

MEDICAL POLICY – 8.01.58

Cranial Electrotherapy Stimulation and Auricular Electrostimulation

BCBSA Ref. Policy: 8.01.58

Effective Date: May 1, 2020

Last Revised: April 7, 2020

Replaces: N/A


RELATED MEDICAL POLICIES:

1.01.507 Electrical Stimulation Devices

7.01.29 Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy

Select a hyperlink below to be directed to that section.

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

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Introduction

Cranial electrotherapy stimulation (CES) provides weak levels of electrical current to the brain. Electrodes are placed on the skull, earlobes, eyelids, or forehead. A small transmitter then sends weak electrical pulses into the brain. It's believed the current affects particular areas of the brain that play important roles in the body's hormones and emotions. Another use of CES calls for treating pain by placing the electrodes near the site of pain. Auricular stimulation sends electrical pulses to the acupuncture points of the ear. Both of these systems have been used for depression, anxiety, insomnia (sleeplessness), and weight loss. Because there is not enough medical evidence showing that these technologies improve health, both are considered unproven. A small device worn behind the ear that stimulates specific nerves to try to relieve symptoms of opioid withdrawal is unproven. More research is needed to determine if this device is effective.

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	Investigational
Cranial electrotherapy stimulation	Cranial electrotherapy stimulation (also known as cranial electrostimulation therapy or CES) is investigational in all situations.
Electrical stimulation	Electrical stimulation of auricular acupuncture points is investigational in all situations. Electrical stimulation of the ear (also known as auricular neurostimulation) for opioid withdrawal is investigational.

Coding

Code	Description
HCPCS	
K1002	Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type (new code effective 1/1/20)
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient

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Related Information

N/A

Evidence Review



Description

Cranial electrotherapy stimulation (CES), also known as cranial electrical stimulation, transcranial electrical stimulation, or electrical stimulation therapy, delivers weak pulses of electrical current to the earlobes, mastoid processes, or scalp with devices such as the Alpha-Stim®. Auricular electrostimulation involves stimulation of acupuncture points on the ear. Devices, including the P-Stim™ and E-pulse, provide ambulatory auricular electrical stimulation over a period of several days. CES is being evaluated for a variety of conditions, including pain, insomnia, depression, anxiety, and functional constipation. Auricular electrical stimulation is being evaluated for pain, weight loss, and opioid withdrawal.

Background

Cranial electrotherapy stimulation (CES), also known as cranial electrical stimulation, transcranial electrical stimulation, or electrical stimulation therapy, delivers weak pulses of electrical current to the earlobes, mastoid processes, or scalp with devices such as the Alpha-Stim®. Auricular electrostimulation involves stimulation of acupuncture points on the ear. Devices, including the P-Stim™ and E-pulse, provide ambulatory auricular electrical stimulation over a period of several days. CES and Auricular electrostimulation are being evaluated for a variety of conditions, including pain, insomnia, and depression, anxiety, weight loss, and opioid withdrawal.

Interest in CES began in the early 1900s on the theory that weak pulses of electrical current have a calming effect on the central nervous system. The technique was further developed in the U.S.S.R. and Eastern Europe in the 1950s as a treatment for anxiety and depression, and use of CES later spread to Western Europe and the United States as a treatment for various psychological and physiological conditions. Presently, the mechanism of action is thought to be the modulation of activity in brain networks by direct action in the hypothalamus, limbic system, and/or the reticular activating system. One device used in the United States is the Alpha-Stim® CES, which provides pulsed, low-intensity current via clip electrodes that attach to the earlobes. Other devices place the electrodes on the eyelids, frontal scalp, mastoid processes, or behind the ears. Treatments may be administered once or twice daily for several days to several weeks.

Other devices provide electrical stimulation to auricular acupuncture sites over several days. One device, the P-Stim™, is a single-use miniature electrical stimulator for auricular acupuncture points that is worn behind the ear with a self-adhesive electrode patch. A selection stylus that measures electrical resistance is used to identify three auricular acupuncture points. The P-



Stim™ device connects to 3 inserted acupuncture needles with caps and wires. The device is preprogrammed to be on for 180 minutes, then off for 180 minutes. The maximum battery life of this single-use device is 96 hours.

