



PREVENTIVE HEALTH GUIDE

Plan Now for Better Health





Want to help lower
your risk for future
health problems?

Get the preventive screenings,
tests and vaccines you need now,
to help you be healthier later.

Everyday Digital Tools

Helping You Stay Healthy

Log in at bcbst.com/wellnesscenter.

There you'll find health trackers and a device dashboard that works with popular fitness apps and wearable devices so you can keep track of:

- › Stress
- › Blood Pressure
- › Nutrition
- › Tobacco
- › Cholesterol
- › Physical Activity
- › Weight

You can also access these features through your Personify Health® mobile app.





Be Proactive

Follow these steps to help protect your health:

- 1. Stay connected to your provider** – Develop a good relationship with a doctor who knows you and your medical history, and let them know about any other care you're getting.
- 2. Take a Personal Health Assessment (PHA)** – Take a PHA in the Member Wellness Center to see how healthy you are now, and how you may be able to improve your health. You can also take the PHA through the Personify Health mobile app.
- 3. Make time to exercise** – Physical activity can help prevent illnesses including heart disease, high blood pressure, diabetes, osteoporosis, depression and stroke. Get the most out of your activity by keeping track of your exercise.
- 4. Eat more fruits and vegetables** – Aim for a well-balanced diet that includes vegetables, fruits, low-fat dairy products and whole grains.
- 5. Avoid tobacco and second-hand smoke** – Quitting tobacco is one of the best things you can do for your health. Take the self-guided tobacco cessation course in the Member Wellness Center.
- 6. Get regular preventive health exams, screenings and vaccinations** – They may not cost you anything if you go to a provider in your network. Check your Evidence of Coverage for more information.

Recommended Preventive Care

Regular checkups can help find problems early before they become serious.

On the following pages, we've put together a list of recommended preventive services available for you and your family.

Check to see which care might be right for you to get soon.

Coverage in grandfathered plans may differ. Check your Evidence of Coverage for more information.



Recommended Preventive Care – CHILDREN*

Preventive Services	Age	Frequency
Alcohol Misuse Screening and Behavioral Counseling Interventions	18 and older	Covered when provided by a primary care practitioner; up to eight counseling sessions per year
Anxiety Screening	8 – 18 years	Along with annual preventive exam
Autism Spectrum Disorder Screening	18 – 24 months	Along with annual preventive exam
Chlamydia Screening (for sexually active female adolescents)	16 and older	Annually
Depression and Suicide Risk Screening	12 – 18	Along with annual preventive exam
Fluoride Varnish	At appearance of primary teeth up to age 5	Covered when provided by primary care practitioner
Gonorrhea Prophylactic Eye Medication**	Newborn	—
Hearing Screening	Newborn	—
Hemoglobinopathies (sickle cell screening)	—	—
Hepatitis B Screening	Adolescents at high risk	—
HIV pre-exposure prophylaxis (PrEP)** and support services	Adolescents at high risk	—
HIV Screening	15 and older (younger if high risk)	Annually
Iron Deficiency Anemia, Prevention (at risk 6 to 12 month old babies)**	Up to age 1	—
Latent Tuberculosis Infection Screening	—	—
Obesity Screening	6 – 18	Along with annual preventive exam
Phenylketonuria (PKU) Screening	Newborn	—
Routine Vaccinations	0 – 18	As recommended by the Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices
Sexually Transmitted Infections Counseling	Sexually active adolescents	Annually
Skin Cancer Counseling	Six months – 18 years	Along with annual preventive exam
Syphilis Screening	Adolescents with increased risk	—
Tobacco Use Counseling (to prevent initiation of tobacco use)	—	Along with annual preventive exam
Tooth Decay Prevention (prescribe oral fluoride if deficient in water)**	Up to age 16	—
Visual Acuity Screening	3 – 15 years (older based on risk assessment)	Along with well child exam
Well Child Exams***	0 – 30 months	Follow the American Pediatrics/CDC/Bright Futures recommendations for newborn and early age well-baby child checkups.
	3 – 18	Annual visits or one per year

* This is not a complete list. Please speak to your doctor for more information.

