



How to Use Your Health Plan

Get to Know Your Plan

Find out:

What's Covered

Your Costs

- Check your plan when you schedule visits, tests or procedures
- Deductibles Copays and/or
- coinsurance Out-of-pocket
- maximums Your bill and how to pay it

Where to Go

- Go to the nearest emergency room (ER) for serious injuries, illnesses, and/or life-threatening symptoms
- Remember, you may save time and money • by visiting a retail clinic or urgent care center when it's not an emergency



Visit **bluehealthmt.com** for more details about your Blue Cross and Blue Shield of Montana plan.

Member Connection

Text¹ BCBSMTAPP to 33633 to download the BCBSMT App and register for Blue Access for Memberssm (BAMsM)² on your mobile device to:

- See your claims coverage and deductible information
- Find an in-network doctor, hospital or urgent care facility
- Access a temporary digital member ID card
- Chat live with a Customer Service representative
- Tell us how you want to get important health and benefits information — by email, text or mail

Prefer desktop or PC?

Register for Blue Access for Members at bcbsmt.com instead.

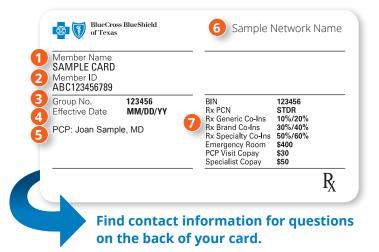
- 1 Message and data rates may apply. Terms and conditions and privacy policy at bcbsmt.com/mobile/text-messaging.
- 2 Note: BCBSMT makes no representation or warranty with respect to the accuracy or completeness of information on BAM. The information on BAM is based on information provided by you and claims received by BCBSMT. This information has not been independently verified.

Your Member ID Card³

See the card for your:

- 1 Member name
- 2 Member ID
- 3 Group number
- 4 Coverage effective date
- 5 Primary care physician
- 6 Plan network name
- 7 Copavs and/or coinsurance (amounts you pay out of pocket for covered care and prescription drugs)

3 Find your digital member ID card in the mobile app.



Learn more about taking care of your health.



facebook.com/BCBSMT



youtube.com/bcbsmt



Privacy, Payment and Resources

Privacy Protection

Keep your member ID card and your personal information safe.

Know your rights.

When it comes to your health information, you have certain rights. You can:

- Get a copy of your health and claims records
- Ask us to correct health and claims records
- Request confidential communications
- Ask us to limit what we use or share
- Get a list of those with whom we've shared information
- Choose someone to act for you
- File a complaint if you feel your rights have been violated



For more information about your privacy rights and responsibilities, visit **bcbsmt.com/important-info/hipaa**.

Easy Payment Options

Pay My Bill

Go to PayBlueMT.com to make a payment.

Auto Bill Pay

You can sign up for Auto Bill Pay at any time in Blue Access for Members. Go to the "Make a Payment" tab. Or call Customer Service at 1-855-258-8471.

Guest Payment

Family members and certain third parties can pay your premium if you bought a non-Marketplace plan at **paymentportal.bcbsmt.com**.

Mental Health Resources

Learn to Live⁴

If you struggle with mental health, you are not alone. Your BCBSMT plan includes access to Learn to Live. Learn to Live offers customized online programs based on cognitive-behavioral therapy (CBT) principles. The programs are confidential, accessible anywhere, and based on years of research showing online CBT programs are as effective as face-to-face therapy.

Learn to Live allows you to explore online programs at your own pace to discover your triggers and learn to control your symptoms. The tools can help boost your mental wellness — even if you're already seeing a doctor or therapist. As a health plan benefit, there's no cost to you.

⁴ Not available with HMO plans. Learn to Live provides educational behavioral health programs; members considering further medical treatment should consult with a physician. Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Montana. BCBSMT makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Choose Your Health Care Options

If your health issue isn't an emergency, knowing where to go for care may save you time and money.

You have choices for where you can get non-emergency care. Use these places instead of the emergency room (ER). Plus, when you visit in-network providers, you may pay less for care.



24/7 Nurseline (1-877-213-2565)

24/7 Nurseline is a service where nurses listen to your health concerns, give you common health facts and tips, and help you know where to go for care if you need it. Available in English and Spanish.



