

# 2018 GROUP MEDICARE PLAN MINNEAPOLIS RETAIL MEAT CUTTERS



2018	Group Senior Gold <sup>SM</sup> with Group MedicareBlue <sup>SM</sup> Rx(PDP) \$10/\$25/\$60/25%
<b>Monthly premium</b> You must continue to pay your Medicare Part B premium	<b>\$300.50 Retiree</b> <b>\$601.00 Retiree and Spouse</b>
<b>Plan descriptions</b>	A Medicare Select/ Supplement plan and a stand-alone prescription drug plan with a Medicare contract
<b>Residency requirements</b>	<b>Group Senior Gold:</b> Must be a permanent resident of the United States <b>Group MedicareBlue Rx:</b> Must be a permanent resident of the United States
<b>Provider networks</b>	<b>Group Senior Gold:</b> Any Medicare contracted provider nationwide  <b>Group MedicareBlue Rx:</b> Over 67,000 pharmacies nationwide
<b>Individual lifetime maximum</b>	None
<b>Deductible</b> Medical or Prescription Drug	None
<b>Out of pocket maximum</b> Medical only	None (medical)
<b>Medical coverage</b>	<b>Group Senior Gold</b>
<b>Office visits</b>	
Primary care/specialist visits	100% coverage
Chiropractic care (manual manipulation of the spine)	100% coverage
<b>Inpatient care</b>	
Hospital care	100% coverage
Skilled nursing facility	100% coverage
<b>Outpatient care</b>	
Ambulatory surgery center	100% coverage
Diagnostic tests, X-rays, and lab services	100% coverage
Physical, speech, and occupational therapy	100% coverage
Home health care	100% coverage
<b>Emergency/Urgent care</b>	
Emergency care	100% coverage 80% coverage for foreign travel emergency
Urgent care	100% coverage
Ambulance service	100% coverage
<b>Medical coverage</b>	<b>Group Senior Gold</b>
<b>Other outpatient services</b>	
Certain outpatient prescription drugs covered under Medicare Part B	100% coverage
Durable medical equipment	100% coverage

H2461\_081616\_AA02 Internal Approved 08/19/2016

S5743\_081616\_GB16\_MN Internal Approval 08/18/2016

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Diabetic supplies (includes glucose monitors, test strips, lancets)	100% coverage
<b>Preventive care</b>	
Annual routine physical, eye exam, and hearing screening	100% coverage
Additional services and support	24-hour Nurse Line, Silver&Fit® Exercise and Healthy Aging Program, eyewear and hearing aid discounts
<b>Prescription Drug Coverage</b>	<b>Group MedicareBlue Rx (prescription drug) \$10/\$25/\$60/25%</b>
No deductible and no coverage gap  Amounts shown are for a 30-day supply  <b>Two copays for a 90-day supply by mail order or at a preferred extended supply retail pharmacy</b>	<b>Tier 1: Generic drugs \$10 copay</b> <b>Tier 2: Preferred Brand drugs \$25 copay</b> <b>Tier 3: Non-Preferred Brand drugs \$60 copay</b> <b>Tier 4: Specialty Tier drugs 25% coinsurance</b>  <b>Supplemental Drug Coverage:</b> 25% coinsurance for certain sexual dysfunction and cough and cold kits
Catastrophic coverage (the amount spent on supplemental drugs does not apply toward catastrophic coverage)	If your yearly out-of-pocket costs reach \$5,000, you pay the greater of: \$3.35 copay for generic or multi-source preferred brand drugs, \$8.35 copay for all other drugs, or 5% of the drug cost

Blue Cross offers Cost and PDP plans with Medicare contracts. Enrollment in these plans depends on renewal of the plan sponsor's Medicare contract. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance for Group Platinum Blue and Group MedicareBlue Rx may change on January 1 of each year. The premium for Group Senior Gold may also change on January 1 of each year. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. You may also refer to the *Summary of Benefits* and/or *Summary of Coverage and Disclosure of Information* documents provided in your enrollment kit.



# 2020 GROUP SENIOR GOLD<sup>SM</sup>

For Retirees eligible for Medicare prior to 1/1/2020

A Medicare Supplement health plan that offers coverage and peace of mind.

## PREDICTABLE COSTS AND COVERAGE

Group Senior Gold from Blue Cross and Blue Shield of Minnesota provides you with coverage to supplement Original Medicare and protection against catastrophic expenses.

