

## Renewal Packet

### Howard County Public Schools

Prepared November 22, 2024

Effective January 2025

**FIRM PROPOSAL**

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS® and BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

## Fee Summary

### Howard County Public Schools

Account Number: [REDACTED]

For Fees Effective: January 1, 2025 - December 31, 2025

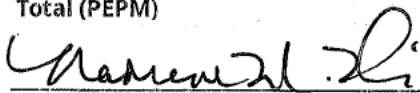
This Renewal includes

☒ Administrative Fee Guarantee for the period of 01/01/2025 - 12/31/2025

☒ Annual Wellness fund of [REDACTED]

#### BlueChoice HMO Custom

	Product 1	
	Without Rx	Without Rx
Contract Date	Current	1/1/2025
Subscribers/Employees	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
Members	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
Average Contract Size	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
Base Fee	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
Fiduciary	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
Total	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
Broker or Consultant Fee	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
Total (PEPM)	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>

 Nasrene M. Minjafary  
Authorized Signature Print Name

Benefit Coordinator 11/26/2024  
Title Date

0342159-03

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# Terms Material to the Pricing Analysis

## Howard County Public Schools

Account Number: [REDACTED]

### FIRM PROPOSAL

For Fees Effective: January 1, 2025 - December 31, 2025

#### Medical/Drug Terms

- [X] CareFirst reserves the right to revise the fees if the actual enrollment varies by more than 10% from that used in the original pricing, which is 4,278, or if applicable law requires such revisions. CareFirst also reserves the right to revise fees at any point throughout the agreement period if enrollment varies by more than 15% from the enrollment on the effective date of the agreement.
- [X] Under the proposed BlueCard program, a Host BCBS plan may withhold an access fee of up to [REDACTED] (but not to exceed [REDACTED] for any claim) of the provider discount the plan has obtained from its participating providers. The access fee may be charged only if the Host Plan's arrangement with the participating provider prohibits billing the participant in connection with cost-sharing amounts in excess of the negotiated payment rate. Additionally, Host Plans can also charge an Administrative Expense Allowance (AEA) fee, which is a claim fee added onto the paid amount. When CareFirst is charged an AEA and/or Access fee, CareFirst will pass the charge along to the plan sponsor as a claims expense.
- [X] **A wellness fund of [REDACTED] is provided.** The wellness fund must be used for prevention and wellness program(s) from CareFirst or from CareFirst-contracted vendor(s); the wellness fund may not be applied to any other expense. The wellness fund may not be used for incentives for participation by a member or by any other person eligible under the plan but not enrolled under the plan. Unused amounts shall not be carried-forward to the next agreement period.
- [X] Administrative fees provided do not include the Patient Centered Outcomes Research Institute (PCORI) fees, Reinsurance fees, or other fees imposed on plan sponsor (account) under the Affordable Care Act.
- [X] The ACA premium tax does not apply to self-insured groups.
- [X] CareFirst shall withhold 100% of the medical pharmacy rebates under the medical coverage.
- [X] A Hospital Deposit in the amount of [REDACTED] shall be required. CareFirst will assess a fee of 1.5% per month for late payment if the hospital deposit is not paid when due.
- [X] CareFirst requires self-funded groups to advance an amount equal to one month of Maryland facility claims. Advancing the funds allows our clients to receive the maximum Maryland facility discounts of 2.25% (IP) and 2.00% (OP). CF does not hold the client's money. The money is redirected to and held by the facilities for the duration of the client's contract with CareFirst. Hospital deposits are reviewed and adjusted annually based each group's projected Maryland facility claims. The funds are returned at the end of the termination processing period, which is 12 months after the termination date of the contract.
- [X] Fees do not provide for administration of prescription drug coverage
- [X] CareFirst will issue an updated invoice with your new fees approximately 90 days after receipt of the signed proposal. CareFirst may bill under the fees for the prior period or hold invoicing until your signed proposal is received. Once CareFirst receives your signed proposal, if necessary, subsequent invoices will reflect the updated fees through retroactive adjustments.
- [X] Weekly funding of claims and monthly funding of fixed costs via Automated Clearing House (ACH) debit or wire transfer is required.
- [X] Paid claims shall be credited pursuant to any cost-containment programs including pre-payment savings and post-payment recoveries. CareFirst shall charge a per occurrence fee or retain [REDACTED] of the gross savings, recoveries, and other amounts saved or obtained on behalf of the Sponsor from cost-containment activities and shall be responsible for any applicable vendor fees.
- [X] CareFirst shall retain 50% of out-of-network healthcare provider savings using Billed Charges as the strategic target for negotiations and repricing. If no discount is obtained, there is no cost to account for this service.
- [X] The plan sponsor (account) shall be responsible for Incentive rewards for certain providers who meet certain quality and cost efficiency targets.

