



Transition Coverage Request

Personal and confidential

Here's the form you asked for—it's to ask for transition-of-care coverage from us. If we approve your request, we'll cover ongoing care. Then, you'll get the most benefits from:

- An out-of-network doctor
- A doctor whose network status has changed (like if he/she isn't in our network anymore)
- Certain other health care providers who have treated you

Once we review your form, we'll send you a letter and explain our decision.

Some things you should know about transition-of-care coverage

You'll find answers to commonly asked questions on the other side of this form. Please take some time to read them before filling this out.

Transition-of-care coverage doesn't apply if your provider is in our network (participating), or is part of your plan's highest benefit tier. You can find in-network providers on your secure member website. Or, just call us. Our Member Services number is on your member ID card.

How to complete the form and send it to us

Step 1: Fill out these sections:

- Section 1 (Subscriber and patient information): Your plan information is on the front of your ID card.
- Section 2 (Authorization): Read the authorization, then sign and date the form.

Step 2: Give the form to the doctor/health care provider to complete Section 3. This includes the diagnostic and treatment information we ask for on **page 4**.

Step 3: **Fax** the completed form to us for review. And, complete one form for each health care provider.

Fax medical and mental health/substance abuse requests to 1-888-934-7941.

Be sure to complete all fields on pages 3 and 4. We'll answer your request faster that way.

Aetna transition-of-care coverage questions and answers

Q What is transition-of-care (TOC) coverage?

A TOC coverage is temporary. You can get TOC when you become a new member of an Aetna medical benefits plan. Or when you change your Aetna plan. And, you have a doctor treating you who:

- Isn't in our network
- Isn't included in Aexcel®, Tier 1 (for tiered network plans) or plan sponsor-specific networks, and your benefits change to include one of these networks

TOC coverage also applies when your doctor leaves our network, changes network status or if certain laws or rules require coverage. If we approve TOC coverage, it allows you (if you're already getting treatment) to continue the treatment **for a limited time** at the highest plan benefits level.

TOC coverage is only for the requested doctor. Except in New York, TOC coverage doesn't include health care facilities, durable medical equipment (DME) vendors or pharmaceutical items. If we approve TOC coverage, the doctor must use a health care facility, DME vendor or pharmacy vendor in our network. If you want to ask for coverage for a vendor or facility outside of our network, just call us. Our Member Services phone number is on your Aetna ID card.

Q What is an active course of treatment?

A. An active course of treatment means you already started a program of planned services with your doctor. This is to correct or treat a diagnosed condition. The start date is the first date of service or treatment. An active course of treatment covers a certain number of services or period of treatment for special situations. Some active course-of-treatment examples may include, but aren't limited to members who:

- Enroll with us after 20 weeks of pregnancy; this is unless there are specific state or plan rules. (We review members less than 20 weeks pregnant and who we confirm are high risk on a case-by-case basis.)
- Have completed 14 weeks of pregnancy or more and are getting care from an in-network provider whose network status changes.
- Are in an ongoing treatment plan, like chemotherapy or radiation therapy.
- Have a terminal illness and are expected to live six months or less.
- Need more than one surgery, such as cleft palate repair.
- Have recently had surgery.
- Are being treated for a mental illness or for substance abuse. (The member must have had at least one treatment session within 30 days before the status of the member or the participating health care provider changed.)
- Have an ongoing or disabling condition that suddenly gets worse.
- May need or have had an organ or bone marrow transplant.

Before we can consider you for this coverage, your treatment must have started before one of the following:

- The enrollment or re-enrollment date
- The date your doctor left the Aetna network
- The date a doctor's network status **changed**

Q. What other types of providers, besides doctors, can be considered for this coverage?

A. This includes health care professionals like physical therapists, occupational therapists, speech therapists and agencies that provide skilled home care services, such as visiting nurses. TOC is considered for in-network hospitals only when the facility isn't chosen for the highest benefit level for plans that include tiered networks. TOC doesn't apply to other health care facilities (for example, skilled nursing facility), DME vendors or pharmaceutical items.

