Health Benefits

Putting the pieces together to improve your health

STATE OF MARYLAND

January 1, 2018–December 31, 2018
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You have from January 1, 2018 to December 31, 2018 to complete the 2018 Healthy Activities. This program applies to enrolled employees, non-Medicare eligible retirees and non-Medicare eligible enrolled spouses.

Two rewards you can earn:

1. To earn free primary care physician (PCP) visits you must:
   - Select a PCP and
   - Complete the online Health Assessment

2. To earn a $5 reduction to your specialist copay, complete one of the recommended screenings listed at carefirst.com/statemd-screenings.

If you completed these activities in 2017, you do not need to do them again in 2018. The $0 PCP and $5 Specialist copay reductions will continue until 12/31/2018.

Disease Management program

If you are identified for participation in a Disease Management program, you are encouraged to follow treatment guidelines established by you and your Care Manager and fulfill care plan recommendations.

Once identified, you will initially receive a welcome letter. Approximately two weeks later you will receive a phone call from a health coach.

Eligibility

The wellness program applies to enrolled employees, non-Medicare eligible retirees and non-Medicare eligible enrolled spouses. It does not apply to retirees (and retiree spouses) for whom Medicare is primary. Also, it does not apply to enrolled dependent children regardless of age.

Remember, CareFirst will not share the results of your health assessment with your employer.
Take the Call, Make 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 an acute illness or mental health condition, we offer one-on-one support programs to help. You may receive a call from a nurse or care coordinator 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.

Here are a few examples of when we may contact you about these programs. We encourage you to take advantage of this personal support.

<table>
<thead>
<tr>
<th>Program name</th>
<th>Overview</th>
<th>Why it’s important</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Wellness</td>
<td>Personal coaching support to help you achieve your health goals</td>
<td>Health coaching can help you manage stress, eat healthier, quit smoking, lose weight and much more</td>
<td>Letter or phone call from a Health Fitness or Healthways coach</td>
</tr>
<tr>
<td>Complex Case Management</td>
<td>Managing treatment for a serious illness or injury</td>
<td>Specialized nurses help navigate the health care system by talking with your doctors, setting up appointments, identifying resources and helping you better understand your health</td>
<td>Phone call from a CareFirst case manager (nurse)</td>
</tr>
<tr>
<td>Chronic Care Coordination</td>
<td>Managing multiple chronic conditions (e.g., diabetes, congestive heart failure)</td>
<td>Connecting you with a nurse who works closely with your primary care physician (PCP) to help you understand your doctor’s recommendations, medications and treatment regimens</td>
<td>Introduction by your PCP or a phone call from a CareFirst care coordinator (nurse)</td>
</tr>
<tr>
<td>Hospital Transition of Care</td>
<td>Supporting transition from hospital to home</td>
<td>Help plan for your recovery after you leave the hospital, answer your questions and, based on your needs, connect you to additional services</td>
<td>Onsite visit or phone call from a CareFirst nurse</td>
</tr>
<tr>
<td>Behavioral Health and Substance Abuse</td>
<td>Support for mental health and/or substance abuse issues</td>
<td>Confidential, one-on-one support to help schedule appointments, explain treatment options, collaborate with doctors and identify additional resources</td>
<td>Phone call from a Magellan behavioral health coordinator</td>
</tr>
</tbody>
</table>

Magellan Healthcare is an independent company that provides behavioral health services to CareFirst members.

Connect with the CareFirst team to take advantage of this personal support at 1-800-783-4582.
Wellness Services

Whether you’re looking for health and wellness tips—from weight loss to tobacco cessation—or support to manage a health condition, we have the resources to help you get on the path to better well-being. Learn more below.

Health coaching
You can participate in confidential lifestyle and health coaching programs to help improve your health. Whether you want to lose weight or need help dealing with a chronic health condition, health coaches can help you understand your health status and provide motivating support over the phone to help you achieve well-being goals. Coaches are trained professionals including exercise specialists, health teachers and diet and nutrition experts. Your health coach can help you create a customized plan to reach goals like:

- Getting and staying active.
- Eating a healthy, nutritious diet you enjoy.
- Managing stress and avoiding triggers.
- Staying on track with your doctor’s plan.

Innergy weight loss program
Innergy is a personalized program for long-term weight loss developed through an ongoing collaboration between Healthways and Johns Hopkins Medicine. Members who register for the program receive two years of weight-loss guidance and ongoing maintenance support to help them reach a healthier weight through gradual lifestyle changes that become lifelong habits.

With one-on-one guidance from your Innergy coach, you get the support you need from an expert who understands what you’re going through. You will also receive an online plan with guided learning and helpful resources.

Anyone with a BMI of 30 or greater can participate in the Innergy program. If lasting weight loss is your goal, there couldn’t be a better opportunity.

