



Louisiana



# Preventive Care Services

# 2022

Accompanies Non-Grandfathered Health Plans





## What kinds of preventive and wellness services are covered for you and your family at no out-of-pocket cost?

As part of the Patient Protection and Affordable Care Act, health insurers must cover some preventive and wellness care for health plan members with non-grandfathered insurance plans. Non-grandfathered plans are plans that began after the Patient Protection and Affordable Care Act was passed in March 2010.

To help you proactively maintain your health, the preventive services included in this brochure are available to you at no out-of-pocket cost (paid at first dollar) when performed by a network provider.

**DISCLAIMER:** The Preventive & Wellness benefits in effect are those required by state or federal law for your policy, at the time the services are rendered. To the extent this Preventive Care Services document conflicts with state or federal requirements, state and federal requirements control.

# Preventive Benefits

We want to help you protect your health, and that starts with disease prevention and early detection. Preventive screenings are an important way to track your health.

**If you use a provider in your network, you can receive certain routine preventive services at no extra cost to you.** This means the visit is not subject to your annual deductible, copayment or coinsurance.

## Here's how to prevent health problems and save money using your plan:

### 1. Get Preventive Care.

Follow this guide for how often and at what age you can get these types of care. If you use a provider in your network, you can get the preventive care listed in this guide at no extra cost to you. This means you may not have to pay out of pocket based on your plan, even if you have a deductible or other cost share.

### 2. See a Primary Care Provider Regularly.

Seeing a primary care provider regularly to stay ahead of health problems can help you save on health costs. You can get one physical exam per year **at no extra cost** with most plans. Log into your account at [www.bcbsla.com](http://www.bcbsla.com) to select a primary care provider.

## More Tools for Good Health


- **Blue365®**  
Get discounts for healthy living like sports clothing and shoes, diet programs, fitness trackers, hotels, help for senior care and more. Learn more at [www.blue365deals.com/BCBSLA](http://www.blue365deals.com/BCBSLA).
- **Fitness Your Way by Tivity Health**  
Get discounts on gym memberships through this Blue365 deal.
- **Free Wellness Assessment (WA)**  
A free online health survey that shows any risks you may discuss with your doctor. Take your WA at [www.bcbsla.com/wellness](http://www.bcbsla.com/wellness).

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## Quality Blue Primary Care

We work with primary care doctors around the state to help you get the best care possible through a program called Quality Blue Primary Care.

If your plan has copayments for primary care office visits, you may be able to pay less when you visit a Quality Blue Primary Care doctor.

Look up your doctor's name in our directory at [www.bcbsla.com/FindCare](http://www.bcbsla.com/FindCare). Quality Blue primary care doctors have a blue  next to their names.

## Services for Children *(You will pay \$0 for these services when received from a network provider.)*

Your plan includes these services...	Criteria	
Examinations or tests	<b>Routine wellness physical examination</b> – Routine wellness diagnostic tests that a doctor orders (urinalysis, complete blood count (CBC), serum chemistries: calcium, potassium, cholesterol and blood sugar levels).  High-Tech Imaging services such as an MRI, MRA, CT scan, PET scan and nuclear cardiology are not covered under this no-cost benefit but may be covered under other policy benefits.	All ages: 1 per benefit period
	Well baby care	As a doctor recommends for developmental milestones
Immunizations	Immunizations that a doctor recommends	All ages
	Seasonal flu and H1N1 immunizations	All ages
Screenings, counseling and supplements	Anxiety screening	Adolescent females
	Depression screening	12-18 years
	Hepatitis B screening	Adolescents who are at increased risk Pregnant women
	HIV screening and counseling	Adolescents who are at increased risk
	Preexposure prophylaxis (PrEP) for HIV prevention	Persons at high risk of HIV acquisition
	Sexually transmitted infections counseling	Sexually active adolescents 11-21 years
	Skin cancer counseling	6 months-24 years
	Syphilis screening	Adolescents who are at increased risk Pregnant women
Services for females	Cervical dysplasia screening for girls	11-21 years
	Chlamydia infection screening	24 years and younger, including pregnant persons, who are sexually active/older women who are at increased risk for infection
	<b>Contraceptives</b>  All Food and Drug (FDA) approved methods, as prescribed by physician.	If you have reproductive capacity
	Gonorrhea screening	If you are sexually active
	Intimate partner violence screening and counseling	14-50 years
	Routine gynecologist or obstetrician visits	As age and developmentally appropriate
	Permanent sterilization method	If you have reproductive capacity
	Violence and domestic abuse counseling	As needed

