

BLUE CARE ELECT PREFERRED 80

WITH COPAY

Hult International Students

Student Health Plan
2023 – 2024

This Plan Covers the Student Only.

UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan:



COVERAGE AND
BENEFITS



CLAIMS AND
BALANCES



DIGITAL
ID CARD

Sign in

Download the app, or create an account at bluecrossma.org.



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

Hult International Business School
U.S. Citizens & International Student Health Insurance Plan
2023 – 2024

WHO IS ELIGIBLE FOR THE PLAN?

Students: All students attending Hult are required to maintain adequate medical insurance and the cost of the Hult sponsored plan is automatically charged to all student accounts.

International Students: enrollment in the Hult sponsored plan is mandatory and cannot be waived. A once-per-lifetime medical withdrawal exception may be granted to students on school approved medical leave during the first 45 days of coverage.

OPT Students & Short Term Participants: may enroll in the Plan on a voluntary basis. OPT students may purchase a maximum of 12 consecutive months of coverage from the OPT effective date. OPT extension coverage beyond 12 months is not allowed. Enrollment must be completed within 30 days of the expiration of prior coverage on the school's student health insurance plan. A gap in coverage is not allowed. A copy of a valid EAD or OPT application or receipt (I-765 or I-797c) is required to enroll. Enroll online at www.jcbins.com.

Dependents: Coverage for dependents (spouse/children) is not available under this plan.

Blue Cross Blue Shield of MA reserves the right to review, at any time, your eligibility to enroll in this plan. If it is determined that you did not meet the school's eligibility requirements for enrollment, your participation in the plan may be terminated or rescinded in accordance with its terms and applicable law.

COVERAGE PERIODS:

Open Enrollment

Coverage will become effective at 12:01 a.m. on the first day of the coverage period. All enrollments during the open enrollment period will be backdated to the start date of the period of coverage.

Qualifying Events

Enrollments will not be accepted after the open enrollment period unless there is a qualifying event (such as involuntary loss of other coverage). Enrollment must occur within 30 days of the qualifying event and accompany proof of the qualifying event. Coverage will become effective at 12:01 a.m. on the day following the payment.

Premiums will not be pro-rated for enrollments taken after the open enrollment period.

Termination Date

Coverage terminates at 11:59 p.m. on the coverage end date indicated for the period purchased. There is no continuation coverage for this plan for students who are no longer eligible. We do not send termination or renewal notices. It is the Insured Person's responsibility to renew coverage, subject to continuing eligibility, in a timely manner. Eligibility requirements must be met each time premium is paid to renew coverage. Final decisions regarding coverage effective dates are made by the insurance company.

REFUNDS:

Once eligibility requirements have been met for the first 45 days of coverage, coverage will remain in force during the period for which premium has been paid, even if the student leaves school, obtains other coverage, or has a change in status. Refunds will ONLY be considered during the first 45 days of coverage and ONLY for students who drop out of school or enter full time active-duty military service. All refund requests must be sent to the University who will confirm non-student status with JCB and submit the refund request on behalf of the student. Credit card refunds must be requested within **120 days** of the date of purchase. No refunds will be considered after the

refund deadline. All refunds will be processed back to the original form of payment only, no exceptions. All refunds will be assessed a \$35 processing fee. Please allow 30 business days for us to receive and process the refund request, then an additional 3-5 business days to receive your refund from your financial institution. **Pro-rated/partial refunds are not allowed.**

PLAN DATES & COSTS:

Coverage for dependents (spouse/children) is not available under this plan.

Terms	Annual (Aug Arrival)	Mid-Term Grad (Undergraduate)	Dual Degree (August – April)	January Intake
Start Date (12:01am)	8/26/2023	8/26/2023	8/26/2023	1/4/2024
End Date (11:59pm)	8/25/2024	1/4/2024	4/11/2024	8/25/2024
U.S. Student Waiver Opens	6/1/2023	6/1/2023	6/1/2023	12/5/2023
U.S. Student Waiver Deadline	10/31/2023	9/21/2023	10/31/2023	1/29/2024
Student Cost	\$2,990.00	\$1,050.00	\$1,850.00	\$1,900.00

The cost of coverage includes insurance premium, school administrative fees, and fees payable to JCB Insurance Solutions. Rates also include Emergency Travel Assistance services provided by On Call.

WAIVER PROCESS:

All students attending Hult are required to maintain adequate medical insurance and the cost of the Hult sponsored plan is automatically charged to all student accounts.

International Students: Enrollment in the Hult sponsored plan is mandatory and cannot be waived.

