

## ADMINISTRATIVE GUIDELINE – 10.01.526

# Molecular Genetic Testing: Services Reviewed by AIM®

Effective Date: Jan. 4, 2019  
 Last Revised: Dec. 13, 2018


REPLACES MEDICAL POLICIES:

- 2.04.07 Urinary Biomarkers for Cancer Screening, Diagnosis, and Surveillance
- 2.04.68 Laboratory and Genetic Testing for Use of 5-Fluorouracil in Patients with Cancer
- 4.01.21 Noninvasive Prenatal Screening for Fetal Aneuploidies and Microdeletions using Cell-Free Fetal DNA
- 12.04.13 Genetic Testing for Alzheimer Disease
- 12.04.28 Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy
- 12.04.36 Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer
- 12.04.43 Genetic Testing for Cardiac Ion Channelopathies
- 12.04.44 Genetic Testing for Familial Cutaneous Malignant Melanoma
- 12.04.48 Genotype-Guided Warfarin Dosing
- 12.04.51 Genetic Testing for Tamoxifen Treatment
- 12.04.52 Molecular Testing for the Management of Pancreatic Cysts, Barrett Esophagus, and Solid Pancreaticobiliary Lesions
- 12.04.54 Gene Expression-Based Assays for Cancers of Unknown Primary
- 12.04.59 Genetic Testing for Developmental Delay/Intellectual Disability, Autism Spectrum Disorder, and Congenital Anomalies
- 12.04.61 Multigene Expression Assay for Predicting Recurrence in Colon Cancer
- 12.04.63 Use of Common Genetic Variants (Single Nucleotide Variants) to Predict Risk of Non-familial Breast Cancer
- 12.04.72 Gene Expression Testing in the Evaluation of Patients with Stable Ischemic Heart Disease
- 12.04.74 DNA-Based Testing for Adolescent Idiopathic Scoliosis
- 12.04.75 Genetic Testing of CADASIL Syndrome
- 12.04.81 Genetic Testing for Rett Syndrome
- 12.04.86 Genetic Testing for Muscular Dystrophies
- 12.04.87 Genetic Testing for Hereditary Hearing Loss
- 12.04.88 Genetic Testing for PTEN Hamartoma Tumor Syndrome
- 12.04.89 Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies
- 12.04.91 General Approach to Genetic Testing
- 12.04.93 Genetic Cancer Susceptibility Panels Using Next-Generation Sequencing
- 12.04.97 Microarray-Based Gene Expression Profile Testing for Multiple Myeloma Risk Stratification
- 12.04.99 Genetic Testing for Hereditary Pancreatitis
- 12.04.102 Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders
- 12.04.103 Genetic Testing for Macular Degeneration
- 12.04.108 Noninvasive Fetal RHD Genotyping Using Cell-Free Fetal DNA
- 12.04.111 Gene Expression Profiling and Protein Biomarkers for Prostate Cancer

	Management
12.04.114	Genetic Testing for Dilated Cardiomyopathy
12.04.115	Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies
12.04.117	Genetic Testing for Mitochondrial Disorders
12.04.120	Gene Expression Profiling for Uveal Melanoma
12.04.121	Miscellaneous Genetic and Molecular Diagnostic Test
12.04.122	Chromosomal Microarray Testing for the Evaluation of Pregnancy Loss
12.04.126	Moderate Penetrance Variants Associated with Breast Cancer in Individuals at High Breast Cancer Risk
12.04.129	Genetic Testing for Marfan Syndrome, Thoracic Aortic Aneurysms and Dissections, and Related Disorders
12.04.131	Pharmacogenetic Testing for Pain Management
12.04.139	Genetic Testing for Heterozygous Familial Hypercholesterolemia
12.04.140	Proteogenomic Testing in Patients with Cancer
12.04.141	Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)
12.04.146	Gene Expression Profiling for Cutaneous Melanoma
12.04.305	Preimplantation Genetic Testing in Embryos
12.04.504	Genetic Testing for Hereditary Breast/Ovarian Cancer Syndrome (BRCA1/BRCA2)
12.04.506	Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes
12.04.510	Molecular Markers in Fine Needle Aspirates of the Thyroid
12.04.512	Genetic Testing for Li-Fraumeni Syndrome
12.04.514	Genetic Testing for Epilepsy
12.04.515	Genetic Testing for Diagnosis and Management of Mental Health Conditions
12.04.517	CYP450 Genotyping to Determine Drug Metabolizer Status
12.04.518	Preconception Screening for Carrier Status of Genetic Diseases
12.04.519	Genetic Testing for Alpha Thalassemia
12.04.520	General Approach to Evaluating the Utility of Genetic Panels
12.04.522	Genetic testing for Neurofibromatosis
12.04.523	Invasive Prenatal (Fetal) Diagnostic Testing

Select a hyperlink below to be directed to that section.

