



2017 GET TO KNOW YOUR HEALTH PLAN

Thank you for choosing Blue Cross and Blue Shield of Minnesota and Blue Plus to manage your health care coverage needs. To make the most of your plan, get to know all its features and benefits. Log in or register on the member website at bluecrossmnonline.com to get started.

NETWORK MATTERS

Not all providers participate in your plan's network. Your plan offers a focused network that includes only certain doctors, hospitals and clinics. To save money and get the highest level of coverage, you'll need to find care within your plan's network. Networks are also different from plan to plan, so it's important to make sure your doctor or clinic is in the network before you visit. You will pay more for care if you choose a doctor or clinic that is not in your plan's network. These costs also will not apply to your plan's in-network deductible or out-of-pocket maximum.

Each health care provider in the network is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

To find doctors, hospitals and clinics that are in network, visit the member website and use the "Find a doctor" tool or call the customer service number on the back of your member ID card.

PRESCRIPTION DRUG COVERAGE

You'll also have access to a focused pharmacy network, called RxNetwork E. To save money and have your plan pay for your covered medications, you'll need to fill your prescriptions at an RxNetwork E Pharmacy. If you fill prescriptions at a pharmacy that isn't in the network, you'll pay the full cost of your

drug. These costs also will not apply to your plan's in-network deductible or out-of-pocket maximum.

The drugs your plan covers are listed in your plan formulary. It's important to make sure your drug is listed on the BasicRx drug list before you fill your prescription. If your drug isn't on the list, or is a non-preferred drug, you'll pay the full cost of your drug. These costs also will not apply to your plan's in-network deductible or out-of-pocket maximum.

To see the pharmacies in your plan's network, go to bluecrossmn.com/RxNetworkE.

To find out if your prescription drug is in your plan's formulary, visit bluecrossmn.com/BasicRxIndividualNon-Grandfathered.



EASY ONLINE ACCESS TO PLAN INFORMATION AND TOOLS

Get easy access to your health plan information 24 hours a day, seven days a week. When you create an account at bluecrossmnonline.com, you can:

Access care

- Find doctors, clinics and hospitals in your network with the "Find a doctor" web tool
- View wellness programs and resources, like fitness discounts, weight loss help and more

Understand your benefits

- View your benefit booklet* and summary of your coverage
- View claims and Explanations of Health Care Benefits (EOBs)

*Your benefit booklet replaces your Certificate of Coverage or Summary Plan Description, depending on your plan.

Manage your account

- View, print, email or order member ID cards
- Manage your SelectAccount® medical spending
- View and pay your premium online using our secure e-billing system

MII Life, Inc. d.b.a. SelectAccount, is an independent company providing account administration services.

HMO Minnesota, d.b.a. Blue Plus, is an affiliate of Blue Cross and Blue Shield of Minnesota.

STAY HEALTHY WITH PREVENTIVE CARE

Routine exams can catch health issues before they become serious. Preventive care is generally covered when you use a doctor in your health plan network. To learn more about preventive care, visit bluecrossmn.com/preventivecare.

LOSE THE DRIVE-TIME WITH ONLINE CARE

With Doctor On Demand, you can get care from board-certified doctors, psychologists and psychiatrists from your mobile device or online, seven days a week. Doctor On Demand treats many common medical conditions. Some or all costs may be covered by your health plan. Register today at DoctorOnDemand.com/bluecrossmn.

Doctor on Demand is an independent company providing telehealth services and is not available in every state. To ensure you are located in a state that is eligible to participate, check DoctorOnDemand.com/bluecrossmn.

PEDIATRIC EYEWEAR DISCOUNT

As a Blue Plus member, you have access to an eyewear discount through Davis Vision retail partners for children under age 19. To learn more about the program or to find participating providers or opticians, visit bluecrossmn.com/eyewarediscount-dav or call the number on the back of your member ID card. To receive the discount, give a participating provider the code 4855.

Davis Vision is an independent company providing vision benefit management services and access to their network.

