

Supplemental Information

about Premera Blue Cross

SMALL GROUP HEALTHCARE COVERAGE PLANS (1–50 employees)

About this Document...

This document is designed to help you understand the services, features and benefits of Premera small group health plans. Here you will find information about:

- our products and benefits
- our providers and how we pay them
- how to access healthcare
- how we protect your privacy
- our key utilization management procedures
- our pharmaceutical management procedures
- how to share your comments and complaints
- our commitment to quality

We make every effort to ensure that this information is correct. However, because health plans vary, you may find differences between this information and how you understand your plan. If so, please talk to your Premera producer. If you are already a member, see your contract for the most accurate information.

Our Product Offerings

Our menu of benefit plans gives you the flexibility to choose the coverage and the price that meet your needs. You'll find that each plan offers great coverage, available in a choice of benefit levels.

Preferred Provider Organization Plans

Preferred Provider Organization (PPO) plans give you lots of choices and make it easy to see doctors. Your plan pays a set percentage of the allowed amount for covered services after you pay the annual deductible.

On a PPO plan, you pay less if you see in-network providers for covered services that are medically necessary. You can also choose an out-of-network provider, but you'll pay more.

Some PPO plans recommend you select a primary care provider (PCP) who provides most of your care. You receive the lowest cost share when you receive services from your PCP.

Premera does not offer managed care or point-of-service benefit plans.

PersonalCare Plans

PersonalCare Plans provide coordinated care between doctors, hospitals, and specialists to deliver effective and cost-efficient care. Each member chooses a Partner System (a local group of multi-specialty medical providers) and a primary care provider (PCP) from the Partner System who they visit for most of their care and who coordinates care from specialists and other providers. Most care must be received from or referred by the member's PCP.

Our Provider Directory

You can use our Provider Directory online at premera.com (select the provider network on your ID card) or call Customer Service. Customer Service phone numbers are listed at the end of this document.

If services are medically necessary and only available from an out-of-network provider, you or your provider may request a prior authorization for in-network benefits.

Our Prescription Drug Plans

X1 or X4 Formulary

Premera small group plans offer prescription drug or pharmacy benefits utilizing a formulary. Your formulary X1 or X4 is shown in your benefit book and on your ID card. In most cases, drugs not in the formulary are not covered. Members can find out how much their plan covers for different medications using the list on our website. All drugs on the formulary are approved by the Food and Drug Administration (FDA). These drugs are just as effective as drugs that are not on the list, but are usually less expensive.

The Premera Pharmacy and Therapeutics Committee reviews and updates the Formulary Drug Lists regularly. This committee is made up of doctors, pharmacists, and other providers from the community. The committee uses current medical studies and information to choose safe and effective drugs. They add new FDA-approved drugs to the list, and remove drugs they find to be less effective than new ones. If the committee finds that two or more

drugs have the same effectiveness, they put the most cost-effective one on the list.

Premera makes the Formulary Drug Lists available to all of our in-network providers. In most cases, drugs not in the formulary are not covered. There is an exception process where you or your provider may request a drug not in the formulary. You can access this exception process by contacting Customer Service or by checking premera.com.

Pharmaceutical Prior Authorization

Premera needs to approve some drugs before you can fill your prescription. These drugs are part of our Prior Authorization Program. Certain drugs for migraines, high blood pressure, asthma, and certain other health problems need prior authorization. See if your medicine is on our [*prior authorization drug list*](#) before going to your pharmacy.

Use our online [*Rx Search tool*](#) to see if your drug needs prior authorization.

1. Go to the Rx Search tool on our website
2. Choose "X1" or "X4."
3. Follow the directions to search for your drug.
4. Choose the drug that you want information on.
5. Click on the "PA" symbol. A text box will appear that tells about the Prior Authorization criteria for that drug.

For more information on our prior authorization drug list, click [*prior authorization drug list*](#) or go to premera.com.

How We Pay Contracted Providers

Premera pays contracted health care providers in three different ways, depending on the type of service provided.

Fee-for-Service

Premera uses a fee-for-service payment method for many types of health care providers. With this method, Premera pays a set amount for a service. This amount may be based on a fee schedule, a percentage of a fee schedule, a percentage of the typical provider charges, or other method. In setting our allowed amounts, we compare costs in the same general location. We also look at how complex the services are.

Providers contracted with us agree to accept this amount as full payment. You will not have to pay anything other than costs such as your deductible, coinsurance or copayment. Providers who are not contracted with us are not required to accept our amounts, and may bill you for anything not paid by us.

Fixed Rate

We use fixed rate pricing for facility costs, such as costs for procedures and services in a hospital. We pay providers a fixed rate for each procedure or service, which helps to control medical costs.