Summary of Evidence

Cranial Electrotherapy Stimulation

For individuals with acute or chronic pain who receive CES the evidence includes a number of small sham-controlled randomized trials and pooled analyses. The relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. Three trials studied headache and CES, and 5 trials studied chronic pain and CES. Pooled analyses found marginal benefits for a headache with CES and no benefits for chronic pain with CES. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals with psychiatric, behavioral, or neurologic conditions (eg, depression and anxiety, Parkinson disease, addiction) who receive CES the evidence includes a number of small sham-controlled randomized trials (RCTs). The relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. Four randomized controlled trials (RCTs) evaluated CES for depression and anxiety. Only 1 RCT found a significant benefit with CES for depression, but it had important relevance limitations. Comparisons between these trials cannot be made due to the heterogeneity in study populations and treatment protocols. Studies evaluating CES for Parkinson disease and smoking cessation do not support the use of CES for these conditions. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals with functional constipation who receive CES, the evidence includes an RCT. The relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. The single RCT reported positive results for the treatment of constipation with CES. However, the trial was unblinded and most outcomes were self-reported. The evidence is insufficient to determine the effects of the technology on health outcomes.

Auricular Electrostimulation

For individuals with acute or chronic pain (eg, acute pain from surgical procedures, chronic back pain, chronic pain from osteoarthritis or rheumatoid arthritis) who receive auricular electrostimulation, the evidence includes a limited number of trials. The relevant outcomes are



symptoms, morbid events, functional outcomes, and treatment-related morbidity. Studies evaluating the effect of electrostimulation technology on acute pain are inconsistent, and the small amount of evidence on chronic pain has methodologic limitations. For example, a comparison of auricular electrostimulation with manual acupuncture for chronic low back pain did not include a sham-control group, and in a study of rheumatoid arthritis, auricular electrostimulation was compared with autogenic training and resulted in a small improvement in visual analog scale pain scores of unclear clinical significance. Overall, the few published studies have small sample sizes and methodologic limitations. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have obesity who receive auricular electrostimulation, the evidence includes small RCTs and one systematic review. The relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. The RCTs reported inconsistent results and used different treatment protocols. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have opioid withdrawal symptoms who receive auricular electrostimulation, the evidence includes two case series. The relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. Both case series report positive outcomes for the use of CES to treat opioid withdrawal symptoms. The studies used different treatment protocols and no comparators, limiting conclusions drawn from the results. The evidence is insufficient to determine the effects of the technology on health outcomes.

Ongoing and Unpublished Clinical Trials

Table 1 provides a summary of ongoing trials that may influence this review.

Table 1. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT03825471	Effects of Cranial Electrotherapy Stimulation on Anesthetics Consumption, Perioperative Cytokines Response, and Postoperative Pain in Patients Undergoing Colonic Surgery	80	June 2020
NCT04016259	Self Cranial Electrical Stimulation for Pain in Older Adults	30	June 2020



NCT No.	Trial Name	Planned Enrollment	Completion Date
	With Knee Osteoarthritis (Self CES for Knee Pain)		
NCT03909217	Effectiveness and Safety of Transcutaneous Electrical Cranial-auricular Acupoint Stimulation (TECAS) for Patients With Mild-to-moderate Depression	470	December 2022
NCT03896438	Increased Thalamocortical Connectivity in Tdcs-potentiated Generalization of Cognitive Training	90	April 2024
NCT04189354	Study of the Synergistic Effects of Biofeedback and Transcranial Electrical Stimulation in Anxio-depressive Disorders	50	November 2021
NCT04061577	Transcranial Electrical Stimulation in Stroke EaRly After Onset Clinical Trial_ Bridging and Adjunctive Neuroprotection	24	September 2022
NCT04171804	Efficacy of Prefrontal Transcranial Direct Current Stimulation On Cognitive Functions and Electrophysiological Measures In Parkinson's Disease Mild Cognitive Impairment	20	May 2020
NCT04160806	The Effect Of Prefrontal Transcranial Direct Current Stimulation On Clinical Severity, Attentional Bias and Interoceptive Accuracy In Panic Disorder	30	November 2020
NCT03222752^a	A 6-Week Randomized, Double-Blind, Placebo-Controlled Evaluation of Efficacy and Tolerability of Cranial Electrotherapy (CES) for the Treatment of Adults from 18-65 Years of Age with Treatment Resistant Major Depressive Disorder (MDD) with a 2-Week Open Label Extension Phase	141	Jun 2018
Unpublished			
NCT02851186	Combined Electroacupuncture and Auricular Acupuncture for Postoperative Pain after Abdominal Surgery for Gynecological Diseases: a Randomized Sham-Controlled Trial	72	Sept 2018
NCT03277846	A Randomized, Double-Blind, Placebo-Controlled Parallel Group Study of the Safety and Efficacy of Nexalin Electrical Brain Stimulation for the Treatment of Depression in Patients Referred to Electro-Convulsive Therapy	101	May 2018
NCT03210155	Effects of Cranial Electrotherapy Stimulation on Psychological Distress and Maternal Functioning in New Mothers During the Postpartum Period	1	Terminated August 2019
NCT03060122	The Clinical Feasibility of Combining Cranial Electrotherapy Stimulation (CES Alpha-Stim) and Non-invasive Interactive	35	Aug 2019



