



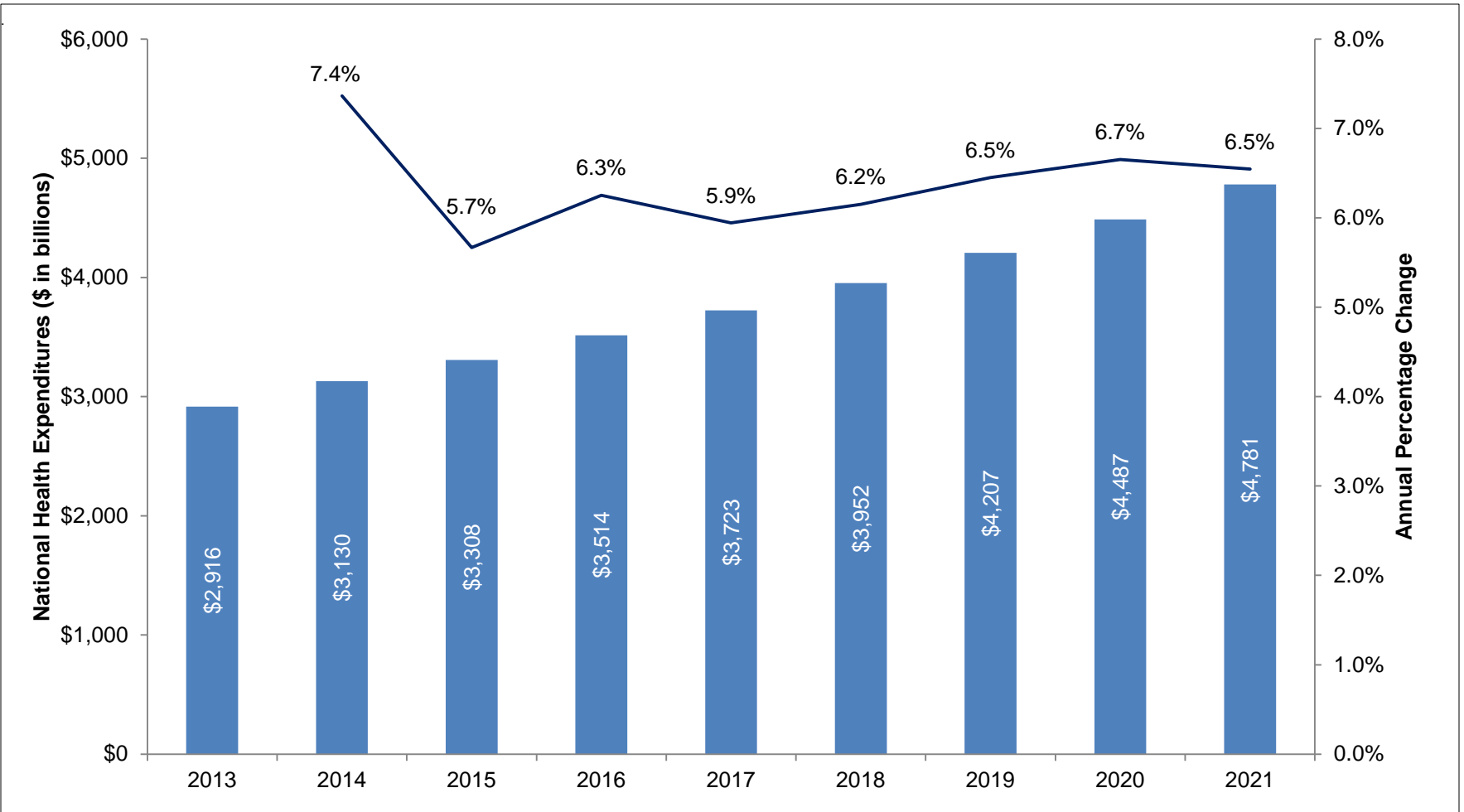
2013 PCMH Program Performance Report

July 10, 2014

Projected 63 Percent CAGR Between 2013 and 2021



Projected Growth in National Health Expenditure (NHE), Calendar Years 2013-2021

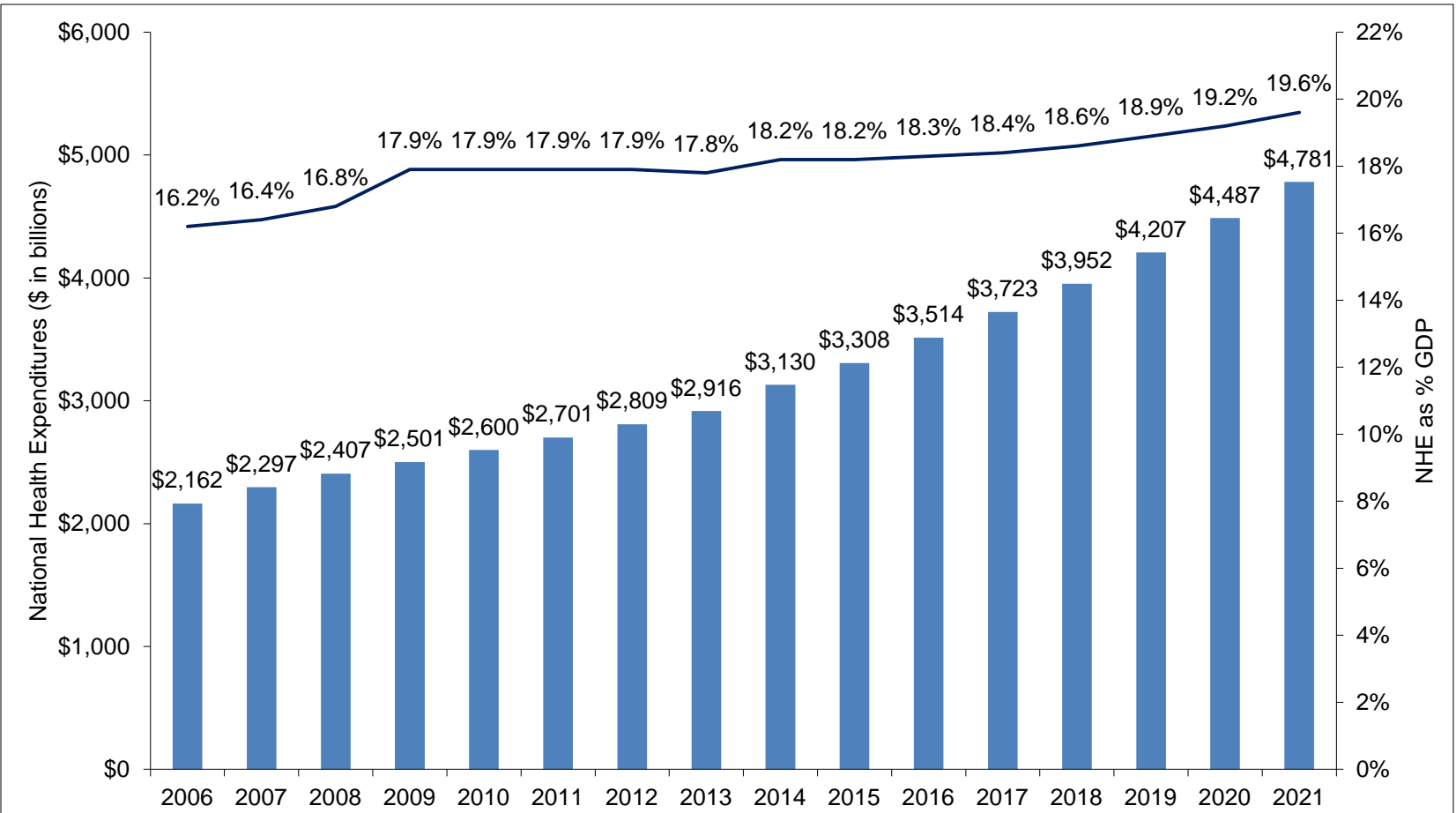


Source: Centers for Medicare and Medicaid Services (CMS), Office of the Actuary, NHE Web Tables, January 2011.