ADDITIONAL PRODUCTS TO HELP YOU TAKE CARE OF YOUR HEALTH

Blue Cross Dental plans make it easy to protect your oral health with a wide range of plan options. For more information on dental plans, visit bluecrossmn.com/dental.

Blue Cross Vision plans provide access to providers nationwide, as well as discounts on eyeglasses and contact lenses. For more information, visit bluecrossmn.com/visionplans.

WELLNESS RESOURCES FOR YOU

Are you ready to take charge of your health? Almost everyone has health habits they'd like to change or improve. Blue Plus has tools that can help.

As a member of Blue Plus, you can use these resources at no additional cost:

WELLNESS TOOLS AND RESOURCES		
Resource	More information	Where to go
Online tools and education	Access a WebMD library of articles, videos, quizzes and calculators about health conditions, diseases, procedures and prescriptions.	Log in at bluecrossmnonline.com and see "wellness"
Digital health assistant (online coaching)	Self-guided online programs that help support eating better, losing weight, quitting tobacco, exercise, conquering stress and/or feeling happier.	Log in at bluecrossmnonline.com and see "wellness"
Wellness profile	Answer a short series of questions to learn about your current health and find areas where you can improve.	Log in at bluecrossmnonline.com and see "wellness"*
Fitness discounts	Get a monetary credit each month for working out the required number of times per month at a participating fitness center. Call the customer service number on the back of your member ID card for questions regarding program workout requirements and credit amount.	Log in at bluecrossmnonline.com and see "wellness"
Online wellness marketplace	Receive extra savings on both local and national health and wellbeing products and services.	bluecrossmn.com/choosehealthy

WebMD Health Corporation is an independent company providing health support information and tools.

*BluePrintSM members: Access your health assessment by visiting myblueprintmn.com and see "health & wellness resources."



PROFESSIONAL PHONE OR VIRTUAL SUPPORT

Resource	More information	Where to go
Online care (Doctor On Demand)	See a board-certified doctor, psychiatrist or psychologist for treatment of common medical conditions through your smartphone, tablet or computer.	DoctorOnDemand.com/bluecrossmn
Nurse line	Call for professional medical advice and information from registered nurses. This service is available 24 hours a day, seven days a week.	Call 1-800-622-9524 TTY users call 711
Quitting tobacco support	Quit using tobacco by working with wellness coaches. Call to develop a quit plan and receive ongoing support.	Call 1-888-662-BLUE (2583) TTY users call 711
Health coaching	Receive support if you have a chronic condition or severe illness. Our health coaches provide education and support for a treatment plan your doctor provided. Health coaches also assist with connecting you to community resources. If you are interested in getting support, you can refer yourself into the program.	Call 1-800-961-4758
Maternity management	You may self-refer in to the program and receive support from a maternity coach. High-risk pregnancies will receive telephonic outreach by a maternity health coach.	Call 1-866-489-6948

NOTICE OF NONDISCRIMINATION PRACTICES

Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice has important information about your application or health plan coverage. Look for key dates in this notice. You may need to take action by certain deadlines to keep your coverage or to receive help with costs. If you, or someone you're helping, has questions about this notice or health plan coverage, you can receive help and information in your language at no cost. To talk to an interpreter, call the toll free number below. For TTY, call 711.

Este aviso tiene información importante sobre su solicitud o cobertura del plan de salud. Busque fechas clave en este aviso. Es posible que deba tomar medidas antes de ciertos plazos para mantener su cobertura o recibir ayuda con los costos. Si usted, o alguien a quien esté ayudando, tiene preguntas sobre este aviso o sobre la cobertura del plan de salud, puede recibir información y ayuda en su idioma sin costo. Para comunicarse con un intérprete, llame al número gratuito 1-855-903-2583. Para TTY, llame al 711.

