charge*	No charge*
X-ray ⁶ (at approved locations)	No charge*	No charge*	No charge*	No charge*
Allergy Shots	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
Physical, Speech and Occupational Therapy (limited to 90 visits/injury/benefit period)	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
Chiropractic	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
Acupuncture	\$10 per visit	Deductible, then 20% of Allowed Benefit	\$30 per visit	Deductible, then 20% of Allowed Benefit

BlueChoice Advantage POS Network Summary of Benefits

Plan Features	HIGH OPTION		STANDARD OPTION	
	In-Network Benefits Cost to Member ^{1,2}	Out-of-Network Benefits Cost to Member ^{1,3}	In-Network Benefits Cost to Member ^{1,2}	Out-of-Network Benefits Cost to Member ^{1,3}
EMERGENCY SERVICES				
Urgent Care Center	No charge*	No charge*	No charge*	No charge*
Emergency Room—Facility Services	\$25 per visit (waived if admitted)	\$25 per visit (waived if admitted)	\$35 per visit (waived if admitted)	\$35 per visit (waived if admitted)
Ambulance (if medically necessary)	No charge*	No charge*	No charge*	No charge*
HOSPITALIZATION (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)				
Outpatient Facility Services	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
Inpatient Facility Services	No charge*	Deductible, then 20% of Allowed Benefit	No charge* after \$150 per admission	Deductible, then 20% of Allowed Benefit
Inpatient Physician Services	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
HOSPITAL ALTERNATIVES				
Home Health Care (90-visit maximum in-network)	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
Hospice (Inpatient—limited to 30 days; Outpatient—unlimited during Hospice eligibility period)	No charge*	No charge*	No charge*	No charge*
Skilled Nursing Facility (limited to 100 days/benefit period)	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
MATERNITY				
Preventive Prenatal and Postnatal Office Visits	\$10 per visit	Deductible, then 20% of Allowed Benefit	\$30 per visit	Deductible, then 20% of Allowed Benefit
Delivery and Facility Services	No charge*	Deductible, then 20% of Allowed Benefit	No charge* after \$150 per admission	Deductible, then 20% of Allowed Benefit
Nursery Care of Newborn	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
Artificial and Intrauterine Insemination ⁷ (limited to 6 attempts per live birth)	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
In Vitro Fertilization Procedures ⁷ (limited to 3 attempts per live birth up to \$100,000 lifetime maximum)	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
MENTAL HEALTH AND SUBSTANCE USE DISORDER—(Members are responsible for applicable physician and facility fees)				
Inpatient Facility Services	No charge*	Deductible, then 20% of Allowed Benefit	No charge* after \$150 per admission	Deductible, then 20% of Allowed Benefit
Inpatient Physician Services	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
Outpatient Facility Services	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	No charge*	Deductible, then 20% of Allowed Benefit	No charge*	Deductible, then 20% of Allowed Benefit
Office Visits	\$10 per visit	Deductible, then 20% of Allowed Benefit	\$15 per visit	Deductible, then 20% of Allowed Benefit
Medication Management	\$10 per visit	Deductible, then 20% of Allowed Benefit	\$15 per visit	Deductible, then 20% of Allowed Benefit

BlueChoice Advantage POS Network Summary of Benefits

Plan Features	HIGH OPTION		STANDARD OPTION	
	In-Network Benefits Cost to Member ^{1,2}	Out-of-Network Benefits Cost to Member ^{1,3}	In-Network Benefits Cost to Member ^{1,2}	Out-of-Network Benefits Cost to Member ^{1,3}
MEDICAL DEVICES AND SUPPLIES				
Durable Medical Equipment	No charge*	No charge*	No charge*	No charge*
Hearing Aids for ages 0–18 (limited to 1 hearing aid per hearing impaired ear every 3 years)	No charge*	No charge*	No charge*	No charge*
Adult Hearing Screenings and Hearing Aids	Blue365 members receive a complimentary hearing screening and discounted prices on hearing aids.			

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

** Copay applies if office visit is not billed.

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, 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, 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.

⁶ If you receive laboratory services inside the CareFirst Service area (Maryland, D.C., Northern Virginia) members should use LabCorp to receive In-Network benefits. Services performed by any other provider, while inside the CareFirst Service area will be considered out-of-network. If you receive laboratory services outside of Maryland, D.C. or Northern Virginia, you may use any participating BlueCard PPO laboratory and receive in-network benefits.

