Navigating the changing landscape

The first year of health care reform may be over — but it may have left you with more questions than ever. You probably want to know what, if anything, is changing for 2015.

That’s why CareFirst BlueCross BlueShield (CareFirst) has created the 2015 edition of our Guide to Health Care Reform.

As the health insurance industry continues to transform, we remain committed to our customers and community — providing you with straightforward information and any guidance you may need. We hope the information contained in this guide helps give you confidence when making decisions about your health insurance in 2015.

If you get lost along the way, visit us online at www.carefirst.com/guidetohealthreform. You can speak with a Product Consultant through Click to Chat or request a call-back through Click to Call. Or, call us directly at 1-800-544-8703.
Health care reform

Where it’s been …

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act or simply health care reform, was signed into law by President Barack Obama on March 23, 2010. The 900+ page law is generally considered the biggest expansion of coverage and overhaul of rules governing health care since the passage of Medicare and Medicaid in 1965. The purpose of the new legislation is to provide more people with affordable health insurance coverage, establish standardized essential health plan benefits, enhance protection for consumers and set up tools to help individuals shop knowledgeably for health insurance. While some of the provisions became effective upon President Obama’s signature, many of the biggest changes took effect on January 1, 2014.

Where it’s going …

One of the biggest changes for 2015 is the increased tax penalty — $325 or 2% of income, whichever is greater, if you don’t have minimum essential coverage.

Where CareFirst comes in …

You don’t have to do it alone. If you need to purchase individual or family health insurance, we can guide you every step of the way. Visit us at www.carefirst.com/guidetohealthreform.
What it means to you:

1. Anyone who wants to buy insurance can now do so under health care reform because the Guaranteed Issue provision, well, guarantees it. Essentially, if you want to buy a policy, you have the right to buy the same policy anyone else can buy, and not be charged more or denied coverage because you are sick or have a pre-existing medical condition.

2. All private insurance companies are now required to cover the benefits that most people need covered. They’re called Essential Health Benefits, and all new plans include them as standard:
   1. Ambulatory patient services
   2. Emergency services
   3. Hospitalization
   4. Maternity and newborn care
   5. Mental health and substance abuse treatment
   6. Prescription drugs
   7. Rehabilitative and habilitative services
   8. Laboratory services
   9. Preventive and wellness services and chronic disease management
   10. Pediatric services, including dental and vision care.

3. Because all new plans now cover the same set of essential health benefits, it’s no longer as important to shop based on benefits as it is to shop based on Metal Levels. There are four types of metal levels – Bronze, Silver, Gold and Platinum – and they represent how much you’ll pay for health care services versus how much your insurance plan will pay. People under 30 also have the option to buy a Catastrophic plan, which is similar to a Bronze-level plan.

4. To keep costs down, the law requires just about everyone to buy health insurance. It’s called the Individual Shared Responsibility Payment or Individual Mandate. The ones who don’t will be penalized with a health care tax.

5. Since some people might not be able to afford health insurance, health care reform offers two types of Financial Assistance, also known as subsidies, to people with lower incomes. Anyone who qualifies for a subsidy can get help paying their monthly premium (what it costs each month to have a health plan). A smaller portion of people, whose incomes are even less, can also get reductions on their out-of-pocket costs (deductibles, copayments and coinsurance) if they purchase a Silver metal-level plan.

6. Everyone who qualifies and wishes to apply for these subsidies must apply through their state’s Health Insurance Marketplace or Exchange. An Exchange is designed to be a one-stop shop for learning about public programs like Medicaid and the state Children’s Health Insurance Program (CHIP), qualifying and applying for subsidies, and purchasing coverage. Some states, as well as Washington D.C., require that all residents purchase insurance through their Exchanges. Other states, like Maryland and Virginia, give residents the option of applying through their Exchange or buying directly from a health insurance company (like CareFirst).

7. Whether you want to buy your plan directly through CareFirst or need to use your state’s Exchange to get financial assistance, you have a limited period of time in which you can enroll. The first Open Enrollment period was from October 1, 2013 to March 31, 2014. The second Open Enrollment will be from November 15, 2014 to February 15, 2015. If you miss it, you won’t be able to have health insurance until January of 2016, plus you may have to pay a tax penalty to the government at tax time. There are a few exceptions (like marriage, birth or loss of coverage), which can qualify you for a Special or Limited Open Enrollment period.
Questions about health care reform?

