

## **Notice of Nondiscrimination**

Federal civil rights laws prohibit certain health programs and activities from discriminating on the basis of race, color, national origin, age, disability, or sex. The laws apply to health programs and activities that receive funding from the Federal government, are administered by a Federal agency or are offered on a public Health Insurance Marketplace. Health plans that are subject to the laws include Medicare Part D plans, Medicaid plans, health plans offered by issuers on Health Insurance Marketplaces, and certain employee health benefit plans. If you have questions about whether these Federal civil rights laws apply to your plan, please contact your health plan at the number in your benefit plan materials.

If your health plan is subject to these Federal civil rights laws, it complies with the laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Your health plan:

- Provides appropriate aids and services, free of charge, when necessary to ensure that people with disabilities have an equal opportunity to communicate effectively with us, such as:
  - Auxiliary aids and services
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language assistance services, free of charge, when necessary to provide meaningful access to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Customer Care at the phone number on your benefit ID card.

If you believe these services have not been appropriately provided to you or you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail, fax, or email with your health plan's Civil Rights Coordinator.

You may also contact Customer Care and we will direct your grievance to your health plan's Civil Rights Coordinator:

Nondiscrimination Grievance Coordinator  
PO BOX 6590, Lee's Summit, MO 64064-6590  
Phone: 1-866-526-4075  
TTY: 1-800-863-5488  
Fax: 1-855-245-2135  
Email: [nondiscrimination@cvscaremark.com](mailto:nondiscrimination@cvscaremark.com)

If you need additional help filing a grievance, your health plan's 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, DC 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

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

**ATTENTION:** If you speak [insert language], language assistance services, free of charge, are available to you. Call Customer Care at the number on your benefit ID card (TTY: 711).

Español	ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio al cliente al número telefónico que aparece en su tarjeta de identificación de beneficios (TTY: 711).
中文	請注意：如果您使用繁體中文，您可以獲得免費的語言協助服務。請撥打您福利身份卡(Benefit ID Card)上的電話號碼 (TTY: 711) 致電客服中心。
Tiêng Việt	CHÚ Y: Nếu bạn nói Tiêng Việt, chúng tôi có cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi cho Ban Chăm Sóc Khách Hàng theo số điện thoại có trên thẻ nhận dạng phúc lợi của bạn (TTY: 711).
한국어	알림: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본인의 혜택 ID 카드에 표시된 고객 지원 전화번호로 연락 주시기 바랍니다 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, makakakuha ka ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Customer Care sa numero ng telepono na nasa iyong ID card ng benepisyo (TTY: 711).
Русский	ВНИМАНИЕ! Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Свяжитесь с Отделом обслуживания клиентов по номеру телефона, указанному на вашей индивидуальной карте для социальных выплат (телефайп: 711).
العربية	<b>ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية توفر لك بالمجان. اتصل بفريق دعم العملاء على الرقم الموجود على بطاقة التعريف. (رقم جهاز TTY للصم: 711)</b>
Haitian Creole	ATANSYON: Si w pale Haitian Creole, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Kliyan nan nimewo telefon ki sou kat ID avantajou an (TTY: 711).
Français	ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Service client au numéro de téléphone figurant sur votre carte de prestations (ATS : 711).
Polski	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy w tym języku. Zadzwoń do Biura Obsługi Klienta, korzystając z numeru podanego na Twojej karcie identyfikacyjnej (TTY: 711).
Português	ATENÇÃO: se você fala português, também pode obter informações sobre os serviços de assistência nesse idioma, sem nenhum custo adicional. Ligue para o Atendimento ao Cliente usando o número de telefone no seu cartão de beneficiário (TTY: 711).
Italiano	ATTENZIONE: Nel caso in cui la lingua parlata sia l'italiano, sono disponibili gratuitamente servizi di assistenza linguistica. Contattare l'Assistenza Clienti al numero che compare sulla propria tessera dei benefit identificativa (TTY: 711).
Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die Kundenbetreuung unter der Rufnummer auf Ihrer Versicherungskarte an (TTY: 711).
日本語	注：日本語での会話を希望される場合は、無料の言語支援をご利用いただけます。保険カードに記載されているカスタマーケアの電話番号(TTY: 711)へお問い合わせください。
فارسی	توجه: اگر به زبان فارسی گفتگو می کنید، تمهیلات زبانی بصورت رایگان برای شما فراهم می باشد. از طریق شماره تلفن درج شده بر روی کارت شناسایی مزایای تان با بخش پستیابی مشتریان تماس بگیرید (TTY: 711).
हिंदी	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। आपके बोनोफेट आईडी कार्ड पर दिए गए ग्राहक सेवा के फोन नंबर पर कॉल करें (TTY: 711)।
Հայերեն	ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ կարող են տրամադրվել թարգմանչի ծառայությունները: Զանգահարեք Հաճախորդների սպասարկման բաժին ձեր նախատարական (ID) քարտի վրա նշված հեռախոսահամարով (TTY: 711).
ગુજરાતી	સુચના: જો તમ ગુજરાતી બ્લોલટા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. તમારા બેનીફિટ એઈડી કાર્ડ ઉપરના ફોન નંબર પર કસ્ટમર કેરને કોલ કરો (TTY: 711).
Hmoob	MLOOG ZOO: Yog koj hais lus Hmoob, peb muaj neeg txhais lus, pub dawb rau koj. Hu rau Cov Neeg Pab Qhua Lag Luam ntawm tus xov tooj nyob hauv koj daim ID siv qhov kev pab no (Rau cov neeg hais tsis tau lus thiab tsis nov lus siv tus xov tooj (TTY: 711).
اردو	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی معاونت کی خدمات مفت میں دستیاب ہیں۔ اپنے منفعت ائی ڈی کارڈ پر فون نمبر (۷۱۱) پر کسٹمنر کینر کو کال کریں۔
ଓଡ଼ିଆ	ଯୋଗତାକାଳିକାଙ୍କ: ପରିବାହାମୁକ୍ତିକାର୍ଯ୍ୟ କାଣାଇବୁ, ଏବଂ କାନ୍ତିକାର୍ଯ୍ୟରେ ପରିବାହାମୁକ୍ତିକାର୍ଯ୍ୟ କାଣାଇବୁ। ଶବ୍ଦକାର୍ଯ୍ୟକୁ ପରିବାହାମୁକ୍ତିକାର୍ଯ୍ୟ କାଣାଇବୁ। ID ମଧ୍ୟରେ ପରିବାହାମୁକ୍ତିକାର୍ଯ୍ୟ (TTY: 711)।







