

Highlights of your Health Care Coverage

(BHT) BUSINESS HEALTH TRUST

Effective Date: 07/01/2020

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.
 Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

MEDICAL PLAN	TITANIUM 500	
	HERITAGE IN-NETWORK	OUT-OF-NETWORK
MEDICAL COST SHARE OPTIONS		
Individual Deductible PCY (Family embedded deductible 2X Individual)	\$500	\$1,000
Coinsurance (Member's percentage of costs after deductible based on allowable charges)	20%	50%
Individual Out of Pocket Maximum PCY, includes deductible, coinsurance, copay and pharmacy if applicable (Family embedded OOP max 2X Individual)	\$4,500	Unlimited
Office Visit Cost Share	\$30 Copay, applies to the \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION		
Preventive Office Visit (Unlimited, subject to standard medical guidelines)	Covered In Full	Not Covered
Immunizations (Unlimited, subject to standard medical guidelines)	Covered In Full	Not Covered
Health Education (HE) (Unlimited)	Covered In Full	Not Covered
Nicotine Dependency Programs (ND) (Unlimited)	Covered In Full	Not Covered
Diabetes Health Education (DE) (Unlimited)	Covered In Full	Not Covered
PROFESSIONAL CARE		
Professional Office Visit (Includes TeleMedicine)	\$30 Copay, applies to the \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
Inpatient Professional Services	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
Contraceptive Management Services (Unlimited)	Covered In Full	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum

MEDICAL PLAN		TITANIUM 500	
		HERITAGE IN-NETWORK	OUT-OF-NETWORK
VIRTUAL CARE - ON DEMAND			
Virtual Care - General Medical/ Dermatology (Voice/Video)	Covered in Full	Not Applicable	
DIAGNOSTIC SERVICE OPTIONS			
Preventive Professional Diagnostic Imaging and Laboratory Services - Including Mammogram and PAP/PSA	Covered In Full	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Other Professional Diagnostic Imaging	Waive Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Professional Diagnostic Major Imaging	Waive Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Other Professional Diagnostic Laboratory/Pathology	Waive Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Diagnostic Mammography	Waive Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
FACILITY CARE OPTIONS			
Inpatient Facility	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Outpatient Surgery Facility	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Skilled Nursing Facility (90 days PCY; includes room and board, and facility billed professional and ancillary fees)	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Hospice Inpatient Facility (Unlimited; within the 6 month lifetime maximum)	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
PREMERA DESIGNATED CENTERS OF EXCELLENCE			
Centers of Excellence Packaged Services (Eligible Services Include: Total Joint Replacement (Knee & Hip Replacement))	Covered In Full	Covered as any other service	
Travel and Care Coordination (Limited to IRS Guidelines)	Covered In Full	Not Covered	
EMERGENCY CARE AND TRANSPORTATION OPTION			
Emergency Care (If applicable, waive copay if admitted to inpatient facility)	\$200 Copay then \$500 Deductible and 20% Coinsurance; all cost shares apply to the \$4,500 Out of Pocket Maximum	\$200 Copay then \$500 Deductible and 20% Coinsurance; all cost shares apply to the \$4,500 Out of Pocket Maximum	
Emergency Room Physician	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	
Urgent Care Center	\$30 Copay, applies to the \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Ambulance Transportation (Unlimited)	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	
Air Ambulance (Unlimited)	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	

