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, visit www.uhcsr.com/calbaptist or call 1-877-371-7602. For general definitions of common terms, such as allowed amount, balance billing, coinsurance (coins), copayment (copay), deductible (ded), provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-877-371-7602 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Preferred Providers $500 / (Person) Out-of-Network Provider $1,000 / (Person)	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive care, Pediatric Dental Preventive and Diagnostic Services, Pediatric Vision and categories that specify ded does not apply.	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?	Yes. Pediatric Dental $500. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out–of–pocket limit for this plan?	Preferred Providers $5,000 / (Person) Out-of-Network Provider $45,000 / (Person)	The out-of-pocket limit is the most you could pay in a year for covered services.
What is not included in the out–of–pocket limit?	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.
Will you pay less if you use a network provider?	Yes. See www.uhcsr.com/calbaptist or call 1-877-371-7602 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
		Preferred 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	$20 Copay/per visit ded does not apply	40% Coins	Does not apply when related to surgery or Physiotherapy.
	Specialist visit	$20 Copay/per visit ded does not apply	40% Coins	
	Preventive care/screening/immunization	No Charge	Not Covered	Includes preventive services specified in the health care reform law or benefits provided as mandated by state law. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% Coins	40% Coins	——————none——————
	Imaging (CT/PET scans, MRIs)	20% Coins	40% Coins	——————none——————
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.uhcsr.com/capdl	Tier 1 - Your Lowest-Cost Option	$20 Copay per prescription Tier 1 ded does not apply	Not Covered	Preferred Providers: up to a 30 day supply per prescription You may need to obtain certain specialty drugs from a pharmacy designated by us. You may need to obtain prior authorization for certain prescription drugs. You may pay more if prior authorization is not obtained.
	Tier 2 - Your Midrange-Cost Option	$50 Copay per prescription Tier 2 ded does not apply		
	Tier 3 - Your Highest-Cost Option	$75 Copay per prescription Tier 3 ded does not apply		
	Tier 4 - Additional High-Cost Option	$75 Copay per prescription Specialty ded does not apply		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% Coins	40% Coins	——————none——————
	Physician/surgeon fees	20% Coins	40% Coins	If two or more procedures are performed through the same incision or in immediate succession at the same operative session,

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
				the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.
If you need immediate medical attention	Emergency room care	20% Coins $150 Copay/per visit ded does not apply	20% Coins $150 Copay/per visit ded does not apply	May be limited to use of emergency room and supplies. The Copay will be waived if admitted to the Hospital. Out of Network Provider: (The Insured's expense shall not exceed the amount payable for Preferred Provider Medical Emergency Expenses.)
	Emergency medical transportation	20% Coins ded does not apply	20% Coins ded does not apply	Out of Network Provider: (The Insured's ground or air ambulance expense shall not exceed the amount payable for Preferred Provider ground or air ambulance services.)
	Urgent care	20% Coins	20% Coins	May be limited to facility fees.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% Coins	40% Coins	——————none——————
	Physician/surgeon fees	20% Coins	40% Coins	If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visits: $20 Copay/per visit ded does not apply Other: 20% Coins	Office Visits: 40% Coins Other: 40% Coins	——————none——————
	Inpatient services	20% Coins	40% Coins	——————none——————
If you are pregnant	Office visits	Routine Office Visit: No charge	40% Coins	Cost-sharing does not apply for preventive services when provided by a Preferred

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		Office visit related to complications: $20 Copay/per visit ded does not apply		Provider. 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% Coins	40% Coins	
	Childbirth/delivery facility services	20% Coins	40% Coins	——————none——————
If you need help recovering or have other special health needs	Home health care	20% Coins	40% Coins	100 visits maximum (Per Policy Year) Separate visit limits apply to rehabilitative and Habilitative Services.
	Rehabilitation services	20% Coins	40% Coins	Outpatient 30 visits of manipulative therapy Review of Medical Necessity will be performed after 12 visits per Injury or Sickness. This review does not apply to Mental Illness Treatment or Substance Use Disorder Treatment.
	Habilitation services	20% Coins	40% Coins	Outpatient 30 visits of manipulative therapy Review of Medical Necessity will be performed after 12 visits per Injury or Sickness. This review does not apply to Mental Illness Treatment or Substance Use Disorder Treatment.
	Skilled nursing care	20% Coins	40% Coins	——————none——————
	Durable medical equipment	20% Coins	40% Coins	——————none——————
	Hospice services	20% Coins	40% Coins	——————none——————
If your child needs dental or eye care	Children's eye exam	$20 Copay per exam; ded does not apply	50% Coins; ded does not apply	See your plan's Pediatric Vision Benefit Details. Age limits apply.*
	Children's glasses	Lens: $40 Copay; ded does not apply Frames: Tiered	50% Coins; ded does not apply	See your plan's Pediatric Vision Benefit Details. Age limits apply.*

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		Copays from no charge to 40% based on retail cost. ded does not apply		
	Children's dental check-up	No Charge; ded does not apply	50% Coins; ded does not apply	See your plan's Pediatric Dental Benefit Details. Age limits apply.*

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.)