NATIONAL ACCOUNTS DEDICATED SERVICE  
PO BOX 14114  
LEXINGTON KY 40512-4114

# Explanation of Benefit Payments

## THIS IS NOT A BILL

THIS STATEMENT REPORTS ON A CLAIM(S) WE RECENTLY PROCESSED FOR YOU AND/OR YOUR DEPENDENTS. IF YOU HAVE ANY QUESTIONS, PLEASE CALL OR WRITE:

NATIONAL ACCOUNTS DEDICATED SERVICE  
P.O. BOX 14114  
LEXINGTON, KY 40512-4114  
1-877-691-5856

STATEMENT DATE		
MO	DAY	YR

CHECK REF. NO.:

MEMBER#  
GROUP#

TO REPORT SUSPECTED HEALTH CARE FRAUD IN CONFIDENCE CALL 1-800-336-4522 OR 410-998-5480 DURING NORMAL BUSINESS HOURS OR REPORT VIA EMAIL AT SIUCAREFIRST.COM

SEE BACK FOR EXPLANATION OF COLUMNS

DATES OF SERVICE	DESCRIPTION OF SERVICES	AMOUNT CHARGED	ALLOWED AMOUNT	OTHER INSURANCE \$	SUBSCRIBER LIABILITY				AMOUNT PAID	RSN CODE
					DEDUCTIBLE	COPAY	COINSURANCE	OTHER AMOUNTS NOT COVERED		
PATIENT: [REDACTED]										
CLAIM: [REDACTED]										
<b>BILLING PROVIDER:</b> [REDACTED] <b>PHYSIC</b> <b>RENDERING PROVIDER:</b> [REDACTED]										
MEDICAL CARE		\$168.00	\$103.66	\$0.00	\$103.66	\$0.00	\$0.00	\$0.00	\$0.00	
TOTALS----		\$168.00	\$103.66	\$0.00	\$103.66	\$0.00	\$0.00	\$0.00	\$0.00	
NOTICE WAS SENT TO PROVIDER										
AS OF 0 [REDACTED] YOUR 2017 INDIVIDUAL OUT-OF-POCKET SATISFIED IS [REDACTED].										
AS OF 0 [REDACTED] YOUR 2017 FAMILY OUT-OF-POCKET SATISFIED IS [REDACTED]										
OUT-OF-POCKET EXP IND [REDACTED] FAM [REDACTED]										
THE PLAN HAS ESTABLISHED AND MAINTAINED A PROCEDURE BY WHICH A MEMBER OR THEIR AUTHORIZED REPRESENTATIVE HAS A REASONABLE OPPORTUNITY TO APPEAL AN ADVERSE BENEFIT DETERMINATION TO THE PLAN, AND UNDER WHICH THERE WILL BE A FULL AND FAIR REVIEW OF THE CLAIM AND THE ADVERSE BENEFIT DETERMINATION. YOU OR YOUR AUTHORIZED REPRESENTATIVE HAVE THE RIGHT TO FILE AN APPEAL WITHIN 180 DAYS FROM THE DATE OF RECEIPT OF THE WRITTEN NOTICE OF ANY ADVERSE BENEFIT DETERMINATION.										
EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA). IF YOU ARE ENROLLED THROUGH AN EMPLOYER-BENEFIT DETERMINATION ON YOUR APPEAL(S), YOU MAY BRING A CIVIL ACTION UNDER SECTION 502(A) OF ERISA. IN GENERAL, ERISA DOES NOT COVER GROUP HEALTH PLANS ESTABLISHED OR MAINTAINED BY GOVERNMENTAL ENTITIES (FEDERAL, STATE AND MUNICIPAL) FOR THEIR EMPLOYEES OR BY CHURCHES FOR THEIR EMPLOYEES. TO DETERMINE WHETHER ERISA APPLIES TO YOUR GROUP HEALTH BENEFIT PLAN, PLEASE CONTACT YOUR EMPLOYER, GROUP ADMINISTRATOR, OR PLAN SPONSOR. CAREFIRST IS NOT ABLE TO DETERMINE YOUR GROUP PLAN'S ERISA STATUS.										
C O N T I N U E D										