** Preventive drugs covered at 100% when you have a written prescription. Visit bcbst.com/pharmacy to find out what's covered.

*** Includes Bright Futures Recommendations and Heritable Disorders Screenings. (services include but not limited to: Physical exams, developmental and autism screenings, newborn metabolic screening, hematocrit or hemoglobin, lead screening, tuberculin test)

Recommended Preventive Care – MATERNITY CARE*

Preventive Services	Frequency
Pregnancy-Related Screenings	<ul style="list-style-type: none"> › Asymptomatic bacteriuria (12 – 16 weeks) › Chlamydia › Depression › Gestational diabetes (after 24 weeks) › Gonorrhea screening › Hepatitis B › HIV › Postpartum Depression Screening (1 – 12 weeks after birth) › Rh (D) incompatibility › Supplementation › Syphilis
Breastfeeding Support, Supplies and Counseling	—
Folic Acid**	—
Healthy Weight and Weight Gain In Pregnancy	Behavioral counseling aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy
Low-Dose Aspirin for the Prevention of Morbidity and Mortality From Preeclampsia**	After 12 weeks of gestation in women who are at high risk for preeclampsia
Routine Immunizations (Tdap and flu)	As recommended by the Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices and your doctor



In addition to screenings and other preventive services, remember it's also very important to keep all your doctor appointments and follow your doctor's advice including **prenatal** visits (starting in first trimester) and at least one **postpartum** visit (between 1 to 12 weeks after delivery). Receiving all care during and after pregnancy helps provide the best health for you and your baby.

* This is not a complete list. Please speak to your doctor for more information.

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Recommended Preventive Care – WOMEN*

Preventive Services	Age	Frequency
Alcohol Misuse Screening and Behavioral Counseling Interventions	18 and older	Covered when provided by a primary care practitioner; up to eight counseling sessions per year
Blood Pressure Screening	18 and older	Along with an annual preventive exam, check your blood pressure regularly with a digital device and share it with your doctor.
Breast Cancer Counseling and Preventive Medication (based on personal and family risk factors)**	Women at high risk	Preventive medication and BRCA testing if appropriate as determined by attending physician.
Breast Cancer Screening (mammogram)	40 and older	One per year
Cervical Cancer Screening	21 – 29	Every three years with cytology alone
	30 – 65	Every three years with cytology alone Every five years with high-risk HPV testing alone or every five years with co-testing
Chlamydia and Gonorrhea Screening	16 – 24 (older for high risk)	Annually
Cholesterol/Lipid Disorders Screening	45 and older (younger for high risk)	—
Colorectal Cancer Screening	45 – 75 (younger for high risk)	One per year for fecal occult blood testing – one every three years for FIT-DNA – one every five years for screening sigmoidoscopy or CT colonography – one every 10 years for screening colonoscopy
Depression Screening	18 and older	Along with annual preventive exam
Diabetes Screening for Overweight or Obese Adults	35 – 70	—
Diabetic Hemoglobin A1c checks†	Adults with a diabetes diagnosis	—
Diabetic Retinopathy Screening	—	Covered annually for those with a diagnosis of diabetes when provided by an in-network optometrist or ophthalmologist (including provider specialty of therapeutic optometry).
Domestic Violence Screening & Counseling	—	Annually
Falls Prevention in Community-Dwelling Older Adults (at increased risk for falls)	65 and older	—
FDA-Approved, Granted, or Cleared Prescription Contraceptive Methods, Sterilization and Counseling**†	Women and adolescent girls	—
Healthful Diet and Physical Activity Counseling	Adults with hyperlipidemia and other risk factors	Covered when provided by a primary care practitioner; limited to 12 visits per year

* This is not a complete list. Please speak to your doctor for more information.