⁷ 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.

Mental Health Support

Well-being for mind and body

Living your best life means taking care of your body *and* your mind. Emotional well-being is important at every stage in life, from adolescence through adulthood.

When mental health difficulties arise for you or a loved one, remember you're not alone. Help is available and feeling better is possible.

CareFirst BlueCross BlueShield (CareFirst) is here to help. Members have access to specialized services and programs for depression, anxiety, substance use disorders, and more. Our support team is made up of specially trained service representatives, registered nurses, licensed clinicians and care managers ready to:

- Help you find the right mental health provider(s) and schedule appointments
- Connect you with a care coordinator who will work with your doctor to create a tailored action plan
- Find support groups and resources to help you stay on track

To find help, call us at 800-245-7013.



Our Behavioral Health Digital Resource, powered by 7 Cups, is available 24/7 with access to CareFirst care managers, trained listeners, supportive communities and individualized growth paths. Learn more by logging into your *My Account* and clicking on the Behavioral Health Digital Resource tile.

CareFirst WellBeing

Putting the power of health in your hands

Welcome to CareFirst WellBeingSM—your personalized digital connection to your healthiest life. Catering to your unique health and wellness goals, CareFirst WellBeing offers motivating digital resources accessible anytime, plus specialized programs for extra support.

Ready to take charge of your health?

Find out if your healthy habits are truly making an impact by taking the RealAge[®] health assessment! In just a few minutes, RealAge will help you determine the physical age of your body compared to your calendar age. You'll discover the lifestyle behaviors helping you stay younger or making you age faster and receive insightful recommendations based on your results.

Exclusive features

Our well-being program is full of resources and tools that reflect your own preferences and interests. You get:

- **Trackers:** Connect your wearable devices or enter your own data to monitor daily habits like sleep, steps, nutrition and more.
- **A personalized health timeline:** Receive content and programs tailored to you.
- **Challenges:** Stay motivated by joining a challenge to make achieving your health goals more entertaining.
- **Inspirations:** Break free from stress, unwind at the end of the day or ease into a restful night of sleep with meditation, streaming music and videos.



Download the mobile app to access well-being tools and resources whenever and wherever you want.

Specialized programs

The following programs can help you focus on specific wellness goals.

Health coaching

Coaches are registered nurses and trained professionals who provide one-on-one support to help you reach your wellness goals. If you are interested in health coaching or are contacted, we encourage you to take advantage of this voluntary and confidential program that can help you achieve your best possible health.

Weight management program

We offer two weight management programs in our WellBeing collection. If eligible, you can choose either psychology-based program to help you achieve and sustain a healthier weight, as well as reduce your risk for type 2 diabetes.

Tobacco cessation program

Quitting smoking and other forms of tobacco can lower your risk for many serious conditions from heart disease and stroke to lung cancer. Our program's expert guidance, support and online tools make quitting easier than you might think.

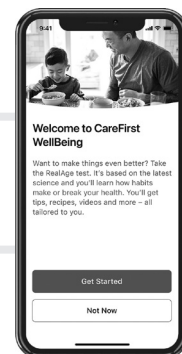
Financial well-being program

Learn how to take small steps toward big improvements in your financial situation. Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program can help.

Additional offerings

- **Wellness discount program**— Sign up for Blue365 at carefirst.com/wellnessdiscounts to receive special offers from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.
- **Vitality magazine**—Read our member magazine which includes important plan information at carefirst.com/vitality.
- **Health education**—View our health library for more health and well-being information at carefirst.com/livinghealthy.

To explore or register for the program, visit carefirst.com/wellbeing or download the CareFirst WellBeing app.



Find Providers and Estimate Treatment Costs

Quickly find doctors and facilities, review your health providers and estimate treatment costs—all in one place!

Find providers

carefirst.com/mcg

You can easily find health care providers and facilities that participate with your CareFirst health plan. Search for and filter results based on your specific needs, like:

- Provider name
- Provider specialty
- Distance
- Gender
- Accepting new patients
- Language
- Group affiliations

Review providers

Read what other members are saying about the providers you're considering before making an appointment. You can also leave feedback of your own after your visit.

