



Health Benefit Options

*Somerset County Public Schools Actives and Under 65 Retirees
Effective 9/1/2020–8/31/2021*

EASTERN SHORE OF MARYLAND EDUCATIONAL CONSORTIUM

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BluePreferred EPO

With BluePreferred EPO, you have the freedom to visit any National BlueCross BlueShield Preferred Provider you choose. We also offer online tools and resources at **carefirst.com** that give you the flexibility to manage your health care and wellness goals wherever you are.



Take advantage of your benefits

- \$0 cost for comprehensive preventive health care visits.
- Choose any provider you want from our network. Any services from providers that are not part of the BlueCross BlueShield PPO network, will not be covered except for medical emergency services.
- A network of over 43,000 CareFirst Preferred Provider Organization (PPO) providers—primary care providers (PCP), nurse practitioners, specialists, hospitals, pharmacies, urgent care centers, convenience care clinics and diagnostic centers—in Maryland, Washington, D.C. and Northern Virginia.
- If you need care outside CareFirst BlueCross BlueShield's (CareFirst) service area of Maryland, Washington, D.C. and Northern Virginia, you have access to thousands of providers in all 50 states and receive in-network benefits when you see a BlueCard® PPO provider.

Benefits at a glance



Preventive care and sick office visits

You are covered for all preventive care as well as sick office visits.



Large provider network

You can choose any doctor from our large network of providers. Our network also includes specialists, hospitals and pharmacies—giving you many options for your health care.



Specialist services

Your coverage includes services from specialists without a referral. Specialists are doctors or nurses who are highly trained to treat certain conditions, such as cardiologists or dermatologists.



Hospital services

You're covered for overnight hospital stays. You are also covered for outpatient services, those procedures you get in the hospital without spending the night. Your PCP or specialist must provide prior authorization for all inpatient hospital services and may need to provide prior authorization for some outpatient hospital services such as rehabilitative services, chemotherapy and infusion services.



Labs, X-rays or specialty imaging

Covered services include provider-ordered lab tests, X-rays and other specialty imaging tests (MRI, CT scan, PET scan, etc.).



Well-child visits

All well-child visits and immunizations are covered.



Maternity and pregnancy care

You are covered for doctor visits before and after your baby is born, including hospital stays. If needed, we also cover home visits after the baby's birth.



Mental health and substance use disorder

Your coverage includes behavioral health treatment, such as psychotherapy and counseling, mental and behavioral health inpatient services and substance use disorder treatment.

How your plan works

CareFirst BlueCross BlueShield (CareFirst) has the region's largest network of doctors, pharmacies, hospitals and other health care providers that accept our health plans. Because networks vary among CareFirst health plans, make sure you're familiar with your specific plan's network.

In-network doctors and health care providers are those that are part of your plan's network (also known as participating providers). When you choose an in-network provider, you'll pay the lowest out-of-pocket costs.

Out-of-network doctors and health care providers have not contracted with CareFirst. Costs for these providers are not covered under the plan other than medical emergency services.

Important terms

ALLOWED BENEFIT: The maximum amount CareFirst approves for a covered service, regardless of what the doctor actually charges. Providers who participate in the PPO network cannot charge our members more than the allowed amount for any covered service.

COINSURANCE: The percentage of the allowed benefit you pay after you meet your deductible.

COPAY: A fixed-dollar amount you pay when you visit a doctor or other provider.

DEDUCTIBLE: The amount of money you must pay each year before your plan begins to pay its portion for the cost of care.

IN-NETWORK: Doctors, hospitals, labs and other providers or facilities that are part of the CareFirst's regional and national PPO network.

OUT-OF-NETWORK: Doctors, hospitals, labs and other providers or facilities that do not participate in CareFirst's regional and national PPO network.

Getting started with your plan

No matter which health plan you have, one of the first things you should do is choose an in-network primary care provider or PCP. By visiting your PCP for routine visits as recommended, he/she will get to know you, your medical history and your habits. Having a PCP who is familiar with your health can make it easier and faster to get the care you need. In addition, when you choose a PCP, you are one step closer to earning a financial reward!

With access to nearly 92 percent of all physicians in the United States, your doctor is likely in the network. To find regional and national providers, visit our *Find a Provider* tool (carefirst.com/doctor) and search by the CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) plan or by your doctor's name.

