



# Employer Guide

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*Health Reimbursement Arrangement (HRA)*

# Contents

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# Welcome

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Welcome to BlueFund! CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, "CareFirst") have partnered with Further<sup>SM</sup> to offer a health reimbursement arrangement (HRA). Further is one of the largest and most trusted HRA administration partners in the nation. CareFirst BlueFund health plans aim to make paying for health care easier for you and your employees.

## Advantages of the BlueFund HRA

An HRA helps offset employee health care costs by providing funds for eligible medical expenses. You decide how much to contribute and which expenses are eligible. You also choose whether you or your employees will pay first toward claims. If an employee with an HRA leaves the company and is ineligible for COBRA, all funds remain with you.

## Getting started

1. You'll need to make some decisions about setting up your HRA. Further will send you an email with a plan design guide. Use the plan design guide to record your elected plan options, contact information, contribution method selection and banking information. This employer guide will help explain your options so you can complete the plan design guide and return it to Further at [carefirstsales@helloofurther.com](mailto:carefirstsales@helloofurther.com).
2. Once your plan is set up, you'll receive a welcome email with information about how to access and manage your account online, including:
  - How to view reimbursement invoices
  - How to review plan information
  - An overview of available reports

## Information for your employees

Once Further processes your plan design guide, it will take up to two weeks for your employees to receive their welcome kits and debit cards (if applicable). The employee welcome kit includes information about how to manage their BlueFund HRA at [carefirst.com/myaccount](https://carefirst.com/myaccount). No action is required by your employees to open the account.

**Please note:** Any delay sending the completed plan design guides or other documents to Further will delay your employees' receipt of their information.

### We're here for you

If you have questions, email us at [carefirstadvocate@helloofurther.com](mailto:carefirstadvocate@helloofurther.com) or call BlueFund Customer Service at 866-758-6119, Monday–Friday, 9 a.m. to 6 p.m. ET.

Further is an independent provider of administrative services for CareFirst BlueCross BlueShield consumer-directed health care plans. HealthEquity, Inc., the owner of the Further business, is an IRS-approved, non-bank trustee providing HSA custodial services on behalf of CareFirst BlueCross BlueShield to its members. HealthEquity Inc., on its own or through the Further business, does not sell BlueCross or BlueShield products.

# Plan Selection and Enrollment

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## Select your HRA plan

The first step in completing the plan design guide is selecting the BlueFund HRA option that's right for your company. You may choose one of two options:

### Employer Pays First HRA

At the start of the plan year, you fund the HRA to a set amount. Employees can use the funds you contribute to pay for eligible out-of-pocket health care expenses until they're gone. Once the account is depleted, the employee is responsible for any out-of-pocket health care expenses.

### Employee Pays First HRA

With this method, the employee pays for health care expenses out of pocket until they have paid the preset amount you choose. Once this amount is reached, the HRA pays expenses until the account is depleted. At that time, the employee is responsible for any out-of-pocket health care expenses.

## Determine the funding amounts

Once you've chosen your HRA plan type, you'll need to determine the funding amounts to offer your employees. Be sure to indicate this information on the plan design guide. Most employers choose amounts that are proportional to the deductibles they offer. For example, if the deductible is \$500 for an employee-only policy and \$1,000 for a family policy, an employer might choose to set the HRA funding limits at \$300/\$600 to help with the deductible, \$500/\$1,000 to cover the deductible, or \$2,000/\$4,000 to cover eligible out-of-pocket expenses beyond the deductible.

## Choose your HRA-eligible expense options

As the employer, you determine what health care expenses the HRA funds will cover for your employees. Choose from the following options:

- All medical expenses—This includes all out-of-pocket medical expenses like deductibles,

copays and coinsurance, but excludes prescription, dental and vision expenses.

- All health care expenses—This includes all medical, prescription, dental, vision and all other 213-d eligible expenses defined by the IRS guidelines.
- All medical and drug expenses—This includes all out-of-pocket medical and prescription expenses such as deductibles, copays and coinsurance.

*The following options are only available with the Employer Pays First HRA:*

- Medical deductible only—This allows the employee to use HRA funds only for out-of-pocket medical expenses incurred before they meet their health plan deductible.
- Drug expenses only—This allows the employee to use HRA funds only for out-of-pocket prescription expenses.

## Select the claims payment method for your employees

Next, you'll choose options for claims payment. Employees can receive a debit card for expenses, or you can set up automatic payments. This is called medical crossover/autopay.

### Debit card option

This option is only available for the Employer Pays First HRA. It allows your employees to use a debit card to pay for eligible medical expenses. The card can be used at the time of an appointment or after care is received. The debit card is simple, free (no fees) and easy to use. A debit card cannot be offered if you choose to the medical deductible only eligible expense option.

