



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

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To: **State Retiree Health Benefits Program Extended Coverage Enrollees Eligible For Medicare**

From: **Office of State and Local Health Benefits Programs**

Date: **November 20, 2018**

Important Information Regarding Your Health Benefits

This notification booklet includes information about coverage for Medicare-eligible participants in 2019.

Your Premium Cost 2019

▪ **How much is my health plan premium for 2019 ?**

Plan	January 1, 2019 Premium
Advantage 65	\$267
Advantage 65 + Dental/Vision	\$300
Advantage 65—Medical Only	\$162
Advantage 65—Medical Only + Dental/Vision	\$195

All State Medicare-coordinating plan medical (including hearing), dental and routine vision benefits are administered by Anthem Blue Cross and Blue Shield. For plans that include prescription drug coverage (all but the Advantage 65—Medical Only Plans), the drug benefit is administered by Express Scripts and is an enhanced Medicare Part D plan.

▪ **Can my income affect the cost of Medicare Part D?**

Beneficiaries with incomes above a level set by Medicare may have to pay a higher cost for Part D prescription drug coverage. You will be notified by Social Security if this applies to you. Any income-related adjustment will be collected through your Social Security or equivalent benefit and **not** as a part of your Commonwealth of Virginia Retiree Health Benefits Program premium.

Your income can also affect the cost of your Part B medical coverage. Consult your “*Medicare and You*” 2019 publication which has more information about the cost of Medicare Part B and Part D.

▪ **When will I begin paying my new 2019 premium?**

The new premium for 2019 will be reflected in your December 2018 billing statement for your January premium.

Your 2019 Benefits

▪ **Will my medical benefits change for 2019 ?**

Your Medicare supplement and any other medical benefit under the Advantage 65 plan will not change for 2019.

Consult your “*Medicare and You*” 2019 publication to determine if there are any changes to your primary Medicare coverage for 2019.

▪ **Will my dental and vision benefits change for 2019?**

Your Dental and Vision Benefits under the Advantage 65 with Dental/Vision Plan will not change for 2019.

▪ **Will my prescription drug benefits change for 2019 ?**

There will be no changes in 2019 to your prescription drug copayment or coinsurance levels based on the tier of a drug. Coverage stage updates are provided later in this section.

Following are administrative changes that will be effective January 2019, as approved requirements by Medicare.

Evidence of Coverage (EOC): You will no longer receive an Evidence of Coverage booklet in your Annual Notice of Changes package from Express Scripts Medicare. You may request a copy of this document from Express Scripts Medicare by contacting Customer Service at 1-800-572-4098 (TTY users call 1-800-716-3231) or by visiting their website at express-scripts.com. This document is a resource for your rights under the plan and for rules you will need to follow to get covered prescription drugs under the plan.

Formulary (Drug List): You will not receive a printed formulary booklet in your Annual Notice of Changes package from Express Scripts Medicare. You may obtain formulary information by visiting Express Scripts Medicare website at [express-scripts.com/drugs](https://www.express-scripts.com/drugs), or you may request a printed copy of this booklet by contacting Customer Service at 1-800-572-4098, TTY users call 1-800-716-3231. You are encouraged to use this resource to check the status of maintenance drugs that you are currently taking to be sure that there are no changes. However, anyone who is taking a drug that will experience a formulary change effective January 1, 2019 (e.g., higher out-of-pocket cost, no longer included on the formulary, new coverage restrictions), will receive individual notification from Express Scripts Medicare in December.

Additionally, certain changes can be made to the formulary during the year, as approved by Medicare, such as adding to or removing drugs from the formulary; adding prior authorizations, quantity limits and/or step therapy restrictions to a drug; or, moving a drug to a higher or lower cost-sharing tier.