EPO (Exclusive Preferred Option) Summary of Benefits

Eastern Shore of Maryland Educational Consortium

Services	In-Network You Pay ^{1,2}
	Visit carefirst.com/doctor to locate providers
24-HOUR NURSE ADVICE LINE	
Free advice from a registered nurse. Visit 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.
ANNUAL DEDUCTIBLE (Benefit period)	
Individual	None
Family	None
ANNUAL OUT-OF-POCKET MAXIMUM (Benefit period)³	
Individual	\$1,200
Family	\$3,600
LIFETIME MAXIMUM BENEFIT	
Lifetime Maximum	None
PREVENTIVE SERVICES	
Well-Child Care (including exams & immunizations)	No charge*
Adult Physical Examination (including routine GYN visit) (one per benefit period)	No charge*
Breast Cancer Screening	No charge*
Pap Test	No charge*
Prostate Cancer Screening	No charge*
Colorectal Cancer Screening	No charge*
OFFICE VISITS, LABS AND TESTING	
Office Visits for Illness	\$20 per visit
Imaging (MRA/MRS, MRI, PET & CAT scans)	\$20 per visit
Lab	\$20 per visit
X-ray	\$20 per visit
Allergy Testing	No charge*
Allergy Serum	\$24 per visit
Allergy Shots	No charge*
Physical, Speech, Occupational, Radiation, Chemotherapy, Renal Dialysis and Inhalation Therapy	Office—\$20 per visit Outpatient Facility—\$40 per visit Outpatient Physician—\$30 per visit
Cardiac Rehabilitation	Outpatient Facility—\$40 per visit Outpatient Physician—\$30 per visit
Chiropractic	\$20 per visit
Acupuncture	\$20 per visit
EMERGENCY SERVICES	
Urgent Care Center	\$20 per visit
Emergency Room—Facility Services	\$40 per visit (waived if admitted)
Emergency Room—Physician Services	\$30 per visit
Ambulance (if medically necessary)	No charge*
HOSPITALIZATION (Members are responsible for applicable physician and facility fees)	
Outpatient Facility Services	\$40 per visit
Outpatient Physician Services	\$30 per visit
Inpatient Facility Services	No charge*
Inpatient Physician Services	No charge*

Services	In-Network You Pay ^{1,2}
HOSPITAL ALTERNATIVES	
Home Health Care	No charge*
Hospice	No charge*
Skilled Nursing Facility	No charge*
MATERNITY	
Preventive Prenatal and Postnatal Office Visits	No charge*
Delivery and Facility Services	No charge*
Nursery Care of Newborn	No charge*
Artificial and Intrauterine Insemination ⁴	\$20 per visit
In Vitro Fertilization Procedures ⁴ (limited to 3 attempts per live birth up to \$100,000 lifetime maximum)	\$20 per visit
MENTAL HEALTH AND SUBSTANCE USE DISORDER (Members are responsible for applicable physician and facility fees)	
Inpatient Facility Services	No charge*
Inpatient Physician Services	No charge*
Outpatient Facility Services	\$30 per visit
Outpatient Physician Services	\$30 per visit
Office Visits	\$20 per visit
Medication Management	\$20 per visit
MEDICAL DEVICES AND SUPPLIES	
Durable Medical Equipment	No charge*
Hearing Aids for ages 0–18 (limited to 1 hearing aid per hearing impaired ear every 3 years)	No charge*
Adult Hearing Aids/Routine Hearing Check	Not covered
Hair Prosthesis	Coverage up to \$350 maximum

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.

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 by a provider in the Preferred Provider network, care is reimbursed at the in-network level. In-network coinsurances are based on a percentage of the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that Preferred Providers have agreed to accept as payment for covered services. These payments are established by CareFirst BlueCross BlueShield (CareFirst), however, in certain circumstances, the Allowed Benefit for a Preferred Provider may be established by law.

³ 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.

⁴ 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.

Preferred Dental

Effective 1/1/2020

CareFirst BlueCross BlueShield (CareFirst) offers Preferred (PPO) Dental coverage, which allows you the freedom to see any dentist you choose.

Advantages of the plan

- **Freedom of choice, freedom to save**—With Preferred Dental coverage, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Preferred Provider network. It's your choice!
- **Comprehensive coverage**—Benefits include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the following page.
- **Nationwide access to participating dentists**—You have access to one of the nation's largest dental networks, with more than 95,000 participating dentists throughout the United States. Preferred Dental gives you coverage for the dental services you need, whenever and wherever you need them.