U.S. Citizens: U.S. Students will be automatically enrolled on the waiver deadline above. **U.S. Citizens can waive with approved coverage by visiting www.jcbins.com.** You will need to know the name of your insurance company, Medical ID number and Date of Birth.

MEDICAL ID CARDS:

U.S. Citizens & International Students:

Your Blue Cross Blue Shield of Massachusetts Medical ID Card will be available online only, on the coverage start date or 2-3 weeks after enrolling, whichever is later. You may call BCBS of Ma to request a hard copy be mailed to you.

To access a digital copy of your Medical ID Card, download the BCBS of Ma MyBlue Mobile App, and register for an account. Once logged in, you will be able to download your digital ID Card.

You do not have to have your Medical ID card to be eligible to receive medical services, however, it's important to carry your ID card with you at all times. Your BCBS of Ma ID card is recognized around the world. If you lose your card and need a replacement, simply create a MyBlue account and log-in, or call BCBS of MA Member Services at **(888) 753-6615**.

BLUE CARE LINE - Quick & Easy Access to a Doctor, 24/7:

Have a question about your health? You can talk to a professionally trained, registered nurse 24 hours a day, seven days a week. They're ready when you are—even at 4 a.m. Calling the Blue Care Line is a quick way to find out if you need to see a doctor, go to an emergency room, or if you're able to treat it yourself at home.

Call **1-888-2583**
for the Blue Care Line.



We're here for you

PHARMACY NETWORK:

BCBS of Ma's pharmacy networks, managed by Express Scripts, Inc. (ESI), offer you access to high-quality, affordable medications and access to the largest network of retail pharmacies.

www.express-scripts.com or (877) 509-5883

HOW TO FILE A CLAIM:

Your health care provider will file a claim (bill) for you when you receive a covered service from a covered provider who has a payment agreement with BCBS of Ma. Tell your health care provider that you are a member and show them your ID card. For questions about a claim a provider has filed for you, call (888) 753-6615 or visit www.studentbluema.com.

You may have to file a claim yourself when you receive a covered service from a provider who does not have a payment agreement with BCBS of Ma.

To file a claim to BCBS for repayment, you must:

1. Fill out a claim form; http://www.bluecrossma.com/common/en_US/pdfs/SubscriberSubmitClaimForm.pdf
2. Attach your original itemized bills; and
3. Mail the claim to the Blue Cross and Blue Shield customer service office.

Blue Cross Blue Shield of Massachusetts
P.O. Box 986030
Boston, MA 02298

GLOBAL EMERGENCY ASSISTANCE SERVICES:

Services provided by On Call International. On Call International must pay and arrange all Assistance Services, these expenses are not reimbursable.

Call the On Call International Global Response Center if you experience a medical, personal, travel or safety related problem or crisis. You have a resource experienced in navigating you through any crisis and making sure you can continue your academic travels or get home safely. On Call International assists during critical emergencies like illness or injury that may result in an evacuation to a location that has adequate care. On Call International can also assist with smaller problems you may not realize you have a resource for, like finding a doctor's office or connecting you with an interpreter.

Emergency Medical Evacuation	\$500,000, from inadequate to adequate facility
Medical Repatriation	\$500,000, when medically necessary
Return of Remains	\$100,000, in the event of death
Visit by Family / Friend	Up to \$12,500, when you are hospitalized for 3+ days
Return of Dependent Children	Up to \$5,000, when you are hospitalized or evacuated
Emergency Return Home	Up to \$5,000, in the event of family member illness/death
Bereavement Reunion	Up to \$5,000, in the event of death
Political/Natural Disaster Evacuation & Return Home	\$100,000 for evacuation to Safe Haven
Pre-Trip Info, Emergency Travel Arrangements, Translator/Interpreter Assistance, Emergency Travel Funds, Legal Consultation/Referral, Hour Nurse Help Line, Lost/Stolen Document Replacement, Lost Luggage Assistance.	24/7 access to assistance hotline

On Call International will not be liable for any expenses resulting from:

1. More than one Emergency Medical Evacuation and/or Repatriation for any single medical condition of an Insured Person during the Policy Period.
2. Any cost or expense not expressly covered in advance and in writing by On Call and/or not arranged by them. This exception shall not apply to Emergency Medical Evacuation from remote or primitive areas when On Call cannot be contacted in advance and delay might reasonably be expected to result in loss of life or harm to the Participant.
3. Any expense incurred for Participant(s) when travelling contrary to the advice of a Qualified Medical Practitioner, or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident or illness.
4. Any expense incurred for Emergency Medical Evacuation or Repatriation if the Participant is not suffering from a Serious Medical Condition, and/or in the opinion of Our Emergency Medical Assistance Provider's physician, the Participant can be adequately treated locally, or treatment can be reasonably delayed until the Participant returns to their Country of Domicile.
5. Any expense incurred for Emergency Medical Evacuation or Repatriation where the Participant, in the opinion of the Emergency Medical Assistance Provider's physician, can travel as an ordinary passenger without a medical escort.
6. Any expense related to the Participant engaging in any form of aerial flight except as a passenger on a scheduled airline flight, as a passenger on a licensed charter fixed wing aircraft over an established route; or as a passenger travelling on a business related activity in a fixed wing aircraft owned or leased to the Subscriber unless the form of aerial flight has been declared to and accepted by On Call in writing prior to travel.
7. Any expense related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.
8. Any expenses incurred as a direct or indirect result of elective surgery or cosmetic surgery.
9. Any Losses incurred by Participant or the Client if Participant or they fail to follow the advice of On Call.
10. Any valid claim costs that have been increased by the Client's or the Participant's failure to follow the advice of On Call.

IMPORTANT CONTACTS:

Insurance Company (Carrier):

Blue Cross Blue Shield of Massachusetts (BCBS of Ma)

PPO Network:

To locate PPO (in-network) physicians and facilities, visit the BCBS of Ma website, or call the number below.

1-800-821-1388

www.bluecrossma.com/findadoctor

Prescription Questions & Assistance:

Prescription Medications are managed by Express Scripts, Inc. (ESI)

877-509-5883

Blue Care Line:

24/7 Nurse Advice Line

(888) 247-BLUE (2583)

Claims & Coverage:

For questions regarding benefits or claims status.

www.studentbluema.com

(888) 753-6615

Emergency Travel Assistance Services:

On Call International

24-Hour assistance for emergency travel or safety related problem or crisis

Toll Free from the US: (888) 226-9488

Global Phone: (603) 328-1343

Email: mail@oncallinternational.com

Eligibility & Enrollment:

Find answers to most of your eligibility questions by visiting our website

www.jcbins.com

Hult San Francisco: (415) 881-9331

Hult Boston & NY: (617) 294-6115



THIS GUIDE IS FOR INFORMATIONAL PURPOSES ONLY AND IS NEITHER AN OFFER OF COVERAGE NOR MEDICAL ADVICE. IT CONTAINS ONLY A PARTIAL, GENERAL DESCRIPTION OF PLAN BENEFITS OR PROGRAMS AND DOES NOT CONSTITUTE A CONTRACT. IF ANY DISCREPANCY EXISTS BETWEEN THIS PAMPHLET AND THE POLICY, THE MASTER POLICY WILL GOVERN AND CONTROL THE PAYMENT OF BENEFITS. FOR A LIST OF BLUE CROSS BLUE SHIELD EXCLUSIONS AND LIMITATIONS, PLEASE REFER TO YOUR PLAN BENEFITS. IF YOU HAVE ADDITIONAL QUESTIONS, PLEASE CONTACT THE PHONE NUMBER ON THE BACK OF YOUR IDENTIFICATION CARD.

JCB INSURANCE SOLUTIONS IS COMMITTED TO SAFEGUARDING THE PRIVACY AND ACCURACY OF YOUR PERSONALLY IDENTIFIABLE INFORMATION. OUR PRIVACY POLICY IS DESIGNED TO ADVISE YOU HOW WE COLLECT, USE, AND PROTECT THE PERSONAL INFORMATION YOU PROVIDE. YOU CAN FIND A DETAILED COPY OF OUR PRIVACY POLICY BY VISITING WWW.JCBINS.COM.

YOUR CHOICE

When You Choose Preferred Providers

You receive the highest level of benefits under your health care plan when you obtain covered services from preferred providers. These are called your “in-network” benefits. See the charts for your cost share.

Note: If a preferred provider refers you to another provider for covered services (such as a lab or specialist), make sure the provider is a preferred provider in order to receive benefits at the in-network level. If the provider you are referred to is not a preferred provider, you're still covered, but your benefits, in most situations, will be covered at the out-of-network level, even if the preferred provider refers you.

How to Find a Preferred Provider

To find a preferred provider:

- Look up a provider on Find a Doctor at bluecrossma.com/findadoctor. If you need a copy of your directory or help choosing a provider, call the Member Service number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at bluecrossma.org/studentbluema

When You Choose Non-Preferred Providers

You can also obtain covered services from non-preferred providers, but your out-of-pocket costs are higher. These are called your “out-of-network” benefits. See the charts for your cost share.