[ADMINISTRATIVE GUIDELINE](#) | [RELATED INFORMATION](#)  
[RATIONALE](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.



## Introduction

Effective January 4, 2019, AIM Specialty Health® conducts reviews for molecular genetic testing. Guidelines for genetic testing, including for pharmacogenomics, prenatal diagnosis, cardiac disease, cancer susceptibility, tumors and malignancies as well as single-gene genetic testing, and whole exome and whole genome sequencing will be used to conduct clinical reviews. The link to AIM's Clinical Appropriateness Guidelines for Genetic Testing can be found below. To submit a request for services, providers will need to use the AIM Specialty Health provider portal, which is also provided below.

### Administrative Guideline

Service	Link
<b>Molecular genetic testing</b>	<b><a href="#">AIM clinical appropriateness guidelines for genetic testing encompass:</a></b> <ul style="list-style-type: none"><li>• Genetic testing for hereditary cancer susceptibility</li><li>• Genetic testing for hereditary cardiac disease</li><li>• Genetic testing for multifactorial conditions</li><li>• Genetic testing for reproductive carrier screening and prenatal diagnosis</li><li>• Genetic testing for single-gene conditions</li><li>• Genetic testing for thrombotic disorders</li><li>• Molecular testing of solid and hematologic tumors and malignancies</li><li>• Pharmacogenetic testing</li><li>• Whole exome and whole genome sequencing</li></ul>
<b>Request a review</b>	<b><a href="#">AIM Provider Portal login</a></b>
<b>Genetic counseling*</b>	<b><a href="#">Molecular genetic testing services reviewed by AIM® requires genetic counseling* for the tests described in the following AIM clinical appropriateness guidelines for genetic testing:</a></b> <ul style="list-style-type: none"><li>• Genetic testing for hereditary cardiac disease</li><li>• Genetic testing for hereditary cancer susceptibility</li><li>• Whole exome and genome sequencing</li></ul> <p><b>Note:</b> *See <a href="#">Related Information</a> below for further information related to</p>



Service	Link
	genetic counseling requirement

## Related Information

Pre-test genetic counseling is required as standard of care for individuals undergoing hereditary cancer, hereditary cardiac and whole exome sequencing (WES) genetic testing.<sup>1-6</sup> Pre-test genetic counseling should be performed by a medical geneticist or a licensed genetic counselor and should include a formal informed consent process.

## Rationale

Pre-test genetic counseling provides individuals seeking genetic testing the opportunity to make informed decisions about their genetic testing and subsequent medical management options. Genetic counseling combines expertise in obtaining and interpreting family history information, the ability to identify the most beneficial individual in a family to initiate testing, identification of most appropriate testing options and proficiency in genetic variant interpretation to maximize the genetic testing experience for patients and their healthcare providers. Patients who receive genetic counseling report increased knowledge, understanding, and satisfaction regarding their genetic testing experience<sup>7-8</sup>. The genetic counseling informed consent process also educates and empowers patients to consider the psychological, financial, employment, disability, and insurance implications of genetic testing results<sup>4</sup>.

The advent of multi-gene panels and genome-scale sequencing have increased the complexity of the genetic testing landscape. Misuse of genetic testing increases the risk for adverse events and patient harm including missed opportunities for diagnosis and disease prevention<sup>9-11</sup>. Genetic information requires expert interpretation and ongoing re-evaluation to ensure the most accurate interpretation is used for informing medical management decision making. The multitude of genetic testing options as well as the complex information revealed by genetic testing can make choosing the most appropriate test and interpretation of results difficult for non-genetics healthcare providers<sup>12</sup>. Involvement of a clinical genetics provider has been shown to ensure the correct test is ordered, limits result misinterpretation and allows patients to make informed, evidence-based medical decisions with their healthcare providers<sup>13</sup>.



