



# Health New England

## YOUR RIGHTS AS A HEALTH NEW ENGLAND MEMBER

### FULLY FUNDED PLANS ONLY

February 2017

Dear Health New England Subscriber:

Each year, Health New England is required by state and federal laws and national accreditation standards to tell you about certain rights and services available to you as a member. In the following pages you will find this information:

- I. Health New England Location and Service Hours
- II. Health New England's In-Plan Providers
- III. Health New England's Policy to encourage open clinical dialogue between our providers and our members
- IV. Women's Health & Cancer Rights Act of 1998: Annual Notice of Rights
- V. Health New England's Quality Management Program
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- XIII. Preventive Services
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Please review this information. If you have any questions, please call Member Services at (413) 787-4004 or (800) 310-2835, Monday through Friday from 8 a.m. to 6 p.m. We're here to help!

Sincerely,

John Florek  
Member Services Manager

## *I. Health New England Location and Service Hours*

### For Customer Service

- Call Health New England Member Services. We're here to help! (413) 787-4004 or (800) 310-2835, Monday – Friday, 8 a.m. – 6 p.m.
- Visit us in person at: One Monarch Place, Springfield, MA. Our office hours are Monday – Friday, 9 a.m. – 5 p.m.

### For Medical Care

- Contact your PCP's office at the number listed in the Health New England Provider Directory. We require all PCPs to provide coverage 24 hours a day, 7 days a week.
- Please talk to your PCP's staff to find out their office hours and how they handle care after normal business hours.

### For Emergency Care

- Go to the nearest emergency room or dial 911.

### For Care Coordination

- Call Health New England Health Services (800) 842-4464 ext. 5027, Monday – Friday, 8 a.m. – 5 p.m.
- Our clinical case managers work directly with your providers to coordinate the care you need.

### For Utilization Management Decisions

- Contact Health New England Member Services. The toll-free number and access hours are listed above.
- Member Services can answer general inquiries about utilization management (UM) decisions. For example, Member Services can confirm whether a prior approval request has been approved for coverage.
- If you need assistance directly from utilization review staff, Member Services will transfer your call to the appropriate UM department. For example, you may speak with UM review staff in Health Services (Medical and Behavioral Health) or in Pharmacy Services.
- UM review staff are available at least nine hours a day during normal business hours, Monday – Friday, 8 a.m. – 5 p.m.

## *II. Health New England's In Plan Providers*

In-Plan Providers are part of our network. There are three ways to find In-Plan Providers:

- You can check the Plan Provider Directory.
- You can call Member Services.

- You can visit [healthnewengland.org](http://healthnewengland.org) for our online provider search.

Information about providers includes: name, gender, medical specialty, office locations, hospital affiliations, medical group affiliations, board certification, whether or not a provider is accepting new patients, and languages spoken by clinical staff.

## *III. It is Health New England's Policy:*

- to encourage open clinical dialogue between our providers and our members. Our providers have always been, and continue to be, free to communicate with members regarding the treatment options available to them, including medication treatment options, regardless of benefit coverage limitations; and,
- that decisions regarding patient care are made based upon the appropriateness of care and the services rendered. This process reflects the need to avoid under utilization of necessary services. In the event that a service is denied, the decision is based upon the appropriateness of the service within the scope of covered benefits. Health New England does not offer incentives to encourage denials, nor is compensation tied to denials.

## *IV. Women's Health and Cancer Rights Act of 1998: Annual Notice of Rights*

If your plan covers mastectomies, and if you are receiving benefits under the plan in connection with a mastectomy, you have the right to receive coverage of:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

We provide coverage based on what you and your attending physician determine to be appropriate for you. If your plan requires deductibles, coinsurance, or copays for other benefits under the plan, these requirements may apply to the above procedures to the same extent that they apply to other benefits.

## *V. Health New England's Quality Management Program*

Health New England has a written Quality Management Program Description. This document provides detailed information about the program and

contains the annual work plan, or schedule of events. It also explains how the program is evaluated. If you would like a copy of this information, or results of quality improvement activities, please contact Pat Scheer, Health New England's Director of Quality Operations, at (413) 233-3435.