PLEASE KEEP FOR YOUR RECORDS. THIS IS THE ONLY COPY OF THIS FORM AVAILABLE.

PAGE 1 OF 7

# Explanation of Benefit Payments GENERAL INFORMATION

We have produced an Explanation of Benefit Payments (EOB) to advise you of services we have processed for you and/or your family. You should keep the EOB statement for your records. The following provides additional information to help you understand and utilize this statement.

## EXPLANATION OF EOB INFORMATION

**PATIENT'S NAME AND CLAIM NUMBER:** The name of the patient who received services and the identifier assigned to that patient's claim.

**PROVIDER NAME:** The name of the provider (e.g. physician, hospital, or lab) who performed the services for the patient. The provider name shown may be different than your physician's name because services such as tests, x-rays, and consultations may be provided by other health care professionals or facilities as directed by your physician.

**COLUMN 1 - DATES OF SERVICE:** The from/to dates reported for each service performed for the patient.

**COLUMN 2 - DESCRIPTION OF SERVICES:** A brief description of each service.

**COLUMN 3 - AMOUNT CHARGED:** The amount billed by your physician, pharmacy, hospital, lab or other health care professional who performed each service. (NOTE: If Medicare/Complementary services are involved, the amount in this column will represent the amount billed to Medicare.)

**COLUMN 4 - ALLOWED AMOUNT:** The amount we have approved for payment prior to deductibles, coinsurance or other member expenses (if any.)

**COLUMN 5 - OTHER INSURANCE:** [REDACTED] includes payments by other insurance, including Medicare.

**COLUMN 6 - DEDUCTIBLE:** A fixed dollar amount that you must pay for covered health care expenses, before your benefits are provided. You are responsible for this amount.

**COLUMN 7 - COPAY:** A predetermined amount specified by your contractual benefits. You are responsible for this amount.

**COLUMN 8 - COINSURANCE:** A percentage of the cost (allowable charge) for which you are responsible as defined by your covered benefits.

**COLUMN 9 - OTHER AMOUNTS NOT COVERED:** [REDACTED] amount represents expenses not covered or in excess of your benefits. You may be responsible for this amount (in addition to any deductible, coinsurance or copay amounts) to your health care provider.

**COLUMN 10 - AMOUNT PAID:** The total amount paid to you or your provider for the services performed.

**COLUMN 11 - REASON CODE:** Codes are shown in this column which refer to specific messages below each claim. These messages clarify a payment situation or explain why you may be responsible for a service.

## MEDICARE BENEFICIARIES

This statement explains Complementary benefits that have been processed to supplement your Medicare payment. Some Medicare payment information may be listed to assist you in understanding the Complementary payment process. You may obtain more detailed information by contacting the Customer Service area shown on the reverse side of this statement.

**MEDICARE ADVANCE PAYMENT PROGRAM** - If you are eligible to receive payment through the Advance Payment Program, this statement will show the combined Medicare and Complementary coverage payments.



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STATEMENT DATE

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## **Notice of Nondiscrimination and Availability of Language Assistance Services**

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareFirst:

- Provides free 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, please call 855-258-6518.