## Services for Children *(You will pay \$0 for these services when received from a network provider.)*

Your plan includes these services...	Criteria	
Services for pregnant females	Anemia screening	During pregnancy
	Anxiety screening	During pregnancy or the postpartum period
	Bacteriuria screening	During 12-16 weeks of gestation or at first prenatal visit
	Counseling for healthy weight & weight gain in pregnancy	During pregnancy
	Diabetes after pregnancy testing and screening	During the postpartum period for women with a history of gestational diabetes who are not currently pregnant and have not been previously diagnosed with type 2 diabetes
	Generic over-the-counter (OTC) 81mg aspirin – <i>(pharmacy benefit)</i>	54 years and younger (for the prevention of preeclampsia) after 12 weeks of gestation
	Gestational diabetes testing and screening	Asymptomatic pregnant women at or after 24 weeks of gestation
	Rh incompatibility screening	During 24-28 weeks if you are at risk or at the first prenatal visit
	Breastfeeding intervention	During pregnancy and after birth
	Electric and manual breast pumps	During the postpartum period
	Lactation counseling	During each pregnancy and after each birth
	Lactation supplies for machine use only	During the postpartum period: Limit of 8 boxes of milk storage bags per benefit period.
	Perinatal depression prevention	18 counseling sessions during pregnancy and up to 1 year postpartum for women who do not have a current diagnosis of depression but are at increased risk.
	Preeclampsia screening	Throughout the pregnancy
	Tobacco use and screening	During pregnancy
Other screenings, counseling and supplements	Alcohol and drug use assessments	11-21 years
	Autism screening	1-2 years
	Behavioral assessments	0-21 years
	Congenital hypothyroidism screening	Newborns
	Developmental screening	0-3 years: Varied intervals
	Dyslipidemia screening	From 24 months: Varied intervals
	Gonorrhea prophylactic ocular medication	Newborns
	Hearing screening	0-21 years: 1 per benefit period
	Height, weight and body mass index measurements	2-21 years
	Hematocrit or hemoglobin screening	4 months-21 years: Varied intervals
	Lead screening	0-6 years: 1 per benefit period
	Obesity screening and counseling	3 years and older
	Generic folic acid supplements – <i>(pharmacy benefit)</i> 0.4mg to 0.8mg/day	15-44 years planning or capable of pregnancy

*(continued on next page)*

## Services for Children *(You will pay \$0 for these services when received from a network provider.)*

Your plan includes these services...	Criteria	
Other screenings, counseling and supplements	Oral fluoride supplement	6 months-16 years
	Oral health assessment	6 months-6 years: Varied intervals
	Phenylketonuria (PKU)	Newborns
	Sickle cell screening for newborns	Newborns
	Tobacco use screening and counseling	School-aged children and adolescents
	Tuberculosis screening	0-21 years: 1 per benefit period
	Vision screening	0-21 years: 1 per benefit period



