

«NAME»
«ADDR1»
«ADDR2»
«CITY» «STATE» «ZIP»

October 2016

Re: Your Capital BlueCross 2017 Renewal Notification

Dear «NAME»:

Thank you for being a valued customer of Capital BlueCross and our family of companies. As your health and wellness partner, we appreciate the opportunity to provide you with health coverage, and so much more, to help you live healthy.

We write to you today because you have purchased coverage through the Federally-facilitated Marketplace (FFM). As you know, the Patient Protection and Affordable Care Act (PPACA) has brought extensive changes and instability to the health care industry. These impacts have placed difficult financial burdens on consumers and created challenges for long term financial sustainability of many consumer products.

PRODUCT CHANGES

Due to a significant variance in insurance rates by our competitors, as well as competitors discontinuing products on a wide scale or leaving the FFM altogether, Capital BlueCross has had to take the necessary step of decreasing the number of plans we offer on the FFM.

Unfortunately, as a result, your product can no longer be offered in 2017. This change in product offerings is required to ensure our long term commitment to offering consumer products that provide access to quality health care for years to come. We sincerely apologize for any inconvenience this may cause. However, we are able to automatically enroll you in another available PPO plan effective January 1, 2017.

Enclosed is an explanation of your new plan. In addition, the Centers for Medicare and Medicaid Services (CMS) is requiring that we include the enclosed renewal notice of your 2016 plan.

In mid-to-late December, you will receive a new member ID card with a new member ID number. You also will receive information about how to use and maximize your plan, as well as details about payment options, including how to schedule recurring payments.

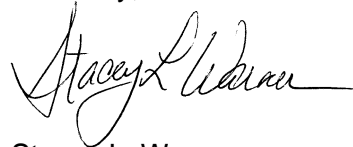
If you currently pay through one of our automatic withdrawal or recurring payment options, your member ID number and new premium amount will be automatically updated before your first payment in 2017. If you pay through your bank, please be sure to update your member ID number and the premium amount before making your first payment for 2017.

If you have had any changes in your household income or size, you will need to update your account information on the FFM at healthcare.gov. Any changes to your subsidy amount will apply to your premium beginning on January 1, 2017.

We recognize that this process can be challenging. We are here to help. The PPACA open enrollment period begins on November 1, 2016. If you would like to explore other medical, dental, or vision options, or verify continued eligibility for a subsidy and the amount of your subsidy, go to ChooseCapitalBlue.com, call our sales team at 800.307.3563, or stop by one of our Capital Blue stores (go to CapitalBlueStore.com for hours and locations). If you or a member of your family are age 65 or older, visit capbluecross.com/Medicare or contact us at the other channels identified above to learn about your options.

Thank you again for choosing Capital BlueCross and our family of companies. We appreciate your business and look forward to continuing to serve you with excellence.

Sincerely,

A handwritten signature in black ink, appearing to read "Stacey L. Warner". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Stacey L. Warner
Vice President, Federal Programs

Enclosures

[1 Date]

[2 First Name][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]

2016 Application ID: [4 ID Number]

Important: Take action by December 15, 2016, or you'll be automatically re-enrolled in similar coverage.

Thank you for choosing Capital BlueCross for your health care needs.

Why am I getting this letter?

Your health insurance coverage is still being offered in 2017, but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Also make sure to update your information with the Marketplace.

Changes you'll see to your plan in 2017

Your new premium

- Your 2016 monthly payment is \$[11 Dollar amount].
This reflects a monthly premium of \$[12 Dollar amount] minus \$[13 Dollar amount] of financial help per month.
- **Starting in January your estimated monthly payment will be \$[16 Dollar amount].**
This reflects an estimated monthly premium of \$[18 Dollar amount] minus the same amount of financial help you're getting now. You'll see your new monthly payment when you receive your January bill.
Important: This is only an estimate based on the amount of financial help you got in 2016. To find out how much financial help you qualify for in 2017 update your Marketplace application. See below for more information.

Other changes

- *[23 insert benefit snippets here]*
- You can review more details about your plan at capbluecross.com and in your 2017 Summary of Benefits and Coverage.

What you need to do

1. Update your Marketplace application by December 15, 2016.

Review your Marketplace application to make sure the information is still current and correct, and to see if you qualify for more or less financial help than in 2016. This

may result in a lower monthly premium payment or lower out-of-pocket costs. Plus, you can help avoid paying money back when you file your taxes.

2. Decide if you want to enroll in this plan or choose another one.

I want to enroll in this plan.

Update your information in step #1, and then select [30 Plan name and ID] to enroll.

I want to pick a different plan.