NCT No.	Trial Name	Planned Enrollment	Completion Date
	Neurostimulation (InterX) for Optimized Rehabilitation Following Extremity Immobilization		

NCT: national clinical trial

^a Denotes industry sponsorship

Clinical Input Received from Physician Specialty Societies and Academic Medical Centers

While the various physician specialty societies and academic medical centers may collaborate with and make recommendations during this process, through the provision of appropriate reviewers, input received does not represent an endorsement or position statement by the physician specialty societies or academic medical centers, unless otherwise noted.

In response to requests, input on auricular electrostimulation was received from 3 physician specialty societies and 5 academic medical centers while this policy was under review in 2011. There was a consensus that auricular electrostimulation is investigational.

Medicare National Coverage

There is no national coverage determination.

Regulatory Status

A number of devices for CES have been cleared for marketing by the U.S. Food and Drug Administration's (FDA) 510(k) process. In 1992, the Alpha-Stim® CES device (Electromedical Products International) received marketing clearance for the treatment of anxiety, insomnia, and depression. Devices cleared since 2000 are summarized in [Table 2](#). FDA product code: JXK.



Table 2: Cranial Electrotherapy Stimulation (CES) Devices Cleared by the US Food and Drug Administration

Device Name	Manufacturer	Year Cleared	510(k) No.	Indications
Cervella	Innovative Neurological Devices	03/07/2019	K182311	Insomnia, depression, anxiety
Cranial Electrical Nerve Stimulator	Johari Digital Healthcare	05/29/2009	K090052	Insomnia, depression, anxiety
Elexoma Medic™	Redplane AG	05/21/2008	K070412	Insomnia, depression, anxiety
CES Ultra™	Neuro-Fitness	04/05/2007	K062284	Insomnia, depression, anxiety
Net-2000 Microcurrent Stimulator	Auri-Stim Medical	10/13/2006	K060158	Insomnia, depression, anxiety
Transcranial Electrotherapy Stimulator-A, Model TESA-1	Kalaco Scientific	07/21/2003	K024377	Insomnia, depression, anxiety

FDA: Food and Drug Administration

Several devices for electroacupuncture designed to stimulate auricular acupuncture points have been cleared for marketing by FDA through the 510(k) process. Devices cleared since 2000 are summarized in [Table 3](#). FDA product code: BWK, PZR.

Table 3: Cranial Electrotherapy Stimulation (CES) Devices Cleared by the US Food and Drug Administration

Device Name	Manufacturer	Year Cleared	510(k) No.	Indications
Drug Relief	DyAnsys	05/02/2018	K173861	Reduce symptoms of opioid withdrawal
Ansistem-Pp	DyAnsys Inc	03/09/2017	K170391	Practice of acupuncture by qualified practitioners of
NSS-2 Bridge	Innovative Health Solutions	2017		Substance use disorders



Device Name	Manufacturer	Year Cleared	510(k) No.	Indications
Stivax System	Biegler Gmbh	05/26/2016	K152571	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
ANSiStim®	DyAnsys Inc	05/15/2015	K141168	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
Pantheon Electrostimulator	Pantheon Research	11/07/2014	K133980	Practice of acupuncture by qualified practitioners as determined by the states
Electro Auricular Device	Navigant Consulting, Inc.	10/02/2014	K140530	Practice of acupuncture by qualified practitioners as determined by the states
P-Stim	Biegler GMBH	06/27/2014	K140788	Practice of acupuncture by qualified practitioners as determined by the states
Jiajian Cmn Stimulator	Wuxi Jiajian Medical Instrument Co., Ltd.	08/16/2013	K130768	Practice of acupuncture by qualified practitioners as determined by the states
JiaJian Electro-Acupuncture Stimulators	Wuxi Jiajian Medical Instrument Co., Ltd.	04/11/2013	K122812	Practice of acupuncture by qualified practitioners as determined by the states
Multi-Purpose Health Device	UPC Medical Supplies, Inc. DBA United Pacific Co.	K093322	08/05/2010	Unknown - Summary not provided
Electro-Acupuncture: Aculife/Model ADOC-01	Inno-Health Technology, Inc.	04/02/2010	K091933	Practice of acupuncture by qualified practitioners as determined by the states
e-Pulse®	Medevice Corporation	12/07/2009	K091875	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
Model ES-130	Ito Co., Ltd.	11/24/2008	K081943	Practice of acupuncture by qualified practitioners as determined by the states
P-Stim™	NeuroScience Therapy	03/30/2006	K050123	Practice of acupuncture by qualified practitioners of