MEDICAL PLAN		TITANIUM 500	
	HERITAGE IN-NETWORK	OUT-OF-NETWORK	
OTHER SERVICES			
Allergy/Therapeutic Injections	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Mental Health Inpatient Facility Care (Unlimited)	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Mental Health Outpatient Professional Care (Unlimited)	\$30 Copay, applies to the \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Telemedicine - Mental Health	Subject to Mental Health Outpatient Professional Care In-Network Cost Share	Not Applicable	
Chemical Dependency Inpatient Facility Care (Unlimited)	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Chemical Dependency Outpatient Professional Care (Unlimited)	\$30 Copay, applies to the \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Rehab Inpatient Facility (30 days PCY)	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy, and Chronic Pain (45 visits PCY)	\$30 Copay, applies to the \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Rehab Outpatient Care Chronic Conditions, Including Cardiac, Pulmonary Rehab, and Cancer	\$30 Copay, applies to the \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Medical Supplies, Equipment, Prosthetics (Unlimited)	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Foot Orthotics, Orthopedic Shoes and Accessories (\$300 PCY; Includes orthotics and orthopedic shoes)	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Home Health Visits (130 visits PCY)	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Hospice Care (Hospice Home Visits: Unlimited; Respite: 240 hours; within the 6 month lifetime maximum)	\$500 Deductible, then 20% Coinsurance, applies to \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
TMJ (Temporomandibular Joint Disorders) (Unlimited (Medical and Dental services - Medical and Dental cost shares based on type of service))	Covered as any other service	Covered as any other service	
Transplants (Unlimited; \$7,500 travel and lodging limits)	Covered as any other service	Not Covered	
ALTERNATIVE CARE			
Manipulations (Spinal and other) (12 visits PCY)	\$30 Copay, applies to the \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Acupuncture (12 visits PCY)	\$30 Copay, applies to the \$4,500 Out of Pocket Maximum	\$1,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
ANNUAL PLAN MAXIMUM			
Annual Plan Maximum	Unlimited	Unlimited	

Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross. Members are responsible for amounts in excess of the allowable charge.

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service.

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Below is a brief overview of your Pharmacy Benefits. For more information on your benefits, please refer to your benefit booklets. To find out what tiers apply to a specific medication, refer to our Preferred Drug List at www.premera.com

PHARMACY PLAN		TITANIUM 500 RX
PRESCRIPTION DRUGS		
Drug List	Preferred B4 Tier 1 = generic Tier 2 = preferred brand Tier 3 = non-preferred brands Tier 4 = specialty	
Retail Cost Shares	\$10/\$20/\$40/\$250	
Mail Cost Shares	\$25/\$50/\$100/\$250	
Day Supply	Retail: 30 Days; Mail: 90 Days; Specialty: 30 Days	
Individual Deductible PCY	\$0	
Family Deductible PCY	No Family Deductible	
Out of Network (Non-participating retail pharmacies)	Cost Share, then 40% (to allowable)	
Out of Pocket Maximum	Applies to the medical out of pocket maximum	
Annual Benefit Maximum	Unlimited	

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This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service.

Discrimination is Against the Law

Primer Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Priner Blue Cross does not discriminate on the basis of sex, race, national origin, age, disability, or sex. Priner Blue Cross does not discriminate on the basis of sex, race, national origin, age, disability, or sex.

- Provides health and services to people with disabilities in community facilities with us, such as:
 - Qualified sign language interpreters
 - Written information in Braille large print, audio, accessible electronic formats, other formats
- Provides language services to people whose primary language is not English, such as:
 - Qualified interpreters

If you need these services, contact the Civil Rights Coordinator.

If you believe that Priner Blue 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 charge with the Civil Rights Coordinator, Complaints and Appeals, 700 Blue Sky Drive, Suite 400, St. Louis, MO 63103. TTY: 800-642-6367. You file 800-332-3831, Fax: 424-9816, TTY: 800-642-6367. Email: Appeal.Discrimination@Primer.com

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at www.hhs.gov/ocr/ocomplaintportal/, or by first mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 508F, Main Building, Washington, D.C. 20201. 1-800-368-1019, 800-637-7837 (TDD). Complaint forms are available at www.hhs.gov/ocr/complaint.html

Getting Help in Other Languages

This notice has important information. This notice may have important information about your qualifications or coverage through Priner Blue Cross. Priner Blue Cross has a language line. You can call 800-642-6367. Priner Blue Cross has a language line. You can call 800-642-6367. Priner Blue Cross has a language line. You can call 800-642-6367.

