



BlueCross
BlueShield
Minnesota



UNDERSTANDING YOUR HEALTH PLAN

2017 HEALTH PLAN ENROLLMENT

Waconia School District #110 - PPO Plan Option

CONTACTS

CUSTOMER SERVICE

Toll free at **1-866-873-5943**

TTY toll free **1-888-878-0137**

Monday – Friday, 7 a.m. to 8 p.m. CT. We will provide interpreter services, if needed.

FIND A DOCTOR

Use the “Find a doctor” web tool on **bluecrossmnonline.com**

Select BlueCard PPO

Or call **1-800-810-BLUE (2583)**

ONLINE CARE

Go to **DoctorOnDemand.com/bluecrossmn**

PRESCRIPTION DRUGS

Mail order prescriptions: Call PrimeMail at **1-877-35-PRIME (1-877-357-7463)** or log in at **bluecrossmnonline.com** and select “Prescriptions”

HEALTH AND WELLNESS RESOURCES

Log in to see a full list of health and wellness resources and tools

Quitting tobacco support

1-888-662-BLUE (2583)

Nurse line

1-800-622-9524

Employee assistance program

1-800-432-5155 or TTY **1-800-223-5822**

Fitness discounts

To find a participating fitness center, log in at **bluecrossmnonline.com**. Under “Wellness,” select “Fitness discounts”

Maternity management

(651) 662-1818 or toll free at **1-866-489-6948**

RETAIL LOCATIONS

We also have retail locations available for your convenience to assist you with any health plan questions you may have. Minnesota locations include: Edina, Roseville, Duluth and Minneapolis.

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YOU'RE IN CONTROL

Blue Cross and Blue Shield of Minnesota is proud to provide quality health plan coverage you can count on. By enrolling in your employer's plan, you'll enjoy financial protection and peace of mind when unexpected medical claims happen. You can take charge of your health with preventive care and wellness benefits designed to help you and your family live life to the fullest.

When you're choosing a health plan, you want to see a breakdown of costs and find out exactly what you're getting. You also want to feel confident that you're making a smart decision for yourself and your family. We're here to make this process as easy as possible for you.

CHOOSE WHAT'S BEST FOR YOU

It's all about asking the right questions. Although the best choice is different for everyone, it typically depends on three factors:

HOW MUCH
DOES IT COST ?

WHAT'S
COVERED ?

WHERE CAN I
GO FOR CARE ?

LOOK AT THE COSTS

The premium is probably the first thing you look at when comparing health insurance plans. However, the premium alone does not give you a full picture of the costs you'll pay for your health care. Let's explore the different types of costs and how they fit together.



Premium

Your monthly payment for health insurance. The employee portion of the premium may be a pre-tax deduction from your paycheck. Your employer pays the remaining balance of the premium amount.



Copays and Coinsurance

Once you meet your deductible, you may pay a percent of the cost for some services. This is called coinsurance. You may also pay a flat fee, called a copay. Your plan pays the rest for covered care that is in network.



Deductible

This is how much you pay for care each year before your plan begins to pay. Once you reach your deductible, you and your plan will share the cost for some services (coinsurance). Your plan may pay for in-network preventive care at no cost to you, even if you haven't met your deductible. Your plan may have copays. These fees don't count toward your deductible.



Out-of-pocket maximum

Your plan may set an out-of-pocket maximum. This is the most you will pay for care each year. Once you reach the maximum, your plan pays for covered in-network care for the rest of the plan year. You will still need to pay your premium each month.



HOW TO PAY FOR YOUR CARE

1

You go to your health care provider



2

Your provider files the claim (in-network)



3

You receive an Explanation of Health Care Benefits (EOB) (This is not a bill)



4

You receive a statement from your provider



5

You pay your provider for your portion of the costs



MAP OUT YOUR CHOICES

Your estimated health care costs and comfort level with budgeting for health expenses may help point to a plan with a high or low deductible. You also need to consider who needs to be covered and what's most important to you in a health plan.



HOW YOU USE HEALTH CARE

- Do you and your family visit the doctor frequently?
- Do you anticipate needing major surgery?
- Do you or your family members take any prescriptions regularly? At what cost?

If you answered yes to any of these questions, you might consider a **plan with a low deductible** that covers more of your out-of-pocket costs.



COVERAGE FOR YOUR FAMILY

- Do you need insurance coverage for your spouse or family?
- What's the cost for covering your spouse or family?

Explore all of the health insurance options available to your family, including your spouse's employer plans and the health insurance marketplace.



YOUR HEALTH CARE BUDGET

- Are you comfortable paying higher costs when you need health care — and saving money on your monthly premium as a result?
- Do you anticipate infrequent use of health care services or pharmacy?
- Do you have a financial safety net for unexpected health care costs?

If you answered yes to these questions, you might consider a **high-deductible health plan**. Aim to save enough money to cover your deductible amount.