- Cosmetic surgery
- Dental care (Adult)
- Infertility treatment
- Long-term care
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

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

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Hearing aids
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing

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: UnitedHealthcare Student Resources at 1-877-371-7602 and California Department of Insurance at 1-800-927-4357 or visit http://www.insurance.ca.gov/. 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 more information about your rights, this notice, or assistance, contact: California Department of Insurance at 1-800-927-4357 or visit http://www.insurance.ca.gov/.

Additionally, a consumer assistance program can help you file your appeal, contact California Department of Insurance Consumer Communications Bureau at 300 South Spring Street, South Tower, Los Angeles, CA or call 1-800-927-4357 or 1-800-382-4TDD (4833) or visit http://www.insurance.ca.gov/.

Does this plan provide Minimum Essential Coverage? **Yes.**
Minimum Essential Coverage generally includes plans, 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 Minimum Value Standards? **Not Applicable.**
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.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-866-260-2723.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-260-2723.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-866-260-2723.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-866-260-2723.

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	**$500**
Specialist copayment	**$20**
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	$500
Copayments	$30
Coinsurance	$1,900
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$2,490**

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

The plan's overall deductible	**$500**
Specialist copayment	**$20**
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	$500
Copayments	$900
Coinsurance	$100
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,520**

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

The plan's overall deductible	**$500**
Specialist copayment	**$20**
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	$500
Copayments	$400
Coinsurance	$300
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,200**

NOTICE OF NONDISCRIMINATION

and

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

UnitedHealthcare complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, age, disability, sex (including pregnancy, sexual orientation, gender, and gender identity), or marital status. UnitedHealthcare does not exclude, deny Covered Medical Expenses to, or otherwise discriminate against any Insured for participation in, or receipt of the Covered Medical Expense under, any of its health plans, whether carried out by UnitedHealthcare directly or through a Network provider or any other entity with which UnitedHealthcare arranges to carry out Covered Medical Expenses under any of its health plans. We do not exclude people or treat them less favorably because of race, color, national origin, ancestry, religion, age, disability, sex or marital status.

We provide free auxiliary aids and services to help you communicate with us or your doctor. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans, or call the toll-free phone number listed on your ID card. (TTY 711).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

If you need help filing a complaint, call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans, or call the toll-free phone number listed on your ID card. (TTY 711).

UnitedHealthcare Insurance Company

If your complaint is not resolved, you can file a grievance with the California Department of Insurance ("CDI"). Contact the CDI at the toll-free telephone number 1-800-927-HELP (1-800-927-4357) or submit an inquiry in writing to the California Department of Insurance, Consumer Communications Bureau, 300 South Spring Street, South Tower, Los Angeles, CA 90013 or through the website: www.insurance.ca.gov. The hearing and speech impaired may use the toll-free telephone number 1-800-482-4833 (TTY).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Phone: 1-800-368-1019, 800-537-7697 (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
This notice is available at:
https://www.uhc.com/content/dam/uhcdotcom/en/npp/CANDN-LA-UHC-StudentResources-EN.pdf

ATTENTION: You can get an interpreter to talk to your doctor at the time of your appointment or with us. If you speak **English**, free language assistance services and free communications in other formats, such as large print, are available to you. Call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans, or call the toll-free phone number listed on your member ID card. (TTY: 711). If you need more help, call the Department of Insurance Hotline at 1-800-927-4357.

ትኩረት፦ በቀጠሮዎ ጊዜ ወይም ከእኛ ጋር ሲሆኑ ከሐኪምዎ ጋር ለመነጋገር አስተርጓሚ ማግኘት ይችላሉ። **አማርኛ (Amharic)** የሚናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች እና ነፃ ግንኙነቶች እንደ ትልቅ ህትመት ባሉ ሌሎች ቅርጸቶች ለእርስዎ ይገኛሉ። ለህክምና ዕቅዶች ወደ **1-866-260-2723**፣ ለእይታ ዕቅዶች ወደ **1-800-638-3120**፣ ለጥርስ ዕቅዶች ወደ **1-877-816-3596** ይደውሉ ወይም በአባል መታወቂያ ካርድዎ ላይ ወደተዘረዘረው ነፃ የስልክ ቁጥር ይደውሉ። (TTY: 711)። ተጨማሪ እርዳታ ከፈለጉ፣ ወደ ኢንሹራንስ መምሪያ ስልክ 1-800-927-4357 ይደውሉ።

يرجى الانتباه: يمكنك الحصول على مترجم فوري لمساعدتك في التحدث مع طبيبك خلال الموعد أو معنا. إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل على **1-866-260-2723** للخطط الطبية، أو **1-800-638-3120** لخطط رعاية البصر، أو **1-877-816-3596** لخطط الأسنان، أو اتصل برقم الهاتف المجاني المدرج على بطاقة هوية العضو الخاصة بك. (TTY: 711). لمزيد من المساعدة، اتصل بالخط الساخن لإدارة التأمين على الرقم 1-800-927-4357.