Three options for care

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full, which means no balance billing for you.
- **Option 2**—You can receive out-of-network coverage from a dentist who participates with CareFirst, but not through the Preferred Provider Network. Similar to Option 1, there is no balance billing. You are responsible for out-of-network deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.
- **Option 3**—You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

Frequently asked questions

How do I find a preferred dentist?

You can access an online directory 24 hours a day at carefirst.com/doctor. Click on *Dental* and then select *Preferred Dental*.

How much will I have to pay for dental services?

The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in- and out-of-network.

Is there a lot of paperwork?

There is no paperwork when you see a participating dentist, you are free from filing claims. However, if you use a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at: 866-891-2802 between 8:30 a.m. and 5 p.m. ET, Monday–Friday.

Summary of Benefits

Eastern Shore Educational Consortium

(Talbot Board of Education—Only Active Employees are Eligible)

Services	In-network You Pay (Preferred Dental Provider)	Out-of-network You Pay (Traditional Dental or Non-Participating Dental Provider)
DEDUCTIBLE APPLIES TO ALL BASIC AND MAJOR SERVICES There is a separate deductible for in-and out-of-network services	\$25 Ind./\$75 Family	\$25 Ind./\$75 Family
ANNUAL MAXIMUM APPLIES TO ALL SERVICES EXCEPT ORTHODONTIC	Plan pays \$1,500 per member	
PREVENTIVE AND DIAGNOSTIC SERVICES	PLAN PAYMENT	
<ul style="list-style-type: none"> Oral Exams (two per benefit period) Prophylaxis (two cleanings per benefit period) Bitewing X-rays Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months) 	<ul style="list-style-type: none"> Fluoride treatments (two per benefit period per member, until the end of the year the member reaches the age 19) Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 19) Space maintainers (once per 60 months) Palliative emergency treatment 	100% of Allowed Benefit ¹
BASIC SERVICES		
<ul style="list-style-type: none"> Direct placement fillings using approved materials (one filling per surface per 12 months) 	<ul style="list-style-type: none"> Periodontal scaling and root planing (once per 24 months, one full mouth treatment) Simple extractions 	80% of Allowed Benefit after deductible ¹
MAJOR SERVICES—SURGICAL		
<ul style="list-style-type: none"> Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months) Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy) 	<ul style="list-style-type: none"> Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section) General anesthesia rendered for a covered dental service 	80% of Allowed Benefit after deductible ¹
MAJOR SERVICES—RESTORATIVE		
<ul style="list-style-type: none"> Full and/or partial dentures (once per 60 months) Fixed bridges, crowns, inlays and onlays (once per 60 months) Denture adjustments and relining (limits apply for regular and immediate dentures) 	<ul style="list-style-type: none"> Recementation of crowns, inlays and/or bridges (once per 12 months) Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance) Dental implants, subject to medical necessity review (once per 60 months) 	50% of Allowed Benefit after deductible ¹
ORTHODONTIC SERVICES	In-network You Pay (Preferred Dental Provider)	Out-of-network You Pay (Traditional Dental or Non-Participating Dental Provider)
<ul style="list-style-type: none"> Benefits for orthodontic services may be available for covered members under age 19 who meet treatment criteria. 	50% of Allowed Benefit ¹	50% of Allowed Benefit ¹
<ul style="list-style-type: none"> Orthodontic Lifetime Maximum 	Plan pays \$1,500 per member	

¹ NOTE: CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

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

BlueVision Plus

A plan for healthy eyes, healthy lives

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueCross BlueShield and CareFirst BlueChoice, through the Davis Vision, Inc. national network of providers.

How the plan works

How do I find a provider?

To find a provider, go to **carefirst.com** and utilize the *Find a Provider* feature or call Davis Vision at **800-783-5602** for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

How do I receive care from a network provider?

Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueCross BlueShield or CareFirst BlueChoice member and provide the doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

What if I go out-of-network?

Staying in-network gives you the best benefit, but BlueVision Plus does offer an out-of-network allowance schedule as well. In this case, you may see any provider you wish, but you will be responsible for all payments up-front. You will also be responsible for filing the claim with Davis Vision for reimbursement and paying any balances over the allowed benefit to the non-participating provider. You can find the claim form by going to **carefirst.com**, locate *For Members*, then click on *Forms, Vision, Davis Vision*.

