



MEDICARE ADVANTAGE

2019 Benefit Highlights

Skagit and Whatcom counties

Premera Blue Cross Medicare Advantage Plans

MEMBER BENEFITS AND SERVICES

“In your corner” is more than a slogan for us. It’s a promise to improve lives by making healthcare work better. You are the focus of our work and why we make enrolling in a Medicare Advantage plan a simple and easy experience.

You have a choice of Medicare Advantage plans for 2019. Premera plans offer all the benefits of Medicare from a large network of doctors you know and trust. Our plans include Part D prescription drug coverage and extra benefits too!

This Benefit Highlights brochure compares our Medicare Advantage plans side by side. (The Summary of Benefits brochure gives you more detailed information about all plans available in your area.)

IT’S EASY — Everything you need to enroll is included.

FIRST STEP — Decide which plan fits you best.

SECOND STEP — Call us for help or return the enclosed enrollment form to us.

With more than 16,000 doctors and specialists in our Medicare Advantage network, you’re sure to find a provider that’s right for you and close to your home at premera.com/ma. After you select a primary care provider (PCP) from our online Find a Doctor tool, it’s easy to become a Premera Blue Cross Medicare Advantage member.

Your doctors. Our network.

ACCESS WHEN AND WHERE YOU NEED IT

You can find doctors and hospitals across our service area. This is a partial list of providers in the Medicare Advantage network.

Western Washington

- CHI Franciscan Health
- The Everett Clinic
- EvergreenHealth
- MultiCare Health System
- Overlake Medical Center
- PeaceHealth (Whatcom County)
- The Polyclinic
- Providence Health and Services
- Swedish Medical Center
- UW Medicine
- Virginia Mason Medical Center

Eastern Washington

- Doctors' Clinic
- Multicare Deaconess Medical Center
- MultiCare Rockwood Clinic
- MultiCare Valley Hospital
- Providence Health and Services
- Providence Holy Family Hospital
- Providence Sacred Heart Medical Center

As a Premera Medicare Advantage HMO customer you can receive care from any doctor or hospital in our Medicare Advantage network, even if they are located outside your county. Just ask your PCP for a referral to the provider you wish to see.

Is your provider in our network?

Call toll free at **888-868-7767 (TTY/TDD: 711)**,
Monday - Friday, 8 a.m. - 8 p.m. (7 days a week, 8 a.m.- 8 p.m.,
October 1 - March 31), or visit premera.com/ma.

Core HMO Plan

Medical services	In-network only
Monthly plan premium	\$12
Medical deductible	\$0
Annual out-of-pocket maximum	\$6,300
Gym membership	\$0 copay
Primary care provider visit	\$15 copay
Specialist visit	\$45 copay
Preventive care	\$0 copay
Inpatient hospital care	\$450 copay (days 1–4) \$0 copay (days 5+)
Outpatient hospital care Ambulatory surgical center Outpatient hospital center	15% coinsurance 20% coinsurance
Ambulance	\$300 copay/each one-way trip
Emergency care (worldwide coverage)	\$75 copay (waived if admitted)
Urgent care (worldwide coverage)	\$50 copay
X-rays and Lab services	\$20 copay
Annual physical exam	\$0 copay (1 per calendar year)
Annual routine eye exam	\$45 copay (1 per calendar year)
Eyewear allowance	Not covered
Prescription drugs (30-day supply from a preferred network pharmacy)	
Drug deductible (applies to tiers 3–5)	\$300
Tier 1 – Preferred generic	\$4 copay (no deductible)
Tier 2 – Generic	\$12 copay (no deductible)
Tier 3 – Preferred brand	\$42 copay
Tier 4 – Non-preferred drug	34% coinsurance
Tier 5 – Specialty	27% coinsurance
Preventive dental—optional rider (\$0 copays from a preferred network dentist)	
Monthly dental premium	\$26
Routine oral exams	\$0 copay (2 every year)
Routine cleanings/periodontal maintenance	\$0 copay (2 every year in any combination)
Fluoride treatments	\$0 copay (1 every year)
Bitewing x-rays (set of 4)	\$0 copay (1 set every year)
Periapical x-rays	\$0 copay
Panoramic or complete series x-rays	\$0 copay (1 set every 60 months)

Peak + Rx HMO Plan (Whatcom County)