Virtual Visits

Have a live consultation with an independently contracted, board-certified doctor or therapist by mobile app, video or phone, 24 hours a day, 7 days a week.



Your Doctor

Your primary care physician (PCP) knows you best and should be your first choice for non-emergency care.



Retail Clinic

Often located in a store or pharmacy, retail clinics provide care when you can't see your doctor.



Urgent Care Center

Visit an urgent care center when you need immediate attention but are not having a true emergency.



Emergency Room

When you're having an emergency, physical or mental, go directly to an ER or call 911.



For more information about these health care options, visit smartercaremontana.com.

Make the Most of Your Provider Visits

Where to Find Care

Easily search for physicians, specialists and hospitals in your plan's network.

Seeing providers in network helps you get the most from your benefits. Your out-of-pocket costs may be lower when you see in-network providers. Going to in-network hospitals may make a big difference in your costs, too.

Check before any visit.⁵

- Search for cost estimates for over 1,600 procedures
- Compare doctors and hospitals
- Get directions to provider locations
- Review provider awards and recognition as well as quality indicators
- Read reviews of providers
- See what languages the doctor speaks



1. Visit **bcbsmt.com**

- 2. Log in to Blue Access for Members and go to the "Find Care" tab
- **3.** Search by network, doctor, hospital or area to find the most up-to-date listing of health care providers for your plan's network

5 Not all search options are available for all plans.

Doctor Visit Readiness

Take notes so you can make the best use of your time with your doctor.

Here are some examples of what your visit notes could include:

A list of symptoms:

- When did your health concern start?
- Where does it hurt?
- How much does it hurt?
- Does it get better or worse with activity?
- Does rest help?
- Does what you eat change how you feel?

Your health history:

- Past illnesses, injuries, diseases, allergies
- Your family's health history

Your list of questions:

- Questions you know ahead of time
- Questions that pop up as you talk with your doctor

Current medication:

- A list of drugs, and/or
- Prescription and over-thecounter containers

Records:

- Records and/or imaging from previous tests or procedures
- Written test results and procedure reports

Your Prescription Drug Coverage

Your prescription drug coverage has a network of pharmacies, online tools, and more.

The 2024 Drug List

This is a list of covered medications available to BCBSMT members. If your drug is not on the list, check with your doctor for a covered alternative to consider.

Always check the list before filling new prescriptions.

R_x

Did your doctor prescribe a medication for you? You may save money by:

- Checking to see if your prescription is on the drug list at **bcbsmt.com/rx-drugs/drug-lists/drug-lists** under "Metallic Individual Plans."
- Checking for a generic or lower-cost preferred brand drug. Always ask your doctor if these options may be right for you.



Log in to your Blue Access for Members account at **bcbsmt.com/member** to learn more about specific drug coverage on your prescription drug benefit.

Drug Cost Tiers

To find out if and how a drug you take is covered, visit **bcbsmt.com**. Please note your health plan uses drug tiers. In general, the lower the tier, the lower your out-of-pocket costs.

| | Six-Tier Plans: Drug Type | | | Fou | Your Cost | |
|---|---------------------------|---|-------------------------|-----|---------------------|--------|
| 6 | | 6 | Non-Preferred Specialty | 4 | Chocialty | \$\$\$ |
| | | 5 | Preferred Specialty | 4 | Specialty | |
| | | 4 | Non-Preferred Brand | 3 | Non-Preferred Brand | |
| | Rx | 3 | Preferred Brand | 2 | Preferred Brand | |
| | | 2 | Non-Preferred Generic | 1 | Comoria | |
| | | 1 | Preferred Generic | 1 | Generic | \$ |

Examples of Generic Drug Options for Common Drugs

Generic drugs may cost you less out of pocket.⁶

| Drug Class | Generic Options | |
|-----------------------------|--|--|
| Heartburn/Acid Reduction | lansoprazole, omeprazole, pantoprazole, rabeprazole | |
| Cholesterol Lowering | atorvastatin, fenofibrate, lovastatin, pravastatin, rosuvastatin, simvastatin | |
| Depression | bupropion (SR), citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine (ER) | |
| Diabetes | metformin, glipizide, glimepiride, glyburide, pioglitazone | |
| High Blood Pressure | amlodipine, atenolol, benazepril, benazepril/HCTZ, carvedilol, diltiazem, furosemide, hydrochlorothiazide, irbesartan, irbesartan/HCTZ, lisinopril, lisinopril/HCTZ, losartan, losartan/HCTZ, metoprolol, metoprolol (ER), propranolol | |
| Osteoporosis | alendronate, ibandronate, raloxifene, risedronate | |
| Thyroid Replacement | levothyroxine | |