Genetic counseling not only improves patient outcomes but also reduces unnecessary healthcare spending. Pre-test genetic counseling has been shown to reduce inappropriate test ordering and prevent unnecessary medical procedures and interventions from inaccurate result interpretation<sup>14</sup>. While genetic testing is now available to providers in almost all clinical specialties, correct use and interpretation is necessary to prevent adverse outcomes. While genetic counseling may benefit any patient considering or undergoing genetic testing, tests that offer predictive information or have a higher chance of identifying uncertain variants often carry stronger recommendations in the form of consensus guidelines and professional statements for genetic counseling by trained genetics professionals

## Genetic Counseling for WES

There is consensus that involvement of trained genetics professionals in consulting with patients is essential prior to and after ordering such tests and can identify the appropriate patients for large multi-gene panels or WES<sup>15</sup>.

Obtaining informed consent and providing pre-test genetic counseling by a trained genetics professional is an essential component of WES. The American College of Medical Genetics (ACMG) published specific recommendations<sup>6</sup>:

- Pre-test counseling should be done by a medical geneticist or an affiliated genetic counselor and should include a formal consent process.
- Prior to initiating whole genome sequencing (WGS)/WES, participants should be counseled regarding the expected outcomes of testing, the likelihood and type of incidental results that could be generated, and what results will or will not be disclosed.
- As part of the pre-test counseling, a clear distinction should be made between clinical and research-based testing. In many cases, findings will include variants of unknown significance that might be the subject for research; in such instances a protocol approved by an institutional review board must be in place and appropriate prior informed consent obtained from the participant.

## Genetic Counseling for Hereditary Cardiac Conditions

Both the joint consortium of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society (AHA/ACC/HRS) as well



as the ACMG have issued strong recommendations for genetic counseling for individuals undergoing evaluation for inherited cardiac disease.

In their Task Force publication from 2017<sup>4</sup>, the AHA/ACC/HRS provided this recommendation:

The decision to proceed with genetic testing requires discussion, regarding the clinical use of genetic information to be obtained for both the proband and family members, as well as consideration of the important psychological, financial, employment, disability, and life insurance implications of positive genotyping. Balancing privacy of health care information for the proband with the “right to know” for family members, and the ability to provide appropriate communication of information to all potentially affected family members can be challenging on many levels, including family dynamics, geographic proximity, and access to healthcare. For these reasons, genetic counseling generally occurs before proceeding with genetic testing, and, from a patient’s perspective, is optimally provided by genetic counselors, if available, in collaboration with physicians. A combined approach of genetic counseling with medical guidance may appropriately balance the decision as to whether genetic testing would be beneficial on an individual basis.

In the recent joint statement put forth by the ACMG and Heart Failure Society<sup>16</sup>, genetic counseling performed by a board-certified or board-eligible genetic specialist or specialized physician in the absence of a genetics professional is recommended as a key component of the evaluation of individuals with suspected familial cardiomyopathies with a level of evidence of A, their strongest recommendation. In addition, this recommendation includes a specific structure for genetic counseling that notes genetics professionals are specially trained to provide, including: review of medical records essential for phenotyping, obtaining a pedigree, patient and family education, evaluating genetic testing options, obtaining consent for genetic testing, facilitating family communication, and ordering and interpreting genetic test results while addressing psychosocial issues.

## **Genetic Counseling for Hereditary Cancer Conditions**

Finally, the field of genetics that has included the broadest support for genetic counseling is hereditary cancer susceptibility. Many consensus organizations including the American Society of Clinical Oncology (ASCO)<sup>17</sup>, the National Comprehensive Cancer Network (NCCN)<sup>1,2</sup>, the American College of Obstetricians and Gynecologists (ACOG)<sup>18</sup> and the U.S. Preventive Services Task Force (USPSTF)<sup>19</sup> recommend genetic counseling as an integral part of the evaluation of individuals at risk for hereditary cancer susceptibility syndromes. Additionally, the Affordable



Care Act <sup>20</sup> has established that counseling prior to mutation testing is an established essential health benefit appropriate for individuals with breast cancer.

Per the NCCN, cancer risk assessment and genetic counseling is highly recommended when genetic testing is offered (ie, pre-test counseling) and after results are disclosed (ie, post-test counseling), with assurance that the pre-test counseling includes collection of a comprehensive family history, evaluation of risk, full genetic differential review and education for the patient on the outcomes of testing, as well as full informed consent.