Healthways Financial Well-being program
Financial well-being is an important part of your overall well-being. Financial stress can have a negative impact on your physical and emotional health. It’s not about how much money you make. It’s about having control over your money and making it work for you to achieve your goals.

The Healthways Financial Well-being program is a comprehensive, self-guided online learning program created by Dave Ramsey that shows you how to take small steps toward big improvements in your financial situation.

You’ll find answers to questions like:

- How much should I keep in an emergency fund?
- How do I get out of debt?
- What's the best way to finance a house? A car?
- How much retirement savings do I need?

Since the program is self-guided, you can go at your own pace. Because each lesson builds on the next, it's best to go in order. And, most importantly, you will need to set up a username and password to access the site. So it is as secure as any banking site.
QuitNet smoking cessation program

Quitting smoking and other forms of tobacco is one of the best things you can do for your health. Quitting can lower your risk for many serious conditions from heart disease and stroke to lung cancer, chronic obstructive pulmonary disease and other respiratory illnesses. QuitNet’s expert guidance, compassionate support and wealth of tools make quitting easier than you might think. Join QuitNet and take advantage of:

■ **Expert coaching:** Get the advice and support you need, when you need it. Tobacco treatment specialists are available online to support you.

■ **Support texts and helpful emails:** Get reminders and encouragement on the go, to help you stay on target.

■ **The QuitGuide:** Order or download your copy to learn how to prepare for your quit date and stay tobacco-free with this helpful, comprehensive guide that’s designed to mirror your quit timeline.

Stress management and nutrition education support

Eating healthy and learning how to manage stress are two more ways you can live your healthiest life. CareFirst has you covered with two additional programs: Healthy Eating and Stress Management.

Healthy Eating is designed to help and support you on the road to a balanced diet and making smart food choices. The steps you’ll learn are scientifically designed to reinforce positive eating habits. Stick with them and you’ll have the skills you need to make healthy eating a regular part of your life.

With work, family and community responsibilities weighing on most of us, it’s important to learn healthy ways to manage stress. The Stress Management program is designed to teach you ways to deal with stress—and prevent you from being stressed out in the first place.

You can participate in either program one of two ways:

■ Call the Health Coaching number anytime between the hours of 8:30 a.m. to 9 p.m. (Eastern Time) Monday through Friday and 8:30 a.m. to 5 p.m. (Eastern Time) Saturdays to speak with a health coach regarding nutrition or stress at 800-783-4582 and press 2.

■ Complete the online modules available on Well-Being Connect. After completing the online health assessment, the modules for Healthy Eating and Stress Management can be found when you click on Well-Being Connect.

To find out more about wellness services, call Healthways at 800-783-4582.
My Account

Online access to your health care information

View your personalized health insurance information online with My Account. Simply log on to carefirst.com from your computer, tablet or smartphone for real-time information about your plan.

My Account at a glance

1. Home
   - Quickly view your coverage, deductible, copays, claims and out-of-pocket costs
   - Use Settings to manage your password and communications preferences
   - Access the Message Center

2. My Coverage
   - Access your plan information, including who is covered
   - Update your other health insurance info
   - View/order ID cards
   - Oversee your BlueFund account

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 User ID and Password
Claims
- Check your paid claims, deductible and out-of-pocket totals
- Research your Explanation of Benefits (EOBs) history
- Review your year-end claims summary

Doctors
- Select or change your primary care provider (PCP)
- Search for a specialist

My Health
- Learn about your wellness program options*
- Locate an online wellness coach*
- Track your Blue Rewards progress

Plan Documents
- Look up your forms and other plan documentation*
- Review your member handbook*

Tools
- Treatment Cost Estimator
- Hospital comparison tool*

* These features are available only when using a computer at this time.
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)**

Establishing a relationship with a primary care provider is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention. Your PCP may be able to provide advice over the phone or fit you in for a visit right away.

**FirstHelp—free 24-hour nurse advice line**

Call 800-535-9700 anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.

**CareFirst Video Visit**

See a doctor 24/7 without an appointment! You can consult with a board-certified doctor on your smartphone, tablet or computer. Doctors can treat a number of common health issues like flu and pinkeye. Visit carefirst.com/needcare for more information.

**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 accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

**Urgent care centers**

Urgent care centers (such as Patient First or ExpressCare) have a doctor on staff and are another option when you need care on weekends or after hours.

**Emergency room (ER)**

An emergency room provides treatment for acute illnesses and trauma. You should call 911 or go straight to the ER if you have a life-threatening injury, illness or emergency. 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. 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.

<table>
<thead>
<tr>
<th>Sample cost</th>
<th>Sample symptoms</th>
<th>Available 24/7</th>
<th>Prescriptions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video Visit</td>
<td>$15</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Cough, cold and flu</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pink eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ear infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)</td>
<td>$15</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Cough, cold and flu</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pink eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ear infection</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Urgent Care (e.g., Patient First or ExpressCare)</td>
<td>$30</td>
<td>Sprains</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Cut requiring stitches</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Minor burns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$150</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Chest pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Difficulty breathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdominal pain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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.

