


# MEDICAL POLICY – 10.01.514

## Cosmetic and Reconstructive Services

Effective Date:	April 1, 2019	RELATED MEDICAL POLICIES:
Last Revised	March 19, 2019	2.01.71 Nonpharmacologic Treatment of Rosacea
Replaces:	N/A	7.01.503 Reduction Mammoplasty for Breast-related Symptoms
		7.01.508 Blepharoplasty, Blepharoptosis and Brow Ptosis Surgery
		7.01.519 Treatment of Varicose Veins/Venous Insufficiency
		7.01.521 Mastectomy for Gynecomastia
		7.01.523 Panniculectomy and Excision of Redundant Skin
		7.01.533 Reconstructive Breast Surgery/Management of Breast Implants
		7.01.557 Gender Reassignment Surgery
		7.01.558 Rhinoplasty
		9.02.500 Orthodontic Services for Treatment of Congenital Craniofacial Anomalies
		9.02.501 Orthognathic Surgery
		10.01.517 Non-covered Services and Procedures

Select a hyperlink below to be directed to that section.

- [POLICY CRITERIA](#) | [CODING](#) | [RELATED INFORMATION](#)
- [EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

### Introduction

There are generally two types of plastic surgery, cosmetic and reconstructive. Cosmetic surgery is performed to improve appearance, not to improve function or ability. The plan does not cover cosmetic surgery. Reconstructive surgery focuses on reconstructing defects of the body or face due to trauma, burns, disease, or birth disorders. Reconstructive surgery is designed to restore or improve function associated with the presence of a defect. This policy outlines when reconstructive surgery may be covered.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

## Policy Coverage Criteria

Procedure	Cosmetic
<p><b>Cosmetic services</b></p>	<p><b>A procedure is considered cosmetic when the medical necessity criteria in this policy are not met.</b></p> <p><b>A procedure or drug may be considered cosmetic when the primary purpose is to preserve or improve appearance in the absence of a physical functional impairment (defined below).</b></p> <p><b>Procedures</b></p> <ul style="list-style-type: none"> <li>• Procedures that are usually considered <b>cosmetic</b> include but are not limited to the following:             <ul style="list-style-type: none"> <li>○ Abdominoplasty (includes mini or modified abdominoplasty)</li> <li>○ Arm lift (brachioplasty)</li> <li>○ Body or ear piercing</li> <li>○ Breast augmentation (breast implants)</li> <li>○ Breast lift (mastopexy)</li> <li>○ Buttock or thigh lift</li> <li>○ Chin implant (genioplasty)</li> <li>○ Dermabrasion</li> <li>○ Diastasis recti repair</li> <li>○ Electrolysis or laser hair removal</li> <li>○ Excessive/redundant skin removal from limbs and other areas of the body</li> <li>○ Fat grafts</li> <li>○ Injectable dermal fillers used to sculpt body contours</li> <li>○ Inverted nipple correction</li> <li>○ Labial reduction (labiaplasty)/(aesthetic alteration of the female genitalia)</li> <li>○ Lipectomy (includes belt lipectomy, circumferential lipectomy and others)</li> <li>○ Lower body lift</li> <li>○ Neck tucks</li> <li>○ Penis enhancement surgery</li> </ul> </li> </ul>



Procedure	Cosmetic
	<ul style="list-style-type: none"> <li>○ Otoplasty for large or protruding ears</li> <li>○ Removal of frown lines</li> <li>○ Rhytidectomy (face lift)</li> <li>○ Tattoo (also see <a href="#">reconstructive services</a> section)</li> <li>○ Tattoo removal</li> <li>○ Torsoplasty</li> <li>○ Treatment for skin wrinkles</li> <li>○ Treatment for spider veins (telangiectasia)</li> </ul> <p><b>Pharmaceutical Agents</b></p> <ul style="list-style-type: none"> <li>• Treatment with the following pharmaceutical agents is usually considered <b>cosmetic</b> (not an all-inclusive list): <ul style="list-style-type: none"> <li>○ Botox Cosmetic® or Juvéderm® (onabotulinum toxin for cosmetic use)</li> <li>○ Egrifta® (tesamorelin)</li> <li>○ Juvederm</li> <li>○ Kybella™ (deoxycholic acid) injection</li> <li>○ Latisse® (bimatoprost)</li> <li>○ Mirvaso® (brimonidine topical gel)</li> <li>○ Promiseb® (multiple ingredients)</li> <li>○ Vaniqa® (eflornithine)</li> <li>○ Rhofade® (oxymetazoline hydrochloride) topical cream</li> <li>○ Any topical agent not containing an FDA-approved legend drug whose primary purpose is other than to preserve or improve appearance in the absence of a physical functional impairment</li> </ul> </li> </ul>