Starting in 2019, Express Scripts Medicare, may immediately remove a brand-name drug on the drug list if, at the same time, the brand-name drug is replaced with a new generic drug with the same or fewer restrictions. Also, when adding the new generic drug, the brand-name drug may remain on the drug list, but immediately move to a different cost-sharing tier or add new restrictions. This means if you are taking the brand-name drug that is being replaced by the new generic (or the tier or restriction on the brand-name drug changes) you will no longer receive advance notice 60 days prior to the effective change nor will you be able to get a 60-day refill of your brand-name drug at a network pharmacy. You will still receive information on the specific change(s) made, but the notice may arrive after the change has become effective.

Also, effective 2019, prior to Express Scripts making any other formulary changes during the year that will require advance notice to you if you're taking an affected drug, Express Scripts will provide you with notice 30 days rather than 60, days before the change is made or they will give you a one-month supply, rather than a 60-day, refill of your brand-name drug at a network pharmacy.

Members in long-term care (LTC) facilities who may be affected by a formulary change will be allowed to receive up to a 31-day temporary supply of medication rather than a 90 to 98 day supply. This is a change from the range provided in 2018. During the time when you are getting a temporary supply of a drug, you should talk with your provider to decide your next course of action when your temporary supply is complete. You can either switch to another drug covered by the plan or request a formulary exception. To learn more about when you can get a temporary supply and how to ask for one, contact Customer Service at 1-800-572-4098, TTY users call 1-800-716-3231.

Four Coverage Stages

There are some changes to this plan's coverage stages for 2019 as described below by tier. Be sure to review the limits and benefits of each stage so that you understand your coverage.

Deductible Stage – Your annual outpatient prescription drug deductible will increase to **\$415** in 2019. This means that you will pay the full cost of any covered brand-name drug until you have paid \$415 out-of-pocket. Covered generics continue to be excluded from any deductible.

Initial Coverage Stage – There are no changes in copayments and coinsurance for each cost-sharing tier for 2019. Once your deductible has been met for covered brand drugs (and immediately for covered generics), your copayments/coinsurance will remain as follows until your total covered drug cost reaches \$3,820.

Initial Coverage Stage - Covered Tier 1 (generic) Drugs	2019 Copayment
Per one-month (up to 34-day) supply at a retail network pharmacy	\$7
Per up to a 90-day supply through the home delivery service	\$7

Initial Coverage Stage - Covered Tier 2 (preferred brand) Drugs	2019 Copayment
Per one-month (up to 34-day) supply at a retail network pharmacy	\$25
Per up to a 90-day supply through the home delivery service	\$50

Initial Coverage Stage - Covered Tier 3 (non-preferred brand) Drugs	2019 Coinsurance
Per one-month (up to 34-day) supply at a retail network pharmacy	You pay 75%
Per up to a 90-day supply through the home delivery service	You pay 75%

Initial Coverage Stage - Covered Tier 4 (specialty) Drugs	2019 Coinsurance
Per one-month (up to 34-day) supply at a retail network pharmacy	You pay 25%
Per up to a 90-day supply through the home delivery service	You pay 25%

Coverage Gap Stage – Once your total drug cost (the amount paid by you and the plan) exceeds \$3,820, you move from the Initial Coverage Stage into the Coverage Gap Stage, and the way that your claim is paid changes. You get the benefit of the Medicare Coverage Gap Discount Program, which pays 50% of the cost of any covered brand drug manufactured by a program participant. This means that:

- Plan costs are further reduced by the discount.
- The amount that participants pay in copayment/coinsurance PLUS the amount paid by the discount program will count toward reaching the Catastrophic Coverage Stage.
- If the balance of the drug cost after the discount is less than the coinsurance due based on the coverage tier of the drug, you will pay less than you paid in the Initial Coverage Stage.

Health Care Reform requires that in 2019, beneficiaries pay no more than 30% of the cost of brand drugs in the Coverage Gap Stage. While generic drugs are not a part of the Medicare Coverage Gap Discount program, your cost for generic drugs will be no more than 37% in this stage. In most cases, this plan provides a greater benefit.

