What you need to know

Important legal information about your dental plan

Anthem BlueCross

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Protecting your privacy: Where to find our Notice of Privacy Practices

Your rights concerning your protected health information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law governing the privacy of individually identifiable health information. We are required by HIPAA to notify you of the availability of our Notice of Privacy Practices. The notice describes our privacy practices, legal duties and your rights concerning your Protected Health Information. We must follow the privacy practices described in the notice while it is in effect (it will remain in effect unless and until we publish and issue a new notice).

We may use publicly and/or commercially available data about you to provide you with information about available health plan benefits and services. We, including our affiliates and/or vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. But we only do this in accordance with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be contacted by phone, just let the caller know, and we won't reach out this way anymore, or call 1-844-203-3796 to add your phone number to our Do Not Call list.

You may obtain a copy of our Notice of Privacy Practices on our website at Anthem.com/ca/privacy or you may contact Member Services using the contact information on your identification card.

STATE NOTICE OF PRIVACY PRACTICES

As we indicate in our HIPAA Notice of Privacy Practices, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

Your Personal Information

We may collect, use and share your nonpublic personal information (PI) as described in this notice. PI is information that identifies a person and is often gathered in an insurance matter.

If we use or disclose PI for underwriting purposes, we are prohibited from using or disclosing PI that is genetic information of an individual for such purposes.

We may collect PI about you from other persons or entities such as doctors, hospitals, or other carriers.

We may share PI with persons or entities outside of our company without your OK in some cases.

If we take part in an activity that would require us to give you a chance to opt-out of that activity, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity.

You have the right to access and correct your PI.

Because PI is defined as any information that can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career and credit, we take reasonable safety measures to protect the PI we have about you.

A more detailed state notice is available upon request. Please call the phone number printed on your ID card.

Treating you fairly

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 with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. 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.

In addition, California law requires us to also let you know that Anthem does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender identity, sexual orientation, age or disability. For people with disabilities, we offer free aids and services, and information in alternate formats, free of charge and in a timely manner, when necessary to ensure an equal opportunity to participate.

How to file a grievance or appeal a decision

What to do if you're unhappy with your care or service

If you're unhappy with the care or service you received from Anthem or a network dental group or health care provider, you can file a complaint (we call this a "grievance"). If you disagree with a denial of treatment or claims payment, you can "appeal" the decision.

You have up to 180 calendar days from the date you get a denial notice or the date of an incident or dispute to file a grievance or appeal unless your plan documents say otherwise. If there's a good reason, we may give you more time to file a grievance or appeal.

How to submit a grievance or appeal:

- **Website:** Go to **anthem.com/ca**, and download the grievance or appeal form.
- **Member Services:** Call Member Services at the number on your member ID card to file a grievance or appeal.
- **Member Grievance form:** Complete a *Member Grievance* form and mail it to:

  Dental Prime PPO issues:
  Anthem Blue Cross
  Attn: Grievances and Appeals
  P.O. Box 1122
  Minneapolis, MN 55440-1122

Dental HMO issues:
Anthem Blue Cross
Attn: Dental Grievances and Appeals
P.O. Box 659471
San Antonio, TX 78265

This form is available from your dental group, on our website, or by calling Member Services at the number on your member ID card.

For emergency complaints

For any emergency grievance or appeal, call Member Services right away at the number on your member ID card.

You can choose anyone you want including an attorney or health care expert to file a grievance or appeal for you. You'll be asked to fill out and sign an authorization form so that person can represent you.

What to include with your appeal (if available):

- Your name and ID number
- The name of the provider or facility that provided care
- The date(s) of service
- The claim or reference number for the specific decision with which you disagree
- The reason(s) why you don't agree with the decision

You have the right to include written comments, documents or other key information with your appeal. We encourage you to do so.

What happens next?

- The proper administrative and/or clinical specialists will review all the information you or your representative submit with your appeal. Anthem appeal reviewers cannot have been involved in the initial decision. They also can't work for the person who made the initial decision.
- We may contact any providers who may have more information to support your appeal.
- We will send you a written decision within 30 calendar days of getting your grievance or appeal. If your condition is urgent, you can ask for an expedited review of your grievance or appeal. Anthem will then provide you with a verbal decision within 72 hours followed by a written decision within 3 calendar days of receipt of your grievance or appeal.
- If we deny your appeal, we'll give you other options, including external review, if available. You also can check your plan documents or call Member Services at the number on your member ID card to get more information about the appeal process.

Do you speak another language?

