



Virginia Department of
HUMAN RESOURCE
MANAGEMENT

Commonwealth of Virginia Retiree Health Benefits Program

<h3>Annual Premium Rate Notification Materials for Medicare-Eligible Participants Enrolled in Plans that do not include Outpatient Prescription Drug Coverage</h3>
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This Rate Notification Booklet includes:

- **Your 2019 Premium Cost..... Page 1**
- **Your 2019 BenefitsPage 2**
- **Your Options for 2019..... Page 2**
- ✓ **No action is required if you continue to be eligible and want to keep your current plan.**
- **Other Important Retiree Program Information Page 3**
- **Language Assistance Services Page 8**

DISTRIBUTION: Only Enrollees (Retirees, Survivors and Long-Term Disability Participants) will receive this package. Medicare-eligible covered family members will not receive annual premium rate notification materials directly, even if they have individual ID numbers. This means that Enrollees must share this information with their Medicare-eligible covered family members. Only Enrollees can request coverage changes for covered family members. If you are an Enrollee who is not eligible for Medicare but you are covering a Medicare-eligible family member, you are receiving this package for the Medicare-eligible family member covered through your eligibility.



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

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To: **State Retiree Health Benefits Program Enrollees Eligible for Medicare or Enrollees who cover Medicare-Eligible Family Members**

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

Date: **November 29, 2018**

Important Information Regarding Your Health Benefits

This notification booklet includes information about coverage for Medicare-eligible participants in 2019. Be sure to read these materials carefully to ensure that you understand your options.

Your 2019 Premium Cost

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

Plan – Single Membership	2018 Premium	2019 Premium Effective 1/1/19	% Change
Advantage 65—Medical Only	\$156	\$159	1.9%
Advantage 65—Medical Only + Dental/Vision	\$189	\$191	1.1%

All State Medicare-coordinating plan medical (including hearing), dental and routine vision benefits are administered by Anthem Blue and Blue Shield.

Since retiree group participants pay the full cost of their health plan coverage in the State Retiree Health Benefits Program, premiums are based on the amount required to fund the costs of the program. This includes all claims cost. For all Advantage 65 plans, there was a small increase in the cost for the Medicare supplement, resulting in a \$3 per month premium increase. For those who have the dental and vision option, there was a small decrease, and the premium was reduced by slightly over \$1 per month.

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

For participants whose premiums are deducted from a VRS retirement benefit, the new January 2019 premium will be deducted from the retirement benefit payment you receive in February. For those who already pay through direct billing, the new premium will be billed in December for January's premium. If you have requested a change in coverage, the premium change may take place later depending on the date of your request. For those who are paying through Anthem automatic bank draft, your first deduction of the new premium amount will take place in your January draft. If you are paying through your financial institution please ensure that you authorize the appropriate premium payment amount for January 1.

While just the Medical-Only plans have an increase for 2019, any premium increase that results in a VRS deduction no longer supporting your premium will mean that you will be moved to direct billing by Anthem Blue Cross and Blue Shield. Direct billing is mailed before the coverage month.

Your 2019 Benefits

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

The Medicare supplement and any other medical benefit under an 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?**

The Dental and Vision Benefits under an Advantage 65 Plan will not change for 2019 for those who are enrolled in the dental/vision option.

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 deducted or billed.

Making allowable plan changes for January 1, 2019: Online enrollment through Employee Direct is not currently available. If you wish to make an allowable plan change, you must

complete a State Health Benefits Program Enrollment Form for Retirees, Survivors and LTD Participants. You may obtain an enrollment form through one of the following ways:

- From your Benefits Administrator (see page 7). Send your completed form to your Benefits Administrator.
- Online fillable forms are available on the DHRM website at www.dhrm.virginia.gov. Once completed, print and sign the form. Follow the mailings instructions on the form to submit your request to your Benefits Administrator.

Submit your form so that it is received by December 14, 2018. Forms received after December 14, 2018, but before January 1, 2019 will be effective on January 1, but there may be a delay in implementing the change and updating your premium.

Allowable changes requested after December 31, 2018, will be effective the first of the month after the request is received per program policy. **All Enrollment Forms must be signed by the Enrollee (Retiree, Survivor or LTD Participant); forms signed by a covered family member will not be accepted.**

The following options are available to you for January 1:

- **You may keep your current plan as long as you remain eligible (no action required).**
- If you have never enrolled in the Dental/Vision option as a Medicare-eligible retiree group participant, 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.
- Retirees, Survivors and LTD Participants may cancel a family member's coverage at any time on a prospective basis (going forward). However, once family members of a Medicare-eligible participant have been cancelled, they may only be added within 60 days of the occurrence of a consistent qualifying mid-year event (e.g., loss of eligibility for other group coverage) that would allow the addition. Medicare-eligible Enrollees do not have an annual Open Enrollment opportunity. Open Enrollment to increase membership is not available based on non-Medicare-eligible family participants.
- All Medicare-eligible covered family members (e.g., retiree and spouse) may have separate plan elections, but only the Enrollee can request a change.
- State coverage as an Enrollee may be cancelled completely, but you will not have an opportunity to return to the program at any time in the future. This will also result in the cancellation of any covered family members.