We have the answers.

“Will I have to purchase health insurance?”
According to the Affordable Care Act, most U.S. citizens and legal residents must have insurance which qualifies as “minimum essential coverage” for themselves and their dependents, or they’ll pay a tax penalty. Minimum essential coverage is defined as:

• Individual or family policies that are considered Qualified Health Plans or Grandfathered
• Job-based coverage
• Medicare
• Medicaid
• The Children’s Health Insurance Program (CHIP)
• TRICARE and certain other coverage

“What is the penalty?”
If you don’t have minimum essential coverage, you may pay:

in 2015*: $325 or 2.0% of taxable income, whichever is greater.

in 2016*: $695 or 2.5% of taxable income, whichever is greater.

*Families (two or more people) will be charged up to a maximum of three times these amounts. After 2016, the penalty will be increased annually by the cost-of-living adjustment. The Internal Revenue Service (IRS) will collect the penalty fee through tax returns.

“Who doesn’t have to pay the penalty?”

Individuals who:

• Are uninsured for less than 3 months of the year
• Have very low income in which the lowest-priced coverage available is more than 8% of their income
• Would qualify under the new income limits for Medicaid, but their state has chosen not to expand Medicaid eligibility
• Are members of federally recognized Indian tribes or are eligible for services through an Indian Health Services provider
• Participate in a recognized health care sharing ministry
• Are members of recognized religious sects with religious objections to insurance, including Social Security and Medicare
• Are incarcerated
• Are not lawfully present in the U.S.
• Qualify for a hardship exemption as defined by https://www.healthcare.gov/exemptions

Source: https://www.healthcare.gov
“Who can get financial assistance or a subsidy?”

To receive a subsidy, you have to make less than a certain amount (as reported on your federal tax returns) and you must be a U.S. citizen or legal U.S. alien. Use the chart below to see if you qualify:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>You may qualify for Medicaid if you make less than: ¹</th>
<th>You may qualify for two subsidies (lower premiums and lower out-of-pocket costs) if your yearly income is between:</th>
<th>You may qualify for one subsidy (lower premiums) if your yearly income is between:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$16,105</td>
<td>$16,105 - $29,175</td>
<td>$29,175 - $46,680</td>
</tr>
<tr>
<td>2</td>
<td>$21,707</td>
<td>$21,707 - $39,325</td>
<td>$39,325 - $62,920</td>
</tr>
<tr>
<td>3</td>
<td>$27,310</td>
<td>$27,310 - $49,475</td>
<td>$49,475 - $79,160</td>
</tr>
<tr>
<td>4</td>
<td>$32,913</td>
<td>$32,913 - $59,625</td>
<td>$59,625 - $95,400</td>
</tr>
<tr>
<td>5</td>
<td>$38,516</td>
<td>$38,516 - $69,775</td>
<td>$69,775 - $111,640</td>
</tr>
<tr>
<td>6</td>
<td>$44,119</td>
<td>$44,119 - $79,925</td>
<td>$79,925 - $127,880</td>
</tr>
</tbody>
</table>

¹ Some states, like Virginia, did not expand their Medicaid program and therefore have lower thresholds for Medicaid qualification and subsidy eligibility than stated in the chart above. For more information on Medicaid qualification, visit www.healthcare.gov/do-i-qualify-for-medicaid. For more information on subsidy qualification, visit www.healthcare.gov/how-can-i-save-money-on-marketplace-coverage.

To see an estimate of how much assistance you’ll receive, CareFirst provides a handy subsidy estimator tool at www.carefirst.com/guidetohealthreform.*

Please note, subsidies are not offered to people who have other government-sponsored plan choices, like Medicaid or Medicare.

“If I qualify for a subsidy, how do I get it?”

You can either get it by purchasing a plan on your state’s Exchange (the IRS will send the amount of your subsidy to the insurance company so you pay a reduced rate on your monthly premium each month) or you can receive it at the end of the year when you file your taxes.