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† Coverage may vary by plan.

Recommended Preventive Care – WOMEN* (cont.)

Preventive Services	Age	Frequency
Hepatitis B Screening	Adults at high risk	—
Hepatitis C Screening	18 – 79	—
HIV Pre-Exposure Prophylaxis (PrEP)** and Support Services	Adults at high risk	—
HIV Screening (at risk)	18 – 65	Annually
HPV Testing	30 and older	Once every five years
Latent Tuberculosis Infection Screening	—	—
Lung Cancer Screening	50 – 80	Annually for adults who have a 20 pack-year smoking history and either currently smoke or have quit within the past 15 years
Obesity Screening and Counseling	18 and older	Along with annual preventive exam. Counseling based on BMI is covered when received from a primary care provider.
Osteoporosis Screenings	Women 65 and older (younger for high risk)	—
Preventive Health Exam	—	One per year
Routine Vaccinations (e.g. flu, Td/Tdap, zoster, and pneumococcal)	18 and older	As recommended by the Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices
Sexually Transmitted Infections Counseling	—	Annually
Skin Cancer Counseling	18 – 24	Along with annual preventive exam
Statin use for Primary Prevention of Cardiovascular Disease**	40 – 75 with increased risk	—
Syphilis Screening	Adults with increased risk	—
Tobacco Cessation Counseling and Interventions**	18 and older	—
Unsafe Drug and Alcohol Screening	18 and older	—
Well Woman Exam	18 and older	One per year

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† Coverage may vary by plan.



Recommended Preventive Care – MEN*

Preventive Services	Age	Frequency
Abdominal Aortic Aneurysm Screening	65 – 75	One per lifetime for men who have ever smoked
Alcohol Misuse Screening and Behavioral Counseling Interventions	18 and older	Covered when provided by a primary care practitioner; up to eight counseling sessions per year
Blood Pressure Screening	18 and older	Along with an annual preventive exam, check your blood pressure regularly with a digital device and share it with your doctor.
Cholesterol/Lipid Disorders Screening	35 and older (younger for high risk)	—
Colorectal Cancer Screening	45 – 75 (younger for high risk)	One per year for fecal occult blood testing – one every three years for FIT-DNA – one every five years for screening sigmoidoscopy or CT colonography – one every 10 years for screening colonoscopy
Depression Screening	18 and older	Along with annual preventive exam
Diabetes Screening for Overweight or Obese Adults	35 – 70	—
Diabetic Hemoglobin A1c check†	Adults with a diabetes diagnosis	—
Diabetic Retinopathy Screening	—	Covered annually for those with a diagnosis of diabetes when provided by an in-network optometrist or ophthalmologist (including provider specialty of therapeutic optometry).
Domestic Violence Screening & Counseling	—	Annually
Falls Prevention in Community-Dwelling Older Adults (at increased risk for falls)	65 and older	—
Healthful Diet and Physical Activity Counseling	Adults with hyperlipidemia and other risk factors	Covered when provided by a primary care practitioner; limited to 12 visits per year
Hepatitis B Screening	Adults at high risk	—
Hepatitis C Screening	18 – 79	—
HIV Pre-Exposure Prophylaxis (PrEP)** and Support Services	Adults at high risk	—
HIV Screening (at risk)	18 – 65	Annually
Latent Tuberculosis Infection Screening	—	—
Lung Cancer Screening	50 – 80	Annually for adults who have a 20 pack-year smoking history and either currently smoke or have quit within the past 15 years
Obesity Screening	18 and older	Along with annual preventive exam.

* This is not a complete list. Please speak to your doctor for more information.

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Recommended Preventive Care – MEN* (cont.)

