

MEDICAL POLICY – 2.04.509

Cardiovascular Risk Panels

BCBSA Ref. Policy: 2.04.100

Effective Date: Feb. 1, 2019

Last Revised: Jan. 22, 2019


Replaces: N/A

RELATED MEDICAL POLICIES:

2.02.16 Ultrasonographic Measurement of Carotid Intimal-Medial Thickness as an Assessment of Subclinical Atherosclerosis

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

Studies prove that certain blood tests can help predict who is at higher risk of developing heart disease. These tests include things like total cholesterol, low-density lipoproteins (LDL) and high-density lipoproteins (HDL) cholesterol, and triglycerides. There are other types of heart-risk tests that look at many other things. These are known as cardiovascular risk panels. These panels can test genes, markers that don't relate to the heart, metabolism, and inflammation. Medical studies do not show there is enough evidence that these types of heart-risk panels will bring better health results than already proven tests. For this reason, cardiovascular risk panels are not medically necessary.

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

Panel	Medical Necessity
Cardiovascular risk panels	Cardiovascular risk panels, consisting of multiple individual

Panel	Medical Necessity
	<p>biomarkers intended to assess cardiac risk (other than simple lipid panels*) are considered not medically necessary.</p> <ul style="list-style-type: none"> • Some examples of commercially available cardiovascular risk panels include, but are not limited to, the following (see Evidence Review for more details): <ul style="list-style-type: none"> ○ Applied Genetics Cardiac Panel ○ Atherotech® Diagnostics Lab CVD Risk Panel and VAP Lipid Panel ○ Boston Heart Cardiovascular Risk Markers Panels ○ CardioVIP/Spectracell Metabolic Characterization Panel ○ Cleveland HeartLab CVD Inflammatory Profile ○ Genetiks Genetic Diagnosis and Research Center Cardiovascular Risk Panel ○ Genova Diagnostics CV Health Plus Genomics™ Panel, Cardiovascular Health Profile ○ Health Diagnostics Cardiac Risk Panel ○ Metamatrix Cardiovascular Health Profile (now part of Genova Diagnostics. Genova Diagnostics, Inc. acquired Metamatrix, Inc. in 2012) ○ Quest Diagnostics™ Lipid Panel/ASCVD (Atherosclerotic Cardiovascular Disease) Risk Panel (Cardio IQ®) ○ Singulex® cardiac-related test panels ○ True Health Diagnostics Cardiovascular Lab Panel ○ Veridia Diagnostics SMC™ cardiac function <p>*Lipid Panels:</p> <ul style="list-style-type: none"> • A simple lipid panel is generally composed of the following lipid measures: <ul style="list-style-type: none"> ○ Total cholesterol ○ Low-density lipoprotein (LDL) cholesterol ○ High-density lipoprotein (HDL) cholesterol ○ Triglycerides • Certain calculated ratios, such as the total/HDL cholesterol may also be reported as part of a simple lipid panel. • Other types of lipid testing (ie, apolipoproteins, lipid particle number or particle size, lipoprotein a, etc.) are not considered components of a simple lipid profile.



Panel	Medical Necessity
	<p>Note: This policy does not address the use of panels of biomarkers in the diagnosis of acute myocardial infarction.</p>

Coding

Code	Description
CPT	
83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)

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

N/A

Evidence Review

Description

Cardiovascular risk panels refer to different combinations of cardiac markers that are intended to evaluate the risk of developing cardiovascular disease (CVD). There are numerous commercially available risk panels that include different combinations of lipids, noncardiac biomarkers, measures of inflammation, metabolic parameters, and/or genetic markers. Risk panels report the results of multiple individual tests, as distinguished from quantitative risk scores that combine the results of multiple markers into a single score.

Background



Cardiovascular Disease

CVD remains the single largest cause of morbidity and mortality in the developed world. As a result, accurate prediction of CVD risk is a component of medical care that has the potential to focus and direct preventive and diagnostic activities. Current methods of risk prediction in use in general clinical care are not highly accurate and, as a result, there is a potential unmet need for improved risk prediction instruments.