Payments for out-of-network benefits are based on the Blue Cross Blue Shield allowed charge as defined in your subscriber certificate. You may be responsible for any difference between the allowed charge and the provider's actual billed charge (this is in addition to your deductible and/or coinsurance).

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for copayments and coinsurance for covered services. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your out-of-pocket maximum for medical benefits is **\$6,000** for in-network and out-of-network services combined. Your out-of-pocket maximum for prescription drug benefits is **\$1,000**.

Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). You pay a copayment per visit for in-network or out-of-network emergency room services. The copayment is waived if you are admitted to the hospital or for an observation stay. See the chart for your cost share.

Telehealth Services

Telehealth services are covered when the same in-person service would be covered by the health plan and the use of telehealth is appropriate. Your health care provider will work with you to determine if a telehealth visit is medically appropriate for your health care needs or if an in-person visit is required. For a list of telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at bluecrossma.org/studentbluema, consult Find a Doctor, or call the Member Service number on your ID card.

Your Virtual Care Team

Your health plan includes the option for a tech-enabled delivery model where virtual care team covered providers furnish certain covered services, including primary care with integrated mental health and/or substance use care within the patient care team, via traditional and/or digital platforms (such as: mobile app; web portal; telephone; and/or text message). This care delivery model offers a comprehensive and coordinated primary care experience with virtual engagement and seamless navigation to in-person care with network providers when applicable. **For in-network outpatient covered services furnished by a designated virtual care team primary care or mental health care provider type, you will pay nothing (any deductible, copayment, and/or coinsurance does not apply).** **For in-network outpatient covered services furnished by a virtual care team covered provider that is not a virtual care team primary care or mental health care provider type, you will pay your applicable cost share (deductible, copayment, and/or coinsurance).** To find a virtual care team covered provider or to learn more about this care delivery model, visit MyBlue online or see “When You Need Help to Find a Health Care Provider” in your subscriber certificate, or call the Member Service number on your ID card.

Utilization Review Requirements

Certain services require **pre-approval/prior authorization** through Blue Cross Blue Shield of Massachusetts for you to have benefit coverage; this includes non-emergency and non-maternity hospitalization and may include certain outpatient services, therapies, procedures, and drugs. You should work with your health care provider to determine if pre-approval is required for any service your provider is suggesting. If your provider, or you, don't get pre-approval when it's required, your benefits will be denied, and you may be fully responsible for payment to the provider of the service. Refer to your subscriber certificate for requirements and the process you should follow for Utilization Review, including Pre-Admission Review, Pre-Service Approval, Concurrent Review and Discharge Planning, and Individual Case Management.

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Preventive Care		
Routine adult physical exams, including related tests (one per calendar year)	Nothing	20% coinsurance
Routine GYN exams, including related lab tests (one per calendar year)	Nothing	20% coinsurance
Routine hearing exams, including routine tests	Nothing	20% coinsurance
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum	20% coinsurance and all charges beyond the maximum
Routine vision exams (one every 24 months, except one every 12 months until the end of the month a member turns age 19)	Nothing	20% coinsurance
Vision supplies (one set of prescription lenses and/or frames or contact lenses per calendar year until the end of the month a member turns age 19)	35% coinsurance	55% coinsurance
Family planning services—office visits	Nothing	20% coinsurance
Outpatient Care		
Emergency room visits	\$150 per visit (waived if admitted or for observation stay)	\$150 per visit (waived if admitted or for observation stay)
Office or health center visits	\$30 per visit	20% coinsurance
Mental health or substance use treatment	\$30 per visit	20% coinsurance
Outpatient telehealth services <ul style="list-style-type: none"> • With a covered provider • With the in-network designated telehealth vendor 	Same as in-person visit \$30 per visit	Same as in-person visit Only applicable in-network
Chiropractors' office visits	\$30 per visit	20% coinsurance
Acupuncture visits (up to 12 visits per calendar year)	\$30 per visit	20% coinsurance
Short-term rehabilitation therapy—physical and occupational (up to 60 visits for rehabilitation services and 60 visits for habilitation services per calendar year*)	\$30 per visit	20% coinsurance
Speech, hearing, and language disorder treatment—speech therapy	\$30 per visit	20% coinsurance
Diagnostic X-rays and lab tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	20% coinsurance	40% coinsurance
Home health care and hospice services	20% coinsurance	40% coinsurance
Oxygen and equipment for its administration	20% coinsurance	40% coinsurance
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% coinsurance**	40% coinsurance**
Prosthetic devices	20% coinsurance	40% coinsurance
Surgery and related anesthesia <ul style="list-style-type: none"> • Office or health center services • Ambulatory surgical facility, hospital outpatient department, or surgical day care unit 	\$30 per visit*** \$250 per admission	20% coinsurance 20% coinsurance
Inpatient Care (including maternity care)		
General or chronic disease hospital care (as many days as medically necessary)	20% coinsurance	40% coinsurance
Mental hospital or substance use facility care (as many days as medically necessary)	20% coinsurance	40% coinsurance
Rehabilitation hospital care (up to 60 days per calendar year)	20% coinsurance	40% coinsurance
Skilled nursing facility care (up to 100 days per calendar year)	20% coinsurance	40% coinsurance