National Health Expenditures Will Soon Hit 20 Percent of GDP



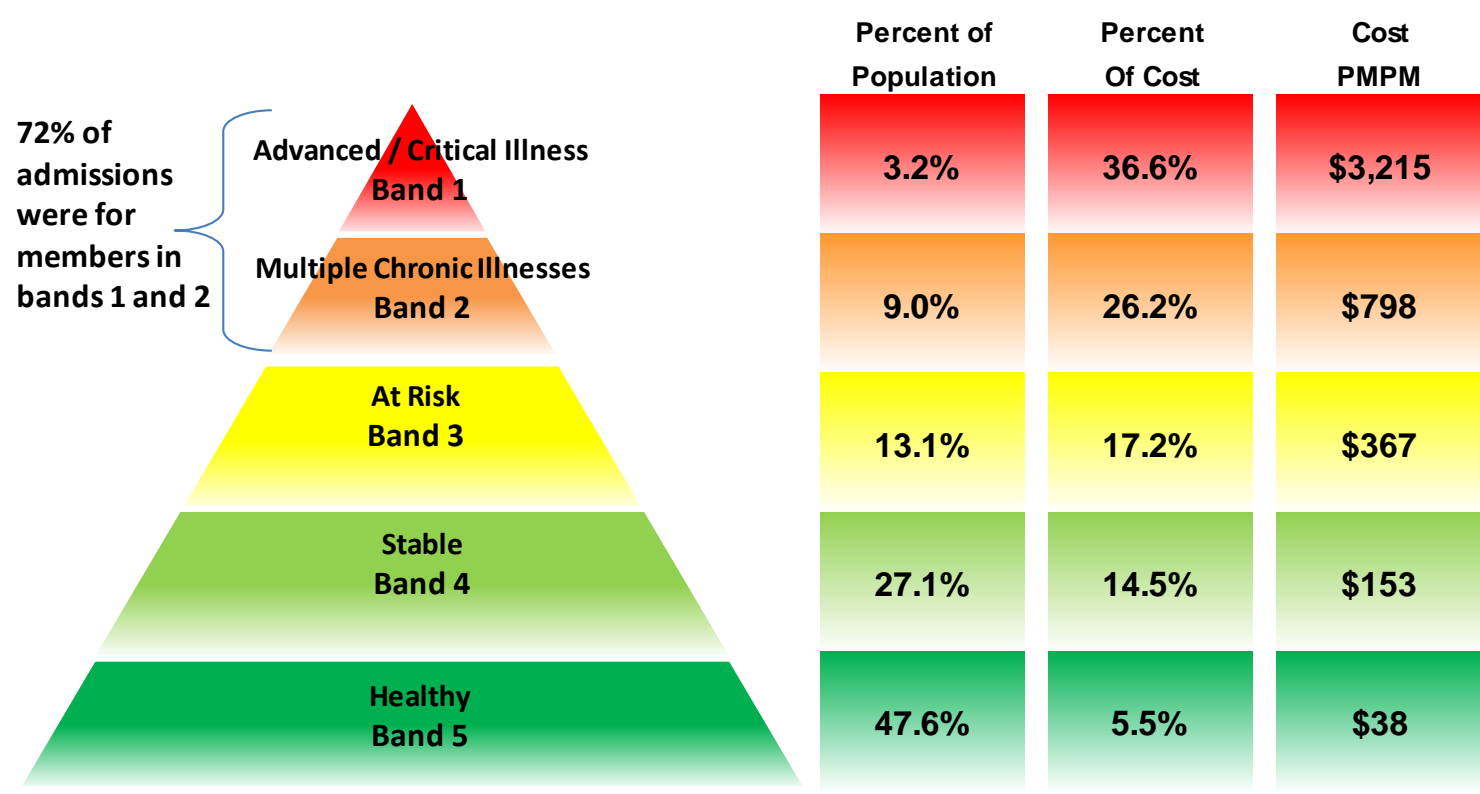
National Health Expenditure (NHE) Total Cost and Share of GDP, 2009-2021



*Years 2012 forward are CMS projections.

Source: Centers for Medicare and Medicaid Services (CMS), Office of the Actuary, NHE Web Tables, January 2011.

Illness Pyramid – The Rosetta Stone Commercial, Under 65 Population

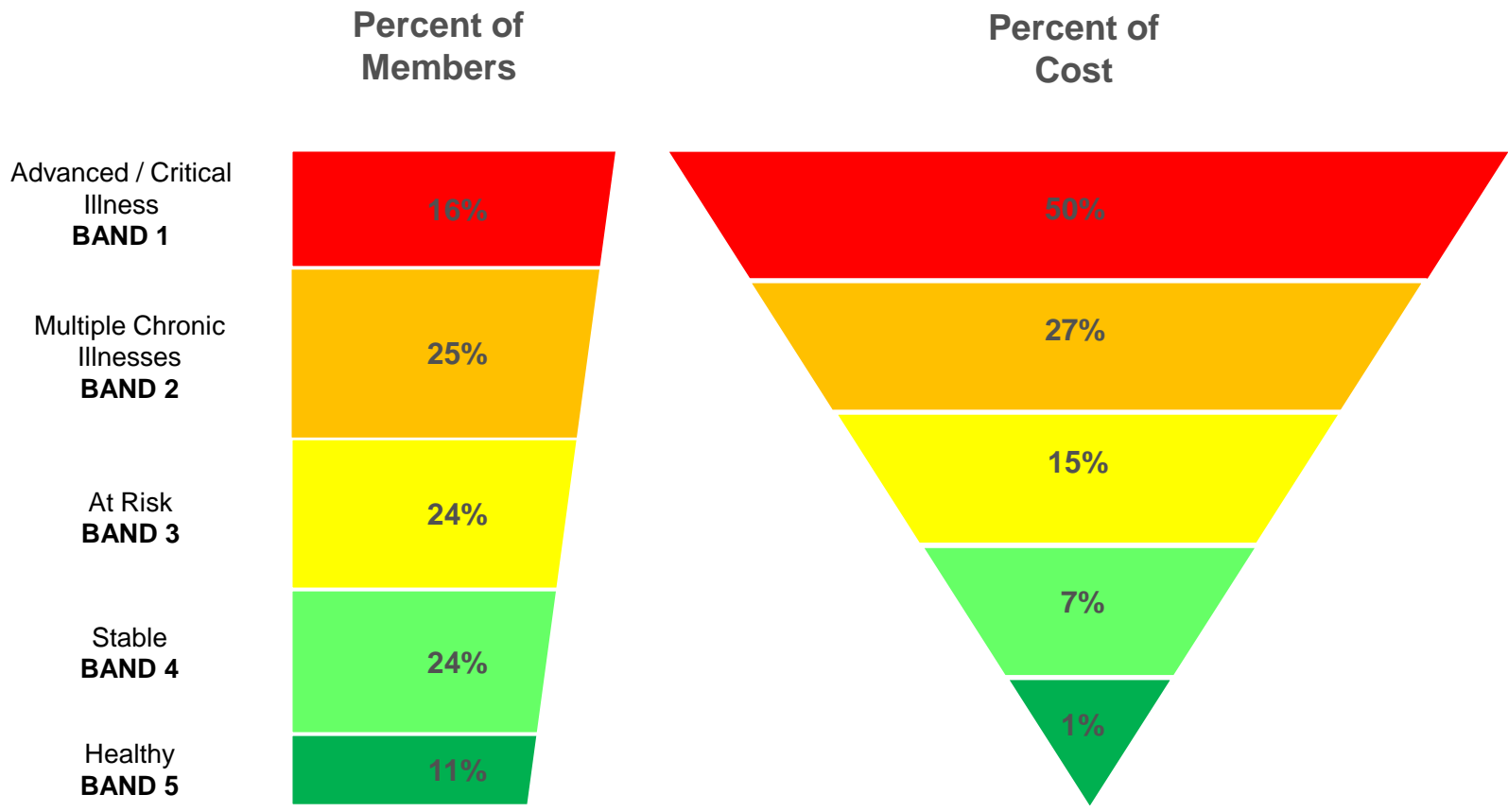


Source: CareFirst HealthCare Analytics – Commercial, Under 65 Population – 2013

Illness Pyramid – The Rosetta Stone Medicare Population



Age 65 and Over



Source: CareFirst HealthCare Analytics – 2012

Central Idea

- PCP is the core player
- Total care of patients is to be provided, organized, coordinated and arranged through small Panels of PCPs
- Panels as a team are accountable for aggregate quality and cost outcomes of their pooled population
- Any savings against the Panel's pooled global budget target is shared with them
- Seeks to powerfully incent PCPs as a team to control costs for their pooled patient population and reward savings

