

# Notice Of Privacy Practices



At Blue Cross and Blue Shield of Nebraska, maintaining the privacy of your **protected health information** (also called PHI) is very important to us. This document provides you with important information about how we use and disclose your PHI and how you can access it. **PLEASE READ THIS DOCUMENT CAREFULLY.**

PHI means information about you that is unique to you, including your name, address, telephone number and Social Security Number. It's also health information that we have gotten from you or from hospitals, doctors, other health care providers, health insurance companies, your employer and/or health care information clearinghouses relating to:

- 1 your past, present or future physical or mental health or condition;
- 2 the delivery of health care to you; or
- 3 past, present or future payment for health care services you receive.

This *Notice of Privacy Practices* document describes how Blue Cross and Blue Shield of Nebraska may use and/or disclose your PHI. It also describes the rights you have regarding your PHI. In this notice, "you" refers to you, our customer, and your covered family members. "We" means Blue Cross and Blue Shield of Nebraska.

We are required by federal and state laws to maintain the privacy of your PHI. We are also required to provide you with this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices described in this notice. These privacy practices will remain in effect until we replace or revise them.

We reserve the right to change our privacy practices as described in this document at any time, provided it is permitted by law. We may make changes to our PHI privacy practices, including PHI that we received or created before the change was made. Before we make a significant change in our privacy practices, we will revise this notice and send it to you.

You may have additional privacy rights under state law. State laws that provide greater privacy protection or rights will continue to apply.

You may request a copy of our *Notice of Privacy Practices* at any time. For more information about our privacy practices, or for additional copies of this notice,

please contact us at the address or phone number shown on the last page of this notice.

## Permitted and Required Uses and/or Disclosures of Protected Health Information

### ***Uses and/or Disclosures for Treatment, Payment and Health Care Operations***

In order to administer our health care plans effectively, we will collect, use and disclose PHI for certain types of activities, including benefit payment and health care operations. The following is a description of how we may use and/or disclose PHI about you for payment and health care operations:

**Treatment.** We do not conduct treatment activities. However, we may disclose your PHI to doctors, hospitals and other health care providers who request it in connection with your treatment.

**Payment.** We may use and/or disclose your PHI for all activities that are included within the HIPAA\* Privacy Rule's definition of "payment." For example, we may use and/or disclose your PHI to pay claims from doctors, hospitals, pharmacies and others for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, and to issue Explanations of Benefits. We have not listed here all of the activities included within HIPAA's definition of "payment," so please refer to the HIPAA Privacy Rule for a complete list. More information about HIPAA and the Privacy Rule may be found at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/>.

**Health Care Operations.** We may use and/or disclose your PHI for all activities that are included within the HIPAA Privacy Rule's definition of "health care operations." For example, we may use and/or disclose your PHI to determine the premium for your health plan, to conduct quality assessment and improvement activities, to credential health care providers, to engage in care

\*Health Insurance Portability and Accountability Act of 1996.

coordination or case management, and/or to manage our business. We have not listed here all of the activities included within the definition of “health care operations,” so please refer to the HIPAA Privacy Rule for a complete list. NOTE: We will not use or disclose your genetic information, including family history, for underwriting purposes.

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### ***Uses and/or Disclosures of PHI to Other Entities***

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We may use and/or disclose your PHI to other entities in the following situations (as permitted by the HIPAA Privacy Rule):

**Business Associates.** In connection with benefit payment and health care operations activities, we contract with individuals and entities (called “business associates”) to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation, or pharmacy benefit management). To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose PHI, but only after the business associates agree to appropriately safeguard your information.