While Original Medicare covers some of your health care expenses, you are still responsible for some costs. Group Senior Gold can help. The plan features:

- **Immediate protection.** You are covered right away for deductibles, copays and coinsurance for Medicare-eligible services and supplies.
- **Medical coverage when and where you need it.** Travel anywhere in the United States and receive plan benefits from any provider that accepts Medicare. No referrals needed. You'll also have 80 percent coverage for medical emergencies worldwide.
- **Preventive care.** Includes coverage for various routine services and screenings.
- **Eyewear and hearing aid discounts.** Receive preventive hearing and eye exams at no cost, plus discounts on hearing aids and eyewear at participating providers.

## BUILDING HEALTHY HABITS

Our Medicare supplement plans include tools and resources to help members create healthier habits, keep fit and stay well.

- **Caring collaborators.** Customer service representatives are available to help you understand plan benefits, find a provider, choose the right type of care and obtain health care services.
- **Nurse line.** A nurse is available 24 hours a day, seven days a week to answer health-related questions.
- **SilverSneakers<sup>®</sup>.** Stay active with SilverSneakers, which includes 16,000+ fitness locations, 50+ fitness classes and on-demand workout videos all at no additional cost.
- **Quitting tobacco.** A wellness coach is available to help you develop and maintain a plan to quit.
- **Blue365<sup>®</sup>.** With easy access to discounts on products and services for living well, Blue365 is your go-to resource. You'll find discounts on gym memberships, gear to stay fit, healthy eating options and more.

SilverSneakers<sup>®</sup> is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs.

Blue365<sup>®</sup> is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

## 2020 GROUP SENIOR GOLD

This chart highlights the medical benefits of Group Senior Gold. For information about Original Medicare benefits and additional details (including coverage limits that may apply), refer to the Summary of Coverage and Disclosure of Information. **Benefits shown are the amount you pay for Medicare-eligible services and supplies.**

BENEFIT CATEGORY	GROUP SENIOR GOLD*
<b>Deductible</b> Amount you pay before coverage begins	\$0
<b>Annual out-of-pocket maximum</b>	No maximum; minimal to no cost sharing for eligible services and supplies
<b>Doctor office visits</b> Primary care, specialists, chiropractic and podiatry services	\$0
<b>Diagnostic tests, X-rays, lab services and radiology services</b>	\$0
<b>Preventive services<sup>1</sup></b> Including "Welcome to Medicare" and annual wellness visits, routine physical, hearing tests and eye exams	\$0
<b>Cancer screenings<sup>1</sup></b> This plan provides broader coverage of cancer screenings than Original Medicare	\$0
<b>Emergency care</b> Within the United States	\$0
<b>Urgently needed care</b> Within the United States	\$0
<b>Worldwide emergency care</b>	20% coinsurance for eligible emergency care
<b>Inpatient hospital care</b> Per benefit period	\$0
<b>Skilled nursing facility care</b> Up to 100 days each benefit period	\$0
<b>Outpatient care</b> Therapy/outpatient visits, certain lab services, outpatient or ambulatory surgical center visits	\$0
<b>Diabetes programs and supplies</b>	\$0
<b>Durable medical equipment, prosthetics</b>	\$0

<sup>1</sup> Annual service and/or coverage limits apply to some preventive services.

<sup>2</sup> When all optional benefits are added.

For information about the premium you will pay for this coverage, contact your group benefit plan administrator. You must also continue to pay your Part B premium.





# 2020 GROUP SENIOR GOLD<sup>SM\*</sup>

For Retirees eligible for Medicare 1/1/2020 or later

A Medicare supplement health plan offering you coverage and peace of mind.

## PREDICTABLE COSTS AND COVERAGE

Group Senior Gold from Blue Cross and Blue Shield of Minnesota provides you with coverage to supplement Original Medicare.

While Original Medicare covers some of your health care expenses, you still have costs you pay yourself. Group Senior Gold can help. The plan features:

- **Medical coverage when and where you need it.** Travel anywhere in the United States and receive plan benefits from any provider that accepts Medicare. No referrals needed. You'll also have 80 percent coverage for medical emergencies worldwide.
- **Preventive care.** Includes coverage for various routine services and screenings.
- **Eyewear and hearing aid discounts.** Receive preventive hearing and eye exams at no cost, plus discounts on hearing aids and eyewear at participating providers.

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- **Caring collaborators.** Customer service representatives are available to help you understand plan benefits, find a provider, choose the right type of care and obtain health care services.
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\*You pay the annual Medicare Part B deductible.

