



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go online at <https://eoc.anthem.com/eocdps/aso> (Anthem), www.HealthReformPlanSBC.com (Aetna) or www.cigna.com/sp (CIGNA). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call (877) 898-0747 (Anthem), (877)-350-7923 (Aetna) or 1-800-842-4221 (Cigna) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	For in-network providers : \$900/individual or \$1,800/family For out-of-network providers : \$3,000/individual or \$6,000/family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. In-network preventive care & immunizations, office visits	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	For in-network providers \$3,000/individual or \$6,000/family For out-of-network providers \$6,000/individual or \$12,000/family Combined medical/behavioral and pharmacy out-of-pocket limit	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Penalties for failure to obtain pre-authorization for services, premiums , balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .

* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/eocdps/aso>, <https://www.aetna.com> or <https://www.cigna.com>.

Important Questions	Answers	Why This Matters:
Will you pay less if you use a network provider ?	Yes. See Anthem Blue Card PPO, www.anthem.com or call 877-898- 0747; Aetna Choice® POS II, www.aetna.com/docfind or call 1-888-982-3862; Open Access Plan, www.myCigna.com or call 1-800-Cigna24, for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$40 copay /visit Deductible does not apply	40% coinsurance	None
	Specialist visit	\$80 copay /visit Deductible does not apply	40% coinsurance	None
	Preventive care/ screening/ immunization	No charge/visit** No charge/screening** No charge/immunizations** ** Deductible does not apply	40% coinsurance /visit 40% coinsurance /screening 40% coinsurance /immunizations	None None None You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	None

* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/eocdps/aso>, <https://www.aetna.com> or <https://www.cigna.com>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.caremark.com	Generic drugs (Tier 1)	Retail \$10 copay/Mail Order \$25	Retail only: \$10 copay plus difference between cost of the drug and CVS negotiated price	Carved out to CVS/Caremark Deductible does not apply Rx costs accumulate toward the Out of Pocket Plan Max
	Preferred brand drugs (Tier 2)	30% coinsurance Retail (\$25 min, \$50 max)/Mail Order (\$62.50 min, \$125 max)	Retail only: 30% coinsurance (\$25 min, \$50 max) plus difference between cost of the drug and CVS negotiated price	
	Non-preferred brand drugs (Tier 3)	45% coinsurance Retail (\$40 min, \$80 max)/Mail Order (\$100 min, \$200 max)	Retail only: 45% coinsurance (\$40 min, \$80 max) plus difference between cost of the drug and CVS negotiated price	
	Specialty drugs (Tier 4)	Subject to applicable copays/coinsurance based on preferred or non-preferred status	Subject to applicable copays/coinsurance, plus difference between cost of the drug and CVS negotiated price	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	None
	Physician/surgeon fees	20% coinsurance	40% coinsurance	None
If you need immediate medical attention	Emergency room care	20% coinsurance	20% coinsurance	None
	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	Urgent care	20% coinsurance	20% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	\$500 penalty for no precertification.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	\$500 penalty for no precertification.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$40 copay /office visit** 20% coinsurance /all other services ** Deductible does not apply	40% coinsurance /office visit 40% coinsurance /all other services	None
	Inpatient services	20% coinsurance	40% coinsurance	\$500 penalty for no precertification.

* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/eocdps/aso>, <https://www.aetna.com> or <https://www.cigna.com>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	\$40 first visit to confirm pregnancy; then 100% coverage	40% coinsurance	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Depending on the type of services, a copayment , coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	40% coinsurance	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	Coverage is limited to 120 days annual max. (The limit is not applicable to mental health and substance use disorder conditions.)
	Rehabilitation services	\$40 copay /PCP visit**	40% coinsurance /PCP visit	*Coverage is limited to annual max of: 30 days for Chiropractic care services
	Habilitation services	\$80 copay /Specialist visit** ** Deductible does not apply	40% coinsurance /Specialist visit	*See therapy services section
	Skilled nursing care	\$80 copay ** Deductible does not apply	40% coinsurance	\$500 penalty for no precertification. Coverage is limited to 120 days annual max.
	Durable medical equipment	20% coinsurance	40% coinsurance	None
	Hospice services	20% coinsurance /inpatient or outpatient services	40% coinsurance /inpatient or outpatient services	\$500 penalty for no precertification.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/eocdps/aso>, <https://www.aetna.com> or <https://www.cigna.com>