Tsab ntawv ceeb toom no muaj cov lus tseem ceeb hais txog koj daim ntawv thov los yog qhov kev pab them rau koj daim phiaj npaj kho mob. Saib cov hnuv tseem ceeb nyob hauv daim ntawv ceeb toom no. Tej zaum koj yuav tau ua qee yam kom tiav ua ntej qee cov hnuv uas teev rau hauv no kom thiaj tsis poob qhov kev pab them los yog kom tau txais kev pab them cov nqi kho mob. Yog hais tias koj, los yog lwm tus uas koj pab, muaj lus nug txog tsab ntawv ceeb toom no los yog qhov kev pab them rau daim phiaj npaj kho mob, koj muaj cai tau txais kev pab thiab ntaub ntawv ua koj hom lus yam tsis tau them nyiaj dab tsi. Yog xav tham nrog ib tus neeg pab txhais lus, hu rau tus xov tooj 1-800-793-6931 (hu dawb). Rau TTY, hu rau 711.

Ogeysiiskani wuxuu wataa macluumaad muhiim ah oo ku saabsan caynsanaanta qorshahaaga caafimaad. U fiirso taariikhaha ku yaal ogeysiiskan. Waxa laga yaabaa inaad u baahdo ficil ka qaad taariikhaha kama dambayska ah si aad u sii haysto caynsanaantaada ama aad ugu hesho caawimo kharashyada. Haddii adiga, ama qof aad caawinayso, u ka qabo su'aalo arrimaha ku saabsan ogeysiiskan ama caynsanaanta qorshaha caafimaadka, waxaad ku heli kartaa caawimo iyo macluumaad luqaddaada iyada oo aan kharash kaa bixin. Si aad ula hadasho turjumaan, soo wac 1-866-251-6736 (lacag la'aan). Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

တၢ်ဘိးသ့ၣ်ညါအံၤ အိၣ်ဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤလၢအရူၤဒိၣ် ဘၣ်ဃး နတၢ်ပတံၤတီၣ် မ့တမ့ၢ် တၢ်အိၣ်ဆူၣ်အိၣ်ချ့တၢ်အုၣ် ကီၤန့ၣ်လီၤ. ကွၢ်မ့ၢ်န့ၣ်အရူၤဒိၣ် လၢတၢ်ဘိးသ့ၣ်ညါအံၤအပူၤအဂီၢ်တက့ၢ်. နကဘၣ် ဟံးဂ့ၢ်ဝိမၤတၢ် တနီၤလၢ ကပၤယ ဝဲနတၢ်အုၣ်ကီၤ မ့တမ့ၢ် ဒီးန့ၣ်ဘၣ်တၢ်မၤစၢၤလၢတၢ်အိၣ်ဆူၣ်အိၣ်ချ့အဂီၢ်လီၤ. နဒီးန့ၣ်တၢ်မၤစၢၤဒီး တၢ်ဂ့ၢ်တၢ်ကျိၤလၢန နီၢ်ကစၢ်အကျိၣ်သ့ လၢတၢ်အိၣ်ဒီးတၢ်လၢၣ်ဘူၣ်လၢၣ်စ့ၤ ဝဲန့ၣ်, မ့တမ့ၢ် ပုၤတကၤလၢနမၤစၢၤ, မ့ၢ်အိၣ်ဒီးတၢ်သံကွၢ်ဘၣ် ဃးတၢ်ဘိးသ့ၣ်ညါအံၤ မ့တမ့ၢ် တၢ်အိၣ်ဆူၣ်အိၣ်ချ့တၢ်တိၣ်ကျိၤတၢ်အုၣ်ကီၤန့ၣ်လီၤ. ကိးလိတဲစိဆု 1-866-251-6744 (လိတဲစိကလိ), လၢကကတိၤသကိးတၢ်ဒီးပုၤကျိးထံတၢ်အဂီၢ်တက့ၢ်.လၢ TTY အဂီၢ်, ကိး 711 တက့ၢ်.

يتضمن هذا الإشعار معلومات مهمة حول الطلب الذي تقدمت به أو تغطية برنامجك الصحي. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد يكون عليك اتخاذ إجراء ما بحلول مواعيد نهائية معينة للاحتفاظ بتغطيتك أو لتلقي المساعدة فيما يتعلق بالتكاليف. إذا كانت لديك أنت، أو شخص ما تقوم بمساعدته، أي أسئلة حول هذا الإشعار أو تغطية البرنامج الصحي، فيمكنك الحصول على المساعدة والمعلومات بلغتك الأم دون أي تكلفة. للتحدث إلى أحد المترجمين الفوريين، اتصل بالرقم 1-866-569-9123 (رقم مجاني). . للهاتف النصي اتصل بالرقم 711.