Catastrophic Coverage Stage – In 2019, if your annual true out-of-pocket drug expense (including deductible, copayments, coinsurance, and the contribution from the Medicare Coverage Gap Discount Program, but not including the cost of non-covered or excluded drugs) reaches \$5,100, you will pay the greater of either 5% coinsurance or a copayment of \$3.40 (generics or drugs treated as generics) or \$8.50 (brand-name drugs). You will remain in this stage for the remainder of the year.

Express Scripts Mobile App- You can manage your prescriptions using your mobile device by registering for the Express Scripts Mobile App. Go to Express-Scripts.com or your mobile's app store to register.

Your Medicare Explanation of Benefits (EOB) – To help you track your coverage stages, you will receive an EOB directly from Express Scripts for any months during which you use your benefit. You may also obtain a copy electronically by accessing the website at express-scripts.com or by contacting Express Scripts Medicare Customer Service at 1-800-572-4098, TTY callers 1-800-716-3231.

Notice of Creditable Coverage – The outpatient prescription drug coverage that is available through the State Retiree Health Benefits Program to its Medicare-eligible enrollees is a Medicare Part D plan and, therefore, creditable coverage. As such, a Notice of Creditable Coverage is not required. However, beneficiaries will not have to pay a higher premium for any period during which they are enrolled in this plan if they decide later to enroll in other Medicare Part D coverage, as long as there is not a break in creditable coverage of 63 or more days.

Your Options for 2019 – What You Need To Do

If you wish to maintain your current plan, no action on your part is necessary. If you continue to be eligible, your new monthly premium for your current plan will automatically be billed.

If you wish to make an allowable plan change in 2019, you must request the change by taking the following action:

- Obtain an Extended Coverage Change Form from your Benefits Administrator (see page 6), or from the web at www.dhrm.virginia.gov and submit your request to your Benefits Administrator.

Allowable changes will be effective the first of the month after the request is received per program policy. The following options are available:

- **You may keep your current benefit plan as long as you remain eligible (no action required).**
- You may make a plan change as follows:
 - If you currently have the state program's Medicare Part D plan, you may elect Medical-Only coverage (no outpatient prescription drug coverage). If you drop your prescription drug coverage, you may not elect Medicare-coordinating prescription drug coverage through the state program for the remainder of your extended coverage period.

- If you have not previously elected the Dental/Vision option, you may add Dental/Vision coverage one time and terminate it one time. Once you have terminated Dental/Vision coverage, you may not add it again.

Other Important Program Information

▪ ***As a Medicare Beneficiary, can enrollment in the Health Insurance Marketplace affect my benefits?***

As you heard by now, the Health Insurance Marketplace is a key part of the Affordable Care Act. Regardless of how you get Medicare (Original Medicare or a Medicare Advantage Plan), you will still have the same Medicare benefits you have now. If you want additional information about the Marketplace, visit www.HealthCare.gov.

▪ ***Will I get a new ID cards for 2019?***

If you make no changes that would affect the accuracy of your current ID card(s), you may continue to use your existing card.

▪ ***What happens if I fail to pay my premium?***

Plan participants are responsible for timely payment of their monthly premiums. Monthly premiums that remain unpaid for 30 days after the start of the coverage month will be processed for termination of coverage. Once an extended coverage Enrollee has been terminated for non-payment of premiums, there is no additional opportunity for re-enrollment, even if the full extended coverage period was not exhausted.

▪ ***What should I do if my address changes?***

Was this package forwarded to you from an old address? If so, be sure to contact your Benefits Administrator immediately to make an address correction. Failure to update your address can result in missing important information about your health benefits program

▪ ***How can I get information about HIPAA Privacy Protections?***

The Office of Health Benefits Notice of Privacy Practice describes how the health plan can use and disclose your health information and how you can get access to this information. Participants can obtain a copy of the privacy notice at www.dhrm.virginia.gov.

▪ ***Who is my Benefits Administrator?***

As an extended coverage participant, your Benefits Administrator is:

The Department of Human Resource Management
Extended Coverage Administrator
1-888-642-4414
www.dhrm.virginia.gov

LANGUAGE ASSISTANCE SERVICES:

ATTENTION: If you need help in the language you speak, language assistance services are available to you free of charge. Send your request for language assistance to appeals@dhrm.virginia.gov or fax to 804-786-0356.