## Services for Women *(You will pay \$0 for these services when received from a network provider.)*

Your plan includes these services...	Criteria		
Examinations or tests	<p><b>Routine wellness physical examination –</b> Routine wellness diagnostic tests that a doctor orders (urinalysis, complete blood count (CBC), serum chemistries: calcium, potassium, cholesterol and blood sugar levels).</p> <p>High-Tech Imaging services such as an MRI, MRA, CT scan, PET scan and nuclear cardiology are not covered under this no-cost preventive benefit but may be covered under other policy benefits. Check your benefit plan.</p>	All ages: 1 per benefit period	
	<p><b>Colorectal cancer screenings</b></p> <p>Fecal immunochemical blood test (FIT):</p> <p>Flexible sigmoidoscopy:</p> <p>Colonoscopy:</p> <p>Physician prescribed colonoscopy preparation medications:</p> <p>Cologuard DNA testing:</p> <p>Computed tomographic (CT) colonography</p>	<p>45-75 years: 1 per benefit period. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p> <p>45-75 years: 1 every 5 years. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p> <p>45-75 years: 1 every 10 years. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p> <p>45-75 years: limit 2 prescriptions. Selected generic physician prescribed colonoscopy preparation medications when prescribed in conjunction with a wellness colonoscopy screening.</p> <p>45-75 years: 1 per benefit period. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p> <p>45-75 years: 1 every 5 years. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p>	
	<p><b>Lung cancer screening</b></p> <p>Low-dose computed tomography:</p>	Adults 50-80 years who have a 20 pack-year smoking history and currently smoke or have quit smoking within the past 15 years.	
	Routine gynecologist or obstetrician visits	As age and developmentally appropriate	
	Immunizations	Immunizations that a doctor recommends	All ages
		Seasonal flu and H1N1 immunizations	All ages

*(continued on next page)*

## Services for Women *(You will pay \$0 for these services when received from a network provider.)*

Your plan includes these services...	Criteria	
Sexual health and contraception	Chlamydia infection screening	24 years and younger, including pregnant persons, who are sexually active/older women who are at increased risk for infection
	<b>Contraceptives</b> All Food and Drug Administration (FDA) approved methods, as prescribed by physician.	If you have reproductive capacity
	Gonorrhea screening	If you are sexually active
	Hepatitis B screening	Adults who are at increased risk/pregnant women
	HIV screening and counseling	Adolescents and adults/pregnant women
	Preexposure prophylaxis (PrEP) for HIV prevention	Persons at high risk of HIV acquisition
	Sexually transmitted infections counseling	Sexually active adolescents and sexually active women Adults who are at increased risk
	Permanent sterilization method	If you have reproductive capacity
	Syphilis screening	Adults who are at increased risk/pregnant women
Services for pregnant women	Anemia screening	During pregnancy
	Anxiety screening	During pregnancy or the postpartum period
	Bacteriuria screening	During 12-16 weeks of gestation or at first prenatal visit
	Breastfeeding intervention	During pregnancy and after birth
	Counseling for healthy weight & weight gain in pregnancy	During pregnancy
	Diabetes after pregnancy testing and screening	During the postpartum period for women with a history of gestational diabetes who are not currently pregnant and have not been previously diagnosed with type 2 diabetes. Initial testing should ideally occur within the first year postpartum.
	Electric and manual breast pumps	During the postpartum period
	Generic over-the-counter (OTC) 81mg aspirin - <i>(pharmacy benefit)</i>	54 years and younger (for the prevention of preeclampsia) after 12 weeks of gestation
	Gestational diabetes testing and screening	Asymptomatic pregnant women at or after 24 weeks of gestation
	Lactation counseling	During each pregnancy and after each birth
	Lactation supplies for machine use only	During the postpartum period: Limit of 8 boxes of milk storage bags per benefit period.
	Perinatal depression prevention	18 counseling sessions during pregnancy and up to 1 year postpartum for women who do not have a current diagnosis of depression but are at increased risk.
	Preeclampsia screening	Throughout the pregnancy
	Rh incompatibility screening	The first prenatal visit and during 24-28 weeks if you are at risk
Tobacco use screening and counseling	During pregnancy	
Services for cancer and other diseases	BRCA1 & BRCA2 genetic testing – Screening and counseling	If you have a family history of risk (per guidelines)
	Chemoprevention counseling	If you are at high risk for breast cancer
	Mammography examinations, including breast ultrasounds	30 years and older: Annual mammogram for women with hereditary susceptibility or prior chest wall radiation
	Film Mammography examination 3-D Mammography (Digital Breast Tomosynthesis)	35-39 years: Baseline Mammograms 35 years and older: Annual mammogram and access to supplemental imaging (Breast MRI) upon recommendation of physician for women with >20% predicted lifetime risk as defined by validated models 40 years and older: Annual mammogram and supplemental imaging (breast ultrasound, then Breast MRI if breast ultrasound is inconclusive) if recommended by physician for women with C and D breast density The services shall be in accord with applicable recommendations in the National Comprehensive Cancer Network (NCCN) guidelines. A breast ultrasound may be completed alone or in conjunction with a mammogram. <i>(See next page for details on coverage of Breast MRIs.)</i>