Q. If I'm currently receiving treatment from my doctor, why wouldn't you approve my request for TOC coverage?

A. If you're getting treatment, the procedure or service must be a covered benefit. Your doctor must also agree to accept the terms explained on the TOC request form.

Q. My primary care physician (PCP) is no longer in your network. If my plan requires me to select a PCP, can I still see my doctor?

A. If you're getting treatment, you may still be able to visit your PCP, even if he/she leaves the network. In all states, except Texas and New Jersey, you may need to select a PCP in our network. In Texas and New Jersey, TOC may apply to PCPs. Talk to your PCP so that he/she can help you with your future health care needs.

Q How long does TOC coverage last?

A Usually, TOC coverage lasts 90 days. But this may vary based on your condition (for example, pregnancy). We'll tell you if we approve your TOC coverage request and how long the coverage will last.

Q How do I sign up for TOC coverage?

A Just call us using the Member Services number on your Aetna ID card. Remember to send this request form to us:

- Within 90 days of when you enroll or re-enroll
- Within 90 days of the date the health care provider left our network
- Within 90 days of a doctor's network status change

You or your doctor can send in the request form.

Q How will I know if you approve my request?

A. We'll mail you a letter. The letter will say whether or not we approved your request.

Q Does TOC coverage apply to the Traditional Choice® or Medicare Advantage PPO ESA (extended service area) plans?

A No.

Q What if I have an Aexcel or plan sponsor-specific network plan?

A. If we approve your coverage, you may still receive care at the highest benefits level for a certain time period. If you continue treatment with this doctor after the approved time period, your coverage would be limited to what your plan allows. This means you may have lower benefits or no benefits.

Q What if I have questions about TOC coverage?

A We're here to help and support you. Just call us. Our Member Services phone number is on your ID card. If you have questions about TOC mental health services, you can call the Member Services phone number on your ID card. Or if listed, the mental health or behavioral health number.



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Fully insured commercial members in California shouldn't use this form.

Medical Mental health/substance abuse

Please let us know above whether this request is for medical treatment or mental health/substance abuse treatment.

1. Subscriber and patient information

Subscriber's name (please print)	Subscriber's Aetna ID number
Subscriber's address (print)	
Patient's name (print)	Birthdate (MM/DD/YYYY)
Patient's address (print)	Telephone number
	Plan type/product
Telephone number for patient/subscriber submitting request (Business hours, 9 a.m. – 5 p.m.)	Last date of treatment before beginning Aetna coverage (as applicable)

2. Authorization

I'm asking for approval for coverage of my ongoing care from the health care provider named below. This is for treatment started before my effective date with Aetna, or before the end of the provider's contract with the network, or before the provider's network status changes. If you approve my request, I know the approval for coverage of services will be valid for a certain period of time. I give permission for my health care provider to send any medical information and/or records to Aetna to make a decision.

Patient's signature (required if patient is age 17 or older)	Date (MM/DD/YYYY)
Parent's signature (required if patient is age 16 or younger)	Date (MM/DD/YYYY)

3. Provider information (Note: Provide all specific information; this will help avoid a delay while processing your request.)

Name of treating doctor or other health care provider (print)	Telephone number
Contact name of office personnel to call with questions	
Address of treating doctor or other health care provider (print)	Tax ID number
Signature of treating doctor or other health care provider	Date (MM/DD/YYYY)

This patient is an Aetna member as of the effective date above. We understand you're not or soon won't be in our network. The patient has asked that we cover your care for a specific time period. This is because of a condition, such as pregnancy, that is considered an active course of treatment. We define an active course of treatment as: "A program of planned services starting on the date the provider first gives a service to correct or treat the diagnosed condition and covering a defined number of services or period of treatment and includes a qualifying situation."