OTHER THINGS TO CONSIDER

- Do you want to keep your current doctor? Or would you be OK finding a new doctor if you could save money?
- Do you use special medical equipment?
- Do you take specialty medications? (High-cost drugs for complex conditions)

Identify what's most important to you and find out if it's covered by the plan.

Waconia School District ISD #110
PPO Plan
Aware PPO Plan with \$20 copay

	In network* MN network — Aware National network — BlueCard PPO	Out of network**
Plan-year deductible All network deductibles accumulate separately. Deductible carryover applies.	Medical \$0 single \$0 family	Medical \$200 single \$600 family
Coinsurance	100%	Deductible then 75% coins.
Plan-year out-of-pocket maximum The out-of-pocket maximums for all networks accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical \$750 single \$1,500 family Prescription: \$300 per person; \$500 per family	Medical \$1,500 single \$3,000 family Prescription: \$300 per person; \$500 per family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations	100% 100% 100% 100% 100% 100%	100% 100% Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins.
Physician services • e-visits/ Doctor on Demand • in-hospital medical visits • surgery and anesthesia • professional lab services • office visits due to illness or injury • urgent care (clinic-based) • retail health clinic • professional diagnostic imaging • allergy injections and serum	100% 100% 100% 100% 100% after \$20 copay 100% after \$20 copay 100% 100% 100%	Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins.
Other professional services • chiropractic manipulation • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy	100% after \$20 copay 100% 100% 100% after \$20 copay	Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins.
Inpatient hospital services	100%	Deductible then 75% coins.
Outpatient hospital services • facility diagnostic imaging • facility lab services • chemotherapy and radiation therapy • physical, occupational and speech therapy • scheduled outpatient surgery • urgent care (hospital-based)	100% 100% 100% 100% 100% 100%	Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins.
Emergency care • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility equipped to treat condition)	100% after \$40 copay 100% 100%	

	In network* MN network — Aware National network — BlueCard PPO	Out of network**
Medical supplies	100%	Deductible then 75% coins.
Behavioral health (mental health and chemical dependency care) • inpatient care • outpatient care • professional care	100% 100% 100%	Deductible then 75% coins. Deductible then 75% coins. Deductible then 75% coins.
Prescription Drugs • retail (34-day limit) FlexRx preferred drug list • open plan design • preferred generic • preferred brand • non-preferred	\$15 copay \$25 copay \$40 copay	\$15 copay \$25 copay \$40 copay
• 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list • open plan design • preferred generic • preferred brand • non-preferred	\$30 copay \$50 copay \$80 copay	No coverage No coverage No coverage
• 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list • open plan design • preferred generic • preferred brand • non-preferred	\$30 copay \$50 copay \$80 copay	No coverage No coverage No coverage
<p>90dayRx applies to participating and/or mail service pharmacy. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is selected when a generic drug is available. The drug list uses a step therapy program. Log in at bluecrossmnonline.com and select "Prescriptions," then see "frequently asked questions."</p>		

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmnonline.com.

Lowest out-of-pocket costs: in-network providers*

Higher out-of-pocket costs: out-of-network participating providers**

Highest out-of-pocket costs: out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This is only a summary. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or non-fault insurance.

For more information, visit bluecrossmnonline.com or call Blue Cross customer service at the number on the back of your member ID card.

GET CONNECTED

Sign up for an account once you receive your member ID card. You'll have easy access to your health plan information, claims and wellness tools. Registering for an account is an important first step to getting personalized information about your health plan. In addition to current claims data and your online benefit booklet, the search tools will be specific to your network and benefits.

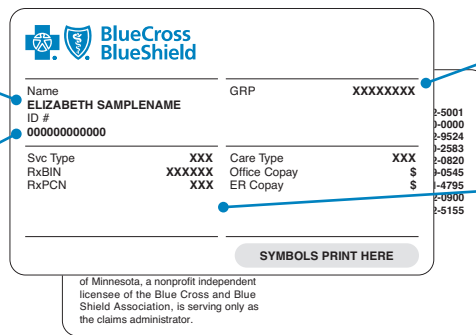
HERE'S WHERE TO FIND THE INFORMATION YOU NEED ON YOUR ID CARD

Member name

Each family member covered by your plan will have an ID card. This includes minor children.

Member ID number

Your ID number is unique. It helps providers look up your plan details. We also use it to track expenses.



Group number

This is your employer's plan ID.

Plan details

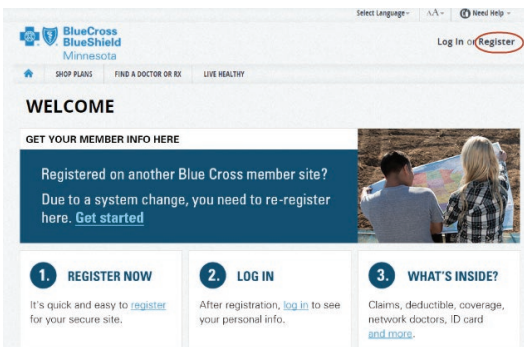
Contact information is on the back of your ID card so you can reach us when you have questions.