**Services for Women** (You will pay \$0 for these services when received from a network provider.)

Your plan includes these services...	Criteria
Services for cancer and other diseases (continued)	<p><b>Breast MRIs</b></p> <p>25 years and older: Annual Breast MRI for women with hereditary susceptibility or prior chest wall radiation.</p> <p>35 years and older: Access to supplemental imaging (Breast MRI) upon recommendation of Physician for women with &gt;20% predicted lifetime risk as defined by validated models.</p> <p>40 years and older:</p> <ul style="list-style-type: none"> <li>• Supplemental imaging (Breast MRI if breast ultrasound is inconclusive) if recommended by physician for women with C and D breast density</li> <li>• Annual Breast MRI if recommended by physician for women with prior history of breast cancer under 50 years of age</li> <li>• Annual Breast MRI if recommended by physician for women with prior history of breast cancer at any age with C and D breast density.</li> </ul> <p>The services shall be in accord with applicable recommendations in the National Comprehensive Cancer Network (NCCN) guidelines.</p> <p>Benefits will not be paid at one hundred percent (100%). The Deductible Amount, if applicable, will be waived.</p> <p>All other MRIs payable same as High-Tech Imaging Services.</p> <p>Prior authorization may be required if shown in the Schedule of Benefits.</p> <hr/> <p><b>Medications for risk reduction of primary breast cancer</b></p> <p>Asymptomatic women 35 years or older without a prior diagnosis of breast cancer, who are at increased risk for breast cancer</p> <hr/> <p><b>Osteoporosis screening</b></p> <p>65 years or older; 1 per benefit period</p> <p>Younger postmenopausal women with increased fracture risk (per guidelines); 1 every 2 years</p> <hr/> <p><b>Human Papillomavirus (HPV) DNA testing</b></p> <p>30-65 years: 1 every 5 years. To be processed as a no-cost preventive benefit, testing may be completed alone or in conjunction with a routine pap smear. All others will process according to your contract benefits</p> <hr/> <p><b>Routine pap smear</b></p> <p>All ages: 1 for each benefit period</p>
Other screenings, counseling and supplements	<p><b>Anxiety screening</b></p> <p>Women and adolescent females</p> <hr/> <p><b>Aspirin counseling for the prevention of cardiovascular disease and colorectal cancer</b></p> <p>50-59 years</p> <hr/> <p><b>Blood pressure screenings</b></p> <p>Office blood pressure monitoring</p> <p>Ambulatory blood pressure monitoring (ABPM)</p> <p>Home blood pressure monitoring (HBPM)</p> <p>Annual blood pressure screening</p> <p>18 years and older: 1 per benefit period</p> <hr/> <p><b>Cardiovascular disease counseling</b></p> <p>40 years or older and those at increased risk for high blood pressure</p> <p>Adults with cardiovascular disease risk factors</p> <hr/> <p><b>Cholesterol screening</b></p> <p>20-45 years old if at risk or 45 years and older</p> <hr/> <p><b>Depression screening</b></p> <p>12-18 years and adults</p> <hr/> <p><b>Diet counseling</b></p> <p>Adults with hyperlipidemia and other risk factors</p> <hr/> <p><b>Fall prevention intervention</b></p> <p>65 years and older</p> <hr/> <p><b>Generic folic acid supplements – (pharmacy benefit) 0.4mg to 0.8mg/day</b></p> <p>15-44 years planning or capable of pregnancy</p> <hr/> <p><b>Generic low-to-moderate dose statins</b></p> <p>40-75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater</p> <hr/> <p><b>Generic/single source brand prescription and over-the-counter (OTC) smoking cessation products</b></p> <p>18 years and older: limit 180 days per calendar year</p> <hr/> <p><b>Hepatitis C screening</b></p> <p>Adults: 18-79 years</p> <hr/> <p><b>Intimate partner violence screening and counseling</b></p> <p>14-50 years</p> <hr/> <p><b>Obesity screening and counseling</b></p> <p>Adults with a body mass index higher than 30 kg/m<sup>2</sup>; 24 counseling visits per benefit period. Must use Network Provider to obtain benefit.</p> <hr/> <p><b>Skin cancer counseling</b></p> <p>6 months-24 years</p> <hr/> <p><b>Latent tuberculosis infection (LTBI) screening</b></p> <p>Asymptomatic adults 18 years and older at increased risk for infection</p> <hr/> <p><b>Tobacco use screening and counseling</b></p> <p>Adults</p> <hr/> <p><b>Prediabetes and Type 2 diabetes screening</b></p> <p>Ages 35-70 years who are overweight or obese</p> <hr/> <p><b>Unhealthy alcohol use screening and counseling</b></p> <p>Adults</p> <hr/> <p><b>Unhealthy drug use screening</b></p> <p>Adults</p> <hr/> <p><b>Urinary incontinence screening</b></p> <p>Impacts activities and quality of life of women; annually</p> <hr/> <p><b>Violence and domestic abuse counseling</b></p> <p>Women and adolescent females; annually</p>