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Thông báo này có thông tin quan trọng về đơn đăng ký hoặc phạm vi bao trả theo chương trình sức khỏe của quý vị. Tìm những ngày chính trong thông báo này. Quý vị có thể cần hành động trước một số thời hạn để duy trì phạm vi bao trả hoặc được giúp đỡ có tính phí. Nếu quý vị, hoặc người quý vị đang giúp đỡ, có thắc mắc về thông báo này hoặc phạm vi bao trả theo chương trình sức khỏe của quý vị, quý vị có thể nhận giúp đỡ và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số 1-855-315-4015 (miễn phí). Người dùng TTY xin gọi 711.

Beeksis kun waayee iyyannoo keetii ykn kan karoorri fayyaa kee qabaachuu malu odeeffannoo barbaachisaa qaba. Guyoota futuu ta'an achi keessa ilaali. Insuraansiin kee akka addaan hincinnee fi basii tokko tokkoof gargaarsa argachuudhaaf, yeroon utuu itti hindarbin tarkaanfii fudhachuu qabda. Ati ykn nami ati gargaaraa jirtu yoo waayee beeksisakana ykn karoora fayyaa kana kee hanga inni ga'u gaaffii qabaattan, kaffaltii malee gargaarsaa fi odeeffannoo afaan keessaniin argachuu dandeessu. Nama afaan isinii hiiku waliin haasa'uudhaaf 1-855-315-4016 (lak. Tolaa bilbila'a). TTY dhaaf, 711 bilbilaa.

本通知包含與您申請或健康計劃承保有關的重要資訊。請注意本通知中的重要日期。您可能需要在特定期限之前採取行動才能維持承保或取得費用補助。如果您本人或您協助的對象對本通知或健康計劃承保有疑問，您可免費以您的語言取得協助和資訊。如欲與口譯員交談，請致電 1-855-315-4017 (免費電話)。聽語障專線 (TTY)，請撥打 711。

В этом уведомлении содержится важная информация о Вашей заявке на включение в план или страховом покрытии, предоставляемом планом медицинского страхования. Обратите внимание на даты, приведенные в этом уведомлении. Для того чтобы сохранить страховку или получить помощь в связи с какими-либо выплатами, Вам, возможно, потребуется к определенному сроку предпринять какие-то действия. Если у Вас или у кого-то, кто Вам помогает, появятся вопросы по поводу этого уведомления или предоставляемого планом страхового покрытия, Вы можете бесплатно получить помощь и информацию на Вашем родном языке. Чтобы связаться с переводчиком, позвоните по телефону 1-855-315-4028 (звонки бесплатные). Для использования телефонного аппарата с текстовым выходом звоните 711.

Cet avis contient des informations importantes concernant votre application ou votre assurance maladie. Recherchez les dates-clés dans cet avis. Il se peut que vous deviez réagir avant certaines dates limites pour conserver votre couverture ou recevoir une aide pour vos frais. Si vous-même ou la personne que vous aidez avez des questions concernant cet avis ou l'assurance maladie, vous pouvez recevoir de l'aide et des informations dans votre langue gratuitement. Pour parler à un interprète, appelez le 1-855-315-4029 (appel gratuit). Pour les personnes malentendantes, appelez le 711.