You'll need your ID card to create an account. Be sure to have it handy when you register.

HERE'S HOW TO REGISTER

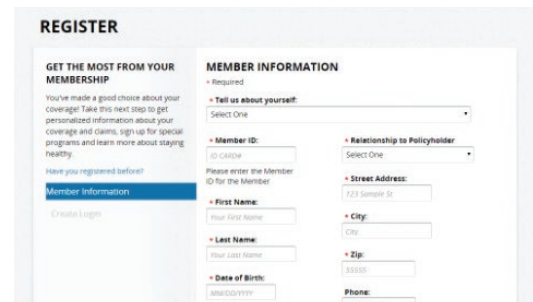
1

Click register.



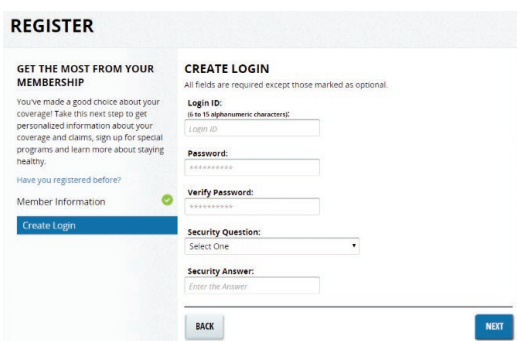
2

Fill out the registration page using your information as it appears on your ID card.



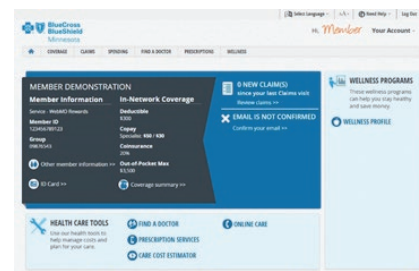
3

Create your login ID and password.



4

The system will log you in. Next, you'll see your home page. This is where you can view your personal information.



UNDERSTANDING COVERAGE AND NETWORKS

NETWORKS

When you use “in-network” doctors and hospitals, you will get better coverage. “In-network” providers have a relationship with your insurance company. (If you use an out-of-network doctor or hospital, you may have to pay more.) Blue Cross always covers urgent and emergency care services, even if you are out of town. If necessary, you may be eligible for non-emergency outside service coverage. For more information, review your benefit booklet or call customer service.

NATIONAL AND INTERNATIONAL COVERAGE

The national BlueCard® network gives you access to more than 92 percent of providers in the U.S. and Blue Cross Blue Shield Global Core (formerly known as BlueCard Worldwide®) gives you access in more than 200 countries.

Open access You can go to any doctor, specialist, behavioral health provider or hospital that is in your network for care — no referral required. This plan is an “open-access” PPO plan. Open access means you can see any provider you choose. However, coverage levels vary depending on the provider’s network status and the type of service received. Check your benefit plan materials for information about specific networks available to you.

MN NETWORKS

Aware® network – This is an open-access network, which means you can see the health care providers you want without a referral. This network includes 100 percent of hospitals and 98 percent of physicians in Minnesota.

Each health care provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.



FINDING A DOCTOR

To see if a specific primary care, specialty care, behavioral health care or hospital is in your network, log in to your account and use the online search tools by selecting “Find a Doctor.”

bluecrossmnonline.com

SEEING A SPECIALIST

You don’t need a referral to see a specialist in your network. In-network specialists are listed in the online search tools. Or, you can call customer service, too.

KNOW WHERE TO GO FOR CARE

Choosing the right place for your care can help you get the level of medical care you need. Plus, it can save you time and money.



DOCTOR ON DEMAND

DoctorOnDemand.com/bluecrossmn

Minor health issue
 Get care at home from a virtual, face-to-face website staffed with board-certified doctors

- Cold, cough and flu
- Ear and eye infections
- Sore throat



Minimal or no wait time



CONVENIENCE CLINIC

Open extended hours (nights/weekends)

Minor health issue
 No appointment needed for treatment of minor health issues

- Cold, cough and flu
- Ear and eye infections
- Sore throat



Short wait times



OFFICE VISIT

Open during regular clinic hours

Preventive/routine care or health concern
 Make an appointment for preventive care, routine care and health issues

- General health issues
- Preventive care
- Screenings and vaccines
- Referrals to specialty care



Wait times vary



URGENT CARE CLINIC

Open extended hours (nights/weekends)

Urgent – not life threatening
 Drop in for medical care that is urgent but not life-threatening

- Minor cuts, sprains and burns
- Skin rashes
- Fever and flu
- X-rays and lab testing



Varies, typically longer than an office visit



EMERGENCY ROOM (ER)

Open 24/7

Life threatening
 Call 911 or go to the nearest ER if the situation seems life-threatening

- Chest pain
- Shortness of breath
- Uncontrolled bleeding
- Poisoning or other serious illness/injury



Longer if you go with a minor condition

HOW YOUR PHARMACY BENEFITS WORK



WHERE TO FILL PRESCRIPTIONS

You can fill your prescriptions by mail, at a retail store or at a specialty pharmacy. All these types of pharmacies can be found in your pharmacy network — a group of pharmacies that have relationships with your health plan. Using an in-network pharmacy can help you save money and time.

