

HOW TO READ

Your Medicare Supplement EOB

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides Explanations of Benefits (EOBs) for your Medicare Supplement plan. EOBs show how medical claims were processed by your plan. Compare the provider bills you get with your EOBs and Medicare Summary Notices (MSNs) to ensure all services and amounts are accurate.

You can view and download EOBs through our Blue ConnectSM member portal, too. Just log in to BlueConnectNC.com and go to the "Claims" section.

Need help reading these claim summaries? Let's walk through the key parts page-by-page so you get the most out of your EOBs.



BlueCross BlueShield of North Carolina
PO Box 2291
Durham, NC 27702-2291

Jonathan Doe
123 Main Street
Anyplace, NC 26789

HAVE QUESTIONS?

Contact Medicare
Call 1-800-633-4227 (1-800-MEDICARE)
first since Original Medicare is your primary insurance
TTY: 1-877-486-2048

YOUR CLAIM SUMMARY
From July 30, 2019 to August 20, 2019

This Explanation of Benefits (EOB) shows how claims were processed by your plan. **It is NOT a bill.** It's a way to check that the care you received and the amount billed by your providers are accurate. Keep this for your records.

Subscriber Details
Name: Jonathan H. Doe
Subscriber ID: ABC#####
Medicare Supplement Plan: PLAN F

Contact Us
Call 1-800-672-6584
(Monday – Friday, 8 a.m. – 6 p.m. ET)
Servicio al Cliente 1-800-672-6584
(Lunes – Viernes, 8 a.m. – 6 p.m. ET)
TTY: 1-888-247-4145

OVERVIEW

2 claims

Processed by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Below is a total of those claims. You'll find information on each claim in the "Claim Details" section.

Total Provider(s) Charged:	\$810.00	The original amount charged by the provider(s) you visited before any Original Medicare or Blue Cross NC payments were applied.
Total Medicare Paid:	\$375.00	The amount Original Medicare paid for services you received.
Total Blue Cross NC Paid:	\$230.00	The amount your Blue Cross NC Medicare Supplement plan paid towards the claims in this summary.
What You May Owe:	\$125.00	The remaining amount after what Original Medicare and your Blue Cross NC Medicare Supplement plan paid in benefits. (It may not reflect payments you've already made.) Please refer to your "Medicare Summary Notice" for more details. Your provider(s) may bill you directly for this amount.

TAKE NOTE:

- + There are alert code(s) (look for the  icon in the "Claim Details" section).
- + One or more providers you visited do not accept Medicare rates. Search for providers enrolled in Medicare at www.medicare.gov/physiciancompare/.
- + Find health tools at BlueConnectNC.com.

Get Discounts with Blue365[®]

Save on gyms, hearing aids, step trackers, nutrition products and more! Register for this free member perk at: BlueCrossNC.com/SaveWellness.

1 of 7



Member DOES accept Medicare assignment (rates)
Member Number: 05-678901-258-77

Blue Cross NC Paid:	What You May Owe:	Alerts (See table at the end)
\$125.00	\$75.00	
\$50.00	\$25.00	
Total Blue Cross NC Paid: \$175.00	What You May Owe: \$100.00 (Does not include any payments you've already made.)	

Member DOES NOT accept Medicare assignment (rates)
Member Number: 06-112233-777-89

Blue Cross NC Paid:	What You May Owe:	Alerts (See table at the end)
\$55.00	\$25.00	 ZZ
Total Blue Cross NC Paid: \$55.00	What You May Owe: \$25.00 (You do not owe anything on this claim.)	

Member listed? "Medical" or "Laboratory." This helps protect you if the service is listed on a claim, another contracted provider submitted the claim. For details on a claim, call Original Medicare at 1-800-633-4227 or 1-800-672-6584. You can view your Original Medicare Summary Notice (MSN) at www.medicare.gov/physiciancompare/.

Original Medicare is secondary to Original Medicare. Call 1-800-633-4227 (1-800-MEDICARE) for questions.

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August 2019
This EOB may not reflect all services from the current plan year. For more information on your Blue Cross NC Medicare Supplement plan, visit www.medicare.gov/physiciancompare/. "Applied To-Date" reflects the total amount applied to date on your Medicare Supplement plan.

Medicare Supplement Plan: PLAN F
Subscriber ID: ABC#####

Your Medicare Supplement plan begins paying a share of the cost.

COB TABLE
Medicare Supplement Plan
\$28.11 left to meet this deductible
Applied To-Date: \$2,011.89
Plan's Deductible: \$2,240

Your Medicare Supplement plan pays for all services covered by Original Medicare that are not excluded by the plan's benefit design.