ይህ ማስታወቂያ ማመልከቻዎን ወይም የጤና ዕቅድ ሽፋንዎን በተመለከተ አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ዋናዎና የሆኑ ቀናትን ይመልከቱ። የእርስዎ የጤና እቅድ ሽፋን እንዲቀጥል ወይም ዋጋው በሚመለከት እርዳታ ለማግኘት በተወሰኑ ቀን ገደቦች እርምጃ መውሰድ ይኖርብዎታል። እርስዎ ወይም እርስዎ የሚረዱት ሰው ይህን ማስታወቂያ ወይም የጤና እቅድ ሽፋን በሚመለከት ጥያቄ ካላችሁ፤ ምንም ወጪ ሳታወጡ በራሳችሁ ቋንቋ እርዳታ እና መረጃ ማግኘት ትችላላችሁ። ከአስተርጓሚ ጋር ለመነጋገር በስልክ ቁጥር 1-855-315-4030 (በነጻ) ይደውሉ። ይደውሉ ለ TTY በ 711።

ບົນ ຫຼັກສູດນີ້ ມີ ການ ທຳ ນຳ ທີ່ ສຳ ຄັນ ກ່ຽວ ກັບ ຄຳ ຮ້ອງ ສະ ໜັກ ຫຼື ຄວາມ ຄຸ້ມ ຄອງ ໃນ ແຜນ ປະ ກັນ ສຸ ຂະ ພາ ບ ຂອງ ທ່ານ. ຊອກ ເບິ່ງ ວັນ ທີ່ ສຳ ຄັນ ຢູ່ ໃນ ແຈ້ງ ການ ນີ້. ທ່ານ ອາດ ຈະ ຕ້ອງ ດຳ ເນີນ ການ ຕາມ ກຳ ນົດ ເວລາ ສະ ເພາະ ເພື່ອ ຮັກ ສາ ຄວາມ ຄຸ້ມ ຄອງ ປະ ກັນ ໄພ ຂອງ ທ່ານ ໄວ້ ຫຼື ເພື່ອ ຮັບ ເອົາ ການ ຊ່ວຍ ເຫຼືອ ເລື່ອງ ຄ່າ ໃຊ້ ຈ່າຍ. ຖ້າ ທ່ານ ຫຼື ຄົນ ທີ່ ທ່ານ ກຳ ລັງ ໃຫ້ ການ ຊ່ວຍ ເຫຼືອ ມີ ຄຳ ຖາມ ກ່ຽວ ກັບ ແຈ້ງ ການ ນີ້ ຫຼື ຄວາມ ຄຸ້ມ ຄອງ ໃນ ແຜນ ປະ ກັນ ສຸ ຂະ ພາ ບ, ທ່ານ ສາມາດ ຮັບ ເອົາ ການ ຊ່ວຍ ເຫຼືອ ແລະ ຂໍ ມູນ ເບິ່ງ ພາ ສາ ຂອງ ທ່ານ ໄດ້ ໂດຍ ບໍ່ ມີ ຄ່າ ໃຊ້ ຈ່າຍ. ເພື່ອ ລົມ ກັບ ລ່າ ມ ແປ ພາ ສາ, ໃຫ້ ໂທ ຫາ 1-866-356-2423 (ເບີ ໂທ ກັບ ເງິນ ປາຍ ທາງ). ສຳ ລັບ TTY, ໃຫ້ ໂທ ຫາ 711.

ແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສຳຄັນກ່ຽວກັບຄຳຮ້ອງສະໜັກ ຫຼື ຄວາມຄຸ້ມຄອງໃນແຜນປະກັນສຸຂະພາບຂອງທ່ານ. ຊອກເບິ່ງວັນທີ່ສຳຄັນຢູ່ໃນແຈ້ງການນີ້. ທ່ານອາດຈະຕ້ອງດຳເນີນການຕາມກຳນົດເວລາສະເພາະ ເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານໄວ້ ຫຼື ເພື່ອຮັບເອົາການຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍ. ຖ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອມີຄຳຖາມກ່ຽວກັບແຈ້ງການນີ້ ຫຼື ຄວາມຄຸ້ມຄອງໃນແຜນປະກັນສຸຂະພາບ, ທ່ານສາມາດຮັບເອົາການຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເບິ່ງພາສາຂອງທ່ານໄດ້ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອລົມກັບລ່າມແປພາສາ, ໃຫ້ໂທຫາ 1-866-356-2423 (ເບີໂທກັບເງິນປາຍທາງ). ສຳລັບ TTY, ໃຫ້ໂທຫາ 711.