# Terms Material to the Pricing Analysis

## Howard County Public Schools

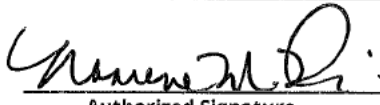
Account Number: [REDACTED]

### FIRM PROPOSAL

For Fees Effective: January 1, 2025 - December 31, 2025

- [X] If the plan sponsor (account) has received a renewal guarantee under this agreement based on a multi-year commitment to stay with CareFirst and terminates before the end of that multi-year commitment, then the plan sponsor (account) shall pay CareFirst an amount equal to three months of the administrative fees.
- [X] In the event plan sponsor (account) terminates the agreement prior to the renewal date (an "early termination") CareFirst shall retain any earned but unpaid rebates as of the early termination date.
- [X] Standard reports available on CareFirst's online data reporting and electronic invoicing systems evolve over time based on client feedback and are included in the administrative fee. More specific information regarding the standard reports is available upon request. Additional reports and/or customized reports may be available but may result in an additional fee.

Program Services-Medical Benefit (Specialty Drugs)	
Prior Authorization (Clinical Overrides)	Per Review
Clinical Exceptions	Per Request
Appeals (Level 1)	Per Request
Appeals (Level 2)	Per Request
Appeals (Independent Review Org)	Per Request
Urgent Appeals	Per Request
Site of Care	PMPM

  
 Authorized Signature

Nabene M. Migahny  
 Print Name

Benefits Coordinator  
 Title

11/26/2024  
 Date

0342159-03

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# Stop Loss Proposal

## Howard County Public Schools

Proposal Number: 687

For Rates Effective: 01/01/2025 - 12/31/2025



PROPOSED SPECIFIC STOP LOSS COVERAGE		Renewal Option 1
Coverages		Medical, Rx Card
Specific Deductible per Individual		
Contract Basis		Paid
Lifetime Reimbursement		Unlimited
Maximum Policy Period Reimbursement		Unlimited
Specific Advancement		Included
<u>Specific Rate(s) Per Month</u>	<u>Enrollment</u>	
Composite	3,576	
Estimated Monthly Premium		
Estimated Policy Period Premium		
Lifetime Reimbursement		Unlimited
Maximum Policy Period Reimbursement		Unlimited
Quoted Rate(s) include Commission of		

# Stop Loss Proposal



## Howard County Public Schools

Proposal Number: 687

For Rates Effective: 01/01/2025 – 12/31/2025

OVERALL COST SUMMARY	Renewal Option 1
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Total Fixed Cost

Maximum Policy Period Liability



# Stop Loss Proposal



## Howard County Public Schools

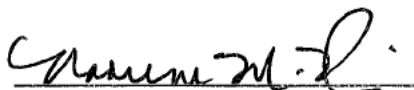
Proposal Number: 687

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## Terms Material to the Pricing Analysis

### Terms Material to the Stop Loss Insurance Contract

- This quote includes a provision for no new lasers at renewal.
- Quote is for active employees only.
- Stop Loss Premium Rate includes [REDACTED] Producer of Record (Broker).
- Rx is included in Specific Benefits.
- Terminal Liability Extension coverage is not provided.
- The Maximum Specific Benefit shall be Unlimited.
- CareFirst shall reimburse 100% of Eligible Claims in excess of Specific Deductible.
- The Specific Benefit percentage payable shall be 100%.
- The CareFirst Stop Loss Insurance Contract provides for monthly cumulative Stop Loss reimbursement.
- CareFirst reserves the right to review and revise the Stop Loss Premium Rate 60 days prior to Anniversary Date.
- Specific and Aggregate Benefits do not apply to Complementary to Medicare enrollees.
- If this group has Rx Pharmacy-Dispensed Prescription Drug/Card coverage under the specific and/or aggregate when there is a separate PBM, we require written documentation that we are in receipt of all prescription drug experience reports to finalize coverage. Otherwise, Rx will not be a covered expense under our stop loss policy.
- If the total enrollment, single/family ratio, or enrollment by plan of benefits varies by more than 10 percent of what was quoted, we reserve the right to re-price Specific and Aggregate coverages.
- CareFirst's pricing is based on the understanding that the information provided was accurate and represented the actual experience of the population being priced. Approval is subject to receipt of the final census and the application. CareFirst reserves the right to adjust pricing if additional information is received prior to receipt of this document.
- This offer is firm and will expire 12/13/2024. If written acceptance is not received within this time frame, offer is subject to updated reporting and disclosure information and may be revised accordingly. No proposal expiration date will be extended past 15 days of the effective month.

  
Authorized Signature

Nasrune M. Mingafay  
Print Name

Benefits Coordinator  
Title

11/26/2024  
Date

***This proposal expires if applications are not requested before the valid through date.***

# Stop Loss Proposal



## Howard County Public Schools

Proposal Number: 687

For Rates Effective: 01/01/2025 – 12/31/2025

### OPTION SUMMARY

### PROPOSAL ACCEPTANCE PROCEDURES

1. Identify the option sold in the space provided below. Date and sign the proposal.
2. Satisfy all the terms and conditions of this proposal as listed below.
3. Submit completed and signed disclosure & binder premium.