মনোযোগ দিয়ে শুনুন: আপনার অ্যাপয়েন্টমেন্টের সময় আপনার ডাক্তারের সাথে কথা বলার জন্য বা আমাদের সাথে কথা বলার জন্য আপনি একজন দোভাষী পেতে পারেন। আপনি যদি **বাংলা (Bengali)** এ কথা বলেন, তাহলে বিনামূল্যের ভাষা সহায়তা পরিষেবা এবং অন্যান্য বিনামূল্যের বিভিন্ন যোগাযোগ পদ্ধতি, যেমন বড় মুদ্রণ, আপনার জন্য উপলব্ধ থাকবে। মেডিকেল প্ল্যানের জন্য কল করুন **1-866-260-2723** নম্বরে, ভিশন প্ল্যানের জন্য কল করুন **1-800-638-3120** নম্বরে, ডেন্টাল প্ল্যানের জন্য কল করুন **1-877-816-3596** নম্বরে, অথবা আপনার সদস্য আইডি কার্ডে টোল-ফ্রি ফোন নম্বরে কল করুন। (TTY: 711)। আপনার আরও সহায়তার প্রয়োজন হলে, 1-800-927-4357 নম্বরে বিমা বিভাগের হটলাইনে কল করুন।

ចំណាំ៖ អ្នកអាចស្នើសុំអ្នកបកប្រែ ដើម្បីទំនាក់ទំនងជាមួយគ្រូពេទ្យរបស់អ្នក នៅពេលណាត់ជួប ឬនិយាយជាមួយយើងខ្ញុំ។ បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian)** មានសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ការទំនាក់ទំនងដោយឥតគិតថ្លៃ ក្នុងទម្រង់ផ្សេងទៀត ដូចជាអក្សរធំ មានសម្រាប់អ្នក។ សូមហៅទូរសព្ទទៅ **1-866-260-2723** សម្រាប់គម្រោងវេជ្ជសាស្ត្រ **1-800-638-3120** សម្រាប់គម្រោងថែទាំភ្នែក **1-877-816-3596** សម្រាប់គម្រោងថែទាំធ្មេញ ឬហៅទូរសព្ទទៅលេខទូរសព្ទដោយមិនគិតថ្លៃ ដែលបានចុះក្នុងបណ្ណសមាជិករបស់អ្នក។ (TTY៖ 711)។ ប្រសិនបើអ្នកត្រូវការជំនួយបន្ថែម សូមហៅទូរសព្ទទៅកាន់ខ្សែទូរសព្ទ រាយការណ៍បន្ទាន់នៃជំនួយធានារ៉ាប់រង តាមរយៈលេខ 1-800-927-4357។

ATENSHUN: Kuŋka me liye ayu yo interprete para ughul maghal na dokto ya eppunghi me guahu. Gare kapetal **Faluwasch (Carolinian)**, ye toore paliuwal kapetal Faluwasch lane bwe me sew format, ta tipel lane, bwe bwale tepangiyom. Kali **1-866-260-2723** para ughul Lalap ni ughul tipiye, **1-800-638-3120** para ughul Lalap ni tipiye nu mata, **1-877-816-3596** para ughul Lalap ni tipiye nu apapa, o kali ewe kali rerekkepal ni Nuumur ni telepon yeeg listed me ni Kaaret ni meybur ID-mu. (TTY: 711). Ka mwei angang, kali ewe Depatamentun Inshurans Kali Awaey me 1-800-927-4357.

ATENSYON: Siña hao humosga un intérprete para kumuentos yan i doktermu gi ora di i konsulta-mu pat yan hame. Yanggen fifino' hao **CHamoru (Chamorro)**, guaha setbisio siha para hågu ni' mandibåtdi, i setbision fino' pat lengguåhi yan fina'uma'espiha gi otro na manera siha, taiguihi i para mana'dångkolo i inemprenta. Kålle **1-866-260-2723** para Planån Mediku, **1-800-638-3120** para Planån Visión, **1-877-816-3596** para Planån Dental, pat kålle i número gratut na teleponu na esta på'go gi kåtta ID para miembro -mu. (TTY: 711). Yanggen manggågå' hao ayuda, kålle i Departamento di Seguros Linahiyan ayudu gi 1-800-927-4357.