We can help you or any member who prefers to speak a language other than English and those with vision, speech or hearing loss by providing:

- Translation services for letters and written materials (through Member Services)
- An interpreter in a language other than English (through Member Services)
- Telephone relay systems
- Other devices to aid people with disabilities

For members enrolled in Anthem Blue Cross plans*

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **800-365-0609**, or at the TDD line **866-333-4823**, before contacting the department. If you need help filing a grievance, call Anthem Member Services at **800-365-0609**. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free number **(888-HMO-2219)** and a TDD line **(877-688-9891)** for the hearing and speech impaired. The department's Internet website **http://www.hmohelp.ca.gov** has complaint forms, IMR application forms and instructions online. You may also contact the department by writing to the following address: 980 9th Street, Suite 500, Sacramento, CA 95814 or by e-mail at **helpline@dmhc.ca.gov**.

What's an Independent Medical Review (IMR)?

As a member, you can apply to the California Department of Managed Health Care (DMHC) for an Independent Medical Review (IMR) within six months of a qualifying event. You pay no processing fee of any kind. You may request an IMR after filing an appeal with us and:

- The denial is upheld; or
- The appeal remains unresolved after 30 calendar days or after 72 hours for expedited reviews. After receiving an initial denial of investigational treatment, you don't have to go through the Anthem grievance and appeal process before you ask for an IMR.

When the DMHC decides your appeal qualifies for an IMR, Anthem provides the requested medical information within required time frames to an Independent Review Organization (IRO) picked by the DMHC. Anthem must follow the IRO's decision.

If services are approved, we notify you and your provider in writing within five business days. If services are denied, the DMHC notifies you in writing, explaining the reason for the denial. Check your Combined Evidence of Coverage and Disclosure for more about grievance procedures and the IMR process.

Call Member Services

If you or a representative filed a grievance or appeal, you can call Member Services at the number on your member ID card with any questions or requests for information about your case.

*To identify the company that provides your plan, check your member ID card.

Are you an ERISA plan member?

If your health benefit plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), once you have exhausted all mandatory appeal rights, you have the right to bring a civil action in federal court under section 502(a)(1)(B) of ERISA.

What you need to know about appointments

Getting in to see the dentist when you need care

We're committed to making sure you have access to the care you need – when you need it. We've contracted with *participating dentists* to provide covered services in a manner appropriate for your condition, consistent with good professional practice. We ensure that our network of *participating dentists* have the capacity to offer appointments within the following timeframes:

Urgent care appointments	Within 72 hours of the request for an appointment
Non-urgent appointments for primary dental care	Within 36 business days of the request for an appointment
Preventive dental care appointments	Within 40 business days of the request for an appointment
After-hours care (when a dentist's office is closed)	*Participating dentists* are required to have an answering service or a telephone answering machine during non-business hours, which will provide instructions on how you can obtain urgent or emergency care including, when applicable, how to contact another dentist who has agreed to be on-call to triage or screen by phone, or if needed, deliver urgent or emergency care.
Question for Customer Service by telephone on how to get care or solve a problem	10 minutes to reach a live person by phone during normal business hours

If a *participating dentist* determines that the waiting time for an appointment can be extended without a detrimental impact on your health, the *participating dentist* may schedule an appointment for a later time than noted above.

If you need the services of an interpreter, the services will be coordinated with scheduled appointments and will not result in a delay of an appointment with a participating provider.

To learn more about your health care and benefits, please see your Certificate or Evidence of Coverage or call the Customer Service phone number on your ID card. You also can call if you are having difficulty getting an appointment within these waiting times.

Free language assistance is available

Language assistance program reaches Out to Californians

IMPORTANT: You can get an interpreter at no cost to talk to your doctor or health plan. You can also call us at the toll free number on the back of your ID card. To get an interpreter or to ask about written information in your language, first call your health plan's phone number at **888-254-2721**. Someone who speaks your language can assist you. You may also provide your preferred written and spoken language directly to your health plan and directly to your provider. If you provide your language preferences to your health plan, this information will be maintained by your health plan and will be shared with your provider when the provider calls to check eligibility or upon request. If your preferred written language is one of your health plan's threshold languages, you may receive some plan information in your preferred written language. You may update your preferred written and spoken languages and provide information on race and ethnicity to your health plan by calling **888-254-2721**. If you need more help, call the DMHC Help Center at **888-466-2219**. (TTY/TDD: 711)

Auxiliary aids and services are also available for Members with disabilities as well as information in alternate formats. These aids and services are free of charge and will be provided in a timely manner when they are necessary to ensure an equal opportunity for Members with disabilities to participate.