The Commonwealth of Virginia's State and Local Health Benefits Programs (the "Health Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Nondiscrimination Notice lists the services available and how to file a complaint if you feel that the Health Plan has failed to provide these services or discriminated in another way.

Spanish:

ATENCIÓN: Si necesita ayuda en el idioma que habla, servicios de asistencia lingüística están a su disposición de forma gratuita. Envíe su solicitud de asistencia lenguaje para appeals@dhrm.virginia.gov o por fax al 804-786-0356.

La Comunidad de salud estatales y locales de Virginia Programas de Beneficios (el "Plan de Salud") cumple con las leyes federales aplicables de derechos civiles y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad, o sexo. Nuestro Aviso de No Discriminación enumera los servicios disponibles y cómo presentar una queja si considera que el Plan de Salud no ha podido proporcionar estos servicios o discriminado de otra manera.

Korean:

주의 : 당신이 말하는 언어로 도움이 필요한 경우, 언어 지원 서비스를 무료로 당신에게 사용할 수 있습니다. 804-786-0356에 언어 appeals@dhrm.virginia.gov하는 지원이나 팩스에 대한 요청을 보냅니다.

버지니아 주 및 지방 보건의 커먼 웰스는 프로그램 (이하 "건강 보험")는 해당 연방 민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애, 또는 성별에 근거하여 차별하지 않습니다 혜택. 우리의 무차별주의를 사용할 수 방법은 건강 보험이 이러한 서비스를 제공하는 데 실패하거나 다른 방법으로 차별했다고 생각되면 불만을 제기하는 서비스를 나열합니다.

Vietnamese:

Chú ý: Nếu bạn cần giúp đỡ trong ngôn ngữ bạn nói, các dịch vụ hỗ trợ ngôn ngữ có sẵn cho bạn miễn phí. Gửi yêu cầu để được hỗ trợ ngôn ngữ để appeals@dhrm.virginia.gov hoặc fax 804-786-0356. Khó khăn vượt chung của Nhà nước và địa phương sức khỏe của Virginia lợi Programs (các "Health Plan") phù hợp với luật dân quyền liên bang áp dụng và không phân biệt đối xử trên cơ sở chủng tộc, màu da, nguồn gốc quốc gia, tuổi tác, khuyết tật, hoặc quan hệ tình dục. Thông báo Không Kỳ của chúng tôi liệt kê các dịch vụ sẵn có và làm thế nào để nộp đơn khiếu nại nếu bạn cảm thấy rằng Kế hoạch Y tế đã thất bại trong việc cung cấp các dịch vụ hoặc phân biệt đối xử theo một cách

Chinese:

注意：如果你需要在你講的語言幫助，語言協助服務提供給您免費。發送您的語言協助appeals@dhrm.virginia.gov或傳真至804-786-0356請求。

弗吉尼亞州和地方衛生聯邦福利項目（下稱“健康計劃”），適用的聯邦民權法的規定和種族，膚色，國籍，年齡，殘疾，或性的基礎上不歧視。我們的非歧視通知列出了可如何，如果你覺得健康計劃未能提供這些服務或以其他方式歧視提出申訴的服務。

Arabic:

التي يتكلم، تتوفر لك خدمات المساعدة اللغوية مجاناً. إرسال تذييل به: إذا كنت بحاجة إلى مساعدة في اللغة طلب للحصول على

786 - 0356 - المساعدة ل لغة إلى V~vog.ainigriv.mrhd@slaepa أو الفاكس إلى 408 ولاية فيرجينيا كومونولث في الدولة والمداولة الفوائد ("خطة الصحة") يتوافق مع دية السارية الحقوق القوان بين الاتحادي والمدني ولا تميز على أساس العرق أو اللون أو الأصل القومي أو السن أو الإعاقة، أو الجنس. يرد لنا عدم التمييز يلاحظ الخدمات المتاحة وفي تقديم شكوى إذا كنت تشعر بأن خطة الصحة فشلت في توفير هذه الخدمات أو التمييز في طريقة أخرى.