You can choose a new plan between November 1, 2016 and January 31, 2017. Enroll by December 15, 2016 for coverage to start January 1, 2017.

Here are some ways to look at other plans and enroll:

- Visit HealthCare.gov to see other Marketplace plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.
- Check with Capital BlueCross to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through the Marketplace.

Note: If you got financial help in 2016 to lower your monthly premium, you'll have to "reconcile" when you file your federal taxes. This means you'll compare the amount of premium tax credit you used in advance during 2016 with the amount you actually qualify for based on your final 2016 household income and eligibility information. If the numbers are different, you may get more or less tax refund, or you may owe.

We're here to help

- Visit HealthCare.gov, or call 1-800-318-2596 (TTY: 1-855-889-4325) to learn more about the Marketplace and to see if you qualify for lower costs.
- Call Capital BlueCross at 1-800-307-3563 or visit capbluecross.com.
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- Call 1-800-318-2596 (TTY: 1-855-889-4325) to request a reasonable accommodation at no cost to you if you have a disability

Getting help in other languages

- This notice has important information about your application or coverage through Capital BlueCross. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 717.541.7000 (TTY: 711).

Important Notice from Capital BlueCross About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Capital BlueCross and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Capital BlueCross has determined that the prescription drug coverage offered by the Individual Account PersonalBlue PPOSM plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Capital BlueCross coverage will not be affected. You can keep your Capital BlueCross coverage and this plan will coordinate coverage with the Medicare drug plan. Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Capital BlueCross coverage, be aware that you and your dependents may be able to get this coverage back during an open enrollment period under the Capital BlueCross benefit plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Capital BlueCross and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Capital BlueCross changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 800.772.1213 (TTY 800.325.0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September, 2016
Name of Entity/Sender: Capital BlueCross
Contact: Customer Service Department
Address: 2500 Elmerton Avenue, Harrisburg, PA 17177-9799
Phone Number: 800.730.7219

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross and Blue Shield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

CMS Form 10182-CC

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CAPITAL ADVANTAGE ASSURANCE COMPANY

EXECUTION PAGE ADDENDUM

Addendum Effective Date: [mm/dd/yyyy]

[This Execution Page Addendum replaces any Execution Page Addendum previously issued under this contract.]

THIS IS IMPORTANT TO YOU – Please keep this addendum with your Capital Advantage Assurance Company Individual Comprehensive Major Medical Preferred Provider Organization Benefit Contract Form # [CAAC-Ind-PPO-C-v0117].

Subscriber: [John Doe]

[ADDRESS]

Subscriber ID Number: *“You will receive your 2017 Member ID card in mid December with your new Subscriber ID number”*

Coverage Effective Date: [mm-dd-yyyy]

Dependents:
[List Names of Covered Dependents]

Coverage Effective Date:
[Effective Date for Each Covered Dependent]

[Subsidy Amount: \$xxxx.xx]

Monthly Premium Amount: [\$xxxx.xx]

In consideration of the mutual covenants and promises stated herein and other good and valuable consideration, the Subscriber and Capital Advantage Assurance Company shall be bound by the terms of the Capital Advantage Assurance Company Individual Comprehensive Major Medical Preferred Provider Organization Benefit Contract Form # [CAAC-Ind-PPO-C-v0117] as of the date designated above as the Addendum Effective Date.

You may obtain the Policy and/or Summary of Benefits and Coverage (SBC) for this coverage via the Member link on the Capital BlueCross website at [capbluecross.com] or by contacting Customer Service at [1-800-730-7219] to request a copy be mailed to you free of charge. The Policy is a document that explains your plan coverage, terms and conditions; highlights the benefits covered under your plan; and provides the schedule of cost-sharing, benefits, limitations and exclusions for the plan. The SBC is a PPACA mandated document that outlines benefits and levels of coverage of your plan.

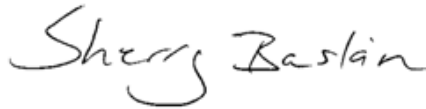
IN WITNESS WHEREOF, this Addendum has been duly executed by Capital Advantage Assurance Company on the date set forth below.

Capital Advantage Assurance Company



By: Gary D. St. Hilaire
As: President and Chief Executive Officer,
Capital Advantage Assurance Company

Capital Advantage Assurance Company



By: Sherry Baskin
As: Corporate Secretary,
Capital Advantage Assurance Company

[Print Date:]

[Subscriber Name and Document Label]

[ADDRESS]

CAPITAL ADVANTAGE ASSURANCE COMPANY

EXECUTION PAGE ADDENDUM

Addendum Effective Date: [mm/dd/yyyy]

[This Execution Page Addendum replaces any Execution Page Addendum previously issued under this Policy.]