العربية (Arabic)
Primer Blue Cross يمتثل للقوانين الفيدرالية وقوانين الولاية التي تمنع التمييز على أساس العرق، الأصل القومي، السن، الإعاقة، أو الجنس. Primer Blue Cross لا يميز على أساس العرق، الأصل القومي، السن، الإعاقة، أو الجنس. Primer Blue Cross لا يميز على أساس العرق، الأصل القومي، السن، الإعاقة، أو الجنس.

العبرית (Hebrew)
פרמיר בלו קרוס מקפיד על חוקי המדינה והמחוזות המגבילים את הדיסקרימינציה. פרמיר בלו קרוס לא מקפיד על הדיסקרימינציה. פרמיר בלו קרוס לא מקפיד על הדיסקרימינציה.

中文 (Chinese)
Primer Blue Cross 遵守适用的联邦和州法律，并不因种族、民族、年龄、残疾或性别而歧视。Primer Blue Cross 不因种族、民族、年龄、残疾或性别而歧视。Primer Blue Cross 不因种族、民族、年龄、残疾或性别而歧视。

日本語 (Japanese)
Primer Blue Cross は適用される連邦法と州法を遵守し、人種、民族、年齢、障害、または性別を理由とした差別を禁じます。Primer Blue Cross は人種、民族、年齢、障害、または性別を理由とした差別を禁じます。Primer Blue Cross は人種、民族、年齢、障害、または性別を理由とした差別を禁じます。

한국어 (Korean)
Primer Blue Cross는 적용 가능한 연방 및 주 법률을 준수하며 인종, 민족, 나이, 장애, 또는 성별을 이유로 차별하지 않습니다. Primer Blue Cross는 인종, 민족, 나이, 장애, 또는 성별을 이유로 차별하지 않습니다. Primer Blue Cross는 인종, 민족, 나이, 장애, 또는 성별을 이유로 차별하지 않습니다.

हिन्दी (Hindi)
Primer Blue Cross अपने कानूनों के अनुसार काम करता है और नस्ल, जाति, उम्र, अक्षमता, या लिंग के आधार पर भेदभाव नहीं करता है। Primer Blue Cross अपने कानूनों के अनुसार काम करता है और नस्ल, जाति, उम्र, अक्षमता, या लिंग के आधार पर भेदभाव नहीं करता है। Primer Blue Cross अपने कानूनों के अनुसार काम करता है और नस्ल, जाति, उम्र, अक्षमता, या लिंग के आधार पर भेदभाव नहीं करता है।

ไทย (Thai)
Primer Blue Cross ปฏิบัติตามกฎหมายและข้อบังคับที่เกี่ยวข้อง และไม่เลือกปฏิบัติบนพื้นฐานของเชื้อชาติ สัญชาติ อายุ ความพิการ หรือเพศ. Primer Blue Cross ปฏิบัติตามกฎหมายและข้อบังคับที่เกี่ยวข้อง และไม่เลือกปฏิบัติบนพื้นฐานของเชื้อชาติ สัญชาติ อายุ ความพิการ หรือเพศ. Primer Blue Cross ปฏิบัติตามกฎหมายและข้อบังคับที่เกี่ยวข้อง และไม่เลือกปฏิบัติบนพื้นฐานของเชื้อชาติ สัญชาติ อายุ ความพิการ หรือเพศ.