If the Panels win, our Members win

Evolution and Growth

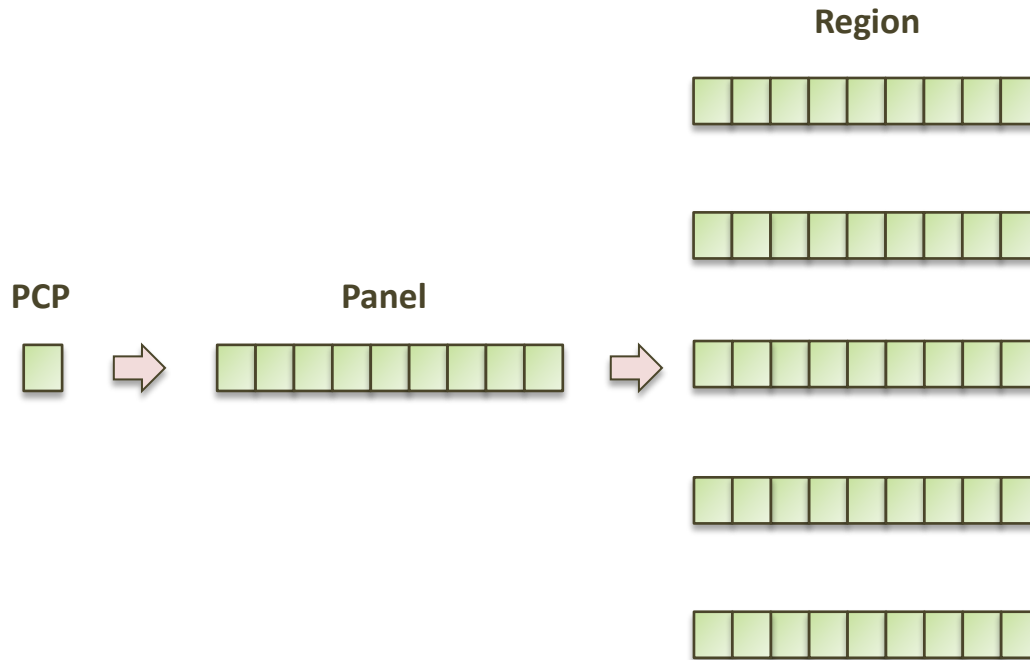
- January 2011
 - 1,947 PCPs and 205 NPs (Total 2,152) in 180 Panels
 - 530,000 Attributed Members

- January 2014
 - 3,524 PCPs and 523 NPs (Total 4,047) in 424 Panels
 - 1,037,000 Attributed Members

- Largest network and member enrollment in a single program model in the United States

PCP Panels – Small Teams – Performance Units

- Average Panel Size: 10 PCPs
- The more independent the better
- Buyers and arrangers of services
- Backup and coverage
- Peer review – shared data
- Pooled experience



Patient Care Account

Debits (PMPM)	Credits (PMPM)
<p style="text-align: center;">All services paid (Allowed Amount)</p>	<p style="text-align: center;">Global projected care costs expressed as a PMPM</p>

- \$10.0M Base Year Costs (2010); 1.19 IB Score for 3,000 members
- x 1.075 Overall Medical Trend at 7.5%
- x 1.256 Illness Burden Adjustment 2011 vs. 2010 (1.49/1.19)
- \$13.5M Performance Year Target (2011)
- ÷ 36,000 Member months for 3,000 members
- \$375 Target PMPM care costs

Quality Scorecard Measures	
Category 1: PCP Engagement	35 points
PCP Engagement with the PCMH Program	7.5 points
Supportive PCMH Office Environment	
LCC Collaboration	
Care Plan Explanation	
Intra Panel Communication	
Overall Facilitation of PCMH Goals	
PCP Engagement with Care Plans	7.5 points
Review Care Plan Documentation	
LCC Care Plan Consultation	
Medication Review	
LCC Care Plan Collaboration	
Overall Facilitation of Care Plan	
Member Satisfaction Survey	7.5 points
Understands the Care Plan	
Care Coordination is helpful	
Sufficient Time with PCP or NP	
Access to Information needed to manage member's health	
Member's health has improved	10 points
Program Consultant Assessment	
Presence at Panel Meetings	
Evidence of logging into SearchLight Reports	
Active Participation in Panel Meetings	
Follow up with Program Consultants between Panel meetings	2.5 points
Evidence of ongoing use of SearchLight Reports and a plan to follow up on SearchLight patterns	
Program Representative Assessment	
Participates in current webinars, monthly seminars and training	
Participates in scheduled meeting with Program Representative	
Active Portal access for all PCPs and NPs; current DPR; and Portal Administrator	2.5 points
Maintains current provider information and is knowledgeable of PCMH as evidenced by questions, comments and actions	
Files claims and appeals in accordance with CareFirst guidelines	

Quality – Five Categories (continued)

Quality Scorecard Measures (continued)	
Category 2: Appropriate Use of Services	20 points
Admissions	
Preventable Admissions	8 points
Potentially Preventable Readmissions	
Potentially Preventable Emergency Room Use	
Potentially Preventable Emergency Room Use	4 points
Ambulatory Services, Diagnostic Imaging and Antibiotics	
Colonoscopy	8 points
CT Scans	
MRI	
Patients with Lower Back Pain	
Patients with Viral Upper Respiratory Infections	
Patients with Pharyngitis	
Category 3: Effectiveness of Care	20 points
Chronic Care Maintenance	
Diabetes	10 points
Asthma	
ADHD	
Coronary Artery Disease	
Coronary Artery Disease – Myocardial Infarction	
Major Depressive Disorder	
Population Health Maintenance	
Colon Cancer Screening	10 points
Chlamydia Screening	
Cervical Cancer Screening	
Breast Cancer Screening	
Well-Child Exams (Ages 0-15 months)	
Well-Child Exams (Ages 3-6 years)	
Well-Child Exams (Ages 12-21 years)	
Annual Dental Visit	
Childhood Immunizations	
Adolescent Immunizations	
HPV Vaccination	

Quality – Five Categories (continued)



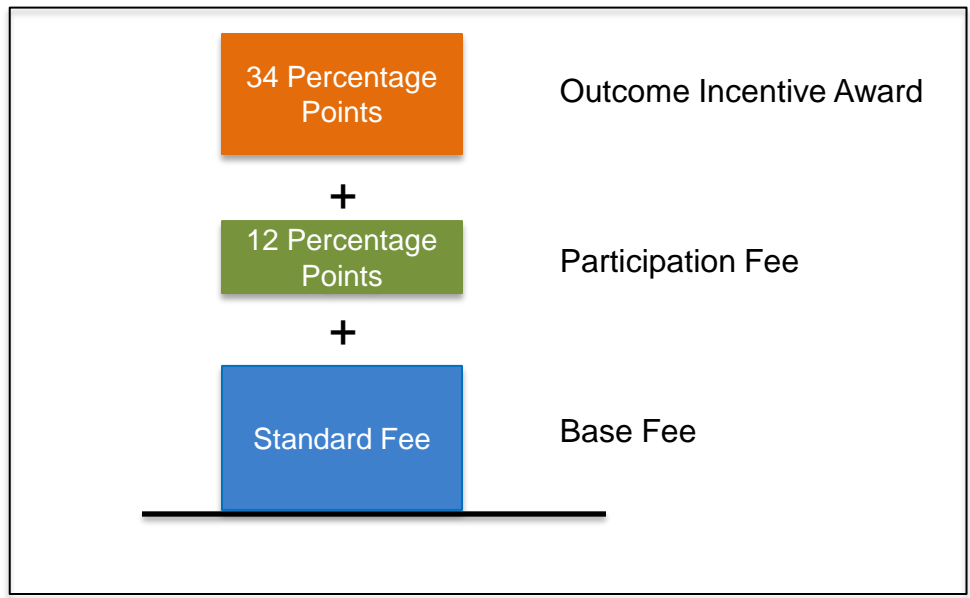
Quality Scorecard Measures (continued)	
Category 4: Member Access	15 points
Online Appointment Scheduling	3 points
Unified Communication Visits / Telemedicine	3 points
Office Hours Before 9:00am and After 5:00pm on Weeknights	3 points
Office Hours on Weekends	3 points
Overall Patient Experience	3 points
Category 5: Structural Capabilities	10 points
Use of E-Prescribing	2 points
Use of Electronic Medical Record (EMR)	2 points
Meaningful Use Attestation	2 points
Medical Home Certification	2 points
Effective Use of Electronic Communication	2 points
Total Potential Points	100 points*

Calculate Award as Intersection of Savings and Quality



OIA Awards: Degree of Savings

PCP PERCENTAGE POINT FEE INCREASE: YEAR 1*					
Quality Score	SAVINGS LEVELS				
	10%	8%	6%	4%	2%
80	67	53	40	27	13
60	56	45	34	23	11
40	46	37	28	18	9