Traditional Chinese:

重要事宜：您可以透過免費口譯員與您的醫師或健保計劃交流。您也可撥打您保險卡背面的免付費電話號碼與我們聯絡。如欲取得口譯員服務或要求以您語言提供的書面資訊，請首先聯絡您的健保計劃，電話號碼 **888-254-2721**。說您語言的人士能協助您。您也可以直接向您的健保計劃以及您的醫療服務提供者提供您的首選書面和口語語言。如果您向健保計劃提供了您的首選語言，這一資訊將由您的健保計劃保存，如果您的醫療服務提供者致電查詢資格情況或需要該資訊，則會將該資訊與其分享。如果您的首選書面語言是您健保計劃可提供的主要語言之一，您則可以收到以您首選書面語言提供的部分計劃資訊。您可以透過撥打 **888-254-2721**，向您的健保計劃更新您的首選書面或口語語言，並提供關於您的民族或種族資訊。如果您需要更多幫助，請撥打 **888-466-2219** 聯絡 DMHC 幫助中心。(TTY/TDD: 711)

Korean:

중요: 담당 의사 또는 건강 플랜과 대화하기 위한 통역사를 무료로 이용하실 수 있습니다. 또한 보험 ID 카드 뒷면에 인쇄된 무료통화 번호를 통해 당사로 전화하실 수도 있습니다. 통역사를 요청하거나 본인이 구사하는 언어로 된 서면 정보를 요청하려면 먼저 귀하 건강 플랜의 번호인 **888-254-2721**번으로 전화하십시오. 귀하 언어를 구사하는 분이 도와드릴 수 있습니다. 또한 귀하가 선호하는 구어, 문어가 무엇인지 직접 본인의 건강 플랜 및 담당 공급자에게 알릴 수도 있습니다. 본인의 건강 플랜에 어떤 언어를 선호하는지 알렸으면 이 정보는 귀하 건강 플랜에 의해 관리되고 공급자가 가입자격을 확인하기 위해 전화하거나 또는 요청 시 이 정보를 해당 공급자와 공유할 수 있습니다. 귀하가 선호하는 문어가 본인 건강 플랜에 준비된 언어 중 하나일 경우, 일부 플랜 정보를 귀하가 선호하는 문어로 받아볼 수 있습니다. **888-254-2721**번으로 전화하여 본인의 건강 플랜에 귀하가 어떤 문어, 구어를 선호하는지 업데이트 하고 인종 및 민족 정보를 제공하실 수 있습니다.추가 도움이 필요하시면 DMHC 도움센터에 **888-466-2219**번으로 전화하십시오. (TTY/TDD: 711)

Spanish:

IMPORTANTE: Puede obtener un intérprete sin costo para hablar con su médico o plan de salud. También puede llamarnos al número de teléfono gratuito que figura al dorso de su tarjeta de identificación. Para obtener un intérprete o consultar por información escrita en su idioma, llame primero al número de teléfono de su plan de salud al **888-254-2721**. Lo asistirá una persona que hable su mismo idioma. También puede informarle directamente al plan de salud o a su proveedor qué idioma escrito y hablado prefiere. Si le informa a su plan de salud qué idioma prefiere, el plan de salud conservará la información y la compartirá con su proveedor cuando este llame para verificar la elegibilidad o si lo solicita. Si el idioma escrito que usted prefiere es uno de los idiomas ofrecidos por el plan de salud, podrá recibir información en ese idioma. Puede cambiar el idioma escrito y hablado que prefiere que use su plan de salud y brindar información sobre su raza y grupo étnico llamando al **888-254-2721**. Si necesita más ayuda, llame al Centro de Ayuda del DMHC, al **888-466-2219**. (TTY/TDD: 711)

Tagalog:

MAHALAGA: Maaari kayong makakuha ng isang interpreter nang walang anumang gastos para sa inyo para kausapin ang inyong doktor o planong pangkalusugan. Maaari rin ninyong tawagan kami sa walang bayad na numero sa likod ng inyong ID card. Para makakuha ng isang interpreter o para humiling ng nakasulat na impormasyon sa inyong wika, tawagan muna ang numero ng telepono ng inyong planong pangkalusugan sa **888-254-2721**. Matutulungan kayo ng isang taong nagsasalita ng inyong wika. Maaari rin ninyong direktang ibigay ang inyong piniling nakasulat at sinasalitang wika sa inyong planong pangkalusugan at sa inyong tagabigay ng serbisyo. Kung ibibigay ninyo ang inyong mga kagustuhan sa wika sa inyong planong pangkalusugan, pananatilihin ng inyong planong pangkalusugan ang impormasyong ito at ibabahagi ito sa inyong tagabigay ng serbisyo kapag tatawag ito upang tingnan ang pagiging karapat-dapat o kapag hiniling. Kung ang inyong piniling nakasulat na wika ay isa sa mga pangunahing wika ng inyong planong pangkalusugan, maaari kayong makatanggap ng ilang impormasyon ng plano sa inyong piniling nakasulat na wika. Maaari ninyong i-update ang inyong piniling nakasulat at sinasalitang wika at maaari kayong magbigay ng impormasyon tungkol sa lahi at etnisidad sa inyong planong pangkalusugan sa pamamagitan ng pagtawag sa **888-254-2721**. Kung kailangan ninyo ng karagdagang tulong, tawagan ang DMHC Help Center sa **888-466-2219**. **(TTY/TDD: 711)**