Find a pharmacy

It's easy to fill your medicines at network pharmacies. Just bring your prescription and member ID. (If you use a pharmacy that is not in your network, it will not be covered by your plan.)

Log in at bluecrossmnonline.com to find a list of network pharmacies.



90-day Rx at retail or by mail

Order your long-term medicines. Receive up to a 90-day supply of your medicine anywhere in the U.S.

To order by mail, register or log in at bluecrossmnonline.com, then select the "Prescriptions" tab.

Specialty pharmacy

Specialty medicines for illnesses like multiple sclerosis or hemophilia generally cost more or require extra support to use. You might have to use a pharmacy that specializes in treating a certain condition.

Call customer service to find the right specialty pharmacy.

COVERED MEDICATIONS

Check the list of medicines covered under your pharmacy benefits (called a formulary). Doctors and pharmacists have carefully selected the generic and brand-name drugs on the list. Drugs that aren't on this list may cost you more. To get more details about your pharmacy plan or the GenRx preferred drug list, log in at bluecrossmnonline.com. Select "Prescriptions" or call the number on the back of your member ID card.

To get more details about your pharmacy plan or the preferred drug list, log in to your account or call customer service.

Blue Cross has special programs that help to make sure that you are getting the right drugs for your needs. These programs include:

- **Step therapy** program uses a "step" approach with drugs for certain conditions. This means that you may have to first try a safe, lower-cost drug, or one that may be more clinically effective, before "stepping up" to a different drug.
- **Quantity limits** control how often or the amount you can get filled at once. These limits promote safe, cost-effective drug use. They also help reduce waste and overuse.

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services

WELLNESS RESOURCES FOR YOU

As a member of Blue Cross and Blue Shield of Minnesota, you can use these resources at no additional cost to you.

LOG INTO YOUR ACCOUNT AND THEN LOOK FOR:

WELLNESS TOOLS AND RESOURCES

Online health information	Access a WebMD library of articles, videos, quizzes and calculators about health conditions, diseases, procedures and prescriptions.	Select "Additional Resources" under the Wellness tab.
Digital Health Assistant	Self-guided online programs that help support members that want to eat better, lose weight, quit tobacco, exercise, conquer stress and/or feel happier.	Select "Additional Resources" under the Wellness tab.
Wellness profile	Answer a questionnaire to learn about your current health and find areas where you can improve.	See "Wellness Profile" under the Wellness tab.
Fitness discounts	Receive up to a \$20 credit for working out 12 days per month at a participating fitness center.	Select "Fitness Discounts" under the Wellness tab.

PROFESSIONAL PHONE OR VIRTUAL SUPPORT

Online care	Get care online from Doctor On Demand, a virtual, face-to-face website staffed with board-certified doctors.	DoctorOnDemand.com/ bluecrossmn
Nurse line	Call for professional medical advice and information from registered nurses. This service is available 24 hours a day, seven days a week.	Select "Nurse line" under the Wellness tab.
Employee assistance program (EAP)	Get confidential, short-term counseling by licensed professionals over the phone. You can also receive a referral for in-person counseling.	1-800-432-5155
Quitting tobacco support	Develop and maintain a quit plan with information and support from a wellness coach.	1-888-662-BLUE (2583) or select "Quitting Tobacco" under the Wellness tab.
Health coaching	Receive support if you have a chronic or severe illness. Our health coaches provide help between doctor office visits and a health coach can help you make informed choices about your health to lead the most optimal lifestyle.	1-800-961-4758
Maternity management	Receive prenatal support and advice on how to stay healthy during your pregnancy and prepare for the arrival of your baby.	1-866-489-6948

HEALTH PLAN NAVIGATION TOOLS

Find a doctor tool	Search for doctors, clinics and hospitals in your network. Review cost and quality, read and share patient reviews.	See "Find a Doctor or Rx" tab.
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GLOSSARY

HELPFUL TERMS TO KNOW

Your health plan will make more sense if you know a few important terms.

Allowed amount: The most your plan will pay for covered care. Our providers accept this amount less any fees or copays you may owe. The Allowed Amount may vary from one provider to another for the same service.

Coinsurance: The amount you may pay for some services once you meet your deductible. The cost is a percent of the allowed amount and is set by your plan. For example:

Allowed amount:	\$100 (after Blue Cross discount)
Plan pays:	-\$80 (80 percent)
You pay:	\$20 (your 20 percent coinsurance)

Complaint: Voice concerns about your health plan or the care provided to you. You file a complaint either orally or written.