ANNUAL DOLLAR LIMIT
Medicare Supplement Plan
\$1,310.00 left to reach this limit
Applied To-Date: \$1,310
Plan's Annual Limit: \$2,620

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Overview Page

This is the first page you'll see upon opening your EOB. It summarizes key information — from contact numbers and claim totals, to special messages and alerts. The main feature is a table that tallies all claims in the Claim Details section. That way, you can quickly see how much Original Medicare paid on the claims, how much Blue Cross NC paid on the claims, and what you may owe.

This table shows how many claims are in the EOB and how the totals for those claims add up.

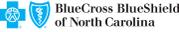
See how much you may owe on the claims in the EOB after payments from Medicare and Blue Cross NC are applied.

You'll see if any claims in the EOB have an alert code — or if you visited a provider that doesn't accept Medicare rates.

The EOB includes claims that were processed during this time period.

We've color-coded this table so it's easier to review the claims in the Claim Details section.

Look for special messages about your health and benefits here.



BlueCross BlueShield of North Carolina
PO Box 2291
Durham, NC 27702-2291

Jonathan Doe
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Anyplace, NC 26789

HAVE QUESTIONS?



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first since Original Medicare is your primary insurance
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Contact Us
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Servicio al Cliente **1-800-672-6584**
(Lunes – Viernes, 8 a.m. – 6 p.m. ET)
TTY: **1-888-247-4145**

YOUR CLAIM SUMMARY
From July 30, 2019 to August 20, 2019

This Explanation of Benefits (EOB) shows how claims were processed by your plan. **It is NOT a bill.** It's a way to check that the care you received and the amount billed by your providers are accurate. Keep this for your records.

Subscriber Details
Name: **Jonathan H. Doe**
Subscriber ID: **ABC#####**
Medicare Supplement Plan: **PLAN F**

OVERVIEW

2 claims

Processed by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). **Below is a total of those claims.** You'll find information on each claim in the "Claim Details" section.

Total Provider(s) Charged:	\$810.00	The original amount charged by the provider(s) you visited before any Original Medicare or Blue Cross NC payments were applied.
Total Medicare Paid:	\$375.00	The amount Original Medicare paid for services you received.
Total Blue Cross NC Paid:	\$230.00	The amount your Blue Cross NC Medicare Supplement plan paid towards the claims in this summary.
What You May Owe:	\$125.00	The remaining amount after what Original Medicare and your Blue Cross NC Medicare Supplement plan paid in benefits. (It may not reflect payments you've already made.) Please refer to your "Medicare Summary Notice" for more details. Your provider(s) may bill you directly for this amount.

TAKE NOTE:

- + There are alert code(s) (look for the ! icon in the "Claim Details" section).
- + One or more providers you visited do not accept Medicare rates. Search for providers enrolled in Medicare at www.medicare.gov/physiciancompare/.
- + Find health tools at BlueConnectNC.com.

Get Discounts with Blue365®

Save on gyms, hearing aids, step trackers, nutrition products and more! Register for this free member perk at: BlueCrossNC.com/SaveWellness.

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Helpful Terms & Resources

On the back of the Overview page, you'll find definitions for terms in the EOB. You'll then see a list of resources — including links to view your claims online, look up providers that take Medicare, and sign up for health and wellness discounts through Blue365®.

These are simple definitions for terms that you'll find in the EOB.

Here are quick links to more tools, information and support.

If you suspect Medicare fraud or abuse, here's a confidential way to let us know.

HELPFUL TERMS

NOTE: Below are definitions for terms in this EOB. Learn more at www.medicare.gov/glossary and in your benefit booklet. If a definition conflicts with what's in your benefit booklet, the information in your benefit booklet takes priority.