**Providers and Other Covered Entities.** In addition, we may use and/or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with their payment activities and certain other health care operations. For example, we may disclose your PHI to a health care provider when it is needed to treat you, or we may disclose PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

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### ***Other Permitted Uses and/or Disclosures of Protected Health Information***

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We may also use and/or disclose your PHI without your authorization in the following situations:

**Others Involved in Your Health Care.** If you provide us with verbal permission, we may disclose the PHI you specify to a family member, another relative, a close friend or any other individual you have identified as being involved in your health care. This verbal permission is valid for one encounter and is not a substitute for written authorization. If you are not present or able to agree to these disclosures of your PHI due to a situation such as a medical emergency or disaster relief, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

**Required By Law.** We may use and/or disclose your PHI when required to do so by state or federal law.

**Public Health Activities.** We may use and/or disclose your PHI for public health activities that are permitted or required by law. For example, we may use and/or disclose information for the purpose of preventing or controlling disease, injury, or disability.

**Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (1) the health care system; (2) government benefit programs; (3) other government regulatory programs; and (4) compliance with civil rights laws.

**Health-Related Products and Services.** Where permitted by law, we may use your PHI to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services that we provide or include in our benefits plan. We may use your PHI to communicate with you about treatment alternatives that may be of interest to you. These communications may include information about health care providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our members that add value to our benefit plans.

**Abuse or Neglect.** We may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

**Public Health and Safety.** We may, when necessary, disclose your PHI to avert a serious or imminent threat to your health or safety or the health or safety of others.

**Law Enforcement.** We may disclose limited information to a law enforcement official concerning the PHI of a suspect, fugitive, material witness, crime victim or missing person.

**Legal Proceedings.** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process. Under limited circumstances (such as a court order, warrant or grand jury subpoena) we may also disclose your PHI to law enforcement officials.

**Coroners, Medical Examiners, Funeral Directors, and Organ Donation.** We may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, we may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

**Research.** We may disclose your PHI to researchers when an Institutional Review Board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.

**Military and National Security.** We may disclose the PHI of armed forces personnel to military authorities under certain circumstances. We may disclose to authorized federal officials any PHI required for lawful intelligence, counterintelligence and other national security activities.

**Inmates.** We may disclose the PHI of inmates of a correctional institution to the correctional institution or to a law enforcement official for: (1) the institution to provide health care; (2) the inmate's health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

**Workers' Compensation.** We may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**Group Health Plan.** We may disclose your PHI to your group health plan to allow the performance of plan administration functions.

**Plan Sponsors (if applicable).** We may disclose your PHI to your group health plan's sponsor to allow the performance of plan administration functions. Please see your plan documents for a full explanation of the limited uses and disclosures the sponsor may make of your PHI to administer your plan.

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### ***Required Disclosures of Protected Health Information***

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The following is a description of disclosures that we are required by law to make:

**Disclosures to the Secretary of the U.S. Department of Health and Human Services.** We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

**Disclosures to You.** We are required to provide you with your PHI upon request, as described below in the "Individual Rights" section of this notice. We are also required to provide you with the PHI of any individual on whose behalf you are acting as a personal representative.

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### ***Uses and/or Disclosures of PHI with an Authorization***

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Your authorization is required for us to use and/or disclose your PHI in any situation not listed in the previous section. We may not use and/or disclose your PHI without your written authorization for any reason except those

described in this notice. You may give us a written authorization to use your PHI or to disclose it to anyone you specify. If you give us this authorization, you may revoke it in writing at any time, except to the extent that action has already been taken in reliance upon the authorization.

- If we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization.
- To the extent (if any) that we might use or disclose your PHI for our fundraising practices, we will provide you with the ability to opt out of future fundraising communications.
- Most (but not all) uses and disclosures of your PHI for marketing purposes and disclosures that constitute a sale of PHI require your authorization.

You can obtain a copy of our authorization form by contacting us at the address or phone number listed at the end of this notice.

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## **Individual Rights**

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You have certain rights related to your PHI.

**Right to Request Restrictions.** You have the right to request that we place additional restrictions on our use and/or disclosure of your PHI for treatment, payment or health care operations. We are not required to agree to any additional restrictions; however, if we do, we will abide by those restrictions (except in emergency situations). To request additional restrictions, you must complete and sign a form available by contacting us at the address or phone number listed at the end of this notice.