Preventive Services	Age	Frequency
Preventive Health Exam	—	One per year
Prostate Cancer Screening	Men 50 and older	—
Routine Vaccinations (e.g. flu, Td/Tdap, zoster, and pneumococcal)	18 and older	As recommended by the Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices
Sexually Transmitted Infections Counseling	—	Annually
Skin Cancer Counseling	18 – 24	Along with annual preventive exam
Statin use for Primary Prevention of Cardiovascular Disease**	40 – 75 with increased risk	—
Syphilis Screening	Adults with increased risk	—
Tobacco Cessation Counseling and Interventions**	18 and older	—
Unsafe Drug and Alcohol Screening	18 and older	—

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** Preventive drugs covered at 100% when you have a written prescription. Visit [bcbst.com/pharmacy](https://www.bcbst.com/pharmacy) to find out what's covered.

Make a commitment today to start living a healthy lifestyle.





Visit **bcbst.com** today

Our site gives you resources to help you understand your health plan coverage and make informed decisions about your health care.

Log in to your account to:

- › Find an in-network provider.
- › Check your health plan to find out who's covered and what's covered.
- › Look up your claim status or see if you've met your deductible.
- › Check physician quality ratings.
- › Maintain a personal health record.
- › Learn about our member discount program for health-related products and services.
- › Get unlimited, low-cost access to more than 13,000 participating fitness locations including national and local chains, and community and women-only facilities.
- › Visit the Health Library for useful tools and resources.
- › Access self-guided health and wellness programs, trackers and other resources.
- › Chat with us for help with your claims, coverage, provider network and more.



You can also use many of these features through our free app, BCBSTNSM.

Use of apps is voluntary. If you choose to use one of our apps, you are responsible for the cost of any technology (e.g., cell phone, tablet, computer, etc.), internet access and/or upgrades thereto needed to use an app. These are not covered benefits. It is your responsibility to keep your phone, tablet or computer and access to the app secure.

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex¹. BlueCross does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross 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 ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Grievance; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (TTY: 1-800-848-0298 or 711); Nondiscrimination_CoordinatorGM@bcbst.com (email); or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bcbst.com.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

ATTENTION: If you speak English, free language assistance services and appropriate auxiliary aids and services are available to you. Please call the Member Service number on the back of your Member ID card or 1-800-565-9140 (TTY: 1-800-848-0298).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma, así como ayudas y servicios auxiliares adecuados. Llame al número de Servicio de atención a miembros que figura en el reverso de su tarjeta de identificación de miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

اتباه: إذا كنت تتحدث العربية، فستوفر لك خدمات المساعدة اللغوية المجانية والخدمات والأدوات المساعدة المناسبة. يرجى الاتصال برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو الخاص بك أو بالرقم 1-800-565-9140 (الهاتف النصي: 1-800-848-0298)

注意: 如果您說中文，我們提供免費的語言協助服務，以及適當的輔助協助和服務。請撥打會員ID卡背面的會員服務部號碼或1-800-565-9140 (聽障專線 (TTY): 1-800-848-0298)。

LUU Ý: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các dịch vụ và công cụ hỗ trợ phù hợp. Vui lòng gọi đến số của bộ phận Dịch vụ Hội viên ở mặt sau Thẻ ID Thành viên của quý vị hoặc số 1-800-565-9140 (TTY: 1-800-848-0298).

주의: [한국어]를 사용하시는 경우, 무료 언어 지원 서비스 및 적절한 보조 기구와 서비스가 제공됩니다. 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298)번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés sont à votre disposition. Veuillez appeler le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາ ພາສາລາວ, ມີການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ ມີພາສາສົມເຫັນ. ກະລຸນາໃຫ້ພາບເຂົ້າຍື່ນບໍລິການສະມາຊິກ ທີ່ມີຢູ່ດ້ານຫຼັງບັງ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማለገገዝጊያ:- አማርኛ የሚናገሩ ከሆኑ፣ ነጻ የቋንቋ እርዳታ አገልግሎቶች እና ገቢ ረዳት መርዶዎች እና አገልግሎቶች ለእርስዎ ይገኛሉ። በአገልግሎት መታወቂያዎ ጀርባ ላይ በሚገኘው የአገልግሎት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Bitte rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

ध्यान आपो: जो नमो गुजराती बोली छी, तो नमारा माटे निःशुल्क भाषा सहाय सेवाओ अने योग्य सहायक साधनो अने सेवानो उपलब्ध छी. कृपया इरीने नमारा सभ्य ID कार्डनी पाछोना सभ्य सर्विस नंबर उपर अथवा 1-800-565-9140 (TTY: 1-800-848-0298) पर कॉल करी.