Please include a brief statement of the patient's current condition and treatment plan. For pregnancies, include the estimated date of confinement (EDC). If we approve this request, you agree:

- To give the patient treatment and follow-up
- Not to ask for more payment from this patient, other than the patient responsibility under the patient's plan of benefits (for example, patient's copayment, deductibles or other out-of-pocket requirements)
- To share information on the patient's treatment with us

You also agree to use our network for any referrals, lab work or hospitalizations for services not part of the requested treatment. In New York state, the provider completing the form may not be leaving the network, but may ask for continuing care to be provided by a hospital that is leaving the network.



Transition Coverage Request

ECHS category - TCRF

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Patient's name (please print)	Birthdate (MM/DD/YYYY)
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Provider: Complete the diagnostic and treatment information below describing the active course of treatment.

Description of all medical and behavioral health-related diagnoses (for example, pregnancy, cancer, depression, post-operative). Include all ICD codes	Description of all treatment and procedures. Include all CPT codes	Date of original surgery, if applicable	Date care was initiated	Dates of current treatment <i>(Provide copies of medical records from the last office visit.)</i>	Number of other visits needed <i>(For pregnancy, include EDC.)</i>

Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention North Carolina residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

Attention Pennsylvania residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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TTY: 711

This Notice has Important Information. You may need to take action by certain dates to keep your health coverage or help with costs. For help in English at no cost, you can call the number on your ID card. (English)

Este aviso contiene información importante. Es posible que deba realizar determinadas acciones en ciertas fechas para mantener su cobertura de salud u obtener ayuda para pagar los costos. Para obtener ayuda en español sin cargo alguno, llame al número que figura en su tarjeta de identificación. (Spanish)

本通知包含重要資訊。您可能需要在特定日期前採取行動，以保留您的健康承保或關於費用的協助。如欲免費取得中文幫助，您可撥打您保險卡上的電話號碼。(Chinese)

Le présent avis contient des informations importantes. Vous devrez peut-être prendre des mesures à partir de certaines dates pour garder votre couverture santé ou obtenir des aides pour payer les coûts. Pour obtenir de l'aide en Français sans frais, vous pouvez appeler le numéro sur votre carte d'identification. (French)

Ang Abisong ito ay Naglalaman ng Mahalagang Impormasyon. Maaaring kailanganin mong gumawa ng aksyon sa tiyak na mga petsa upang mapanatili ang pagsakop sa iyong kalusugan o tulong na may gastos. Para sa tulong sa Tagalog na walang gastos, maaari kang tumawag sa numero sa iyong ID card. (Tagalog)

Díí saad ilíinii baa hane'. Díí níké'éstí'ígúí éí doodago béeso da bee níká a'doowoígúí bikáa'go da át'éé dooleel áko t'áadoo bee e'e'aahí baa yílkaahgóó tsxíígo hasht'e díilíí nú da dooleel. (Diné k'ehjí) bee shíká a'doowoł nínízíngo Naaltsoos nanítíngo bee néého'dolzinígúí béesh bee hane'í bikáa' áko áájí' hodíilnih t'áadoo bááh ílínígóó (Navajo)

Diese Mitteilung enthält wichtige Informationen. Wenn Sie Ihren Krankenversicherungsschutz beibehalten möchten oder Hilfe beim Bestreiten der Kosten benötigen, müssen Sie u. U. innerhalb einer bestimmten Frist handeln. Für kostenfreie Hilfe auf Deutsch können Sie die Nummer auf Ihrer Versicherungskarte anrufen. (German)

Ky njoftim përmban informacion të rëndësishëm. Juve do t'ju duhet të merrni masat e duhura përpara afateve të përcaktuara për të ruajtur siguracionin shëndetësor ose asistencën shëndetësore mbi kostot. Për asistencë falas në gjuhën shqipe, ju mund të telefononi në numrin e regjistruar në kartën tuaj të identitetit (ID). (Albanian)