**Right to Receive Confidential Communications.** You have the right to request that we communicate with you confidentially about your PHI by alternative means and/or to an alternative location. Your request must provide the alternative means and/or location for communicating your PHI with you and clearly state that failure to do so could endanger your physical safety. To request confidential communications, you must complete and sign a form available by contacting us at the address or phone number listed at the end of this notice.

**Right to Inspect and Copy.** Subject to the following exceptions, you have the right to inspect and/or obtain copies of your PHI that we maintain. This may include an electronic copy in certain circumstances if requested in writing. To request to inspect and copy your PHI, you must complete and sign a form available by contacting us.

Please note that you are not entitled to inspect and/or copy:

- any psychotherapy notes;
- any information compiled in anticipation of or for use in any civil, criminal or administrative action or proceeding;

- any information not subject to disclosure under the Clinical Laboratory Improvements Amendments 1988 (42 U.S.C. § 263a)
- certain other records as specified in the HIPAA Privacy Rule.

Your request to inspect and copy your PHI will be completed within 30 days of our receipt of your completed form if the information you want was created in the last two years and we have the information onsite. If the PHI you request to inspect and copy is older than two years and/or we don't have it onsite, your request will be completed within 60 days of receipt of your completed form. If we are unable to complete the request within the designated timeframe, we will notify you in writing that an extension is needed.

We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. In this event, we will inform you that the decision is not reviewable. We reserve the right to charge a reasonable copying fee for the cost of producing and mailing the documents. For more information on our fee structure and to obtain the designated form for your request, please contact us at the address or phone number listed at the end of this notice.

**Right to Request Amendment of PHI.** You have the right to request that we amend (make changes to) your PHI. Your request must clearly state the information to be amended and the reasons for doing so. We may deny your request if:

- we did not create the PHI;
- we do not maintain the PHI;
- the PHI is not available for inspection; or
- we believe the PHI is accurate and complete.

All denials to amend will be made in writing. You may respond to our denial by filing a written statement of disagreement. We then have the right to respond to that statement. If we approve your request to amend the information, we will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures.

We will respond to your request within 60 days of receipt of your request. If we are unable to complete the request within the time required, we will notify you in writing that an extension of 30 days is needed. All requests must be in writing using a form obtained by calling or writing to us. Our contact information may be found at the conclusion of this document.

**Right to Receive an Accounting of Certain Disclosures.** You have the right to receive a summary of all instances in which we disclosed your PHI for purposes other than treatment, payment, health care operations and certain other activities. This accounting will be provided to you within 60 days of our receipt of your request, unless we notify you in writing that a 30-day extension is needed. If you make a request more than once in a 12-month period, we may charge a reasonable, cost-based fee for additional copies. All requests must be in writing on the designated Blue Cross and Blue Shield of Nebraska form. You must complete and sign the form before we can process your request. For more information on our fee structure and to obtain the proper form for your request, please contact us at the address or phone number listed at the end of this notice.

**Right to Receive a Paper Copy.** You are entitled to receive this notice in paper form. To do so, please contact us at the address or phone number listed at the end of this notice.

**Breach Notification.** In the event of a breach of your unsecured PHI, we will provide you notification of such a breach as required by law or as we otherwise deem appropriate.

## Complaints

If you believe your privacy rights have been violated, you may file a written complaint with us or you may submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

You can receive a copy of our complaint form by notifying us at the address or phone number listed at the end of this notice. We will respond to your complaint within 60 days of receipt of the form. All complaints must be in writing using the designated Blue Cross and Blue Shield of Nebraska form.

## Contact Information

If you have any questions regarding this Notice or would like more information on how to exercise your rights, please contact our Privacy Office at:

Blue Cross and Blue Shield of Nebraska  
Attention: Privacy Office  
P.O. Box 3248  
Omaha, NE 68180-0001

Telephone Number: (402) 343-3521  
Toll Free Number: (877) 258-3999



# Non-discrimination and Translation Notice

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## Discrimination is Against the Law

Blue Cross and Blue Shield of Nebraska (BCBSNE) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSNE does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

- Provides free aids 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, contact Customer Service at 800-991-5840, TTY 711 between 7:30 a.m. to 6 p.m., Central time, Monday through Friday.