*Actual subsidy determinations can only be obtained through State Exchanges. If you qualify and wish to apply for a subsidy, you must apply through your state’s Exchange.

If you receive a subsidy each month, don’t forget to report life changes!

If you receive a subsidy each month, it’s important that you report any life changes to your state’s Exchange. If you don’t, the government may require you to pay back some or all of your subsidies at tax time. And you may miss out on opportunities to receive more financial assistance.

Here’s a list of some of the life changes that could affect your subsidy eligibility:

- Having a change in income
- Marriage or divorce
- Birth or adoption
- Getting health coverage through a job or a program like Medicare or Medicaid
- Changing your place of residence
- Having a change in disability status
- Gaining or losing a dependent
- Becoming pregnant
- Experiencing other changes that may affect your income and household size
- Other changes to report: change in tax filing status; change of citizenship or immigration status; incarceration or release from incarceration; change in status as an American Indian/Alaska Native or tribal status; correction to name, date of birth, or Social Security number.
“If I get health insurance through my employer, will I qualify for a subsidy?”

Only people who buy their own insurance are eligible for subsidies. However, if an employer’s coverage is either inadequate (plan covers less than 60% of allowed medical expenses) or unaffordable (total premiums are more than 9.5% of adjusted household income), the employee could be eligible for subsidies with a health care reform-compliant plan and should contact their state’s Exchange.

“Can I switch plans outside of the Open Enrollment period?”

Generally, individuals will not be able to switch plans outside of Open Enrollment unless they are eligible for a Special or Limited Open Enrollment period due to a qualifying life event, such as:

- Marriage or domestic partnership
- Birth or adoption
- Loss of minimum essential health care coverage, group health insurance or individual health insurance (excluding failure to pay premiums)
- Loss of subsidy eligibility
- Recent move to a new state
- An enrollment error by the Health Insurance Marketplace or by the Department of Health and Human Services

“What are metal levels?”

Metal levels refer to the new rating criteria determined by the federal government and represent the amount of overall cost-sharing you pay versus what the plan pays. As the metal level increases from Bronze to Platinum, you’ll pay less out-of-pocket for health care services (like deductibles, coinsurance and copayments), but your monthly premium will increase.

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Coverage Percentage</th>
<th>You Pay Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Gold</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Silver</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Bronze</td>
<td>60%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Catastrophic plans, similar to the Bronze level, are generally only available to applicants under age 30.
How has health care reform affected premiums?

For one, all health plans are now required to cover Essential Health Benefits like pediatric vision and dental coverage, maternity and newborn care, and prescription drug coverage. So, some people may pay for benefits that they did not have before.

Health care reform has also affected premiums for big families. Previously, it didn’t matter how many people were on your family plan because you received the family rate. Now, family rates are calculated based on the number of people applying for coverage. To calculate a family rate, you must add up the rates for 3 of your dependents under age 21, then add the rates of any additional dependents who are older than age 21. Essentially, a bigger family pays more.

New rating band requirements have also contributed to premium changes. Older people typically use more health care services than younger people and that’s why insurance companies often charge them higher rates. Although insurance companies can charge people different premium amounts based on their age, health care reform has ensured that the most expensive premium is not more than 3 times the lowest premium. For example, prior to January 1, 2014, a young person could be charged $100 and an older person could be charged $500 (a 5:1 ratio). After January 1, 2014, the young person’s premium would have increased to $140 and the older person’s premium would have been lowered to $420.

Lastly, health care reform guarantees that anyone can buy insurance. Naturally, this will attract those who need coverage most into the population of insured people. From society’s point of view, this is a good thing because no one can be denied coverage due to a pre-existing health condition. However, insurance premiums are based on the entire population’s use of health care services. When more health care services are used, the population’s costs increase and premiums rise to match them.

Ultimately, it depends on who you are. Some people will see little change or even a decrease … others may see large increases.
“I buy my own health insurance. Will health care reform affect me?”

If you don’t get health insurance through an employer, you’ll likely belong to one of the groups below:

Grandfathered members

If you purchased a policy on or before March 23, 2010 and your plan did not undergo significant changes as described under federal law, the plan you purchased is now considered a grandfathered plan. This means that your policy is exempt from the legal requirements of health care reform.*

“My plan is grandfathered. Should I switch to a new health care reform plan?”