Can I get contacts and eyeglasses in the same benefit period?

With BlueVision Plus, the benefit covers one pair of eyeglasses or a supply of contact lenses per benefit period.

Mail order replacement contact lenses

DavisVisionContacts.com offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door.



Need more information?
Visit **carefirst.com** or call
800-783-5602.

Summary of Benefits

Eastern Shore of Maryland Education Consortium

(12-month benefit period)

In-network	You Pay
EYE EXAMINATIONS	
Routine Eye Examination with dilation (per benefit period)	No copay
FRAMES	
Davis Vision Frame Collection	\$20 copay for Fashion and Designer frames \$40 copay for Premier frames
Non-Collection Frame	Plan pays \$45 towards wholesale price (or equivalent allowance at a retailer), you pay balance plus \$20 frame copay
SPECTACLE LENSES	
Basic Single Vision (including lenticular lenses)	\$20 copay
Basic Bifocal	\$20 copay
Basic Trifocal	\$20 copay
CONTACT LENSES (initial supply)	
Medically Necessary Contacts	No copay with prior approval
Davis Vision Contact Lens Collection	\$40 copay
Other Single Vision Contact Lenses	Plan pays \$97, you pay balance
Other Bifocal Contact Lenses	Plan pays \$127, you pay balance
LENS OPTIONS¹ (add to spectacle lens prices above)	
Standard Progressive Lenses	\$50
Premium Progressive Lenses (Varilux®, etc.)	\$90
Ultra Progressive Lenses (digital)	\$140
Polarized Lenses	\$75
High Index Lenses	\$55
Blended Segment Lenses	\$20
Polycarbonate Lenses for children, monocular and high prescription	No copay
Polycarbonate Lenses for all other patients	\$30
Transition Lenses	\$65
Intermediate Vision Lenses	\$30
Photochromic Lenses	\$20
Scratch-Resistant Coating	\$20
Standard Anti-Reflective (AR) Coating	\$35
Premium AR Coating	\$48
Ultra AR Coating	\$60
Ultraviolet (UV) Coating	\$12
Tinting	No copay
Plastic Photosensitive Lenses	\$65
Oversized Lenses	No copay

In-network	You Pay
CONTACT LENSES¹ (mail order)	
DavisVisionContacts.com Mail Order Contact Lens Replacement Online	Discounted prices
Laser Vision Correction ¹	Up to 40%-50% off the national average price of traditional LASIK

Out-of-network	You Pay
Routine Eye Examination with dilation (per benefit period)	Plan pays \$36, you pay balance
Frames	Plan pays \$30, you pay balance
Single Lenses	Plan pays \$42, you pay balance
Bifocal Lenses	Plan pays \$67, you pay balance
Trifocal Lenses	Plan pays \$90, you pay balance
Lenticular (post-cataract) Eyeglass Lenses	Plan pays \$157, you pay balance
Medically Necessary Contacts	Plan pays \$80, you pay balance
Elective Contact Lenses	Plan pays \$71, you pay balance
Elective Bifocal Contact Lenses	Plan pays \$97, you pay balance

¹ These services or supplies are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

Exclusions

The following services are excluded from coverage:

- Diagnostic services, except as listed in *What's Covered* under the Evidence of Coverage.
- Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
- Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
- Services or supplies not specifically approved by the Vision Care Designee where required in *What's Covered* under the Evidence of Coverage.
- Orthoptics, vision training and low vision aids.
- Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
- Non-prescription glasses, sunglasses or contact lenses.
- Vision Care services for cosmetic use.

Benefits issued under policy form numbers: Non-rider/Freestanding: MD: MD/CF/GC (R. 10/07) • MD/CF/EOC/D-V (10/08) • MD/CF/DOCS-V (9/04) • MD/CF/SOB-V (R. 1/06) • MD/CF/ELIG (R. 1/08) • CFMI/51+GC (R. 7/10) • CFMI/EOC/D-V (7/09) • CFMI/VISION DOCS (7/09) • CFMI/VISION SOB (7/09) • CFMI/ELIG/D-V (7/09) and any amendments.