請注意：您可以獲得一位口譯員，在您看診時與您的醫生溝通或平常與我們溝通。如果您說**中文(Chinese)**，我們可為您提供免費的語言協助服務與其他溝通格式，例如大字版文件。醫療計劃請致電 **1-866-260-2723**，視力計劃請致電 **1-800-638-3120**，牙科計劃請致電 **1-877-816-3596**，或撥打您會員卡上所列的免付費電話號碼。(TTY：711)。若您需要更多協助，請致電保險局熱線 1-800-927-4357。

توجه: شما می‌توانید یک مترجم برای صحبت با پزشک خود در زمان ویزیت یا برای گفتگو با ما، درخواست کنید. اگر **فارسی (Farsi)**، صحبت می‌کنید، خدمات رایگان کمک زبانی و خدمات رایگان ارتباطاتی در سایر قالب‌ها، مانند چاپ با حروف درشت، در دسترس شما هستند. برای برنامه‌های پزشکی با شماره **1-866-260-2723** و برای طرح چشم پزشکی با شماره **1-800-638-3120** و برای طرح دندانپزشکی با شماره **1-877-816-3596**، یا با شماره تلفن رایگان مندرج در کارت شناسایی عضو تماس بگیرید. (TTY: 711). اگر به کمک بیشتری نیاز دارید، با خط تلفن رایگان سازمان بیمه به شماره 1-800-927-4357 تماس بگیرید.

ATTENTION : Vous pouvez demander à un(e) interprète de parler à votre médecin au moment de votre rendez-vous ou avec nous. Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le **1-866-260-2723** pour les régimes médicaux, le **1-800-638-3120** pour les régimes de soins de la vue, le **1-877-816-3596** pour les régimes de soins dentaires, ou appelez le numéro de téléphone gratuit indiqué sur votre carte de membre. (TTY : 711). Si vous avez besoin d'aide, appelez le service d'assistance téléphonique du département des assurances au 1-800-927-4357.

ACHTUNG: Sie können für Gespräche mit Ihrem Arzt bei Ihrem Termin oder mit uns einen Dolmetscher anfordern. Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie **1-866-260-2723** für Krankenversicherungen, **1-800-638-3120** für Augenversicherungen, **1-877-816-3596** für Zahnversicherungen oder die gebührenfreie Telefonnummer auf Ihrer Mitgliedskarte an. (TTY: 711). Wenn Sie weitere Hilfe benötigen, wenden Sie sich an die Hotline der Versicherungsabteilung unter 1-800-927-4357.

ΠΡΟΣΟΧΗ: Μπορείτε να πάρετε έναν διερμηνέα για να μιλήσετε με το γιατρό σας στο ραντεβού σας ή για να μιλήσετε μαζί μας. Εάν μιλάτε **Ελληνικά (Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε στο **1-866-260-2723** για ιατρικά προγράμματα, στο **1-800-638-3120** για οφθαλμολογικά προγράμματα, στο **1-877-816-3596** για οδοντιατρικά προγράμματα ή καλέστε τον αριθμό τηλεφώνου χωρίς χρέωση που αναγράφεται στην κάρτα μέλους σας. (TTY: 711). Εάν χρειάζεστε περισσότερη βοήθεια, καλέστε την ανοιχτή γραμμή του Τμήματος Ασφαλίσεων στο 1-800-927-4357.

ધ્યાન આપો: તમે તમારી મુલાકાત સમયે અથવા અમારી સાથે તમારા ડૉક્ટર સાથે વાત કરવા માટે દુભાષિયા મેળવી શકો છો. જો તમે **ગુજરાતી (Gujarati)**, બોલો છો, તો મફત ભાષા સહાયતા સેવાઓ અને અન્ય ફોર્મેટમાં મફત સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. મેડિકલ પ્લાન માટે **1-866-260-2723**, વિઝન પ્લાન માટે **1-800-638-3120**, ડેન્ટલ પ્લાન માટે **1-877-816-3596** પર કૉલ કરો અથવા તમારા સભ્ય આઈડી કાર્ડ પર સૂચિબદ્ધ ટોલ-ફ્રી ફોન નંબર પર કૉલ કરો. (TTY: 711). જો તમને વધુ મદદની જરૂર હોય, તો વીમા વિભાગની હોટલાઇનને 1-800-927-4357 પર કૉલ કરો.