If you believe that CareFirst has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our CareFirst Civil Rights Coordinator

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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

*Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.*

*አማርኛ (Amharic) ማስታወሻ:- ይህ ማስታወሻ እኩ መሬት ገኝነዋ መረጃ ይዘል:: ከተወለት ቅኑ-ገዢበት በፊት ለረጋግጣው የሚገቡ ኮፍቃ ለኋላ ለመሆናል:: ይኝነት መረጃ የሚያገኘት እና የለምንም ካፍያ በቋንቃዋ አካሄ የሚያገኘት መሠረት እለዋለሁ:: እባላ ስሸቱ ከመታወሻ ከርድዋ በስተቀርባ ላይ ወደተጠቀሰው የስልክ ቅጥር መደመል ይችላለሁ:: እባላ ከልማት ደግሞ ወደ እሳት ቅጥር 855-258-6518 ይውሉው ቤት እንደሚከተሉ አስተካክር ደረሰ ገንዘብ መጠበቅ እለበዋል:: እንደ ወከል መልሽ ለስተቀርባ የሚፈልጉትን ቅንቃ የስልክ ከዚያም ከተረጋግጧል::*

*Èdè Yorùbá (Yoruba) Ìtétiléko: Àkíyésí yií ní iwífún nípa íse adójútòfò re. Ó le ní àwọn dééti pàtó o sì le ní láti gbé igbésè ní àwọn ojó gbèdéke kan. O ni ètò láti gba iwífún yií àti irànłowó ní èdè re lófèé. Àwọn ọmọ-egbè gbódò pe nómbar fóònù tó wà léyìn káàdi idánimò wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tití a ó fi sọ fún ọ láti té 0. Nígbatí aşojú kan bá dáhùn, sọ èdè tí o fé a ó sì so ó pò mó ògbufó kan.*

*Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đoi thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.*

*Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuhang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.*

*Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.*

*Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.*

**हिन्दी (Hindi)** ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना जरूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

**Bàsôj-wùqdù (Bassa)** Tò Ðùú Cáo! Bó nià ke bá nyó bě ké m̄ gbo kpá bó nì fúà-fúá-tíñ nyee jè dyí. Bó nià ke bédé wé jéé bě bé m̄ ké qe wa mó m̄ ké nyuee nyu hwè bě wé běa ké zi. C mó nì kpé bě m̄ ké bō fúùn-nòbà nià dé waà I.D. káà djein nyé. Nyó tòò séin me qá nòbà nià ke: 855-258-6518, ké m̄ me fó wuqu m̄ mó poe dyie, -ké-nyó qò-mu bó-niññ bé o ké-ni wuquò m̄ zà.

**বাংলা (Bengali)** লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যব্হু অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাসীর সঙ্গে সংযুক্ত করা হবে।

**اردو (Urdu)** توجہ: یہ نوٹس اپ کے انموریں کو ریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں بو سکتی ہیں اور ممکن ہے کہ اپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ اپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچ کئے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ میران کو اپنے شناختی کارڈ کی پشت پر موجود فون تمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دیانتے کو کہے جائے تک انتظار کریں۔ ایجنت کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

**فارسی (Farsi)** توجہ: این اعلامیه حاوی اطلاعاتی دریارہ پوشش ییمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضاء پاید با شماره درج شده در پشت کارت شناسایی شان تمامی بگیرند. سایر افراد می توانند با شماره 855-258-6518 تمامی بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپرаторها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

**اللغة العربية (Arabic)** تنبية: يحتوي هذا الإخطار على معلومات بشأن تغطية التأمينية، وقد يحتوي على تاريخ مهم، وقد تحتاج إلى اتخاذ إجراءات بطول مواعيد نهاية محددة. يحق لك الحصول على هذه المساعدة والمعلومات باللغة بدون تحمل أي تكاليف. يتبع على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقةتعريف الهوية الخاصة بهم. يمكن للآخرين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الولاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المתרגمين الغربيين.

**中文繁体 (Traditional Chinese)** 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

**Igbo (Igbo)** Nribama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike jnwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ụfodụ ubochi njedebe. I nwere ikike jnweta ozi na enyemaka a

n'asusu gi na akwughị ụgwọ ọ bụla. Ndi otu kwesiri ikpo akara ekwenti di n'azụ nke kaadi njirimara ha. Ndi ọzo niile nwere ike ikpo 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ịpi 0. Mgbe onye nnochite anya zara, kwuo asusu i chorø, a ga-ejikø gi na onye ọkowa okwu.

*Deutsch (German)* Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

*Français (French)* Attention : cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

*한국어(Korean)* 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아니신 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.