DC: DC/CF/GC (R. 1/09) • DC/CF/COC-V (9/04) • DC/CF/DOCS-V (9/04) • DC/CF/SOB-V (R. 1/06) • DC/CF/ELIG (9/04) • VA: VA/CF/GC (R. 1/09) • VA/CF/COC-V (9/04) • VA/CF/DOCS-V (9/04) • VA/CF/SOB-V (R. 1/06) • VA/CF/ELIG (9/04) • as amended

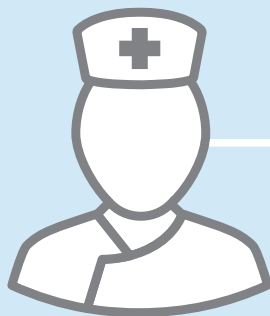
Ridered: CFMI/51+VISION (4/09) • MD/BCOO/VISION (R. 1/06) • MD/CF/VISION (R. 1/06) • DC/BCOO/VISION (R. 1/06) • DC/CF/VISION (R. 1/06) • VA/BCOO/VISION (R. 1/06) • VA/CF/VISION (R. 1/06).

Take the Call

You know that CareFirst BlueCross BlueShield (CareFirst) provides your health benefits and processes claims, but that's not all we do. We're there for you at every step of care—and every stage, even when life throws you a curveball.

Whether you are faced with an unexpected medical emergency, managing a chronic condition like diabetes, or looking for help with a health goal such as losing weight, we offer one-on-one coaching and support programs. You may receive a letter or postcard in the mail, or a call from a nurse or health coach explaining the programs and inviting you to participate.

These programs are confidential and part of your medical benefit. They can also play a huge role in helping you through an illness or keeping you healthy. Once you decide to participate, you can choose how involved you want to be. We encourage you to connect with the CareFirst team so you can take advantage of this personal support.







CareFirst may call you to offer one-on-one support programs concerning Health & Wellness, Complex Care Coordination or Behavioral Health

carefirst.com/takethecall

Take the Call

Here are a few examples of when we may contact you about these programs.
Visit carefirst.com/takethecall to learn more.

	Program name	Overview	Why it's important	Communication
	Health & Wellness	Personal coaching support to help you achieve your health goals	Health coaching can help you manage stress, eat healthier, quit smoking, lose weight and much more	Letter or phone call from a Sharecare coach
	Complex Care Coordination	Support for a variety of critical health concerns or chronic conditions	Connecting you with a nurse who works closely with your primary care provider (PCP) to help you understand your doctor's recommendations, medications and treatment plans	Introduction by your PCP or a phone call from a CareFirst care coordinator (nurse)
	Hospital Transition of Care	Supporting transition from hospital to home	Help plan for your recovery after you leave the hospital, answer your questions and, based on your needs, connect you to additional services	Onsite visit or phone call from a CareFirst nurse
	Behavioral Health and Substance Use Disorder	Support for mental health and/or addiction issues	Confidential, one-on-one support to help schedule appointments, explain treatment options, collaborate with doctors and identify additional resources	Phone call from a CareFirst behavioral health care coordinator

This wellness program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

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 health care 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.

24-Hour Nurse Advice Line

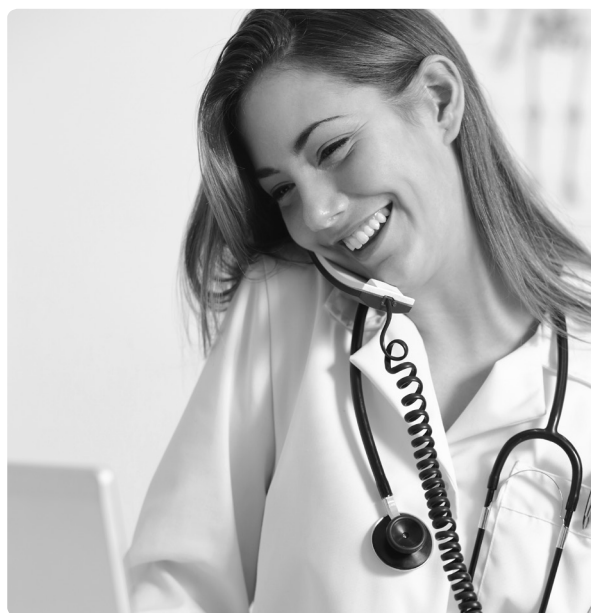
Registered nurses are available 24/7 to discuss your symptoms with you and recommend the most appropriate care. Call 800-535-9700 anytime to speak with a nurse.