NOTE: Medical-Only Plan participants may not enroll in any state-program-sponsored Medicare-coordinating plan that includes outpatient prescription drug coverage.

Other Important Retiree Program Information

Are there fitness benefits available under the Advantage 65 Plans?

None of the state program's Medicare-coordinating plans currently provide any fitness benefits such as fitness programs, memberships or general exercise equipment. In response to some participants who have asked about adding this type of benefit to the program, the Department of

Human Resource Management's Office of Health Benefits (the Department) investigated programs that are offered under other plans and found there would be an additional premium cost to ALL participants to add a fitness program benefit. Further, the fitness benefit would not be a stand-alone benefit. Therefore, members would be not able to opt out of just that portion of the benefit program.

The Department considers very carefully any benefit change that increases the premium cost to retirees who pay the full cost of coverage. At this time, the additional premium cost suggests that this type of benefit program would not be a good enhancement for the majority of participants.

▪ **As a Non-Annuitant Surviving Spouse will my eligibility for coverage change if I remarry?**

Non-annuitant surviving spouses may be covered until remarriage, obtaining alternate health insurance coverage, or death. Non-annuitant surviving children may be covered until the end of the year in which they turn age 26, and if they meet the eligibility criteria for an adult incapacitated dependent, they may be covered after age 26 until they are no longer incapacitated (see eligibility criteria for adult incapacitated children in Member Handbooks).

Non-annuitant survivors may not add new dependents. Non-annuitant surviving spouses who lose eligibility will lose coverage at the end of the month in which the loss-of-eligibility event occurs. Non-annuitant surviving children will also lose coverage at the end of the month in which they lose eligibility, but they may elect Extended Coverage. There is no Extended Coverage qualifying event for Non-Annuitant Surviving Spouses who lose eligibility for the program.

▪ **Can I enroll in a Medicare Advantage Plan?**

The state program's Medicare-coordinating plans specifically exclude services or supplies that are received through Medicare Advantage Plans, so enrolling in a Medicare Advantage Plan, if allowed by Medicare, will generally result in loss of benefits under the state program's Medicare-coordinating plans. State program participants may terminate their state program Medicare-coordinating coverage prospectively at any time (no return to the program). If you wish to enroll in a Medicare Advantage Plan, consider cancelling your coverage in the state program. (This would also result in termination of any covered family members.) If you enroll in a Medicare Advantage Plan and do not cancel your state coverage, consider carefully whether you wish to continue paying for coverage that may provide minimal, if any, medical benefits. In some cases, enrollment in a Medicare Advantage plan or other Medicare supplemental coverage could conflict with your state program enrollment. ***Please note that the Advantage 65 Plans are not Medicare Advantage plans.***

A new plan year and Medicare enrollment period are good times to review all plan options available to you as a Medicare beneficiary. There could be a plan outside of the state program that better meets your needs, either in types of benefits, cost levels or both. However, be sure that you understand the impact of enrolling in other plans if you still want to keep your state plan coverage.

Some things to think about and compare include:

- Premium cost
- Benefits
- Out-of-pocket expenses such as deductible, copayments, or coinsurance

Use the resources listed on page 2 to help you make a choice that meets your individual needs. If you have questions about Medicare's rules for conflicting coverage, please contact Medicare.

- **Will I get a new ID card 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.

- **Will I get a new Member Handbook for 2019?**

A new 2019 Medicare-Coordinating Plans Member Handbook and associated inserts based on your enrollment will be mailed in 2019. Until then, keep this notice with your current Handbook and Inserts as your description of coverage.

- **What resources are available for information about the State Retiree Health Benefits Program?**

In addition to your Benefits Administrator and your Member Handbook, there are many resources available at the Department of Human Resource Management's Web site to provide information to retiree group participants about their State Retiree Health Benefits Program coverage.

Go to <http://www.dhrm.virginia.gov/hbenefits/retirees/medicareretiree.html>.

