



Individual Select Preferred Dental Plans 2019

MARYLAND ■ WASHINGTON, D.C. ■ NORTHERN VIRGINIA

Welcome

Your smile says a lot about you. It's the first thing people see when they meet you. But did you know your smile also says a lot about your overall health?

That's why it's so important to protect your smile. Good dental care has been shown to significantly reduce and help prevent some diseases and serious health conditions.

Because dental health needs can vary from person to person, we offer two dental plans designed to meet your financial and coverage needs.

Individual Select Preferred Dental offers 100 percent coverage for in-network and preventive diagnostics. This plan provides access to more than 5,000 dentists throughout Maryland, D.C. and Northern Virginia, along with no deductibles or referrals—all at a low premium.

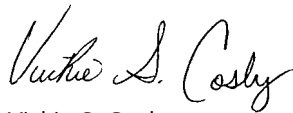
Individual Select Preferred Dental Plus gives you the most freedom of choice with access to a national network of 123,000 dentists and specialists. In addition to low deductibles, there is no charge for in-network oral exams, cleanings and X-rays. This plan also provides an added orthodontia benefit for children up to age 19.

When you choose a CareFirst BlueCross BlueShield (CareFirst) dental plan, you also enjoy:

- Quick and easy enrollment
- No claim forms to file in-network
- Guaranteed acceptance
- Coverage from a name you know and trust

Protect your smile, your health and your budget from serious dental issues. Read on to learn more about CareFirst's dental plans.

For your convenience, our product consultants are available at 855-503-4862, Monday–Thursday, 8 a.m. to 5 p.m. and Friday, 10 a.m. to 5 p.m.



Vickie S. Cosby
Vice President, Consumer Direct Sales,
Distribution and Communications



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The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call your insurance agent or CareFirst.



How Your Plan Works

Individual Select Preferred Dental

What your plan covers

In-network

As a member you'll receive 100 percent coverage in-network for preventive and diagnostic services. Individual Select Preferred Dental combines the freedom to select any dentist from our large regional network.

The following are some of the services covered in full when visiting an in-network provider:

- Examinations
- Cleanings
- X-rays
- Sealants for children
- Fluoride treatments for children

Participating dentists accept 100 percent of the Allowed Benefit* from CareFirst as payment in full for covered services.

Out-of-network

You also have the option to seek routine preventive and diagnostic treatment from non-participating providers. If you visit a non-participating provider, CareFirst will still pay the Allowed Benefit,* but you will be responsible for the difference in cost between the CareFirst Allowed Benefit and your dental provider's full charge.



***Allowed benefit**—The Allowed Benefit is typically a reduced rate rather than the actual charge. For example: you have just visited your dentist for a routine exam and cleaning. The total charge for the visit comes to \$125. If the doctor is a participating provider they may be required to accept \$75 from CareFirst as payment in full for the visit—this is the Allowed Benefit. However, if you visit a non-participating provider, then you may be responsible for the difference between the CareFirst Allowed Benefit and the Dental Provider's full charge. In this example, that means you would be responsible for an additional \$50.

