



# Dental and Vision Options 2024

*Active Employees and Retirees*



ANNE ARUNDEL  
COUNTY PUBLIC SCHOOLS

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# Dental Options

## Active Employees and Retirees

| Benefits                                                                            | CareFirst Traditional | CareFirst PPO |                        | Concordia Plus DHMO MD/ DC2360* |
|-------------------------------------------------------------------------------------|-----------------------|---------------|------------------------|---------------------------------|
|                                                                                     | Plan Pays             | In-Network    | Out-of-Network         | In-Network                      |
|                                                                                     |                       | Plan Pays     | Plan Pays              | Plan Pays                       |
| Oral Examination                                                                    | 100% of AB            | 100% of AB    | 80% of AB              | \$5 copay                       |
| Routine Cleaning                                                                    | 100% of AB            | 100% of AB    | 80% of AB              | 100%                            |
| Sealants (limited to permanent molars—until end of year in which a member turns 19) | 100% of AB            | 100% of AB    | 80% of AB              | 100%                            |
| Bitewing X-ray                                                                      | 100% of AB            | 100% of AB    | 80% of AB              | 100%                            |
| Palliative Treatment                                                                | 100% of AB            | 100% of AB    | 80% of AB              | 95%                             |
| Other X-rays as required                                                            | 100% of AB            | 100% of AB    | 80% of AB              | 100%                            |
| Space Maintainers                                                                   | 100% of AB            | 100% of AB    | 80% of AB              | 95%                             |
| Fillings                                                                            | 100% of AB            | 80% of AB     | 60% of AB**            | 100%                            |
| Simple Extractions                                                                  | 100% of AB            | 80% of AB     | 60% of AB**            | 75%-85%                         |
| Pulpotomy                                                                           | 100% of AB            | 80% of AB     | 60% of AB**            | 75%-80%                         |
| Direct Pulp Caps                                                                    | 100% of AB            | 80% of AB     | 60% of AB**            | 75%-80%                         |
| Root Canals                                                                         | 100% of AB            | 80% of AB     | 60% of AB**            | 75%-80%                         |
| Apicoectomy                                                                         | 80% of AB**           | 80% of AB     | 60% of AB**            | 75%-80%                         |
| Oral Surgical Services                                                              | 80% of AB**           | 80% of AB     | 60% of AB**            | 75%-85%                         |
| Surgical Extractions                                                                | 80% of AB**           | 80% of AB     | 60% of AB**            | 75%-85%                         |
| Oral Surgery                                                                        | 80% of AB**           | 80% of AB     | 60% of AB**            | 75%-85%                         |
| General Anesthesia                                                                  | 80% of AB**           | 80% of AB     | 60% of AB**            | See note 1                      |
| Periodontics                                                                        | 50% of AB**           | 80% of AB     | 60% of AB**            | 50%-65%                         |
| Crown                                                                               | 80% of AB**           | 80% of AB     | 60% of AB**            | 60%-80%                         |
| Prosthetic Appliances (including implants)                                          | 50% of AB             | 80% of AB     | 60% of AB**            | 60%-80%<br>Implants not covered |
| Orthodontics Children and Adults                                                    | 50% of AB             | 50% of AB     | 35% of AB              | See note 3                      |
| Annual Deductible                                                                   | \$25 Ind./\$50 Family | None          | \$50 Ind./\$150 Family | None                            |
| Annual Benefit Maximum                                                              | \$1,500               |               | \$1,500                | None/See note 2                 |
| Ortho Lifetime Maximum                                                              | \$1,500               |               | \$1,500                | See note 3                      |

(AB Allowed Benefit)

Under the Concordia Plus DHMO (MD/DC 2360\*) Plan, out-of-network services are reimbursed up to a maximum amount, based on the fee schedule provided by United Concordia.

\* The above DHMO Plan percentages are approximate and used for comparison purposes only. Please refer to the United Concordia (UCCI) Schedule of Benefits for actual copayment amounts. All coverage is subject to the Plan's exclusions and limitations.

\*\* After Deductible

Note 1—General Anesthesia is considered integral to other procedures under this plan and is not covered separately.

Note 2—No annual maximum for in-network services. United Concordia will reimburse up to a maximum of \$1,000 per family member per contract year for out-of-network services.

Note 3—After \$2,900 member copayment satisfied, benefits applicable to in-network services; provider should submit pre-treatment estimate. United Concordia will not reimburse covered members for any orthodontic services performed out-of-network.