Per Diem

Premera pays a hospital or other healthcare facility a set amount for each day a member spends there.

Diagnostic Related Group

Inpatient services are paid based on a specific medical condition or part of the body being treated.

How We Pay Non-Contracted Providers

We pay provider that do not have contract with Premera based on an allowed amount is the least of the following (unless a different amount is required under applicable law):

- An amount that is no less than the lowest amount we pay for the same or similar service from a comparable provider that has a contracting agreement with us
- 125% of the fee schedule determined by the Centers for Medicare and Medicaid Services (Medicare), if available
- The provider's billed charges.

Self-Referral

Premera PPO plan members can go to any licensed provider for most medically necessary services that we cover. Remember that you will usually pay less when you use a Heritage Signature provider.

If you're on a PersonalCare Plan, you must get referrals for most care not provided by your PCP. Refer to your plan benefit booklet for details.

Prior Authorization

Certain medical procedures, services and supplies require approval by Premera before you can receive them. This is called "prior authorization." If you don't receive approval for these before receiving

these services, you may be liable for a penalty of up to \$1,500 per service.

The types of services that require prior authorization include:

- Inpatient admissions to health care facilities, including hospitals, skilled nursing facilities, hospices and rehabilitation facilities
- Non-emergency ambulance transportation
- Transplants
- Certain outpatient surgeries and medical procedures
- Home medical equipment, prosthetics and orthotic purchases of \$500 or more
- Certain injectable drugs
- In-network benefits from out-of-network providers

You can get a detailed list of procedures, services and supplies that require **prior authorization** on our web page at premera.com.

Utilization Management

Utilization Management is what we call things we do to make sure medical resources get used in the best way. Here are some examples.

Prospective Review. Premera reviews some medical services before you receive them to make sure they are medically necessary. This is called "Prospective Review." Premera gives your provider a list of these services to check before providing the services to you. A list of the services that require this type of review is available at: **Clinical Review Code list**

Concurrent Review. Premera reviews some medical services while you are getting them. This is called "Concurrent Review."

Retrospective Review. Premera reviews some medical services after you get them. This is called “Retrospective Review.”

We tell you about our decisions. Premera tells you and your healthcare provider if we do not approve a medical service.

You can appeal the decisions we make. You or your provider may appeal any decision Premera makes about your care. This applies whether we deny a request for a medical service before you receive it or after you receive it. Your doctor may discuss your case with a Premera Medical Director. If necessary, we may refer your appeal to an independent doctor or specialist.

We manage the use of prescription drugs. Premera works with Express Scripts to manage your prescriptions. We use advice from independent community doctors and pharmacists to help us set our policies for members. These policies include quantity limits, dollar amount limits, and prior authorization criteria.

Through utilization management, Premera reviews the following types of care:

- Preventive care and symptom-based care
- Specialty care
- Referrals
- Urgent care, emergency care, and hospital care
- Out-of-area coverage
- 24-Hour NurseLine
- Use of in-network and out-of-network providers

To find out how to better use your benefits, visit premera.com.

Employee Wellness

Employees of the Group, who are enrolled as of the renewal/effective date, are eligible to earn an award by completing certain wellness activities. These may include biometric screening, filling out a health risk assessment, or exercise-based activities.

Refer to your plan benefit booklet for details on the Employee Wellness program.

The award is only available to employees of the Group.

In some cases, a health coach may contact you and ask if they can help you improve your health.

Additional Information about Annual Accounting

Members can get an annual accounting of all Premera payments that have been counted against any payment limits, visit limits, or other limits. If you want to receive annual accounting information, please call Customer Service or visit premera.com.

Medical Exclusions and Limitations

Benefit plans typically have exclusions and limitations—what the plans do not cover. The following are general exclusions and limitations for the Premera benefit plans:

What is not covered

Benefits are not provided for treatment, surgery, services, drugs or supplies for any of the following:

- Adult dental services (except as specifically provided)
- Assisted Reproduction
- Cosmetic or reconstructive surgery (except as specifically provided)
- Experimental or investigative services
- Obesity/morbid obesity surgery and pharmaceuticals
- Orthognathic surgery (except when repairing a dependent child’s congenital abnormality)
- Over-the-counter or nonprescription drugs (except as specifically required)
- Services in excess of specified benefit maximums
- Services payable by other types of insurance coverage
- Services received when you are not covered by this program
- Sexual dysfunction
- Sterilization reversal
- Adult vision exams and hardware

Services that are not “medically necessary” are not covered. We consider a service to be medically necessary for covered services and supplies that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- In accordance with generally accepted standards of medical practice
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient’s illness, injury or disease

- Not primarily for the convenience of the patient, physician, or other healthcare provider
- Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations and the views of physicians practicing in relevant clinical areas and any other relevant factors.

