

Highlights of your Healthcare Coverage: Plan 3

Premera Education Program

Effective Date: 11/01/2017

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

MEDICAL PLAN	PLAN 3: \$500/20%/\$3,000/\$30 - HERITAGE PLUS	
	HERITAGE IN-NETWORK	OUT-OF-NETWORK
MEDICAL COST SHARE OPTIONS		
Individual Deductible Per Calendar Year (PCY) (Family embedded deductible 3X Individual)	\$500 PCY	Shared with in-network
Coinsurance (Member's percentage of costs after deductible based on allowable charges)	20%	40%
Individual Out-of-Pocket Maximum (OOP) PCY, includes deductible, coinsurance, copay and pharmacy if applicable (Family embedded OOP max 3X Individual)	\$3,000 PCY	\$5,900 PCY
Office Visit Cost Share	Non-Specialist: \$30 copay, applies to OOP max; Specialist: \$40 copay, applies to OOP max	Non-Specialist: \$40 copay, applies to OOP max; Specialist: \$50 copay, applies to OOP max
PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION		
Preventive Office Visits (Unlimited)	Covered in full	Waive deductible, then 20%
Vaccinations (Unlimited)	Covered in full	Waive deductible, then 20%
Health Education (HE) (Unlimited)	Covered in full	Waive deductible, then 20%
Nicotine Dependency Program (ND) (Unlimited)	Covered in full	Out-of-network deductible, then 40%
Diabetes Health Education (DE) (Unlimited)	Covered in full	Waive deductible, then 20%
PROFESSIONAL CARE		
Professional Office Visit	Non-Specialist: \$30 copay, applies to OOP max; Specialist: \$40 copay, applies to OOP max	Non-Specialist: \$40 copay, applies to OOP max; Specialist: \$50 copay, applies to OOP max
Inpatient Professional Services	In-network deductible, then 20%	Out-of-network deductible, then 40%
Contraceptive Management Services (Unlimited)	Covered in full	Out-of-network deductible, then 40%

	PLAN 3: \$500/20%/\$3,000/\$30 - HERITAGE PLUS	
	HERITAGE IN-NETWORK	OUT-OF-NETWORK
DIAGNOSTIC SERVICE OPTIONS		
Preventive Professional Diagnostic Imaging and Laboratory Services - Including Mammogram and PAP/PSA	Covered in full	Waive deductible, then 20%
Other Professional Diagnostic Imaging	In-network deductible, then 20%	Out-of-network deductible, then 40%
Other Professional Diagnostic Laboratory/Pathology	In-network deductible, then 20%	Out-of-network deductible, then 40%
Diagnostic Mammography	In-network deductible, then 20%	Out-of-network deductible, then 40%
FACILITY CARE OPTIONS		
Inpatient Facility	\$300/day to \$900 PCY (applies to OOP max), then in-network deductible, 20%	\$300/day to \$900 PCY (applies to OOP max), then out-of-network deductible, 40%
Outpatient Surgery Facility	\$150 copay (applies to OOP max) then in-network deductible, 20%	\$150 copay (applies to OOP max) then out-of-network deductible, 40%
Hospice Inpatient Facility (10 days inpatient; within the 6 month lifetime maximum)	\$100 copay once PCY (applies to OOP max) for all combined services, then covered in full after in-network deductible	\$100 copay once PCY (applies to OOP max) for all combined services, then covered in full after out-of-network deductible
EMERGENCY CARE AND TRANSPORTATION OPTION		
Emergency Care (If applicable, waive copay if admitted to inpatient facility)	\$100 copay applies to the OOP max, then in-network deductible, 20%	\$100 copay applies to the OOP max, then in-network deductible, 20%
Emergency Room Physician	In-network deductible, then 20%	In-network deductible, then 20%
Urgent Care Center	Non-Specialist: \$30 copay, applies to OOP max; Specialist: \$40 copay, applies to OOP max	Non-Specialist: \$40 copay, applies to OOP max; Specialist: \$50 copay, applies to OOP max
Ambulance Transportation (Unlimited)	In-network deductible, then 20%	In-network deductible, then 20%
Air Ambulance (Unlimited)	In-network deductible, then 20%	In-network deductible, then 20%
OTHER SERVICES		
Allergy/Therapeutic Injections	In-network deductible, then 20%	Out-of-network deductible, then 40%
Mental Health Inpatient Facility Care (Unlimited)	\$300/day to \$900 PCY (applies to OOP max) then in-network deductible, 20%	\$300/day to \$900 PCY (applies to OOP max) then out-of-network deductible, 40%
Mental Health Outpatient Professional Care (Unlimited)	Non-Specialist: \$30 copay, applies to OOP max	Non-specialist: \$40 copay, applies to OOP max
Chemical Dependency Inpatient Facility Care (Unlimited)	\$300/day to \$900 PCY (applies to OOP max) then in-network deductible, 20%	\$300/day to \$900 PCY (applies to OOP max) then out-of-network deductible, 40%
Chemical Dependency Outpatient Professional Care (Unlimited)	Non-Specialist: \$30 copay, applies to OOP max	Non-Specialist: \$40 copay, applies to OOP max