Copay: A small flat fee you pay for some services. Copays vary by type of service. In most cases, your copay is due at the time you receive service.

Coverage decision: A decision given in writing that we make about your benefits and coverage or about the amount we will pay for your medical services or drugs. You may request an appeal, either orally or written, if you do not agree with our decision.

Deductible: The amount you pay for covered care each year. Once you reach this amount the plan pays. Say your deductible is \$1,000. You have paid \$800. You must pay \$200 more before your plan pays.

Deductible carryover: Some costs that apply to your deductible may carry over to the next year. In most cases these costs occur in the last three months of your plan year.

Eligible services: Health care that is covered by your plan.

Explanation of Health Care Benefits (EOB): We send a letter that tells you how your claim was processed. The letter shows the services you received and how much was billed. It also shows how much your plan paid and any amount you owe.

In-network provider: Providers in your plan that give you the most coverage. They obtain authorizations and file claims. Outside of Minnesota, they may or may not perform these services for you. Check before you receive care.

Member portal: A secure place for members. You can use it to manage your health, costs and personal information.

Non-embedded deductible: Plan begins paying benefits that require cost sharing once the entire family deductible is met. The deductible can be met by one or a combination of several family members. The single deductible applies to single coverage only.

Nonparticipating provider: A provider that is not part of a Blue Cross plan. You must obtain authorizations and file claims. You may pay more when using these providers. See your plan for details.

Out-of-network provider: A provider that is not in your plan. You may pay more when using these providers. Check to find out if you will need to file claims or if the provider will file for you.

Out-of-pocket maximum: The most you must pay for covered care in a plan year. Once you reach this amount, your plan will pay 100 percent for eligible services.

Participating provider: A provider that is in a Blue Cross plan. They may be in or out of network. Costs may vary by plan.

Preferred drug list: An extensive list of FDA-approved prescription drugs preferred by your health plan.

Provider: We use this term to refer to doctors, clinics, hospitals and other health care professionals.

Retail health clinic: These clinics treat a limited list of common illnesses. They are often located in or near a retail store.

DISCLOSURES

BETTER CARE THROUGH QUALITY IMPROVEMENT

Every year, Blue Cross reviews the care delivered to our members. This review determines the goals for the quality improvement program. The program currently has many goals to improve health services.

Making sure our members receive preventive services and health screenings; making sure people with health problems, like heart disease, receive treatment; and improving the customer service experience are just a few of the goals in the program.

MORE DETAILED INFORMATION IS AVAILABLE

You can get more information regarding Blue Cross' process and outcomes in meeting quality improvement goals related to member care and service. You can see more information about our quality improvement program when you log in at bluecrossmnonline.com. See "Health Plans 101" in "Coverage."

MEDICAL DECISIONS

Decision making is based only on appropriateness of care and service and existence of coverage. Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) does not compensate providers, practitioners or other clinical individuals conducting decision-making activities for denials of coverage or service. Blue Cross does not offer incentives to decision-makers to encourage denials of coverage or service that would result in less than appropriate care or under-utilization of appropriate care and services.

HELPING ADOLESCENTS TRANSITION TO ADULT HEALTH CARE

When you're a teenager new to advocating for your own health care, or one who has a chronic illness, it can be even more challenging to make the transition to adult-oriented care.

For adolescents seeing a pediatrician, the transition will involve choosing a new physician, transferring medical records, and communicating treatment histories and insurance information. It's important to have this conversation with your pediatrician or family physician. Go to bluecrossmnonline.com to use the "Find a doctor" tool or call customer service for assistance.

PROTECTING YOUR PRIVACY IS VERY IMPORTANT TO US

We're telling you about Blue Cross and Blue Shield of Minnesota's privacy policy so you know what information we collect, why we collect it and what we do with it. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule affords members the right to receive a notice that describes how health information may be used and disclosed and how to get access to this information. This notice is posted online at bluecrossmnonline.com and can also be mailed to you by calling customer service and requesting a copy of the Notice of Privacy Practices. To access the notice online, go to bluecrossmnonline.com and select "Privacy & Legal" at the bottom of the page.

MEMBER RIGHTS AND RESPONSIBILITIES

You can view the member rights and responsibilities notice when you log in at bluecrossmnonline.com. See "Health Plans 101" in "Coverage."

NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

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

This notice has important information about your application or health plan coverage. Look for key dates in this notice. You may need to take action by certain deadlines to keep your coverage or to receive help with costs. If you, or someone you're helping, has questions about this notice or health plan coverage, you can receive help and information in your language at no cost. To talk to an interpreter, call the toll free number below. For TTY, call 711.