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.
As the largest health care insurer in the Mid-Atlantic region, CareFirst BlueCross BlueShield has a lot to offer through our EPO and PPO plans:

- One of the most widely recognized and accepted health care identification cards.
- Access to our network of more than 40,000 doctors and specialists and 76 hospitals in Maryland, Washington D.C. and Northern Virginia.
- Health care benefits you can take with you across the country and around the world.
- EPO members have access to in-network providers, while PPO members have the additional freedom to visit providers outside of the network.
- No referrals to see a specialist.
- FirstHelp™ 24-hour nurse line.
- Great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and more from Blue365.

**PPO**
*(Offered to all active employees and retirees with or without Medicare regardless of where they reside.)*

- Office Visit: $15 PCP copay/$30 Specialist copay.
- Emergency Room: $150 copay, waived if admitted.
- Plan pays 90% of Allowed Benefit in-network and 70% of Allowed Benefit out-of-network for services not associated with a copay.
- Total Medical out-of-pocket limits: in-network $2,000 individual/$4,000 family; out-of-network $3,250 individual/$6,500 family
- Copayment out-of-pocket: $1,000 individual/$2,000 family; applies to all medical/vision and behavioral health services.
- Coinsurance out-of-pocket: in-network $1,000 individual/$2,000 family; out-of-network $3,000 individual/$6,000 family.
- Out-of-network benefits subject to deductibles: $250 individual/$500 family; applies to all medical/vision and behavioral health services.

**EPO**
*(Offered to all active employees and retirees with or without Medicare regardless of where they reside.)*

- Office visit: $15 PCP copay/$30 Specialist copay.
- Emergency room: $150 copay; waived if admitted.
- Plan pays 100% of Allowed Benefit in-network for services not associated with a copay; no out-of-network benefits other than medical emergency services.
- Copayment out-of-pocket: $1,500 individual/$3,000 family; applies to all medical/vision and behavioral health services.
## Benefits

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>CareFirst EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BENEFIT PERIOD 1/1/2018—12/31/2018</strong></td>
<td>IN-NETWORK (USING THE PPO NATIONAL NETWORK)</td>
</tr>
<tr>
<td><strong>TOTAL MEDICAL OUT-OF-POCKET</strong></td>
<td>$1,500 individual/$3,000 family</td>
</tr>
<tr>
<td><strong>COPAY OUT-OF-POCKET</strong></td>
<td>$1,500 individual/$3,000 family</td>
</tr>
<tr>
<td><strong>COINSURANCE/DEDUCTIBLE OUT-OF-POCKET</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>DEDUCTIBLE</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>LIFETIME MAXIMUM</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>PREVENTIVE/WELL CARE (Routine)</strong></td>
<td></td>
</tr>
<tr>
<td>Well Baby/Child Visits and associated lab (0–36 months, up to 13 visits; age 3 years–21 years, 1 visit per plan year)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Immunizations for adults and children</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Annual Adult Physicals and associated lab (age 22+ years 1 visit per plan year)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Flu Shots</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Routine GYN Services (includes pap)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Nutritional Counseling and Health Education for Chronic Disease (contact CareFirst for more information)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Screening Mammography (One screening every year age 35+ years)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>INPATIENT HOSPITAL/FACILITY SERVICES (Preauthorization required)</strong></td>
<td></td>
</tr>
<tr>
<td>Room &amp; Board (includes maternity) and Ancillary Services</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Organ Transplants</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Acute Inpatient Rehab for Stroke and Traumatic Brain Injury (when medically necessary)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Extended Care Facility (ECF)—180 days per plan year</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Hospice Care (inpatient or at home)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>INPATIENT PROFESSIONAL/PRACTITIONER SERVICES</strong></td>
<td></td>
</tr>
<tr>
<td>Physician Surgical Services</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Consultations (including follow-up visits) &amp; Physician Visits (includes Extended Care Facility)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Radiation Therapy, Chemotherapy, and Renal Dialysis</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>OUTPATIENT HOSPITAL/FACILITY SERVICES</strong></td>
<td></td>
</tr>
<tr>
<td>Emergency Room Services—In-network and out-of-network</td>
<td>100% of Allowed Benefit after $150 copay</td>
</tr>
<tr>
<td><strong>OUTPATIENT HOSPITAL/FACILITY SERVICES</strong></td>
<td></td>
</tr>
<tr>
<td>Cardiac Rehabilitation (Outpatient Freestanding Clinic or Outpatient Hospital only; medical necessity with physician authorization and history of heart attack in past 12 months, CABG surgery, angioplasty, heart valve surgery, heart transplant, stable angina pectoris, compensated heart failure.)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Home Health Care (120 days per plan year)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Minor/All Surgery (includes hospital based and freestanding surgical centers)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Preadmission Testing</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Diagnostic Tests (includes X-rays, machine tests, pathology, CAT scans, MRIs, and Holter Monitors)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Laboratory Testing related to Diabetes, Hypertension, Coronary Artery Disease, Asthma, COPD</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Diagnostic Mammogram (no age limit)</td>
<td>100% of Allowed Benefit</td>
</tr>
</tbody>
</table>
## 2018 Health Benefits