Make low-cost, high-quality decisions

When you need a medical procedure, there are other things to worry about besides your out-of-pocket costs. To help you make the best care decisions for your needs, CareFirst's Treatment Cost Estimator will:

- Quickly estimate your total treatment costs
- Avoid surprises and save money
- Plan ahead to control expenses

Want to see how it works? Visit carefirst.com/mcg today!



Want to view personalized information about doctors in your plan's network? Be sure to log in to *My Account* from your computer, tablet or smartphone.

My Account

Online access to your health care information

Your member portal is personalized to you and your CareFirst benefits. Stay on top of your health with easy access to everything you need to understand your coverage, find care at the best price, and track your claims and deductibles at your fingertips. Set up an account today! Go to **carefirst.com** to create a username and password.

CareFirst Mobile App or My Account online

1. Download the CareFirst app OR visit carefirst.com on your computer
2. Register for My Account

It's that easy. Then, log in and conveniently:

- Find in-network doctors, urgent care centers and other care—nationwide
- View, order or email member ID cards
- Check claims and deductible status
- Update communication preferences and password
- Quickly access a variety of CareFirst member programs, including the Behavioral Health Digital Resource and more



Signing up is easy

Information included on your member ID card will be needed to set up your account.

- Visit carefirst.com
- Select *Register Now*
- Create your username and password



Rights and Responsibilities

Notice of privacy practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to send our Notice of Privacy Practices to members of fully insured groups only. The notice outlines the uses and disclosures of protected health information, the individual's rights and CareFirst's responsibility for protecting the member's health information.

To obtain a copy of our Notice of Privacy Practices, go to carefirst.com/mcg and click on *Privacy Statement* at the bottom of the page, click on *Health Information* then click on *Notice of Privacy Practices*. Or call the Member Services telephone number on your member ID card. Members of self-insured groups should contact their Human Resources department for a copy of their Notice of Privacy Practices. If you don't know whether your employer is self-insured, please contact your Human Resources department.

Member satisfaction

CareFirst wants to hear your concerns and/or complaints so that they may be resolved. We have procedures that address medical and non-medical issues. If a situation should occur for which there is any question or difficulty, here's what you can do:

- If your comment or concern is regarding the quality of service received from a CareFirst representative or related to administrative problems (e.g., enrollment, claims, bills, etc.) you should contact Member Services. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding any events. Please include your daytime telephone number so that we may contact you directly if we need additional information.

CareFirst appreciates the opportunity to improve the level of quality of care and services available for you. As a member, you will not be subject to disenrollment or otherwise penalized as a result of filing a complaint or appeal.

- If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. To write to us directly with a quality of care or service concern, you can:
 - Send an email to:
quality.care.complaints@carefirst.com
 - Fax a written complaint to: **301-470-5866**
 - Write to:
**CareFirst BlueCross BlueShield
Quality of Care Department
P.O. Box 17636
Baltimore, MD 21297**

If you send your comments to us in writing, please include your identification number and provide us with as much detail as possible regarding the event or incident. Please include your daytime telephone number so that we may contact you directly if we need additional information. Our Quality of Care Department will investigate your concerns, share those issues with the provider involved and request a response. We will then provide you with a summary of our findings. CareFirst member complaints are retained in our provider files and are reviewed when providers are considered for continuing participation with CareFirst.

These procedures are also outlined in your Evidence of Coverage.

Rights and Responsibilities

If you wish, you may also contact the appropriate jurisdiction's regulatory department regarding your concern:

VIRGINIA:

Complaint Intake, Office of Licensure and Certification, Virginia Department of Health, 9960 Maryland Drive, Suite 401, Richmond, VA 23233-1463
Phone #: 800-955-1819 or 804-367-2106
Fax #: 804-527-4503

Office of the Managed Care Ombudsman, Bureau of Insurance, P.O. Box 1157, Richmond, VA 23218
Phone #: 1-877-310-6560 or 804-371-9032

DISTRICT OF COLUMBIA:

Department of Insurance, Securities and Banking, 801 1st Street, NE, Suite 701, Washington, DC 20002
Phone #: 202-727-8000

MARYLAND:

Maryland Insurance Administration, Inquiry and Investigation, Life and Health, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202
Phone #: 800-492-6116 or 410-468-2244