### Notice of Nondiscrimination Statement

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability. Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation, or other services, call 1-877-459-6604.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting: Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711; Fax: 859-425-3379 (CA HMO customers: 860-262-7705); CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

### Language Assistance Services for Individuals with Limited English Proficiency

TTY: 711

For language assistance in your language call 1-877-459-6604 at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al 1-877-459-6604. (Spanish)

欲取得繁體中文語言協助，請撥打 1-877-459-6604，無需付費。 (Chinese)

Pour une assistance linguistique en français appeler le 1-877-459-6604 sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang 1-877-459-6604 nang walang bayad. (Tagalog)

T'áá shí shizaad k'ehjí bee shiká a'doowoł nínízingo Diné k'ehjí koji' t'áá jiík'e hólne' 1-877-459-6604 (Navajo)

Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-877-459-6604 an. (German)

Për asistencë në gjuhën shqipe telefononi falas në 1-877-459-6604. (Albanian)

በኢትና የቃላጊ ሲሆን ለማግኘት በ 1-877-459-6604 በኋላ ይደውሉ (Amharic)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني .1-877-459-6604 (Arabic)

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Լեզվի ցուցաբերած աջակցության (հայերեն) գանգի 1-877-459-6604 առանց գնով: (Armenian)

Niba urondera uwugufasha mu Kirundi, twakure kuri iyi numero 1-877-459-6604 ku busa. (Bantu-Kirundi)

Alang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawag sa 1-877-459-6604 nga walay bayad. (Bisayan-Visayan)

বাংলায় ভাষা সহায়তার জন্য বিনামূলে 1-877-459-6604 -তে কল করুন। (Bengali-Bangala)

ငွေကျန်ကျခံစရာမလိုဘဲ (မြန်မာဘာသာစကား)မြင့် ဘာသာစကားအကျအညီရပါရန် 1-877-459-6604 ကို ခေါ်ဆိုပါ။ (Burmese)

Per rebre assistència en (català), truqui al número gratuït 1-877-459-6604. (Catalan)

Para ayuda gi fino' (Chamoru), ågang 1-877-459-6604 sin gåstu. (Chamorro)

ᎠᏍୟθ Ꭹଓହେଠିଆ ଖୋଦ୍ସପୋଡ୍ୟ ଥେଟ (GWY) ଓବ୍‌ଓପ୍ସିଳ୍ 1-877-459-6604 ଓଥି ଲ ଆଗୋଧ ଡେଗ୍‌ପ୍ଲିଏରେସ୍‌ଥେ. (Cherokee)

(Chahta) anumpa ya apela a chi I paya hinla 1-877-459-6604. (Choctaw)

Gargaarsa afaan Oromiffa hiikuu argachuuf lakkokkofsa bilbilaa 1-877-459-6604 irratti bilisaan bilbilaa. (Cushite)

Bel voor tolk- en vertaaldiensten in het Nederlands gratis naar 1-877-459-6604. (Dutch)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 1-877-459-6604 gratis. (French Creole)

Για γλωσσική βοήθεια στα Ελληνικά καλέστε το 1-877-459-6604 χωρίς χρέωση. (Greek)

(Gujarati) ગુજરાતીમાં ભાષામાં સહાય માટે કોઈ પણ ખર્ચ વગર 1-877-459-6604 પર કોણ કરો.

No ke kōkua ma ka ‘ōlelo Hawai‘i, e kahea aku i ka helu kelepona 1-877-459-6604. Kāki ‘ole ‘ia kēia kōkua nei. (Hawaiian)

(Hindi) हिन्दी में भाषा सहायता के लिए, 1-877-459-6604 पर मुफ्त कॉल करें।

Yog xav tau kev pab txhais lus Hmoob hu dawb tau rau 1-877-459-6604. (Hmong)

Maka enyemaka asusụ na Igbo kpọọ 1-877-459-6604 na akwughị ụgwọ ọ bụla (Ibo)

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Para iti tulong ti pagsasao iti pagsasao tawagan ti 1-877-459-6604 nga awan ti bayadanyo. (Ilocano)

Untuk bantuan dalam bahasa Indonesia, silakan hubungi 1-877-459-6604 tanpa dikenakan biaya. (Bahasa Indonesia)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 1-877-459-6604. (Italian)

日本語で援助をご希望の方は、1-877-459-6604まで無料でお電話ください。 (Japanese)

ລາວຕ່າງໆທ່ານຕໍ່ກ່ຽວຂ້ອງລາວ ລົມ ລີ: 1-877-459-6604 ລາວຂໍ້ມູນໃຫຍ່: ຕ່າງໆລາວລ້ວມືລາວຊາວ້ນ (Karen)

한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-877-459-6604 번으로 전화해 주십시오. (Korean)

Beé m̄ ké gbo-kpá-kpá dyé pídyi dé Básóò-wùndùnn wëe, qá 1-877-459-6604 (Kru-Bassa)

(Kurdish) بوق مرگرتى رينوتنى پيوهندىدار به زمان به زمان به ژماره 1-877-459-6604 به خۆرایى پەيوەندى بکەن.