Vietnamese:

QUAN TRỌNG: Quý vị có thể yêu cầu một thông dịch viên miễn phí để nói chuyện với bác sĩ hay chương trình chăm sóc sức khỏe của quý vị. Quý vị cũng có thể gọi cho chúng tôi theo số miễn cước ở phía sau thẻ ID của quý vị. Để yêu cầu một thông dịch viên hay hỏi về thông tin viết bằng ngôn ngữ của quý vị, đầu tiên hãy gọi đến chương trình chăm sóc sức khỏe của quý vị theo số **888-254-2721**. Nhân viên nói ngôn ngữ của quý vị có thể trợ giúp quý vị. Quý vị cũng có thể cung cấp các ngôn ngữ nói và viết ưa thích của quý vị trực tiếp với chương trình chăm sóc sức khỏe và nhà cung cấp của quý vị. Nếu quý vị cung cấp ưu tiên ngôn ngữ cho chương trình chăm sóc sức khỏe của quý vị, thì thông tin này sẽ được duy trì bởi chương trình chăm sóc sức khỏe của quý vị và sẽ được chia sẻ với nhà cung cấp của quý vị khi nhà cung cấp gọi để kiểm tra tính đủ điều kiện hay theo yêu cầu. Nếu ngôn ngữ viết ưa thích của quý vị là một trong những ngôn ngữ tiêu chuẩn của chương trình chăm sóc sức khỏe, thì quý vị có thể nhận một số thông tin chương trình bằng ngôn ngữ viết ưa thích của quý vị. Quý vị có thể cập nhật các ngôn ngữ nói và viết ưa thích và cung cấp thông tin về chủng tộc và dân tộc của quý vị với chương trình chăm sóc sức khỏe của mình bằng cách gọi số **888-254-2721**. Nếu quý vị cần giúp đỡ thêm, hãy gọi cho Trung Tâm Trợ Giúp DMHC theo số **888-466-2219**. (**TTY/TDD: 711**)

Arabic:

مهم: يمكنك الحصول على مترجم فوري مجانًا للتحدث مع طبيبك أو خطتك الصحية. ويمكنك أيضًا الاتصال بنا على رقم الهاتف المجاني الموضح على الجزء الخلفي من بطاقة هويتك. للحصول على خدمات مترجم فوري أو لطلب الحصول على معلومات مكتوبة بلغتك، يمكن لشخص يتحدث لغتك .**888-254-2721** اتصل أولاً برقم هاتف خطتك الصحية مساعدتك. ويمكنك أيضًا تقديم لغتك المنطوقة والمكتوبة المفضلة مباشرة لخطتك الصحية ولمقدم الخدمات الخاص بك. فإذا قدّمت تفضيلاتك اللغوية إلى خطتك الصحية، فإنه سيتم الاحتفاظ بهذه المعلومات بواسطة خطتك الصحية وستتم مشاركتها مع مقدم الخدمات عندما يتصل بك للتحقق من الأهلية أو عند الطلب. إذا كانت لغتك المكتوبة المفضلة هي واحدة من اللغات الأساسية بخطتك الصحية، فقد تتلقى بعض المعلومات حول الخطة بلغتك المكتوبة المفضلة. يمكنك تحديث لغاتك المنطوقة والمكتوبة المفضلة، وتقديم معلومات حول العرق إذا كنت .**888-254-2721** والانتماء العرقي إلى خطتك الصحية من خلال الاتصال بالرقم على الرقم DMHC Help Center بحاجة لمزيد من المساعدة، فاتصل بمركز **888-466-2219**. (TTY/TDD:711)

Armenian:

ԿԱՐԵՎՈՐ՝ Թարգմանիչը կարող է ուղեկցել ձեզ ձեր բժշկի այցելության ժամանակ և խոսել ձեր բժշկի կամ առողջապահական պլանի ներկայացուցչի հետ: Կարող եք նաև զանգահարել մեզ անվճար հեռախոսահամարով, որը նշված է ձեր նույնականացման քարտի ետևի մասում: Թարգմանչի ծառայություններից օգտվելու կամ գրավոր նյութերը ձեր լեզվով ստանալու համար, առաջին հերթին զանգահարեք ձեր առողջապահական պլանի հեռախոսահամարով **888-254-2721**: Ձեր լեզվով խոսող որևէ մեկը կարող է ձեզ օգնել: Կարող եք նաև ձեր նախընտրելի գրավոր և բանավոր լեզվի վերաբերյալ տեղեկությունը տրամադրել անմիջապես ձեր առողջապահական պլանի ներկայացուցչին կամ մատակարարին: Ձեր լեզվական նախապատվությունների վերաբերյալ տեղեկությունը ձեր առողջապահական պլանին տրամադրելու դեպքում, այն նաև կտրամադրվի ձեր մատակարարին, եթե մատակարարը հարցում կատարեց կամ պահանջեց ձեր իրավունակության վերաբերյալ տեղեկատվությունը: Եթե ձեր նախընտրելի գրավոր լեզուն առողջապահական պլանի հիմնական լեզուներից մեկն է, ապա առողջապահական պլանի վերաբերյալ որոշակի տեղեկատվություն կկարողանաք ստանալ ձեր նախընտրելի լեզվով: Զանգահարելով առողջապահական պլանի **888-254-2721** հեռախոսահամարով, կարող եք նորացնել ձեր նախընտրելի գրավոր և բանավոր լեզուների վերաբերյալ տեղեկությունը, ինչպես նաև տրամադրել տեղեկություն ռասայական և էթնիկական պատկանելության վերաբերյալ: Եթե ձեզ անհրաժեշտ է օգնություն, զանգահարեք DMHC-ի (Կալիֆորնիա նահանգի Կառավարվող խնամքի) Օգնության կենտրոն **888-466-2219** հեռախոսահամարով: **(TTY/TDD: 711)**

Farsi:

مهم: می توانید برای گفتگو با پزشک خود یا با طرح سلامت خود بدون هیچ هزینه ای از مترجم حضوری استفاده کنید. همچنین می توانید با استفاده از شماره تلفن رایگان پشت کارت شناسائی خود به ما تلفن کنید. برای گرفتن مترجم حضوری یا برای دریافت اطلاعات نوشتاری به زبان خود، ابتدا با شماره تلفن طرح سلامت خود به شماره **888-254-2721** تماس بگیرید. کسی که به زبان شما گفتگو می کند می تواند به شما کمک کند. همچنین می توانید زبان گفتگو و نگارش ترجیحی خود را مستقیما به طرح سلامت خود و به ارائه دهنده خدمات خود اطلاع دهید. اگر زبان ترجیحی خود را به طرح سلامت خود اطلاع دهید، این اطلاعات توسط طرح سلامت نگهداری می شود و هنگامی که ارائه دهنده خدمات شما با طرح تماس بگیرد و یا در صورت استعلام ایشان، با آنها به اشتراک گذاشته می شود. اگر زبان نگارشی ترجیحی شما یکی از زبان های قابل ارائه توسط طرح شما باشد، می توانید اطلاعات طرح را به زبان خود دریافت نمایید. می توانید زبان نگارش و گفتگوی خود را به روزرسانی کنید و با تماس تلفنی با شماره **888-254-2721** اطلاعاتی درباره نژاد و قومیت خود به طرح سلامت خود بدهید. اگر به کمک بیشتری نیاز دارید، با شماره DMHC Help Center با **888-466-2219** تماس بگیرید.(TTY/TDD:711)

Hmong:

TSEEM CEEB: Koj yuav tau txais ib tug kws txhais lus pub dawb thaum tham nrog koj tus kws khomob lossis lub chaw npaj saib xyuas kev noj qab haus huv.Koj tuaj yeem hu rau tus xov tooj hu dawb tuaj rau peb uas nyob sab tom qab ntawm koj daim npav ID.Yuav tau txais ib tug kws txhais lus lossis xav thov kom muab cov ntaub ntawv txhais ua koj hom lus, hu rau tus xov tooj ntawm koj lub chaw saib xyuas kev noj qab haus huv rau ntawm tus xov tooj**888-254-2721**. Ib tug neeg uas hais koj hom lus yuav los pab koj tau.Tej zaum koj yuav qhia hom lus koj hais thiab koj sau ncaj qha mus rau koj lub chaw saib xyuas kev noj qab haus huv thiab koj tus kws kuaj mob.Yog koj qhia koj hom lus hais mus rau koj lub chaw saib xyuas kev noj qab haus huv, koj lub chaw saib xyuas kev noj qab haus huv yuav tswj xyuas cov ntaub ntawv thiab yuav muab qhia rau koj tus kws kuaj mob thaum nws thov kuaj xyuas txog qhov muaj cai tau txais kev pab lossis raws li qhov nws thov txog.Yog koj hom lus sau yog ib hom lus uas nyob rau ntawm koj lub chaw saib xyuas kev noj qab haus huv sau tseg, tej zaum koj yuav tau txais qee cov ntaub ntawv ntawm koj hom kev npaj saib xyuas kev noj qab haus huv ua kom hom lus.Tej zaum koj yuav tau sau tshiab txog hom lus koj hais thiab sau thiab muab cov ntaub ntawv hais txog hom haiv neeg thiab hom haiv neeg tsawg qhia rau hauv koj lub chaw saib xyuas kev npaj saib xyuas kev noj qab haus huv thiab hu rau **888-254-2721**.Yog koj xav tau kev pab ntau ntxiv, hu Thov Kev Pab rau ntawm Lub Chaw DMHC tus xov tooj **888-466-2219**.
(TTY/TDD: 711)