ይህ ማስታወቂያ ጠቃሚ መረጃ አለው። የጤና ሽፋንዎን ለመጠበቅ ወይም በከፍተኛ በተወሰኑ ቀናት ውስጥ ወደ ተግባር መግባት አለብዎት። በነጻ ድጋፍ ለመግኘት (አማርኛ) በመታወቅዎ ያለው ስልክ መደወል ይችላሉ። (Amharic)

حتوي هذا الإشعار على معلومات مهمة. لذا يجب أن تتخذ الإجراءات اللازمة في المواعيد المحددة للحفاظ على تغطيتك الصحية أو للحصول على مساعدة في التكاليف. ولتلقى المساعدة ب (اللغة العربية) مجاناً، يمكنك الاتصال على الرقم الموجود في بطاقة الهوية. (Arabic)

Iri Tangazo ririmwo amakuru afise akamaro gakomeye cane. Ni ivy'ikimazi ko ugira ico ukoze ku matariki yashinzwe kugira ntutakaze uburenganzira bwo kuvuzwa canke iyindi mfashanyo ikenera amafaranga. Ku bijanye n'ivyo wokenera ko bagufasha (bijanye no gutahura ururimi) ata mafaranga urishe, urashobora guhamagara iyo numero iri kuri ako ga karata ndangamuntu kawe. (Bantu-Rundi)

এই বিজ্ঞপ্তিতে গুরুত্বপূর্ণ তথ্য রয়েছে। আপনাকে হয়তো স্বাস্থ্য আওতাধীন বজায় রাখার জন্য অথবা খরচ দিয়ে সাহায্যের জন্য নির্দিষ্ট তারিখের মধ্যে ব্যবস্থা গ্রহণ করতে হতে পারে। বিনামূল্যে বাংলা ভাষাতে সহায়তার জন্য আপনি আপনার আইডি কার্ডে যে নম্বরটি রয়েছে তাতে কল কল করতে পারেন। (Bengali-Bangala)

ဤအကြောင်းကြားစာတွင် အရေးကြီးသည့်အချက်အလက်ပါရှိသည်။ သင့်ကျန်းမာရေးအာမခံသို့မဟုတ် ကုန်ကျစရိတ် အကူအညီကိုဆက်လက်ထားရှိရန် သတ်မှတ်ထားသည့်ရက်စွဲအတွင်း သင်ဆောင်ရွက်ရပါမည်။ (မြန်မာ/ဗမာ)ဘာသာစကားဖြင့် ကုန်ကျမှုမရှိဘဲအကူအညီရယူရန် သင့် ID ကတ်ပေါ်ရှိဖုန်းနံပါတ်ကို သင်ခေါ်ဆိုနိုင်ပါသည်။ (Burmese)

AD JLZCWLJA O'fomL DLZJ4J hEtθ. hJ RPω GP'AJ hLSPωWθ θωY YLδY bS ωL4P.θ
θT hEωTR iGY SLhB° GSUAT Dδ LPEGPωE DPωSPωY. θωYθZ L AΓωAJ JEGP.J JY
DPωSPωY θωY (GWY), Dω'h JPZP.J J9L O'θT DLACωAJ DThhωAJ θωY JPZP.J AωY
J4ωAJ. (Cherokee)

Beeksisni kun odeefannoo barbachisa of keessa qaba. Fayummaa keessaan egachuuf ykn wa'ee fayyumaa keessanii ilaalchisee gargarfa argachuufii yeroo merta'ee kana keessatti tarkanfii fudhachu qabdu. Afaan (oromoon) basii tokko malee lakkofsa enyumessaa keessanin bililuu dandessuu. (Cushite)

Dit bericht bevat belangrijke informatie. Het kan zijn dat u vóór bepaalde data actie moet ondernemen om uw zorgverzekering of bijstand in de kosten te behouden. Voor gratis hulp in het Nederlands kunt u het nummer op uw identiteitskaart bellen. (Dutch)

