CareFirst BlueFund

Eligible Expenses

These pages outline which items are approved expenses that can be paid from a health savings account (HSA) or flexible spending account (FSA). This list of items indicates whether a purchase is eligible, potentially eligible (under specific conditions) or ineligible.

This document is reviewed and updated periodically throughout the year. For the most up-to-date list visit **learn-carefirst.hellofurther.com**.

Definitions

- ✔ **Eligible:** Reimbursable medical expenses include services and supplies for members and their eligible dependents for the diagnosis, treatment or prevention of disease and medical care transportation. In general, deductions allowed for medical expenses on federal income tax, according to Internal Revenue Code Section 213(d), may be reimbursed through an HSA or FSA. Medical expenses reimbursed through an HSA or FSA cannot be deducted from federal income tax.
- ! **Potentially eligible:** For potentially eligible items, we require a letter of medical necessity from your health care provider.
- ✖ **Ineligible:** Products and services that are not FSA or HSA-eligible include general health and wellbeing products such as toiletries and cosmetics.

OTC: Over the counter. Items noted only with "OTC" are eligible without a prescription.

Capital expense: This is an improvement or special equipment added to a home or other asset that may be eligible for reimbursement if the primary purpose is medical care. Constructing a wheelchair access ramp for your home is an example of a capital expense.

Letter of medical necessity: A letter signed by your doctor or eligible licensed health care provider certifying that an item or service is medically necessary.

Valid prescription: A written order signed by your doctor or eligible licensed health care provider who can prescribe drugs to patients. The prescription should contain the date of issue, patient name and address, name and quantity of the prescribed drug, directions for use and the name and address of the prescriber.

The CARES Act of March 2020 expanded the benefits of HSAs and FSAs by removing the prescription requirement for several OTC drugs and medicines, and by adding feminine hygiene products to the list of expenses eligible for reimbursement. This means you can now use your HSA or FSA to reimburse yourself for several everyday items, or if you have a debit card associated with your account, you can use the card to pay for them directly.

Prior to the passage of the act, these items were only eligible for reimbursement with a prescription. Now that the prescription is no longer required, you can make these purchases using the pre-tax funds you've set aside.

Which OTC items are now eligible expenses?

If you have a health reimbursement arrangement (HRA) or a part of a voluntary employee beneficiary association (VEBA), check with your health plan as the eligible items may differ.

You can find a more complete list of eligible expenses here, but some of the most common items that removed the prescription requirement include:

- Cold, cough, and flu medicine
- Tampons, pads, and liners
- Pain relievers and anti-inflammatory medications
- Allergy and sinus medicine
- Digestive aids and laxatives
- Baby rash ointments and creams
- Baby electrolytes
- Sleep aids
- Skin treatments for conditions such as eczema and psoriasis
- Acid controllers
- Acne medications

The expanded eligible expenses list is a permanent change and these newly added items are retroactively eligible beginning on January 1, 2020, meaning you can file for reimbursement for these items if you've purchased them since the beginning of 2020.

If you try to purchase these new items with a CareFirst debit card, and your card is declined, it is likely because the retailer has not yet finished updating their systems to mark these items as eligible. You can keep your receipt and file for reimbursement.

Item list

*Please note: Changes to the IRS rules can affect eligible, potentially eligible, and/or ineligible expense categories. Please refer to the IRS website at **irs.gov** for updates.*

If you have any questions about a product or service, please contact customer service at 866-758-6119, Monday through Friday from 8 a.m. to 9 p.m. EST and Saturday through Sunday 9 a.m. to 5 p.m. EST.

Item	Eligibility	Notes
Abdominal supports	✔ Eligible	
Abortion	✔ Eligible	
Acid controllers/antacids	✔ Eligible	
Acne treatment	✔ Eligible	
Acupuncture	✔ Eligible	
Air conditioner	! Potentially eligible	Capital expense
Air purifier	! Potentially eligible	Capital expense
Alcoholism treatment	✔ Eligible	
Allergy medicine	✔ Eligible	OTC
Analgesics (e.g., vaporizing rub)	✔ Eligible	OTC
Anti-arthritics	✔ Eligible	
Antibiotics	✔ Eligible	
Anti-diarrhea medicine	✔ Eligible	OTC
Anti-gas, antacid	✔ Eligible	OTC
Antihistamines	✔ Eligible	OTC