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

** In-network cost share waived for one breast pump per birth, including supplies (20% coinsurance out-of-network).

*** Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Prescription Drug Benefits*		
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)**	\$20 for Tier 1 \$40 for Tier 2 \$60 for Tier 3	Not covered
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)**	\$40 for Tier 1 \$80 for Tier 2 \$120 for Tier 3	Not covered

* Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred brand-name drugs.

** Cost share may be waived for certain covered drugs and supplies. Retail drugs are available in a 90-day supply at three times the standard retail cost share.

Get the Most from Your Plan: Visit us at bluecrossma.org/studentbluema or call 1-888-753-6615 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

Wellness Participation Program

Fitness Reimbursement: a program that rewards participation in qualified fitness programs or equipment (See your subscriber certificate for details.)

\$150 per calendar year per policy

Weight Loss Reimbursement: a program that rewards participation in a qualified weight loss program (See your subscriber certificate for details.)

\$150 per calendar year per policy

 **24/7 Nurse Line: Speak to a registered nurse, day or night, to get immediate guidance and advice. Call 1-888-247-BLUE (2583). No additional charge.**

QUESTIONS?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-888-753-6615, or visit us online at bluecrossma.org/studentbluema.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your subscriber certificate and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the subscriber certificate and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your subscriber certificate and riders.

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Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

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

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689 (TTY: 711)**; fax at **1-617-246-3616**; or email at **civilrightscordinator@bcbsma.com**.

If you need help filing a grievance, the Civil Rights Coordinator 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, online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**.

Complaint forms are available at **hhs.gov**.

PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Chinese/简体中文: 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: 711)。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

Vietnamese/Tiếng Việt: LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

Russian/Русский: ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

Arabic/العربية:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": 711).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

French/Français: ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : 711).

Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).

Korean/한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: 711)를 사용하여 회원 서비스에 전화하십시오.

Greek/Ελληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: 711).

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए नि:शुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

Gujarati/ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

Japanese/日本語: お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

Persian/پارسیان:

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Lao/ພາສາລາວ: ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowłgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjij' béésh bee hodíílnih (TTY: 711).



MASSACHUSETTS

PEDIATRIC ESSENTIAL DENTAL BENEFITS

Your health plan coverage includes a dental policy that covers pediatric dental services as required under the federal Patient Protection and Affordable Care Act.

This separate dental policy covers pediatric essential dental benefits for members until the end of the calendar month in which they turn age 19 as required by federal law.

You must meet a plan-year deductible for certain covered dental services. Your deductible is **\$50**.

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible and coinsurance for covered dental services. Your out-of-pocket maximum is **\$350**.

To find participating dental providers, visit the Blue Cross Blue Shield of Massachusetts website at bluecrossma.com/findadoctor or call the Member Service number on your ID card.

Pediatric Essential Dental Benefits*	Your Cost In-Network**
Group 1: Preventive and Diagnostic Services: oral exams, X-rays, and routine dental care	Nothing, no deductible
Group 2: Basic Restorative Services: fillings, root canals, stainless steel crowns, periodontal care, oral surgery, and dental prosthetic maintenance	25% coinsurance after deductible
Group 3: Major Restorative Services: tooth replacement, resin crowns, and occlusal guards	50% coinsurance after deductible
Orthodontic Services: medically necessary orthodontic care pre-authorized for a qualified member	50% coinsurance, no deductible

* All covered services are limited to members until the end of the month they turn age 19, and may be subject to an age-based schedule or frequency. For a complete list of covered services or additional information, refer to your subscriber certificate.

** There are no out-of-network benefits for dental services.