6 This list is for example only and does not include every drug class or generic option.

Pharmacists Adding Value and Expertise[®] (PAVE[®])

Pharmacists are there to help. Some may reach out to you.

Take medicines as directed.

BCBSMT has a program with certain local pharmacies called PAVE. Participating PAVE pharmacies reach out to select BCBSMT members based on how they fill their prescriptions. BCBSMT and pharmacists work together with these members to help them take their medications at the right dose at the right time and in the right way for their needs. Members may learn more about their prescriptions and possible other resources for care.



If you would like more information about this program or choose not to participate, please contact us at **GPpharmacy@bcbsil.com**.

Doctor's Orders: Medicines With Special Requirements

What do I have to do to get my prescription?

Prior Authorization

Sometimes prior approval is needed before a drug may be covered.

• Your doctor must submit a prior authorization request to BCBSMT.

Step Therapy

Some drugs may not be covered unless you try another preferred drug first.

 Ask your doctor if the preferred drug is right for you, or have your doctor submit a step therapy exception request for the nonpreferred drug to BCBSMT.

Dispensing Limits

There may be dispensing limits on certain medicines. For example, a medication typically taken twice daily may be limited to 60 tablets for 30 days.

• If your doctor thinks you need more than the dispensing limit allows, they may submit a request for an override authorization from BCBSMT.



Your doctor can call **1-888-723-7443** with questions or to ask for any forms.

Where You Fill Prescriptions Matters

Your 2024 BCBSMT benefits may include a Value Pharmacy Network.

Search more than 56,000 pharmacies nationwide.⁷

You may be able to save money by using an in-network pharmacy. Be sure to use your BCBSMT member ID card when you fill prescriptions at an in-network pharmacy.

At a preferred pharmacy, you may:

- Pay the lowest copay or coinsurance.
- Pick up a 90-day supply of covered drugs.

If you go to an out-of-network pharmacy, you will need to pay the full amount. If you have an out-of-network benefit, you can submit a claim to have BCBSMT apply your out-of-network benefits.

It's easy to move prescriptions:

- Take your prescription bottle/bag to your new pharmacy, or
- Ask your new pharmacy to contact your current pharmacy, or
- Ask your doctor to contact your new pharmacy.



Visit Prime Therapeutics at **myprime.com** to search for a Value Pharmacy Network pharmacy near you.

7 Number of pharmacies in network subject to change. This pharmacy network may not apply to all BCBSMT plans, such as 100% cost-sharing plans. Call the number on your member ID card if you have questions.

Specialty Pharmacy Program

Your prescription drug benefit may include a specialty pharmacy program.

What are specialty medications?

Specialty medications are used to treat serious or chronic conditions. Examples include:

- Hepatitis C
- Hemophilia
- Multiple sclerosis
- Rheumatoid arthritis

They may have special handling or storage needs. They may not be stocked by retail pharmacies.



For more information on self-administered specialty drugs, call Accredo at 1-833-721-1619.

Medical or Pharmacy Benefit?

- Some specialty medications must be given by a health care professional. These may be covered under your medical benefit plan.
 - You could pay more out of pocket based on where those medications are given. For example, it may cost more to go to a hospital infusion clinic than to a doctor's office.
- Some specialty medications can be selfadministered (given by yourself or a caregiver). These may be provided through your pharmacy benefit plan.
 - Your plan may require you to get selfadministered specialty drugs through Accredo or another in-network specialty pharmacy.

Prime Therapeutics LLC is a separate pharmacy benefit management company. Blue Cross and Blue Shield of Montana contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Montana, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC. Myprime.com is an online resource offered by Prime Therapeutics. Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of Montana. The relationship between Accredo and Blue Cross and Blue Shield of Montana is that of independent contractors. Accredo is a trademark of Express Scripts Strategic Development, Inc.