Avi sa a gen enfòmasyon enpòtan ladan. Petèt y ap egzije ou pou pran sèten aksyon nan sèten dat limit yo pou kenbe pwoteksyon sante ou yo oswa ede avèk depans yo. Pou jwenn asistans gratis nan lang Kreyòl Ayisyen, ou kapab rele nimewo a yo ekri nan kat idantifikasyon ou. (French Creole)

Η παρούσα ανακοίνωση περιέχει σημαντικές πληροφορίες. Ίσως χρειαστεί να προβείτε σε κάποιες ενέργειες μέσα σε συγκεκριμένες προθεσμίες για να διατηρήσετε την υγειονομική κάλυψη ή βοήθειά σας με χρέωση. Για βοήθεια στα ελληνικά χωρίς χρέωση, μπορείτε να καλέσετε τον αριθμό που αναγράφεται στην κάρτα σας. (Greek)

આ નોટિસમાં એક મહત્વની માહિતી છે. તમારે અમુક તારીખ સુધીમાં પ્રક્રિયા કરવી પડશે. તમારા આરોગ્ય વિમાની પોલિસીની રકમ સંબંધિત ક્રિયા કે પ્રક્રિયા કરવી પડશે અથવા ખર્ચ ભોગવવો પડશે. (ગુજરાતી)માં કોઈ પણ ખર્ચ વિના મદદ મેળવવા માટે તમારા ઓળખ પત્રમાં આપેલા નંબર પર ફોન કરી શકો છો. (Gujarati)

इस नोटिस में ज़रूरी जानकारी है। आपको अपनी स्वास्थ्य कवरेज को बनाये रखने या लागतों में सहायता के लिए कुछ विशिष्ट तारीखों तक कार्रवाई करनी पड़ सकती है। बिना किसी लागत के (हिन्दी) में सहायता के लिए, आप अपने आईडी कार्ड पर दिये नम्बर पर कॉल कर सकते हैं।(Hindi)

Daim ntawv ceeb toom no muaj lus qhia tseem ceeb. Koj yuav tsum tau ua qee yam ua ntej cov sib hawm teev tseg kom koj txoj kev pab kho mob dawb los yog kev pab kho mob them nqi qis muaj txuas mus ntxiv. Yog xav tau kev pab hais koj hom lus (Hmoob) pub dawb, koj hu tau rau tus xov tooj ntawm koj daim npav. (Hmong)

Ọkwa a nwere Ozi di Mkpa. I nwere ike choọ ime mme'e n'ufodu deeti iji dozie mkpuchi ahũike gi maõbu nyè aka na imefu ego. Maka ènyèmaka n'lgbo nke efughi ego, i nwere ike kpõõ nõmba nõ na kaadi ID gi. (Ibo)

Daytoy a Pakdaar ket Addaan ti Napateg nga Impormasion. Mabalin a kalikagumanyo ti mangaramid ti addang kadagiti espesipiko a petsa tapno agtalinaed ti panangsaklaw iti salun-atyo wenno tulong nga adda bayadanyo. Para iti tulong iti *pagsasao* nga awan bayadanyo, tawaganyo ti numero idia ID cardyo. (Ilocano)

Questo avviso contiene importanti informazioni. Potrebbe essere necessario intraprendere un'azione entro alcune date particolare per conservare la copertura o l'assistenza sanitaria entro i costi previsti. Per ricevere assistenza in (italiano) gratuitamente, può chiamare il numero di telefono riportato sulla Sua scheda identificativa. (Italian)

本通知は大切なお知らせです。健康保険を保持するため、もしくは費用を抑えるために一定期日までに措置を講じなければならない場合があります。無料にて日本語でお問い合わせになりたい場合はIDカードに記載されている番号までお電話ください。(Japanese)