ATANSYON: Ou ka jwenn yon entèprèt pou pale ak doktè ou a nan moman randevou w la oswa avèk nou. Si w pale **Kreyòl Ayisyen (Haitian Creole)**, sèvis asistans lang gratis ak kominikasyon gratis nan lòt fòma, tankou gwo lèt, disponib pou ou. Rele **1-866-260-2723** pou Plan Medikal, **1-800-638-3120** pou Plan Vizyon, **1-877-816-3596** pou Plan Dantè, oswa rele nimewo telefòn gratis ki endike sou kat ID manm ou a. (TTY: 711). Si w bezwen plis èd, rele Liy Dirèk Depatman Asirans lan nan 1-800-927-4357.

ध्यान दें: आप अपनी अपॉइंटमेंट के समय या हमारे साथ अपने डॉक्टर से बात करने के लिए एक दुभाषिया प्राप्त कर सकते हैं। यदि आप **हिन्दी (Hindi)** बोलते हैं, तो मुफ्त भाषा सहायता सेवाएँ और बड़े प्रिंट जैसे अन्य प्रारूपों में मुफ्त संचार सेवा आपके लिए उपलब्ध हैं। मेडिकल प्लान के लिए **1-866-260-2723** पर कॉल करें, विजन प्लान के लिए **1-800-638-3120** पर, डेंटल प्लान के लिए **1-877-816-3596** पर कॉल करें, या अपने सदस्य आईडी कार्ड पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें। (TTY: 711)। अगर आपको अधिक सहायता की आवश्यकता है, तो बीमा विभाग की हॉटलाइन पर 1-800-927-4357 पर कॉल करें।

CEEB TOOM: Koj tuaj yeem tau txais ib tug neeg txhais lus tham nrog koj tus kws kho mob thaum lub sijhawm kev teem caij los sis thaum tham nrog peb. Yog tias koj hais **Lus Hmoob (Hmong)**, yuav muaj cov kev pab cuam txhais lus pub dawb thiab kev sib txuas lus ua lwm hom qauv, xws li luam ua tus ntawv loj rau koj. Hu rau **1-866-260-2723** rau Cov Phiaj Xwm Kho Mob, **1-800-638-3120** rau Cov Phiaj Xwm Kho Qhov Muag, **1-877-816-3596** rau Cov Phiaj Xwm Kho Hniav, los yog hu rau tus xov tooj hu dawb uas teev rau hauv koj daim npav ID. (TTY: 711). Yog tias koj xav tau kev pab ntau ntxiv, hu rau Feem Hauj Lwm Saib Xyuas Kev Tuav Pov Hwm Tus Xov Tooj ntawm 1-800-927-4357.

ATENSION: Makaalaka iti interpreter a makisarita kadakami wenno iti doktormo iti oras ti appointment-mo. No makasaoka iti **Ilocano (Ilocano)**, makaalaka iti libre a tulong iti lengguahe ken libre a pannakikomunikar iti sabali a format, kas iti dadakkel a letra. Tawagam ti **1-866-260-2723** para kadagiti Plan a Medikal, **1-800-638-3120** para kadagiti Plan para iti Panagkita, **1-877-816-3596** para kadagiti Plan para iti Ngipen, wenno tawagam ti libre a numero ti telepono a nailista iti ID card-mo kas miembro. (TTY: 711). No kasapulam iti ad-adu pay a tulong, tawagam ti Department of Insurance Hotline iti 1-800-927-4357.

ATTENZIONE: il giorno del Suo appuntamento, può richiedere i servizi di un interprete per parlare con il Suo medico o con noi. Se parla **italiano (Italian)**, sono disponibili gratuitamente servizi di assistenza linguistica e comunicazioni in altri formati, come la stampa a caratteri grandi. Chiami il numero **1-866-260-2723** per i piani sanitari, il numero **1-800-638-3120** per i piani oculistici e il numero **1-877-816-3596** per i piani dentistici, oppure chiami il numero verde riportato sul Suo tesserino identificativo. (TTY: 711). Per ulteriore assistenza, chiami il numero dedicato della Sezione assicurazioni:
1-800-927-4357.

ご注意：ご予約にお越しの際またはご来院の際、医師とお話になるための通訳者を手配することが可能です。あなたが**日本語 (Japanese)** をお話になる場合、無料の言語支援サービスおよび大きい活字など他の形式による無料のコミュニケーションをご利用になれます。医療プランについては **1-866-260-2723**、眼科プランについては **1-800-638-3120**、歯科プランについては **1-877-816-3596** までお電話いただくか、メンバー ID カードに記載の通話料無料の番号までお電話ください。(TTY: 711)。その他お困りのことがありましたら、保険部門ホットライン (1-800-927-4357) までお電話ください。

주의: 진료 시 의사와 상담하거나 저희와의 소통을 위해 통역사 서비스를 받으실 수 있습니다. **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 큰 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 의료 플랜의 경우 **1-866-260-2723**, 안과 플랜의 경우 **1-800-638-3120**, 치과 플랜의 경우 **1-877-816-3596** 번으로 전화하거나 귀하의 회원 ID 카드에 기재된 무료 전화번호로 전화하십시오. (TTY: 711). 도움이 더 필요하시면 보험 부서 핫라인 1-800-927-4357 번으로 전화하십시오.