### *VI. Member Rights and Responsibilities*

Health New England members have specific rights and responsibilities that form the basis of quality health care. We are pleased to share our Member Rights and Responsibilities Statement, which tells you what you can expect of us and what we ask of you.

#### **Member Rights**

- As a Member of Health New England, you have certain rights. These are to:
- Receive information on Health New England, its services, In-Plan Providers, policies, procedures, and your rights and responsibilities. We will not release information that by law may not be given to Members or any third party. We will not disclose privileged information about In-Plan Providers.
- Be treated with respect and with recognition of your dignity and right to privacy.
- Participate in health care decisions with your doctor or other health care provider.
- Expect that your doctor or other health care provider will fully and openly discuss appropriate, medically necessary treatment options, regardless of the cost or benefit coverage. It does not mean that we cover all treatment options. If you are unsure about coverage, please contact Member Services.
- Contact us with a grievance or complaint about Health New England or an In-Plan Provider.
- Refuse a treatment, drug, or other procedure recommended by your doctor or other health care provider as the law allows. Providers should tell you about any potential medical effects of refusing treatment.
- Select a Primary Care Physician (PCP) who is accepting new patients. For a list of PCPs, search the Provider Directory on [healthnewengland.org](http://healthnewengland.org) or call Member Services.
- Change your PCP. You may choose any In-Plan PCP, except those who have notified us that they no longer accept new patients.
- Have access, during Health New England's business hours, to Member Services

Representatives who can answer your questions and help resolve problems.

- Expect that your medical records and information on your relationship with your doctor will remain confidential, in accordance with state and federal law and Health New England policies.
- Make recommendations regarding our member rights and responsibilities policies.

#### **Member Responsibilities**

As a Member of Health New England, you have certain responsibilities. These are to:

- Provide, as much as possible, the information your providers need to care for you. This includes information on your present and past medical conditions, as you understand them, before and during any course of treatment.
- Follow the treatment plans and instructions for care that you have agreed on with your provider.
- Read Health New England materials to become familiar with your benefits and services. If you have any questions, please call Member Services.
- Follow all Health New England policies and procedures.
- Treat providers and Health New England staff with the respect and courtesy that you would expect for yourself.
- Arrive on time for appointments or give proper notice if you must cancel or will be late.
- Understand your health problems, which is an important factor in your treatment, and participate in developing mutually agreed upon treatment goals to the extent possible. If you do not understand your illness or treatment, talk it over with your doctor.
- Participate in decision-making on your health care.
- Inform us of any other insurance coverage you may have. This helps us process claims and work with other payers.
- Notify us of status changes (such as a new address) that could affect your eligibility for coverage.
- Help Health New England and In-Plan Providers get prior medical records as needed. You agree that we may obtain and use any of your medical records and other information needed to administer the plan.
- Consider the potential effects if you do not follow your provider's advice. When a

service recommended by an In-Plan Doctor is covered, you may choose to decline it for personal reasons. For example, you may prefer to get care from Out-of-Plan providers rather than In-Plan Providers. In these cases, we may not cover substitute or alternate care that you prefer.

### *VII. Inquiries and Grievances*

If you are unhappy with Health New England or any of the care you receive you should call us. You can ask us to reconsider:

- An action we have taken or not taken
- A Health New England policy
- The absence of a policy you think we should have

These requests are called inquiries. We will respond to your inquiry and ask you if you are satisfied with our response. If you are not satisfied with our response, we will offer to start a review of your complaint through the internal grievance process. Grievances can be oral or written. Procedures and timelines for the internal grievance process are in your Explanation of Coverage (EOC) or Member Handbook. Our Complaints and Appeals Coordinators will help you with the grievance process.

If we have denied your clinical appeal and you do not agree with our decision, you can ask for an external appeal. The External Appeal Process is outlined in the next section.

### *VIII. External Appeal Process*

If Health New England has denied your claim or request for service, you may have the right to appeal. In addition, for most members, an external appeal process may be available from the Massachusetts Health Policy Commission, Office of Patient Protection (OPP).