### PPO—Preferred Provider Option

<table>
<thead>
<tr>
<th>IN-NETWORK (USING THE PPO NATIONAL NETWORK)</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 individual/$4,000 family</td>
<td>$3,250 individual/$6,500 family</td>
</tr>
<tr>
<td>$1,000 individual/$2,000 family</td>
<td>None</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>$1,000 individual/$2,000 family</td>
<td>$3,000 individual/$6,000 family</td>
</tr>
<tr>
<td>None</td>
<td>$250 individual/$500 family</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

- 100% of Allowed Benefit
- 70% of Allowed Benefit after deductible
- 100% of Allowed Benefit
- 70% of Allowed Benefit after deductible
- 100% of Allowed Benefit
- Not covered
- 100% of Allowed Benefit
- 70% of Allowed Benefit after deductible
- 100% of Allowed Benefit
- 70% of Allowed Benefit after deductible
- 100% of Allowed Benefit
- 70% of Allowed Benefit
- 90% of Allowed Benefit
- 70% of Allowed Benefit after deductible
- 90% of Allowed Benefit
- 70% of Allowed Benefit after deductible
- 90% of Allowed Benefit
- 70% of Allowed Benefit after deductible
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**INPATIENT HOSPITAL/FACILITY SERVICES**
- Room & Board (includes maternity) and Ancillary Services 100% of Allowed Benefit
- Organ Transplants 100% of Allowed Benefit
- Acute Inpatient Rehab for Stroke and Traumatic Brain Injury (when medically necessary) 100% of Allowed Benefit
- Extended Care Facility (ECF)—180 days per plan year 100% of Allowed Benefit
- Hospice Care (inpatient or at home) 100% of Allowed Benefit

**INPATIENT PROFESSIONAL/PRACTITIONER SERVICES**
- Physician Surgical Services 100% of Allowed Benefit
- Anesthesia 100% of Allowed Benefit
- Consultations (including follow-up visits) & Physician Visits (includes Extended Care Facility) 100% of Allowed Benefit
- Radiation Therapy, Chemotherapy, and Renal Dialysis 100% of Allowed Benefit

**OUTPATIENT HOSPITAL/FACILITY SERVICES**
- Emergency Room Services—In-network and out-of-network 100% of Allowed Benefit after $150 copay
- Cardiac Rehabilitation (Outpatient Freestanding Clinic or Outpatient Hospital only; medical necessity with physician authorization and history of heart attack in past 12 months, CABG surgery, angioplasty, heart valve surgery, heart transplant, stable angina pectoris, compensated heart failure.) 100% of Allowed Benefit
- Home Health Care (120 days per plan year) 100% of Allowed Benefit
- Minor/All Surgery (includes hospital based and freestanding surgical centers) 100% of Allowed Benefit
- Preadmission Testing 100% of Allowed Benefit
- Diagnostic Tests (includes X-rays, machine tests, pathology, CAT scans, MRIs, and Holter Monitors) 100% of Allowed Benefit
- Laboratory Testing related to Diabetes, Hypertension, Coronary Artery Disease, Asthma, COPD 100% of Allowed Benefit
- Diagnostic Mammogram (no age limit) 100% of Allowed Benefit
- 100% of Allowed Benefit after $150 copay
- 100% of Allowed Benefit after $150 copay
- 100% of Allowed Benefit after deductible

**PREVENTIVE/WELL CARE**
- Well Baby/Child Visits and associated lab (0–36 months, up to 13 visits; age 3 years–21 years, 1 visit per plan year) 100% of Allowed Benefit
- Immunizations for adults and children 100% of Allowed Benefit
- Annual Adult Physicals and associated lab (age 22+ years 1 visit per plan year) 100% of Allowed Benefit
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- Nutritional Counseling and Health Education for Chronic Disease (contact CareFirst for more information) 100% of Allowed Benefit
- Screening Mammography (One screening every year age 35+ years) 100% of Allowed Benefit