If you believe that Blue Cross and Blue Shield of Nebraska 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:

Manager, Corporate Compliance  
Blue Cross and Blue Shield of Nebraska  
P.O. Box 3248  
Omaha, NE 68180-001  
800-991-5840, TTY: 711  
[CivilRights@NebraskaBlue.com](mailto:CivilRights@NebraskaBlue.com)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Manager of Corporate Compliance 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 [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at [hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf](https://hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf).

For quick processing, use the OCR online portal to file a complaint.

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**ATTENTION:** This notice may have important information about your application or coverage. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or get help with costs. If you or someone you're helping has questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-991-5840. This notice is translated as federally required.

### Arabic

تنبيه: قد يتضمن هذا الإشعار معلومات مهمة عن تطبيقك أو تأمينك. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد يلزمك اتخاذ إجراء قبل المواعيد النهائية المحددة للحفاظ على التأمين الصحي أو للحصول على مساعدة بشأن التكاليف. إذا كنت أنت أو أحد من تساعدكم لديكم أسئلة، فلك الحق في الحصول على مساعدة ومعلومات بلغتك وبدون تكلفة. للتحدث مع أحد المترجمين الفوريين، اتصل برقم 1-800-991-5840.

### Chinese Traditional

注意：本通知可能含有與您的申請或保險有關的重要資訊。在本通知中尋找重要的日期。您可能需要在某個截止日期前採取行動，以保持您的健康保險或獲得費用方面的幫助。如果您或者您正幫助的人有疑問，您有權利以您的語言免費獲得提供的幫助與資訊。致電口譯員，請撥打1-800-991-5840。

### German

Achtung: Diese Mitteilung kann wichtige Informationen über Ihren Antrag oder die Versicherungsdeckung beinhalten. Beachten Sie wichtige Fristen in dieser Mitteilung. Sie müssen unter Umständen Maßnahmen innerhalb bestimmter Fristen ergreifen, um Ihren Krankenversicherungsschutz zu erhalten oder eine Kostenerstattung zu erhalten. Wenn Sie oder jemand, dem Sie helfen, Fragen hat, können Sie kostenlos Hilfe und Informationen in Ihrer Sprache erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte 1-800-991-5840 an.

**ATENCIÓN:** Este aviso puede contener información importante sobre su solicitud o cobertura. Ponga atención a las fechas clave en este aviso. Puede ser que usted necesite realizar algunas acciones para determinadas fechas y así mantener su cobertura de salud o para obtener ayuda con los costos. Si usted o alguien a quien usted ayuda tiene alguna pregunta, tiene el derecho de recibir información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-800-991-5840.

توجه این اعلامیه ممکن است اطلاعات مهمی درباره درخواست یا طرح پوشش بیمه‌تان داشته باشد. تاریخ‌های اصلی را در این اعلامیه جستجو کنید. ممکن است لازم باشد تا موعد مقرری اقدام کنید تا پوشش بیمه درمانیتان حفظ شود یا هزینه‌های درمانی را دریافت کنید. اگر شما یا فردی دیگر که به او کمک می‌کنید، سوآلی دارید، از این حق برخوردار هستید تا راهنمایی و اطلاعات را به صورت رایگان به زبان خودتان دریافت کنید. برای صحبت کردن با یک مترجم، با شماره 1-800-991-5840 تماس بگیرید.

**ATTENTION :** Cet avis peut contenir des informations importantes concernant votre demande ou votre garantie. Prêtez attention aux dates clés indiquées. Il vous faudra peut-être prendre des mesures avant une certaine date pour pouvoir conserver votre assurance santé ou bénéficier d'aides au paiement. Si vous ou une personne que vous aidez avez des questions, vous pouvez obtenir gratuitement de l'assistance et des informations dans votre langue. Pour parler à un interprète, appelez le 1-800-991-5840.