### Medical crossover/autopay option

If you choose this option, you'll authorize CareFirst to send eligible claim expenses to Further electronically for processing and reimbursement or payment, depending on the employee's available balance.

Employees do not receive a debit card if enrolled in medical crossover/autopay. If an employee pays for an eligible out-of-pocket expense not submitted to CareFirst as a claim, they can submit a manual claim for HRA reimbursement.

**Medical crossover/autopay is not appropriate for individuals who have secondary health coverage.** If you choose this option, you should advise employees with secondary coverage to turn off the autopay feature in their account profile at [carefirst.com/myaccount](https://carefirst.com/myaccount). This will allow their claims to be routed through their secondary coverage provider first. After that, the employee can submit a claim for reimbursement so their HRA covers any remaining eligible out-of-pocket expenses.

**Reimbursement methods for medical crossover/autopay option:**

If you select the medical crossover/autopay claims payment option, you must choose a reimbursement method. You can select from the following reimbursement methods on the plan design guide:

- **Pay the provider** allows claim payments to be automatically deducted from an employee account and sent directly to **in-network** health care providers. With this option, employees are not responsible for paying bills received directly from a provider. Employees can turn off this feature in their online account profile at [carefirst.com/myaccount](https://carefirst.com/myaccount).
- **Pay the member** automatically sends all claim payments to the employees enrolled in medical crossover/autopay. They are responsible for making sure the provider receives payment.

### Payment and reimbursement considerations

**Providers are not paid in full at the time of service.** Network providers may request a copay or coinsurance from a member if they have not yet met their deductible. The employee is responsible for working with their provider to be reimbursed after Further sends payment to a provider. If a provider asks for deposit amount that isn't a copay or coinsurance, report the issue to your CareFirst representative immediately.

**Copay and prescription amounts are always reimbursed to the member.** These costs should be paid out of pocket by an employee at the time of service. The automatic reimbursement is issued to the member, even if they are enrolled in pay the provider option.

### Keep in mind

You may have shareholders or highly compensated employees who aren't eligible to participate in an HRA. Please submit the HRA Ineligible Employee Form, located on the employer portal at [employer.carefirst.com](https://employer.carefirst.com), along with the plan design guide. Click on *BlueFund CDH Resources* under the Employee Resources section, then click *BlueFund Administration*.

## BlueFund HRA and COBRA

Under COBRA guidelines, an active employee's elected coverage must be available to them on the date of their termination or qualifying life event.

**If an employee is enrolled in a BlueFund HRA product and elects COBRA, their HRA remains in effect.** The COBRA premium may be calculated by the employer on an annual basis to cover the cost of the BlueFund HRA accordingly.

If the employer offers other group health plan options, COBRA participants may be able to elect that plan instead of the BlueFund HRA at plan year renewal/open enrollment, or during a qualifying life event.

**Please note:** All employers offering a BlueFund HRA group health plan should consult with their legal counsel to review this information and current plans to ensure compliance with COBRA regulations.

## Coordination with other health care spending accounts

An HRA can be paired with an HSA or FSA under certain circumstances:

### HRA paired with an HSA

If an employee is eligible to contribute to their HSA, then HRA funds can only be used for benefits, such as dental and vision care, until they meet their HSA-qualifying plan deductible. Once the health plan deductible is met, the HRA will be primary over the HSA and funds can be used to reimburse any additional expenses you designate in the plan design.

**If the HSA is not administered by Further, the employer is required to notify Further of the employees contributing to that HSA.** Members are required to submit the Health Plan Deductible/Tax Limit Verification Form to Further. This must be submitted before they can receive reimbursement from the HSA for the additional eligible expenses.

### HRA paired with an FSA

If an employee has both an HRA and FSA and the HRA covers only health plan eligible medical and prescription expenses, then the HRA will be primary and the FSA will be secondary.

If the HRA covers all eligible health care expenses, including deductibles, copays, coinsurance and over-the-counter drug expenses, then the FSA will be primary. Unused FSA funds are forfeited if not used by the end of the plan year.

## Paying for reimbursed claims

Because an HRA is a notional account, you aren't responsible for supplying funds until employee claims have been reimbursed from the account. You must provide Further with authorization to charge your bank account, in addition to your banking information (bank name, account number, routing number and account type). List this information on the plan design guide. Any future changes can be completed online through the employer portal.

The group administrator will receive an email notification each week (typically on a Monday). This email will trigger when:

- A claim invoice report becomes available in the online portal for the most recent processing period
- An ACH draw from the bank account provided is scheduled to occur within one or two business days

## Review your plan information

Once your plan information becomes available on the employer portal, please check it for plan accuracy and account types by clicking on the *Products* link found under the *Group* tab. If you have any questions, please contact BlueFund Customer Service at 866-758-6119, Monday-Friday, 9 a.m. to 6 p.m. ET, or email [carefirstadvocate@hellofurther.com](mailto:carefirstadvocate@hellofurther.com).