Risk Assessment

Components of CVD risk include family history, cigarette smoking, hypertension, and lifestyle factors such as diet and exercise. Also, numerous laboratory tests have been associated with CVD risk, most prominently lipids such as low-density lipoprotein (LDL) and high-density lipoprotein (HDL). These clinical and lipid factors are often combined into simple risk prediction instruments, such as the Framingham Risk Score.¹ The Framingham Risk Score provides an estimate of the ten-year risk for developing cardiac disease and is currently used in clinical care to determine the aggressiveness of risk factor intervention, such as the decision to treat hyperlipidemia with statins.

Many additional biomarkers, genetic factors, and radiologic measures have been associated with increased risk of CVD. Over 100 emerging risk factors have been proposed as useful for refining estimates of CVD risk.²⁻⁴ Some general categories of these potential risk factors are as follows:

- **Lipid markers.** In addition to LDL and HDL, other lipid markers may have predictive ability, including the apolipoproteins, lipoprotein (a) (Lpa), lipid subfractions, and/or other measures.
- **Inflammatory markers.** Many measures of inflammation have been linked to the likelihood of CVD. High-sensitivity C-reactive protein (hs-CRP) is an example of an inflammatory marker; others include fibrinogen, interleukins, and tumor necrosis factor.
- **Metabolic syndrome biomarkers.** Measures associated with metabolic syndrome, such as specific dyslipidemic profiles or serum insulin levels, have been associated with an increased risk of CVD.
- **Genetic markers.** A number of variants associated with increased thrombosis risk, such as the MTHFR variant or the prothrombin gene variants, have been associated with increased CVD risk. Also, numerous single-nucleotide variants have been associated with CVD in large genome-wide studies.



Risk Panel Testing

CVD risk panels may contain measures from one or all of the previous categories and may include other measures not previously listed such as radiologic markers (carotid medial thickness, coronary artery calcium score). Some CVD risk panels are relatively limited, including a few markers in addition to standard lipids. Others include a wide variety of potential risk factors from a number of different categories, often including both genetic and non-genetic risk factors. Other panels are composed entirely of genetic markers.

Some examples of commercially available CVD risk panels follow:

- **CV Health Plus Genomics™ Panel (Genova Diagnostics):** apolipoprotein (apo)E; prothrombin; factor V Leiden; fibrinogen; HDL; HDL size; HDL particle number; homocysteine; LDL; LDL size; LDL particle number; Lp (a); lipoprotein-associated phospholipase A2 (Lp-PLA2); MTHFR gene; triglycerides; very low-density lipoprotein (VLDL); VLDL size; vitamin D; hs-CRP.
- **CV Health Plus™ Panel (Genova Diagnostics):** fibrinogen; HDL; HDL size; HDL particle number; homocysteine; LDL; LDL size; LDL particle number; lipid panel; Lp(a); Lp-PLA2; triglycerides; VLDL; VLDL size; vitamin D; hs-CRP.
- **CVD Inflammatory Profile (Cleveland HeartLab):** hs-CRP, urinary microalbumin, myeloperoxidase, Lp-PLA2, F2-isoprostanes.
- **Applied Genetics Cardiac Panel:** genetic variants associated with coronary artery disease: cytochrome p450 variants associated with metabolism of clopidogrel, ticagrelor, warfarin, β -blockers, rivaroxaban, prasugrel (2C19, 2C9/VKORC1, 2D6, 3A4/3A5), factor V Leiden, prothrombin gene, MTHFR gene, APOE gene.
- **Genetiks Genetic Diagnosis and Research Center Cardiovascular Risk Panel:** factor V Leiden, factor V R2, prothrombin gene, factor XIII, fibrinogen-455, plasminogen activator inhibitor-1 (PAI-1), platelet GP IIIA variant HPA-1 (PLA1/2), MTHFR gene, angiotensin-converting enzyme insertion/deletion (ACE I/D), apo B, apo E.
- **Cardiac-Related Test Panels (Singulex):** Several panels of markers related to cardiac dysfunction, vascular inflammation and dysfunction, dyslipidemia, and cardiometabolic status are offered by Singulex. Some are offered in conjunction with a CVD testing and wellness management service. The test panels use an immunoassay method referred to as “ultra-sensitive Single Molecule Counting [SMC] technology.”⁵