This is to be used as a guide. Actual benefits will be governed by the terms and conditions of the contract between CareFirst BlueCross BlueShield and Anne Arundel County Public Schools. Some limitations may apply.

# Vision Options

## Active Employees and Retirees

### Summary of Benefits: Select Vision/BlueVision Plus

|                                                            | Select Vision (includes in- & out-of-network benefits)<br>Plan Pays | BlueVision Plus<br>You Pay                                                                                       |
|------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Network                                                    | Select Vision                                                       | Davis Vision*                                                                                                    |
| Routine Eye Exam                                           | 100% of Allowed Benefit                                             | No Copay                                                                                                         |
| Frames                                                     | \$45.00                                                             | Plan pays up to \$45 or up to \$95 at Visionworks (plus 20% discount on balance with all Davis Vision Providers) |
| Single Vision Lenses                                       | \$52.00                                                             | No Copay                                                                                                         |
| Bifocal Lenses                                             | \$82.00                                                             | No Copay for lined bifocals                                                                                      |
| Trifocal Lenses                                            | \$101.00                                                            | No Copay for lined trifocals                                                                                     |
| Contact Lenses (Instead of Glasses—Cosmetic)               | \$97.00                                                             | Plan pays up to \$97                                                                                             |
| Contact Lenses (Medically Indicated**)                     | \$352.00                                                            | Plan pays up to \$352                                                                                            |
| <b>ADDITIONAL LENS OPTIONS<sup>1</sup></b>                 |                                                                     |                                                                                                                  |
| Tinting of Plastic Lenses (Solid/Gradient)                 | N/A                                                                 | \$15                                                                                                             |
| Scratch-Resistant Coating                                  | N/A                                                                 | Covered<br>\$0/\$35                                                                                              |
| Polycarbonate Lenses (Children***/Adults)                  | N/A                                                                 | Covered<br>\$0/\$35                                                                                              |
| Ultraviolet Coating                                        | N/A                                                                 | \$15                                                                                                             |
| Blue Light Filtering                                       | N/A                                                                 | \$15                                                                                                             |
| Anti-Reflective Coating (Standard/Premium/Ultra/ Ultimate) | N/A                                                                 | \$40/\$55/\$69/\$85                                                                                              |
| Progressive Lenses (Standard/Premium/Ultra/ Ultimate)      | N/A                                                                 | \$65/\$105/\$140/\$175                                                                                           |
| High-Index Lenses (1.67/1.74)                              | N/A                                                                 | \$60/\$120                                                                                                       |
| Polarized Lenses                                           | N/A                                                                 | \$75                                                                                                             |
| Plastic Photochromic Lenses                                | N/A                                                                 | \$70                                                                                                             |
| Scratch Protection Plan (Single Vision, Multifocal Lenses) | N/A                                                                 | \$20   \$40                                                                                                      |
| Blended Segment Lenses                                     | N/A                                                                 | \$20                                                                                                             |
| Photochromic Lenses                                        | N/A                                                                 | \$20                                                                                                             |
| Oversized Lenses                                           | N/A                                                                 | Covered                                                                                                          |

\* The Davis Vision Network has 121,000+ providers nationwide including Retailers (Walmart, Sam's Club, Costco, Vision Works, Target, JC Penney, My Eye Dr., Pearle Vision, Warby Parker and America's Best). Also 1-800-CONTACTS and glasses.com.

\*\* Following cataract surgery or when visual acuity is correctable to at least 20/70 in the better eye only by use of contact lenses.

\*\*\* Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

<sup>1</sup> 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.

#### BlueVision Plus Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed in What's Covered under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. 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.
4. Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
5. Orthoptics, vision training and low vision aids.
6. Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
7. Non-prescription glasses, sunglasses or contact lenses.
8. Vision Care services for cosmetic use.

### Core Davis Vision

In addition to the CareFirst Vision plan, BlueChoice members also have the core BlueVision benefit through Davis Vision under the BlueChoice HMO Open Access and BlueChoice Triple Option Open Access medical plan. These benefits entitle members to an annual eye exam and discounts on glasses or contact lenses at participating Davis Vision providers. Members are responsible for a \$10 copay for the eye exam. To locate a participating Davis Vision provider, go to [carefirst.com/aacps](http://carefirst.com/aacps) and utilize the “Find a Doctor” 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.

When seeing a Davis Vision provider, you may also use the discounted benefit in conjunction with your CareFirst Select Vision plan. The Davis Vision discount will be applied and you will pay the required Davis Vision copay and balance at the point of sale. Then you can submit the balance to CareFirst for any eligible reimbursement under the CareFirst Select Vision plan. A completed CareFirst vision claim form and itemized bill will be required for processing.