မြန်မာစာ (Burmese)
Primer Blue Cross သည် အကျုံးပြုသော ဖက်ဒရယ်နှင့်ပြည်နယ်စည်းကမ်းချက်များကို လိုက်နာပြီး အမျိုးအနွယ်၊ နိုင်ငံရေး၊ နှစ်၊ အင်အားစွမ်းရည်၊ သို့မဟုတ် လိင်အရပ်အဝန်းတို့အပေါ် အခြေခံ၍ ခွဲခြားခြင်းမပြုပါ။ Primer Blue Cross သည် အကျုံးပြုသော ဖက်ဒရယ်နှင့်ပြည်နယ်စည်းကမ်းချက်များကို လိုက်နာပြီး အမျိုးအနွယ်၊ နိုင်ငံရေး၊ နှစ်၊ အင်အားစွမ်းရည်၊ သို့မဟုတ် လိင်အရပ်အဝန်းတို့အပေါ် အခြေခံ၍ ခွဲခြားခြင်းမပြုပါ။

ភាសាខ្មែរ (Khmer)
Primer Blue Cross គោរពតាមច្បាប់ និងកម្រិតពាក់ព័ន្ធនៃស្ថាប័ន និងមិនប្រើប្រាស់ការរើសអើងលើមូលដ្ឋាននៃជនជាតិ ជាតិ អាយុ ឥរិយាបថ ឬភេទទេ។ Primer Blue Cross គោរពតាមច្បាប់ និងកម្រិតពាក់ព័ន្ធនៃស្ថាប័ន និងមិនប្រើប្រាស់ការរើសអើងលើមូលដ្ឋាននៃជនជាតិ ជាតិ អាយុ ឥរិយាបថ ឬភេទទេ។

සිංහල (Sinhala)
Primer Blue Cross අදාළ වන සියලුම නීති සහ රීති සමපාදනය කර ගනී. එය ආරම්භයේදී, අවසානයේදී, වයස, අක්ෂමතාව, හෝ ජාතිය මත වෙනස්කිරීමක් නොකරයි. Primer Blue Cross අදාළ වන සියලුම නීති සහ රීති සමපාදනය කර ගනී. එය ආරම්භයේදී, අවසානයේදී, වයස, අක්ෂමතාව, හෝ ජාතිය මත වෙනස්කිරීමක් නොකරයි.

தமிழ் (Tamil)
Primer Blue Cross, சம்பந்தப்பட்ட சட்டங்களையும், அரசாங்க சட்டங்களையும், மற்றும் மாநில சட்டங்களையும் கடைபிடிக்கிறது. இது, இனம், இனம், வயது, திறமையின்மை, அல்லது பாலினம் அடிப்படையில் வேறுபாடுகளை ஏற்படுத்தாது. Primer Blue Cross, சம்பந்தப்பட்ட சட்டங்களையும், அரசாங்க சட்டங்களையும், மற்றும் மாநில சட்டங்களையும் கடைபிடிக்கிறது. இது, இனம், இனம், வயது, திறமையின்மை, அல்லது பாலினம் அடிப்படையில் வேறுபாடுகளை ஏற்படுத்தாது.

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ភាសាខ្មែរ (Khmer)
Primer Blue Cross គោរពតាមច្បាប់ និងកម្រិតពាក់ព័ន្ធនៃស្ថាប័ន និងមិនប្រើប្រាស់ការរើសអើងលើមូលដ្ឋាននៃជនជាតិ ជាតិ អាយុ ឥរិយាបថ ឬភេទទេ។ Primer Blue Cross គោរពតាមច្បាប់ និងកម្រិតពាក់ព័ន្ធនៃស្ថាប័ន និងមិនប្រើប្រាស់ការរើសអើងលើមូលដ្ឋាននៃជនជាតិ ជាតិ អាយុ ឥរិយាបថ ឬភេទទេ។

ភាសាខ្មែរ (Khmer)
Primer Blue Cross គោរពតាមច្បាប់ និងកម្រិតពាក់ព័ន្ធនៃស្ថាប័ន និងមិនប្រើប្រាស់ការរើសអើងលើមូលដ្ឋាននៃជនជាតិ ជាតិ អាយុ ឥរិយាបថ ឬភេទទេ។ Primer Blue Cross គោរពតាមច្បាប់ និងកម្រិតពាក់ព័ន្ធនៃស្ថាប័ន និងមិនប្រើប្រាស់ការរើសអើងលើមូលដ្ឋាននៃជនជាតិ ជាតិ អាយុ ឥរិយាបថ ឬភេទទេ។