Este aviso tiene información importante sobre su solicitud o cobertura del plan de salud. Busque fechas clave en este aviso. Es posible que deba tomar medidas antes de ciertos plazos para mantener su cobertura o recibir ayuda con los costos. Si usted, o alguien a quien esté ayudando, tiene preguntas sobre este aviso o sobre la cobertura del plan de salud, puede recibir información y ayuda en su idioma sin costo. Para comunicarse con un intérprete, llame al número gratuito 1-855-903-2583. Para TTY, llame al 711.

Tsab ntawv ceeb toom no muaj cov lus tseem ceeb hais txog koj daim ntawv thov los yog qhov kev pab them rau koj daim phiaj npaj kho mob. Saib cov hnuv tseem ceeb nyob hauv daim ntawv ceeb toom no. Tej zaum koj yuav tau ua qee yam kom tiav ua ntej qee cov hnuv uas teev rau hauv no kom thiaj tsis poob qhov kev pab them los yog kom tau txais kev pab them cov nqi kho mob. Yog hais tias koj, los yog lwm tus uas koj pab, muaj lus nug txog tsab ntawv ceeb toom no los yog qhov kev pab them rau daim phiaj npaj kho mob, koj muaj cai tau txais kev pab thiab ntaub ntawv ua koj hom lus yam tsis tau them nyiaj dab tsi. Yog xav tham nrog ib tus neeg pab txhais lus, hu rau tus xov tooj 1-800-793-6931 (hu dawb). Rau TTY, hu rau 711.

Ogeysiiskani wuxuu wataa macluumaad muhiim ah oo ku saabsan caynsanaanta qorshahaaga caafimaad. U fiirso taariikhaha ku yaal ogeysiiskan. Waxa laga yaabaa inaad u baahto ficil ka qaad taariikhaha kama dambayska ah si aad u sii haysto caynsanaantaada ama aad ugu hesho caawimo kharashyada. Haddii adiga, ama qof aad caawinayso, u ka qabo su'aalo arrimaha ku saabsan ogeysiiskan ama caynsanaanta qorshaha caafimaadka, waxaad ku heli kartaa caawimo iyo macluumaad luqaddaada iyada oo aan kharash kaa bixin. Si aad ula hadasho turjumaan, soo wac 1-866-251-6736 (Iacag la'aan). Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

တံတီးဘဉ်သုဉ်ညါအံၤ အိဉ်ဒီးတံဂံၢ်တံကျါလၢအရူဒိဉ် ဘဉ်ဃး နတံပတံတီဉ် မ့တမ့ၢ် တံအိဉ်ဆူဉ်အိဉ်ချ့တံအုဉ် ကီၤန့ဉ်လီၤ. က့ၢ်မ့ၢ်နံၤအရူဒိဉ် လၢတံတီးဘဉ်ညါအံၤအပူၤအဂီၢ်တက့ၢ်. နကဘဉ် ဟံးဂံၢ်ဝိမၤတံ တနီၤလၢ ကပၤလၢ ဉ်နတံအုဉ်ကီၤ မ့တမ့ၢ် ဒီးန့ၢ်ဘဉ်တံမၤစၢၤလၢတံအိဉ်ဆူဉ်အိဉ်ချ့အဂီၢ်လီၤ. နဒီးန့ၢ်တံမၤစၢၤဒီး တံဂံၢ်တံကျါလၢန နီၢ်ကတံအကျိဉ်သ့ လၢတံအိဉ်ဒီးတံလၢဘဉ်လၢဘဉ်စ့ၤဖဲန့ၤ, မ့တမ့ၢ် ပုၤတကၤလၢနမၤစၢၤ, မ့ၢ်အိဉ်ဒီးတံသံက့ၢ်ဘဉ် ဃးတံတီးဘဉ်ညါအံၤ မ့တမ့ၢ် တံအိဉ်ဆူဉ်အိဉ်ချ့တံတံကျါတံအုဉ်ကီၤန့ဉ်လီၤ. ကိးလိတံစီဆူ 1-866-251-6744 (လိတံစီကလိ), လၢကကတံသကိးတံဒီးပုၤကျိးထံတံအဂီၢ်တက့ၢ်.လၢ TTY အဂီၢ်, ကိး 711 တက့ၢ်.

يتضمن هذا الإشعار معلومات مهمة حول الطلب الذي تقدمت به أو تغطية برنامجك الصحي. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد يكون عليك اتخاذ إجراء ما بحلول مواعيد نهائية معينة للاحتفاظ بتغطيتك أو لتلقي المساعدة فيما يتعلق بالتكاليف. إذا كانت لديك أنت، أو شخص ما تقوم بمساعدته، أي أسئلة حول هذا الإشعار أو تغطية البرنامج الصحي، فيمكنك الحصول على المساعدة والمعلومات بلغتك الأم دون أي تكلفة. للتحدث إلى أحد المترجمين الفوريين، اتصل بالرقم 1-866-569-9123 (رقم مجاني). للهاتف النصي اتصل بالرقم 711.