CareFirst Video Visit

When your PCP isn't available and you need urgent care services, CareFirst Video Visit securely connects you with a doctor, day or night, through your smartphone, tablet or computer. In addition, you can schedule visits for other needs such as behavioral health support from a therapist or psychiatrist, guidance from a certified nutritionist or breastfeeding support from a lactation consultant. It's a convenient and easy way to get the care you need, wherever you are. Visit carefirstvideovisit.com to get started.

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.

For more information, visit carefirst.com/needcare.

*The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst. 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	Sample symptoms	Available 24/7	Prescriptions?
Video Visit (urgent care services)	\$\$	<ul style="list-style-type: none"> ■ Cough, cold and flu ■ Pink eye ■ Ear pain 	✓	✓
Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)	\$\$	<ul style="list-style-type: none"> ■ Cough, cold and flu ■ Pink eye ■ Ear pain 	✗	✓
Urgent Care (e.g., Patient First or ExpressCare)	\$\$	<ul style="list-style-type: none"> ■ Sprains ■ Cut requiring stitches ■ Minor burns 	✗	✓
Emergency Room	\$\$\$	<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/myaccount;
- 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.

For more information and frequently asked questions, visit carefirst.com/needcare.



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.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.

Health & Wellness

Putting the power of health in your hands

Improving your health just got easier! Brought to you in partnership with Sharecare, Inc.,* the highly personalized CareFirst BlueCross BlueShield (CareFirst) wellness program can help you live a healthier life. Catering to your unique health and wellness goals, our program 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 wellness 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 and Relax 360°:** 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 wellness tools and resources whenever and wherever you want.

*Sharecare, Inc. is an independent company that provides health improvement management services to CareFirst members.

Specialized programs

The following programs can help you focus on specific wellness goals. For more information about any of these programs, please call Sharecare support at 877-260-3253.

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

Improve your overall health, reach a healthier weight and reduce your risk for pre-diabetes and associated chronic diseases.

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.

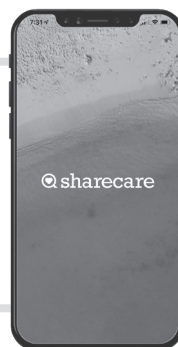
Financial well-being program

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.

Log in today. If you don't already have a Sharecare account, visit carefirst.com/sharecare. You'll need to enter your CareFirst *My Account* username and password and complete the one-time registration with Sharecare to link your CareFirst account information. This will help personalize your experience.