Ang paunawang ito ay may mahalagang impormasyon tungkol sa iyong aplikasyon o saklaw ng planong pangkalusugan. Maghanap ng mahahalagang petsa sa paunawang ito. Maaaring kailanganin mong gumawa ng aksyon sa pamamagitan ng ilang mga itinakdang panahon upang mapanatili ang iyong saklaw o makatanggap ng tulong para sa mga gastos. Kung ikaw, o ang isang tao na tinutulungan mo, ay may mga katanungan tungkol sa paunawang ito o saklaw ng planong pangkalusugan, makatatanggap ka ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makipag-usap sa isang taga-interpret, tumawag sa 1-866-537-7720 (walang bayad ang toll). Para sa TTY, tumawag sa 711.

Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder zur Abdeckung durch Ihren Gesundheitsschutzplan. Beachten Sie wichtige Daten in dieser Mitteilung. Sie müssen unter Umständen innerhalb gewisser Fristen bestimmte Handlungen ergreifen, damit Ihre Abdeckung bestehen bleibt oder Sie Kostenunterstützung erhalten. Wenn Sie oder eine Person, die Ihnen zur Seite steht, Fragen zu dieser Mitteilung oder zur Abdeckung durch den Gesundheitsschutzplan haben, können Sie kostenlos Hilfe und Informationen in Ihrer Muttersprache erhalten. Um mit einem Dolmetscher zu sprechen, wählen Sie 1-866-289-7402 (gebührenfrei). Für TTY wählen Sie 711.

ກໍ່ມາດຕ໌ສຳຄັນນີ້ມີຂໍ້ມູນທີ່ສຳຄັນກ່ຽວກັບຄຳຮ້ອງສະໜັກ ຫຼື ການຊ່ວຍເຫຼືອ ທີ່ທ່ານ ຫຼື ຄົນທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອ ມີຄຳຖາມກ່ຽວກັບແຈ້ງການນີ້ ຫຼື ຄວາມຄຸ້ມຄອງໃນແຜນປະກັນສຸຂະພາບ. ຊອກເບິ່ງວັນທີ່ສຳຄັນຢູ່ໃນແຈ້ງການນີ້. ທ່ານອາດຈະຕ້ອງດຳເນີນການຕາມກຳນົດເວລາສະເພາະ ເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານໄວ້ ຫຼື ເພື່ອຮັບເອົາການຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍ. ຖ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອມີຄຳຖາມກ່ຽວກັບແຈ້ງການນີ້ ຫຼື ຄວາມຄຸ້ມຄອງໃນແຜນປະກັນສຸຂະພາບ, ທ່ານສາມາດຮັບເອົາການຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເບິ່ງພາສາຂອງທ່ານໄດ້ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອລົມກັບລ່າມແປພາສາ, ໃຫ້ໂທຫາ 1-866-356-2423 (ເບີໂທກັບເງິນປາຍທາງ). ສຳລັບ TTY, ໃຫ້ໂທຫາ 711.

Díí éi nits’íís baa áháyá binaaltsoos dóó bee nik’i adéest’í’ígí aláahgo binahjí’ ééhózinígí át’é. Yookkáál dabiká’ígí baa ákonínizin dooleef. Lahda t’áadoo áají’ iilkááhí éi díí naaltsooshazhdiil’ííh díí shá bik’é azláadoo jinízingo. Ni éi doodagóó t’áá háída biká’anilyeedígí díí naaltsoos dóó bik’é azláhígí baqah na’ídikid neehólóqogo éi t’áájíík’e t’áá nizaad k’ehjí bee nihhodoonih dóó niká’adoolwołgo éi át’é. Ata’ halne’é ła’ bichí’ hadeesdzih nínízingo éi áqıęęę íóąąęęıǰıǰı’ t’áá jíík’e béesh bee hodíílnih. TTY biniiyégo éi íáájı’ béesh bee hodíílnih.

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