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Thông báo này có thông tin quan trọng về đơn đăng ký hoặc phạm vi bao trả theo chương trình sức khỏe của quý vị. Tìm những ngày chính trong thông báo này. Quý vị có thể cần hành động trước một số thời hạn để duy trì phạm vi bao trả hoặc được giúp đỡ có tính phí. Nếu quý vị, hoặc người quý vị đang giúp đỡ, có thắc mắc về thông báo này hoặc phạm vi bao trả theo chương trình sức khỏe của quý vị, quý vị có thể nhận giúp đỡ và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số 1-855-315-4015 (miễn phí). Người dùng TTY xin gọi 711.

Beeksis kun waayee iyyannoo keetii ykn kan karoorri fayyaa kee qabaachuu malu odeeffannoo barbaachisaa qaba. Guyoota futuu ta'an achi keessa ilaali. Insuraansiin kee akka addaan hincinnee fi basii tokko tokkoof gargaarsa argachuudhaaf, yeroon utuu itti hindarbin tarkaanfii fudhachuu qabda. Ati ykn nami ati gargaaraa jirtu yoo waayee beeksisakana ykn karoora fayyaa kana kee hanga inni ga'u gaaffii qabaattan, kaffaltii malee gargaarsaa fi odeeffannoo afaan keessaniin argachuu dandeessu. Nama afaan isinii hiiku waliin haasa'uudhaaf 1-855-315-4016 (lak. Tolaa bilbila'a). TTY dhaaf, 711 bilbilaa.

本通知包含與您申請或健康計劃承保有關的重要資訊。請注意本通知中的重要日期。您可能需要在特定期限之前採取行動才能維持承保或取得費用補助。如果您本人或您協助的對象對本通知或健康計劃承保有疑問，您可免費以您的語言取得協助和資訊。如欲與口譯員交談，請致電 1-855-315-4017 (免費電話)。聽語障專線 (TTY)，請撥打 711。

В этом уведомлении содержится важная информация о Вашей заявке на включение в план или страховом покрытии, предоставляемом планом медицинского страхования. Обратите внимание на даты, приведенные в этом уведомлении. Для того чтобы сохранить страховку или получить помощь в связи с какими-либо выплатами, Вам, возможно, потребуется к определенному сроку предпринять какие-то действия. Если у Вас или у кого-то, кто Вам помогает, появятся вопросы по поводу этого уведомления или предоставляемого планом страхового покрытия, Вы можете бесплатно получить помощь и информацию на Вашем родном языке. Чтобы связаться с переводчиком, позвоните по телефону 1-855-315-4028 (звонки бесплатные). Для использования телефонного аппарата с текстовым выходом звоните 711.

Cet avis contient des informations importantes concernant votre application ou votre assurance maladie. Recherchez les dates-clés dans cet avis. Il se peut que vous deviez réagir avant certaines dates limites pour conserver votre couverture ou recevoir une aide pour vos frais. Si vous-même ou la personne que vous aidez avez des questions concernant cet avis ou l'assurance maladie, vous pouvez recevoir de l'aide et des informations dans votre langue gratuitement. Pour parler à un interprète, appelez le 1-855-315-4029 (appel gratuit). Pour les personnes malentendantes, appelez le 711.

ይህ ማስታወቂያ ማመልከቻዎን ወይም የጤና ዕቅድ ሽፋንዎን በተመለከተ አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ዋናዎና የሆኑ ቀናትን ይመልከቱ። የእርስዎ የጤና እቅድ ሽፋን እንዲቀጥል ወይም ዋጋው በሚመለከት እርዳታ ለማግኘት በተወሰኑ ቀን ገደቦች እርምጃ መውሰድ ይኖርብዎታል። እርስዎ ወይም እርስዎ የሚረዱት ሰው ይህን ማስታወቂያ ወይም የጤና እቅድ ሽፋን በሚመለከት ጥያቄ ካላችሁ፣ ምንም ወጪ ሳታወጡ በራሳችሁ ቋንቋ እርዳታ እና መረጃ ማግኘት ትችላላችሁ። ከአስተርጓሚ ጋር ለመነጋገር በስልክ ቁጥር 1-855-315-4030 (በነጻ) ይደውሉ። ይደውሉ ለ TTY በ 711።