Device Name	Manufacturer	Year Cleared	510(k) No.	Indications
				acupuncture as determined by the states
Aculife	Inno-Health Technology, Inc.	03/28/2006	K051197	Practice of acupuncture by qualified practitioners as determined by the states
AcuStim	S.H.P. Intl. Pty., Ltd.	06/12/2002	K014273	As an electroacupuncture device

FDA: Food and Drug Administration.

References

1. Klawansky S, Yeung A, Berkey C, et al. Meta-analysis of randomized controlled trials of cranial electrostimulation. Efficacy in treating selected psychological and physiological conditions. *J Nerv Ment Dis.* Jul 1995;183(7):478-484. PMID 7623022
2. Bronfort G, Nilsson N, Haas M, et al. Non-invasive physical treatments for chronic/recurrent headache. *Cochrane Database Syst Rev.* Jul 2004(3):CD001878. PMID 15266458
3. O'Connell NE, Wand BM, Marston L, et al. Non-invasive brain stimulation techniques for chronic pain. *Cochrane Database Syst Rev.* Apr 11 2014;4(4):CD008208. PMID 24729198
4. Kavirajan HC, Lueck K, Chuang K. Alternating current cranial electrotherapy stimulation (CES) for depression. *Cochrane Database Syst Rev.* Jul 8 2014;7:CD010521. PMID 25000907
5. Barclay TH, Barclay RD. A clinical trial of cranial electrotherapy stimulation for anxiety and comorbid depression. *J Affect Disord.* Aug 2014;164:171-177. PMID 24856571
6. Shekelle PG, Cook IA, Mlake-Lye IM et al. Benefits and Harms of Cranial Electrical Stimulation for Chronic Painful Conditions, Depression, Anxiety, and Insomnia: A Systematic Review.. *Ann. Intern. Med.*, 2018 Feb 13;168(6). PMID 29435567
7. Mischoulon D, De Jong MF, Vitolo OV, et al. Efficacy and safety of a form of cranial electrical stimulation (CES) as an add-on intervention for treatment-resistant major depressive disorder: A three week double blind pilot study. *J Psychiatr Res.* Nov 2015;70:98-105. PMID 26424428
8. Lyon D, Kelly D, Walter J, et al. Randomized sham-controlled trial of cranial microcurrent stimulation for symptoms of depression, anxiety, pain, fatigue and sleep disturbances in women receiving chemotherapy for early-stage breast cancer. *Springerplus.* Oct 2015;4:369. PMID 26435889
9. U.S. National Library of Medicine Clinicaltrials.gov. The Safety and Efficacy of Nexalin Trans-cranial Electrical Stimulation Stimulation for the Treatment of Depression (TES), NCT03277846. Study Details and Study Results. <https://clinicaltrials.gov/ct2/show/study/NCT03277846?term=NCT03277846&draw=2&rank=1>. Accessed March 2020.
10. Shill HA, Obradov S, Katsnelson Y, et al. A randomized, double-blind trial of transcranial electrostimulation in early Parkinson's disease. *Mov Disord.* Jul 2011;26(8):1477-1480. PMID 21538515
11. Pickworth WB, Fant RV, Butschky MF, et al. Evaluation of cranial electrostimulation therapy on short-term smoking cessation. *Biol Psychiatry.* Jul 15 1997;42(2):116-121. PMID 9209728
12. Gong BY, Ma HM, Zang XY, et al. Efficacy of cranial electrotherapy stimulation combined with biofeedback therapy in patients with functional constipation. *J Neurogastroenterol Motil.* Jul 30 2016;22(3):497-508. PMID 26932836