- **How does Medicare eligibility prior to age 65 affect program participation?**

When an Enrollee (Retiree, Survivor, LTD participant) or a covered family member becomes eligible for Medicare prior to age 65, an enrollment form should be submitted immediately to elect a Medicare-coordinating plan. While this letter is being directed to Enrollees and/or their family members already enrolled in Medicare-coordinating plans, this information is provided to ensure that other covered family members who may be in non-Medicare plans are also moved to Medicare-coordinating coverage immediately upon eligibility. It is the responsibility of the Enrollee to ensure adherence to this provision. Failure to do so could result in significant coverage deficits.

This is an important provision of the State Retiree Health Benefits Program. All participants who are eligible for Medicare, regardless of age, must enroll in both Parts A and B (Original Medicare) in order to get the full benefit of any state program Medicare-coordinating plan since Medicare becomes the primary payer of claims for those who are no longer covered based on current employment.

If it is determined that a retiree group participant is eligible for Medicare and has not enrolled in a Medicare-coordinating plan, he or she will be placed in the Advantage 65 with Dental/Vision plan immediately. If participants have declined Medicare coverage, it could result in a delay in enrollment and a critical gap in coverage until Medicare goes into effect. The state program will not pay any claims that should have been paid by Medicare had the participant been properly enrolled in Medicare coverage.

The state program tracks Medicare eligibility due to age and can generally identify eligibility prior to age 65, but it is in the best interest of the Enrollee to report eligibility as soon as it is determined.

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

Plan participants are responsible for timely payment of their monthly premiums (either through retirement benefit deduction or by direct payment to the billing administrator). Monthly premiums that remain unpaid for 31 days after the due date will be processed for termination of coverage. Once an Enrollee and his/her family members have been terminated for non-payment of premiums, re-enrollment in the program is at the discretion of the Department of Human Resource Management.

Direct-bill participants may enroll for automatic deduction of their monthly premium from their bank accounts and may make online check payments. Contact Anthem for more information. Participants are responsible for understanding their premium obligation and for notifying the program within 60 days of any qualifying mid-year event that affects eligibility and/or membership level. Premium overpayments due to failure of the Enrollee (Retiree, Survivor, LTD Participant) to advise the program of membership reductions may result in loss of the overpaid premium amount.

- **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. The Department of Human Resource Management will not be responsible for information that participants miss because their address of record has not been corrected. The Department's only means of communicating important information to retiree group enrollees is through the mail. Please let your Benefits Administrator know when you move!

- **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?

If you have questions about eligibility and enrollment, contact:

<i>If You Are A:</i>	<i>Contact This Benefits Administrator</i>
Virginia Retirement System Retiree/Survivor or a VSDP Long Term Disability Program Enrollee	The Virginia Retirement System 1-888-827-3847 <u>www.varetire.org</u>
Local or Optional Retirement Plan Retiree/ Survivor or a non-VSDP LTD participant	Your Pre-Retirement Agency Benefits Administrator
Non-Annuitant Survivor (surviving spouse or child of an employee or retiree—not receiving a VRS benefit)	The Department of Human Resource Management 1-888-642-4414 <u>www.dhrm.virginia.gov</u>

NOTE: Receipt of benefit-specific information in this package does not guarantee those benefits. In family groups with multiple Medicare-eligible family members, Enrollees will receive information about all plans within their family group. (For example, if you are in a plan without dental and vision coverage, but you are covering a family member in a plan that includes dental and vision, you will receive dental and vision information.)

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 보건 의 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 thịnh vượng 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:

لاسرا! اناجم ةيوغلل ةدعاسملا تامدخ لكل رفوتت ،ملكتي يتللا ةغلللا يف ةدعاسم ىل ةجاحب تنك اذا :هيبنت ىل ةلوصحلل بلط

804 - 786 - 0356 ىل ةسكافل و V~appeals@dhrm.virginia.gov ىل ةغل ةدعاسملا

عم قفاوتي) "ةحصللا ةطخ" (جمارب ةيحصلا دىاوفلا ةيلحمل او ةلودلا يف ثلونموك اينيجريف ةيالو

قوقحلل ةيراسلا ةيداحتاللا نين او قلا

مدع انل درسي .سنجلا و ،ةقاعلا و نسل و ايموقلا لصلال و نوللا و قرعلا ساسا ىل ع زيمت الو ةيندملا

تامدخالل ظحال زيميتملا

زيميتملا و تامدخالل هذه ريفوت يف تلشف ةحصللا ةطخ نأب رعشت تنك اذا ىوكش ميديقت ةيفيكيو ةحاتملا ىرخا ةقيرط يف

Persian:

دنتسه امش سرتسد رد نابز كمك تامدخ ،دننك ىم تبحص امش نابز رد كمك هب زايين امش رگا :هجوت لاسرا .دشاب ىم ناگيار

804 - 786 - 0356 هب سكف اي V~appeals@dhrm.virginia.gov نابز هب كمك ىارب ار دوخ تس او خرد .