# Online Access and Support for You

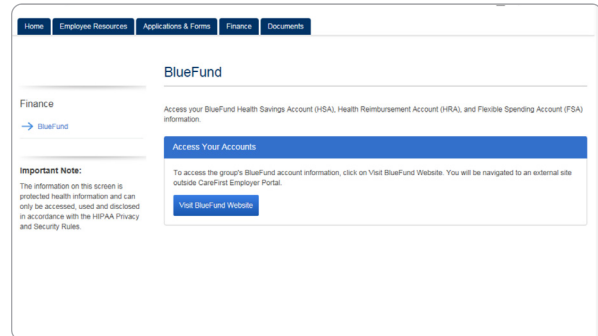
To manage your company's HRA account, visit CareFirst's employer portal at [employer.carefirst.com](http://employer.carefirst.com). Here you'll get instant access to your account information and complete transactions online.

## How to access your BlueFund account

- Log in to the CareFirst employer portal at [employer.carefirst.com](http://employer.carefirst.com)
- Click on the *Finance* tab, then click *BlueFund*
- Click *Visit BlueFund Website*
- Click *Sign In/Register* at the top of the screen
- Click *Employers*
- Click *Register* near the bottom of the page
- Follow the screen prompts

## Once registered, you can:

- Manage your group profile
- View statistics on electronic claims and payments
- Access a full list of active members
- Assign and manage contacts—individuals within your organization with authority to access information about your accounts
- Run, download and print custom reports:
  - **Participant activity reports**—Summary and detailed reporting of all participants with account summary information
  - **Claim reimbursement reports**—Information on claim payments for a given processing period by account type, plan year and member
  - **Employee payment reports**—Customizable report of payments for a specific employee



## Managing online access to your BlueFund HRA

Initial access to your BlueFund HRA administration account is provided to your group administrator and firm executive, if applicable. You'll need to grant BlueFund permissions to any other individuals who may need it by updating their user profiles on the CareFirst employer portal.

Users with *BlueFund Edit* access will be able to perform actions through single sign-on access to Further. *BlueFund Read* access will provide view-only access to the account(s). Users will only be able to edit or view employee information if they have one of these permissions and also *Manage Staff* access.

# Online Access for Your Employees

Your enrolled employees get so much more than a spending account with their CareFirst BlueFund HRA. They'll have access to tools and resources to help them make smart health care spending decisions. They can access their BlueFund HRA information by logging in to CareFirst's member portal at [carefirst.com/myaccount](https://carefirst.com/myaccount).

## Once registered, employees can:

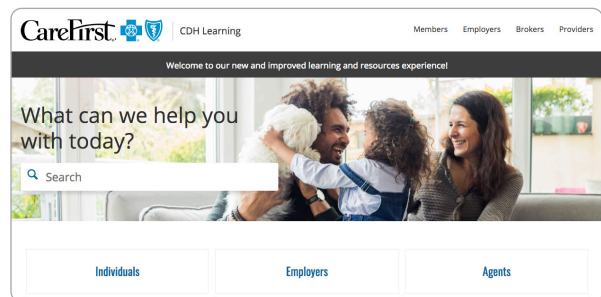
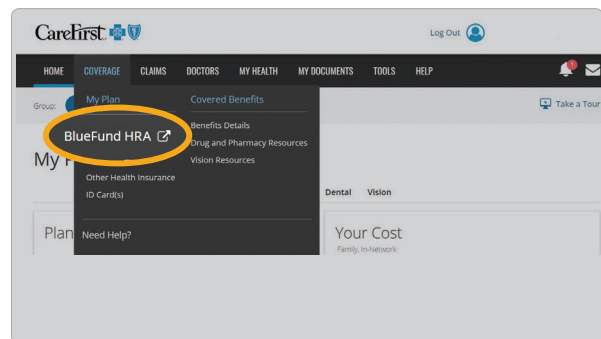
- View account balance and transactions
- Enroll in direct deposit
- Upload documents and receipts for claims reimbursement
- Request replacement debit cards (if applicable)
- Make online payments to providers
- Withdraw enrollment in medical crossover/ autopay to submit manual claims if they have secondary health coverage

The following account access instructions will be included in their welcome kit:

- Log in to [carefirst.com/myaccount](https://carefirst.com/myaccount)
- Enter the username and password
- Select the *My Coverage* tab
- Click on *BlueFund HRA* and follow the prompts to be redirected to the Further HRA administration portal

## Education and communication

CareFirst and Further collaborated to launch a dedicated website with educational materials for you and your employees. It can be found at [carefirst.learn.hellofurther.com](https://carefirst.learn.hellofurther.com) or by clicking the *Learn* icon from the employer portal once logged in to your BlueFund account.