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Primer Blue Cross គោរពតាមច្បាប់ និងកម្រិតពាក់ព័ន្ធនៃស្ថាប័ន និងមិនប្រើប្រាស់ការរើសអើងលើមូលដ្ឋាននៃជនជាតិ ជាតិ អាយុ ឥរិយាបថ ឬភេទទេ។ Primer Blue Cross គោរពតាមច្បាប់ និងកម្រិតពាក់ព័ន្ធនៃស្ថាប័ន និងមិនប្រើប្រាស់ការរើសអើងលើមូលដ្ឋាននៃជនជាតិ ជាតិ អាយុ ឥរិយាបថ ឬភេទទេ។

Overview (Czech)

Primer Blue Cross dodržuje všechny platné federální a státní zákony a nediskriminuje na základě pohlaví, rasy, věku, zdravotního stavu nebo sexuální orientace. Primer Blue Cross nediskriminuje na základě pohlaví, rasy, věku, zdravotního stavu nebo sexuální orientace.

- Poskytuje zdravotní služby a služby lidem se zdravotním postižením v komunitních zařízeních, jako jsou:
 - Kvalifikované tlumočnické služby
 - Psaný materiál v Braille, velkým písmem, audio, přístupné elektronické formáty, jiné formáty
- Poskytuje jazykové služby lidem, jejichž mateřským jazykem není angličtina, jako jsou:
 - Kvalifikované tlumočnické služby

Pro tyto služby kontaktujte koordinátora občanských práv.

Pokud si myslíte, že Priner Blue Cross neplní své povinnosti nebo že se diskriminuje, můžete podat stížnost u koordinátora občanských práv, Stížnosti a odvolání, 700 Blue Sky Drive, Suite 400, St. Louis, MO 63103. Tisková linka: 800-642-6367. E-mail: Appeal.Discrimination@Primer.com

Můžete také podat stížnost osobně nebo poštou, faxem nebo e-mailem. Pokud potřebujete pomoc s podáním stížnosti, koordinátor občanských práv je k dispozici, aby vám pomohl.

Můžete také podat občanskou žalobu u Úřadu pro ochranu lidských práv a zdravotní péči, Úřad pro ochranu lidských práv a zdravotní péči, 200 Independence Avenue, SW, Room 508F, Main Building, Washington, DC 20201. 1-800-368-1019, 800-637-7837 (TDD). Formuláře stížností jsou dostupné na www.hhs.gov/ocr/complaint.html

Deutsch (German)
Primer Blue Cross befolgt alle geltenden Bundes- und Landesgesetze und diskriminiert nicht aufgrund von Geschlecht, Rasse, Alter, Behinderung oder sexueller Orientierung. Primer Blue Cross befolgt alle geltenden Bundes- und Landesgesetze und diskriminiert nicht aufgrund von Geschlecht, Rasse, Alter, Behinderung oder sexueller Orientierung.

한국어 (Korean)
Primer Blue Cross는 적용 가능한 연방 및 주 법률을 준수하며 인종, 민족, 나이, 장애, 또는 성별을 이유로 차별하지 않습니다. Primer Blue Cross는 인종, 민족, 나이, 장애, 또는 성별을 이유로 차별하지 않습니다. Primer Blue Cross는 인종, 민족, 나이, 장애, 또는 성별을 이유로 차별하지 않습니다.