ໝາຍເຫດ: ທ່ານສາມາດຂໍນາຍແປພາສາເພື່ອເວົ້າກັບທ່ານໝໍໃນເວລາທີ່ທ່ານນັດໝາຍ ຫຼື ກັບພວກເຮົາໄດ້. ຖ້າວ່າທ່ານເວົ້າ **ພາສາລາວ (Lao)**, ການບໍລິການຊ່ວຍເຫຼືອດ້ານ ພາສາ ແລະ ການສື່ສານຟຣີໃນຮູບແບບອື່ນໆ, ເຊັ່ນ: ການພິມຂະໜາດ ໃຫຍ່, ແມ່ນມີໃຫ້ທ່ານ. ໂທ **1-866-260-2723** ສຳລັບແຜນການທາງການແພດ, **1-800-638-3120** ສຳລັບແຜນການທາງສາຍຕາ, **1-877-816-3596** ສຳລັບແຜນການທາງແຂ້ວ, ຫຼື ໂທຫາເບີໂທຟຣີທີ່ລະບຸໄວ້ໃນບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.(TTY: 711). ຫ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມ, ໂທຫາສາຍດ່ວນຂອງກົມປະກັນໄພທີ່ 1-800-927-4357.

SHOOH: Nánihoot’áaní góne’ ne’azee’ íił’íní bich’į’ yáníłti’ doodago nihí nihich’į’ yáníłti’go ata’ halne’í ła’ naayílt’eehgo bíighah. **Diné (Navajo)** bizaad bee yáníłti’to, t’áá jiik’eh saad bee áka’e’eyeed bee áka’anída’ow’í dóó t’áá jíík’eh náánáł łahgo át’éego bee hada’dilyaaígíí bee ahił hane’, díí nitsaago bik’e’ashchíní, ná dahólǫ. Ats’íís Nánél’įįh Bee Hada’dít’éhí biniiyé kohjį’ **1-866-260-2723** hodíilnih, Anáá’ Bee Hoot’íní Bee Hada’dít’éhí biniiyé kohjį’**1-800-638-3120** hodíilnih, Awoo’ Bee Hada’dít’éhí biniiyé kóhjį’ **1-877-816-3596** hodíilnih, doodago bee nił ha’dít’éhí ninaaltsoos nitł’izí bee nééhóziní ID bąąh t’áá jiik’eh námboo bee dahane’í biká’ígíí bee hodíilnih. (TTY: 711). łÁka’e’eyeed ła’ náánínízingo, Béeso Ách’ą́ąh Naa’nil Bił Haz’áníjį’ T’áá Jiik’eh Hane’í kohjį’ 1-800-927-4357 bee hodíilnih.ń.

ध्यान दिनुहोस्: तपाईले आफ्नो अपोइन्टमेन्टको समयमा वा हामीसँग आफ्नो डाक्टरसँग कुरा गर्न दोभाषे लिन सक्नुहुन्छ। तपाईं **नेपाली (Nepali)** बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र ठूलो अक्षर जस्ता अन्य ढाँचाहरूमा निःशुल्क सञ्चार सेवाहरू तपाईको लागि उपलब्ध छन्। चिकित्सा योजनाहरूको लागि **1-866-260-2723** भिजन योजनाहरूको लागि **1-800-638-3120** दन्त योजनाहरूको लागि **1-877-816-3596** मा कल गर्नुहोस्, वा तपाईको सदस्य परिचयपत्रमा सूचीबद्ध टोल-फ्री फोन नम्बरमा कल गर्नुहोस्। (TTY: 711)। तपाईलाई थप मद्दत चाहिन्छ भने, बीमा विभागको हटलाइन 1-800-927-4357 मा कल गर्नुहोस्।

WICHDICH: Du darfscht en Interpreter griege fer schwetze mit dei Dokter an dei Appointment odder mit uns. Wann du **Deitsch (Pennsylvania Dutch)** schwetzscht un brauchscht Hilf fer communicat-e, kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne differnti Sadde Schprooch-Hilf beigriege aa fer nix. Call **1-866-260-2723** fer Plans as zu duh hen mit Dokteres, **1-800-638-3120** fer Plans as zu duh hen mit Sehne, **1-877-816-3596** fer Plans as zu duh hen mit Zaeh, odder call die Toll-Free Phone Number as uff dei ID Card is. (TTY: 711). Wann du meh Hilf brauchscht, call die Department of Insurance Hotline an 1-800-927-4357.