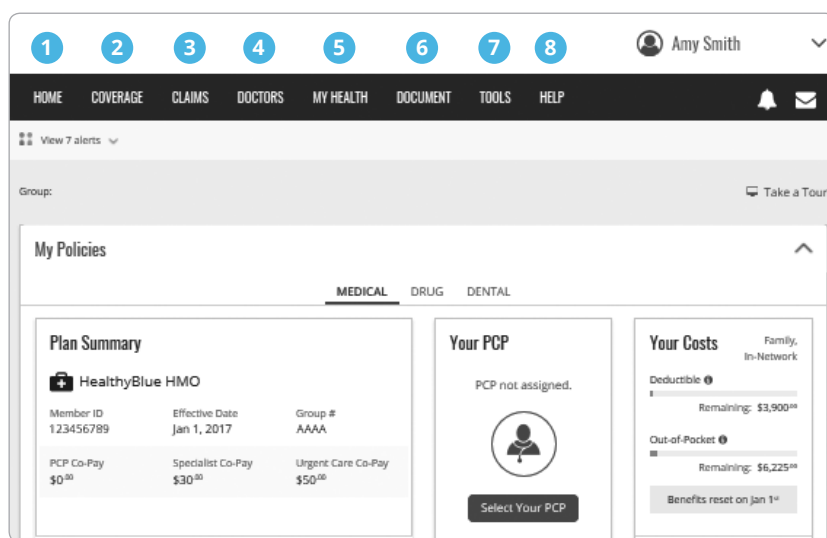


This wellness program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

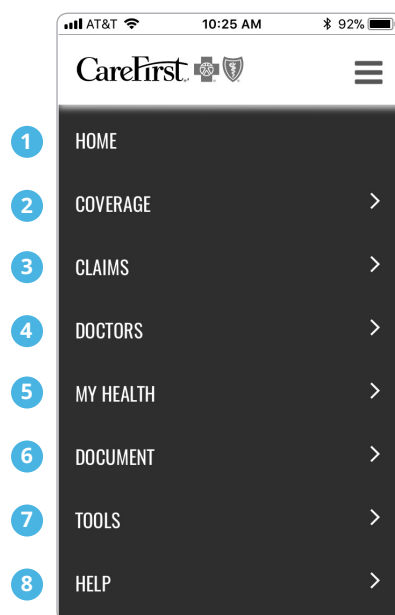
My Account

Online access to your health care information

My Account makes it easier than ever to understand and manage personalized information about your health plan and benefits. Set up an account today! Go to **carefirst.com/myaccount** to create a username and password.



As viewed on a computer.



As viewed on a smartphone.

My Account at a glance

1 Home

- Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
- Manage your personal profile details including password, username and email, or choose to receive materials electronically
- Send a secure message via the *Message Center*
- Check *Alerts* for important notifications

2 Coverage

- Access your plan information—plus, see who is covered
- Update your other health insurance information, if applicable
- View, order or print member ID cards
- Review the status of your health expense account (HSA or FSA)¹

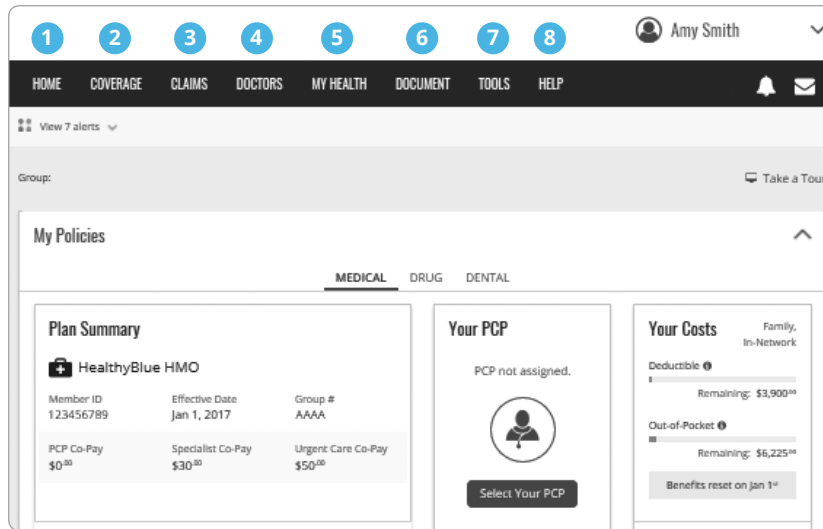


Signing up is easy

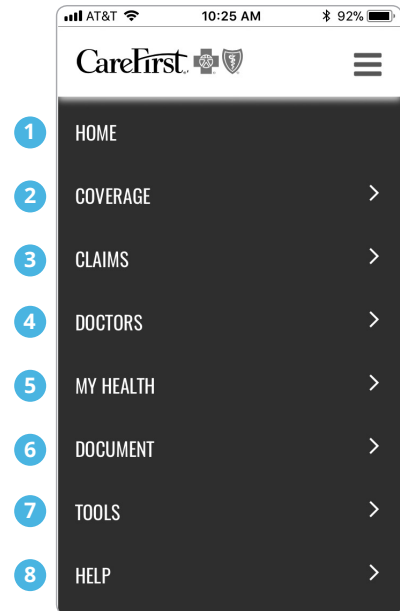
Information included on your member ID card will be needed to set up your account.

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

¹ Only if offered by your plan.



As viewed on a computer.



As viewed on a smartphone.

3 Claims

- Check your claims activity, status and history
- Review your Explanation of Benefits (EOBs)
- Track your remaining deductible and out-of-pocket total
- Submit out-of-network claims
- Review your year-end claims summary

4 Doctors

- Find in-network providers and facilities nationwide, including specialists, urgent care centers and labs
- Select or change your primary care provider (PCP)
- Locate nearby pharmacies

5 My Health

- Access health and wellness discounts through Blue365
- Learn about your wellness program options¹
- Track your Blue Rewards progress¹

6 Documents

- Look up plan forms and documentation²
- Download *Vitality*, your annual member resource guide

7 Tools

- Access the Treatment Cost Estimator to calculate costs for services and procedures³

8 Help

- Find answers to many frequently asked questions
- Send a secure message or locate important phone numbers

¹ Only if offered by your plan.