Hindi:
महत्वपूर्ण: आपको अपने चिकित्सक या स्वास्थ्य योजना से बात करने के लिए बिना किसी लागत पर एक दुभाषिया मिल सकता है। आप अपने आईडी कार्ड के पीछे दिए गए टोल फ्री नंबर पर हमें कॉल भी कर सकते हैं। कोई दुभाषिया पाने के लिए या अपनी भाषा में लिखित जानकारी के बारे में पूछने के लिए, पहले अपने स्वास्थ्य योजना के फोन नंबर **888-254-2721** पर कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी सहायता कर सकता है। आप सीधे अपनी स्वास्थ्य योजना को और सीधा अपने प्रदाता को अपनी पसंदीदा लिखित और बोली जाने वाली भाषा भी प्रदान कर सकते हैं। यदि आप अपनी स्वास्थ्य योजना को अपनी भाषा प्राथमिकताएं प्रदान करते हैं, तो इस जानकारी को आपकी स्वास्थ्य योजना द्वारा रखा जाएगा और जब आपका प्रदाता पात्रता की जांच करने के लिए कॉल करता है या अनुरोध करने पर इसे प्रदाता के साथ साझा किया जाएगा। यदि आपकी पसंदीदा लिखित भाषा आपकी स्वास्थ्य योजना की थ्रेशोल्ड भाषाओं में से एक है, तो आपको योजना के बारे में कुछ जानकारी अपनी पसंद की लिखित भाषा में प्राप्त हो सकती है। आप **888-254-2721** फोन करके अपनी पसंद की लिखित और बोली जाने वाली भाषाओं को अपडेट कर सकते हैं और अपनी स्वास्थ्य योजना को नस्ल और जातीयता के बारे में जानकारी प्रदान कर सकते हैं। यदि आपको अधिक मदद की जरूरत हो, तो DMHC हेल्प सेंटर को **888-466-2219** पर कॉल करें।
(TTY/TDD: 711)

Japanese:
重要事項：担当医や健康保険プランとの対話では通訳者を無料で手配することができます。またはこちらまでお電話でご連絡いただくことも可能です。フリーダイヤル番号は、IDカードの裏面に記載されています。通訳者の手配またはご希望の言語での関係書類をご要請いただく場合は、まず健康保険プランまでお電話でご連絡ください（**電話番号**：**888-254-2721**）。サポート担当者がご希望の言語で対応させていただきます。書記言語または口頭言語のご希望は、健康保険プランおよびプロバイダーへ直接ご連絡いただけます。健康保険プランへ希望言語を指定すると、この情報はあなたの健康保険プランで保管されます。健康保険プランのプロバイダーが受給資格を確認したり要請を受けて連絡する際、この情報がプロバイダーへ提供されます。健康保険プランがご希望の書記言語に対応している場合は、プラン情報がご希望の書記言語で提供される場合があります。書記言語および口頭言語の希望は更新することができます。また、人種および民族性に関する情報を健康保険プランへ電話で連絡することも可能です（**電話番号**：**888-254-2721**）。さらなるサポートは、DMHCのヘルプセンターまでお電話ください（**電話番号**：**888-466-2219**）。
(TTY/TDD: 711)