It depends. Grandfathered plans may not offer some of the benefits required by health care reform and as a result, may have a lower monthly premium cost. However, if you have a lower income, you may qualify for a subsidy, which may help you lower your health care costs overall.

It is important to note that subsidies are only available to people buying new, health care reform-compliant plans on their state’s Exchange. To obtain a subsidy, you must voluntarily switch from your grandfathered plan to a new health care reform-compliant plan and there is no option to return to your grandfathered plan in the future.

Bottom line:

Do your research and don’t change plans unless you are sure it makes the most sense for you.

Non-grandfathered members and MHIP Standard members

A policy purchased between March 23, 2010 and December 31, 2013 is considered non-grandfathered and will no longer be available to existing members after January 1, 2015. If you are enrolled in either a non-grandfathered plan or the Maryland Health Insurance Plan (MHIP) Standard option, you will need to enroll in a new health care reform-compliant plan on your plan's renewal date in 2014. If you don’t, you may not be able to get coverage until the next Open Enrollment period and you may have to pay a tax penalty.

Health care reform (ACA) members

All ACA health plans sold during 2014 and thereafter operate on a calendar year basis in accordance with government requirements. Your plan year therefore ends on December 31 and will automatically renew on January 1. On January 1, your deductible, out-of-pocket maximum and other benefit accumulators will start over and you may see changes in your rate and/or benefits to conform to the requirements of the Affordable Care Act (ACA). This “reset” will occur every year on January 1, as mandated by the ACA.

• For individuals who enrolled directly through CareFirst and not through an Exchange: You will not be required to take action unless you think you are eligible for a subsidy, in which case you should contact your state’s Exchange to determine how to apply for a subsidy.

• For individuals who enrolled through an Exchange: You will need to contact your state’s Exchange to determine how to maintain or apply for a subsidy. If you are not eligible for financial assistance or you do not want to apply for it, you can apply directly through a health insurance company, like CareFirst, for a new 2015 plan.

Medicare-eligible members

The changes health care reform has had on the benefits of Original Medicare have already gone into effect. You can see them in:

• Free Preventive Care – Since 2011, preventive care has been no cost to the individual.

• Rebates – An estimated 4 million Medicare beneficiaries with Medicare Prescription Drug Coverage (Part D) who reached the “donut hole” in 2010 received a one-time, tax-free $250 rebate check.

• Prescription Drug Discounts – Medicare beneficiaries with Medicare Prescription Drug Coverage (Part D) can expect to see the “donut hole” – the gap in which limited drug coverage is provided – gradually reduced until it is eliminated by 2020 when the member cost-share will be 25% for brands and generics.

* A policy which was in effect before March 23, 2010, but was changed after March 23, 2010, might not be considered grandfathered under federal law.
“I need to purchase health insurance. What do I do?”

With all of the changes to healthcare, choosing a health insurance plan may seem complicated. Follow this step-by-step guide to find out where to go and what to do.

1. Go to www.carefirst.com/guidetohealthreform
   Enter your zip code and choose how you want to shop. You can shop by products, by price or view all plans.

2. Answer 3 simple questions
   Tell us your gender, date of birth and add any dependents you want to cover.

3. Find out if you’re subsidy-eligible
   Select that you’re interested in a subsidy from the government. Then enter:
   A. Your estimated 2014 annual household income;
   B. How many people you will claim on your 2014 taxes;
   C. How many people will be applying for a subsidy; and
   D. Your date of birth.
   If you’re eligible, you’ll be able to see an estimate of your tax credit subsidy.