Procedure	Reconstructive / Medical Necessity
<b>Reconstructive services</b>	<p><b>A procedure is considered reconstructive when the primary purpose is to improve or restore function of a physical functional impairment of an abnormal body structure.</b></p> <p><b>The following procedures may be considered medically necessary when criteria are met (see <a href="#">Related Policies</a>):</b></p> <ul style="list-style-type: none"> <li>• Blepharoplasty</li> <li>• Breast reduction</li> <li>• Gynecomastia surgery</li> </ul>



Procedure	Reconstructive / Medical Necessity
	<ul style="list-style-type: none"> <li>• Orthognathic surgery</li> <li>• Panniculectomy</li> <li>• Rhinoplasty</li> <li>• Scar revision when functional impairment symptoms are present</li> <li>• Skin tag removal when causing irritation and bleeding</li> <li>• Tattoo when done as part of breast reconstructive surgery after mastectomy</li> </ul>
<b>Breast cancer</b>	<b>The Women’s Health and Cancer Rights Act of 1998 requires that in patients with breast cancer or a history of breast cancer, all stages of reconstruction of the breast on which a mastectomy was performed, surgery and reconstruction of the other breast to produce symmetrical appearance, prostheses and treatment of physical complications of the mastectomy including lymphedema are considered medically necessary.</b>

## Coding

Code	Description
<b>Medically Necessary Services</b>	
<b>CPT</b>	
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique; less than 10 sq cm)
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique; 10.0 to 50.0 sq cm)
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)



Code	Description
<b>Medically Necessary Services</b>	
<b>CPT</b>	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
65760	Keratomileusis
65765	Keratophakia
65767	Epikeratoplasty

Code	Description
<b>Cosmetic Services</b>	
<b>CPT</b>	
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 sq cm to 20.0 sq cm
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
11950	Subcutaneous injection of filling material (eg, collagen); 1cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site, (eg, tattoo removal)
15786	Abrasion; single lesion (eg keratosis, scar)
15787	Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)
15819	Cervicoplasty



Code	Description
<b>Cosmetic Services</b>	
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system SMAS flap
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision excessive skin and subcutaneous tissue (includes lipectomy); other areas
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
19355	Correction of inverted nipples
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)



Code	Description
<b>Cosmetic Services</b>	
40500	Vermilionectomy (lip shave), with mucosal advancement
54360	Plastic operation on penis to correct angulation
56620	Vulvectomy simple; partial
69300	Otoplasty, protruding ear, with or without size reduction
<b>HCPCS</b>	
Q2026	Injection, Radiesse, 0.1 ml
Q2028	Injection, sculptra, 0.5 mg

Code	Description
<b>Cosmetic / Reconstructive</b>	
<b>CPT</b>	
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
19316	Mastopexy
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19366	Breast reconstruction with other technique
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast



Code	Description
<b>Cosmetic / Reconstructive</b>	
19380	Revision of reconstructed breast
21088	Impression and custom preparation; facial prosthesis
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy

Code	Description
<b>Non-covered Services</b>	
<b>CPT</b>	
17380	Electrolysis epilation, each 30 minutes
69090	Ear piercing

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

## Related Information

### Definition of Terms

When specific definitions are not present in a member's plan, the following definitions will be applied.

**Cosmetic:** In this policy, cosmetic services are those which are primarily intended to preserve or improve appearance. Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance or self-esteem.

**Physical functional impairment:** In this policy, physical functional impairment means either limitation from normal physical functioning or baseline level of functioning that may include, but is not limited to, problems with ambulation, mobilization, communication, respiration, eating, swallowing, vision, facial expression, skin integrity, distortion of nearby body part(s) or obstruction of an orifice. The physical functional impairment can be due to structure, congenital





deformity, pain, or other causes. Physical functional impairment excludes social, emotional and psychological impairments or potential impairments.

**Reconstructive surgery:** In this policy, reconstructive surgery refers to surgeries performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function.

## Determination of Eligibility for Coverage

The final determination of eligibility for coverage should be based on application of the specific contract language based on the etiology of the defect and the presence or absence of documented **physical functional impairment**.

## Administering the Contract Language (also see [Benefit Application](#))

The following general principles describe the issues to be determined in properly administering the contract language.