日本語 (Japanese)
Primer Blue Cross は適用される連邦法と州法を遵守し、人種、民族、年齢、障害、または性別を理由とした差別を禁じます。Primer Blue Cross は人種、民族、年齢、障害、または性別を理由とした差別を禁じます。Primer Blue Cross は人種、民族、年齢、障害、または性別を理由とした差別を禁じます。

中文 (Chinese)
Primer Blue Cross 遵守适用的联邦和州法律，并不因种族、民族、年龄、残疾或性别而歧视。Primer Blue Cross 不因种族、民族、年龄、残疾或性别而歧视。Primer Blue Cross 不因种族、民族、年龄、残疾或性别而歧视。

हिन्दी (Hindi)
Primer Blue Cross अपने कानूनों के अनुसार काम करता है और नस्ल, जाति, उम्र, अक्षमता, या लिंग के आधार पर भेदभाव नहीं करता है। Primer Blue Cross अपने कानूनों के अनुसार काम करता है और नस्ल, जाति, उम्र, अक्षमता, या लिंग के आधार पर भेदभाव नहीं करता है। Primer Blue Cross अपने कानूनों के अनुसार काम करता है और नस्ल, जाति, उम्र, अक्षमता, या लिंग के आधार पर भेदभाव नहीं करता है।

ไทย (Thai)
Primer Blue Cross ปฏิบัติตามกฎหมายและข้อบังคับที่เกี่ยวข้อง และไม่เลือกปฏิบัติบนพื้นฐานของเชื้อชาติ สัญชาติ อายุ ความพิการ หรือเพศ. Primer Blue Cross ปฏิบัติตามกฎหมายและข้อบังคับที่เกี่ยวข้อง และไม่เลือกปฏิบัติบนพื้นฐานของเชื้อชาติ สัญชาติ อายุ ความพิการ หรือเพศ. Primer Blue Cross ปฏิบัติตามกฎหมายและข้อบังคับที่เกี่ยวข้อง และไม่เลือกปฏิบัติบนพื้นฐานของเชื้อชาติ สัญชาติ อายุ ความพิการ หรือเพศ.

မြန်မာစာ (Burmese)
Primer Blue Cross သည် အကျုံးပြုသော ဖက်ဒရယ်နှင့်ပြည်နယ်စည်းကမ်းချက်များကို လိုက်နာပြီး အမျိုးအနွယ်၊ နိုင်ငံရေး၊ နှစ်၊ အင်အားစွမ်းရည်၊ သို့မဟုတ် လိင်အရပ်အဝန်းတို့အပေါ် အခြေခံ၍ ခွဲခြားခြင်းမပြုပါ။ Primer Blue Cross သည် အကျုံးပြုသော ဖက်ဒရယ်နှင့်ပြည်နယ်စည်းကမ်းချက်များကို လိုက်နာပြီး အမျိုးအနွယ်၊ နိုင်ငံရေး၊ နှစ်၊ အင်အားစွမ်းရည်၊ သို့မဟုတ် လိင်အရပ်အဝန်းတို့အပေါ် အခြေခံ၍ ခွဲခြားခြင်းမပြုပါ။

ភាសាខ្មែរ (Khmer)
Primer Blue Cross គោរពតាមច្បាប់ និងកម្រិតពាក់ព័ន្ធនៃស្ថាប័ន និងមិនប្រើប្រាស់ការរើសអើងលើមូលដ្ឋាននៃជនជាតិ ជាតិ អាយុ ឥរិយាបថ ឬភេទទេ។ Primer Blue Cross គោរពតាមច្បាប់ និងកម្រិតពាក់ព័ន្ធនៃស្ថាប័ន និងមិនប្រើប្រាស់ការរើសអើងលើមូលដ្ឋាននៃជនជាតិ ជាតិ អាយុ ឥរិយាបថ ឬភេទទេ។

සිංහල (Sinhala)
Primer Blue Cross අදාළ වන සියලුම නීති සහ රීති සමපාදනය කර ගනී. එය ආරම්භයේදී, අවසානයේදී, වයස, අක්ෂමතාව, හෝ ජාතිය මත වෙනස්කිරීමක් නොකරයි. Primer Blue Cross අදාළ වන සියලුම නීති සහ රීති සමපාදනය කර ගනී. එය ආරම්භයේදී, අවසානයේදී, වයස, අක්ෂමතාව, හෝ ජාතිය මත වෙනස්කිරීමක් නොකරයි.