# Holiday Schedule

Please be aware of upcoming bank and market holidays that could affect transactions.

- Payroll will not post on a bank holiday.
- Investment transactions will not post on market holidays.
- BlueFund Customer Service is not available on Further's corporate holidays.

Holiday	Further Holiday	Bank Holiday	Market Holiday
New Year's Day	X	X	X
Martin Luther King Jr. Day	X	X	X
Presidents' Day	X	X	
Good Friday			X
Easter Sunday	X		
Mother's Day	X		
Memorial Day	X	X	X
Memorial Day Weekend	X		
Father's Day	X		
Juneteenth	X	X	X
Independence Day	X	X	X
Labor Day Weekend	X		
Labor Day	X	X	
Columbus Day		X	
Veterans Day	X	X	
Thanksgiving Day	X	X	X
Day after Thanksgiving	X		Market closes at 2 p.m. ET
Weekend after Thanksgiving	X		
Christmas Eve	X		Market closes at 2 p.m. ET
Christmas Day	X	X	X
New Year's Eve	X		Market closes at 2 p.m. ET



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CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc., which are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

# Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do 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 aid 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 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 by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

**To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.**

## Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address            P.O. Box 8894  
                                      Baltimore, Maryland 21224

Email Address            [civilrightscoordinator@carefirst.com](mailto:civilrightscoordinator@carefirst.com)

Telephone Number        410-528-7820

Fax Number                410-505-2011

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>.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

## Foreign Language Assistance

*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 member 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) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መደን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።*

*Èdè Yorùbá (Yoruba) Ìtẹ̀lẹ̀kọ: Àkiyèsí yìí ní iwífún nípa isẹ̀ adójú tòfò rẹ̀. Ó le ní àwọn déèti pátó o sì le ní láti gbé igbésẹ̀ ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófèé. Àwọn omo-egbé gbòdò pe nóm̀bà fòdùn tò wà lẹ̀yìn káàdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí títí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbà tí a sọjú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì sọ ọ̀ pò mó ògbufò 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 đối 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 makuha ang 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 ज़रूरी 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।

Bàsɔ̀-wùdù (Bassa) Tò Ìdùù Cáo! Bǎ̀ nǎ̀ ké bá nyo bě ké m̄ gbo kpá bó nì fùà-fúá-tiǎ̀ nyɛɛ jè dyí. Bǎ̀ nǎ̀ ké bédé wé jéé bě bē m̄ ké dɛ wa m̄ m̄ ké nyuɛɛ nyu hwè bē wé bēá ké zi. ɔ̀ m̄ nì kpé bē m̄ ké bǎ̀ nǎ̀ ké kè gbo-kpá-kpá m̄ m̄óɛ dyé dé nì bídí-wùdù mú bē m̄ ké se wídí dò péé. Kpoò nyo bē m̄ dǎ́ fúùn-nòbà nǎ̀ dé waà I.D. káàò dɛín nyɛ. Nyo tòò séín m̄ dǎ́ nòbà nǎ̀ ké: 855-258-6518, ké m̄ m̄ fò tee bē wa kée m̄ gbo cɛ́ bē m̄ ké nòbà m̄à 0 kɛɛ dyi pàdàin hwè. ɔ̀ jù ké nyo dò dyi m̄ gǎ́ jǎ̀n, po wuɖu m̄ m̄ó pòɛ dyiɛ, ké nyo dò mu bó niin bē ɔ̀ ké nì wuɖu mú 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। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه 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. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

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)* Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. Ọ nwere ike ịnwe ụbọchị ndị dị mkpa, ị nwere ike ime ihe tupu ụfọdụ ụbọchị njedebe. Ị nwere ikike ịnweta ozi na enyemaka a n'asụsụ gi na akwụghị ụgwọ ọ bụla. Ndị otu kwesiri ịkpọ akara ekwentị di n'azụ nke kaadi njirimara ha. Ndị ọzọ niile nwere ike ịkpọ 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnọchite anya zara, kwuo asụsụ ị choro, a ga-ejikọ gi na onye okwọa 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 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

*Diné Bizaad (Navajo)* Ge': Díí bee íł hane'ígíí bii' dahólq bee éedahózin béeso ách'áq̄h naanil ník'ist'i'ígíí bá. Bii' dahólq doo íiyisíí yoolkáálígíí dóó t'áádoó le'é ádadoolyííllígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowot' t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó náánáta' éi koji' dahódoonih 855-258-6518 dóó yii diilts'íłt' yaltí'ígíí t'áá níléijí áádóó éi bikéé'dóó naasbaas bił adidiilchił. Áká'ánidaalwó'ígíí neidiitáq̄go, saad bee yánilt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoowot'.