Office of Health Care Quality, Spring Grove Center, Bland-Bryant Building, 55 Wade Avenue, Catonsville, MD 21228
Phone #: 410-402-8016 or 877-402-8218

For assistance in resolving a Billing or Payment Dispute with the Health Plan or a Health Care Provider, contact the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General at:

Health Education and Advocacy Unit, Consumer Protection Division, Office of the Attorney General, 200 St. Paul Place, 16th Floor, Baltimore, MD 21202
Phone #: 410-528-1840 or 877-261-8807
Fax #: 410-576-6571
web site: www.oag.state.md.us

Hearing impaired

To contact a Member Services representative, please choose the appropriate hearing impaired assistance number below, based on the region in which your coverage originates.

Maryland Relay Program: 800-735-2258
National Capital Area TTY: 202-479-3546
Please have your Member Services number ready.

Language assistance

Interpreter services are available through Member Services. When calling Member Services, inform the representative that you need language assistance.

Please Note: CareFirst appreciates the opportunity to improve the level of quality of care and services available for you. As a member, you will not be subject to disenrollment or otherwise penalized as a result of filing a complaint or appeal.

Confidentiality of subscriber/ member information

All health plans and providers must provide information to members and patients regarding how their information is protected. You will receive a Notice of Privacy Practices from CareFirst or your health plan, and from your providers as well, when you visit their office.

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI), whether oral, written or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your health care, we are permitted to use and disclose (give out) your information for these purposes. Sometimes we are even required by law to disclose your information in certain situations. You also have certain rights to your own protected health information on your behalf.

Our responsibilities

We are required by law to maintain the privacy of your PHI, and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use

Rights and Responsibilities

and disclose your PHI for treatment, payment activities and health care operations as explained in the Notice of Privacy Practices. We may disclose your protected health information to the plan sponsor/employer to perform plan administration function. The Notice is sent to all policy holders upon enrollment.

Your rights

You have the following rights regarding your own Protected Health Information. You have the right to:

- Request that we restrict the PHI we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you.
- Inspect and copy your PHI that is contained in a designated record set including your medical record.
- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or health care operations.
- Give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice.

Inquiries and complaints

If you have a privacy-related inquiry, please contact the CareFirst Privacy Office at 800-853-9236 or send an email to privacy.office@carefirst.com.

Members' rights and responsibilities statement

Members have the right to:

- Be treated with respect and recognition of their dignity and right to privacy.
- Receive information about the health plan, its services, its practitioners and providers, and members' rights and responsibilities.

- Participate with practitioners in decision-making regarding their health care.
- Participate in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Make recommendations regarding the organization's members' rights and responsibilities.
- Voice complaints or appeals about the health plan or the care provided.

Members have a responsibility to:

- Provide, to the extent possible, information that the health plan and its practitioners and providers need in order to care for them.
- Understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- Follow the plans and instructions for care that they have agreed on with their practitioners.
- Pay copayments or coinsurance at the time of service.
- Be on time for appointments and to notify practitioners/providers when an appointment must be canceled.

Eligible individuals' rights statement wellness and health promotion services

Eligible individuals have a right to:

- Receive information about the organization, including wellness and health promotion services provided on behalf of the employer or plan sponsors; organization staff and staff qualifications; and any contractual relationships.
- Decline participation or disenroll from wellness and health promotion services offered by the organization.
- Be treated courteously and respectfully by the organization's staff.
- Communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization's standards of timeliness for responding to and resolving complaints and quality issues.

Habilitative services

CareFirst provides coverage for habilitative services to members younger than the age of 19. This includes habilitative services to treat congenital or genetic birth defects, including a defect existing at or from birth, a hereditary defect, autism or an autism spectrum disorder, and cerebral palsy.

Habilitative services include speech, physical and occupational therapies. CareFirst must pre-approve all habilitative services. Any deductibles, copayments and coinsurance required under your contract apply. Policy maximums and benefit limits apply. Habilitative services are not counted toward any visit maximum for therapy services.

Please note that any therapies provided through the school system are not covered by this benefit. This coverage applies only to contracts sold to businesses based in Maryland. Check your contract coverage to determine if you are eligible to receive these benefits. If you have questions regarding any of these services, contact Member Services at the telephone number on your member ID card.