THIS IS IMPORTANT TO YOU – Please keep this addendum with your Capital Advantage Assurance Company Individual Vision Subscriber Policy Form # [CAAC-Ind-VS-Policy-v0117].

Subscriber: [John Doe]

[ADDRESS]

Subscriber ID Number: *“You will receive your 2017 Member ID card in mid December with your new Subscriber ID number”*

Coverage Effective Date: [mm-dd-yyyy]

Dependents:
[List Names of Covered Dependents]

Coverage Effective Date:
[Effective Date for Each Covered Dependent]

Monthly Premium Amount:

In consideration of the mutual covenants and promises stated herein and other good and valuable consideration, the Subscriber and Capital Advantage Assurance Company shall be bound by the terms of the Capital Advantage Assurance Company Individual Vision Subscriber Policy Form # [CAAC-Ind-VS-Policy-v0117] as of the date designated above as the Addendum Effective Date.

You may obtain the Policy for this coverage via the Member link on the Capital BlueCross website at [capbluecross.com] or by contacting Customer Services at [1-800-730-7219] to request a copy be mailed to you free of charge. The Policy explains your plan coverage, terms and conditions as well as provides a schedule of covered benefits, limitations and exclusions for your plan.

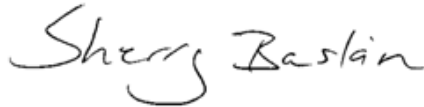
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Capital Advantage Assurance Company



By: Gary D. St. Hilaire
As: President and Chief Executive Officer,
Capital Advantage Assurance Company

Capital Advantage Assurance Company



By: Sherry Baskin
As: Corporate Secretary,
Capital Advantage Assurance Company

[Print Date:]

[Subscriber Name and Document Label]

[ADDRESS]



Capital BlueCross is an Independent Licensee
of the BlueCross BlueShield Association

Nondiscrimination and Foreign Language Assistance Notice

At Capital BlueCross and our family of companies, our customers and the community we serve are at the heart of everything we do. We know health insurance is complicated, and we're here to make it simple so you can focus on living healthy.

Capital BlueCross and its family of companies comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Capital BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Capital BlueCross provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters or written information in other formats (large print, audio, accessible electronic format, other formats). Capital BlueCross provides free language service to people whose primary language is not English, such as: qualified interpreters, and information written in other languages.

If you need these services, contact our Civil Rights Coordinator.

If you believe that Capital BlueCross 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 Civil Rights Coordinator at Capital BlueCross, P.O. Box 779880, Harrisburg, PA 17177-9880, call 800.417.7842 (TTY: 711), fax, 855.990.9001 or email at CRC@capbluecross.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 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, 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice may have important information about your application or coverage through your health plan. Look for key dates in this notice; you may need to take action by certain deadlines to keep your health coverage or help with costs. If you, or someone you're helping, has questions or needs assistance or information about your health plan or this notice, you have the right to get help in your language at no cost. To talk to an interpreter, call 800.962.2242 (TTY: 711).

Spanish

Este aviso puede contener información importante acerca de su solicitud o cobertura a través de su plan de salud. Ponga atención a la fechas importantes en este aviso; es posible que tenga que actuar antes de ciertas fechas límite para mantener su cobertura de salud o con ayuda del costo. Si usted, o alguien a quien usted ayuda, tiene preguntas o necesita asistencia o información acerca de su plan de salud o este aviso, tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800.962.2242 (TTY: 711).

Chinese

本通知可能包含有关您的健康计划申请或涵盖范围的重要信息。请注意本通知中的重要日期；您可能需要在具体的截止期限前采取行动维护您的健康涵盖范围或缴纳费用。如果您自己或者您提供帮助的某个人对您的健康计划或本通知有任何疑问或者需要获得帮助或信息，您有权免费获得以您的语言提供的帮助。欲与翻译员通话，请拨打电话 800.962.2242（聋哑人电话 TTY：711）。

Vietnamese

Thông báo này có thể chứa những thông tin quan trọng về đơn xin của quý khách hoặc phạm vi bảo hiểm trong chương trình bảo hiểm sức khỏe của quý khách hàng. Hãy xem những ngày quan trọng trong thông báo này; quý khách có thể cần xử lý trước khi đến hạn cuối để duy trì bảo hiểm sức khỏe hoặc để giảm chi phí. Nếu quý khách hàng, hoặc người nào đó đang trợ giúp cho quý khách hàng, có câu hỏi hay cần trợ giúp hay thông tin về chương trình bảo hiểm sức khỏe của quý khách, quý khách có quyền yêu cầu được trợ giúp bằng ngôn ngữ của quý khách mà không phát sinh chi phí nào. Để kết nối với thông dịch viên, hãy gọi 800.962.2242 (TTY: 711).