4. Start shopping
   Now, you can start comparing plans.

5. APPLY FOR COVERAGE

Remember, subsidy qualification may affect how you purchase your coverage:

- If you are not subsidy-eligible, select your plan and click Apply. Filling out the application can take as little as 10 minutes and as a direct enrollee with CareFirst, you will be able to track your enrollment and make most changes to your plan online 24/7.
- If you are subsidy-eligible, you can save your plan choices by clicking on the Apply with Subsidy link. Once you’ve saved your choices, you will be directed to your state Exchange’s website to complete the application process. Keep in mind that if you qualify for both subsidies, you must apply for a Silver metal-level plan to get the maximum benefits of your subsidies. And, don’t forget to have all the necessary documents for application!
  A. Social Security Numbers (or document numbers for legal immigrants)
  B. Employer and income information for every member of your household who needs coverage (for example, pay stubs or W-2 forms—Wage and Tax Statements)
  C. Policy numbers for any current health insurance plans covering members of your household
  D. Any other documents required by your state’s Exchange.

Without health insurance, you may be subject to a federal government tax penalty of at least 2% of your income in 2015.*

For easy one-stop shopping and FREE subsidy estimate**, go to: www.carefirst.com/guidetohealthreform

*Some exemptions apply.
**Actual subsidy determinations can only be obtained through Health Insurance Marketplaces. If you qualify and wish to apply for a subsidy, you must apply through your state’s Health Insurance Marketplace.
Questions?

Stop by your local CareFirst office Monday-Friday, 8:30AM - 4:30PM. We’re here to help!

Annapolis District Office
151 West Street
Suite 101
Annapolis, MD 21401
(410) 268-6488

Frederick District Office
2405 Whittier Dr
Suite 100
Frederick, MD 21702
(301) 663-3138

Cumberland District Office
10 Commerce Drive
Cumberland, MD 21502
(301) 724-1313

Hagerstown District Office
182-184 Eastern Blvd
North Hagerstown, MD 21740
(301) 733-5995

Easton District Office
301 Bay Street Plaza
Suite 401
Easton, MD 21601
(410) 822-1850

Salisbury District Office
224 Phillip Morris Dr
Suite 106
Salisbury, MD 21804
(410) 742-3274

For easy one-stop shopping
and FREE subsidy estimate, go to:
www.carefirst.com/guidetohealthreform

The information contained herein is for general informational purposes only and is not intended as binding legal or financial advice. For specific questions regarding the Patient Protection and Affordable Care Act, you should consult an attorney or your financial advisor.

In its 77th year of service, CareFirst, an independent licensee of the BlueCross and BlueShield Association, is a not-for-profit health care company which, through its affiliates and subsidiaries, offers a comprehensive portfolio of health insurance products and administrative services to 3.4 million individuals and groups in Maryland, the District of Columbia and Northern Virginia. In 2013, CareFirst contributed $57 million to community programs designed to increase the accessibility, affordability, safety and quality of health care throughout its market areas. To learn more about CareFirst BlueCross BlueShield, visit our website at www.carefirst.com or follow us on Twitter: twitter.com/CareFirst_News. CareFirst BlueCross BlueShield is the business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services Inc. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.
Notice of Nondiscrimination and 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.

Civil Rights Coordinator, Corporate Office of Civil Rights

Telephone Number: 410-528-7820
Mailing Address: P.O. Box 8894
Baltimore, Maryland 21224
Fax Number: 410-505-2011
Email Address: civilrightscoordinator@carefirst.com

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

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)

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.

Èdè Yorùbá (Yoruba) Itétitókọ: Àkiyèsi yíi ní ìwífún nípa ìsé adójútòfò rẹ̀. Ò le ní àwọn déètì pàtò o si le ní láti gbe ìgbésé ní àwọn ojó gbèdèke kan. O ní ètò láti gba ìwífún yíi àti ìrànlàwò ní èdè rẹ̀ lọ̀fèè. Àwọn òmọ-ègbè gbdò pe nómòb fòonù tò wà léyín kààdè iídàmìó wọn. Àwọn mìràn le pe 855-258-6518 kí o sí dūró nípas ijíròrò títí à ó fi sò fún ọ látì tè 0. Nígbàtí aṣoju kan bá dàhùn, sò èdè tí o fẹ̀ a ó sí so o pò mó ìgbúfọ̀ kan.


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.
Use: This statement contains information about your insurance coverage. It may contain important dates and requires your attention.