**BENEFIT PERIOD**
- 1/1/2018—12/31/2018

**TOTAL MEDICAL OUT-OF-POCKET**
- $1,500 individual/$3,000 family

**COPAY OUT-OF-POCKET**
- $1,500 individual/$3,000 family

**COINSURANCE/DEDUCTIBLE OUT-OF-POCKET**
- None
<table>
<thead>
<tr>
<th>Benefits</th>
<th>CareFirst EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BENEFIT PERIOD 1/1/2018—12/31/2018</strong></td>
<td><strong>IN-NETWORK (USING THE PPO NATIONAL NETWORK)</strong></td>
</tr>
<tr>
<td><strong>OUTPATIENT/OFFICE PROFESSIONAL SERVICES</strong></td>
<td></td>
</tr>
<tr>
<td>Physician Office Visit—Primary Care</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Physician Office Visit—Specialist</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Urgent Care Centers</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Minor/All Surgery</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Allergy testing, injection and serum (single copay applies to both testing and serum)</td>
<td>$15 copay (PCP); $30 copay (Specialist)</td>
</tr>
<tr>
<td>X-rays, machine tests and pathology, CAT SCANS, MRIs, and Holter Monitors (physician interpretation of results)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Physical Therapy, Occupational Therapy and Speech Therapy Note: Contact health plan if Speech Therapy provided due to catastrophic illness for consideration of additional visits.</td>
<td>$30 copay; up to 50 days per plan year combined for Occupational, Physical and Speech Therapy. Based on medical necessity, Occupational and Physical Therapy requires precertification after 6th visit. Speech precertification after 1st visit.</td>
</tr>
<tr>
<td>Hearing Exams and Hearing Aids (Includes Hearing Aid Mandate for minor children) Exam: $15 copay (PCP), $30 (Specialist); 100% of the plan allowance for the basic standard device, per ear, every 36 months.</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Chiropractic and Acupuncture Pain Management</td>
<td>$30 copay</td>
</tr>
<tr>
<td>In Vitro Fertilization (IVF) and Artificial Insemination (AI) (preauthorization required)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>BEHAVIORAL HEALTH</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Partial Hospitalization Services</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Outpatient Services (Includes Intensive outpatient services)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Residential Crisis</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>PRESCRIPTION DRUGS &amp; ROUTINE DENTAL</strong></td>
<td><strong>Not covered under Medical Plan. Refer to your 2018 Guide to Your Health Benefits booklet provided by Employee Benefits Division which can be found at <a href="http://www.dbm.maryland.gov/benefits">www.dbm.maryland.gov/benefits</a>.</strong></td>
</tr>
<tr>
<td><strong>ROUTINE ADULT VISION (for members age 19 and older)</strong></td>
<td></td>
</tr>
<tr>
<td>Now with access to Davis Vision network of providers</td>
<td></td>
</tr>
<tr>
<td>Vision Exam (one per benefit period)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Prescription Lenses (one pair per benefit period)</td>
<td>• Single Vision Lenses: $52 Allowed Benefit</td>
</tr>
<tr>
<td></td>
<td>• Bifocal Lenses: $82 Allowed Benefit</td>
</tr>
<tr>
<td></td>
<td>• Trifocal Lenses: $101 Allowed Benefit</td>
</tr>
<tr>
<td></td>
<td>• Lenticular Lenses: $181 Allowed Benefit</td>
</tr>
<tr>
<td>Frames (in lieu of contact lenses; one per benefit period)</td>
<td>$45 Allowed Benefit</td>
</tr>
<tr>
<td>Contact Lenses (in lieu of frames &amp; lenses; once per benefit period)</td>
<td>• Contact Lenses: $97 Allowed Benefit</td>
</tr>
<tr>
<td></td>
<td>• Medically Necessary Contact Lenses: $285 Allowed Benefit</td>
</tr>
<tr>
<td><strong>ROUTINE PEDIATRIC VISION (for members through age 18)</strong></td>
<td></td>
</tr>
<tr>
<td>Now with access to Davis Vision network of providers</td>
<td></td>
</tr>
<tr>
<td>Vision Exam (one per benefit period)</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td>Prescription Lenses (basic lenses which means spectacle lenses with no “add-ons” such as glare resistant treatment, ultraviolet coating, progressive lenses, transitional lenses, etc.) (one pair per benefit period)</td>
<td>100% priced at charges</td>
</tr>
<tr>
<td>Frames (in lieu of contact lenses, one per benefit period)</td>
<td>$70 Allowed Benefit</td>
</tr>
<tr>
<td>Contact Lenses (in lieu of frames &amp; lenses, once per benefit period)</td>
<td>100% of annual supply</td>
</tr>
</tbody>
</table>
## 2018 Health Benefits