Medical services	In-network only
Monthly plan premium	\$0
Medical deductible	\$0
Annual out-of-pocket maximum	\$6,700
Gym membership	\$0 copay
Primary care provider visit	\$15 copay
Specialist visit	\$50 copay
Preventive care	\$0 copay
Inpatient hospital care	\$595 copay (days 1–3) \$0 copay (days 4+)
Outpatient hospital care Ambulatory surgical center Outpatient hospital center	\$395 copay 20% coinsurance
Ambulance	\$280 copay per one-way trip
Emergency care (worldwide coverage)	\$80 copay (waived if admitted)
Urgent care (worldwide coverage)	\$50 copay (\$80 copay for worldwide coverage)
X-rays and lab services	\$20 copay / \$15 copay
Annual physical exam	\$0 copay (1 per calendar year)
Annual routine eye exam	\$20 copay (1 per calendar year)
Eyewear allowance	\$30 copay (\$120 reimbursement)
Prescription drugs (31-day supply from a standard network pharmacy)	
Drug deductible (applies to tiers 3–5)	\$160
Tier 1 – Preferred generic	\$3 copay (no deductible)
Tier 2 – Generic	\$14 copay (no deductible)
Tier 3 – Preferred brand	\$47 copay
Tier 4 – Non-preferred drug	50% coinsurance
Tier 5 – Specialty	30% coinsurance

Preventive dental—not included

Sound + Rx HMO Plan (Whatcom County)

Medical services	In-network only
Monthly plan premium	\$40
Medical deductible	\$0
Annual out-of-pocket maximum	\$6,500
Gym membership	\$0 copay
Primary care provider visit	\$10 copay
Specialist visit	\$50 copay
Preventive care	\$0 copay
Inpatient hospital care	\$595 copay (days 1–3) \$0 copay (days 4+)
Outpatient hospital care Ambulatory surgical center Outpatient hospital center	\$395 copay \$495 copay
Ambulance	\$255 copay/each one-way trip
Emergency care (worldwide coverage)	\$80 copay (waived if admitted)
Urgent care (worldwide coverage)	\$50 copay (\$80 copay for worldwide coverage)
X-rays and lab services	\$20 copay / \$15 copay
Annual physical exam	\$0 copay (1 per calendar year)
Annual routine eye exam	\$20 copay (1 per calendar year)
Eyewear allowance	\$30 copay (\$120 reimbursement)
Prescription drugs (31-day supply from a standard network pharmacy)	
Drug deductible (applies to tiers 3–5)	\$160
Tier 1 – Preferred generic	\$2 copay (no deductible)
Tier 2 – Generic	\$12 copay (no deductible)
Tier 3 – Preferred brand	\$47 copay
Tier 4 – Non-preferred drug	50% coinsurance
Tier 5 – Specialty	30% coinsurance
Preventive dental—included (\$20 copay from a preferred network dentist)	
Monthly dental premium	\$0
Routine oral exams	2 every year
Routine cleanings	2 every year
Fluoride treatments	Not covered
Bitewing x-rays (set of 4)	1 set every 6 months
Periapical x-rays	Covered
Panoramic or complete series x-rays	1 set every 36 months



Smile!

Your teeth matter.