* panels with greater than 3,000 members

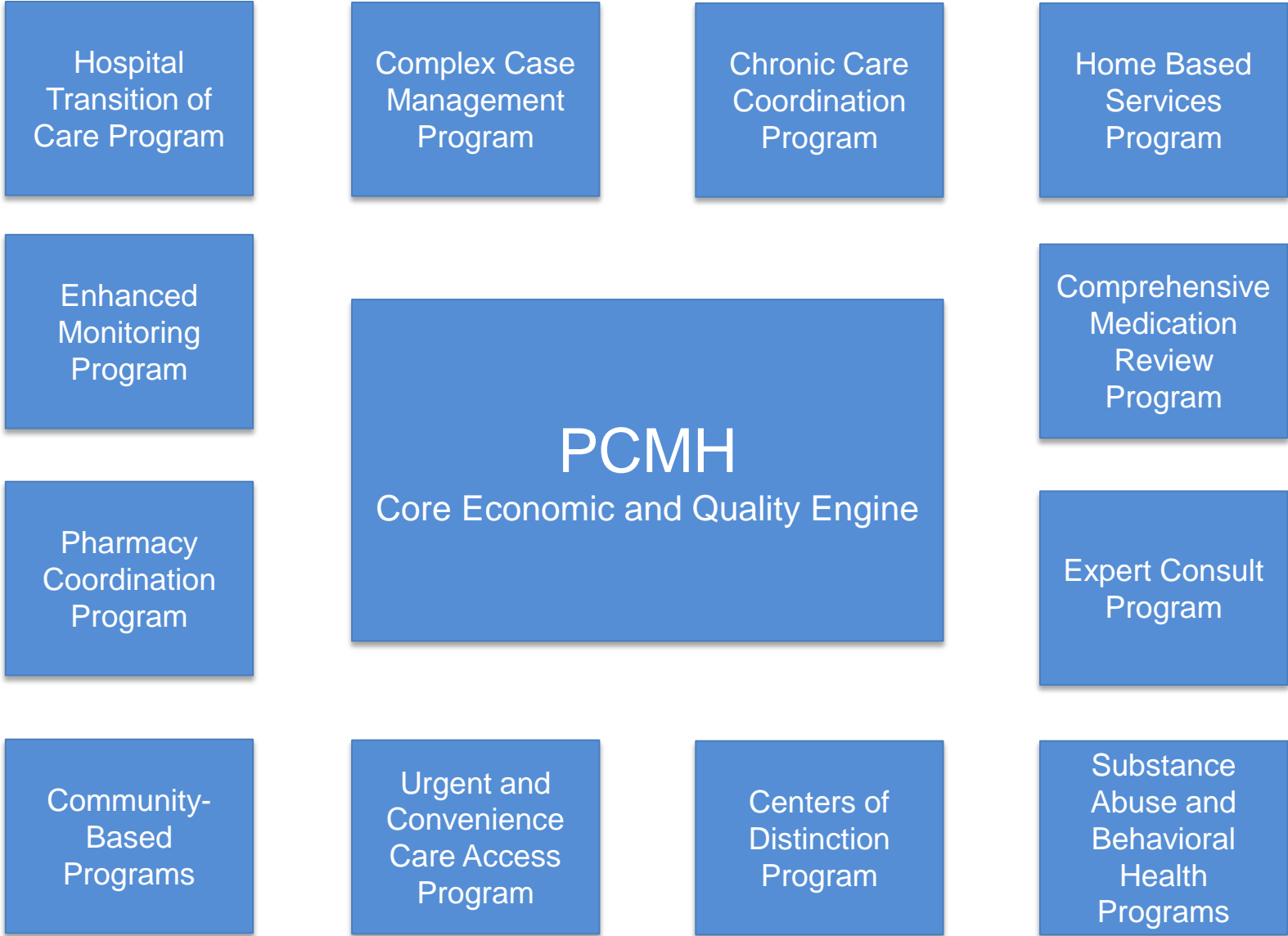
Total Care and Cost Improvement Program (TCCI)

- Experience has shown that ***financial incentives alone are not enough*** to result in a long term bend in the care cost trend curve
- Extensive additional ***supports*** are needed that address the ***entire continuum of care***

***Total Care and Cost Improvement Program (TCCI)
embodies these supports***

- It is not any one thing we are doing – it is a cluster of things all aimed at the same results: ***higher quality + lower costs***

PCMH Program At the Core of TCCI



Four Panel Types – as of January 1, 2014

As of January 1, 2014

Panel Type	Entities	Panels	Practices	Providers	Providers / Panel	Members	Members/ Panel	Members/ Provider
Single Panel Virtual	165	165	972	1,522	9.2	459,413	2,784	302
Single Panel Independent	87	87	87	799	9.2	230,782	2,653	289
Multi Panel Independent	22	102	63	983	9.6	216,425	2,122	220
Multi Panel Health System	9	68	57	743	10.9	153,335	2,255	206
Total	283	422	1,179	4,047	9.6	1,059,955	2,512	262

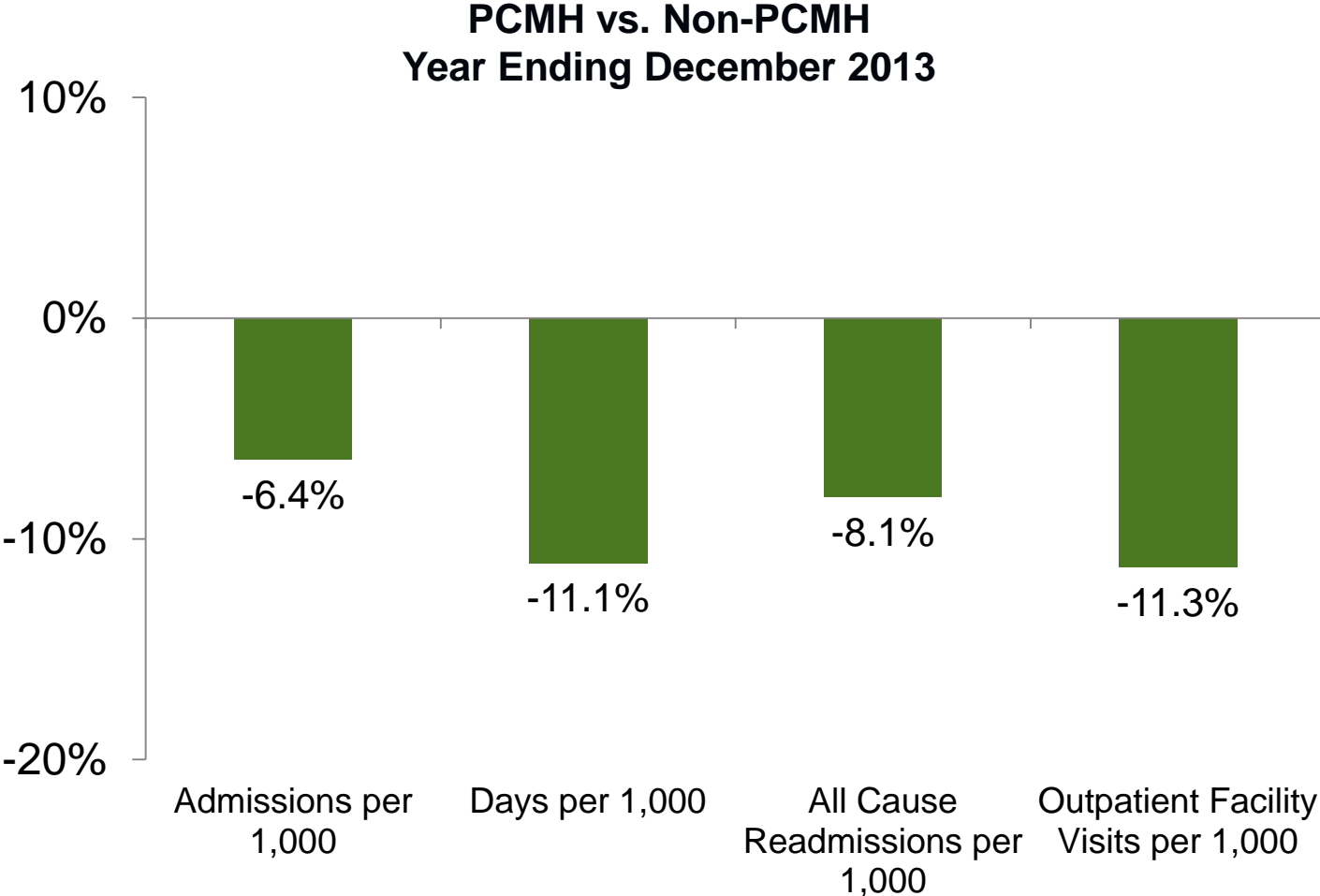
5 Focus Areas for Panels

HealthCheck Profile: 5 Focus Areas for Panels that Most Influence Cost and Quality

5 Key Areas	Weight
Cost Effectiveness of Referral Patterns	35%
Extent of Engagement with the CCC Program and with various TCCI programs	20%
Effectiveness of Medication Management	20%
Reduction in Gaps in Care and Quality Deficits	10%
Consistency of PCP Engagement and Performance within the Panel	15%