Alert Code	A message explaining how a service was processed or alerting you to a problem with the claim. It helps you see how the plan decided what it will pay for the services you received.
Appeal	A request that your plan review a decision that denies a benefit or payment (either in whole or in part). Most appeal requests will need to go to Original Medicare since it is your primary insurance plan.
Assignment	An agreement by providers to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and to not bill you for any more than the Medicare deductible and coinsurance.
Blue Cross NC Paid	The amount your Medicare Supplement plan paid for covered services you received.
Coinsurance	The amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).
Covered Services	Refer to your benefit booklet for details on which services are covered by your Medicare Supplement plan.
Deductible	The amount you must pay for health care before your Medicare Supplement plan begins to pay.
Medicare-Approved Amount	The amount a provider that accepts Medicare assignment (rates) can be paid. It may be less than the actual amount the provider charged.
Medicare Supplement Plan (Medigap)	A policy that helps pay some of the health care costs that Original Medicare doesn't cover — like copays, coinsurance and deductibles. Medicare first pays its share of the Medicare-approved amount for covered health care costs. Then, your Medicare Supplement plan pays its share.
Original Medicare	Includes Part A (Hospital Insurance) and Part B (Medical Insurance). After you pay a deductible, Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance and deductibles).
Out-of-Pocket Limit	The total you'll spend during a benefit year before your plan starts to pay 100% of covered services.
Service	The type of care you received. Different services can share the same label, like "Medical" or "Facility." This helps protect your privacy. Contact your provider for more details on a service.
What You May Owe	The amount you'll ultimately pay the provider after any payments from Medicare and your Medicare Supplement plan are applied. It does not reflect payments you've already made to the provider.

HELPFUL RESOURCES

Compare what's in this EOB with any bills sent by your provider and your Medicare Summary Notice. That way, you can make sure everything is correct and you aren't overcharged. If you have questions about Original Medicare, contact Original Medicare Customer Service at **1-800-633-4227 (1-800-MEDICARE)**. For questions about your Medicare Supplement plan, contact Blue Cross NC Customer Service at **1-800-672-6584**.

You can also get useful information from these resources:

- + Check your Medicare Supplement claims at BlueCrossNC.com/MedigapClaims
- + Access your Original Medicare claims at www.MyMedicare.gov
- + Search for providers that treat people with Medicare at www.medicare.gov/physiciancompare/ and search for hospitals at www.medicare.gov/hospitalcompare/
- + Sign up to get health and wellness discounts sent to you via email at BlueCrossNC.com/Blue365Deals or by calling **1-855-511-2583**

If you think a provider or business is involved in fraud, call Blue Cross NC's confidential hotline at **1-800-324-4963**. Examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. **2 of 7**

Compare EOBs and MSNs with bills from your doctor to make sure services and amounts are correct.

Claim Details

This section lists each claim processed by your Medicare Supplement plan. You'll see details like claim number, provider name, date of care and whether the provider accepts Medicare rates. Each claim has a breakdown of the original provider charge, what Medicare approved and paid, what your Blue Cross NC plan paid, and the portion you may owe the provider. It's color-coded to align with the totals shown on the Overview page. For instance, Medicare payments are shown in green.

Each claim starts with the provider name, date of care, if they accept Medicare rates and claim number.

Claims are color-coded to match with the Overview page. For example, Medicare payments are shown in green.

Any alert codes are defined in this table at the end of the section.

CLAIM DETAILS
THIS IS NOT A BILL

2 claims for JONATHAN



Provider Name: General Hospital
Date of Care: July 30, 2019 – August 10, 2019

Provider DOES accept Medicare assignment (rates)
Claim Number: 05-678901-258-77

Service:	Provider Charged:	Medicare-Approved Amount:	Medicare Paid:	Blue Cross NC Paid:	What You May Owe:	Alerts (See table at the end)
CONSULTATION (99245) 07/30/19	\$450.00	\$400.00	\$200.00	\$125.00	\$75.00	
LABORATORY (99999) 08/10/19	\$170.00	\$150.00	\$75.00	\$50.00	\$25.00	
Total Provider Charged: \$620.00		Total Medicare Paid: \$275.00		Total Blue Cross NC Paid: \$175.00	What You May Owe: \$100.00 <small>(Does not include any payments you've already made.)</small>	

Provider Name: Beverly Crusher
Date of Care: August 12, 2019

Provider DOES NOT accept Medicare assignment (rates)
Claim Number: 06-112233-777-89

Service:	Provider Charged:	Medicare-Approved Amount:	Medicare Paid:	Blue Cross NC Paid:	What You May Owe:	Alerts (See table at the end)
MEDICAL (12345) 08/12/19	\$190.00	\$180.00	\$100.00	\$55.00	\$25.00	! ZZ
Total Provider Charged: \$190.00		Total Medicare Paid: \$100.00		Total Blue Cross NC Paid: \$55.00	What You May Owe: \$25.00 <small>(You do not owe anything on this claim.)</small>	

! **What the alert codes mean:**
ZZ Alert code message will go here.