Individual Select Preferred Dental Summary of Benefits

	In-Network Member Pays	Out-of-Network Member Pays
DEDUCTIBLE	None	
ANNUAL MAXIMUM (CLASSES I-IV)	No maximum	
PREVENTIVE & DIAGNOSTIC SERVICES (CLASS I)		
<ul style="list-style-type: none">■ Oral exams (two per contract year)■ Prophylaxis (two cleanings per contract year)■ Bitewing X-rays (two per contract year)■ Fluoride treatments (two per contract year, per member, until the end of the year in which member reaches age 19)■ Palliative treatments	<ul style="list-style-type: none">■ Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)■ Sealants on permanent molars (once per tooth per 36 months per member until the end of the year in which member reaches age 19)■ Space maintainers (once per 60 months)■ Emergency oral exam	No charge Member pays provider's full charge and submits claim to be reimbursed CareFirst's Allowed Benefit. (Member pays any difference between the CareFirst Allowed Benefit and the dentist's billed charge.)
BASIC SERVICES (CLASS II)		
<ul style="list-style-type: none">■ Direct placement fillings using approved materials (one filling per surface per 12 months)■ Simple extractions	<ul style="list-style-type: none">■ Periodontal scaling and root planing (once per 24 months, one full mouth treatment)	Not covered
MAJOR SERVICES – SURGICAL (CLASS III)		
<ul style="list-style-type: none">■ Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months)■ Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)	<ul style="list-style-type: none">■ Oral surgery (surgical extractions, treatment for cysts, tumor, and abscesses, apicoectomy and hemi-section)■ General anesthesia required for oral surgery	Not covered
MAJOR SERVICES – RESTORATIVE (CLASS IV)		
<ul style="list-style-type: none">■ Full and/or partial dentures (once per 60 months)■ Fixed bridges, crowns, inlays and onlays (once per 60 months)■ Recementation of crowns, inlays and/or bridges (once per 12 months)	<ul style="list-style-type: none">■ Denture adjustments and relining (limits apply for regular and immediate dentures)■ Repair of prosthetic appliances as required (once in any 12-month period per specific area of appliance)■ Dental implants, subject to medical necessity review (once per 60 months)	Not covered
ORTHODONTIC SERVICES (CLASS V)		
<ul style="list-style-type: none">■ Benefits for orthodontic services are available for covered members until the end of the month in which a member reaches the age of 19■ The in-network and out-of-network lifetime maximum per child is a combined amount		Not covered



Enroll Today

Enrolling in Your New Dental Plan

To apply for Individual Select Preferred Dental (preventive dental only)

You have the option to use the paper application provided or to enroll online.

- To enroll online, visit carefirst.com/shopdental
 - Get instant confirmation
 - Have access to real-time help via click-to-call or click-to-chat
- If you use the paper application, return in the enclosed, postage-paid envelope or mail your completed application to:
Mailroom Administrator
P.O. Box 14651
Lexington, KY 40512
- Enroll through your broker.

To apply for Individual Select Preferred Dental Plus

- Use the paper application provided in this book. Return in the enclosed, postage-paid envelope or mail your completed application to:
Mailroom Administrator
P.O. Box 14651
Lexington, KY 40512
- Enroll through your broker.

Please do not send payment. Once your application is received, we will send you a bill detailing your plan, selected payment option, premium information and payment due date. Payments are due on an annual or quarterly basis.



When will my dental coverage start?

The effective date of coverage is based on the 20th of the month. If we receive your application before the 20th of the month and your premium is paid by the due date, your coverage will become effective on the first of the following month.

Example: For coverage to begin on May 1st, we must receive your application on/before April 20th. We will then send your first bill, confirming we received your application and indicate when payment is due for coverage to begin May 1st.



Have questions?

Contact us at 855-503-4862,
Monday – Thursday, 8 a.m. to 5 p.m.
and Friday, 10 a.m. to 5 p.m.





Additional Information

Exclusions and Limitations

Individual Select Preferred Dental Limitations.

- A. Covered Dental Services must be performed by or under the supervision of a Dentist, within the scope of practice for which licensure or certification has been obtained.
- B. Benefits will be limited to standard procedures and will not be provided for personalized restorations or specialized techniques.

Exclusions. Benefits will not be provided for:

- A. Additional fees charged for visits by a Dentist to the Member's home, to a hospital, to a nursing home, or for office visits after the Dentist's standard office hours. CareFirst shall provide the benefits for the dental service as if the visit was rendered in the Dentist's office during normal office hours.
- B. Services not specifically listed in the Subscriber's Agreement as a Covered Dental Service, even if Medically Necessary.
- C. Services or supplies that are related to an excluded service (even if those services or supplies would otherwise be covered services).
- D. Separate billings for dental care services or supplies furnished by an employee of a Dentist which are normally included in the Dentist's charges and billed for by them.
- E. Telephone consultations, failure to keep a scheduled visit, completion of forms, or administrative services.
- F. Services or supplies that are Experimental or Investigational in nature.