13. Sator-Katzenschlager SM, Michalek-Sauberer A. P-Stim auricular electroacupuncture stimulation device for pain relief. *Expert Rev Med Devices*. Jan 2007;4(1):23-32. PMID 17187468
14. Holzer A, Leitgeb U, Spacek A, et al. Auricular acupuncture for postoperative pain after gynecological surgery: a randomized controlled trial. *Minerva Anestesiol*. Mar 2011;77(3):298-304. PMID 21441884
15. Sator-Katzenschlager SM, Scharbert G, Kozek-Langenecker SA, et al. The short- and long-term benefit in chronic low back pain through adjuvant electrical versus manual auricular acupuncture. *Anesth Analg*. May 2004;98(5):1359-1364, table of contents. PMID 15105215
16. Sator-Katzenschlager SM, Szeles JC, Scharbert G, et al. Electrical stimulation of auricular acupuncture points is more effective than conventional manual auricular acupuncture in chronic cervical pain: a pilot study. *Anesth Analg*. Nov 2003;97(5):1469-1473. PMID 14570667
17. Bernateck M, Becker M, Schwake C, et al. Adjuvant auricular electroacupuncture and autogenic training in rheumatoid arthritis: a randomized controlled trial. *Auricular acupuncture and autogenic training in rheumatoid arthritis. Forsch Komplementmed*. Aug 2008;15(4):187-193. PMID 18787327
18. Kim SY, Shin IS, Park YJ. Effect of acupuncture and intervention types on weight loss: a systematic review and meta-analysis. *Obes Rev*, 2018 Sep 5;19(11). PMID 30180304
19. Schukro RP, Heiserer C, Michalek-Sauberer A, et al. The effects of auricular electroacupuncture on obesity in female patients--a prospective randomized placebo-controlled pilot study. *Complement Ther Med*. Feb 2014;22(1):21-25. PMID 24559812
20. Yeh ML, Chu NF, Hsu MY, et al. Acupoint stimulation on weight reduction for obesity: a randomized sham-controlled study. *West J Nurs Res*. Dec 2015;37(12):1517-1530. PMID 25183702
21. Yeh TL, Chen HH, Pai TP, et al. The Effect of Auricular Acupoint Stimulation in Overweight and Obese Adults: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Evidence-Based Complementary and Alternative Medicine*. 2017; vol. 2017, Article ID 3080547, 16 pages, 2017. <https://doi.org/10.1155/2017/3080547> Accessed March 2020.
22. Kroening RJ, Oleson TD. Rapid narcotic detoxification in chronic pain patients treated with auricular electroacupuncture and naloxone. *Int J Addict*. Sep 1985;20(9):1347-1360. PMID 2867052
23. Miranda A, Taca A. Neuromodulation with percutaneous electrical nerve field stimulation is associated with reduction in signs and symptoms of opioid withdrawal: a multisite, retrospective assessment. *Am J Drug Alcohol Abuse*. 2018;44(1):56-63. PMID 28301217

History

Date	Comments
11/08/11	New policy; add to Therapy section. Policy created with literature search through April 2011; clinical input reviewed; considered investigational.
11/13/12	Replace policy. Policy updated with literature review through June 2012, references 1-7 added; cranial electrotherapy stimulation (CES) added as investigational. "Cranial Electrotherapy Stimulation (CES)" added to policy title.
01/22/13	Update Related Policies. 2.01.50 has been replaced with 2.01.526.
02/15/13	Update Related Policies. Change title to policy 2.01.526.
10/14/13	Replace policy. Policy updated with literature review through July 10, 2013; policy



Date	Comments
	statement unchanged.
11/20/14	Annual Review. Policy updated with literature review through July 16, 2014. References 4-5, 7, and 14 added; others renumbered. Policy statement unchanged.
10/13/15	Annual Review. Policy updated with literature review through July 6, 2015; no references added. Policy statements unchanged. Related policies updated; 2.01.526 removed.
05/01/16	Annual Review, approved April 12, 2016. Policy updated with literature review through December 10, 2015; references 6-7 added. Policy statement unchanged.
06/01/17	Annual Review, approved May 2, 2017. Policy updated with literature review through December 22, 2016; references 8 and 12 added. Policy statements unchanged.
10/17/17	Coding update; added CPT code 20974.
08/01/18	Annual Review, approved July 10, 2018. Policy updated with literature review through April 2018; 17-19 references added. Added electrical stimulation of the ear (also known as auricular neurostimulation) for opioid withdrawal is investigational. Removed CPT code 20974.
05/01/19	Annual Review, approved April 18, 2019. Policy updated with literature review through January 2019; reference 16 added. Policy statements unchanged.
01/01/20	Coding update, added HCPCS code K1002 (new code effective 1/1/20).
05/01/20	Annual Review, approved April 7, 2020. Policy updated with literature review through December 2019; references added. Policy statements unchanged. Removed CPT codes 97813 and 97814.

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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. Beeksisni 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 wenno 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-ato wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):

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

日本語 (Japanese):

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

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue 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 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 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 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).