1. The eligibility of a service for coverage may be based on either a specific benefit addressing cosmetic or reconstructive services or on its specific exemption or exclusion for cosmetic or reconstructive services or both.
2. Cosmetic services are usually considered to be those that are primarily to restore appearance and that otherwise do not meet the definition of reconstructive. The definition of reconstructive may be based on two distinct factors:
  - Whether the service is primarily indicated to improve or correct a functional impairment or is primarily to improve appearance; and
  - The etiology of the defect (eg, congenital anomaly, anatomic variant, result of trauma, post-therapeutic intervention, disease process).
3. The presence or absence of a functional impairment is a critical point in interpreting coverage eligibility. For musculoskeletal conditions, the concept of a functional impairment is straightforward. However, when considering dermatologic conditions, the function of the skin is more difficult to define. Procedures designed to enhance the appearance of the skin are typically considered cosmetic.



## Benefit Application

Considerations when reviewing a case: Contract language may vary regarding the definition of reconstructive services for different categories of conditions. Two key considerations are listed below:

- First, it must be determined whether a functional impairment is present that would render its treatment medically necessary and thus eligible for coverage if no other exclusions apply.
- Second, if no functional impairment is present, the etiology of the condition must be determined and the contract language reviewed to see if this etiology is included in the definition of reconstructive services.

## Evidence Review

---

This policy was reviewed by consensus without literature review.

## Description

The coverage of medical and surgical therapies to treat musculoskeletal abnormalities and abnormalities of the integumentary system are often based on a determination of whether the abnormality is considered reconstructive or cosmetic in nature.

While reconstructive is often taken to mean that the service “returns the patient to whole” and cosmetic is often interpreted as meaning the restoration of appearance only, the application of these terms must be based on specific contract language that often varies from those in the [Definition of Terms](#) section.

## Cosmetic Genital Procedures

Vaginal procedures referred to as “rejuvenation” surgery are generally considered cosmetic as most are performed for aesthetic reasons to enhance appearance. Labia reduction surgery, also known as labiaplasty, removes excess skin or reshapes the labia, or vaginal lips. In the absence of genital mutilation, cancer, or traumatic injury a labiaplasty is cosmetic surgery. According to an American College of Obstetricians and Gynecologists (ACOG) committee opinion statement



from 2007<sup>5</sup>, “these procedures are not medically indicated, and the safety and effectiveness of these procedures have not been documented.” (See [Related Medical Policies](#) for procedures that are under gender reassignment surgery.)

## Injectable Dermal Fillers

The FDA has approved a number of injectable dermal fillers and volume-producing agents for treatment localized to the face in order to create a smoother appearance. These include, but are not limited to the following:

- Calcium hydroxylapatite microsphere (Radiesse®)
- Hyaluronic acid (Restylane®, Perlane®, Juvederm® Ultra, Eleveess™, Prevelle® Silk, Teosyal®, Revanesse® Ultra)
- Poly-L-lactic acid (Sculptra®)

## References

1. American Society of Plastic Surgeons (ASPS). Cosmetic, reconstructive, and plastic surgery descriptions. Available at: [www.plasticsurgery.org](http://www.plasticsurgery.org) Accessed March 2019.
2. American Society of Plastic Surgeons (ASPS). 2015 Plastic Surgery Statistics Report. Available at: <https://d2wirczt3b6wjm.cloudfront.net/News/Statistics/2015/plastic-surgery-statistics-full-report-2015.pdf> Accessed March 2019.
3. Women’s Health and Cancer Rights Act of 1998. <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/whcra> . Accessed March 2019.
4. Carruthers, A. Injectable soft tissue fillers: Overview of clinical use. In: UpToDate, Ofori, AO (Ed), UpToDate, Waltham, MA, 2017.
5. Committee on Gynecologic Practice, American College of Obstetricians and Gynecologists. ACOG Committee Opinion No. 378: Vaginal “rejuvenation” and cosmetic vaginal procedures. *Obstet Gynecol.* 2007 Sep;110(3):737-8. (Reaffirmed 2019). <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Vaginal-Rejuvenation-and-Cosmetic-Vaginal-Procedures>. Accessed March 2019.
6. Liao LM, Creighton SM. Female genital cosmetic surgery: a new dilemma for GPs. *Br J Gen Pract.* 2011 Jan;61(582):7-8. PMID 21401983
7. Shaw D, Lefebvre G, Bouchard C, et al. Female genital cosmetic surgery. *J Obstet Gynaecol Can* 2013 Dec; 35 (12): 1108-1112. PMID 24405879.