- Cardiac Dysfunction Panel: SMC™ cTnl (high-sensitivity troponin), N-terminal-pro-B-type natriuretic peptide
- Vascular Inflammation and Dysfunction Panel: SMC™ IL-6, SMC™ IL-17A, SMC™ TNF α , SMC™ Endothelin, Lp-PLA2, hs-CRP, homocysteine, vitamin B12, folate.
- Dyslipidemia panel: total cholesterol, LDL-C (direct), apo B, small dense LDL, HDL cholesterol, apo A-1, HDL2b, triglycerides, Lp(a).
- Cardiometabolic panel: parathyroid, vitamin D, calcium, magnesium, leptin, adiponectin, ferritin, cortisol, cystatin C, hemoglobin A1C, glucose, insulin, thyroid stimulating hormone (TSH), T3 and free T4, uric acid, liver panel, renal panel, thyroid peroxidase antibody, and thyroglobulin antibody.

In addition to panels that are specifically focused on CVD risk, a number of commercially available panels include markers associated with cardiovascular health, along with a range of other markers that have been associated with inflammation, thyroid disorders and other hormonal deficiencies, and other disorders. Examples of these panels include:

- **Cardiometabolic Panel (Singulex):** described above.
- **WellnessFX Premium (WellnessFX):** total cholesterol, HDL, LDL, triglycerides, apo A1, apo B, LP(a), Lp-PLA2, omega-3 fatty acids, free fatty acids, lipid particle numbers, lipid particle sizes, blood urea nitrogen(BUN)/creatinine, aspartate aminotransferase (AST) and alanine aminotransferase(ALT), total bilirubin, albumin, total protein, dehydroepiandrosterone (DHEA), free testosterone, total testosterone, estradiol, sex hormone binding globulin, cortisol, insulin-like growth factor (ILGF)-1, insulin, glucose, hemoglobin A1c, total T4, T3 uptake, free T4 index, thyroid-stimulating hormone(TSH), total T3, free T3, reverse T3, free T4, hs-CRP, fibrinogen, homocysteine, complete blood count (CBC) with differential, calcium, electrolytes, bicarbonate, ferritin, total iron binding capacity(TIBC), vitamin B12, red blood cell (RBC) magnesium, 25-hydroxy vitamin D, progesterone, follicle stimulating hormone (FSH), luteinizing hormone.(LH)⁶

Summary of Evidence

For individuals who have risk factors for CVD who receive CVD risk panels, the evidence includes multiple cohort and case-control studies and systematic reviews of these studies. Relevant outcomes are test accuracy and validity, other test performance measures, change in disease status, and morbid events. The available evidence from cohort and case-control studies indicates



that many of the individual risk factors included in CVD risk panels are associated with increased risk of CVD. However, it is not clear how the results of individual risk factors or panels impact management changes, so it is also uncertain how the panels will impact management decisions. Given the lack of evidence for clinical utility of any individual risk factor beyond simple lipid measures, it is unlikely that the use of CVD risk panels improves outcomes. Studies that have evaluated the clinical validity of panels of multiple markers have not assessed management changes that would occur as a result of testing or demonstrated improvements in outcomes. The evidence is insufficient to determine the effects of the technology on health outcomes.

Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this review are listed in [Table 1](#).