### PPO—Preferred Provider Option

<table>
<thead>
<tr>
<th>IN-NETWORK (USING THE PPO NATIONAL NETWORK)</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>$15 copay</td>
<td>70% of Allowed Benefit after deductible</td>
</tr>
<tr>
<td>$30 copay</td>
<td>70% of Allowed Benefit after deductible</td>
</tr>
<tr>
<td>$30 copay</td>
<td>70% of Allowed Benefit after deductible</td>
</tr>
<tr>
<td>$30 copay; up to 50 days per plan year combined for Occupational, Physical and Speech Therapy, based on medical necessity. Occupational and Physical Therapy requires precertification after 6th visit. Speech precertification after 1st visit.</td>
<td>70% of Allowed Benefit after deductible; up to 50 days per plan year combined for Occupational, Physical and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires precertification after 6th visit. Speech precertification after 1st visit.</td>
</tr>
<tr>
<td>Exam: $15 copay (PCP), $30 (Specialist); 100% of the plan allowance for the basic standard device, per ear, every 36 months.</td>
<td>70% of Allowed Benefit after deductible</td>
</tr>
<tr>
<td>$30 copay</td>
<td>70% of Allowed Benefit after deductible</td>
</tr>
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</tr>
<tr>
<td>$30 copay</td>
<td>70% of Allowed Benefit after deductible</td>
</tr>
<tr>
<td>$45 Allowed Benefit</td>
<td>70% of $45 Allowed Benefit after deductible</td>
</tr>
<tr>
<td>$97 Allowed Benefit</td>
<td>70% of $97 Allowed Benefit after deductible</td>
</tr>
<tr>
<td>$285 Allowed Benefit</td>
<td>70% of $285 Allowed Benefit after deductible</td>
</tr>
</tbody>
</table>

### Now with access to Davis Vision network of providers

<table>
<thead>
<tr>
<th>100% of Allowed Benefit</th>
<th>70% of Allowed Benefit after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision Lenses: $52 Allowed Benefit</td>
<td>Single Vision Lenses: 70% of $52 Allowed Benefit after deductible</td>
</tr>
<tr>
<td>Bifocal Lenses: $82 Allowed Benefit</td>
<td>Bifocal Lenses: 70% of $82 Allowed Benefit after deductible</td>
</tr>
<tr>
<td>Trifocal Lenses: $101 Allowed Benefit</td>
<td>Trifocal Lenses: 70% of $101 Allowed Benefit after deductible</td>
</tr>
<tr>
<td>Lenticular Lenses: $181 Allowed Benefit</td>
<td>Lenticular Lenses: 70% of $181 Allowed Benefit after deductible</td>
</tr>
</tbody>
</table>

### Now with access to Davis Vision network of providers

<table>
<thead>
<tr>
<th>100% of Allowed Benefit</th>
<th>70% of Allowed Benefit after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Lenses: $97 Allowed Benefit</td>
<td>Contact Lenses: 70% of $97 Allowed Benefit after deductible</td>
</tr>
<tr>
<td>Medically Necessary Contact Lenses: $285 Allowed Benefit</td>
<td>Medically Necessary Contact Lenses: 70% of $285 Allowed Benefit after deductible</td>
</tr>
</tbody>
</table>

### State of Maryland—2018 Health Benefits

<table>
<thead>
<tr>
<th>Benefit after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of annual supply (2 refills per plan year)</td>
</tr>
</tbody>
</table>

70% priced at charges after deductible

70% of $70 Allowed Benefit after deductible

Physician Office Visit—Primary Care $15 copay

Physician Office Visit—Specialist $15 copay (PCP), $30 (Specialist) 70% of Allowed Benefit after deductible

Minor/All Surgery $30 copay; up to 50 days per plan year combined for Occupational, Physical and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires precertification after 6th visit. Speech therapy requires precertification after 1st visit.

90% of Allowed Benefit after deductible

Allergy testing, injection and serum 70% of Allowed Benefit after deductible

X-rays, machine tests and pathology, CAT SCANS, MRIs, Urology, Radiology 70% of Allowed Benefit after deductible

Speech Therapy provided by Employee Benefits Division which can be found at www.dbm.maryland.gov/benefits (for members through age 18)

Speech Therapy provided by Employee Benefits Division which can be found at www.dbm.maryland.gov/benefits (for members age 19 and older)

Physician Office Visit—Primary Care $15 copay

Physician Office Visit—Specialist $15 copay (PCP), $30 (Specialist); 100% of the plan allowance for the basic standard device, per ear, every 36 months.

In Vitro Fertilization (IVF) and Artificial Insemination (AI) 70% of Allowed Benefit after deductible

Chiropractic and Acupuncture Pain Management 70% of Allowed Benefit after deductible

Inpatient Hospital Care 70% of Allowed Benefit after deductible

Residential Crisis Services 70% of Allowed Benefit after deductible

Outpatient Services (Includes Intensive outpatient Partial Hospitalization Services 70% of Allowed Benefit after deductible

Behavioral Health

Outpatient/OFFICE PROFESSIONAL SERVICES

BENEFIT PERIOD 1/1/2018—12/31/2018

Benefits 70% of Allowed Benefit after deductible

(single copay applies to both testing and serum)

100% of annual supply (2 refills per plan year) 70% of annual supply (2 refills per plan year) after deductible

Transitional lenses, etc. (one pair per benefit period) 70% of Allowed Benefit after deductible

Treatment, ultraviolet coating, progressive lenses, bifocal lenses, trifocal lenses, lenticular lenses (one pair per benefit period) 70% of Allowed Benefit after deductible

Prescription Lenses (basic lenses which means spectacle lenses with no "add-ons" such as glare resistant coating, etc.) 70% of Allowed Benefit after deductible

Vision Exam (one per benefit period) 70% of Allowed Benefit after deductible

Now with access to Davis Vision network of providers

www.dbm.maryland.gov/benefits (for members through age 18)

www.dbm.maryland.gov/benefits (for members age 19 and older)
Routine Vision Benefits
State of Maryland

Same great benefits plus a new, expanded network

Now you can enjoy the same vision benefits at more locations nationwide. You can still visit your current vision provider or choose from over 47,000 optometrists, ophthalmologists and opticians. Network providers include private practices and major retailers like Visionworks, Walmart, Pearle Vision, Target and more.