Persian:

وجه: اگر شما نیاز به کمک در زبان شما صحبت می کنید، خدمات کمک زبان در دسترس شما هستند. ارسال رایگان می باشد. ارسال 786 - 0356 - درخواست خود را برای کمک به زبان V~vog.ainigriv.mrhd@slaepa یا فاکس به 408 (ابواب) "انامرد و تشاد هب حرط" مش ترک الامنافع ایالاتی و مدلی بهداشت ویدرینیا مزایای برنامه (قوان بین درال حقوق مدنی قابل اجرا می کند و بر اساس نژاد، رنگ پوست، ملیت، سن، معلولیت و یا رابطه جنسی قائل نمی شود. توجه عدم تبعیض ما لیست خدمات در دسترس و چگونه به شکایت اگر شما احساس می کنید که برنامه بهداشتی موفق به ارائه این خدمات و یا تبعیض در راه دیگری.

Amharic:

አዳም፣ አንተ የሚናገሩት ቋንቋ እርዳታ የሚፈልጉ ከሆነ፣ የቋንቋ እርዳታ አገልግሎቶች ከክፍያ ነፃ ለእርስዎ የሚገኙ ናቸው። 804-786-0356 ቋንቋ appeals@dhrm.virginia.gov~V እርዳታ ወይም በፋክስ ጥያቄዎን ይላኩ። የሽርጭት ግዛት እና የአካባቢ ጤና ኮሙኒኬሽን ፕሮግራሞች (የ "የጤና ዕቅድ") ለግብዓት ያላቸውን የፌዴራል ሲቪል መብቶች ስሜት ጋር መጣጣማቸውን እና በዘር፣ በቀለም፣ በብሄር፣ በእድሜ፣ በአካል ጉዳት፣ ወይም የወሲብ መሠረት ላይ ዝቅ አድርጎ አይመለከትም Benefits. የእኛ ድልዎ ማስታወቂያ የሚገኝ እና እንዴት የጤና እቅድ እነዚህን አገልግሎቶች ለመስጠት አልተሳካም ወይም በሌላ መንገድ ውስጥ አድልዎ እንደሆነ የሚሰማህ ከሆነ ቅሬታ ለማቅረብ አገልግሎቶች ይዘረዝራል።

Urdu:

اگر آپ: اگر آپ زبان ان میں مدد درکار ہے تو، زبان ان کی مدد کی خدمات مفت کے ان چارج تو جہ توجہ: آپ کو لے کے سہا ای ددم وک V~vog.ainigriv.mrhd@slaepa سے کی ف 786-0356 دست یاب ہوں۔ زبان ان 408 لے آپ کی درخواست ہیج یں۔ ت کی دولت مش ترکہ فوائد پ روگ رام ("صحت کی منورجین یاکی ریاست اورمقامی صح صوبہ بندی") (قابل اطلاق وفاق شہری حقوق کے قوانین کے مطابق ہے اورن سل، رنگ، قومیت، عمر، ی معزوری، یاجنس کی بنیاد پر تفریق نہ یں کرتا۔ ہمارا عدم امتیازن وٹس دست یاب اورک سے شکیات درج کرنے کے لئے آپ محسوس کرتے ہیں کہ صحت کی من صوبہ بندی ان کی خدمات فراہم کرنے میں ناکام رہے ہیں یا کسی اور طرح سے امتیازی سلوک یا گپا ہے تو خدمات کی فراہم پرست ہے ..

French:

ATTENTION: Si vous avez besoin d'aide dans la langue que vous parlez, les services d'assistance linguistique sont à votre disposition gratuitement. Envoyez votre demande d'assistance linguistique pour appeals@dhrm.virginia.gov ou par télécopieur au 804-786-0356.