Mastectomy-related services

CareFirst provides coverage for home visits to members who undergo a mastectomy (the surgical removal of all or part of the breast as a result of breast cancer) or the surgical removal of a testicle. Coverage includes one home visit that occurs within 24 hours after discharge from the hospital or outpatient facility and an additional home visit if prescribed by the member's doctor. To be eligible, the member must be in the hospital less than 48 hours or have the procedure performed on an outpatient basis. This coverage applies only to contracts sold to businesses based in Maryland. Please check your contract coverage to determine if you are eligible for these surgical procedure benefits.

CareFirst offers other benefits for mastectomy-related services, including:

- All stages of reconstruction of the breast that underwent the mastectomy.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis (artificial breast) and treatment of the physical complications that occur at all stages of the mastectomy, including lymphedema (swelling).

You and your physician will determine the appropriate plan to treat your condition. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits covered under your health plan. Please refer to your Benefit Guide or Evidence of Coverage for more details or call Member Services at the telephone number on your member ID card.

Care for mothers, newborns

Under the Newborns' and Mothers' Health Protection Act, CareFirst offers coverage for inpatient hospitalization services for a mother and newborn child for a minimum of:

- 48 hours of inpatient hospitalization care after an uncomplicated vaginal delivery.
- 96 hours of inpatient hospitalization care after an uncomplicated cesarean section.

If the mother and newborn remain in the hospital for at least the length of time provided, coverage includes:

- A home visit if prescribed by the attending physician.
- The mother may request a shorter length of stay if, after talking with her physician, she decides that less time is needed for her recovery.

If the mother and newborn have a shorter hospital stay than listed above, coverage includes one home visit scheduled to occur within 24 hours after hospital discharge and an additional home visit if prescribed by the attending physician.

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>.

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.

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 መደን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ 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 ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtẹ̀tílẹ̀kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójútòfò rẹ. Ó le ní àwọn déèti pátó o sì le ní láti gbé igbésẹ̀ ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófèfẹ̀. Àwọn omo-egbé gbòdò pe nóm̀bà fòdùn tò wà léyìn kààdi idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí tí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbà tí a sọjú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì so ọ̀ pò mò 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.

Notice of Nondiscrimination and Availability of Language Assistance Services

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।

Bàsɔ̀-wùdù (Bassa) Tò Ìdùù Cáo! Bǎ̀ nǎ̀ kè bá nyo bě kè m̄ gbo kpá bó nì fùà-fúá-tiǎ̀ nyɛɛ jè dyí. Bǎ̀ nǎ̀ kè bédé wé jéé bě bē m̄ kè dɛ wa m̄ m̄ kè nyuɛɛ nyu hwè bē wé bēá kè zi. ɔ̀ m̄ nì kpé bē m̄ kè bǎ̀ nǎ̀ kè kè gbo-kpá-kpá m̄ m̄ dyé dé nì bídí-wùdù mú bē m̄ kè se wídí dò péé. Kpoò nyo bē m̄ dǎ́ fúùn-nòbà nǎ̀ dé waa I.D. káàò dɛín nyɛ. Nyo tòò séín m̄ dǎ́ nòbà nǎ̀ kè: 855-258-6518, kè m̄ m̄ fò tee bē wa kée m̄ gbo cē bē m̄ kè nòbà m̄à 0 kè dyi pàdàin hwè. ɔ̀ jù kè nyo dò dyi m̄ gǎ́ jǎ̀n, po wuɖu m̄ m̄ pòe dyie, kè nyo dò mu bó niin bē ɔ̀ kè nì wuɖu 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। অন্যরা 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。

Notice of Nondiscrimination and Availability of Language Assistance Services

Igbo (Igbo) Nrụbama: 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 kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejikọ 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' dahólq bee éédahózin béeso ách'áq̄h naanil ník'ist'i'ígíí bá. Bii' dahólq doo íiyisíí yoolkáálígíí dóó t'áadoo le'é ádadoolyííllígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'íh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowot' t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó náánáta' éi kóji' dahódoonih 855-258-6518 dóó yii diilts'íłt' yaltí'ígíí t'áá níléijí áádóó éi bikéé'dóó naasbaas bił adidiilchił. Áká'ánidaalwó'ígíí neidiitáq̄go, saad bee yánilt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoowot'.

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