您證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要求您的注意。

نہا: این اعلامیہ حاوی اطلاعاتی دربارہ بیماری کے کورنے کی خصوصیات ہے۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان کو ڈال کر تب اپنی مطلوبہ زبان میں متعلق معلومات پر مشتمل ہے۔

Bàsáá-wúdù (Bassa) Tò Dùû C'àó! Bò nià ke bá nyö bé kë m gbo kpá bó ni ùùáá-ùùñ nyye jë dyi. Bò nià ke béqé wé jéé bë bé m ké dé ma wó m ké nyuëe nyu hwë bë wé bëa kë zì. J mò ni kpé bë m ké bò nià ke kë gbo-kpá-kpá m móe dyé dé ni bià-lwúdù mú bë m ké se wiëj dyó péë. Kpoòò nyö bë me dàâu-nùmba nià dé wàà 1.D. kààd ñéin nyé. Nyc ñë séin me dàâu nyé nià ke: 855-258-6518, kë m m fóor bëa wà kë m gbo cë bë m ké nùmba mòà 0 ke dyi pààëiñ hwë. Ñù jë ké nyö dyi m gë jëiù, po wùù mì moë dyë, kë nyö dò mu niù nià bë c ni wùùdy mú zà.

বাংলা (Bengali) লক্ষ্য: এই নোটিভিটে আপনার বিভিন্ন সম্পর্কে তথ্য রয়েছে। এর মধ্যে প্রমুখ তথ্য ধারণাটি থাকতে পারে এবং নির্দিষ্ট তথ্যদের মাধ্যমে আপনাকে অনুপ্রেরণা দেওয়া হয়। আপনি আপনাকে একে চর্চা করে নিজের ভাষায় এই তথ্য পাওয়া এবং ভাষার কোন অভিব্যক্তিকে আপনি মনে করা যেতে পারেন। আলাদা 855-258-6518 নম্বরে সেলেক্ট করুন অথবা আপনার ভাষায় নাম বলুন এবং আপনাকে অনুপ্রেরণার সাথে সম্পর্ক রয়ে যেতে পারে।

أردو (Urdu) توجه: یہ نوشت آپ کے انشورین کورجی کے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخی بوکی بھی اور ممکن ہے کہ آپ کو مخصوص آخری تاریخ کی کارروائی کرنا چاہئے کی ضرورت ہو۔ آپ کے پاس معلومات حاصل کرنا اور بغیر خرچ کیا آپنے یہ کتاب رہائشی کو ذخیرہ کریں کہ آپ پر موجود فوری نمبر پر کال کریں جب یہ سیبھی نیدر قابلیت دی جدی 855-258-6518 یا کال سکیاں بیوی 0658 کی کوئی کئی گو چو گا جاے چکہ انٹرنیٹ کریے۔ اب جنگ کی جواب دیں پی ایم ڈیگر ملنار، زبان بتانیاں او متوار مسیرو تون جانی گی۔

فارسی (Farsi) توجه: این اعلامیه متعلق معلومات درباره یوشیش بیمہ شما است. ممکن است این تاریخ های مهمی پیاده و لازم است تا نظر بگیرید. مقرر شده خاصه این کتبی که در مورد اطلاعات و راهنمايي بر را صورت راکنگ بیوکی زبان خواستن کرید. اعضای بايد دو شمار دهند را پیدا کرند کی نام خوبانیا شن ماس بگیرند. سایر افراد می توانت دا شمار 855-258-6518-855-258-6518

لغة العربية (Arabic) تربية: يحتوي هذا الإخطار على معلومات بشأن تغطيات التأمين، وقد يحتوي على توابع مهمة، وقد تحتاج إلى تغطية مهمة، وقد تحتاج إلى إتخاذ إجراءات بحق مواعيد نهاية محددة. يحق لك الحصول على هذه المبادئ والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظل بيئة تعريفية الجغرافية بيه يمكن للأطراف الاتصال على الرقم 855-258-6518-855-258-6518 والانتظار خلال المدالدة حتى يطلب منهم الضغط على رقم 0 عند إجابة أحد المشاركين، إنظر اللغة التي تحتاج إلى التواصل بها وس يتم 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。會員請撥打在身分識別卡背面的電話號碼。其他所有人可撥打電話 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。
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