Russian

Данное уведомление может содержать важную информацию по вашей заявке и медицинской страховке. Просмотрите ключевые даты в этом уведомлении – может понадобиться придерживаться некоторых сроков для сохранения медицинской страховки или же внести плату. Если у вас или помогающего вам есть вопросы, а также нужна помощь или информация по медицинской страховке или по данному уведомлению, позвоните на бесплатный телефон. Для соединения с переводчиком, звоните 800.962.2242 (TTY: 711).

Pennsylvanian Dutch

Die notice hot vielleicht wichtige information iwwer dei bitt oder coverage darrich dei gesundheitsplans. Guck for die certain days in daere notice; du brauchscht vielleicht ebbes duh bis certain deadlines fa dei gesundheits versicherings bhalde odder fa mit die koschde zu helfe. Wann du, odder ebber ess du am helfe bischt, froge hot odder hilf braucht odder information iwwer dei gesundheits plan odder iwwer die notice, hoscht du die recht fa hilf griege in dei sprooch es nichts koschtet. Fa schwetze mit me dolmetscher, ruf 800.962.2242 (TTY: 711).

Korean

이 안내문에는 귀하의 건강보험을 통한 신청 또는 보장에 관한 중요한 정보가 포함될 수 있습니다. 이 안내문의 주요 날짜를 확인해 주십시오! 건강보험을 유지하거나 비용 지원을 위해 특정 마감일까지 관련 조치를 해야 할 수도 있습니다. 귀하 또는 귀하가 부양하는 사람이 귀하의 건강보험이나 이 안내문에 관하여 문의 사항이 있거나 도움말 또는 정보가 필요할 때는, 무료로 귀하의 언어를 통하여 도움을 받을 권리가 있습니다. 통역사에게 문의하려면 800.962.2242 (TTY: 711)으로 전화해 주십시오.

Italian

Questo avviso potrebbe avere importanti informazioni circa la vostra applicazioni o copertura attraverso il vostro programma di salute. Cercate le principali date in questo avviso; potrebbe essere necessario applicare missuri ritoccando alcune scadenze per mantenere le vostre programma di salute o per contribuire con i costi. Se voi, o qualcuno voi state aiutando, ha quesiti o necessita di assistenza o informazione circa il vostro programma di salute o questo avviso, voi avvere può le diritto per ottenere aiuto in la vostra lingua gratuitamente. Per parlare con un interprete, chiamate 800.962.2242 (TTY: 711).

Arabic

حول التغطية من خلال خطتك الصحية. ابحث عن التواريخ الرئيسية في هذا الإشعار؛ ربما تحتاج إلى اتخاذ إجراء من خلال حول طلبك أو بعض المواعيد النهائية للحفاظ على التغطية الصحية الخاصة بك أو المساعدة في سداد التكاليف. إذا كنت تحتاج إلى مساعدة، أو كنت تساعد شخصاً آخر، أو كان لديك أسئلة أو بحاجة إلى المساعدة أو بحاجة للحصول على معلومات حول خطتك الصحية أو حول هذا الإشعار، فليدرك (الهاتف النصي: 711). 800.962.2242 الحق في الحصول على المساعدة بلغتك الأم مجاناً. للتحدث إلى مترجم فوري، اتصل على الرقم

French

Le présent avis peut avoir information importante concernant votre application ou la couverture à travers de votre plan sanitaire. Regarde pour clef dates dans cet avis ; vous pourriez devoir prendre des mesures à certaines dates pour maintenir votre plan sanitaire ou de l'aide à payer les coûts. Si vous, ou quelqu'un vous les aidez avoir des questions ou il a besoin d'aide ou information concernant votre plan sanitaire ou cet avis, vous avez le droit à obtenir de l'aide dans votre langue à titre gratuit. Pour parler à un interprète, appel 800.962.2242 (TTY: 711).

German

Diese Mitteilung enthält eventuell wichtige Informationen bezüglich Ihres Antrages auf oder Ihres Schutzes durch Ihre Krankenversicherung. Suchen Sie nach Schlüsseldaten in diesem Dokument. Eventuell müssen Sie innerhalb von gewissen Fristen handeln um Ihren Versicherungsschutz zu behalten oder Hilfe mit Kosten zu erhalten. Fall Sie oder jemand, dem/der Sie helfen, Fragen hat oder Hilfe benötigt bezüglich dieser Mitteilung oder der Krankenversicherung, haben Sie Anspruch auf kostenlose Hilfe in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, rufen Sie an unter 800.962.2242 (TTY [Schreibtelefon]: 711).