## 2020 GROUP SENIOR GOLD

This chart highlights of the medical benefits of Group Senior Gold. For information about Original Medicare benefits and additional details (including coverage limits that may apply), refer to the Summary of Coverage and Disclosure of Information. **Benefits shown are the amount you pay for Medicare-eligible services and supplies.**

BENEFIT CATEGORY	GROUP SENIOR GOLD
<b>Deductible</b> Amount you pay before coverage begins	You pay 100% of the annual Original Medicare Part B deductible
<b>Annual out-of-pocket maximum</b>	No maximum; minimal to no cost sharing for eligible services and supplies
<b>Doctor office visits</b> Primary care, specialists, chiropractic and podiatry services	\$0, after you meet your Original Medicare Part B deductible
<b>Diagnostic tests, X-rays, lab services and radiology services</b>	\$0, after you meet your Original Medicare Part B deductible
<b>Preventive services<sup>1</sup></b> Including "Welcome to Medicare" and yearly wellness visits, routine physical, hearing tests and eye exams	\$0, after you meet your Original Medicare Part B deductible
<b>Cancer screenings<sup>1</sup></b>	\$0
<b>Emergency care</b> Within the United States	\$0, after you meet your Original Medicare Part B deductible
<b>Urgently needed care</b> Within the United States	\$0, after you meet your Original Medicare Part B deductible
<b>Worldwide emergency care</b>	20% coinsurance for eligible emergency care
<b>Inpatient hospital care</b> Per benefit period	\$0
<b>Skilled nursing facility care</b> Up to 100 days each benefit period	\$0
<b>Outpatient care</b> Therapy/outpatient visits, certain lab services, outpatient or ambulatory surgical center visits	\$0, after you meet your Original Medicare Part B deductible
<b>Diabetes programs and supplies</b>	\$0, after you meet your Original Medicare Part B deductible
<b>Durable medical equipment, prosthetics</b>	\$0, after you meet your Original Medicare Part B deductible

<sup>1</sup> Annual service and/or coverage limits may apply.

For information about the premium you will pay for this coverage, contact your group benefit plan administrator. You must continue to pay your Medicare Part B premium.

## **NOTICE OF NONDISCRIMINATION PRACTICES**

***Effective July 18, 2016***

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)
- by mail at: Nondiscrimination Civil Rights Coordinator  
Blue Cross and Blue Shield of Minnesota and Blue Plus  
M495  
PO Box 64560  
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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>
- by phone at:  
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201

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

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ၢ်ကတိၢ်ကညိၢ်ကိၢ်ဒီး, တၢ်ကဟ့ၣ်န့ၢ်ကိၢ်တၢ်မၤစၢၤကလိၢ်တဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY  
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي  
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583 ។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711 ។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodíłlnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béesh bee hodíłlnih.

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## **NOTICE OF NONDISCRIMINATION PRACTICES**

***Effective July 18, 2016***

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

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- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)
- by mail at: Nondiscrimination Civil Rights Coordinator  
Blue Cross and Blue Shield of Minnesota and Blue Plus  
M495  
PO Box 64560  
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

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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>
- by phone at:  
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201

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

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Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကိတ်ဒီး, တၢ်ကဟ့ၣ်နၢကိတ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي اتصل بالرقم 711.

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Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béésh bee hodíílnih 1-855-902-2583. TTY biniiyego éí 711 jí' béésh bee hodíílnih.

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## **Notice of Nondiscrimination and Grievances Procedures**

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at (651) 662-8000 or by using the telephone number on the back of your member identification card. TTY: 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator by mailing it to:

Nondiscrimination Civil Rights Coordinator  
Blue Cross and Blue Shield of Minnesota and Blue Plus  
PO Box 64560, M495,  
Eagan, MN 55122-1154

Grievance forms are available by contacting us at the numbers listed above. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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>, by phone at:  
1-800-368-1019 or 800-537-7697 (TDD), or by mail at:

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

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

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမူနာကတိကညီကိုင်ဆိုင်မှု, တံကဟုန်နမူနာကိုင်ဆိုင်မှုကလေးတစ်ခုလို့လို့. ကိ: 1-866-251-6744 လာ TTYအပေါ်, ကိ: 711 တက်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專線 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

အကူအညီ ဖြေငြိမ်းမှုကို လိုအပ်ပါက အခမဲ့ ဝန်ဆောင်မှုများကို ခံယူနိုင်ပါသည်။ TTY အတွက် ၇၁၁ ခေါ်ပါ။

한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ອ່ານ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libheng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éi t'áájíik'e bee níká'a'doowolgo éi ná'ahoot'i'. Kojí éi béesh bee hodiilnih áqííqéqíqáqáqéqé. TTY biníiyégo éi íáájí' béesh bee hodiilnih.