UWAGA: Możesz poprosić tłumacza o pomoc w rozmowie z lekarzem w czasie wizyty lub z nami. Osoby mówiące w języku **polskim (Polish)**, mają dostęp do bezpłatnej usługi pomocy językowej i bezpłatnej komunikacji w innych formatach, takich jak duży druk. Zadzwoń pod numer **1-866-260-2723** w celu uzyskania informacji o planach medycznych, **1-800-638-3120** o planach okulistycznych, **1-877-816-3596** o planach stomatologicznych lub zadzwoń pod

bezpłatny numer telefonu podany na karcie członkowskiej. (TTY: 711). Jeśli potrzebujesz dodatkowej pomocy, zadzwoń na infolinię Departamentu Ubezpieczeń pod numer 1-800-927-4357.

ATENÇÃO: Você pode ter um intérprete para falar com o médico no momento da consulta ou conosco. Se você fala **português (Portuguese)**, há serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como letras grandes, disponíveis para você. Ligue para **1-866-260-2723** para planos médicos, **1-800-638-3120** para planos oftalmológicos, **1-877-816-3596** para planos odontológicos ou ligue para o número de telefone gratuito listado no seu cartão de ID de membro. (TTY: 711). Se precisar de mais ajuda, ligue para a Linha Direta do Departamento de Seguros no número 1-800-927-4357.

ਧਿਆਨ ਦਿਓ: ਤੁਸੀਂ ਆਪਣੀ ਅਪਾਇੰਟਮੈਂਟ ਦੇ ਸਮੇਂ ਆਪਣੇ ਡਾਕਟਰ ਨਾਲ ਜਾਂ ਸਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਜੇਕਰ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਮੁਫ਼ਤ ਸੰਚਾਰ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਮੈਡੀਕਲ ਯੋਜਨਾਵਾਂ ਲਈ **1-866-260-2723**, ਵਿਜ਼ਨ ਯੋਜਨਾਵਾਂ ਲਈ **1-800-638-3120**, ਡੈਂਟਲ ਯੋਜਨਾਵਾਂ ਲਈ **1-877-816-3596** 'ਤੇ ਕਾਲ ਕਰੋ, ਜਾਂ ਆਪਣੇ ਮੈਂਬਰ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਟੋਲ-ਫ੍ਰੀ ਫ਼ੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (TTY: 711)। ਜੇਕਰ ਤੁਹਾਨੂੰ

ВНИМАНИЕ! Вы можете воспользоваться услугами устного переводчика для общения с вашим врачом во время приема или через наши услуги. Если вы говорите на **русском** языке **(Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Позвоните по телефону **1-866-260-2723** для медицинских планов, **1-800-638-3120** для планов по охране зрения, **1-877-816-3596** для планов по стоматологическим услугам или на линию для бесплатного звонка, указанную на вашей идентификационной карточке участника. (Линия TTY: 711). За дополнительной помощью обращайтесь на горячую линию Департамента страхования по телефону 1-800-927-4357.

FAʻAALIGA: Afai e te tautala i le **Faa-Samoa (Samoan)**, o loʻo avanoa mo oe ʻauʻaunaga fesoasoani tau gagana e leai se totogi ma fesoʻotaʻiga e leai se totogi i isi faiga, e pei o lomiga e lapopoʻa mataʻitusi. Vala'au **1-866-260-2723** mo Fuafuaga Fa'afoma'i, **1-800-638-3120** mo Fuafuaga Va'ai, **1-877-816-3596** mo Fuafuaga Nifo, pe vala'au le numera telefoni e leai se totogi o lo'o lisiina i luga o lau pepa ID tagata. (TTY: 711). Afai e te manaʻomia atili se fesoasoani, valaau le Laina a le Matagaluega o Inisiua (Department of Insurance Hotline) i le 1-800-927-4357.

FIIRO GAAR AH: Waxaad heli kartaa turjumaan si aad ula hadasho dhakhtarkaaga wakhtiga ballanta ama annaga. Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Wac **1-866-260-2723** wixii ah Qorshayaasha Caafimaadka, **1-800-638-3120** Qorshooyinka Aragtida, **1-877-816-3596** wixii ah Qorshooyinka Ilkaha, ama wac lambarka telefoonka bilaashka ah ee ku qoran kaarka aqoonsiga xubinta. (TTY: 711). Haddii aad u baahan tahay caawimo dheeraad ah, wac Khadka Taleefanka ee Waaxda Caymiska (Department of Insurance) 1-800-927-4357.