## References

1. Genetic/Familial High-Risk Assessment: Breast and Ovarian (Version 2.2019). Accessed November 19, 2018.
2. Genetic/Familial High-Risk Assessment: Colorectal (Version 1.2018). Accessed November 19, 2018.
3. Hershberger RE, Givertz MM, Ho CY, et al. Genetic evaluation of cardiomyopathy: a clinical practice resource of the American College of Medical Genetics and Genomics (ACMG). *Genet Med*. 2018 Sep;20(9):899-909
4. Al-Khatib SM, Stevenson WG, Ackerman MJ, et al. 2017 AHA/ACC/HRS Guideline for Management of Patients with Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. *Heart Rhythm*. 2017 Oct 30 pii: S 1547-5271(17) 31249-3.
5. American College of Medical Genetics, Board of Directors. Points to consider in the clinical application of genomic sequencing. *Genet Med*. 2012 Aug;14(8):759-61.
6. American College of Medical Genetics, Board of Directors. Points to consider for informed consent for genome/exome sequencing. *Genet Med*. 2013 Sep;15(9):748-9.
7. Armstrong J, Toscano M, Kotchko N, et al. Utilization and Outcomes of BRCA Genetic Testing and Counseling in a National Commercially Insured Population: The ABOUT Study. *JAMA Oncol*. 2015 Dec;1(9):1251-60.
8. Harvey EK, et al. Providers' knowledge of genetics: A survey of 5915 individuals and families with genetic conditions. *Genet Med* 2007. 9(5):259-267
9. Value of genetic counselors in the laboratory. ARUP Lab Document. March 2011.
10. Plon SE, Cooper HP, Parks B, et al. Genetic testing and cancer risk management recommendations by physicians for at-risk relatives. *Genet Med*. 2011;13:148-154.
11. Bellcross C, Kolor K, Goddard K, et al. Awareness and utilization of BRCA1/2 testing among U.S. primary care physicians. *Am J Prev Med*. 2011;40:61-66.
12. Ray T. "Cleveland Clinic Explores Issues Associated with Integrating Genomics into Healthcare." *GenomeWeb*. Mar 11, 2011. Accessed Nov 19, 2018.
13. Cragun D, Camperlango L, Robinson E, et al. Differences in BRCA counseling and testing practices based on ordering provider type. *Genet Med*. 2015 Jan;17(1):51-7.
14. United States, Department of Health and Human Services. Report of the Secretary's Advisory Committee on Genetics, Health, and Society. February 2011.



15. Yang Y, Muzny DM, Reid JG, et al. Clinical whole-exome sequencing for the diagnosis of Mendelian disorders. N Engl J Med. 2013 Oct 17;369(16):1502-11. Epub 2013 Oct 2. PubMed PMID: 24088041.
16. Hershberger RE, Givertz MM, Ho CY, Judge DP, Kantor PF, McBride KL, Morales A, Taylor MRG, Vatta M, Ware SM; ACMG Professional Practice and Guidelines Committee. Genetic evaluation of cardiomyopathy: a clinical practice resource of the American College of Medical Genetics and Genomics (ACMG). Genet Med. 2018 Sep;20(9):899-909. doi:10.1038/s41436-018-0039-z. Epub 2018
17. Robson ME, Bradbury AR, Arun B, Domchek SM, Ford JM, Hampel HL, et al. American Society of Clinical Oncology Policy Statement Update: Genetic and Genomic Testing for Cancer Susceptibility. J Clin Oncol. 2015 Nov 1;33(31):3660-7.
18. American College of Obstetricians and Gynecologists; ACOG Committee on Practice Bulletins-- Gynecology; ACOG Committee on Genetics; Society of Gynecologic Oncologists. ACOG Practice Bulletin No. 182: Hereditary breast and ovarian cancer syndrome. Obstet Gynecol. 2017 Sep;130(3):657-659.
19. Moyer VA; U.S. Preventive Services Task Force. Risk Assessment, Genetic Counseling, and Genetic Testing for BRCA-Related Cancer in Women: U.S. Preventive Services Task Force Recommendation Statement. Ann Intern Med. 2014 Feb 18;160(4).
20. Patient Protection and Affordable Care Act, Pub. L. 111-148. 124 Stat. 119. 42 U.S.C 201.

## History

Date	Comments
10/10/18	New Administrative Guideline, approved October 9, 2018.
12/14/18	Interim Review, approved December 13, 2018. Clarified genetic counseling requirement rationale.

**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 ቀዳሾች ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለመጠበቅና በአስፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታ 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 تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينه للحفاظ على تغطيتك الصحية أو المساعدة 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):**

**Tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb.** Tej zaum tsawb 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 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 ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

**ភាសាខ្មែរ (Khmer):**

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងដូចជា ធានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ 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 ਨਵ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ 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 (کلیران TTY تماس باشماره 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 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).