If we have denied your clinical appeal and issued a Final Adverse Determination, you can ask for a non-Health New England, external appeal. To do so, you need to file a written request with the OPP. We will provide you with the necessary filing forms when we notify you of our final decision. You can also obtain the necessary forms by calling OPP or accessing its Web site. The fee for filing an appeal is \$25. This fee may be waived by OPP if it determines that the payment of the fee would result in an extreme financial hardship to the Member. Information on contacting OPP is at the end of this section. You must submit the request within four months after you receive Health New England's final decision on your appeal.

The OPP will screen appeal requests. The OPP screening determines whether the request complies with OPP's requirements for external review requests (such as the \$25 filing fee), whether the request involves a service or benefit that has been explicitly excluded from coverage, and whether the request is the result of a final Adverse Determination. Requests that pass the screening are sent to an independent review panel chosen by OPP. If the service or treatment you are requesting is a Covered Benefit, the appeal panel will decide if it is Medically Necessary. The panel will notify you and Health New England of its decision within 60 business days of receipt of the request for review, unless it determines that it needs additional time. The panel may extend the time by an additional 15 business days. Your doctor can ask the panel to decide more quickly (an expedited review). If the panel agrees, it will decide within four business days. The decision of the review panel is final and binding. If the subject of the external review involves the termination of ongoing services, you may ask the external review panel to continue coverage for the terminated service while the review is pending. Any such request must be made before the end of the second business day following receipt of the final adverse determination. The review panel may allow your request if it determines that substantial harm to your health may result without such continuation or for such other good cause as the review panel will determine. Any such continuation of coverage will be at Health New England's expense regardless of the final external review decision.

### **How to contact the Office of Patient Protection:**

**Toll-free telephone: (800) 436-7757**

**Website: [mass.gov/hpc/opp/](http://mass.gov/hpc/opp/)**

**Email: [HPC-OPP@state.ma.us](mailto:HPC-OPP@state.ma.us)**

**Fax: (617) 624-5046**

**Address:**

**Health Policy Commission  
Office of Patient Protection  
50 Milk Street, 8<sup>th</sup> Floor  
Boston MA 02109**

### **Final Adverse Determinations**

Remember, an external appeal is only available following a clinical appeal that is denied by Health New England. This is called a "Final Adverse Determination." An "adverse determination" is a decision by Health New England, based upon a review of information provided, to deny, reduce, modify or terminate health care services for failure to meet the requirements of coverage based on medical necessity, appropriateness of health care setting and level of care, or effectiveness. When the Health New England formal internal grievance or appeal process

is completed for an “adverse determination,” it becomes a “final” adverse determination.

### *IX. Race, Ethnicity and Language Data Collected by Health New England*

The Commonwealth of MA has established statewide goals for improving health care quality and reducing racial and ethnic disparities in health care. We want to do our part to remove any barriers to fair and unbiased treatment for all of our members. To help up do this, we collect information about your race and ethnic background. Using this information we may be able to identify possible issues that affect the care or treatment you receive. We will then be able to work with our provider community to address any issues.

The information we collect is designed for the purpose of data collection. It will not be used for determining eligibility, rating or claim payment. We keep this information confidential according to our policies and state and federal law. These policies are outlined in Health New England’s Notice of Privacy Practices, located on our website at [healthnewengland.org](http://healthnewengland.org).

### *X. Health New England Case Management*

Registered Nurses in Health New England’s Health Services Department provide case management. Our nurses work with you and your physician to help you navigate the complex health care delivery system. Our primary goal is to restore you to your highest possible level of function. This process is known as Case Management.