² Only available when using a computer.

³ The doctors accessed via this website are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

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/doctor

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/doctor 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.

Important Information

Emergency assistance and medical advice

In case of a medical emergency, call 911 or go to the emergency room. You should call your physician when you have a health problem. If you cannot reach your physician and have questions about your health, an illness or an urgent medical condition, FirstHelp is available to help you make a decision concerning the most appropriate level of care.

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.

Hospital authorization/utilization management

Your CareFirst BlueChoice provider should obtain any necessary admission authorizations for covered services.

Toll-free: 866-PREAUTH (773-2884)

Mental health/substance abuse care

Call the telephone number on your member ID card under the Mental Health/Substance Abuse Service and Authorization section. Assistance is available 24 hours a day, 7 days a week.

Toll-free: 800-245-7013

Dental benefits

866-891-2802

Call Dental Customer Service toll-free between 8:30 a.m. and 5 p.m. ET, Monday–Friday.

Dedicated Member Services

Please call the Member Services phone number listed on your member identification (ID) card.
833-502-9926

Locate out-of-area providers
800-810-BLUE (2583)

Contact Member Services for benefit and contract information. When writing to CareFirst BlueChoice, Inc. (CareFirst BlueChoice), always include your Member Identification Number. Please address your correspondence to:

**Mail Administrator
P.O. Box 14115
Lexington, KY 40512-4115**

* Your coverage may not include these benefits. Refer to your Evidence of Coverage for details. Please refer to the Evidence of Coverage for specific terms, conditions, limitations and exclusions.

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 ይችላል። 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) Ìtètíléko: Àkiyèsí yìí ní iwífún nípa isẹ̀ adójú tòfò rẹ̀. Ó le ní àwọn déèti pátó o sì le ní láti gbé igbésẹ̀ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófèfẹ̀. Àwọn ọ̀mọ-ẹgbé gbódò pe nọmbà fòdùn tò wà lẹyìn kààdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí títí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì sọ ọ̀ pọ̀ mó 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 nasasaklawang iyong insurance. Maaari itong maglaman ng mga pinakamahahalagang 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 diyologo 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 Dùù Cáo! Bǝ̀ nǝ̀ kɛ bá nyo bǝ̀ kɛ m̃ gbo kpá bó nì fùà-fùá-tiǝ̀ nyɛɛ jɛ dyí. Bǝ̀ nǝ̀ kɛ bédé wé jéé bǝ̀ bɛ m̃ kɛ dɛ wa mɔ́ m̃ kɛ nyuɛɛ nyu hwɛ́ bɛ́ wé bǝ́a kɛ́ zi. ɔ́ m̃ nì kpé bɛ́ m̃ kɛ bǝ̀ nǝ̀ kɛ kɛ gbo-kpá-kpá m̃ mɔ́ɛ dyé dɛ́ nì bídí-wùdù mú bɛ́ m̃ kɛ se wídí dò pɛ́é. Kpooɔ́ nyo bǝ́ mɛ́ dǎ́ fù̀n-nòbà nǝ́ dɛ́ waá I.D. káàò dɛ́n nyɛ. Nyo tòò sɛ́n mɛ́ dǎ́ nòbà nǝ́ kɛ: 855-258-6518, kɛ́ m̃ mɛ́ fò tee bɛ́ wa kɛ́ m̃ gbo cǝ́ bɛ́ m̃ kɛ́ nòbà m̀à 0 kɛ́ dyi pàdà̀n hwɛ́. ɔ́ jǔ́ kɛ́ nyo dò dyi m̃ gǝ́ jǔ̀n, po wuɖu m̃ mɔ́ poɛ dyiɛ, kɛ́ nyo dò mu bó nǝ̀n bɛ́ ɔ́ kɛ́ nì wuɖuɔ́ 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) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o bula. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnọchite 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'ááh naanil ník'ist'i'ígíí bá. Bii' dahólq doo íiyisí yoolkáálígíí dóó t'áádoo le'é ádadoolyíllígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'íh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowoł 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 nááná'la' éi kóji' dahódoonih 855-258-6518 dóó yíi diilts'íł yaltí'ígíí t'áá nílélj áádóó éi bikéé'dóó naasbaas bił adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yánilt'i'ígíí yíi diikił dóó ata' halne'é lá níká'ádoowoł.

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