お知らせ：日本語をお話しになる場合は、無料の支援サービスと適切な補助器具・サービスがご利用いただけます。会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PANSININ: Kung kayo ay nagsasalita ng Tagalog, magagamit para sa inyo ang libreng mga serbisyong tulong sa wika at kaukulang mga karagdagang tulong at mga serbisyo. Mangyaring tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng inyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ और उपयुक्त सहायक साधन और सेवाएँ उपलब्ध हैं। कृपया अपने सदस्य ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ! Если Вы говорите по-русски, Вам будут предоставлены услуги языковой поддержки и соответствующие вспомогательные средства и сервисы на бесплатной основе. Позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی رایگان و مساعدت ها و خدمات کمکی مناسب در دسترس شما هستند. در صورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت عضویت خود یا 1-800-565-9140 (TTY: 1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, genyen sèvis asistans gratis pou lang ansanm ak èd pou sèvis oksilyè apwopriye k ap disponib pou ou. Tanpri rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej oraz rozwiązań i usług pomocniczych. Prosimy zadzwonić pod numer działu obsługi ubezpieczonych podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística e recursos e serviços auxiliares apropriados estão disponíveis para você. Ligue para o número de telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: se parla italiano, sono disponibili per Lei servizi gratuiti di assistenza linguistica nonché aiuti e servizi ausiliari adeguati. Chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

BAA'áKOHWIINIDZIN: Diné bizaad bee yáníít'go, t'áá jiik'eh saad bee áka'aná'awo' bee áka'anida'awo'í dóó t'áadoole'e' binahjí' bee adahodooníígíí diné bich'í' anidahazt'í'í bee bika'aanida'awo'í ná dahóló. T'áá shóodí Bih Ha'dít'éhí Bika'aná'awo' Bih Ha'dít'éhí ID naaltsoos nit'í'zì bìné'déé' binámboo bee hodíílnih doodago 1-800-565-9140 (TTY: 1-800-848-0298).

WICHDIICH: Wann Du Deutsch schwetzschst un brauchschst Hilf fer communicat-e kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne differnti Sadde Schprooch-Hilf beigrige aa fer nix. Ruf der Member Service Nummer uff die hinnerscht Seit vun dei Member ID Card uff odder 1-800-565-9140 (TTY: 1-800-848-0298).

FAASILASILAGA: Afai e te tautala i le faa-Samoa, o loo avanoa mo oe auanaga fesoasoani mo gagana e aunoa ma se totogi faapea ma fesoasoani fa'aopo'opo ma auanaga talafeagai. Faamolemole vala'au le numera o le Member Service (Auanaga mo Tagata Auai) o lo'o i tua o lau pepa ID o le Member (Tagata Auai) po o le 1-800-565-9140 (TTY: 1-800-848-0298).

GAKIULA: Gare iga go kapetal Faluwasch, ye toore paliuwal yamem bwe tepangug rel gamatefal lane kapetal Faluwasch. Fale peshem kol yegili nampal Member Service ila yelog liugul tagurul Member ID kard la yam gare 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSIÓN: Guaha setbisio siha para hágu yanggen finfino' CHamorú hao, dibátde na setbisión inayudun fumino' CHamorú yan propriu na inasisten trásters yan setbisio siha. Put fabot ágang i numiron Setbision Membro gi santatten i kattá-mu Member ID pat 1-800-565-9140 (TTY: 1-800-848-0298).

¹ Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2)