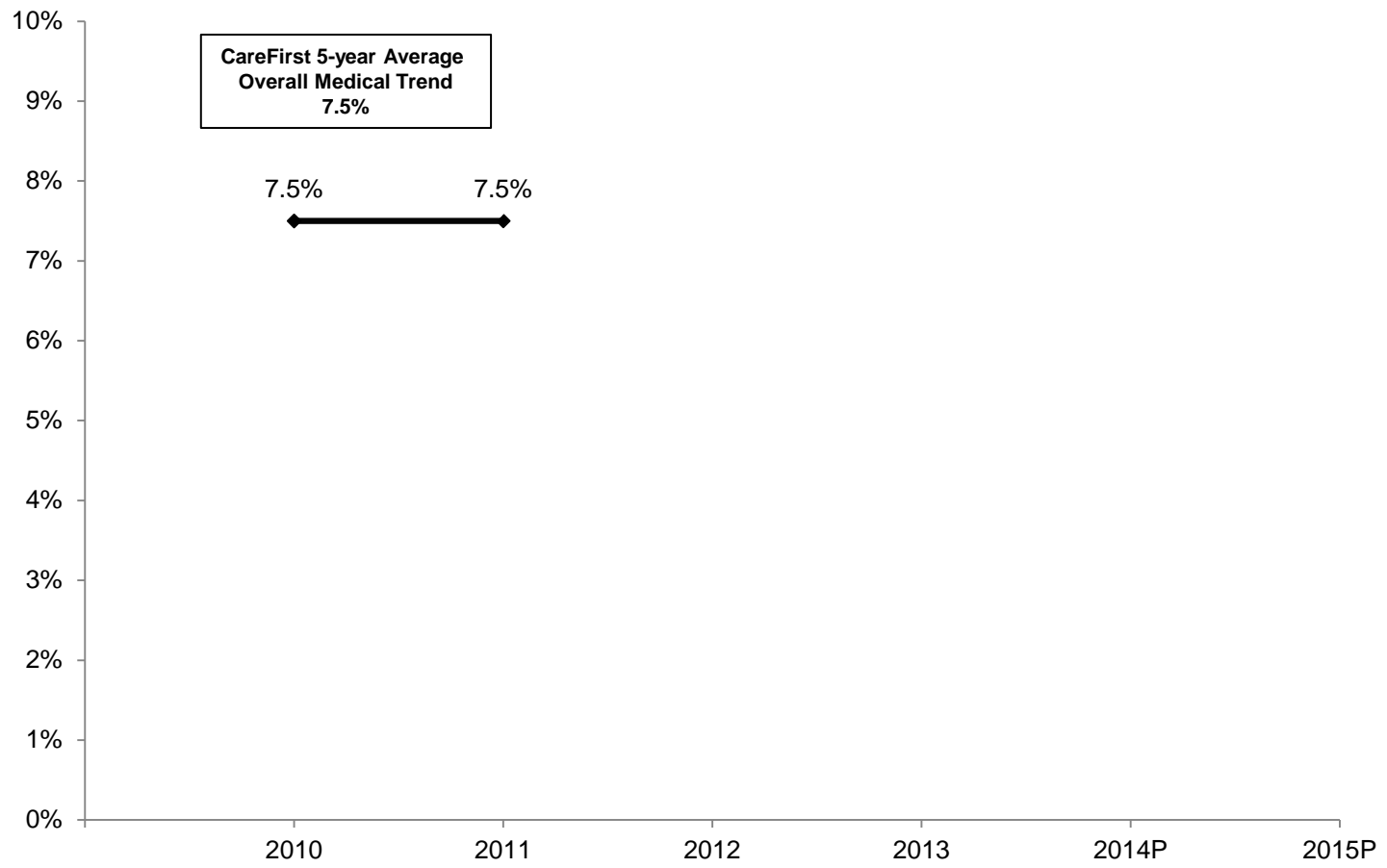
- Of the 291 PCMH Panels participating in 2013, 200 (69%) earned an Outcome Incentive Award (OIA) with an average award of 36 percent.
 - Of the 230 panels participating in 2011-2013, 84 (37%) earned an OIA all three years.
- The “winning” panels in 2013 managed their populations’ cost to 5.2% below target.
- Based on these results for a third year in a row, the PCMH program is clearly demonstrating that it is contributing to a bend in the cost curve.
 - Overall medical trend is projected to be 3.5% in 2014.

Performance Year	% of Panels Receiving OIA	Average Award
2011	60%	25%
2012	66%	33%
2013	69%	36%



Source: CareFirst Health Care Analytics – PCMH population compared to attributed Non-PCMH PCP population. Includes data through EOY 2013, paid through March 2014. Exclusions: Medicare Primary, Catastrophic, TPA, and out of area.

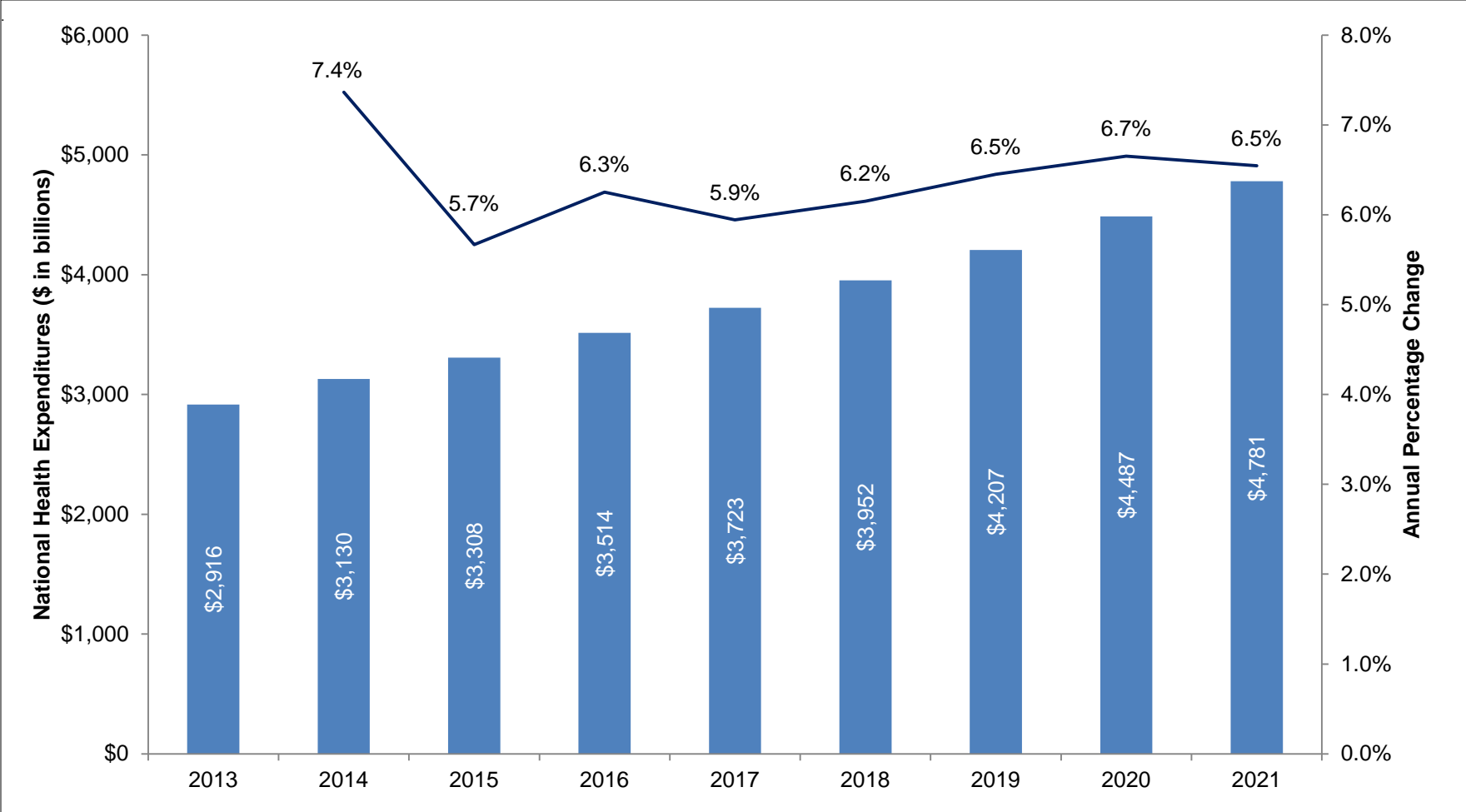
Cost Avoided by “Bending the Curve”