La Communauté d'État et des collectivités locales de la santé de la Virginie Avantages Programmes (le «régime de santé») est conforme aux lois fédérales relatives aux droits civils applicables et ne fait pas de discrimination sur la base de la race, la couleur, l'origine nationale, l'âge, le handicap ou le sexe. Notre Nondiscrimination Avis répertorie les services disponibles et la façon de déposer une plainte si vous estimez que le plan de santé a omis de fournir ces services ou victimes d'une autre manière.

Russian:

ВНИМАНИЕ: Если вам нужна помощь на языке вы говорите, переводческие услуги доступны бесплатно. Отправьте запрос о помощи языка к appeals@dhrm.virginia.gov или по факсу 804-786-0356.

Содружество государственного управления и местного здравоохранения Вирджинии Преимущества программы ("План здоровья") соответствует действующим федеральным законам о гражданских правах и не допускать дискриминации по признаку расы, цвета кожи, национального происхождения, возраста, инвалидности или пола. Наш Недискриминации Примечание перечислены доступные услуги и как подать жалобу, если вы чувствуете, что план здравоохранения не в состоянии обеспечить эти услуги или дискриминации по-другому.

Hindi:

ध्यान दें: आप भाषा बोलते हैं आप में मदद की जरूरत है, भाषा सहायता सेवाओं के प्रभार से मुक्त आप के ललए उपलब्ध हैं। appeals@dhrm.virginia.gov करने के ललए या फैक्स भाषा सहायता 804-786-0356 करने के ललए आपके अनुरोध भेजें।

वजीननया के राज्य और स्थानीय स्वास््य के राष्ट्रमंडल लाभ काययक्रम ("स्वास््य योजना") लागू संघीय नागरिक अधधकारों के कानून के अनुरूप है और जानत, रंग, राष्ट्रीय मूल, आयु, ववकलांगता, या ललंग के आधार पर भेदभाव नहीं करता। हमारे nondiscrimination सूचना उपलब्ध है और कैसे एक लिकायत दजय करने के ललए अगर आपको लगता है कक स्वास््य योजना इन सेवाओं को प्रदान करने में ववफल रहा है या ककसी अन्य तरह से भेदभाव ककया गया है सेवाओं की सूची है।

German:

ACHTUNG: Wenn Sie in der Sprache sprechen Sie Hilfe benötigen, die Sprache Hilfeleistungen zur Verfügung stehen Ihnen kostenlos zur Verfügung. Senden Sie Ihre Anfrage für sprachliche Unterstützung zu appeals@dhrm.virginia.gov oder Fax an 804-786-0356.

Die Commonwealth of Virginia staatlichen und lokalen Nutzen für die Gesundheit Programme (das "Health Plan") mit den geltenden Bundesbürgerrechte Gesetze erfüllt und keine Diskriminierung auf der Grundlage von Rasse, Hautfarbe, nationaler Herkunft, des Alters, einer Behinderung oder Geschlecht. Unsere Nondiscrimination Hinweis listet die verfügbaren Dienstleistungen und wie eine Klage einreichen, wenn Sie das Gefühl, daß der Gesundheitsplan hat es versäumt, diese Dienste zur Verfügung zu stellen oder in einer anderen Art und Weise diskriminiert.

Bengali:

দৃষ্টি আকর্ষণ: আপস্টি ভার্া আপস্টি কথা বলতে সাহায্য প্রত াজি হ , োহতল ভার্া সহা ো সসবা স্টিখরচা আপিার জিয় উপলব্ধ. appeals@dhrm.virginia.gov অথবা ফ্যাক্স ভার্া সহা ো 804-786-0356 করার জিয় আপিার ত্বিতরাধ পাঠাি.