Please check next to the selected proposal option:

	Option	Specific Deductible	Specific Contract	Client's Liability	Total Specific Premium		Option	Aggregate Contract	Total Aggregate Premium	Attachment Point
<input type="checkbox"/>	1		Paid			<input type="checkbox"/>	1			

By:

Agent of Record or Administrator

Date:

11/26/2024

***This proposal expires if applications are not requested before the valid through date.***



## Notice of Nondiscrimination & Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. 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	<a href="mailto:civilrightscordinator@carefirst.com">civilrightscordinator@carefirst.com</a>
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>.

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Updated 7/12/2018

## 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። ይህን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው ዐን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።*

*Èdè Yorùbá (Yoruba) Ìtẹ̀tílẹ́kọ: Àkíyèsí yíí ní ìwífún nípa íṣẹ̀ adójútòfò rẹ. Ó lẹ ní àwọn déèti pàtó o sì lẹ ní láti gbé lgbésẹ ní àwọn oṣẹ̀ gbèdèké kan. O ní ẹ̀tọ́ láti gba ìwífún yíí àti ìrànṣẹ́wọ́ ní èdè rẹ̀ fọfẹ́. Àwọn ọmọ-ẹgbẹ̀ gbọ́dọ̀ pe nọmbà fòdònu tò wà fẹ́yìn káàdì ìdánimọ̀ wọn. Àwọn mírán lẹ pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjiròrò títí a ó fí sọ fún ọ láti tẹ 0. Nígbaṣí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pọ̀ mọ̀ ọgbufọ 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 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 diyologo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikonekta 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 निशुल्क 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।

Bassa) Tò òùù Cáol! Èǒ nà kè bá nyo bǎ kè ìn gbo kpá bó nì fuà-fùá-tiín nyee jè dyl. Èǒ nà kè bédé wé jéé bǎ bǎ ìn kè dǎ wa mó ìn kè nyee nyu hwè bǎ wé bǎa kè zi. ǒ mò nì kpé bǎ ìn kè bǎ nà kè kè gbo-kpá-kpá ìn móee dyé dé nì bǎfí-wùdù mú bǎ ìn kè se wǎfí dǎ pǎe. Kpooò nyo bǎ mǎ dǎ fùù-nòbà nà dǎ waà I.D. káàò dǎfín nye. Nyo tòò séín mǎ dǎ nòbà nà kè: 855-258-6518, kè ìn mǎ fò tee bǎ wa kée ìn gbo cǎ bǎ ìn kè nòbà mòà 0 kèe dyl pàdàin hwè. ǒ jù kè nyo dǎ dyl ìn gǎ jùin, po wudu ìn mó poe dyie, kè nyo dǎ mu bó nìin bǎ o kè nì wuduò mú zà.

বাংলা (Bengali) লক্ষ্যকর ন: এই নোটিশ আপন র বর্মি কভরজে সম্মুখকতথ্যরয়েছে। এর মধ্যস্থ গ্রু ত্তপ্ৰকাত রখি থ কভ প রএ এবং নব্বিষ্টি ত রখি এর মধ্যস্থ আপন ব পদব্ধপ নব্বি হত পারো। বনি খরচ নজি র ভ ষ য এই তথ্যপ ওয় র এবং সহ যত প ওয় র অধিক র আপন র আছে। সদস্যর ব ত দর পরচয়পত্ৰর পছিন থ ব নম্মে কল করত হবে। অন্যর 855-258-6518 নম্মে কল করে 0 টিপত ন বল প্ৰকাত অপ ব্ধ করত পারেন। যখন কমেোপ্রজ নটউত্তর দবেন তখন আপন র নজি র ভ ষ র ন ম বলান এবং আপন ব দস্বে ষি র সংগ্গ সং যুক্তকর 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 دبائے 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 خردتان 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 للأخيرين 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證卡背面的電話號碼。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 ozī gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebere. I nwere ikike inweta ozī na enyemaka a n'asusu gi na akwughị ugwo o bula. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ 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 bíí' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bíí' dahólóq doo íiyisí yoolkáálígíí dóó t'áádoo le'é ádadoolyíí'ígíí da yókeedgo t'áá doo bee e'e'aahí ájil'ííh. Bee ná ahóót'í' díí bee íł hane' dóó níká'ádoowol t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nítl'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánáa' éí kóji' dahódoolnih 855-258-6518 dóó yíi diilts'íí yaltí'ígíí t'áá níléj' áádóo éí bikéé'dóó naasbaas bíł adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yánilt'í'ígíí yíi diikíł dóó ata' halne'é lá níká'ádoowol.