**Services for Men** (You will pay \$0 for these services when received from a network provider.)

Your plan includes these services...	Criteria
Examinations or tests	<p><b>Routine wellness physical examination</b> – Routine wellness diagnostic tests that a doctor orders (urinalysis, complete blood count (CBC), serum chemistries: calcium, potassium, cholesterol and blood sugar levels).</p> <p>High-Tech Imaging services such as an MRI, MRA, CT scan, PET scan and nuclear cardiology are not covered under this no-cost preventive benefit but may be covered under other policy benefits.</p>
	<p><b>Colorectal cancer screenings</b></p> <p>Fecal immunochemical blood test (FIT): 45-75 years: 1 per benefit period. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p> <p>Flexible sigmoidoscopy: 45-75 years: 1 every 5 years. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p> <p>Colonoscopy: 45-75 years: 1 every 10 years. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p> <p>Physician prescribed colonoscopy preparation medications: 45-75 years: limit 2 prescriptions. Selected generic physician prescribed colonoscopy preparation medications when prescribed in conjunction with a wellness colonoscopy screening.</p> <p>Cologuard DNA testing: 45-75 years: 1 per benefit period. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p> <p>Computed tomographic (CT) colonography: 45-75 years: 1 every 5 years. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the <i>Schedule of Benefits</i>.</p>
	<p><b>Lung cancer screening</b></p> <p>Low-dose computed tomography: Adults 50-80 years who have a 20 pack-year smoking history and currently smoke or have quit smoking within the past 15 years.</p>
	<p><b>Prostate cancer screenings</b></p> <p>Routine digital rectal exam: 50 year and older: 1 per benefit period Older than 40 years: As recommended by a doctor</p> <p>Prostate-specific antigen (PSA) test: 50 years and older: 1 per benefit period Older than 40 years: As recommended by a doctor</p> <p>A second visit: Older than 40 years: For follow-up treatment within 60 days after the visit if it is related to a condition that is diagnosed or treated during the visit and recommended by a doctor.</p>
Immunizations	Immunizations that a doctor recommends All ages
	Seasonal flu and H1N1 immunizations All ages