Individual Select Preferred Dental Plus Limitations.

- A. Covered Dental Services must be performed by or under the supervision of a Dentist, within the scope of practice for which licensure or certification has been obtained.
- B. Benefits will be limited to standard procedures and will not be provided for personalized restorations or specialized techniques in the construction of dentures or bridges, including precision attachments and custom denture teeth.
- C. If a Member switches from one Dentist to another during a course of treatment, or if more than one Dentist renders services for one dental procedure, CareFirst shall pay as if only one Dentist rendered the service.
- D. CareFirst will reimburse only after all dental procedures for the condition being treated have been completed (this provision does not apply to orthodontic services).
- E. In the event there are alternative dental procedures that meet generally accepted standards of professional dental care for a Member's condition, benefits will be based upon the lowest cost alternative.

Exclusions. Benefits will not be provided for:

- A. Any services, tests, procedures, or supplies which CareFirst determines are not necessary for the prevention, diagnosis, or treatment of the Member's illness, injury, or condition. Although a service or supply may be listed as covered, benefits will be provided only if it is Medically Necessary and appropriate in the Member's particular case.
- B. Any treatment, procedure, facility, equipment, drug, drug usage, device, or supply which, in CareFirst's judgment, is Experimental/ Investigational, or not in accordance with accepted dental practices and standards in effect at the time of treatment.
- C. The cost of services that are furnished without charge or are normally furnished without charge if a Member was not covered under this Agreement or under any dental insurance,

or any charge or any portion of a charge which by law the provider is not permitted to bill or collect from the Member directly.

- D. Any service, supply, or procedure that is not specifically listed in this Description of Covered Dental Services and Schedule of Benefits as Covered Dental Services (even if Medically Necessary) or that do not meet all other conditions and criteria for coverage as determined by CareFirst.
- E. Replacement of a denture, bridge, or crown as a result of loss or theft.
- F. Replacement of an existing denture, bridge, or crown that is determined by CareFirst to be satisfactory or repairable.
- G. Replacement of dentures, bridges, or crowns within 60 months from the date of placement or replacement for which benefits were paid in whole or in part under the terms of this Description of Covered Dental Services and Schedule of Benefits.
- H. Treatment or services for temporomandibular joint disorders including but not limited to radiographs and/or tomographic surveys.
- I. Gold foil fillings.
- J. Dental services in connection with birth defects or mainly for Cosmetic reasons; with the following exceptions:
 - 1. Benefits will be provided for dental services received by the Member due to trauma to whole Sound Natural Teeth when the dental services are received after the Effective Date of coverage under the Agreement only if the Member's medical benefit plan does not provide benefits for such dental services and written proof of denial of a claim for such benefits is submitted to CareFirst, and
 - 2. Benefits will be provided for dental services in connection with birth defects, including cleft lip or cleft palate or both, only if the Member's medical benefit plan does not provide benefits for such dental services and written proof of denial of a claim for such benefits is submitted to CareFirst.
- K. Periodontal appliances.
- L. Prescription drugs, including, but not limited to antibiotics administered by the Member, inhalation of nitrous oxide, injected or applied medications that are not part of the dental service being rendered, and localized delivery of chemotherapeutic agents for the treatment of a medical condition, unless specifically listed as a covered service in this Description of Covered Dental Services and Schedule of Benefits.
- M. Splinting.
- N. Nightguards, occlusal guards, or other oral orthotic appliances.
- O. Bacteriologic studies, histopathologic exams, accession of tissue, caries susceptibility tests, diagnostic radiographs, and other pathology procedures, unless specifically listed as a Covered Dental Service in this Description of Covered Dental Services and Schedule of Benefits.
- P. Intentional tooth reimplantation or transplantation.
- Q. Interim prosthetic devices, fixed or removable and not part of a permanent or restorative prosthetic service, and tissue conditioning.
- R. Additional fees charged for visits by a Dentist to the Member's home, to a hospital, to a nursing home, or for office visits after the Dentist's standard office hours. CareFirst shall provide the benefits for the dental service as if the visit was rendered in the Dentist's office during normal office hours.
- S. Transseptal fiberotomy or vestibuloplasty.
- T. Orthognathic Surgery or other oral Surgery covered under the Member's medical benefit plan.
- U. The repair or replacement of any orthodontic appliance.
- V. Any orthodontic services after the last day of the month in which Covered Dental Services ended except as specifically described in this Description of Covered Dental Services and Schedule of Benefits and the attached Agreement.
- W. Services or supplies that are related to an excluded service (even if those services or supplies would otherwise be Covered Dental Services).
- X. Separate billings for dental care services or supplies furnished by an employee of a Dentist which are normally included in the Dentist's charges and billed for by them.
- Y. Telephone consultations, failure to keep a scheduled visit, completion of forms, or administrative services.
- Z. Services that are beyond the scope of the license of the provider performing the service.
- AA. Services and supplies that are not Medically Necessary.