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|---|---|---|
| <ul style="list-style-type: none">• Cosmetic surgery• Dental care (Adult)• Dental care (Children)• Dental Check-up• Eye care (Children) | <ul style="list-style-type: none">• Glasses (Child)• Long-term care• Non-emergency care when traveling outside the U.S. | <ul style="list-style-type: none">• Private-duty nursing• Routine eye care (Adult)• Routine foot care (unless diagnosed with diabetes)• Weight loss programs |
|---|---|---|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|---|---|---|
| <ul style="list-style-type: none">• Acupuncture• Bariatric Surgery (in-network only Surgeon Charges Lifetime max \$25,000) | <ul style="list-style-type: none">• Chiropractic care (30 days)• Hearing aids (2 devices every three Calendar Years) | <ul style="list-style-type: none">• Infertility treatment (Lifetime max \$15,000) |
|---|---|---|

* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/eocdps/aso>, <https://www.aetna.com> or <https://www.cigna.com>

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <http://www.dol.gov/ebsa/healthreform>. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For questions about your rights, this notice, or assistance, you can call 877-898-0747 (Anthem), 877-350-7923 or <http://www.aetna.com/individuals-families-health-insurance/rights-resources/complaints-grievances-appeals/index.html>. (Aetna) or Cigna Customer service at 1-800- Cigna24. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <http://www.dol.gov/ebsa/healthreform>. Additionally, a consumer assistance program can help you file your appeal. Contact the program for this plan's situs state: Department of Financial Services at (800) 342-3736. However, for information regarding your own state's consumer assistance program refer to www.healthcare.gov.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plan](#)s, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section.-----

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and excluded services under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$900
- [Specialist copayment](#) \$80
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:
Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$12,700
--------------------	----------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$900
Copayments	\$0
Coinsurance	\$2,100

What isn't covered

Limits or exclusions	\$60
----------------------	------

The total Peg would pay is	\$3,060
----------------------------	---------

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$900
- [Specialist copayment](#) \$80
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:
Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$100
Copayments	\$500
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$20
----------------------	------

The total Joe would pay is	\$620
----------------------------	-------

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$900
- [Specialist copayment](#) \$80
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:
Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
--------------------	---------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$900
Copayments	\$400
Coinsurance	\$200

What isn't covered

Limits or exclusions	\$0
----------------------	-----

The total Mia would pay is	\$1,500
----------------------------	---------

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Language Access Services: (TTY/TDD: 711)

Albanian (Shqip): Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktuar me një përkthyes, telefononi (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA)

Amharic (አማርኛ):- ስለዚህ ሰነድ ማንኛውም ጥያቄ ካለዎት በራስዎ ቋንቋ እርዳታ እና ይህን መረጃ በነጻ የማግኘት መብት አለዎት። አስተርጓሚ ለማናገር (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA)ይደውሉ።

(877) 898-0747 (Anthem),
(888) 982-3862 (Aetna),
(800) 244-6224 (CIGNA) **Arabic (العربية):** إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA):

Bassa (Bàsɔ̀ Wùdù): M̄ dyi dyi-diè-djè b̄é b̄édé bá cèè-djè nià ke dyí ní, ɔ̀ mò ni dyí-b̄èd̄jèin-djè b̄é m̄ ké gbo-kpá-kpá kè b̄ǎ kpǎ djé m̄ bíd̄í-wùdùùn b̄ó pídyi. B̄é m̄ ké wuɖu-ziiin-nyò d̄ò gbo wùdù ke, d̄á (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Bengali (বাংলা): যদি এই নথিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য পাওয়ার ও তথ্য পাওয়ার অধিকার আপনার আছে। একজন দোভাষীর সাথে কথা বলার জন্য (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA) -তে কল করুন।

Burmese (မြန်မာ): ဤစာရွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အချက်အလက်များနှင့် အကူအညီကို အခကြေးငွေ ပေးစရာမလိုပဲ သင့်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်ဦးနှင့် စကားပြောနိုင်ရန် ဖုန်း (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), သို့ ခေါ်ဆိုပါ။ (800) 244-6224 (CIGNA)