These benefits are issued under policies: 13.800 (6/98) • 13.801 (R. 10/99) • 13.802 (R. 10/99) • 13.803 (R. 10/99) • 13.804 (R. 10/99) • 13.805 (R. 10/99) • 13.806 (R. 10/99) • 13.810 (R. 10/99) • 13.812 (R. 10/99) • BCBSMD-APPEAL (1/99) • Preferred Dental Amendment (10/00)

### Summary of Benefits

(12-month benefit period)

| In-Network                                                          | You Pay                                                                    |
|---------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>EYE EXAMINATIONS</b>                                             |                                                                            |
| Routine Eye Examination with dilation                               | \$10                                                                       |
| <b>FRAMES<sup>1</sup></b>                                           |                                                                            |
| Priced up to \$70 retail                                            | \$40                                                                       |
| Priced above \$70 retail                                            | \$40, plus 90% of the amount over \$70                                     |
| <b>SPECTACLE LENSES<sup>2</sup></b>                                 |                                                                            |
| Single Vision                                                       | \$35                                                                       |
| Bifocal                                                             | \$55                                                                       |
| Trifocal                                                            | \$65                                                                       |
| Lenticular                                                          | \$110                                                                      |
| Standard Progressive Lenses                                         | \$75                                                                       |
| <b>CONTACT LENSES<sup>1</sup></b>                                   |                                                                            |
| Contact Lens Evaluation and Fitting                                 | 85% of retail price                                                        |
| Conventional                                                        | 80% of retail price                                                        |
| Disposable/Planned Replacement                                      | 90% of retail price                                                        |
| DavisVisionContacts.com Mail Order Contact Lens Replacement Program | Up to 40% off retail prices                                                |
| <b>LASER VISION CORRECTION<sup>1</sup></b>                          | Up to 25% off allowed amount or 5% off any advertised special <sup>2</sup> |

<sup>1</sup> CareFirst BlueChoice does not underwrite lenses, frames and contact lenses in this program. This portion of the Plan is not an insurance product.

<sup>2</sup> Please note that some providers have flat fees that are equivalent to these discounts.

Please note: Not all services 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. All benefits are subject to the provisions stipulated in the CareFirst BlueCross BlueShield Vision contract. CareFirst BlueCross BlueShield does not warrant the quality of vision services or materials.

# 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<br>Baltimore, Maryland 21224                                                     |
| Email Address    | <a href="mailto:civilrightscoordinator@carefirst.com">civilrightscoordinator@carefirst.com</a> |
| 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) Ìtẹ̀lẹ̀kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójú tòfò rẹ̀. Ó le ní àwọn déètì pàtó 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-ẹ̀gbé gbódò pe nọmbà fòdùn tò wà lẹ́yìn 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 fẹ́ 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.*

**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 m̄ gbo kpá b́ n̄ fùà-fùá-tiǝ̀ nyɛɛ jɛ dyí. Bǝ̀ nǝ̀ kɛ bédé wé jéé bǝ̀ b́ m̄ kɛ dɛ wa ḿ m̄ kɛ nyuɛɛ nyu hwé b́ wé b́a kɛ zi. ɔ̀ m̄ n̄ kpé b́ m̄ kɛ bǝ̀ nǝ̀ kɛ kɛ gbo-kpá-kpá m̄ ḿɛ dyé d́ n̄ bídí-wùdù m̄ b́ m̄ kɛ se wídí d̀ ṕé. Kpooɔ̀ nyo bǝ̀ m̄ d́ fùùn-nòbà n̄ d́ waà I.D. káàò d́ɛn nyɛ. Nyo t̀ò sɛn m̄ d́ nòbà n̄ kɛ: 855-258-6518, kɛ m̄ m̄ fò tee b́ wa ḱɛ m̄ gbo cǝ̀ b́ m̄ kɛ nòbà m̄ 0 kɛ dyi pàdàin hwé. ɔ̀ jǝ̀ kɛ nyo d̀ dyi m̄ gǝ̀ jǝ̀n, po wudu m̄ ḿ poe dyie, kɛ nyo d̀ mu b́ n̄n b́ ɔ̀ kɛ n̄ wuduò m̄ 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-ejiko gi na onye okowa okwu.

*Deutsch (German)* Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

*Français (French)* Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

*한국어(Korean)* 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

*Diné Bizaad (Navajo)* Ge': Díí bee íł hane'ígíí bii' 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 nílélí' 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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