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. 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

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>.



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 መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኸን መረጃ የማግኘት እና ያለምንም ከፍተኛ በቋንቋዎ አገዛ 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) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèfè. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lẹ̀yìn káàdì ìdánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ìjìròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pọ̀ mọ̀ 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 nasasaklawang 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 ikonekta 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।

Bàsɔ̀ò-wùdù (Bassa) Tò Dùù Cáò! Bǝ nìà kɛ bá nyo bǝ kɛ m̃ gbo kpá bó nì fùà-fúá-tiĩn nyɛɛ jè dyí. Bǝ nìà kɛ bédé wé jéé bǝ bǝ m̃ kɛ dɛ wa mó m̃ kɛ nyuɛɛ nyu hwè bǝ wé bǝa kɛ zi. ɔ m̃ nì kpé bǝ m̃ kɛ bǝ nìà kɛ kɛ gbo-kpá-kpá m̃ móɛ dyé dɛ nì bídí-wùdù mú bǝ m̃ kɛ se wídí dò péè. Kpooò nyo bǝ m̃ dǎ fúùn-nòbà nìà dɛ waa I.D. káàò dɛín nyɛ. Nyo tòò séín m̃ dǎ nòbà nìà kɛ: 855-258-6518, kɛ m̃ m̃ fò tee bǝ wa kɛ m̃ gbo cǝ bǝ m̃ kɛ nòbà m̃à 0 kɛ dyi pàdàin hwè. ɔ jǔ kɛ nyo dò dyi m̃ gǝ jǔĩn, po wudu m̃ mó poɛ dyie, kɛ nyo dò mu bó nìin bǝ ɔ kɛ nì wuduò 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। অন্যরা 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 inwe ụbọchị ndị dị mkpa, i nwere ike ime ihe tupu ụfọdụ ụbọchị njedebe. I nwere ikike inweta ozi na enyemaka a n'asụsụ gi na akwughị ugwo ọ bụla. Ndị otu kwesiri ikpo akara ekwentị di n'azụ nke kaadi njirimara ha. Ndị ozo niile nwere ike ikpo 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnọchite anya zara, kwuo asụsụ i choro, a ga-ejikọ gi na onye okowa 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' dahólǫ bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólǫq doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyííligíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóó níká'ádoowoł 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 diiłts'ííł yałtí'ígíí t'áá níléljį áádóó éi bikéé'dóó naasbaqas bił adidiilchil. Áká'anidaalwó'ígíí neidiitąągo, saad bee yániłt'í'ígíí yii diikił dóó ata' halne'é lá níká'ádoowoł.

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WASHINGTON, D.C.

DC/GHMSI/DB/IEA-DENTAL (2/08); DC/GHMSI/DB/DOCS-DENTAL (2/08); DC/GHMSI/DB/ES-DENTAL (2/08), and any amendments.

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