ご注意：本通知書には、患者さんの申請や保険について重大な情報が含まれている可能性があります。本通知書の日付をご覧ください。医療保険を利用したり、費用についてサポートを受けるには、本通知書に従って特定の期限までに手続きしてください。患者さん、または付き添いの方が質問がある場合は、母国語で無料で支援を受けたり、情報を受け取る権利があります。通訳と話したい場合は、1-800-991-5840. まで電話をおかけください。

ဟ်သ့ၣ်ဟ်သး-တၢ်ဘိးဘၣ်သ့ၣ်ညါအံၤ ဘၣ်သ့ၣ်သ့ၣ် ကဆိၣ်ဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤလၢ၊ အရ့ၣ်ဒိၣ်ဘၣ်သး နလံာ်ပတံာ်တၢ် မ့တမ့ၢ် တၢ်ဆုၣ်တၢ်သးန့ၣ်လီၤ၊ ကွၢ်ယု မုၢ်န့ၢ်မုၢ်သိအရ့ၣ်ဒိၣ်လၢ၊ လံာ်ဘိးဘၣ်သ့ၣ်ညါအံၤအပူၤတက့ၢ်၊

ဘၣ်သ့ၣ်သ့ၣ် နကဘၣ် ဟံၤဂီၤလၢ၊ မုၢ်န့ၢ်လၢခံကတၢ်လၢ၊ တၢ်ဟံပနီၣ်န့ၢ်န့ၢ် လၢနကဟ့ၣ်နတၢ်ဆိၣ်ဆူၣ်ဆိၣ်ဃူ တၢ်ဘူးတၢ်လဲတဖၣ် မ့တမ့ၢ် မၤန့ၢ်တၢ်မၤစၢၤလၢ၊ တၢ်ပုၤလီၤလဲတဖၣ်န့ၣ်လီၤ၊

နၤ မ့တမ့ၢ် ပုၤတဂၢၤလၢ၊ နမၤစၢၤမုၢ်ဆိၣ်ဒီးတၢ်သဲကတၢ်အံၤ၊ နဆိၣ်ဒီးတၢ်စ့ၣ်တၢ်ယၢ်လၢ၊ ကမၤန့ၢ်တၢ်မၤစၢၤဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤလၢ၊ နကျိၣ်လၢ၊ တလၢကံၤဘျးလၢကံၤစ့ၣ်တၢ်န့ၣ်လီၤ၊

လၢနကကတၢ်တၢ်ဒီး ပုၤကျိးထံတၢ်အဂီၢ်၊ ကိး**1-800-991-5840** တက့ၢ်။

주의: 본고지에는 해당신청서 또는 적용범위에 대한 중요한 정보가 있을 수 있습니다.  
본고지의 주요 날짜를 찾으십시오. 해당 건강보험을 유지하거나 비용을 지원받는 특정 기간까지 조치를 취하셔야 합니다. 본인 자신이 나본인이 돕고 있는 누군가가 질문이 있다면 무료로 모국어로 된 도움과 정보를 얻을 수 있는 권리가 있습니다. 통역사와 통화하려면 1-800-991-5840. 번으로 전화하십시오.

ناگاداری  
 رهنګه نهم ناگاداريه زانباري گرنگي ټيندا بڼت دهر ياره داواکاري يان روومالکر دنه کست. بېدواي بهر واره سهره کي مکاني ناو نهم ناگاداريه بګهر ټي. لېوانميه پټويست بکات له همدنک دوا واده کرداريک بکيت بؤ نهموي روومالي تخندروسيت بېر دموام بڼت يان يارمستي بؤ ټيچوو مکانت دهست بخښت. نهمګر تو يان کسيک که تو يارمستي دهميت پرسباري هميه، تو مافي دمسکومتني يارمستي و زانباريت به زمني خوت بي بهرامبر هميه. بؤ قسمکردن له ګڼل وهر ګنړيک، پېوهندي به. 18009915840 بکه.