	PLAN 3: \$500/20%/\$3,000/\$30 - HERITAGE PLUS	
	HERITAGE IN-NETWORK	OUT-OF-NETWORK
Rehab Inpatient Facility (30 days PCY)	\$300/day to \$900 PCY (applies to OOP max) then in-network deductible, 20%	\$300/day to \$900 PCY (applies to OOP max) then out-of-network deductible, 40%
Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy (45 visits PCY (PT unlimited))	Specialist: \$40 copay, applies to OOP max	Specialist: \$50 copay, applies to OOP max
Rehab Outpatient Care Chronic Conditions, Including Cardiac, Pulmonary Rehab, Chronic Pain and Cancer	Specialist: \$40 copay, applies to OOP max	Specialist: \$50 copay, applies to OOP max
Medical Supplies, Equipment, Prosthetics (Unlimited)	In-network deductible, then 20%	Out-of-network deductible, then 40%
Foot Orthotics, Orthopedic Shoes and Accessories (One pair max PCY (no \$ limit). Unlimited Diabetes Related)	In-network deductible, then 20%	Out-of-network deductible, then 40%
Home Health Visits (Unlimited)	\$100 copay once PCY (applies to OOP max) for all combined services, then in-network deductible, 20%	\$100 copay once PCY (applies to OOP max) for all combined services, then out-of-network deductible, 40%
Hospice Care (Hospice Home Visits: Unlimited; Respite: 240 hours; within the 6 month lifetime maximum)	\$100 copay once PCY (applies to OOP max) for all combined services, then covered in full after in-network deductible	\$100 copay once PCY (applies to OOP max) for all combined services, then covered in full after out-of-network deductible
TMJ (Temporomandibular Joint Disorders) (Unlimited (Medical and Dental services - Medical and Dental cost shares based on type of service))	Covered as any other service	
ALTERNATIVE CARE		
Manipulations (Spinal and other) (Unlimited)	\$30 copay (applies to OOP max)	\$40 copay (applies to OOP max)
Acupuncture (12 visits PCY)	\$30 copay (applies to OOP max)	
SUPPLEMENTAL BENEFITS		
Routine Hearing Exam (Limited to \$400 every 3 consecutive calendar years, for 1 hearing exam and hardware combined.)	In-network deductible, then 20%	Out-of-network deductible, then 20%
Hearing Hardware (Limited to \$400 every 3 consecutive calendar years, for 1 hearing exam and hardware combined.)	In-network deductible, then 20%	
ANNUAL PLAN MAXIMUM		
Annual Plan Maximum	Unlimited	Unlimited

PRESCRIPTION DRUGS	
Drug List	B4
Retail Cost Shares	\$15/\$25/\$40/\$60
Mail Cost Shares	\$30/\$50/\$70/\$60
Day Supply	Retail: Up to 34 Days; Mail Order: Up to 100 Days; Specialty: Up to 30 Days
Individual Deductible PCY	\$0
Out of Network (Non-participating retail pharmacies)	Cost Share, then 40% (to allowable)
Out of Pocket Maximum	Applies to the medical out of pocket maximum
Specialty Pharmacy Out of Pocket Maximum	Applies to the medical out of pocket maximum
SYMETRA LIFE AND AD&D INSURANCE	\$25,000 Term Life and AD&D for employee only

Copays are not subject to the deductible unless otherwise noted.

Pre-approval is required for many services to be covered. For more information please refer to your benefit booklet.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross. Members are responsible for amounts in excess of the allowable charge.

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlights is not a contract. For full coverage provisions, including a description of waiting periods, limitations, and exclusions please contact Customer Service.

Oromoo (Cushite):

Beeksisni kun odeeffannoo barbaachisaa qaba.

Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) ti bilbilaa.

Français (French):

Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kek aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Diese Benachrichtigung enthält wichtige

Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

Hmoob (Hmong): Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caj nyooog uas teev tseg rau hauv daim ntawv no mas koj thiab yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano): Daytoy a Pakdaar ket naglaon iti

Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenno coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidnyo nga addang sakbay dagiti partikular a naituding nga aidaw tapno mapagtalinaedyo ti coverage ti salun-atyô wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian): Questo avviso contiene

informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

日本語 (Japanese): この通知には重要な情報が含まれています。 この通知には、Premera Blue Crossの申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に情報が含まれている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければなりません。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄ່າຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດເວລາສະເພາະເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນຊະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເລື້ອງຄຳໃຊ້ຈ່າຍຂອງທ່ານໄວ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນເວລາຂອງທ່ານໄດ້ຄວບຄູ່ເວລາຄ່າ. ໃຫ້ໂທຫາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមានកាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ចេញសមត្ថភាព ដល់កំណត់ថ្លៃជាក់លាក់ឱ្យសំនានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ នឹងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੈ ਸਕਦੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਜਵਾਬ ਖਾਸ ਤਾਰੀਖਾਂ ਦੇ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖੀ ਹੋਵੋ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਕੱਠਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ, ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ, ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (TTY: 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):

Prezenta notificare conține informații importante.

Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):

Настоящее уведомление содержит важную

информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуются приняты меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili

ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fa maua atu i ai. Fa'amolemole, ia e iloilu fa'alelei i aso fa'apitoa o lo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo o lo'o e iai i ai. O lo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):

Este Aviso contiene información importante. Es

posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang

impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้ มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับ การการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้อง ดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการ ประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะ ได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มี ค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це

повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати цієї фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông

báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).