Khmer:
ចំណុចសំខាន់៖ អ្នកអាចទទួលបានសេវាអ្នកបកប្រែដោយឥតគិតថ្លៃ ដើម្បីជជែកជាមួយក្រូពេទ្យរបស់អ្នក ឬជជែកអំពីគម្រោងសុខភាពរបស់អ្នក។ អ្នកក៏អាចទូរសព្ទមកយើងខ្ញុំដោយឥតគិតថ្លៃ ដែលមានលេខនៅផ្នែកខាងក្រោយនៃប័ណ្ណ ID របស់អ្នក។ ដើម្បីទទួលបានអ្នកបកប្រែ ឬដើម្បីស្នើសុំព័ត៌មានសរសេរជាភាសារបស់អ្នក ជាដំបូងសូមហៅទូរសព្ទទៅគម្រោងសុខភាពរបស់អ្នកតាមរយៈលេខ **888-254-2721**។ អ្នកដែលចេះនិយាយភាសារបស់អ្នកអាចជួយអ្នកបាន។ អ្នកក៏អាចផ្តល់នូវជម្រើសភាសាសរសេរ និងភាសានិយាយរបស់អ្នក ដោយផ្តល់ទៅកាន់គម្រោងសុខភាពរបស់អ្នក និងដោយផ្តល់ទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។ បើសិនអ្នកផ្តល់នូវជម្រើសភាសារបស់អ្នក ទៅកាន់គម្រោងសុខភាពរបស់អ្នកនោះ ព័ត៌មាននេះនឹងត្រូវបានរក្សាទុកដោយគម្រោងសុខភាពរបស់អ្នក ហើយនឹងត្រូវបានចែករំលែកជាមួយនឹងអ្នកផ្តល់សេវារបស់អ្នក នៅពេលអ្នកផ្តល់សេវានោះទូរសព្ទទៅអ្នកដើម្បីត្រួតពិនិត្យការទទួលបានសិទ្ធិរបស់អ្នក ឬ តាមការស្នើសុំ។ បើសិនជម្រើសភាសាសរសេររបស់អ្នក គឺជាភាសាមួយក្នុងចំណោមភាសាចម្បងរបស់គម្រោងសុខភាពរបស់អ្នកនោះ អ្នកអាចនឹងទទួលបានព័ត៌មានអំពីគម្រោងខ្លះៗជាភាសាសរសេរដែលអ្នកបានជ្រើសរើស។ អ្នកអាចនឹងធ្វើបច្ចុប្បន្នភាពជម្រើសភាសាសរសេរ និងភាសានិយាយរបស់អ្នក និងផ្តល់ព័ត៌មានអំពីជាតិសាសន៍ និងពូជសាសន៍ទៅកាន់គម្រោងសុខភាពរបស់អ្នក ដោយហៅទូរសព្ទទៅលេខ **888-254-2721**។ បើសិនអ្នកត្រូវការជំនួយបន្ថែម សូមហៅទូរសព្ទទៅមជ្ឈមណ្ឌលជំនួយ DMHC តាមរយៈលេខ **888-466-2219**។ **(TTY/TDD: 711)**

Punjabi:
ਮਹੱਤਵਪੂਰਨ: ਤੁਹਾਨੂੰ ਆਪਣੇ ਡਾਕਟਰ ਜਾਂ ਸਿਹਤ ਯੋਜਨਾ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਦੇ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਮਿਲ ਸਕਦਾ ਹੈ। ਤੁਸੀਂ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਗਏ ਟੋਲ ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਸਾਨੂੰ ਕਾਲ ਵੀ ਕਰ ਸਕਦੇ ਹੋ। ਕੋਈ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰਨ ਜਾਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਬਾਰੇ ਪੁੱਛਣ ਲਈ, ਪਹਿਲਾਂ ਆਪਣੇ ਸਿਹਤ ਯੋਜਨਾ ਦੇ ਫੋਨ ਨੰਬਰ **888-254-2721** 'ਤੇ ਕਾਲ ਕਰੋ। ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰ ਸਕਦਾ ਹੈ। ਤੁਸੀਂ ਸਿੱਧਾ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਨੂੰ ਅਤੇ ਸਿੱਧਾ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨੂੰ ਆਪਣੀ ਪਸੰਦੀਦਾ ਲਿਖਤੀ ਅਤੇ ਬੋਲੀ ਜਾਣ ਵਾਲੀ ਭਾਸ਼ਾ ਵੀ ਮੁਹੱਈਆ ਕਰ ਸਕਦੇ ਹੋ। ਜੇ ਤੁਸੀਂ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਤਰਜੀਹਾਂ ਮੁਹੱਈਆ ਕਰਦੇ ਹੋ, ਤਾਂ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਤੁਹਾਡੀ ਸਿਹੱਤ ਯੋਜਨਾ ਦੁਆਰਾ ਰੱਖਿਆ ਜਾਵੇਗਾ ਅਤੇ ਜਦੋਂ ਤੁਹਾਡਾ ਪ੍ਰਦਾਤਾ ਯੋਗਤਾ ਦੀ ਜਾਂਚ ਕਰਨ ਲਈ ਕਾਲ ਕਰਦਾ ਹੈ ਜਾਂ ਬੇਨਤੀ ਕਰਨ 'ਤੇ ਇਸਨੂੰ ਪ੍ਰਦਾਤਾ ਨਾਲ ਸਾਂਝਾ ਕੀਤਾ ਜਾਵੇਗਾ। ਜੇ ਤੁਹਾਡੀ ਪਸੰਦੀਦਾ ਲਿਖਤੀ ਭਾਸ਼ਾ ਤੁਹਾਡੀ ਸਿਹੱਤ ਯੋਜਨਾ ਦੀਆਂ ਥ੍ਰੈਸ਼ਹੋਲਡ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚੋਂ ਇੱਕ ਹੈ, ਤਾਂ ਤੁਹਾਨੂੰ ਯੋਜਨਾ ਬਾਰੇ ਕੁਝ ਜਾਣਕਾਰੀ ਆਪਣੀ ਪਸੰਦ ਦੀ ਲਿਖਤੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦੀ ਹੈ। ਤੁਸੀਂ **888-254-2721** 'ਤੇ ਫੋਨ ਕਰਕੇ ਆਪਣੀ ਤਰਜੀਹੀ ਲਿਖਤੀ ਅਤੇ ਬੋਲੀ ਜਾਣ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਨੂੰ ਅਪਡੇਟ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਨੂੰ ਨਸਲ ਅਤੇ ਜਾਤੀ ਬਾਰੇ ਜਾਣਕਾਰੀ ਮੁਹੱਈਆ ਕਰ ਸਕਦੇ ਹੋ। ਜੇ ਤੁਹਾਨੂੰ ਵਧੇਰੇ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ DMHC ਹੈਲਪ ਸੈਂਟਰ ਨੂੰ **888-466-2219** 'ਤੇ ਕਾਲ ਕਰੋ। **(TTY/TDD: 711)**