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본 통지서에는 귀하의 보험 가입이나 의료 보험 적용 범위에 대한 중요한 정보가 담겨 있습니다. 본 통지서에 나와 있는 중요한 날짜를 확인해 보십시오. 귀하께서는 특정 마감 기한까지 조치를 취하셔야 계속 보험 적용을 받거나 비용 지원을 받으실 수 있습니다. 귀하 본인이나 귀하가 도와주고 있는 사람이 본 통지서나 의료 보험 적용 범위에 대한 질문이 있는 경우, 본인 비용 부담 없이 모국어로 지원 및 정보를 받으실 수 있습니다. 통역사와 통화를 하시려면, 1-855-904-2583 번(수신자 부담)으로 연락하시기 바랍니다. 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງໃນແຜນປະກັນສຸຂະພາບຂອງທ່ານ. ຊອກເບິ່ງວັນທີສໍາຄັນຢູ່ໃນແຈ້ງການນີ້. ທ່ານອາດຈະຕ້ອງດໍາເນີນການຕາມກຳນົດເວລາສະເພາະ ເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານໄວ້ ຫຼື ເພື່ອຮັບເອົາການຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍ. ຖ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອມີຄໍາຖາມກ່ຽວກັບແຈ້ງການນີ້ ຫຼື ຄວາມຄຸ້ມຄອງໃນແຜນປະກັນສຸຂະພາບ, ທ່ານສາມາດຮັບເອົາການຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເບິ່ງພາສາຂອງທ່ານໄດ້ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອລົມກັບລ່າມແປພາສາ, ໃຫ້ໂທຫາ 1-866-356-2423 (ເບີໂທເກັບເງິນບາຍທາງ). ສໍາລັບ TTY, ໃຫ້ໂທຫາ 711.

Ang paunawang ito ay may mahalagang impormasyon tungkol sa iyong aplikasyon o saklaw ng planong pangkalusugan. Maghanap ng mahahalagang petsa sa paunawang ito. Maaaring kailanganin mong gumawa ng aksyon sa pamamagitan ng ilang mga itinakdang panahon upang mapanatili ang iyong saklaw o makatanggap ng tulong para sa mga gastos. Kung ikaw, o ang isang tao na tinutulungan mo, ay may mga katanungan tungkol sa paunawang ito o saklaw ng planong pangkalusugan, makatatanggap ka ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makipag-usap sa isang taga-interpret, tumawag sa 1-866-537-7720 (walang bayad ang toll). Para sa TTY, tumawag sa 711.

Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder zur Abdeckung durch Ihren Gesundheitsschutzplan. Beachten Sie wichtige Daten in dieser Mitteilung. Sie müssen unter Umständen innerhalb gewisser Fristen bestimmte Handlungen ergreifen, damit Ihre Abdeckung bestehen bleibt oder Sie Kostenunterstützung erhalten. Wenn Sie oder eine Person, die Ihnen zur Seite steht, Fragen zu dieser Mitteilung oder zur Abdeckung durch den Gesundheitsschutzplan haben, können Sie kostenlos Hilfe und Informationen in Ihrer Muttersprache erhalten. Um mit einem Dolmetscher zu sprechen, wählen Sie 1-866-289-7402 (gebührenfrei). Für TTY wählen Sie 711.

កំណត់សម្គាល់នេះមានព័ត៌មានសំខាន់ៗអំពីការដាក់ពាក្យ ឬការគ្របដណ្តប់នៃគម្រោងសុខភាពរបស់អ្នក។ រកមើលកាលបរិច្ឆេទសំខាន់ៗក្នុងកំណត់សម្គាល់នេះ។ អ្នកអាចត្រូវការចាត់វិធានការត្រឹមត្រូវកាលបរិច្ឆេទផុតកំណត់ជាក់លាក់នានាដើម្បីរក្សាការគ្របដណ្តប់របស់អ្នក ឬដើម្បីទទួលបានជំនួយជាមួយថ្លៃចំណាយផ្សេងៗ។ ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយមានសំណួរអំពីកំណត់សម្គាល់នេះ ឬការគ្របដណ្តប់នៃគម្រោងសុខភាព អ្នកអាចទទួលបានជំនួយ និងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ ដើម្បីនិយាយទៅកាន់អ្នកបកប្រែផ្ទាល់មាត់ សូមទូរស័ព្ទទៅលេខ 1-855-906-2583 (លេខឥតគិតថ្លៃ)។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Díí éí nits'íís baa áháyá binaaltsoos dóó bee ník'i adéest'í'ígí aláahgo binahjí' ééhózinígí át'é. Yookkáál dabiká'ígí baa ákonínizin dooleeł. Łahda t'áadoo áají' iitkááhí éí díí naaltsooshazhdíil'ííh díí shá bik'é azláadoo jinízingo. Ni éí doodagóó t'áá háída biká'anilyeedígí díí naaltsoos dóó bik'é azláhígí baąh na'ídíkid neehólóogo éí t'áájíík'e t'áá nizaad k'ehjí bee níłhodoonih dóó níká'adoolwołgo éí át'é. Ata' halne'é ła' bichí' hadeesdzih nínízingo éí 1-855-902-2583 jí't'áá jíík'e béesh bee hodííłnih. TTY biniiyégo éí 711 jí' béesh bee hodííłnih.

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bluecrossmnonline.com



As Minnesota's health care leader, we live fearless. We believe good health is for everyone — not just our members. It's a big vision. And that's why we're investing in the communities we serve and empowering individuals to make smart choices about their health. Live fearless with the peace of mind that comes from knowing you're protected by the strength and stability of Blue Cross. We invite you to join us.