## Services for Men *(You will pay \$0 for these services when received from a network provider.)*

Your plan includes these services...	Criteria	
Screenings, counseling and supplements	Abdominal aortic aneurysm screening	65-75 years who have ever smoked: 1 time screening
	Aspirin counseling for the prevention of cardiovascular disease and colorectal cancer	50-59 years
	<b>Blood pressure screenings</b> Office blood pressure monitoring Ambulatory blood pressure monitoring (ABPM) Home blood pressure monitoring (HBPM) Annual blood pressure screening	18 years and older: 1 per benefit period  40 years or older and those at increased risk for high blood pressure
	Cardiovascular disease counseling	Adults with cardiovascular disease risk factors
	Cholesterol screening	20-35 years old if at risk or 35 years and older
	Depression screening	12-18 years and adults
	Diet counseling	Adults with hyperlipidemia and other risk factors
	Fall prevention intervention	65 years and older
	Generic/single source brand prescription and over-the-counter (OTC) smoking cessation products.	18 years and older: limit 180 days per calendar year
	Generic low-to-moderate dose statins	40-75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater
	Hepatitis B screening	Adults who are at increased risk
	Hepatitis C screening	Adults: 18-79 years
	HIV screening and counseling	Adolescents and adults
	Obesity screening and counseling	Adults with a body mass index higher than 30 kg/m <sup>2</sup> ; 24 counseling visits per benefit period. Must use Network Provider to obtain benefit.
	Preexposure prophylaxis (PrEP) for HIV prevention	Persons at high risk of HIV acquisition
	Sexually transmitted infections counseling	Sexually active adolescents and sexually active men Adults who are at increased risk
	Skin cancer counseling	6 months-24 years
	Syphilis screening	Adults who are at increased risk
	Latent tuberculosis infection (LTBI) screening	Asymptomatic adults 18 years and older at increased risk for infection
	Tobacco use screening and counseling	Adults
Prediabetes and Type 2 diabetes screening	Ages 35-70 years who are overweight or obese	
Unhealthy alcohol use screening and counseling	Adults	
Unhealthy drug use screening	Adults	

### Preventive or Wellness Care Required by the Patient Protection and Affordable Care Act

We are required to cover services recommended by the U.S. Preventive Services Task Force (receiving grades of A or B), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the Health Resources and Services Administration.

This list of covered services changes from time to time. Check the current list of federally recommended Preventive or Wellness Care services at: <https://www.healthcare.gov/preventive-care-benefits/>







Blue Cross and Blue Shield of Louisiana  
HMO Louisiana  
Southern National Life

## **Nondiscrimination Notice**

Discrimination is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc., does not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

Blue Cross and Blue Shield of Louisiana and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (audio, accessible electronic formats)
- Provide 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, you can call the Customer Service number on the back of your ID card or email **MeaningfulAccessLanguageTranslation@bcbsla.com**. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Blue Cross, one of its subsidiaries or your employer-insured health plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps;

### **1. If you are fully insured through Blue Cross, file a grievance with Blue Cross by mail, fax, or email.**

Section 1557 Coordinator  
P. O. Box 98012  
Baton Rouge, LA 70898-9012  
225-298-7238 or 1-800-711-5519 (TTY 711)  
Fax: 225-298-7240  
Email: Section1557Coordinator@bcbsla.com

### **2. If your employer owns your health plan and Blue Cross administers the plan, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Blue Cross or owned by your employer, go to [www.bcbsla.com/checkmyplan](http://www.bcbsla.com/checkmyplan).**

Whether Blue Cross or your employer owns your plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights 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  
1-800-368-1019, 800-537-7697 (TDD)

Or

Electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# NOTICE

Free language services are available. If needed, please call the Customer Service number on the back of your ID card. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios lingüísticos gratuitos. De necesitarlos, por favor, llame al número del Servicio de Atención al Cliente que aparece en el reverso de su tarjeta de identificación. Clientes con dificultades auditivas, llamen al 1-800-711-5519 (TTY 711).

Des services linguistiques gratuits sont disponibles. Si nécessaire, veuillez appeler le numéro du Service clientèle figurant au verso de votre carte d'identification. Si vous souffrez d'une déficience auditive, veuillez appeler le 1-800-711-5519 (TTY 711).