Russian:

ВАЖНО: Вам могут предоставить бесплатные услуги устного перевода, чтобы вы могли общаться со своим врачом или сотрудниками плана медицинского страхования. Вы также можете позвонить нам по бесплатному номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Чтобы получить услуги устного перевода или попросить письменную информацию на вашем языке, вначале позвоните в свой план медицинского страхования по телефону **888-254-2721**. Сотрудник, говорящий на вашем языке, окажет вам помощь. Вы также можете сообщить напрямую своему плану медицинского страхования и обслуживающим вас поставщикам медицинских услуг, на каком языке вы предпочитаете общаться и получать письменные документы. Если вы сообщите своему плану медицинского страхования, на каком языке вы предпочитаете общаться и получать письменные документы, эта информация будет сохранена в вашей учетной записи и передаваться обслуживающим вас поставщикам медицинских услуг, когда они будут звонить для уточнения ваших прав на получение услуг, а также предоставляться им по запросу. Если язык, на котором вы предпочитаете получать письменные документы, входит в число основных языков вашего плана медицинского страхования, вы сможете получать некоторые документы плана на этом языке. Чтобы сообщить своему плану медицинского страхования, на каком языке вы предпочитаете общаться и получать письменные документы, а также предоставить информацию о своей расовой и этнической принадлежности, позвоните по телефону **888-254-2721**. Если вам требуется дополнительная помощь, обратитесь в Центр поддержки (Help Center) Департамента координируемого медицинского обслуживания (DMHC) по телефону **888-466-2219. (TTY/TDD: 711)**

Thai:

ข้อสำคัญ: คุณสามารถขอรับบริการล่ามได้โดยไม่มีค่าใช้จ่ายเพิ่มเติม เพื่อพูดคุยกับแพทย์หรือแผนประกันสุขภาพของคุณ นอกจากนี้คุณยังสามารถโทรศัพท์หาเราได้ทางหมายเลขโทรฟรีที่ระบุด้านหลังบัตรประจำตัวของคุณ หากต้องการขอรับบริการล่ามหรือสอบถามเกี่ยวกับข้อมูลที่เขียนเป็นภาษาของคุณ อันดับแรกโปรดโทรศัพท์ถึงแผนประกันสุขภาพของคุณที่หมายเลข 888-254-2721 จะมีผู้ที่พูดภาษาเดียวกับคุณเป็นผู้ช่วยเหลือคุณ นอกจากนี้คุณยังสามารถระบุภาษาพูดและภาษาเขียนที่คุณต้องการกับแผนประกันสุขภาพของคุณและผู้ให้บริการของคุณได้โดยตรง หากคุณระบุภาษาที่คุณต้องการกับแผนประกันสุขภาพของคุณ แผนประกันสุขภาพของคุณจะเป็นผู้เก็บข้อมูลนี้และแบ่งปันกับผู้ให้บริการของคุณเมื่อผู้ให้บริการโทรศัพท์เพื่อตรวจสอบคุณสมบัติ หรือเมื่อมีคำขอ หากภาษาเขียนที่คุณต้องการเป็นหนึ่งในภาษาหลักของแผนประกันสุขภาพของคุณ คุณอาจได้รับข้อมูลแผนประกันสุขภาพบางส่วนเป็นภาษาเขียนที่คุณต้องการ คุณสามารถปรับปรุงข้อมูลภาษาเขียนและภาษาพูดที่คุณต้องการและระบุข้อมูลเกี่ยวกับเชื้อชาติและชาติพันธุ์กับแผนประกันสุขภาพของคุณได้โดยโทรศัพท์ที่ 888-254-2721 หากคุณต้องการความช่วยเหลือเพิ่มเติม โปรดโทรศัพท์ถึงศูนย์ช่วยเหลือ DMHC ที่ 888-466-2219
(TTY/TDD: 711)

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