## History

Date	Comments
09/13/11	New Policy – Add to Administrative section.
02/14/12	Replace Policy – Policy updated with an additional policy statement indicating collagen skin testing as medically necessary when the primary procedure meets medically necessary criteria. HCPCS code Q3031 was added to the policy.
04/16/12	Related Policies updated: 7.01.09 removed, as this policy has been archived.
07/20/12	Related Polices updated: the title of 2.01.47 changed as of July 10, 2012.
01/29/13	Replace policy. No changes.
06/03/13	Coding update. CPT code 15777 added to the policy.
06/04/13	Update Related Policies. Change title to 7.01.508.
09/30/13	Update Related Policies. Add 9.02.500.
02/24/14	Replace policy. HCPCS code Q2026 and Q2028; are considered cosmetic. Policy statement clarified – Injectable replaced with injectable dermal fillers. Added reference 3. CPT codes 15775 – 15776 are on the non-covered list and have been removed from the policy; 15777 is an add-on code and has also been removed; 15820-15823, 19300 and 19318 have been removed as they apply to and are included in specific policies.
04/18/14	Update Related Policies. Add 9.02.501.
10/13/14	Interim update. Adding blanket statement indicating that when coverage criteria are not met, services are considered cosmetic. Update coding table to delineate non-covered, cosmetic and medically necessary services.
12/01/14	Update Related Policies. Change title 7.01.508.
12/17/14	Coding update. CPT codes 21230 and 21235 added to the policy.
01/13/15	Minor update. Removed Rhinoplasty and Septoplasty from policy statement and CPT codes 30400-30465; these are surgeries addressed in policy 7.01.558. Added 7.01.558 to Related Policies section; 2.01.514 removed from same section; it has been archived. Pharmacy update: cosmetic indications added for pharmaceutical agents which are considered cosmetic.
03/13/15	Coding update. CPT code 69300 adding to the list of codes considered cosmetic.
05/12/15	Annual Review. Policy reviewed. The following procedures added to the policy cosmetic procedures list: abdominoplasty (includes mini or modified abdominoplasty), brachioplasty, diastasis recti surgery, labiaplasty, lipectomy (includes belt & circumferential lipectomy), lower body lift, tattoo removal, thigh lift, torosoplasty. Kybella added to the list of cosmetic pharmaceuticals. Policy 7.01.523 Title updated in Related Policies section. Definition of Terms moved to Policy Guidelines from the Benefit Application section. Cosmetic genital procedures added to



Date	Comments
	Description section. Reference 1 updated from 2010 ASPS Statistics report to the 2013 Plastic Surgery Statistics Report. References 1, 5, 6 added. CPT 15847 moved from Medically Necessary to Cosmetic codes list. CPT 56620 added to cosmetic codes list. Policy statement changed as noted.
02/09/16	Annual Review. Policy reviewed; no change to the policy statement.
03/01/17	Annual Review, approved February 14, 2017. No change to policy statement. Updated Related Policies section. In History, updated and corrected links for references 1 and 2.
03/30/17	Minor formatting update.
06/01/17	Interim Review, approved May 16, 2017. Added a pharmaceutical product called Rhofade to the cosmetic category. Coding update, removed CPT codes 15788, 15789, 15792, and 15793 as they do not relate to this policy.
11/01/17	Interim Review, approved October 3, 2017. Penis enhancement surgery added to the list of procedures considered cosmetic when medical necessity criteria are not met; code 54360 added to the cosmetic codes section in association with this update. Added "Cosmetic / Reconstructive" coding section to policy.
07/01/18	Annual Review, approved June 22, 2018. Chin implants, neck tucks, and removal of frown lines added to list of procedures considered cosmetic when medical necessity criteria are not met to align with CPT codes reviewed. Minor edits in nomenclature for clarity.
04/01/19	Annual Review, approved March 19, 2019. Reference 7 added. References updated. Minor edits to policy statements for clarity; otherwise policy statements unchanged.

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2019 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.



**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 ቀናት ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለመጠበቅና በአስፈላጊ እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታወቅ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

**العربية (Arabic):**

يحتوي هذا الإشعار على معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ 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 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 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 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 hnuv 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 nyoog 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 wenna coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyto wenna 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 Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 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):**

ແຈງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

**ភាសាខ្មែរ (Khmer):**

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងរបស់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ដុល្លារចេញផ្លូវ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងដុល្លារនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ 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 ਜਦ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਕੱਠ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ 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 (کلیر بران TTY تماس با شماره 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 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 provizorie 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 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 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 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 olo'o e iai i ai. Olo'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 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 ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

**ไทย (Thai):**

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย 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).