Gujarati

આ નોટિસ માં તમારી અરજી અથવા તમારી આરોગ્ય યોજના મારફતે કવરેજ વિશે મહત્વની જાણકારી હોઈ શકે છે. આ નોટિસ માં મહત્વ ની તારીખો જુઓ; તમારા આરોગ્ય કવરેજ ને જાળવવા માટે અથવા ખર્ચ બચાવવા માટે અમુક ચોક્કસ મુદતો સુધી તમને પગલાં લેવા પડી શકે છે. જો તમે, અથવા જેની તમે મદદ કરી રહ્યા છો, તેમણે કોઈ સવાલ હોય અથવા સહાય કે તમારી આરોગ્ય યોજના અથવા આ નોટિસ વિશે માહિતી જોઈએ, તો તમને તમારી ભાષા માં કોઈ પણ ખર્ચ વગર મદદ મેળવવા નું અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, 800.962.2242 (TTY : 711) ફોન કરો.

Polish

To powiadomienie może zawierać ważne informacje na temat Pana/Pani wniosku lub zakresu ubezpieczenia w posiadanym planie. Zalecamy zapoznać się z kluczowymi terminami w tym powiadomieniu; może istnieć konieczność podjęcia działania przed upływem pewnych terminów, aby utrzymać ubezpieczenie zdrowotne lub uzyskać pomoc w kosztach. Jeżeli Pan/Pani lub ktoś, komu Pan/Pani pomaga, ma pytania bądź potrzebuje pomocy lub informacji w sprawie planu ubezpieczenia zdrowotnego albo tego powiadomienia, przysługuje Panu/Pani prawo do nieodpłatnego uzyskania pomocy w ojczystym języku. Aby porozmawiać z tłumaczem ustnym, prosimy zadzwonić pod numer 800.962.2242 (TTY: 711).

French Creole

Avi sila a ka genyen enfòmasyon ki enpòtan konsènan aplikasyon w lan oubyen asirans ou atravè plan lasante w la. Chèch e dat enpòtan yo ki nan avi sila a; ou ka gen pou w fè sèten bagay anvan kèk dat limit pou w sa kenbe asirans ou a oubyen pou yo ede w ak kèk depans. Si oumenm, oubyen yon lòt moun w ap ede, genyen kesyon oubyen bezwen èd oswa plis enfòmasyon sou plan lasante w oswa sou avi sila a, ou genyen dwa pou w resevwa asistans nan lang ou pale a san li pa kout e w anyen ditou. Pou w pale ak yon entèprèt, rele 800.962.2242 (TTY: 711).

Cambodian-Mon-Khmer

ការជូនដំណឹងនេះអាចមានព័ត៌មានសំខាន់អំពីកម្មវិធីការធានារ៉ាប់រងរបស់អ្នកតាមរយៈគម្រោងសុខភាពរបស់អ្នក។ កម្រិតកាលបរិច្ឆេទសំខាន់ៗនៅក្នុងការជូនដំណឹងនេះអាចធ្វើចំណាត់ការដោយកាលបរិច្ឆេទជាក់លាក់ដើម្បីរក្សាការធានារ៉ាប់រងសុខភាពជួយជាមួយនឹងការចំណាយសិនជាអ្នកនរណាម្នាក់ដែលអ្នកកំពុងជួយសំណួរត្រូវការជំនួយព័ត៌មានអំពីគម្រោងសុខភាពរបស់អ្នកការជូនដំណឹងនេះក៏មានសិទ្ធិដើម្បីទទួលជំនួយជាភាសារបស់អ្នកដោយមិនគិតថ្លៃ។ ដើម្បីនិយាយទៅកាន់អ្នកបកប្រែផ្ទាល់មាត់ សូមហៅទៅកាន់លេខ 800.962.2242 (TTY: 711)។

Portuguese

Este aviso pode ter informações importantes sobre a sua aplicação ou cobertura de plano de saúde. Olhe para as datas importantes neste aviso; pode ser necessário tomar medidas em determinados prazos para manter a sua cobertura de saúde ou ajudar com os custos. Se você, ou alguém que você está ajudando, tem dúvidas ou precisa de assistência ou informação sobre seu plano de saúde ou este aviso, você tem o direito de obter ajuda na sua língua sem nenhum custo. Para falar com um intérprete, ligue para 800.962.2242 (TTY: 711).