#### **What is Case Management?**

At Health New England, our Case Managers:

- Identify patients with complicated illnesses, multiple risk factors, and/or higher than average use of services
- Assess the opportunities to coordinate, manage, and monitor the total care of a patient
- Identify and eliminate barriers to ensure that you get the best care available

The Case Manager is like a “coach” for the patient. We ensure optimal communication between all members of the health care team. Working closely with your physician, your Case Manager will:

- Explain your condition and answer your questions
- Help you navigate the health care system
- Develop a treatment plan for your care

#### **Who is a candidate for Case Management?**

Any member of Health New England can be a candidate for Case Management. A member may be identified:

- By your physician
- By referral from an inpatient hospital stay
- By referral from the Disease Management or Utilization Management Team
- By referral from Health New England’s health information line
- At your request

If you are facing a major illness, a complex diagnosis, or a chronic medical condition you will certainly benefit from Case Management services.

#### **How can we help?**

The Case Managers at Health New England are here for you. You can call us when you or a member of your family is facing a difficult or complex medical situation. Please call (800) 310-2835, and ask a Member Services Associate to connect you with a Case Manager. The Case Management Program is available Monday through Friday from 8 a.m. to 5 p.m. We look forward to your call.

### *XI. Health New England Information Line*

Health New England provides a health information line that is staffed by licensed nurses and clinicians. The Nurse Line is available by telephone (24 hours a day) and through email (response within 24 hours). Interpretation services are available if you call into our Nurse Line by telephone. Using this service, you can become well informed about wellness and prevention and make better use of covered services.

The Nurse Line provides access to resources for answers to a broad range of health related questions. For example, you can get:

- Advice about a sick child or family member
- Answers to medication questions, such as advice on how much medicine to give to a sick child
- Answers to questions about your health
- Help in deciding what level of care is most appropriate for your condition
- Help in deciding whether and where to go to seek care
- Help on how to apply self-care prior to a visit
- Information about pregnancy

#### **To call the Nurse Line:**

- Call (866) 389-7613.

An experienced nurse will listen carefully to your concerns and give you information to help you choose the care that's right for you.

#### **To email the Nurse Line:**

- Enter the Health New England Secure Messaging Center at: <https://hne-mail.com>. (If you have not used our secure messaging, you will need to register your email and choose a password.)
- Enter your email address and password.
- Click on the "Compose" tab
- Enter your Health New England ID number in the subject line (required for eligibility verification and response)
- Send your Health Information Line question to: [nurseline@hne.com](mailto:nurseline@hne.com).

An experienced nurse will respond to your question within 24 hours.

#### ***XII. Your Rights under the Massachusetts Mental Health Parity Laws and the Federal Mental Health Parity and Addiction Equity Act (MHPAEA)***

You may have rights under state and federal mental health parity laws. Both laws say that health plans must cover treatment for mental health and substance use disorders in the same way that they cover treatment for medical conditions. This means that copays, coinsurance and deductibles, for mental health conditions must be the same as those for medical conditions. Also, mental health office visit copays must not be greater than primary care visits. The methods we use to review coverage for mental health or substance use disorder benefits are comparable to those we use to review medical benefits. Clinical standards may permit a difference in how benefits are reviewed.

If you think Health New England is not covering treatment for mental health and substance use disorders in the same way that we cover treatment for medical conditions, you may file a complaint with the Division of Insurance (DOI) Consumer Services Section.

You may file a written complaint by using the DOI's Insurance Complaint Form. You may request a copy of the form by phone or by mail. You also can find the form on the DOI's webpage at:

<http://www.mass.gov/ocabr/insurance/consumer-safety/file-a-complaint/>

You may also submit a complaint by telephone by calling (877) 563-4467 or (617) 521-7794.

If you submit a verbal complaint, you must follow up in writing. You must include the following information on the Insurance Complaint Form:

1. Your name and address;
2. The nature of your complaint;
3. Your signature authorizing the release of any information to help the DOI with its review of the complaint.

*A parity complaint is **not** the same as an appeal under your Plan. You may still need to file an appeal with Health New England. Filing an appeal with us may be necessary to protect your right to continued coverage of treatment while you wait for an appeal decision. Follow the appeal procedures outlined in your Explanation of Coverage for more information about filing an appeal.*

#### ***XIII. Preventive Services***

Health New England covers the following preventive care services at no cost to our members when they seek care from in-network providers. Some of these services are also covered as part of routine physical exams, well visits and annual gynecological exams.