ຖ້າທ່ານຕ້ອງການຄວາມຮ່ວມມືສິນໃນການຕະປະພາວັກວາ, ກະວຸນາໄທທ່າ 1-877-459-6604 ໄດ້ລັບຕະຫຼາດໃຫຍ່ທ. (Laotian)

तील भाषा (मराठी) सहाय्यासाठी 1-877-459-6604 क्रमांकावर कोणत्याही खर्चाशिवाय कॉल करा. (Marathi)

Nan bōk jipañ ilo Kajin Majol, kallok xxx. xxx. xxxx ilo ejjelok wōnān. (Marshallese)

Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl 1-877-459-6604 ni sohte isais. (Micronesian-Pohnpeian).

សម្រាប់ជំនួយភាសាជាត ភាសាខ្មែរ ស្ថិកស៊ូវិជ្ជាកាន់លេខ 1-877-459-6604 ខោយតនតគត់តាង (Mon-Khmer, Cambodian)

(नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि 1-877-459-6604 मा फोन गर्नुहोस्। (Nepali)

Tën kućny ë thok ë Thuɔŋjäŋ col 1-877-459-6604 kecīn aycöc. (Nilo-Dinka)

For språkassistanse på norsk, ring 1-877-459-6604 kostnadsfritt. (Norwegian)

Fer Helfe in Deitsch, ruf: 1-877-459-6604 aa. Es Aaruf koschtet nix. (Pennsylvanian Dutch)

برای راهنمایی به زبان فارسی با شماره 1-877-459-6604 بدون هیچ هزینه ای تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 1-877-459-6604. (Polish)

Para obter assistência linguística em português ligue para o 1-877-459-6604 gratuitamente. (Portuguese)

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

(Punjabi) ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-877-459-6604 'ਤੇ ਮੁਫ਼ਤ ਕਾਲ ਕਰੋ।

Pentru asistență lingvistică în română, sunteți la numărul gratuit 1-877-459-6604 (Romanian).

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 1-877-459-6604. (Russian)

Mo fesoasoani tau gagana I le Gagana Samoa vala'au le 1-877-459-6604 e aunoa ma se totogi. (Samoan)

Za jezičnu pomoć na hrvatskom jeziku pozovite besplatan broj 1-877-459-6604. (Serbo-Croatian)

Fii yo on hebu balal e ko yowitii e haala Pular noddee e oo numero doo 1-877-459-6604. Njodi woo fawaaki on. (Sudanic-Fulfulde)

Ukibitaijua usaidizi katika lugha ya Kiswahili piga simu kwa 1-877-459-6604 bila malipo. (Swahili)

۱۰۷- کے میں مکہ مکرمہ کے حکم نے

(Syriac-Assyrian) . 6604-459-877-1

బ్రాప్టో సాయం కొరకు ఎలాంటి ఖర్చు లేకుండా 1-877-459-6604 కాల్ చేయండి. (తెలుగు) (Telugu)

สำนักพัฒนาช่วยเหลือทางด้านภาษาเป็นภาษาไทย โทร 1-877-459-6604 พรีวิวมีค่าใช้จ่าย (Thai)

Kapau 'oku fiema'u hā tokoni 'i he lea faka-Tonga telefoni 1-877-459-6604 'o 'ikai hā tōtōngi. (Tongan)

Ren áninnisin chiakú ren (Kapasen Chuuk) kopwe kékkééri 1-877-459-6604 nge esapw kamé ngonuk. (Trukese-Chuukese)

(Dil) çağrı dil yardım için. Hiçbir ücret ödemeden 1-877-459-6604. (Turkish)

Щоб отримати допомогу перекладача української мови, зателефонуйте за безкоштовним номером 1-877-459-6604. (Ukrainian)

اردو میں لسانی معاونت کے لیے 1-877-459-6604 پر مفت کال کریں۔ (Urdu)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 1-877-459-6604. (Vietnamese)

פָּאָר שְׁפָרָאָר הַילְּפָאָן אִינְיְּדִיש רֹופָאַט 459-6604-1-877 פְּרֵי פּוֹן אַפְּצָאַל. (Yiddish)

Fún ìrànlowo nípa èdè (Yorùbá) pe 1-877-459-6604 lái san owó kankan rará. (Yoruba)



Kansas City  
2301 Main Street  
P.O. Box 419169  
Kansas City, MO 64141-6169

Electronic Service Requested

870 0-0372



201803262029  
IO

Member ID:	[REDACTED]
Birth Date:	[REDACTED]
Claim Number:	[REDACTED]
Plan Name:	Preferred-Care Blue
Date(s) of Service:	03/17/2018
Claim Received On:	03/21/2018
Provider of Service:	[REDACTED]