اب قباطم) "انامرد و تشادهب حرط" (ممانرب ىايازم اينيجريو تشادهب ىلحم و ىتللاي عفانملا كرتشم ىندم قوقح لاردف نين او قلا

دوش ىمن لىاق ىسنج مطبار اي و تي لول عم ،نس ،تيلم ،تسوپ گنر ،داژن ساسا رب و دنك ىم ارجا لباق

ام ضيعبت مدع هجوت

هئارا هب قفوم ىتشادهب ممانرب هك دينك ىم ساسا ح امش رگا تي اكش هب هنوگچ و سرتسد رد تامدخ تسيل

ضيعبت اي و تامدخ نيا

ىرگيد هار رد

Amharic:

804-786-0356 ቋንቋ appeals@dhrm.virginia.gov~V ለእርስዎ ወይም በፋክስ ጥያቄዎን ይላኩ። አዳምጥ: አንተ የሚናገሩት ቋንቋ እርዳታ የሚፈልጉ ከሆነ, የቋንቋ እርዳታ አገልግሎቶች ከክፍያ ነፃ ለእርስዎ የሚገኙ ናቸው።

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Urdu:

جراچ نا ے ک تف م تامدخ ى ک ددم ى ک نا بز ،و ت ے را کرد ددم ى م نا بز پآ رگا : پآ رگا :هجوت هجوت و ک پآ

ل ے ک سا ا ى ددم و ک V~appeals@dhrm.virginia.gov سک ى ف 804-786-0356 نا بز . ى ى باى ت س د پآ ے ئ

. ى ى جى هب تس او خرد ى ک

ن م ى ک تحص") مار گور پ د ئ او ف ى کرت شم ت لود ى ک تحص ى ماق م روا تس ا ى ى ک ا ى ن ى جرو ى بوض

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ى ک نا ىدن ب ى بوض ن م ى ک تحص ى ک ى ى ى ے تر ک سوس حم پآ ے ل ے ک ے نر ک چرد ت ى اک ش م ى ر ف تامدخ

ف ى ک تامدخ و ت ے ا ى گ ا ى ک کول س ى زای ت ما ے س حرط روا ى س ک ا ى ى ى ى ى ى ى م ے نر ک تس ر ى

ے ..

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 स्वास्थ्य के राष्ट्रमंडल लाभ कार्यक्रम ("स्वास्थ्य योजना") लागू संघीय नागरिक अधिकारों के कानून के अनुरूप है और जानत, रंग, राष्ट्रीय मूल, आयु, वक्लांगता, 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 स्वास्थ्य 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 ভাৰ্া আপস্টি কথা বলতে সাহায্য প্রত াজি হ , োহতল ভাৰ্া সহা ো সসবা স্টিখরচা আপিার জিয় উপলক্ক. appeals@dhrm.virginia.gov~V অথবা ফ্যাক্স ভাৰ্া সহা ো 804-786-0356 করার জিয় আপিার ত্রিতরাধ পাঠাি.

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

Bassa:

Dè dè nià kè dyédé gbo: Ɔ jù ké m̄ [Bàsóó-wùdù-po-nyò] jù ní, nií, à wuḍu kà kò dò po-poòbèin m̄ gbo kpáa. Dá 804-786-0353.

The Commonwealth of Virginia's State and Local Health Benefits Programs (the "Health Plan") Nyò b̄èèkp̄nyòün-dyù gbo-gm̄-gm̄à b̄èòdyi ké wa ní ge nyòün-dyù mú dyiìn d̄é b̄ódó-dù nyòòsò k̄òé mú, m̄òò kà nyòòdyòò-kù nyu nièke mú, m̄òò b̄ódó b̄ényòòsòk̄òé mú, m̄òò z̄j̄i kà nyòò d̄à nyue mú, m̄òò nyòòme k̄ódyíe mú, m̄òò nyòòme m̄òḡaa, m̄òò nyòòme m̄òm̄aa kee mú.

Igo (Igbo):

Nti: Ɔ buru na i chorọ enyemaka na asusu i na-asu, asusu aka oru di ka i n'efu. Send gi aririọ maka asusu aka appeals@dhrm.virginia.gov~V 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, afo, nkwaru, ma o bu mmekọhụ. Anyi Nondiscrimination Riba ama Nsuso na oru di na otu igba akwukwo ma o buru na i 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 ipese 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~V 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.

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