Not sure what a charge is for? Different provider name listed?
 Different services can share the same label, like "Medical" or "Laboratory." This helps protect your privacy. If the provider you saw is not the one listed on a claim, another contracted provider in the same practice or facility may have submitted the claim. For details on a specific service, contact your health care provider, Original Medicare at **1-800-633-4227 (1-800-MEDICARE)** or Blue Cross NC at **1-800-672-6584**. You can view your Original Medicare claims at www.MyMedicare.gov.

Problem with a claim?
 Keep in mind that your Medicare Supplement plan is secondary to Original Medicare. So it's best to contact Medicare first at **1-800-633-4227 (1-800-MEDICARE)** for questions or support before calling Blue Cross NC.

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This shows how much you may owe on the claim after your Original Medicare and Medicare Supplement benefits were applied.

We alert you if a provider doesn't take Medicare rates as payment in full for services.

Alerts let you know about possible issues with a claim. The codes are defined at the end of the section.

Your Plan at a Glance

You'll only see this page if your Medicare Supplement plan has a deductible or out-of-pocket limit. It emphasizes "% met" so you can quickly see how close you are to meeting the plan's deductible or out-of-pocket limit. Keep in mind that this is for your Medicare Supplement plan — NOT your Original Medicare plan.

YOUR PLAN AT A GLANCE 

Plan year summary from January 2019 through August 2019
Since some providers do not file claims right away, this may not reflect all services from the current plan year. The information listed in this section shows the most current benefit period information on your Blue Cross NC Medicare Supplement plan as of the date of this notice. "Applied To-Date" reflects the total amount applied throughout the benefit period on your Medicare Supplement plan.

Subscriber Name: Jonathan H. Doe **Medicare Supplement Plan:** PLAN F
Subscriber ID: ABC#####

Once your Blue Cross NC deductible is met, your Medicare Supplement plan begins paying a share of the cost.

DEDUCTIBLE	
For Your Blue Cross NC Medicare Supplement Plan	
90% met	\$228.11 left to meet this deductible
	Applied To-Date: \$2,011.89
	Plan's Deductible: \$2,240

After reaching your Blue Cross NC out-of-pocket limit, your Medicare Supplement plan pays for all covered services.

OUT-OF-POCKET LIMIT	
For Your Blue Cross NC Medicare Supplement Plan	
50% met	\$1,310.00 left to reach this limit
	Applied To-Date: \$1,310
	Plan's Annual Limit: \$2,620

4 of 7

This shows how close you are to meeting your plan's deductible.

This breaks out your plan's deductible, how much has been applied so far and how much is left to meet it.

This shows how close you are to reaching your plan's out-of-pocket limit.

This breaks out your out-of-pocket limit, how much has been applied to-date and how much is left to reach the limit.

Your Appeal Rights

This letter explains how to appeal a claim decision. You'll find instructions for appealing decisions made by Medicare and decisions made by Blue Cross NC. We also explain how to get more details on a claim and report potential fraud.

Here's how to appeal a decision made by Medicare.

Here's how to appeal a decision made by Blue Cross NC.

YOUR APPEAL RIGHTS

Don't agree with a claim decision? You or someone you name to act on your behalf (an authorized representative) have the right to appeal it. Your Medicare Supplement plan is secondary to Original Medicare. So, nearly all claim decisions are made by Medicare — not Blue Cross and Blue Shield of North Carolina (Blue Cross NC). That's why it's best to file an appeal with Medicare first.

How to appeal a Medicare claim decision
Your Medicare Summary Notice (MSN) has a section called "How to Handle Denied Claims or File an Appeal." Carefully follow the step-by-step instructions in that section. You must file your appeal in writing **within 120 days** of receiving the MSN that lists the denied claim. (The specific date is shown in your MSN.) Learn more at www.medicare.gov/appeals.

How to appeal a decision made by Blue Cross NC
First, download the forms needed. You'll find appeal forms and authorization forms (naming someone to act on your behalf) in the Claims section of BlueConnectNC.com. Or, call Blue Cross NC Customer Service at **1-800-672-6584**.

Send the completed forms to Blue Cross NC. We must receive your written appeal request **within 180 days** of the date on this Explanation of Benefits (EOB) or Explanation of Payment (EOP). Be sure to include your name, subscriber ID number, the date of care and the name of the doctor or hospital. Attach any other documents that are relevant to the claim, too. You can then send it by mail or fax.

Mail your appeal to: Blue Cross NC Appeals Department, Level 1 PO Box 30055 Durham, NC 27702-3055	Fax your appeal to: 919-765-4409
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If your appeal is denied, you may be able to ask for an external review by an independent third party. After reviewing the denial, this independent third party will then issue a final decision. If you qualify for an External Review by the North Carolina Commissioner of Insurance, you will receive a separate letter that describes your rights.