Blue Cross and Blue Shield of Kansas City is an Independent Licensee of the Blue Cross and Blue Shield Association

## This is your Explanation of Benefits

**THIS IS NOT A BILL**

**Keep this document for your record of benefits received.**

Dear [REDACTED]

The following is an Explanation of Benefits (EOB) for a claim processed by Blue Cross and Blue Shield of Kansas City (BCBSKC) on your behalf. This claim represents services received from Quest Diagnostics, an In-Network Laboratory on March 17, 2018. **The total amount you may owe for this claim is \$2.91.** This amount may include a previous payment you have already made to your provider. You may still have additional charges from this provider that are not yet determined. You may be billed separately by your provider for these charges.

If you have any questions, or need additional information, please visit our Web site at MyBlueKC.com or refer to your plan documents. For additional details about this claim, including the specific terms of the policy and the diagnosis and procedure codes used by the provider, either the member, legal guardian or authorized representative can contact Customer Service weekdays 8:00 a.m. to 5:00 p.m. Central Time at 816-395-3365 or toll free 888-279-8190. Thank you for choosing BCBSKC to manage your health insurance needs. We appreciate the opportunity to serve you.

### PLAN PAYMENT & CHARGE

Total Billed Charges:	\$367.82
Minus Member Savings/Discounts arranged by BCBSKC:	\$326.72
Minus Other Not-Eligible Charges:	\$0.00
Leaving an Allowable Provider Charge of:	\$41.10
Minus Plan Payment of:	\$38.19
Leaving a Balance you may owe:	\$2.91

COPAYMENT \$1.00

DEDUCTIBLE \$0.00

COINSURANCE \$0.00

→ Detailed line-item accounting on the back

**EXPLANATION OF BENEFITS**

Claim #: [REDACTED]

			Explanation of Benefits				Member Payment			
Date of Service	Type of Service	Billed Charges	BCBSKC Member Savings	Other	Ref #	Allowable Charges	Copay	Deductible	Co-insurance	Plan Payment
03/17/2018	LCS1	\$197.97	\$171.68	\$0.00	1	\$26.29	\$0.00	\$0.00	\$2.63	\$23.66
03/17/2018	LCS1	\$21.37	\$18.60	\$0.00	2	\$2.77	\$0.00	\$0.00	\$0.28	\$2.49
03/17/2018	PSD	\$148.48	\$136.44	\$0.00	3	\$12.04	\$0.00	\$0.00	\$0.00	\$12.04

ENV 870  
1 OF 3 B

**BCBSKC Plan Payment to your Provider:** \$38.19  
**YOUR Responsibility To** [REDACTED] \$2.91

**PAYMENT MADE TO YOUR PROVIDER****Provider Identification**

LCS1 - [REDACTED]  
 PSD - [REDACTED]

**Explanation of Benefits Details**

Ref #	Message	Other		
		Provider Responsibility	Your Responsibility	To Be Determined
1	This service has been processed based on your provider's network status with Blue KC.	\$171.68		
2	This service has been processed based on your provider's network status with Blue KC.	\$18.60		
3	This service has been processed based on your provider's network status with Blue KC.	\$136.44		

**Deductible Information**

2018	Individual			Family		
	Plan Deductible	Deductible Met	Deductible Remaining	Plan Deductible	Deductible Met	Deductible Remaining
Medical & Rx				\$3,000.00	\$3,000.00	\$0.00

For a detailed explanation of deductibles, go to [MyBlueKC.com](http://MyBlueKC.com).

**YOUR INFORMATION. YOUR CHOICE.**

Want to change the way you receive this communication? Visit the Manage Communications page at [MyBlueKC.com](http://MyBlueKC.com) and select exactly how you want to receive your claim Explanation of Benefits. Prefer an email notice or text that your claims are ready to view online? Want to stop receiving EOBs? You can even elect to receive an EOB only when you owe. You call the shots.

## Disagree with the way your claim was processed?



### How To Appeal A Claim

Your claim has been carefully processed according to the terms of your health plan. If you or your authorized representative disagree with our decision, you may request a review of the claim. You also have the right to request guidelines or rules we used in denying your claim. In your written request you should explain why you disagree and you may provide additional informational about the claim. To request an appeal, you may submit a written request to:

Blue KC Appeals Department  
P.O. Box 417005  
Kansas City, MO 64179-9773  
Fax: 816-817-2486

### When will you hear from us?

You will receive a decision in writing within 60 days after receiving your written appeal unless you are part of a self-funded multi-employer plan. More than 60 calendar days may be used to decide those appeals. If we continue to deny your claim or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

## When should you submit an appeal?

Within 365 days after you've been notified of the denial unless your plan is self-funded by your employer then you have 180 days.