ສິ່ງທີ່ຄວນເອົາໃຈໃສ່: ແຈ້ງການສະບັບນີ້ ອາດຈະມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະໝັກ ຫຼື ການຄຸ້ມຄອງສຸຂະພາບຂອງທ່ານ. ຈົ່ງຊອກຫາວັນທີທີ່ສໍາຄັນໃນແຈ້ງການສະບັບນີ້. ທ່ານອາດຈະຕ້ອງດໍາເນີນການໃນຂອບເຂດເວລາໃດໜຶ່ງ ເພື່ອຮັກສາການຄຸ້ມຄອງດ້ານສຸຂະພາບຂອງທ່ານ ຫຼື ໄດ້ຮັບການຊ່ວຍເຫຼືອທາງດ້ານງົບປະມານ. ຖ້າທາງທ່ານ ຫຼືບຸກຄົນທີ່ທ່ານກໍາລັງຊ່ວຍເຫຼືອຢູ່ນັ້ນ ມີຄໍາຖາມ, ທ່ານມີສິດໄດ້ຮັບການຊ່ວຍເຫຼືອ ແລະ ໄດ້ຮັບຂໍ້ມູນທີ່ເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ. ຕ້ອງການລົມກັບນາຍແປພາສາ, ຈົ່ງໂທຫາເບີ 1-800-991-5840.

ध्यानाकर्षणः यो सूचनामा तपाईंको निवेदन वा कभरेजको बारेमा महत्वपूर्ण जानकारी हुनसक्छ। यो सूचनामा मुख्य मितिहरू हेर्नुहोस्। तपाईंको स्वास्थ्य कभरेज वा लागतमा मददत प्राप्त गर्न तपाईंले निश्चित समयसम्म भित्र कार्रवाही लिनुपर्ने हुनसक्छ। तपाईं वा तपाईंले सहायता गरेका कसैसँग जिज्ञासाहरू छन् भने तपाईंसँग आफ्नो भाषामा निःशुल्क सहायता र जानकारी प्राप्त गर्ने अधिकार छ। दोभाषेसँग कुरा गर्न 1-800-991-5840 मा कल गर्नुहोस्।

HUBAACHIIISA: Beeksisi kun odeeffannoo barbaachisaa waa'ee iyyata keetii yookaan waa'ee tajaajiloota qabaachuu mala. Beeksisa kana irraa guyyoota barbaachisoo ta'an ilaali. Tajaajila fayyaa kee itti fufsiisuuf guyyoota murtaa'an irratti tarkaanfiin ati fudhattu yookaan kaffaltiidhaan gargaarsi ati argattu jiraachu mala. Yoo ati ykn namni ati gargaartu, gaaffii qabaattan, gatii malee gargaarsaa fi oddeeffanno afaan dandeessaaniin argachuun mirga keessaani. Warra afaan hikkaaniif lakkoofsa kanaan bilbilaa 1-800-991-5840.

**ВНИМАНИЕ!** В данном уведомлении может содержаться важная информация о вашей заявке или страховке. В нем также указаны ключевые даты. Вам может потребоваться выполнить некоторые действия к определенному сроку для сохранения вашей медицинской страховки или получения помощи в оплате расходов. Если у вас или у человека, которому вы помогаете, возникнут вопросы, вы имеете право получить помощь и информацию на своем языке бесплатно. Чтобы поговорить с переводчиком, позвоните по номеру 1-800-991-5840.

**CHÚ Ý:** Thông báo này có thể chứa thông tin quan trọng về đơn đăng ký hoặc bảo hiểm của quý vị. Tìm những ngày chính trong thông báo này. Quý vị có thể cần hành động trước một số thời hạn để duy trì bảo hiểm sức khỏe của mình hoặc được giúp đỡ có tính phí. Nếu quý vị hoặc người quý vị đang giúp đỡ, có thắc mắc, quý vị có quyền lấy thông tin và được trợ giúp bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi số 1-800-991-5840.