Projected 63 Percent CAGR Between 2013 and 2021

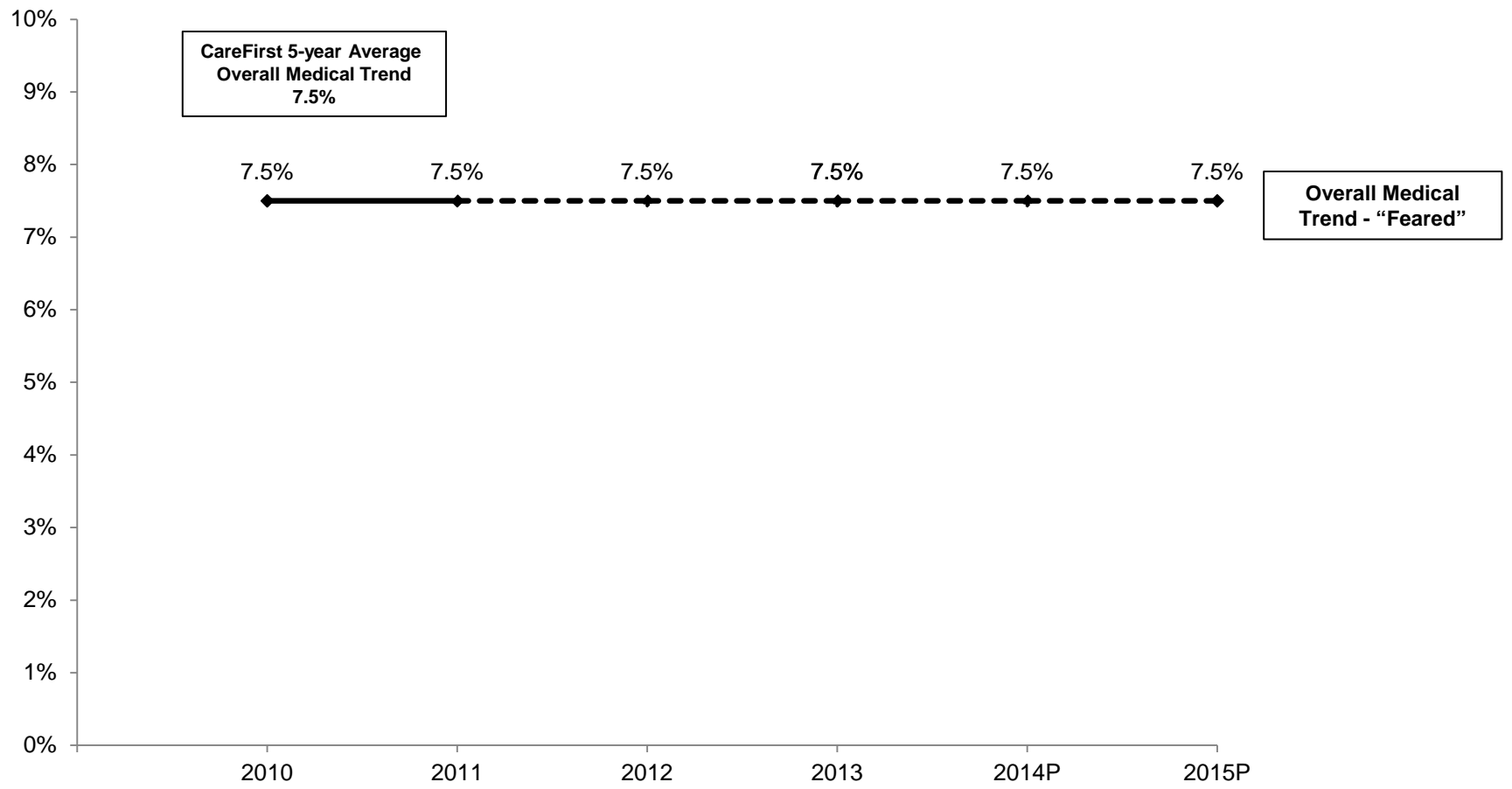


Projected Growth in National Health Expenditure (NHE), Calendar Years 2013-2021

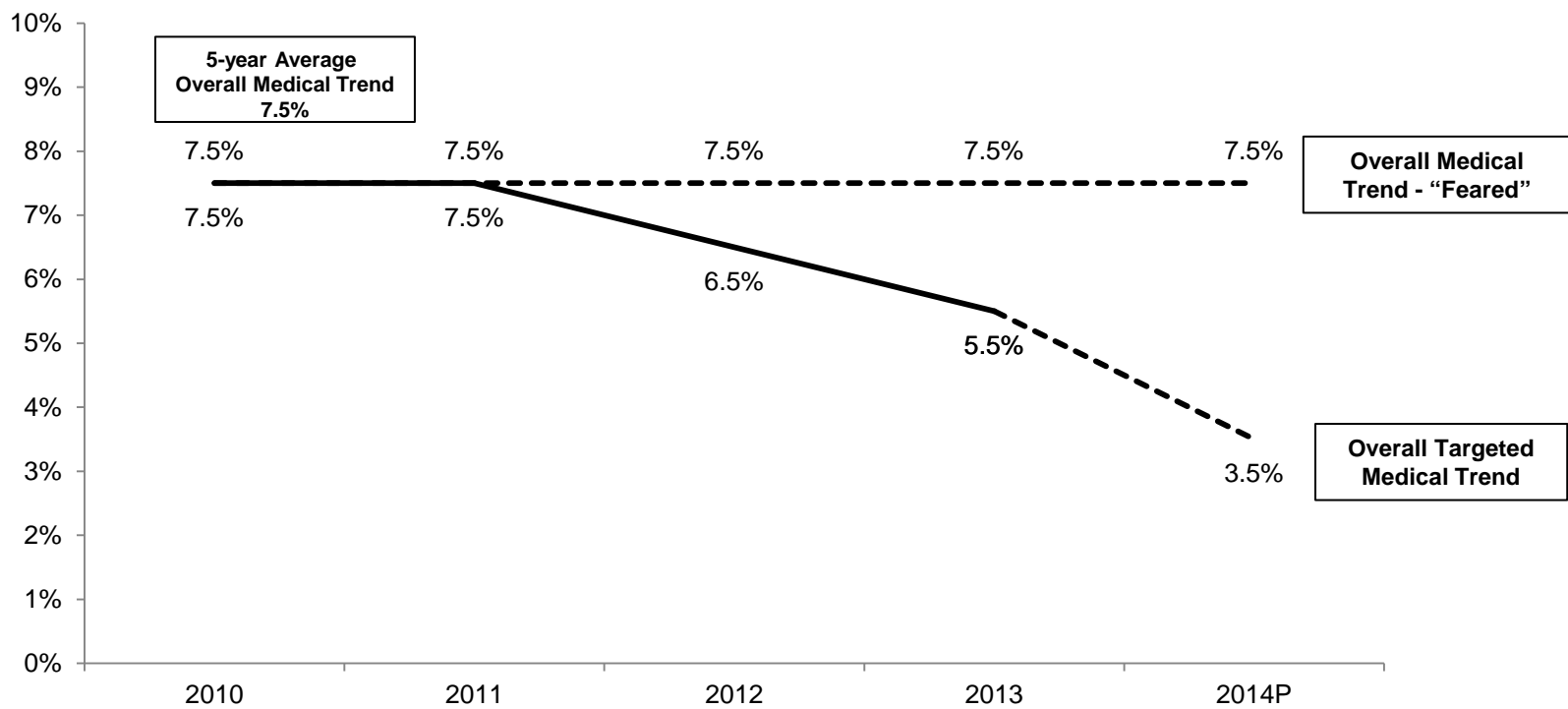


Source: Centers for Medicare and Medicaid Services (CMS), Office of the Actuary, NHE Web Tables, January 2011.

Cost Avoided by “Bending the Curve”