How to find a provider:
To find an in-network provider, visit carefirst.com/statemd, or call Member Services at 410-581-3601 or 800-225-0131.

How to receive care from a network provider:
When you call to schedule an appointment, identify yourself as a CareFirst BlueCross BlueShield member, provide your member identification number and your date of birth. Bring your member ID card with you to your appointment and that’s it! There are no claim forms to file.
Find a Doctor, Hospital or Urgent Care
carefirst.com/doctor

It’s easy to find the most up-to-date information on health care providers and facilities who participate with CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively CareFirst).

Whether you need a doctor, nurse practitioner or health care facility, carefirst.com/doctor can help you find what you’re looking for based on your specific needs.

You can search and filter results by:

- Provider name
- Provider specialty
- Distance
- Zip code
- Gender
- Accepting new patients
- Language
- Group affiliations
- City and state

To view personalized information on which doctors are in your network, log in to My Account on your computer, tablet or smartphone and click Find a Doctor from the Doctors tab or the Quick Links.
Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. 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)

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.

Édè Yorùbá (Yoruba) liktiíléko: Àkìyèsi yìí ní ́iwifùn nípa isè adójútòfò rẹ. O le ní àwọn déètì pàtò o si le ní láàdí gbè igbésè ní àwọn ojọ gbédéke kan. O ní ètò láàdí gba iwifùn yìí àti iránlówó ní èdè rẹ lófèè. Àwọn omo-egbè gbòdò pe nòmbà fóònwá rẹ wà léyín káádí ìdànìmọ̀ wọn. Àwọn mìràn le pè 855-258-6518 kí o sì dúró nípaà sí jìíjìrò rítí à o fí fí sùn o láàdí tẹ 0. Nígbàtì aṣoju kan bá dǎhùn, so èdè ti o le a à o sí ò pò mọ ògbùfò 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 một sau của thể nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hệ cuộc đói thoại cho đến khi được nhắc nhận phòng 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 tổng đài viên.


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 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.
नंदी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें वकालतीय
लिखितों का उल्लेख हो और आपके लिए किसी निषेध नतीजा-सीमा के भीतर काम करना सही हो। आपको यह जानकारी
और संबंधित सहायता अपनी भाषा में निःशब्द पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिये गए फोन
नंबर 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 देते हो उसे अपनी भाषा बताएं और आपको व्यापारकार से कनेक्ट
कर दिया जाएगा।

Bàsòò-wúdqù (Bassa) Tó Dùú Cào! Bó nià ke bá nyó bë ke m bò nùbó ni fàà-ñàà-tìn nyèe jë dyti. Bó nià ke
beq de jët bë bë m de wa ñó m ñó ke nyèe nyó hwë be wë bëa ke zë. Ñó mì ni kpë bë m bë nià ke bò
bò nùbó kpë m mëce dyë dé ni biddi-wúdë mú bë m ñó se widj dë péë. Kpooò nò cià ma fùun-nòbà nià dy waà
I.D. kààlò ñën yne. Nyó ñë sëin nià mòbò nià ke: 855-258-6518, kë mì mò fëe bë wë bë m bë bë
mòbò mëta ñó de bë dëi pàddëm hwë. Jëj kë nò cià dyi m gë jùn, po wët m ñë mëe dyëte, kë nò cià mu bë nià
be cì ni wëttu muà zë.

বাংলা (Bengali) নথিকৃত: এই নোটিসে আপনার বিশ্বাসযোগ্য কাজকর্মী সংস্থার তথ্য রয়েছে। এই তথ্যগুলিতে আপনাকে গন্ধপেটে নিয়ে গেলে আপনি প্রক্রিয়া ও সম্পর্কে একটি তথ্যগুলি এবং সহজতাতে পাওয়া অধিকার আপনার আছে। সমস্যার দিকে আপনার পরিকল্পনার প্রস্তুতি করা এবং লাগানো নম্বর করা হবে। আপনার 855-258-6518 নম্বর
কল করা একটি সহজ পদ্ধতি যা আপনাকে প্রস্তুতি করে পারে। যখন কোনো এজেন্ট উত্তর দেন তখন আপনার নিজের তথ্যগুলি নাম বলুন
এবং আপনাকে দোষীর সঙ্গে সংযুক্ত করা হবে।