A PREVENTIVE DENTAL PLAN THAT WILL MAKE YOU SMILE

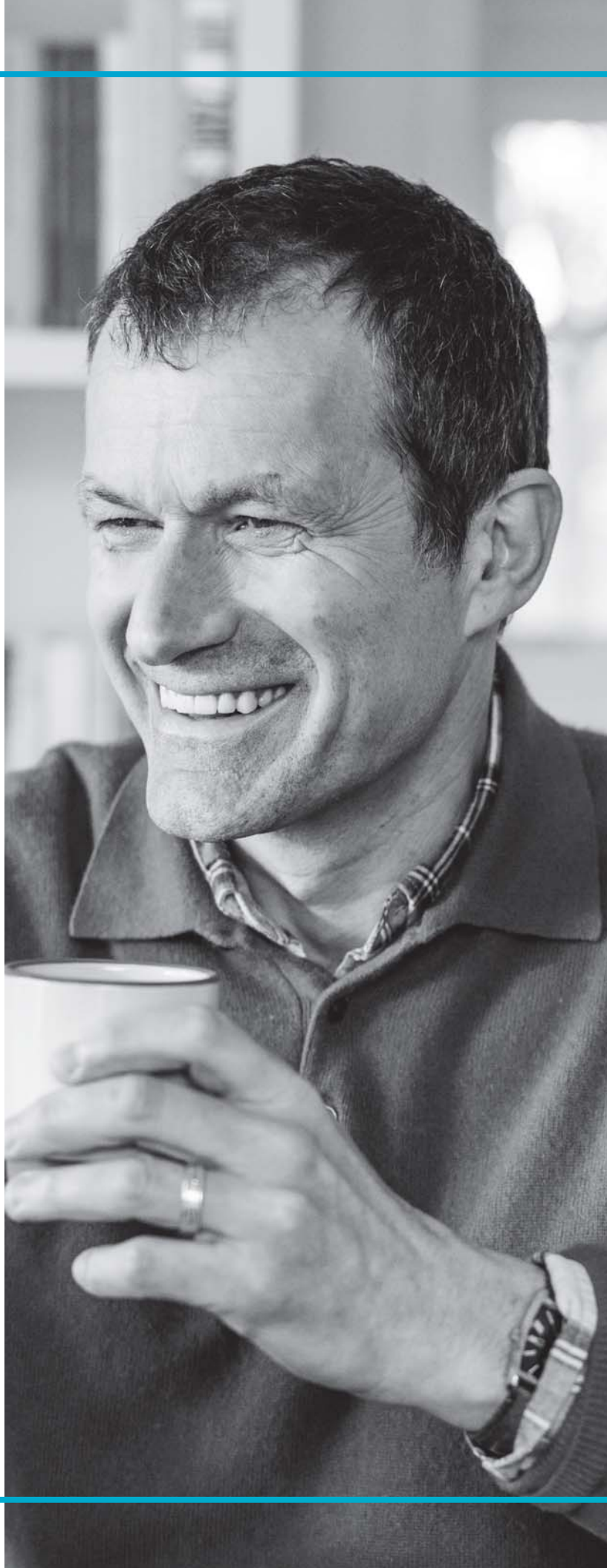
Many of our Medicare Advantage plans include preventive dental coverage, offering members access to hundreds of dentists in our Medicare Advantage preferred dental network. Coverage includes routine dental exams, cleanings, and x-rays at no additional cost.

Dental benefits	Core HMO	Sound + RX HMO
Monthly premium	\$26 (optional rider)	\$0 (included) (\$20 copay per visit)
Covered services	In-network coverage	In-network coverage
Routine oral exams	\$0 copay (2 every year)	2 every year
Cleanings	\$0 copay (2 every year)	2 every year
Fluoride treatments	\$0 copay (1 every year)	Not covered
Bitewing x-rays	\$0 copay (1 set every year)	1 set every 6 months
Periapical x-rays	\$0 copay	Covered
Panoramic or complete x-rays	\$0 copay (1 set every 60 months)	1 set per 36 months

Periodontal maintenance is a deep dental cleaning under the gums received after therapy for periodontal disease. It's deeper than a regular cleaning and is used to help stop the progression of periodontal disease. Only covered on Core HMO plan.

Is your dentist in our network?

Call toll free at **888-868-7767 (TTY/TDD: 711)**, Monday - Friday, 8 a.m. - 8 p.m. (7 days a week, 8 a.m. - 8 p.m., October 1 - March 31) or visit premera.com/ma.



There are specific times you can sign up for a Medicare Advantage plan:

1. During your **Initial Enrollment Period**, when you first become eligible for Medicare coverage
2. During the **Annual Election Period**, between October 15 and December 7
3. Under circumstances that qualify you for a **Special Election Period**

Call us to find out if you qualify for Medicare Advantage. Call 888-868-7767 (TTY/TDD: 711), Monday - Friday, 8 a.m. - 8 p.m. (7 days a week, 8 a.m. - 8 p.m., October 1 - March 31)

Premera Blue Cross Medicare Advantage Plans

MEMBER BENEFITS AND SERVICES

Eyewear allowance

Do you wear eyeglasses or contacts? On the Peak + Rx and Sound + Rx plans, you'll receive up to \$120 eye-wear allowance with a \$30 copay.

Visit your favorite optometrist, find what you like, and send us a copy of the bill. After we've received your receipt, we'll reimburse you up to the dollar amount allowed for your plan.