ভাষ্টজস্টি া রাজ্য এবং স্বািী স্বাস্থ্য কমিওত লখ সুষ্টবধাষ্টদ সপ্রাগ্রাম ("স্বাস্থ্য পষ্টরকল্পি") প্রতয্াজ্য সফডাতরল িাগষ্টরক অষ্টধকার আহি সমতি চতল এবং জাষ্টে, রঙ, জােী উংপষ্ট, ব স, অ□মো, বা ষ্টলতের ষ্টভাষ্টতে ববর্ময িা. আমাতদর আতবদি গ্রহণ সিাটিশ পাও া য্া এবং ষ্টকভাতব একটি অষ্টভতয্াগ দাত র করতে যষ্টদ মতি কতরি সয্ স্বাস্থ্য পষ্টরকল্পি এই সসবা প্রদাি করতে বযথষ হত তে অথবা ত্রিয় সকাতি উপাত ববর্ময কতরতে সসবা প্রদশষি করা হ .

Bassa:

Dè ḍe nià k̄e dyédé gbo: Ǿ jũ ké m̄ [Bàsóò-wùdù-po-nyò] jũ ní, nií, à wuḍu kà kò ḍò po-poòb̄éin m̄ gbo kpáa. Dá 804-786-0353.

The Commonwealth of Virginia's State and Local Health Benefits Programs (the "Health Plan")
Nyò b̄éèkp̄nyòũn-dyù gbo-gm̄-gm̄à b̄éòdyi ké wa ní ge nyòũn-dyù mú dyiin d̄é b̄ód̄ó-dù nyòòsò k̄òe mú, m̄òò kà nyòòdyòò-kù nyu nièke mú, m̄òò b̄ód̄ó b̄ényòòsòk̄òe mú, m̄òò z̄j̄j̄i kà nyòò d̄ã nyue mú, m̄òò nyòòme k̄ódyíe mú, m̄òò nyòòme m̄ògàa, m̄òò nyòòme m̄òmàa k̄ee mú.

Igo (Igbo):

Ntị: Ọ buru na ị choro enyemaka na asusu ị na-asu, asusu aka oru di ka ị n'efu. Send gi aririọ maka asusu aka appeals@dhrm.virginia.gov ma o bu faksi ka 804-786-0356.

The Commonwealth of Virginia si State na Obodo ike uru Programs (the "Health Plan") complies na odabara Federal ruuru iwu na adighi akpa okè na ndabere nke agburu; ucha akpukpo, mba o, afọ, nkwaru, ma o bu mmekọhụ. Anyi Nondiscrimination Riba ama Nsuso na oru di na otu igba akwukwo ma o buru na ị na-eche na Health Plan nke na-emezughị na-enye oru ndi a ma

Yoruba:

Akiyesi: Ti o ba nilo iranlowo ninu ede ti o soro, ede iranlowo ise ni o wa wa si o free ti idiyele. Fi ibeere re fun ede iranlowo to appeals@dhrm.virginia.gov tabi Faksi to 804-786-0356.

The Commonwealth of Virginia ka State ati Agbegbe Health Anfani Eto (awon "Health Eto") complies pelu wulo Federal ilu awon eto ofin ati ki o ko soto lori ilana ti ije, awo, orile-Oti, ojo ori, ailera, tabi ibalopo. Wa Nondiscrimination Akiyesi awon akojo ti awon ise wa ati bi lati faili kan edun ti o ba ti o ba lero wipe Health Eto ti kuna lati pesè awon ipesè wonyi tabi obo ni ona miiran.

Filipino:

Pansin: Kung kailangan mo ng tulong sa wikang nagsasalita ka, serbisyo ng tulong sa wika ay magagamit sa iyo nang walang bayad. Ipadala ang iyong kahilingan para sa tulong sa wika upang appeals@dhrm.virginia.gov o fax sa 804-786-0356.

Ang Komonwelt ng Virginia Estado at Lokal na Health Benefits Programs (ang "Health Plan") ay sumusunod sa mga naaangkop na mga Pederal na batas sa mga karapatang sibil at hindi maaaring makita ang kaibhan sa batayan ng lahi, kulay, bansang pinagmulan, edad, kapansanan, o sex. Ang aming Walang Diskriminasyon Notice ay naglilista ng mga serbisyo na makukuha at kung paano maghain ng reklamo kung sa palagay mo na ang Health Plan ay nabigo upang magbigay ng mga serbisyo o discriminated sa ibang paraan.