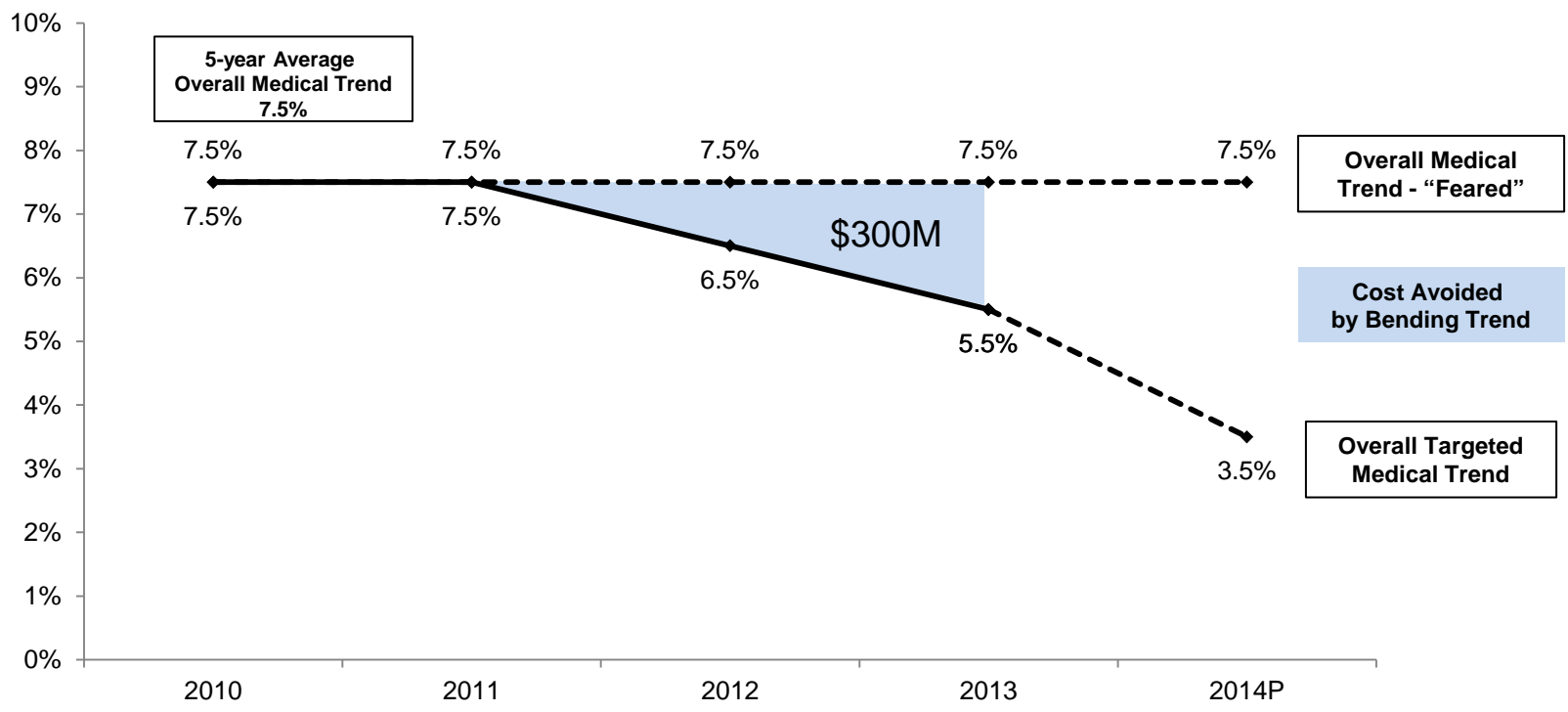


Targets for “Bending the Curve” – “Hoped for” Change



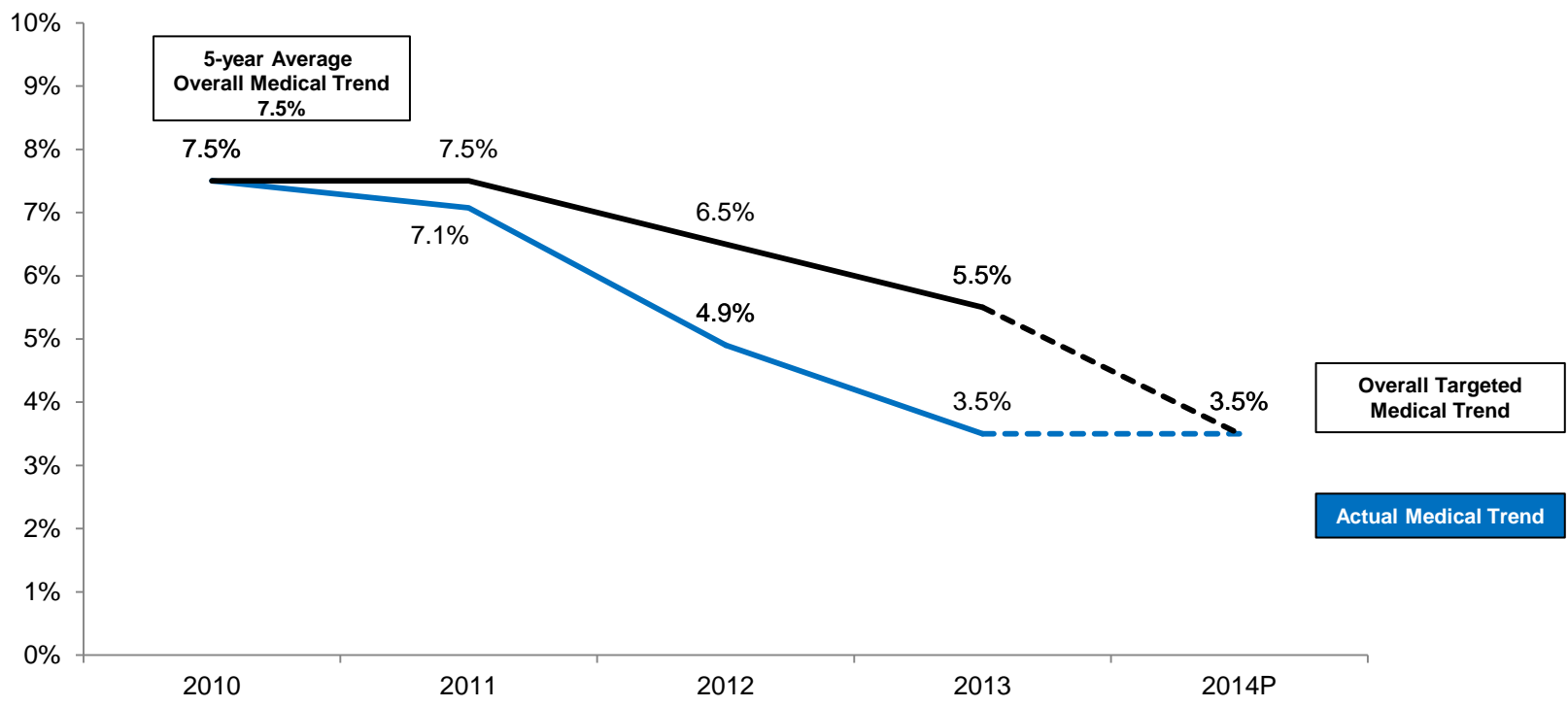
Source: CareFirst HealthCare Analytics - Updated May 2014

Value of Targeted Medical Trend



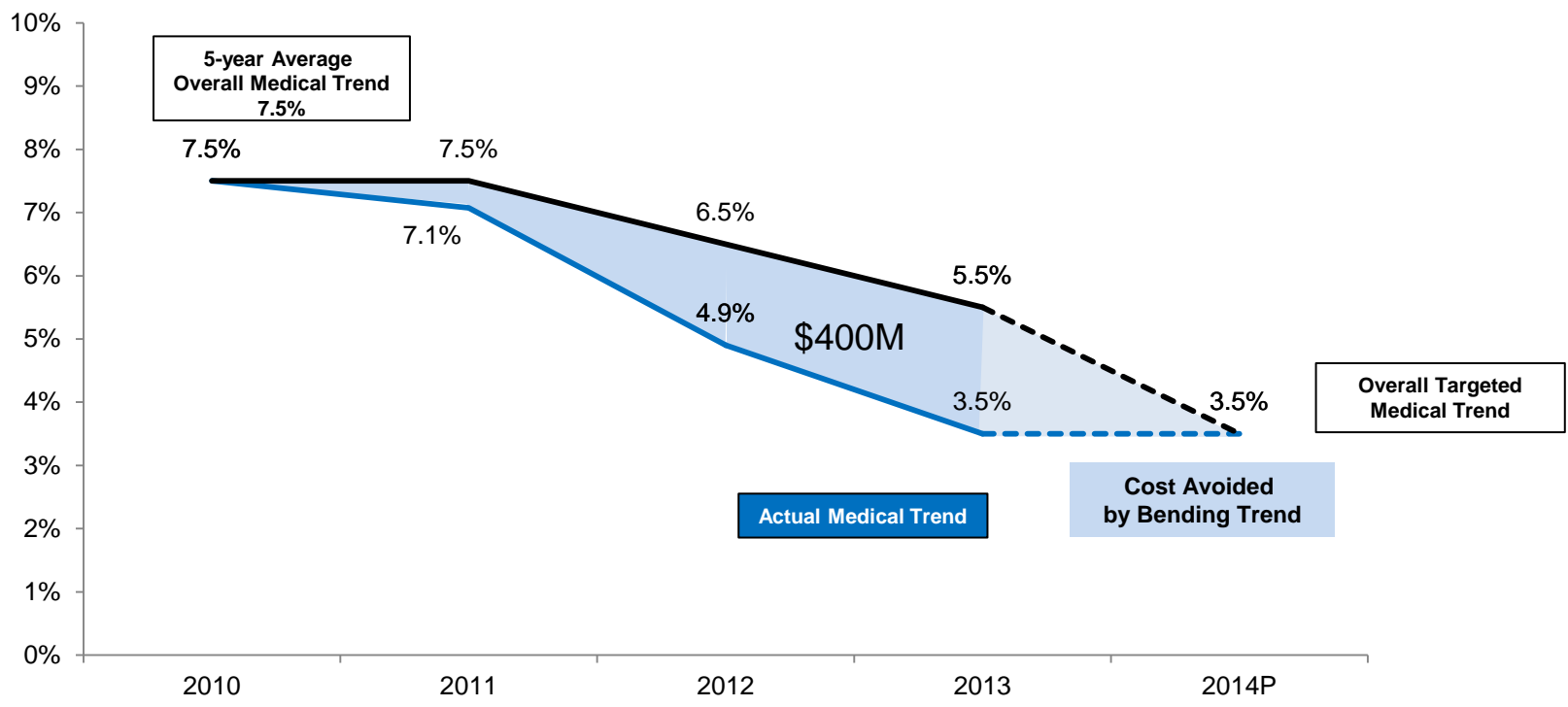
Source: CareFirst HealthCare Analytics - Updated May 2014