တၢ်ဘိးဘၣ်သ့ၣ်ညါအံၤဖအိၣ်ဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤလၢၣ်အံၤခိၣ်ညါလိၤၣ်ၣ်ဖနကဘၣ်ဗဟံးဂ့ၢ်ဝိမာတၢ်ဗဲမ့ၢ်န့ၢ်လၢၣ်တၢ်ဟပနီၣ်လၢၣ်ကွံၣ်ဖလၢၣ်နကပၣ်ဃာၣ်ဒံးနတၢ်အိၣ်ဆူၣ်အိၣ်ခၣ်တၢ်မၤၣ်တၢ်အုၣ်ကိၤဗမ့ၢ်တမ့ၢ်တၢ်ဟ့ၣ်မၤၣ်လၢၣ်တၢ်လၢၣ်ဘၣ်လၢၣ်တၢ်တဖၣ်လိၤၣ်ၣ်ဖလၢၣ်နကမ့ၢ်ဗတၢ်တဲၣ်ကျိၤစၣ်နဖၣ်(ကညီကျိၣ်)ဖလၢၣ်တၢ်အိၣ်ဒီးတၢ်လၢၣ်ဘၣ်လၢၣ်တၢ်အိၣ်ဒီးတၢ်လၢၣ်ဘၣ်လၢၣ်အံၤခိၣ်ညါလိၤၣ်ၣ်ဖနကဘၣ်ဗဟံးဂ့ၢ်ဝိမာတၢ်ဗဲမ့ၢ်န့ၢ်လၢၣ်တၢ်ဟပနီၣ်လၢၣ်ကွံၣ်ဖလၢၣ်နကပၣ်ဃာၣ်ဒံးနတၢ်အိၣ်ဆူၣ်အိၣ်ခၣ်တၢ်မၤၣ်တၢ်အုၣ်ကိၤဗမ့ၢ်တမ့ၢ်တၢ်ဟ့ၣ်မၤၣ်လၢၣ်တၢ်လၢၣ်ဘၣ်လၢၣ်တၢ်တဖၣ်လိၤၣ်ၣ်ဖလၢၣ်နကမ့ၢ်ဗတၢ်တဲၣ်ကျိၤစၣ်နဖၣ် (Karen)

본 통지서에는 중요한 정보가 담겨져 있습니다. 건강 보험을 계속 유지하거나 비용 관련 도움을 계속해 받으시려면 특정 일자까지 조치를 취하셔야 할 필요가 있습니다. 무료로 한국어로 도움을 받고 싶으시면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

Céè-dè nià ke bédè bǐ kpa de dò bó m̀ bì. M̀ kǐ bé m̀ ké de díé bǐ nyu hwè bé wé bǐ wa mu nyéné dǎ̀ùn céè-dè m̀éé ké zi. M̀ dyé náa nyuín, ní, wa mu ní wé jè gbo gm̀̀ùn m̀w wa mu ní jè pé̀ìn ɔ̀ jǔ ké m̀ dyi wé ní. M̀ b́éìn gbo-kpá-kpá dyéé Bǎs̀ẁ-̀ẁd̀̀ùn m̀ú b́é m̀ ké se wíqí d̀ò péè. Dá nòbà nià ni ID-Káà̀ò k̀è. (Kru-Bassa)

ئهم ر ئگهيانندنه داگرى زانبارى گرنگه. رهنگه پيويست بکات ههسته به پيدانى تيجوو هکانى بهر له ريكهوتیکى ديار يکراو بو بهر دهوامبون له بهکار هينانى بيمهى تهنروسنيت يان وهرگرنتى يارمهتى. بو وهرگرنتى رينمايى بهخوڤرايى به زمانى کوردى، دهتوانيت پهيوهندى بکهيته به ژماره تهلهفونى ناو کارتى پيناسهئى خوټ (Kurdish)

ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນສໍາຄັນ. ທ່ານອາດຈະຕ້ອງປະຕິບັດຕາມ ພາຍໃນວັນທີ່ສົມຄວນ ເພື່ອຮັກສາການປະກັນຄຸ້ມຄອງສຸຂະພາບ ຫຼື ຊ່ວຍກັບລາຍຈ່າຍ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກັບພາສາລາວ ໂດຍບໍ່ເສຍຄ່າ, ທ່ານສາມາດໂທຫາໝາຍເລກ ທີ່ຢູ່ໃນບັດປະຈໍາຕົວ ຂອງ ທ່ານ. (Laotian)

Ewōr Kein Kōjelā ko Raurōk ilo Enaan in. Kwomaroñ aikuj makūtkūt mokta jān juon raan emōj an kaalikkar bwe kwon maroñ kōjparrok insurance eo in taktō eo am jāān in jipañ. Ñan bōk jipañ ilo *Kajin Majol* ejjelok wōnān, kwomaroñ kallok ñan nōmba eo ej walk ilo kaat in ID eo am. (Marshallese)

សេចក្តីជូនដំណឹងនេះ មានព័ត៌មានសំខាន់ៗ។ អ្នកអាចត្រូវធ្វើសកម្មភាព ត្រឹមកាលបរិច្ឆេទជាក់លាក់ ដើម្បីទទួលបានការរ៉ាប់រងលើចំណាយផ្នែកសុខភាព ឬ ជំនួយសម្រាប់ចំណាយនានា។ សម្រាប់ជំនួយជាការសាខ្មែរ ដោយឥតគិតថ្លៃ អ្នកអាចទាក់ទងលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។ (Mon-Khmer, Cambodian)

यो सूचनामा महत्त्वपूर्ण जानकारी छ । तपाईंले पाइरहेको स्वास्थ्य बिमा पाइरहन वा तपाईंको खर्चको भुक्तानीमा सहायता पाउन निश्चित समय-सीमाभित्र काम-कारवाही गर्नुपर्ने हुनसक्छ । नेपाली मा निःशुल्क भाषा सहायता पाउनका लागि तपाईंको परिचय-पत्रमा उल्लेख गरिएको नम्बरमा फोन गर्नुहोस् । (Nepali)

Lëk kë anɔŋɔc thõnrilic kør ba piŋ apieth. Yen akør ba ye kë lëkkë yin në dɔc loi të cîn gääu kua në thaa kørë yen ba loi, ago aguer duñ bîn ya lɔ të nɔŋ Akim kua kony në yõõny de wal ke pan Akim ŋoot ke to thîn abac kë cîn wëu kørke. Yen na kør bî yî kony në gëër de thokic abac ke cîn weu kørke, ke yî col nomba tō në ID card duic. (Nilotic-Dinka)

Denne meldingen inneholder viktig informasjon. Du må kanskje foreta deg noe før visse datoer for å beholde helsedekningen eller for hjelp med kostnader. Hvis du trenger kostnadsfri hjelp på norsk, kan du ringe nummeret på ID-kortet ditt. (Norwegian)

ਇਸ ਨੋਟਿਸ ਵਿੱਚ ਜ਼ਰੂਰੀ ਜਾਣਕਾਰੀ ਦਿੱਤੀ ਗਈ ਹੈ। ਆਪਣੀ ਸਿਹਤ ਕਵਰੇਜ ਨੂੰ ਬਣਾਏ ਰੱਖਣ ਲਈ ਜਾਂ ਲਾਗਤਾਂ ਵਿੱਚ ਮਦਦ ਲਈ ਤੁਹਾਨੂੰ ਕੁਝ ਖਾਸ ਤਾਰੀਖਾਂ ਤੱਕ ਕਾਰਵਾਈ ਕਰਨੀ ਪੈ ਸਕਦੀ ਹੈ। ਬਿਨਾਂ ਲਾਗਤ ਦੇ (ਪੰਜਾਬੀ) ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਲਈ, ਤੁਸੀਂ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ। (Panjabi - Punjabi)