### Other Information You Should Know

If your group health plan is subject to ERISA (Employee Retirement Income Security Act of 1974), you may file a lawsuit under Section 502(a) of ERISA, if you have used all of the appeal rights required by your plan. If your plan is self-funded by your employer or group of employers, Blue KC provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

### Other resources to help you:

Contact Blue KC Customer Service if you need assistance understanding this notice or for additional information about the appeals process. Other resources are also available for questions about your rights, this notice, or for assistance.

Missouri Department of Insurance:  
800-726-7390

Kansas Department of Insurance:  
800-432-2484

Employee Benefits Security Administration  
866-444-3272

## Don't understand the way your claim was processed?

### Your best resource for understanding your coverage is your Health Benefits Certificate

Here are a few common reasons for a claim denial. A complete description of your benefits, coverage exclusions, and complete definitions can be found in your Health Benefits Certificate at [mybluekc.com](http://mybluekc.com).

### Service is not Medically Necessary

If Blue KC has denied a service or supply as not medically necessary it usually means that according to the Blue KC medical policy: the service is not appropriate and/or is unnecessary for the symptoms, diagnosis, and treatment of medical or surgical condition; the service is primarily for your convenience; or the service is not reasonably expected to improve your health condition.

### Service is Experimental or Investigational

If Blue KC has denied a drug, device, or medical treatment as experimental or investigational it usually means that there is not sufficient scientific evidence to conclude that it is a safe and effective course of treatment or that the drug or device cannot be lawfully marketed without FDA approval, and such approval is required.

### Service is for a Pre-Existing Condition

If Blue KC has denied your claim as pre-existing it means that a service or supply was related to an illness, injury or other condition for which medical advice, diagnosis, care or treatment was received or recommended prior to your effective date. The pre-existing limitation period is defined in your Health Benefits Certificate.

**To report suspected fraud, call 816-395-3151 in the Kansas City area or toll free at 1-800-340-0119.**

## Discrimination is Against the Law

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

Blue KC:

- 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, 844-395-7126 (Toll free), [languagehelp@bluekc.com](mailto:languagehelp@bluekc.com).

If you believe that Blue KC 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 Human Resources, PO Box 419169, Kansas City, MO 64141-6169, 816-395-2830, [section1557aca@bluekc.com](mailto:section1557aca@bluekc.com). You can file a grievance in person, by mail or by email. If you need help filing a grievance, please contact Human Resources using one of the methods noted above. 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>.

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-395-7126.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

Chinese: 如果您，或是您正在協助的對象，有關於 Blue KC方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話1-844-395-7126。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-395-7126.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-395-7126 an.



**Korean:** 만약 귀하 또는 귀하가 듣고 있는 어떤 사람이 [Blue KC]에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-395-7126 로 전화하십시오.

**Serbo-Croatian:** Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-844-395-7126.

**Arabic:**

إن كان لديك أو لدى شخص تساعدك أهلاً بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بذلك من دون أي تكاليف للتحدث مع مترجم اتصل بـ 1-844-395-7126.

**Russian:** Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-844-395-7126.

**French:** Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-395-7126.

**Tagalog:** Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-395-7126.

**Laotian:** ຖ້າ ຍ່າງ ຮັນ, ທີ່ ຄືນ ດໍາທັກ ຮັນທີ່ ໃຫຍ້ດໍ ອະລຸດູ້ ອ, ມ ດໍາທາຖານກ ຈູອັກັບ Blue KC, ທີ່ ຮັນມ ຂີວິດ ດໍາທະໄດ້ຕັບການດໍ ອະລຸດູ້ ອະແວດັບຊັ້ນ ມູ ນຂ່ ກວຽກ ດໍາທັກ ນພາກອາຄອງທີ່ ຢັນ ດໍາບັນ ຕໍ່ ພຶກສັງລະອັບ. ການໂຂ້ວິນກັບນາຍພາວົງ, ປິເຕີ ໄທທາ 1-844-395-7126.

**Pennsylvanian Dutch:** Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch grieye, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-395-7126 uffrufe.

**Persian:**

لگر شما، یا کسی‌ که شما به او کمک می‌کنید، سوال در مورد Blue KC ، ناشئه باشد حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نماید 1-844-395-7126. ۱-844-395-7126 نامن حاصل ننماید.

**Cushite:** Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkofsa bilbilaa 1-844-395-7126 tiin bilbilaa.

**Portuguese:** Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-395-7126.

For TTY services, please call 1-816-842-5607.



Kansas City

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