- Preventive Exams & Immunizations
- Screenings
- Pre-Natal Lab Services
- Counseling
- Contraceptives
- Breast Feeding Services

For a comprehensive listing of Health New England covered preventive care services visit [healthnewengland.org](http://healthnewengland.org).

#### ***XIV. How to Get Information about Your Plan***

At Health New England, we continually review the coverage that we offer. We work with doctors, pharmacists, and other clinical professionals to compare emerging medical technology with the services we already cover. We also look for ways to improve and simplify how we administer covered services. As a result, from time to time we provide updates to your coverage, and we notify you, your employer, and our providers of these changes.

To obtain an updated copy of your Explanation of Coverage (EOC) or Member Handbook for the latest coverage information about your Plan, Health New England's contracted providers, or specific information about covered services, please call Member Services at (413) 787-4004 or (800) 310-2835, Monday through Friday from 8 a.m. to 6 p.m. How can we help!

## *Notice Informing Individuals of Nondiscrimination and Accessibility*

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

Health New England:

- 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 Elin Gaynor, Associate General Counsel.

If you believe that Health New England 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: Elin Gaynor, Associate General Counsel, One Monarch Place, Suite 1500, Springfield, MA 01104-1500, Phone: (888) 270-0189, TTY: 711, Fax: (413) 233-2685 or [ComplaintsAppeals@hne.com](mailto:ComplaintsAppeals@hne.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Elin Gaynor, Associate General Counsel 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, (800) 368-1019, (800) 537-7697 (TDD).

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

<b>Language</b>	<b>Statement of Nondiscrimination</b>
English	Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Spanish	Health New England cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
Portuguese	Health New England cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo.
Chinese	Health New England 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。
French Creole	Health New England konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.
Vietnamese	Health New England tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Language	Statement of Nondiscrimination
Russian	Health New England соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.
Arabic	يلتزم Health New England بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس.
Mon-Khmer, Cambodian	Health New England អនុវត្តតាមច្បាប់សិទ្ធិពលរដ្ឋនៃសហព័ន្ធដែលសម្រប្បនិងមិនមានការរើសអើងលើមូលដ្ឋាន នៃពូជសាសន៍ ពណ៌សម្បុរ សញ្ជាតិដើម អាយុ ពិការភាព ឬភេទ។
French	Health New England respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.
Italian	Health New England è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso.
Korean	Health New England 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.
Greek	H Health New England συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους για τα ατομικά δικαιώματα και δεν προβαίνει σε διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο.
Polish	Health New England postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.
Hindi	Health New England लागू होने योग्य संघीय नागरिक अधिकार क़ानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।
Gujarati	Health New England લાગુ પડતા સમવાયી નાગરિક અધિકાર કાયદા સાથે સુસંગત છે અને જાતિ, રંગ, રાષ્ટ્રીય મૂળ, ઉંમર, અશક્તતા અથવા લિંગના આધારે ભેદભાવ રાખવામાં આવતો નથી.
Lao	Health New England ປະຕິບັດຕາມກົດໝາຍວ່າດ້ວຍສິດທິພົນລະເມືອງຂອງຮູບການກາງທີ່ບັງຄັບໃຊ້ ແລະບໍ່ຈຳແນກໂດຍອີງໃສ່ພື້ນຖານດ້ານເຊື້ອຊາດ, ສີເຜິ້ວ, ຊາດກຳເນີດ, ອາຍຸ, ຄວາມພິການ, ຫຼື ເພດ.
Albanian	Health New England vepron në përputhje me ligjet e zbatueshme federale të të drejtave civile dhe nuk ushtron diskriminim mbi baza si raca, ngjyra, prejardhja etnike, mosha, aftësia e kufizuar ose gjinia.
Tagalog	Sumusunod ang Health New England sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandidiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.



We're here to help you. We can give you information in other formats and different languages. All translation services are free to Members. If you have questions regarding this document please call the toll-free member phone number listed on your health plan ID card, (TTY: 711), Monday through Friday, 8:00 a.m.-6:00 p.m.