Table 1. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT03599531	A Pilot Study to Evaluate the Utility of the SomaLogic CVD Secondary Risk Panel as a Tool to Stratify Cardiovascular Risk	200	Dec 2018
Unpublished			
NCT00969865 ^a	Individualized Comprehensive Atherosclerosis Risk-reduction Evaluation Program (iCARE)	170	Dec 2016 (completed)
NCT01685840	Guiding Evidence Based Therapy Using Biomarker Intensified Treatment in Heart Failure	894	Sep 2016 (terminated)

NCT: national clinical trial.

^a Denotes industry-sponsored or cosponsored trial.

Practice Guidelines and Position Statements

American College of Cardiology and American Heart Association

The American College of Cardiology and the American Heart Association (2013) issued joint guidelines for the assessment of cardiovascular disease risk.²⁶ These guidelines recommended



that age- and sex-specific pooled cohort equations, which included total cholesterol and high-density lipoprotein to predict the ten-year risk of a first hard atherosclerotic cardiovascular disease event, be used in non-Hispanic blacks and non-Hispanic whites between 40 and 79 years of age (American Heart Association/American College of Cardiology class of recommendation I, American Heart Association/American College of Cardiology level of evidence B). Regarding newer risk markers after quantitative risk assessment, the guidelines stated the following: "If, after quantitative risk assessment, a risk-based treatment decision is uncertain, assessment of ≥ 1 of the following—family history, hs-CRP [high-sensitivity C-reactive protein], CAC [coronary artery calcium] score, or ABI [ankle-brachial index]—may be considered to inform treatment decision-making" (class of recommendation IIb; level of evidence B). The guidelines did not recommend other novel cardiac risk factors or panels of cardiac risk factors.

U.S. Preventive Services Task Force Recommendations

No recommendations specific to the use of cardiovascular risk panels were identified. The U.S. Preventive Services Task Force (2018) updated its recommendation on the use of nontraditional risk factors in coronary heart disease risk assessment:

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of adding the ankle-brachial index (ABI), high-sensitivity C-reactive protein (hsCRP) level, or coronary artery calcium (CAC) score to traditional risk assessment for cardiovascular disease (CVD) in asymptomatic adults to prevent CVD events.²⁷

Medicare National Coverage

There is no national coverage determination.

Regulatory Status

Multiple assay methods for cardiac risk marker components, such as lipid panels and other biochemical assays, have been cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process.

Other components of testing panels are laboratory-developed tests. Clinical laboratories may develop and validate tests in-house and market them as a laboratory service; laboratory-developed tests must meet the general regulatory standards of the Clinical Laboratory



Improvement Amendments. Laboratories that offer laboratory-developed tests must be licensed by Clinical Laboratory Improvement Amendments for high-complexity testing. To date, the U.S. Food and Drug Administration has chosen not to require any regulatory review of this test.