اردو: توجه: توبن، اپ کی انگریزی کورجن سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخی پو سکی پر مکمل
پے کے اپ کو مخصوص اری اری ہی کو کوئی ضرورت ہے۔ اپ کے پاس بے معلومات حاصل کرنا اور بہتر خرید
کے اپ کی دلکش میں مدد حاصل کرنا کا حق ہے۔ ممبران کو اپ کی شناخت کا کہا جانے گر، پر کہ کر کئی جابجوں بھی۔
لگا 855-258-6518 کال گر کو سکی پر 0 ہدیش کے کے جانے کے انظار کربے۔ ای جھی کے ہواب کے دوپہر اپ کی مطابقیہ،
بیٹھنے اور مترجح سے مربوطہ نچکی گئی۔

فارسی: توجه: این علائم حاوی اطلاعاتی دریافتی پیشکو، میں ہیں میں است. مکمل است حاوی تاریخی مہمی بہانہ و لازم است تاریخ
مقرر بہتی کے اقدام کردی جاندی ہے۔ شمار از این حق بروخوردار ہستی نے ایک اطلاعیتی و راهنمائی را بہ کی مصروف رہائشی بہ چین خوندان دوبارہ کردنی۔
اعطا بہا کا شمارہ دیجیتیل پیش کردی کہا کہ اچھی تحرک کے اپ کا نامش مماثلہ بہ گیرند، سیابا افرادی میں توانائی بہ شمار
855-258-6518 تامس بگوند و متمٹر توانائی اور اینہا خواتین سود عو 80 یا فیک ندیہ بنایر اپ کا نامش مماثلہ بہ گیرند،
مود نیاز را تنظیم کی دتا آپ مترجح مربوطہ و صل حمایہ۔

العربیة: توجه: يحتوي هذه الخالصة على معلومات بشأن تطبيقات الأعمال، وقد يحتوي على توثيق مهما، وقد تحتاج إلى إتخاذ
إجراءات حوالى مواعيد نهاية محددة، يحق لك الحصول على هذه المساعدة والمعلومات بناءً على أي إملاءة. ينبغي على الأعمال المتسقة
على رقم الهاتف المذكور في ظهر تعريف الهيئة الخاصة يمكى لآخرين الإتصال على الرقم
855-258-6518 والأناضور خلال المحادثة حتى يطلب منهم الضغط على رقم 0 عند إتمام أحد النزاعات، اذكر اللغة التي تحتاج إلى التواصل بها
ويستوصيلك بأحد الموظفين القانونيين.

中文: 注：本声明包含关于您的保险给您相关资讯。本声明可能包含重要日期
及在特定期限之前需要采取的行动。您有权免费获得这份资讯，以及愿意用
您的母语提供的协助服务。会员请拨打在分坐标卡背面的电话号码。其他所有人士可拨打电话 855-258-6518，当等候直到
对您提示按下按键 0。当接线生回答时，请说出您需要使用的语言，这样您就能与口译人员连线。
Igbo (Igbo) Nnụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. Ọ nwere ike inwe ubọchị ndị mkpa, i nwere ike ime ihe tupu ufo du ubọchị njedeba. I nwere ikike inweta ozi na enyemaka a n’asụsụ gi na akwughị污泥 o bua. Ndi otu kwesịrị ikpọ akaara ekwenti di n’azu nke kaadi njirimara ha. Ndi ọzo niile nwere ike ikpọ 855-258-6518 wee chere ubọchọ ahụ rue mgbe amanyere ipị 0. Mgbe onye nnọchite anya zara, kwuo asụsụ i chọrọ, a ga-ejioku gi na onye okowa okwu.


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 위해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 못면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시자가 둘러 메시지가 터지는 곳에 있습니다. 연결된 상담원에게 필요한 언어를 말씀하시면 동역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Dii bee il hane'iigii bi' dahóló bee éédahózin béeso ách'ąąh naanil ník'Ist'iigii bá. Bi' dahóló doo iyisíi yoolkááliigii dóó t'áádoo le'é ádadooly[iigii da yókeedgo t'áá doo bee e'e'aahi ájiil[iih. Bee ná ahōó't'i' dii bee il hane' dóó nik'àádoowoō t'áá níniizaa bee t'áá jik'ę. Atah daniłiiigii béesh bee haneé bee wólt'a'iigii nič'íiigoo bee nee hódlolineiigii bikéédeęg' bikáá' bich'į' hodoonihį'. Aadóó náánál' el koji' dahódoolni 855-258-6518 dóó yii diít's'į' yalt'iigii t'áá nič'iigii áadóó éi bikéé'dóó naas bağlantı bił addiilchit. Ákáánidaalwó'iigii neidiitą'go, saad bee yánilt'iigii yii diikít dóó ata' halne'ę lá níká'ádoowol.