Selle Notice hot wichtige Information. Vielleicht brauchsch du eppes duhe bis en gewisse Daadem um dei Gsund Inschurans zu behalde odder mit Koschde zu helfe. Fer Helfe in Deitsch mit kenne Koschde, du kannsch die Nummer uff dei ID Kaarde aarufe. (Pennsylvanian Dutch)

این اطلاعیه حاوی اطلاعاتی مهم است. ممکن است که لازم باشد شما برای حفظ بیمه سلامت خود و یا کمک به هزینه های درمانی خود در تاریخ های معینی اقداماتی انجام دهید. برای دریافت کمک به زبان فارسی به صورت مجانی، می توانید با شماره تلفن موجود روی کارت شناسایی خود تماس حاصل کنید. (Persian-Farsi)

Niniejsze pismo zawiera ważne informacje. Aby zachować ubezpieczenie zdrowotne lub zaoszczędzić pieniądze konieczne może być podjęcie pewnych działań w określonych terminach. Aby uzyskać bezpłatnie pomoc w języku polskim, proszę zadzwonić pod numer podany na karcie identyfikacyjnej. (Polish)

Este Aviso disponibiliza Informação Importante. Poderá ter de tomar determinadas ações até certas datas para manter a cobertura do seu seguro de saúde ou auxílio com custos e despesas. Poderá contactar o número disponível no seu cartão de identificação para obter assistência em português gratuitamente. (Portuguese)

В цьому повідомленні є важлива інформація. Можливо, вам буде потрібно взяти деякі заходи до певних дат, щоб зберегти ваше медичне страхування або зменшити ваші витрати. Щоб безплатно отримати інформацію українською мовою, телефонуйте за номером, вказаним на вашій ідентифікаційній картці учасника плану. (Ukrainian)

اس نوٹس میں اہم معلومات ہیں۔ اپنی ہیلتھ کوریج کو برقرار رکھنے یا اخراجات سے نمٹنے میں مدد کے لیے آپ کو مخصوص تاریخوں تک کارروائی کرنے کی ضرورت ہو سکتی ہے۔ بغیر کسی خرچے کے (اردو زبان) میں مدد حاصل کرنے کے لیے، آپ اپنے آئی ڈی کارڈ پر درج نمبر پر کال کر سکتے ہیں۔ (Urdu)

Thông Báo này có Thông Tin quan trọng. Quý vị có thể cần thực hiện vào những ngày nhất định để giữ bảo hiểm của quý vị hoặc được trợ giúp chi phí. Để được trợ giúp bằng tiếng Việt miễn phí, quý vị có thể gọi đến số điện thoại ghi trên thẻ ID của quý vị. (Vietnamese)

די מעלדונג אנטהאלט וויכטיגע אינפארמאציע. איר קענט מעגליך דארפן נעמען שריט ביז געוויסע דאטומען כדי אנצוהאלטן אייער געזונטהייט דעקונג אדער הילף מיט אפצאלן. פאר הילף אין אידיש פריי פון אפצאל קענט איר רופן דעם נומער אויף אייער אידענטיטעט קארטל. (Yiddish)

Ìwé Àkíyèsì yìí ní Àlàyé tó ẹ̀ Pàtàkì nínú. Ìwọ̀ lẹ̀ nílò láti gbé ìgbésẹ̀ ní àwọ̀n ojú kan láti lẹ̀ ẹ̀í máa gbádùn ààbò fún itọ́jú ìlera tàbí ìrànlọ́wọ̀ nípa sísan owó fún itọ́jú ìlera. Fún ìrànlọ́wọ̀ ní èdè (Yorùbá) láì sanwó, o lẹ̀ pe nọmbà tó wà lórí kààdì ìdánimọ̀ rẹ̀. (Yoruba)