Có dịch vụ thông dịch miễn phí. Nếu cần, xin vui lòng gọi cho Phục Vụ Khách Hàng theo số ở mặt sau thẻ ID của quý vị. Khách hàng nào bị suy giảm thính lực hãy gọi số 1-800-711-5519 (TTY 711).

我们为您提供免费的语言服务。如有需要，请致电您 ID 卡背面的客户服务号码。听障客户请拨打 1-800-711-5519 (TTY 711)。

الخدمات اللغوية متاحة مجاناً. يرجى، إذا اقتضى الأمر، الاتصال برقم خدمة العملاء المدون على ظهر بطاقة التعريف الخاصة بك. إذا كنت تعاني من إعاقة في السمع، فيرجى الاتصال بالرقم 1-800-711-5519 (TTY 711).

Magagamit ang mga libreng serbisyo sa wika. Kung kinakailangan, pakitawagan ang numero ng Customer Service sa likod ng iyong ID kard. Para sa mga may kapansanan sa pandinig tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 서비스를 이용하실 수 있습니다. 필요한 경우 귀하의 ID 카드 뒤에 기재되어 있는 고객 서비스 번호로 연락하시기 바랍니다. 청각 장애가 있는 분은 1-800-711-5519 (TTY 711)로 연락하십시오.

Oferecemos serviços linguísticos grátis. Caso necessário, ligue para o número de Atendimento ao Cliente indicado no verso de seu cartão de identificação. Caso tenha uma deficiência auditiva, ligue para 1-800-711-5519 (TTY 711).

ພວກເຮົາມີບໍລິການແປພາສາໃຫ້ທ່ານຟຣີ. ຖ້າທ່ານຕ້ອງການບໍລິການນັ້ນ, ກະລຸນາໂທຫາພະແນກບໍລິການລູກຄ້າຕາມເບີໂທທີ່ຢູ່ທາງຫຼັງຂອງບັດປະຈຳຕົວຂອງທ່ານ. ຖ້າທ່ານຫຼຸບໍ່ດີ, ຂໍໃຫ້ໂທເບີ 1-800-711-5519 (TTY 711).

無料の言語サービスをご利用頂けます。あなたのIDカードの裏面に記載されているサポートセンターの電話番号までご連絡ください。聴覚障害がある場合は、1-800-711-5519 (TTY 711)までご連絡ください。

زبان سے متعلق مفت خدمات دستیاب ہیں۔ اگر ضرورت ہو تو، براہ کرم اپنے آئی ڈی کارڈ کی پشت پر موجود کسٹمر سروس نمبر پر کال کریں۔ سمعی نقص والے کسٹمرز 1-800-711-5519 (TTY 711) پر کال کریں۔

Kostenlose Sprachdienste stehen zur Verfügung. Falls Sie diese benötigen, rufen Sie bitte die Kundendienstnummer auf der Rückseite Ihrer ID-Karte an. Hörbehinderte Kunden rufen bitte unter der Nummer 1-800-711-5519 (TTY 711) an.

خدمات رایگان زبان در دسترس است. در صورت نیاز، لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی تان درج شده است تماس بگیرید. مشتریانی که مشکل شنوایی دارند با شماره 1-800-711-5519 (TTY 711) تماس بگیرید.

Предлагаются бесплатные переводческие услуги. При необходимости, пожалуйста, позвоните по номеру Отдела обслуживания клиентов, указанному на обратной стороне Вашей идентификационной карты. Клиенты с нарушениями слуха могут позвонить по номеру 1-800-711-5519 (Телефон с текстовым выходом: 711).

มีบริการด้านภาษาให้ใช้ได้ฟรี หากต้องการ โปรดโทรศัพท์ติดต่อฝ่ายการบริการลูกค้าตามหมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของท่าน สำหรับลูกค้าที่มีปัญหาทางการได้ยิน โปรดโทรศัพท์ไปที่หมายเลข 1-800-711-5519 (TTY 711)



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