Gym membership

Premera members receive a free gym membership with access to nearly 13,000 participating exercise centers throughout the country. Stay fit, have fun, and make friends, whether you're home or away.

24-Hour NurseLine

Should you go to the emergency room now or wait to see your doctor in the morning? For those on the Premera Medicare Advantage Core HMO plan, the Premera 24-Hour NurseLine gives you access to registered nurses 24 hours a day, 7 days a week. They are ready to help whenever you have a medical question or concern. Calls are free and confidential.

Customer service and web tools

Our customer service team is ready to answer questions about your health plan. Our online tools can also help you find a doctor or pharmacy, look up drug costs, and discover useful information about your plan.

Member website

The secure member website provides access to your claims information as well as the ability to order prescription refills online, request an ID card and find an in-network healthcare provider. When signing up, be sure to provide your email address, so that you receive our newsletter as well as emails with helpful tips on how to use your plan.

**Enrolling is easy—
you can:**

ENROLL BY PHONE:

Call toll free

888-868-7767

(TTY/TDD: 711)

Monday - Friday,

8 a.m. - 8 p.m.

(7 days a week,

8 a.m. - 8 p.m.

October 1 - March 31)

ENROLL ONLINE:

Go to **premera.com/ma**

ENROLL BY MAIL:

Return your paper
application to:

Premera Blue Cross

PO Box 262548

Plano, TX 75026

Always in your corner

BECAUSE EVERY CORNER COUNTS

At Premera Blue Cross, it's our customers who drive us to innovate and improve with each new day. Our employees work hard to make healthcare work better—so we are at our best when you need us most.

QUESTIONS?

Call us today. We're here to help make Medicare easy.

CALL TOLL FREE: 888-868-7767 (TTY/TDD: 711)

Monday - Friday, 8 a.m. - 8 p.m.
(7 days a week, 8 a.m. - 8 p.m., October 1 - March 31)

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal. This information is not a complete description of benefits. Call 888-868-7767 (TTY/TDD: 711), Monday - Friday, 8 a.m. - 8 p.m., (7 days a week, 8 a.m. - 8 p.m., October 1 - March 31) for more information. To join a Premera Blue Cross Medicare Advantage Plan, you must have Medicare Part A and Part B and live in the Premera Blue Cross Medicare Advantage service area (King, Lewis, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, and Whatcom counties in Washington). Members must select a Primary Care Provider (PCP) from the Premera Blue Cross Medicare Advantage Plans provider network.



Discrimination is Against the Law

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

Premera:

- 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 the Civil Rights Coordinator.

If you believe that Premera 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:

Civil Rights Coordinator — Complaints and Appeals
Premera Blue Cross Medicare Advantage Plans -
Complaints & Appeals
PO Box 262527, Plano, TX 75026
Phone: 888-850-8526, fax: 800-889-1076, TTY: 711
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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 Ave 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>.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be 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 888-850-8526 (TTY: 711).

አማራኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናች ሊኖሩ ይችላሉ። የጤናን ሽፋንዎን ለመጠበቅና በአከፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት። በስልክ ቁጥር 888-850-8526 (TTY: 711) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تريد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ(888-850-8526 (TTY: 711)

中文 (Chinese):

本通知有重要的訊息。 本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 888-850-8526 (TTY: 711)。

Oromoo (Cushite):

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 888-850-8526 (TTY: 711) tii bilbilaa.

Deutsche (German):

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 888-850-8526 (TTY: 711).

日本語 (Japanese): この通知には重要な情報が含まれています。 この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。888-850-8526 (TTY: 711)までお電話ください。

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 888-850-8526 (TTY: 711) 로 전화하십시오.

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ចេញសមត្ថភាព ដល់កំណត់ថ្លៃជាក់ច្បាស់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 888-850-8526 (TTY: 711)។

ລາວ (Lao):

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດເວລາສະເພາະເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສຸຂະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄວ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໂທຫາ 888-850-8526 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ
Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ
ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਜਵਾਬ
ਖਾਸ ਤਾਰੀਖਾ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਹਤ ਕਵਰੇਜ
ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ
ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ
ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ, ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ
ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ, ਕਾਲ
888-850-8526 (TTY: 711).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 888-850-8526 (TTY: 711).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 888-850-8526 (TTY: 711).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 888-850-8526 (TTY: 711).

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 888-850-8526 (TTY: 711).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 888-850-8526 (TTY: 711).