Language	Multi-Language Services
English	You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card, press 0. (TTY: 711)
Spanish	Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 0. (TTY: 711)
Portuguese	Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0. (TTY: 711)
Chinese	您有權免費以您使用的語言獲得幫助和訊息。如需口譯員，請撥打您的保健計劃 ID 卡上列出的免費會員電話號碼，按 0。(TTY: 711)
French Creole	Ou gen dwa pou jwenn èd ak enfòmasyon nan lang natifnatal ou gratis. Pou mande yon entèprèt, rele nimewo gratis manm lan ki endike sou kat ID plan sante ou, peze 0. (TTY: 711)
Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 0. (TTY: 711).
Russian	Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты и нажмите 0. Линия (телетайп: 711)
Arabic	يحق لك الحصول على المساعدة والمعلومات بلغتك مجاناً. لطلب مترجم، اتصل برقم هاتف العضو المجاني على بطاقة تعريف خطتك الصحية، ثم اضغط على 0. (TTY:711)
Mon-Khmer, Cambodian	អ្នកមានសិទ្ធិទទួលបានជំនួយ និងព័ត៌មាន ជាការសេរីសម្រាប់អ្នក ដោយមិនអ្វីថ្លៃ។ ដើម្បីសុំជំនួយសេរីសម្រាប់អ្នកបកប្រែ សូមទូរស័ព្ទទៅដល់លេខកូដកម្រិតសេរីសម្រាប់សមាជិក បុរសមានកត់ដោយកម្រិតសេរីសម្រាប់ ID កំណត់សម្រាប់អ្នក រួមមានលេខ ១០ ០។ (TTY: 711)
French	Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé et appuyez sur la touche 0. (ATS: 711).
Italian	Hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per richiedere un interprete, chiama il numero telefonico verde indicato sulla tua tessera identificativa del piano sanitario e premi lo 0. Dispositivi per non udenti (TTY: 711).
Korean	귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID카드에 기재된 무료 회원 전화번호로 전화하여 0번을 누르십시오. TTY 711
Greek	Έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να ζητήσετε διερμηνέα, καλέστε το δωρεάν αριθμό τηλεφώνου που βρίσκεται στην κάρτα μέλους ασφάλισης, πατήστε 0. (TTY: 711).
Polish	Masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Po usługi tłumacza zadzwoń pod bezpłatny numer umieszczony na karcie identyfikacyjnej planu medycznego i wcisnij 0. (TTY: 711).

Language	Multi-Language Services
<b>Hindi</b>	आप के पास अपनी भाषा में सहायता एवं जानकारी निःशुल्क प्राप्त करने का अधिकार है। दुआषिए के लिए अनुरोध करने के लिए, अपने हेल्थ प्लान ID कार्ड पर सूचीबद्ध टोल-फ्री नंबर पर फोन करें, 0 दबाएं। TTY 711
<b>Gujarati</b>	તમારી ભાષામાં વિના મૂલ્યે મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયાની વિનંતી કરવા માટે તમારા હેલ્થ પ્લાન ID કાર્ડ પર જણાવેલા ટોલ-ફ્રી નંબર પર કોલ કરો અને 0 દબાવો. (TTY: 711).
<b>Lao</b>	ທ່ານມີສິດທິຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຂໍຮ້ອງນາຍພາສາ, ໂທພຣີຫາຫມາຍເລກໂທລະສັບສາລັບສະມາຊິກທີ່ໄດ້ລະບຸໄວ້ໃນບັດສະມາຊິກຂອງທ່ານ, ກົດເລກ 0. (TTY: 711).
<b>Albanian</b>	Ju keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të kërkuar një përkthyes, telefononi në numrin që gjendet në kartën e planit tuaj shëndetësor, shtypni 0. (TTY: 711).
<b>Tagalog</b>	May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tawagan ang toll-free na numero ng telepono na nakalagay sa iyong ID card ng planong pangkalusugan, pindutin ang 0. (TTY: 711).