References

1. D'Agostino RB, Sr., Grundy S, Sullivan LM, et al. Validation of the Framingham coronary heart disease prediction scores: results of a multiple ethnic groups investigation. *JAMA*. Jul 11 2001;286(2):180-187. PMID 11448281
2. Helfand M, Buckley DI, Freeman M, et al. Emerging risk factors for coronary heart disease: a summary of systematic reviews conducted for the U.S. Preventive Services Task Force. *Ann Intern Med*. Oct 6 2009;151(7):496-507. PMID 19805772
3. Brotman DJ, Walker E, Lauer MS, et al. In search of fewer independent risk factors. *Arch Intern Med*. Jan 24 2005;165(2):138-145. PMID 15668358
4. Greenland P, Alpert JS, Beller GA, et al. 2010 ACCF/AHA guideline for assessment of cardiovascular risk in asymptomatic adults: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol*. Dec 14 2010;56(25):e50-103. PMID 21144964
5. Singulex. The Singulex Clarity System. 2018; <https://www.singulex.com/sgx-clarity-system> Accessed January 2019.
6. WellnessFX. Premium: The Deluxe Deep Dive. 2018; <https://www.wellnessfx.com/premium> Accessed January 2019.
7. van Holten TC, Waanders LF, de Groot PG, et al. Circulating biomarkers for predicting cardiovascular disease risk; a systematic review and comprehensive overview of meta-analyses. *PLoS One*. May 2013;8(4):e62080. PMID 23630624
8. Gottlieb SS, Harris K, Todd J, et al. Prognostic significance of active and modified forms of endothelin 1 in patients with heart failure with reduced ejection fraction. *Clin Biochem*. Mar 2015;48(4-5):292-296. PMID 25541019
9. Patterson CC, Blankenberg S, Ben-Shlomo Y, et al. Which biomarkers are predictive specifically for cardiovascular or for non-cardiovascular mortality in men? Evidence from the Caerphilly Prospective Study (CaPS). *Int J Cardiol*. Dec 15 2015;201:113-118. PMID 26298350
10. Schoe A, Schippers EF, Ebmeyer S, et al. Predicting mortality and morbidity after elective cardiac surgery using vasoactive and inflammatory biomarkers with and without the EuroSCORE model. *Chest*. Nov 2014;146(5):1310-1318. PMID 24992322
11. Wuopio J, Hilden J, Bring C, et al. Cathepsin B and S as markers for cardiovascular risk and all-cause mortality in patients with stable coronary heart disease during 10 years: a CLARICOR trial sub-study. *Atherosclerosis*. Sep 15 2018;278:97-102. PMID 30261474
12. Welsh P, Kou L, Yu C, et al. Prognostic importance of emerging cardiac, inflammatory, and renal biomarkers in chronic heart failure patients with reduced ejection fraction and anaemia: RED-HF study. *Eur J Heart Fail*. Feb 2018;20(2):268-277. PMID 28960777
13. Harari G, Green MS, Magid A, et al. Usefulness of non-high-density lipoprotein cholesterol as a predictor of cardiovascular disease mortality in men in 22-year follow-up. *Am J Cardiol*. Apr 15 2017;119(8):1193-1198. PMID 28267961
14. Kunutsor SK, Bakker SJ, James RW, et al. Serum paraoxonase-1 activity and risk of incident cardiovascular disease: The PREVEND study and meta-analysis of prospective population studies. *Atherosclerosis*. Feb 2016;245:143-154. PMID 26724525
15. Emerging Risk Factors Collaboration, Di Angelantonio E, Gao P, et al. Lipid-related markers and cardiovascular disease prediction. *JAMA*. Jun 20 2012;307(23):2499-2506. PMID 22797450