ATENCIÓN: Puede conseguir un intérprete para hablar con nosotros o con su médico durante su cita. Si usted habla **español (Spanish)**, tiene a su disposición servicios gratuitos de asistencia en otros idiomas y comunicaciones gratuitas en otros formatos, como letra grande. Llame al **1-866-260-2723** para los planes médicos, al **1-800-638-3120** para los planes de la vista y al **1-877-816-3596** para los planes dentales, o llame al número de teléfono gratuito que aparece en su tarjeta de identificación de membresía. (TTY: 711). Si necesita más ayuda, llame a la línea directa del Departamento de Seguros al 1-800-927-4357.

PAUNAWA: Maaari kang makakuha ng interpreter upang makausap ang iyong doktor sa panahon ng iyong appointment o sa pakikipag-usap sa amin. Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tumawag sa **1-866-260-2723** para sa Mga Planong Medikal, **1-800-638-3120** para sa Mga Plano para sa Paningin, **1-877-816-3596** para sa Mga Plano para sa Ngipin, o tumawag nang libre sa numero ng telepono na nakalista sa iyong ID card ng miyembro. (TTY: 711). Kung kailangan mo ng karagdagang tulong, tawagan ang Hotline ng Departamento ng Insurance sa 1-800-927-4357.

หมายเหตุ: คุณสามารถขอล่ามมาพูดคุยกับแพทย์ของคุณได้ในเวลาที่คุณนัดหมายหรือกับเรา หากคุณพูด**ภาษาไทย (Thai)** เรายินดีให้บริการช่วยเหลือด้านภาษาและการสื่อสารในรูปแบบอื่นๆ เช่น การพิมพ์ด้วยตัวอักษรขนาดใหญ่โดยไม่คิดค่าใช้จ่าย โทร **1-866-260-2723** สำหรับการวางแผนทางการแพทย์ **1-800-638-3120** สำหรับการวางแผนด้านจักษุ **1-877-816-3596** สำหรับการวางแผนด้านทันตกรรม หรือโทรไปยังหมายเลขโทรศัพท์ที่ระบุไว้ในบัตรประจำตัวสมาชิกของคุณ (TTY: 711) โดยไม่คิดค่าใช้จ่าย หากคุณต้องการความช่วยเหลือเพิ่มเติม โปรดโทรสายด่วนกรมการประกันภัยที่หมายเลข 1-800-927-4357

ЗВЕРНІТЬ УВАГУ! Під час прийому у лікаря або розмови з нами ви маєте змогу скористатися послугами усного перекладача. Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як-от набрані великим шрифтом. Телефонуйте на номер **1-866-260-2723** щодо планів медичного страхування, на номер **1-800-638-3120**, щоб дізнатися докладніше про плани страхового покриття офтальмологічних послуг, на номер **1-877-816-3596**, щоб дізнатися докладніше про плани страхового покриття стоматологічних послуг, або телефонуйте на номер безкоштовної телефонної лінії, зазначений на вашій ідентифікаційній картці учасника. (лінія TTY: 711). Якщо вам потрібна додаткова допомога, зателефонуйте на гарячу лінію Департаменту страхування (Department of Insurance) за номером 1-800-927-4357.

توجہ فرمائیں: آپ اپنی ملاقات کے وقت یا ہمارے ساتھ اپنے ڈاکٹر سے بات کرنے کے لیے مترجم حاصل کر سکتے ہیں۔ اگر آپ **اردو (Urdu)** بولتے ہیں، تو مفت لسانی معاونتی خدمات اور دیگر فارمیٹس مثلاً بڑے پرنٹ میں مفت مواصلات آپ کے لیے دستیاب ہیں۔ میڈیکل پلانز کے لیے **1-866-260-2723** پر، ویژن پلانز کے لیے **1-800-638-3120**، ڈینٹل پلانز کے لیے **1-877-816-3596** پر کال کریں، یا اپنے ممبر ID کارڈ پر فہرست کردہ ٹول فری نمبر پر کال کریں۔ (TTY: 711)۔ اگر آپ کو مزید مدد چاہیئے، تو 1-800-927-4357 پر ڈیپارٹمنٹ آف انشورنس ہاٹ لائن پر کال کریں۔

LƯU Ý: Quý vị có thể có một thông dịch viên miễn phí để nói chuyện với bác sĩ trong buổi hẹn khám của mình hoặc nói chuyện với chúng tôi. Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Hãy gọi **1-866-260-2723** cho các Chương trình Y tế, **1-800-638-3120** cho các Chương trình Nhãn khoa, **1-877-816-3596** cho các Chương trình Nha khoa, hoặc gọi số điện thoại miễn phí được ghi trên thẻ ID hội viên của quý vị. (TTY: 711). Nếu quý vị cần trợ giúp thêm, hãy gọi cho Đường dây nóng của Sở Bảo hiểm theo số 1-800-927-4357.