Item	Eligibility	Notes
Anti-inflammatory	✔ Eligible	OTC
Antiperspirant	✖ Ineligible	
Arch supports	✔ Eligible	
Artificial limbs	✔ Eligible	
Aspirin	✔ Eligible	OTC
Asthma treatments (e.g., inhaler, nebulizer)	✔ Eligible	
Athletic club membership	! Potentially eligible	
Automobile modifications	! Potentially eligible	Capital expense
Band-Aid/bandages	✔ Eligible	OTC
Bariatric surgery	✔ Eligible	
Behavioral modification programs	! Potentially eligible	
Birth control pills	! Potentially eligible	Valid prescription required
Birthing tubs	✖ Ineligible	
Blemish concealer	✖ Ineligible	
Blood pressure monitoring devices	✔ Eligible	
Body scans (e.g., MRI, CAT scan)	✔ Eligible	
Bottled water	✖ Ineligible	
Brace (e.g., knee, back, wrist)	✔ Eligible	
Braille books/magazines	✖ Ineligible	
Breast pumps and supplies for pump only	✔ Eligible	
Breast reconstructive surgery	! Potentially eligible	
Breast reduction surgery that is medically necessary	! Potentially eligible	
Burn treatments	✔ Eligible	OTC
Calamine lotion	✔ Eligible	OTC
ChapStick/lip balm	✖ Ineligible	
Childbirth/Lamaze classes (related to birth)	✔ Eligible	
Chiropractic treatments (e.g., adjustments)	✔ Eligible	
Chondroitin	✔ Eligible	OTC
Circumcision	✔ Eligible	
Cleaning service	✖ Ineligible	
Coinsurance amounts (health, dental or vision)	✔ Eligible	
Cold and flu medicine	✔ Eligible	OTC
Cold sore remedies	✔ Eligible	OTC
Cold/hot packs	✔ Eligible	OTC
Condoms	✔ Eligible	OTC
Contact lens solutions/cleaners	✔ Eligible	OTC
Contact lenses (corrective)	✔ Eligible	
Convalescent home (for medical treatment only)	✔ Eligible	
Copayments (health, dental or vision)	✔ Eligible	
Corn and callus removers (medicated)	✔ Eligible	Valid prescription required, OTC

Item	Eligibility	Notes
Corn and callus removers (non-medicated)	✔ Eligible	OTC
Cosmetic surgery	! Potentially eligible	For repair or reconstruction after accident or surgery, or for correction of birth defect
Cosmetic surgery and procedures	✖ Ineligible	
Cosmetics, hygiene products and similar items	✖ Ineligible	
Cotton balls (sterile)	✔ Eligible	OTC
COVID testing	✔ Eligible	OTC
Cough drops, cough suppressants	✔ Eligible	
C-PAP machine and supplies	✔ Eligible	
Crutches (purchase or rental)	✔ Eligible	
Dancing lessons	✖ Ineligible	
Decongestants	✔ Eligible	OTC
Deductibles (health, dental or vision)	✔ Eligible	
Dental floss	✖ Ineligible	
Dental procedures, non-cosmetic (e.g., X-rays, fillings, extractions, crowns, implants)	✔ Eligible	
Denture adhesive	✔ Eligible	OTC
Denture care cleaning products	✔ Eligible	OTC
Dentures	✔ Eligible	
Deodorant	✖ Ineligible	
Diabetic supplies (e.g., insulin, syringe, monitor, insulin pump)	✔ Eligible	OTC
Diaper rash treatment	✔ Eligible	OTC
Diapers or diaper service	✖ Ineligible	
Diet foods	✖ Ineligible	
Dietary supplements	! Potentially eligible	
Digestive aids	✔ Eligible	
DNA collection and storage	! Potentially eligible	
Drug addiction/substance abuse treatment	✔ Eligible	
Drugs imported from other countries	✖ Ineligible	
Dust masks	✖ Ineligible	
Dyslexia testing and instruction	! Potentially eligible	
Ear or body piercing	✖ Ineligible	
Ear plugs	! Potentially eligible	
Ear wax removal kits	✔ Eligible	OTC
Elastic wraps	✔ Eligible	OTC
Electrolysis or hair removal	✖ Ineligible	
Elevator	! Potentially eligible	Capital expense
Embryo, egg and sperm storage fees	✔ Eligible	
Ensure	✖ Ineligible	
Exercise equipment or programs	! Potentially eligible	