90-Day Supply Options

If you are taking medication on a routine basis, you may be able to get more than a 30-day supply.⁸

Where can you get a 90-day supply?

- Through the home delivery (mail order) program
- At a preferred retail pharmacy in the Value Pharmacy Network



Log in to your Blue Access for Members account at **bcbsmt.com/member** for details.

8 A 90-day supply cannot be filled for all prescriptions.

Well UnTarget®

Motivation and guidance for your health and wellness journey.

Whether you want to make a game plan, track your progress or get started on your journey, Well onTarget provides tools and resources that may help guide you toward your health and wellness goals.

Make a plan and track your progress.



Take your health assessment[°] today!

Stress management

Tobacco use

Blood pressure

It shows you where you stand with issues like:

- Activity level
- Nutrition
- Weight
- Cholesterol

Resources include:

- Online self-management programs on topics related to wellness goals identified by your health assessment
- Health trackers to track your progress toward wellness goals identified by your health assessment
- A Blue Pointssm reward program
 - The more you use the program, the more points you earn
 - Redeem points for a wide range of products



Log in at **wellontarget.com** or in Blue Access for Members.

9 Well onTarget is an informational resource provided to members and is not a substitute for the independent medical judgment of a health care provider. Members are instructed to consult with their health care provider before beginning their journey toward wellness. Participation in the Well onTarget program, including the completion of a Health Assessment, is voluntary and you are not required to participate. Visit Well onTarget for complete details and terms and conditions.

Blue Points program rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for further information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.



Understanding Your Explanation of Benefits (EOB)

🚓 🛐 BlueCross BlueShield of Montana

After you visit a health care provider and BCBSMT processes the claim, you'll receive an **Explanation of Benefits**, or EOB. The EOB is not a bill, but it explains what your plan pays and what

you may owe to your provider. You may receive a bill from the provider.

| | | | | | | | - | 7V Group #: to help! XXX-XX | 000012345 X-XXXX | |
|---|--|------------------|-----------------------------|---|--|--|---------|--------------------------------|-----------------------|--------------------|
| CLAIM DETAIL (1 OF PATIENT: John Smith | , | Sam | nle | | D | Amount Billeo | I | | | \$7,850 |
| PROVIDER: Ralph Johnston M.D. | | | DATE PROCESSED: 06/20/2020 | | Discounts and Reductions Health Plan Responsibility | | | - \$3,930.0 - \$2,219.0 | | |
| CLAIM # XXXXXXXXXXXXX | | | | | | | | | | |
| We reviewed the clain | We reviewed the claim for this patient based on the ad- other group health care coverage involvement. Blue Cr | | | ditional information received regarding | | You may owe your health care provider for these services | | | | \$1,701.0 |
| has negotiated discounts with this provider. The following shows how this claim was adjusted. | | | | | | | VO | UR RESPONSIE | | |
| Service Description | Service Dates | Amount Billed | Discounts and Reductions | Amount Covered | Health Plan Responsibility | Deductible Amount | Copay | Coinsurance | Amount Not Covered | Your Tota Costs |
| | | | | (Allowed) | | | Amount | | Covered | |
| Surgical Charges | 04/04/2020 | 4,000.0 | (1) 1,800.0 | 2,200.00 | 960.00 | 1,000.00 | | 240.00 | | 1,24 |
| Recovery Room | 04/04/2020 | 900.00 | (1) 410.00 | 490.00 | 392.00 | | | 98.00 | | 1 |
| Med/Surg Supplies | 04/04/2020 | 300.00 | (1) 140.00 | 160.00 | 128.00 | | | 32.00 | | : |
| Med/Surg Supplies | 04/04/2020 | 100.00 | | | | | | | (2) 100.00 | 1 |
| Laboratory Services | 04/04/2020 | 1,200.00 | (1) 820.00 | 380.00 | 304.00 | | | 76.00 | | |
| Laboratory Services | 04/04/2020 | 400.00 | (1) 270.00 | 130.00 | 72.00 | | 50.00 | 8.00 | | |
| MRI Outpatient | 04/04/2020 | 950.00 | (1) 490.00 | 460.00 | 363.00 | | 15.00 | 82.00 | | 9 |
| CLAIM TOTALS | | \$7,850.00 | \$3,930.00 | \$3,820.00 | \$2,219.00 | \$1.000.00 | \$65.00 | | \$100.00 | |

SUBSCRIBER INFORMATION

Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-20.

Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY

The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

Your health care plan has a calendar year maximum for x-rays and laboratory services performed in the outpatient department of a hospital, a clinic or a doctor's office. When this maximum has been reached, the balance is eligible under your major medical benefits, subject to a yearly deductible and a coinsurance share.

For benefit period 01-01-20 through 12-31-20 to date this patient has met \$4,515.02 of her/his \$7,350.00 Out-of-Pocket Expense Limit. For your up-to-date Medical Spending summary, visit Blue Access for Members[™] on our website, the BCBSMT Mobile App or call the phone number on the back of your ID card.

How to Read Your EOB

- A Patient information
- **B** Provider information
- C Policy information
- D Claim summary
- E Amount billed by the provider
- **F** Discounts and reductions in compliance with your plan
- **G** Amount covered is the amount billed (D) minus the discounts and reductions (E)
- H Health plan responsibility is the portion your health plan pays to the provider
- Deductible amount

- J Copay amount
- K Coinsurance amount
- L Amount not covered
- M The amount you're responsible for. This column provides details about the amount you may owe shown in the claim summary (M)
- N Total covered benefits approved is the amount that was paid to the provider
- Numbered notes provide additional details
- P Health care plan maximums

Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductible and copay amounts vary.



How to Get Your EOBs Online

Blue Access for Members at **bcbsmt.com/member** gives you convenient, confidential access to your claim information and history. Save time, space, and resources — opt out of receiving paper EOBs by mail.

Go to **account.bcbsmt.com/upp/** or log in to Blue Access for Members to change your preferences or get your EOBs in Spanish.

Blue365

Save with the member discount program.

Blue365 is one more advantage of being a BCBSMT member. You might be able to save money on health and wellness products and services that may not be covered by your health plan. There are no claims to file and no referrals or pre-certifications.

Shop and save.



Nutrisystem[®] | Invite Health

• Healthy meals

Save on:

- Membership fees (if applicable)
- Nutritional products and services



EyeMed | Davis Vision

- Save on eye exams, eyeglasses, contact lenses and accessories
- Access to national and regional retail stores
- Access to local eye doctors
- Possible savings on laser vision correction



Garmin | **Fitbit**[®]

- 20% discount off MSRP on Fitbit[®] devices
- 29% discount on accessories plus free shipping
- Up to 35% off all Garmin devices plus free shipping



Emindful[®] Course

- Save on any of eMindful's live streaming or recorded premium courses
- Single, short-form episodes
- Day-long retreats
- Multi-week intensive programs
- Variety of subjects, such as
 - Stress reduction
 - Mindful eating
 - Chronic pain management
 - Yoga and Qigong movement



Reebok | SKECHERS®

- Discounts and free shipping
- Select Reebok athletic equipment for adults and kids
- Select SKECHERS Performance, Sport, Work and Corporate Casual styles

Dental SolutionsSM Discount Program

- \$9.95 sign-up and \$6 monthly fee
- Dental discount card
- Up to 50% discount at more than 70,000 dentists and 254,000 credentialed dental access points, including a complete specialty network



TruHearing[®] | Beltone[™]

Save on:

- Hearing tests
- Hearing aids



How to Access Blue365

Log in to Blue Access for Members and look under "Wellness," or visit Blue365Deals.com/BCBSMT

Once you sign up, weekly "Featured Deals" will be emailed to you. These deals offer special savings for a short period of time.

Value-added products and services may be discontinued or changed at any time and may be subject to geographical availability.

The relationship between these vendors and Blue Cross and Blue Shield of Montana is that of independent contractors.

Blue365 is a discount program only for BCBSMT members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your Benefit Book or call the Customer Service number on your member ID card for specific benefit facts. Use of Blue 365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSMT does not guarantee or make any claims or recommendations about the program's services or products. You may want to talk to your doctor before using these services and products. BCBSMT reserves the right to stop or change this program at any time without notice.