Chinese (中文) : 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA)。

Dinka (Dinka): Na nōŋ thiëc nē ke de yā thorē, ke yin nōŋ loŋ bē yi kuony ku wēr alēu bē gēer yic yin ne thoŋ du ke cin wēu tāäuē ke piny. Te kōr yin ba jam wēnē ran ye thok geryic, ke yin col (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Dutch (Nederlands): Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه‌ای به زبان مادری‌تان دریافت کنید. ب (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA)

French (Français) : Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Language Access Services: (TTY/TDD: 711)

German (Deutsch): Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Greek (Ελληνικά): Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Gujarati (ગુજરાતી): જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Hindi (हिंदी): अगर आपके पास इस दस्तावेज़ के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA) ।

Hmong (White Hmong): Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Igbo (Igbo): O bụr u na i nwere ajuju o bula gbasara akwukwo a, i nwere ikike inweta enyemaka na ozi n'asusu gi na akwughị ugwo o bula. Ka gi na okowa okwu kwuo okwu, kpof (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Ilokano (Ilokano): Nu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken impormasyon babaen ti lenguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Indonesian (Bahasa Indonesia): Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA)

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA) にお電話ください。

Khmer (ខ្មែរ): បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ ដើម្បីជជែកជាមួយអ្នកបកប្រែ សូមហៅ (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA) ។

Kirundi (Kirundi): Ugize ikibazo ico arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvugishe umusemuzi, akura (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA) 로 문의하십시오.

Lao (ພາສາລາວ): ຖ້າທ່ານມີຄໍາຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໃດໆບໍ່ເສຍຄ່າ. ເພື່ອໂອ້ນລັກກັບລາມເບບພາສາ, ໃຫ້ໂທຫາ (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA)

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'idíílkidgo ná bohónéedzǎ dóó bee ahóót'i' t'áá ni nizaad k'ehjí bee níl hodoonih t'áadoo bááq̄h ilínígóó. Ata' halne'ígíí la' bich'í' hadeesdzih nínízingo kojí' hodiílnih (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Nepali (नेपाली): यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ। दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA)

Oromo (Oromifaa): Sanadi kanaa wajiin walqabaate gaffi kamiyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana dubaachuuf, (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA) bilbilla.

Pennsylvania Dutch (Deutsch): Wann du Frooge iwwer selle Document hoscht, du hoscht die Recht um Hilfe un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwwersetze zu schwetze, ruff (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA) aa.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Portuguese (Português): Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA) ਤੇ ਕਾਲ ਕਰੋ।

Romanian (Română): Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Russian (Русский): Если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA)

Samoan (Samoa): Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou 'aia e maua se fesoasoani ma faamatalaga i lou lava gagana e aunoa ma se totoi. Ina ia talanoa i se tagata faaliliu, vili (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Serbian (Srpski): Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

Language Access Services: (TTY/TDD: 711)

Thai (ไทย): หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่มีค่าใช้จ่าย โดยโทร (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA) เพื่อพูดคุยกับสาลาม

Ukrainian (Українська): якщо у вас виникають запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, зателефонуйте за номером: (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA)

Urdu (اردو): اگر اس دستاویز کے بارے میں آپ کا کوئی سوال ہے، تو آپ کو مدد اور اپنی زبان میں مفت معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مترجم سے بات کرنے کے لئے، (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA) پر کال کریں۔

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA).

(Yiddish) (אידיש): אויב איר האט שאלות וועגן דעם דאקומענט, האט איר די רעכט צו באקומען דעם אינפארמאציע אין אייער שפראך און קיין פרייז. צו רעדן צו אן איבערזעצער, רופט (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA)

Yoruba (Yorùbá): Tí o bá ní èyíkẹyí ibèrè nípa àkọsílẹ̀ yí, o ní ètọ́ láti gba ìrànwọ́ àti ìwífún ní èdè rẹ̀ lọ́fẹ́ẹ̀. Bá wa ògbùfọ̀ kan sọ̀rọ̀, pe (877) 898-0747 (Anthem), (888) 982-3862 (Aetna), (800) 244-6224 (CIGNA)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint for Anthem with their Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279 (Anthem), or file a complaint for Aetna in writing to Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 1-860-262-7705), e-mail: CRCoordinator@aetna.com, or file a complaint for CIGNA in writing to Nondiscrimination Complaint Coordinator, CIGNA, PO Box 188016, Chattanooga, TN 37422, email to ACAGrievance@CIGNA.com

Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.