The fact that a doctor or other qualified provider gave, prescribed, or approved a service does not, in itself, mean that the service was medically necessary.

Our Utilization management rules and your eligibility can also affect benefits, and some benefits have their own specific limitations.

Please note that this is a general summary only. Your group health plan contract will determine the actual terms, conditions, and exclusions of your coverage. For a complete list of medical exclusions and limitations visit premera.com.

Our Confidentiality Policies

At Premera, we have policies for handling your personal information. These policies cover how we may use your information and how we protect your privacy.

We may collect, use or release certain information about you. This Protected Personal Information (PPI) may include health information and other personal information such as your address, telephone number or Social Security Number. We may receive this information from, or release it to, healthcare providers, insurance companies, or other sources. We collect, use or release this information when we conduct routine business operations such as these:

- underwriting and determining your eligibility for benefits
- paying claims
- coordinating benefits with other healthcare plans
- conducting utilization management, case management or quality reviews
- fulfilling other legal obligations described in your group contract

We may also collect, use or release this information for other purposes as required or allowed by law. When we do this, we make sure that your information stays private by following our confidentiality policy and procedures. If a release of PPI does not relate to a routine business function, we remove anything that could easily identify you, or we get your permission in writing.

For details of our Privacy Policy, go to *Privacy Policy* at premera.com.

Our Appeals Process

Our members have the right to offer ideas, ask questions, make complaints and submit appeals. Our goal is to listen, resolve your problems and improve our service to you. We recommend that you take

advantage of our grievance process when you are not happy with a decision about services, benefits, or coverage.

Call Customer Service when you have a complaint or appeal

Customer Service can quickly correct errors, explain decisions or benefits, or take steps to improve our service. If Customer Service finds that you need to submit your complaint as a formal appeal, they will explain how to do that.

When we receive your appeal, we will send you details about the appeals. Then we begin our internal appeals process.

Independent Review

If you are not satisfied with the result of your appeal, you can ask for an independent outside review. Independent reviews are done by an independent review organization, or IRO.

An IRO is a team of outside medical experts qualified to review your appeal. Premera only uses IROs that are certified by the state Department of Health. If you ask for an independent review, we will send your file to the IRO for you. We also pay for the review. The IRO will send you its decision in writing, and we act on that decision right away.

Your member benefit booklet describes the complaints and appeals process in detail, including Independent Review. For more details on our Grievance Process and contact information, click on *Member Complaint and Appeal Rights* or visit premera.com.

Please note that this is not a contract. Your contract determines the complete terms of your coverage. If you would like a sample contract, please contact your Premera representative.



The National Committee for Quality Assurance has awarded an accreditation status of Accredited for service and clinical quality that meet the basic requirements of NCQA's rigorous standards for consumer protection and quality improvement.

Premera Blue Cross

P.O. Box 327
Seattle, WA 98111-0327

Customer Service

800-722-1471
TDD/TTY: 800-842-5357

premera.com

Discrimination is Against the Law

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

Premera:

- Provides free aids 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, contact the Civil Rights Coordinator.

If you believe that Premera 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:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀኖች ሊኖሩ ይችላሉ። የጤናን ሽፋንዎን ለመጠበቅና በአከፋፈል አርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች አርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ አርዳታ እንዲያገኙ መብት አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تريد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):

本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

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) tii 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 devrez 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 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 kèk 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 resevwa 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 ntsiab 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 caij nyooq uas teev tseg rau hauv daim ntawv no mas koj thiaj 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 aramideno nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyo 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。この通知に記載さ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らない場合があります。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 Cross를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):
ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສະເພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໄດ້ເປັນເປັນສອດຄ່າ. ໃຫ້ໃບໂທຫາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):
សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជូនសមត្ថភាព ដល់កំណត់ថ្លៃជាក់លាក់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ដុល្លារចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ 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 ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਨਵਰ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਹਤ ਕਵਰੇਜ ਵਿੱਖਿਣੀ ਹੋਵੋ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ ਖਾਸ ਕਰਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ .ਤੁਹਾਨੂੰ ਮੁੜ ਤੋਂ ਵਿੱਚ ਤੇ ਅਪਣੀ 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 (کاربران TTY با شماره 800-842-5357) تماس بگیرید.

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, потребуется принять 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 o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia o le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma mau fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e mau 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. Maaring 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):
ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับการการสมัครหรือขอเบตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย 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 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).