For more details on a claim
You can request copies of all documents related to a claim at no cost to you. This may include internal rules or protocols used to make this decision. If our decision is based on medical necessity, experimental treatment or a similar exclusion, it may also include an explanation of the scientific/clinical judgment for the decision based on your medical situation. You can mail this request to: Blue Cross NC; PO Box 2291; Durham, NC 27702. You can also visit BlueCrossNC.com/MedicalGuidelines or call Blue Cross NC Customer Service at **1-800-672-6584**.

Privacy protection
Detailed service descriptions are not on EOBs or EOPs for privacy reasons. But you have the right to know which codes your provider submitted — and what they mean. You can get them directly from the provider or by calling Blue Cross NC Customer Service at **1-800-672-6584**.

Help us prevent fraud
Please review this EOB or EOP carefully. If you suspect fraud, abuse, a mistake or improper billing, let Blue Cross NC know! Call our toll-free hotline at **1-800-324-4963**. Learn more at BlueCrossNC.com/ReportFraud.

BLUE CROSS®, BLUE SHIELD®, and the Cross and Shield symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other marks and trade names are the property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. U15080, 3/19

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Have a question about your claims or benefits?
Refer to the "Covered Services" and "What Is Not Covered?" sections of your benefit booklet. You can also call Blue Cross NC Customer Service at **1-800-672-6584**.

This points out helpful sections in your benefit booklet if you have any questions about your claims or benefits.

To learn more about EOBs, visit BlueCrossNC.com/ReadEOB.

Blue365® offers access to savings on items that members may purchase directly from independent vendors, which are different from items that are covered under the policies with Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365 vendors. Neither Blue Cross NC nor BCBSA recommends, endorses, warrants or guarantees any specific Blue365 vendor or item. This program may be modified or discontinued at any time without prior notice.

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BlueCrossNC.com



**BlueCross BlueShield
of North Carolina**

Blue Medicare Supplement™

Non-Discrimination and Accessibility Notice

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified interpreters and/or written information in other formats (large print, accessible electronic formats, etc.)
- Free language services to people whose primary language is not English, such as: qualified interpreters and/or information written in other languages

If you need these services, contact:

Customer Service

Call: 1-800-672-6584, 1-888-247-4145 (TTY)

Hours: Monday – Friday, 8 a.m. to 6 p.m.

If you believe that Blue Cross NC 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:

Blue Cross NC, P.O. Box 2291, Durham, NC 27702

**Attention: Civil Rights Coordinator-Privacy,
Ethics & Corporate Policy Office**

Call: 919-765-1663, 1-888-291-1783 (TTY)

Fax: 919-287-5613

E-mail: civilrightscordinator@bcbsnc.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

**Mail: U.S. Department of Health & Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C., 20201**

Call: 1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available online at:

<http://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

This notice and/or attachments may have important information about your application or coverage through Blue Cross NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Contact:

Customer Service

Call: 1-800-672-6584, 1-888-247-4145 (TTY)

Hours: Monday – Friday, 8 a.m. to 6 p.m.

Discrimination is Against the Law

Blue Cross NC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Neither Blue Cross and Blue Shield of North Carolina nor its agents are endorsed by or affiliated with the United States government or the federal Medicare program.

BLUE CROSS®, BLUE SHIELD®, the Cross and Shield Symbols and service marks are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association.

Blue Medicare Supplement™

Multi-language Interpreter Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-672-6584 (TTY: 1-888-247-4145).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-672-6584 (TTY: 1-888-247-4145).

注意: 如果您講廣東話或普通話, 您可以免費獲得語言援助服務。請致電 1-800-672-6584 (TTY: 1-888-247-4145)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-672-6584 (TTY: 1-888-247-4145).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-672-6584 (TTY: 1-888-247-4145) 번으로 전화해 주십시오.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-672-6584 (ATS: 1-888-247-4145).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-672-6584. المبرقة الكاتبة: 1-888-247-4145.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-672-6584 (TTY: 1-888-247-4145).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-672-6584 (телетайп: 1-888-247-4145).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-672-6584 (TTY: 1-888-247-4145).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-672-6584 (TTY: 1-888-247-4145).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ៖ 1-800-672-6584 (TTY: 1-888-247-4145)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-672-6584 (TTY: 1-888-247-4145).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-672-6584 (TTY: 1-888-247-4145) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-672-6584 (TTY: 1-888-247-4145).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-672-6584 (TTY: 1-888-247-4145)まで、お電話にてご連絡ください。

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