Item	Eligibility	Notes
Expectorants	✔ Eligible	OTC
Eye drops (non-medicated)	✔ Eligible	OTC
Eye exams	✔ Eligible	
Eye surgery (laser or radial keratotomy)	✔ Eligible	
Eyeglasses – prescription sunglasses/safety glasses	✔ Eligible	
Eyeglasses – reading	✔ Eligible	
Face creams	✖ Ineligible	
Feminine anti-fungal/anti-itch	✔ Eligible	
Feminine hygiene products (e.g., tampons)	✔ Eligible	
Fertility treatments (e.g., artificial insemination, egg donor fees, in vitro)	✔ Eligible	
Fiber laxatives	✔ Eligible	OTC
First aid kits	✔ Eligible	OTC
Flu shots	✔ Eligible	
Fluoridation device	! Potentially eligible	
Fluoridation treatment at a dental office	✔ Eligible	
Fluoride rinses	✔ Eligible	OTC
Food thickeners	! Potentially eligible	
Funeral, cremation or burial expenses	✖ Ineligible	
Gambling addiction treatment	✔ Eligible	
Genetic testing	! Potentially eligible	
Glucosamine	✔ Eligible	OTC
Group therapy (for patient)	✔ Eligible	
Group therapy for family member	! Potentially eligible	
Guide dog/service animal (purchase, care, training)	! Potentially eligible	
Hair colorants	✖ Ineligible	
Hair growth/removal products	! Potentially eligible	
Hair transplants	✖ Ineligible	
Hand sanitizer – antibacterial	✔ Eligible	
Hand/skin lotion	✖ Ineligible	
Head lice treatment	✔ Eligible	
Hearing tests and aids	✔ Eligible	
Heating pad	✔ Eligible	OTC
Hemorrhoid treatments	✔ Eligible	OTC
Herbal treatment	! Potentially eligible	
Holistic or natural healers consult	! Potentially eligible	
Holistic remedies/medicines	! Potentially eligible	
Home health care	✔ Eligible	
Home improvements (e.g., exit ramps, widening doorways)	! Potentially eligible	Capital expense
Hormone replacement therapy (HRT)	! Potentially eligible	

Item	Eligibility	Notes
Hormone therapy	! Potentially eligible	
Household help	✖ Ineligible	
Household products/improvements to treat allergies	! Potentially eligible	
Illegal operations and treatments	✖ Ineligible	
Illegally obtained drugs	✖ Ineligible	
Immunizations	✔ Eligible	
Incontinence supplies	✔ Eligible	OTC
Individual counseling	✔ Eligible	Counseling must be performed to alleviate or prevent a physical or mental defect or illness
Insect bite/sting medicine	✔ Eligible	OTC
Insurance premiums	✖ Ineligible	**Certain health insurance premiums are eligible to be paid from an HSA.** **Qualified premiums include:** ▪ COBRA health insurance ▪ Insurance premiums after you reach age 65 (including Medicare Parts A, B, C and D, but not Medicare supplement plans) ▪ Qualified long-term care insurance ▪ Health insurance premiums while receiving unemployment compensation under state or federal law ▪ Premiums for employer-sponsored retiree medical plans for account holders 65 and older
Lab tests	✔ Eligible	
Lactation consultant	! Potentially eligible	
Lactose intolerance pills	! Potentially eligible	
Late fees (e.g., late payment of bills for medical services)	✖ Ineligible	
Laxatives	✔ Eligible	OTC
Lead-based paint removal	! Potentially eligible	
Learning disability treatment	! Potentially eligible	
Lodging (away from home for outpatient care)	! Potentially eligible	Special rules may apply
Lodging while attending a medical conference	✖ Ineligible	
Makeup	✖ Ineligible	
Manual therapy	! Potentially eligible	
Marijuana or other controlled substances in violation of federal law	✖ Ineligible	
Marriage counseling	✖ Ineligible	
Massage therapy	! Potentially eligible	
Mastectomy-related special bras	✔ Eligible	

Item	Eligibility	Notes
Maternity clothes	✖ Ineligible	
Meals	✖ Ineligible	
Medical conference admission and transportation	! Potentially eligible	Excludes meals and lodging
Medical grade face mask	✔ Eligible	
Medical newsletter	✖ Ineligible	
Medical records charges	✔ Eligible	
Medicated lip balm/cream	✔ Eligible	OTC
Menstrual pain relievers	✔ Eligible	OTC
Mentally handicapped residential or group home	! Potentially eligible	
Missed appointment fees	✖ Ineligible	
Moisturizers	✖ Ineligible	
Mouthwash	✖ Ineligible	
Nasal sprays/strips for snoring	! Potentially eligible	OTC
New parent/newborn child care classes	✖ Ineligible	
Nicotine patches, gum, lozenges	✔ Eligible	OTC
Non-prescription eyeglasses, sunglasses, safety glasses or contacts	✖ Ineligible	
Nutritional consultation	! Potentially eligible	
Nutritional counseling	! Potentially eligible	
Nutritional List	! Potentially eligible	
Occlusal guards to prevent teeth grinding	✔ Eligible	
Orajel pain relief	✔ Eligible	OTC
Orajel toothpaste	✖ Ineligible	
Oral surgery	✔ Eligible	
Oral wound treatments (cold sores)	✔ Eligible	OTC
Organ transplant (including donor's expenses)	✔ Eligible	
Orthodontics	✔ Eligible	
Orthopedic inserts	✔ Eligible	OTC
Orthopedic shoes	! Potentially eligible	
Oxygen and oxygen equipment	✔ Eligible	
Oxygen equipment	✔ Eligible	OTC
Pain relievers	✔ Eligible	OTC
Patient responsibilities	✔ Eligible	Patient responsibilities under the medical, dental or vision plan solely because of the plan's deductible, copay (coinsurance), reasonable and customary charge limit or benefit limit
Personal trainer fees	! Potentially eligible	
Petroleum jelly	! Potentially eligible	
Physical exams (routine, medical, well-child)	✔ Eligible	
Physical therapy	✔ Eligible	