Contact Guide

When you have a request or need to make a change to your Blue Cross and Blue Shield of Montana plan:

- If you bought a Marketplace plan on healthcare.gov: Please refer to the table below.
- If you didn't buy your plan on healthcare.gov: Contact your independent, authorized agent or call BCBSMT Customer Service at 1-855-258-8471.

| | | Health Insurance Marketplace | BCBSMT Customer Service Call 1-855-258-8471 | | | |
|--|--|---------------------------------|---|--|--|--|
| MARKETPLACE PL | ANS ONLY | Call 1-800-318-2596 | or send a secure message on Blue Access for Members ¹⁰ | | | |
| | Physical Address | | | | | |
| | Billing Address | | • | | | |
| | Phone Number | | | | | |
| | Email Address | | | | | |
| I want to change my: | Name | | | | | |
| | Date of Birth | | | | | |
| | Gender | | | | | |
| | Social Security Number | | | | | |
| | Medical Plan | | | | | |
| | Adult or Pediatric Dental Plan | | | | | |
| l want to cancel/remove my: | Dependent | | | | | |
| | Entire Policy (Free Look Period — 30 Days) | | • | | | |
| l want to update my: | Primary Care Physician (PCP) | | • | | | |
| | Member ID Card | | • | | | |
| I'd like a copy of my: | Benefit Book | | • | | | |
| | Proof of Coverage Letter | | • | | | |
| | Receive Paper Billing | | • | | | |
| l have a | Receive My Bill Electronically | | • | | | |
| billing request. I want to: | Reprint a Bill | | • | | | |
| | Rerun a Bill (Reinvoice) | | • | | | |
| | Set up Auto Bill Pay | | • | | | |
| | Make a Phone Payment | | • | | | |
| l have a | Request a Refund Due to Termination | | • | | | |
| payment request. I want to: | Request a Refund Due to Overpayment | | • | | | |
| | Research Missing or Misapplied Payments | | • | | | |
| | Reinstate My Policy (Limitations May Apply) | | • | | | |
| l qualify for a Special | Add Spouse or Dependent to an Existing Policy | Talk to your inde | pendent, authorized agent, | | | |
| Enrollment Period. I would like to: | Add Medical/Dental Plan | or call 1-855-594-1515 | | | | |
| | Choose a Different Policy | | | | | |

10 BAM is the secure website for BCBSMT members. To send a message in BAM, log in to your account at bcbsmt.com/member and select the Message Center.

Health care coverage is important for everyone.

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

| Office of Civil Rights Coordinator | Phone: | 855-664-7270 (voicemail) | |
|---|----------|--------------------------|--|
| 300 E. Randolph St., 35 th Floor | TTY/TDD: | 855-661-6965 | |
| Chicago, IL 60601 | Fax: | 855-661-6960 | |

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services 200 Independence Avenue SW Room 509F, HHH Building 1019 Washington, DC 20201

| Phone: TTY/TDD: Complaint Portal: Complaint Forms: |
|---|
| |

800-368-1019 800-537-7697 https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf https://www.hhs.gov/civil-rights/filing-acomplaint/complaint-process/index.html

| | To receive language or communication assistance free of charge, please call us at 855-710-6984. | | | | |
|------------|---|--|--|--|--|
| Español | Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo. | | | | |
| العربية | لتلقي المساعدة اللغوية أو التواصل مجانًا، يرجى الاتصال بنا على الرقم 6984-710-855. | | | | |
| 繁體中文 | 如欲獲得免費語言或溝通協助,請撥打855-710-6984與我們聯絡。 | | | | |
| Français | Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984. | | | | |
| Deutsch | Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an. | | | | |
| ગુજરાતી | ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કૉલ કરો. | | | | |
| हिंदी | निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें। | | | | |
| Italiano | Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984. | | | | |
| 한국어 | 언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요. | | | | |
| Navajo | Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 jį' hodíilni. | | | | |
| فارسى | برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 6984-710-855 تماس بگیرید. | | | | |
| Polski | Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984. | | | | |
| Русский | Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984. | | | | |
| Tagalog | Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984. | | | | |
| اردو | مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہِ کرم ہمیں 6984-710-855 پر کال کریں۔ | | | | |
| Tiếng Việt | Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984. | | | | |