Actual Medical Trend Substantially Better than Target



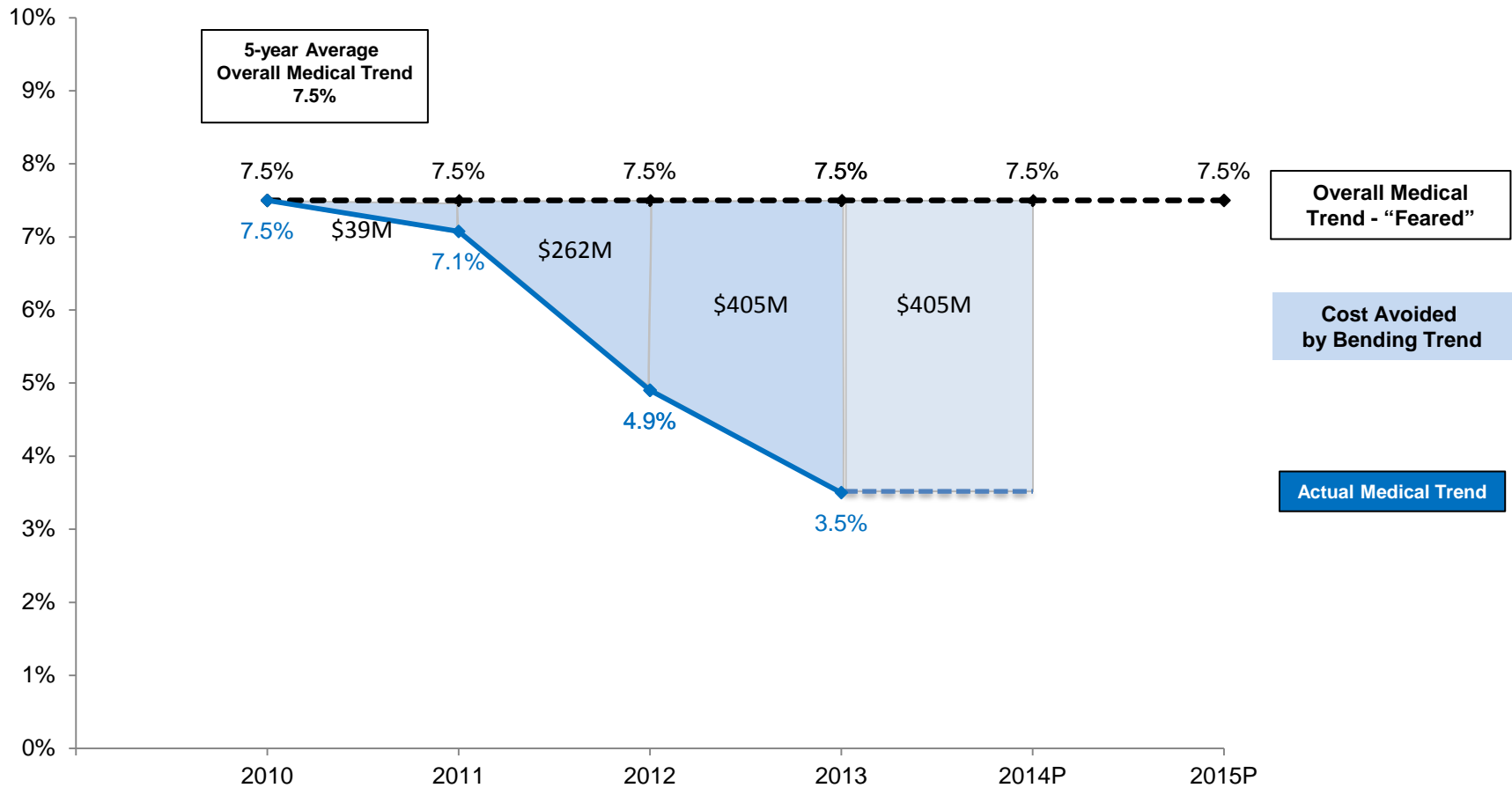
Source: CareFirst HealthCare Analytics - Updated May 2014

Actual Medical Trend Substantially Better than Target



Source: CareFirst HealthCare Analytics - Updated May 2014

Cost Avoided by “Bending the Curve”



- Over the three years of the program, approximately \$700 million in cumulative cost avoidance.

Variation in Cost Among PCMH Panels

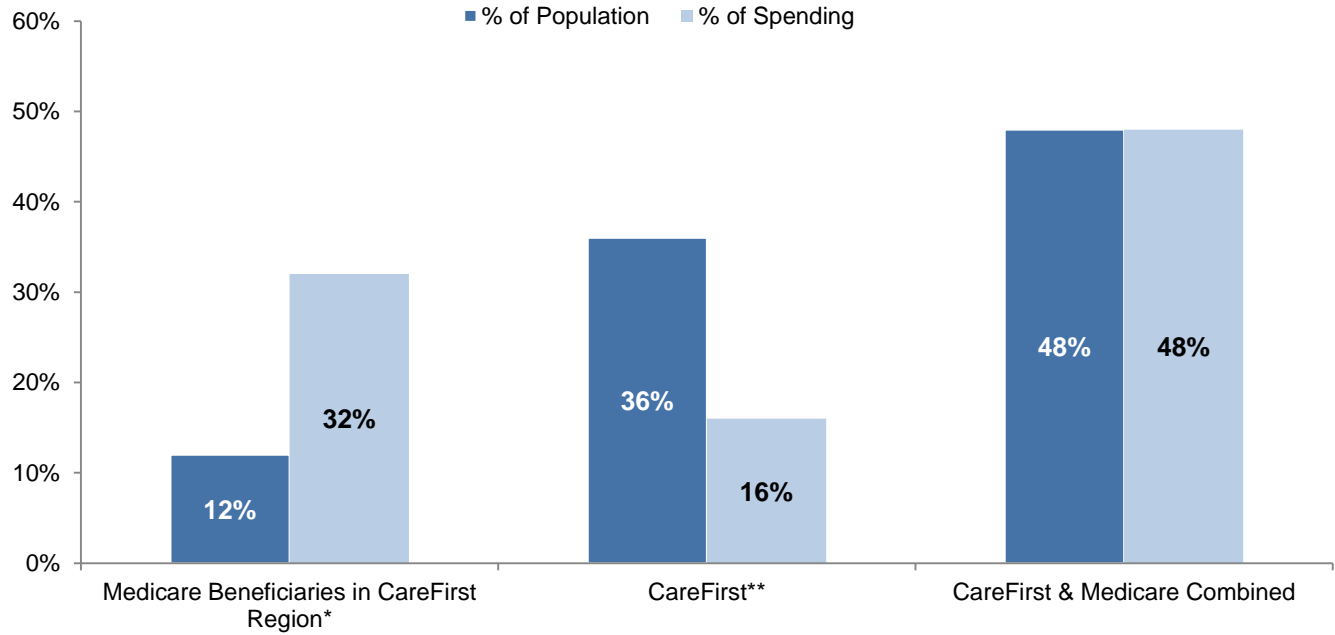
- The difference in PMPM between the top and bottom quartiles is nearly 30% - primarily a result of referral decisions

Cost Quartile	Risk Adjusted Medical PMPM
1	\$228.21
2	\$246.13
3	\$265.19
4	\$295.56
Total	\$254.05
Bottom Q % O/(U) Top Q	29.5%

CareFirst & Medicare Together – Establishing a New Model of Care for the Region



Taken together, CareFirst and Medicare account for nearly half of the insured population and health care spend in the region



- 14 Panels
- 135 PCPs
- 38,000 beneficiaries

*Medicare beneficiaries include managed care and FFS beneficiaries

**CareFirst total population, excluding members outside of CareFirst Service Area

Source: Kaiser Family Foundation State Health Facts (2011-2012); CMS spend is 2012 estimated from CMS Health Expenditures by State of Residence, 2009, CareFirst December 2012 Unified Enrollment Report (UER) and 2012 Measures that Matter (MTM)

Looking Forward

- CareFirst is greatly encouraged by the results to date
- Results for early 2014 indicate that the program's impact on overall medical trend will continue
- Trend so far for 2014: 3.5 percent

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 7/12/18)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid 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, please call 855-258-6518.

If you believe CareFirst 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 our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

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
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtẹ̀tíléko: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójútòfò rẹ̀. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésẹ̀ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ̀ lófèfè. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lẹ̀yìn kààdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijíròrò tí tí a ó fì sọ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì sọ ọ̀ pò mò ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawang ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsòò-wùdù (Bassa) Tò Dùù Cáò! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́éa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàè dεín nyε. Nyò t̀òò séín m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀ò 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀úǐn, pò wuqu m̄ ḿ pòε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aa'ahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowól t'áa nínizaad bee t'áa jii'k'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éí kójjí' dahóoolnih 855-258-6518 dóo yíi dii'łts'ííł yałtí'ígíí t'áa níléj'í' áádóo éí bikéé'dóo naasbaqas bił adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yániłt'í'ígíí yíi diikił dóo ata' halne'é lá níká'ádoowól.