16. Keller T, Boeckel JN, Gross S, et al. Improved risk stratification in prevention by use of a panel of selected circulating microRNAs. *Sci Rep*. Jul 03 2017;7(1):4511. PMID 28674420
17. de Lemos JA, Ayers CR, Levine B, et al. Multimodality strategy for cardiovascular risk assessment: performance in 2 population-based cohorts. *Circulation*. May 30 2017;135(22):2119-2132. PMID 28360032
18. Greisenegger S, Segal HC, Burgess AI, et al. Biomarkers and mortality after transient ischemic attack and minor ischemic stroke: population-based study. *Stroke*. Mar 2015;46(3):659-666. PMID 25649803
19. Cho S, Lee SH, Park S, et al. The additive value of multiple biomarkers in prediction of premature coronary artery disease. *Acta Cardiol*. Apr 2015;70(2):205-210. PMID 26148381
20. Wilsgaard T, Mathiesen EB, Patwardhan A, et al. Clinically significant novel biomarkers for prediction of first ever myocardial infarction: the Tromso Study. *Circ Cardiovasc Genet*. Apr 2015;8(2):363-371. PMID 25613532
21. Guarrera S, Fiorito G, Onland-Moret NC, et al. Gene-specific DNA methylation profiles and LINE-1 hypomethylation are associated with myocardial infarction risk. *Clin Epigenetics*. 2015;7:133. PMID 26705428
22. Lara J, Cooper R, Nissan J, et al. A proposed panel of biomarkers of healthy ageing. *BMC Med*. Sep 15 2015;13:222. PMID 26373927
23. Paynter NP, Chasman DI, Pare G, et al. Association between a literature-based genetic risk score and cardiovascular events in women. *JAMA*. Feb 17 2010;303(7):631-637. PMID 20159871
24. Ridker PM, Buring JE, Rifai N, et al. Development and validation of improved algorithms for the assessment of global cardiovascular risk in women: the Reynolds Risk Score. *JAMA*. Feb 14 2007;297(6):611-619. PMID 17299196
25. Zethelius B, Berglund L, Sundstrom J, et al. Use of multiple biomarkers to improve the prediction of death from cardiovascular causes. *N Engl J Med*. May 15 2008;358(20):2107-2116. PMID 18480203
26. Goff DC, Jr., Lloyd-Jones DM, Bennett G, et al. 2013 ACC/AHA guideline on the assessment of cardiovascular risk: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. Jun 24 2014;129(25 Suppl 2):S49-73. PMID 24222018
27. U.S. Preventive Services Task Force. Cardiovascular Disease: Risk Assessment With Nontraditional Risk Factors. 2018; <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cardiovascular-disease-screening-using-nontraditional-risk-assessment> Accessed January 2019.

History

Date	Comments
11/11/13	New policy. Policy created with literature review through July 31, 2013. Cardiovascular risk panels consisting of multiple individual markers intended to assess cardiac risk are considered not medically necessary.
05/12/14	Clarification. Additional cardiovascular risk panels added to the list of panel examples: Berkeley Heart Lab Cardio IQ™ Lipid Panel and Atherotech® Diagnostics Lab CVD Risk Panel and VAP Lipid Panel. Add Related Policy 12.04.509.
09/03/14	Coding update. CPT code 83698 added to the policy; this code was previously included on 2.04.32 Measurement of Lp-PLA in the Assessment of CV risk that was archived.



Date	Comments
01/13/15	Annual Review. Added examples of commercially available CV risk panels to Policy Guidelines. Policy updated with literature review through September 29, 2014. Added Clinical Trials section. Added Practice Guidelines from ACC and AHA. Added U.S. Preventive Services Task Force Recommendations Section. References 7 and 10 added; others renumbered. Policy statement unchanged.
05/12/15	Interim Review. CardioVIP added to list of CV risk panels in Policy Guidelines.
10/19/15	Update Related Policies. Remove 12.04.509 as it was archived.
01/12/16	Annual review. No change to policy statement. Added references 5, 6, and 8-15.
06/01/16	Interim Review, approved May 10, 2016. Added references 21, 22. Added information on KIF6 and 9p21 genotyping to rationale. No change to policy statements.
01/01/17	Interim Review, approved December 13, 2016. True Health Cardiovascular Lab Panel added to list of CV risk panels. Added reference 23. No change to policy statement.
04/11/17	Policy moved into new format; no change to policy statements. Evidence Review section reformatted.
12/01/17	Annual Review, approved November 9, 2017. Added references 24 and 26. No change to policy statement.
02/01/18	Annual Review, approved January 30, 2018. Policy updated with literature review through October 2017; references 11-12, 16, 18-19, and 25 added; references 24 updated. Policy statement unchanged.
01/04/19	Coding update, CPT Codes 81200, 81479, and 81599 removed. Removed 12.04.72 from related policies.
02/01/19	Annual Review, approved January 22, 2019. Policy updated with literature review through October 2018; references 11-12 and 27 added; references 5-6 updated. Policy statement unchanged. Removed CPT 84999.

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 معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التخطيط 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 pab kom koj ua tsis pub dhau cov caij nyuog 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):

ແຈງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວີ້ ຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. 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 ਨਵ 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 ਕਰਮ 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 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).