Item	Eligibility	Notes
Pregnancy test kits	✔ Eligible	OTC
Prenatal vitamins	✔ Eligible	OTC
Prenatal/postnatal exams	✔ Eligible	
Prepayments	✖ Ineligible	
Prescription drugs	✔ Eligible	Prescription drugs imported from other countries are not covered
Prescription drug discount program fees	✖ Ineligible	
Prescription drugs and medicines imported from other countries	✖ Ineligible	
Prescription drugs that also have a cosmetic purpose (e.g., Retin-A, Rogaine, Botox, Propecia)	! Potentially eligible	
Preventive care screenings (e.g., mammogram, colonoscopy)	✔ Eligible	
Probiotics	! Potentially eligible	
Prosthesis	✔ Eligible	
Psoriasis treatment	✔ Eligible	OTC
Psychiatric care	✔ Eligible	
Reading glasses	✔ Eligible	OTC
Respiratory treatments	✔ Eligible	OTC
Rubbing alcohol	✔ Eligible	OTC
Sanitizing Wipes	✔ Eligible	OTC, must have 60% or more alcohol
Shampoo	✖ Ineligible	
Shaving cream	✖ Ineligible	
Shipping and handling fees for eligible expenses	✔ Eligible	
Skin irritation treatment	✔ Eligible	
Sleep aids and sedatives	✔ Eligible	
Sleep study	✔ Eligible	
Smoking cessation medications/programs	✔ Eligible	
Special education costs for dependents with disabilities	! Potentially eligible	
Special foods/beverages	✖ Ineligible	
Speech therapy	✔ Eligible	
Sports training and activities	✖ Ineligible	
St. John's wort	! Potentially eligible	
Stem cell harvesting and/or storage	! Potentially eligible	
Stomach remedies	✔ Eligible	OTC
Sunburn treatments	✔ Eligible	OTC
Sunscreen	✔ Eligible	Must be broad spectrum and at least SPF 15, OTC
Support stockings (e.g., Jobst stockings)	! Potentially eligible	
Surrogate expenses	✖ Ineligible	
Swimming lessons	✖ Ineligible	

Item	Eligibility	Notes
Swimming pool and maintenance	✖ Ineligible	
Tanning salons and equipment	✖ Ineligible	
Taxes paid for eligible expenses	✔ Eligible	
Teeth whitening	✖ Ineligible	
Telephone/television equipment for hearing impaired persons	! Potentially eligible	
Thermometers	✔ Eligible	OTC
Throat lozenges/cough drops	✔ Eligible	OTC
Transportation costs of disabled individual commuting to and from work	✖ Ineligible	
Transportation expenses relative to health care	✔ Eligible	Corresponding medical documentation requested
Travel for general health improvement	✖ Ineligible	
Tubal ligation/tubal ligation reversal	✔ Eligible	
Umbilical cord freezing and storing	! Potentially eligible	
Vaccinations	✔ Eligible	
Varicose veins treatment	✔ Eligible	
Vasectomy/vasectomy reversal	✔ Eligible	
Veneers	✖ Ineligible	
Vitamins and minerals	! Potentially eligible	
Walkers/canes (purchase or rental)	✔ Eligible	
Wart remover products	✔ Eligible	OTC
Weight loss program, medications and treatments	! Potentially eligible	Must be prescribed by a physician for a specific medical condition, excludes food
Wheelchair (purchase or rental)	✔ Eligible	
Wigs	! Potentially eligible	
Wrist/joint supports	✔ Eligible	OTC
X-rays	✔ Eligible	
Yeast infection medication	✔ Eligible	OTC

It is the members' responsibility to ensure eligibility requirements as well as if they are eligible for the expenses submitted.

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

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

SUM4291-1E (5/23)

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

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

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 14858 Lexington, KY 40512
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**.

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

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 identification card. All others may call 1-855-258-6518 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.

ማሳሰቢያ (Amharic)፦ ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意（Chinese）：此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您将會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره *855-258-6518* تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d’assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d’obtenir ces informations ainsi qu’une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d’adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu’à l’invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d’être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọ́kwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shį́į́ t'áá bich'į'jį' ha'át'íishį́į́ ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchíid hodoo'niidjį'. Naalnishí haadzį́į'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरू सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te manaʻomia ai le faia o se gaioiga i nisi taimi faʻagata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'ailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ *855-258-6518* پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہئیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhấn số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.