ភាសាខ្មែរ (Khmer)
Primer Blue Cross គោរពតាមច្បាប់ និងកម្រិតពាក់ព័ន្ធនៃស្ថាប័ន និងមិនប្រើប្រាស់ការរើសអើងលើមូលដ្ឋាននៃជនជាតិ ជាតិ អាយុ ឥរិយាបថ ឬភេទទេ។ Primer Blue Cross គោរពតាមច្បាប់ និងកម្រិតពាក់ព័ន្ធនៃស្ថាប័ន និងមិនប្រើប្រាស់ការរើសអើងលើមូលដ្ឋាននៃជនជាតិ ជាតិ អាយុ ឥរិយាបថ ឬភេទទេ។

සිංහල (Sinhala)
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සිංහල (Sinhala)
Primer Blue Cross අදාළ වන සියලුම නීති සහ රීති සමපාදනය කර ගනී. එය ආරම්භයේදී, අවසානයේදී, වයස, අක්ෂමතාව, හෝ ජාතිය මත වෙනස්කිරීමක් නොකරයි. Primer Blue Cross අදාළ වන සියලුම නීති සහ රීති සමපාදනය කර ගනී. එය ආරම්භයේදී, අවසානයේදී, වයස, අක්ෂමතාව, හෝ ජාතිය මත වෙනස්කිරීමක් නොකරයි.

සිංහල (Sinhala)
Primer Blue Cross අදාළ වන සියලුම නීති සහ රීති සමපාදනය කර ගනී. එය ආරම්භයේදී, අවසානයේදී, වයස, අක්ෂමතාව, හෝ ජාතිය මත වෙනස්කිරීමක් නොකරයි. Primer Blue Cross අදාළ වන සියලුම නීති සහ රීති සමපාදනය කර ගනී. එය ආරම්භයේදී, අවසානයේදී, වයස, අක්ෂමතාව, හෝ ජාතිය මත වෙනස්කිරීමක් නොකරයි.

සිංහල (Sinhala)
Primer Blue Cross අදාළ වන සියලුම නීති සහ රීති සමපාදනය කර ගනී. එය ආරම්භයේදී, අවසානයේදී, වයස, අක්ෂමතාව, හෝ ජාතිය මත වෙනස්කිරීමක් නොකරයි. Primer Blue Cross අදාළ වන සියලුම නීති සහ රීති සමපාදනය කර ගනී. එය ආරම්භයේදී, අවසානයේදී, වයස, අක්ෂමතාව, හෝ ජාතිය මත වෙනස්කිරීමක් නොකරයි.

සිංහල (Sinhala)
Primer Blue Cross අදාළ වන සියලුම නීති සහ රීති සමපාදනය කර ගනී. එය ආරම්භයේදී, අවසානයේදී, වයස, අක්ෂමතාව, හෝ ජාතිය මත වෙනස්කිරීමක් නොකරයි. Primer Blue Cross අදාළ වන සියලුම නීති සහ රීති සමපාදනය කර ගනී. එය ආරම්භයේදී, අවසානයේදී, වයස, අක්ෂමතාව, හෝ ජාතිය මත වෙනස්කිරීමක් නොකරයි.

සිංහල (Sinhala)
Primer Blue Cross අදාළ වන සියලුම නීති සහ රීති සමපාදනය කර ගනී. එය ආරම්භයේදී, අවසානයේදී, වයස, අක්ෂමතාව, හෝ ජාතිය මත වෙනස්කිරීමක් නොකරයි. Primer Blue Cross අදාළ වන සියලුම නීති සහ රීති සමපාදනය කර ගනී. එය ආරම්භයේදී, අවසානයේදී, වයස, අක්ෂමතාව, හෝ ජාතිය මත වෙනස්කිරීමක් නොකරයි.