



Your Anthem Blue Cross and Blue Shield quick start guide

All you need to know, all in one place

844-912-0938 (TTY 711)
[anthem.com/oh/medicaid](https://www.anthem.com/oh/medicaid)

Anthem  

Hi, we're Anthem Blue Cross and Blue Shield, your new Medicaid health plan.

Welcome. Thank you for letting us support your health and well-being. We've put together this quick start guide to help you get the most out of your benefits.



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Here are some key things to get started with your health plan.

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Let's get started

Key things to do now

Know the basics about your health plan



We're a health plan offering benefits to individuals and families in Ohio. For more than 80 years, our goal has been to improve the care of our members. How exactly do we do that? We have Care Managers and Care Guides who help you find the doctors and specialists you need. Doctors who provide services that support your whole health, not just treat your symptoms. And nurses ready to answer your questions 24/7.

Your Anthem benefits



Anthem offers many benefits to help keep you healthy. These include:

- Doctor and specialist care.
- Behavioral health.
- Hospital services.
- Pregnancy care.
- Lab tests and X-rays.

Your dental and vision benefits



With Anthem, members have dental and vision benefits. Dental benefits are managed by DentaQuest. Vision benefits are managed by EyeMed Vision Care. Go to [anthem.com/oh/medicaid](https://www.anthem.com/oh/medicaid) to learn more about these benefits.

For questions about your dental or vision benefits:

- Call DentaQuest at **888-291-3762 (TTY 800-466-7566)**.
- Visit [eyemed.com/en-us/member](https://www.eyemed.com/en-us/member).

Need a ride?



If you travel 30 miles or more from your home to receive ongoing healthcare services, we'll provide transportation at no cost to you. Call the Access2Care Member Line at **800-282-9720**, 24 hours a day, seven days a week. Please call 48 hours before your appointment.

We also offer:

- **Medical and community transportation** — Eligible members will receive transportation services (up to 30 round trips or 60 one-way trips) to provider appointments less than 30 miles or to community resources and services.
- **Rideshare gift card** — Eligible members will receive one \$25 rideshare gift card to help them with their transportation needs.

Keep your child healthy with Healthchek



Did you know Ohio's Medicaid program includes Healthchek services for children up to 21 years of age? These services are also called early and periodic screening, diagnostic, and treatment (EPSDT) benefit sometimes. Healthchek services help children stay healthy and reduce the chances of sickness by treating health problems early. All Healthchek services are free. Healthchek covers medical exams, immunizations (shots), health education, and laboratory tests for Medicaid-eligible individuals under the age of 21. These exams are important to make sure that children are healthy and are developing physically and mentally. You can find more about Healthchek services in the member handbook, or call Member Services at **844-912-0938 (TTY 711)**.

Programs for moms



Pregnant members are enrolled in the New Baby, New LifeSM program. You will receive information on taking care of yourself during pregnancy and preparing for your new baby. After giving birth, you will receive information about caring for yourself and your newborn. We will also set you up with a Care Manager if you need extra help. The program also offers rewards for going to your prenatal and postpartum appointments.

Additional behavioral health services



Members under age 21 also can access behavioral healthcare services through the OhioRISE program. This specialized program can help children and adolescents with complex behavioral health needs. Children and adolescents who may qualify:

- Have multiple needs because of behavioral health challenges.
- Have multisystem needs or at risk for deeper system involvement.
- Are at risk for out-of-home placement or are returning to their families from out-of-home placement.

For more information on OhioRISE, view your member handbook or contact Aetna Better Health of Ohio Member Services at **833-711-0773 (TTY 711)**.

Visit the **Benefits** section of our website at [anthem.com/oh/medicaid](https://www.anthem.com/oh/medicaid) to view your member handbook. It includes a lot of important information about your health plan, like:

- Covered services and how to get them.
- Healthchek services for members age 20 and younger.
- Behavioral health and substance abuse services.
- How to get care after hours.
- Emergency services (you have the right to use any hospital or other medical setting for emergency services).
- Services that are not covered and limits on the care you can get outside your area.
- Our Quality Improvement program.
- Access to Care Coordination. You can refer yourself, or a doctor can refer you.
- How to view the list of covered prescription drugs and how to ask for an exception if your prescription is not on our covered drug list.
- How to find providers in our network (you must receive services from network providers).
- How to get care when out of the service area.
- Your membership rights and responsibilities and our Notice of Privacy Practices.
- Utilization management (UM) and preapprovals of care.
- How we stay on top of new medical treatments and procedures and update or create health policies, as needed.
- Health education with Health A to Z.
- How to tell us you're unhappy with a decision we made, by filing a complaint, appeal, or an external review.
- Advance Directives.
- Who is eligible for Medicaid managed care plan membership.
- Other important information.

If you have questions or need support:



- Log in to **anthem.com/oh/medicaid** or the Sydney Health app, and live chat with us, or send us a secure message.
- Call Member Services at **844-912-0938 (TTY 711)** Monday through Friday from 7 a.m. to 8 p.m. Eastern time.
- Call 24/7 NurseLine at **844-430-0341 (TTY 711)** for health advice and answers from a nurse any time, day, or night.
- Call the 24/7 Behavioral Health Crisis Line at **844-912-2425 (TTY 711)** if you or a family member has a mental health or substance use crisis.

Your personal care management representative will be calling you soon. Don't worry if you miss the call. They will leave a voicemail or try again later.



They can help you with things like:

- Your Health Needs Screening.
- Finding you help with food and housing.
- Setting up rides to health appointments.
- Choosing your doctor if you don't already have one.
- Receiving preventive care like checkups and exams.

2

Review your member ID card

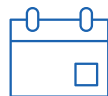


Your new member ID card(s) are/is enclosed. Take them/it with you everywhere. You need to show these cards/this card to get covered healthcare services and prescription drugs. If you have more than four members in your household enrolled with Anthem, you will receive another welcome packet/envelope with the additional ID cards.

Your plan member ID card is where you'll find important numbers you and doctors will need. Your ID card lists the name and phone number of your primary care provider (PCP). Your PCP is the doctor who will treat you for most of your healthcare needs. You can change the PCP on your ID card once a month, if you want. If not included or any of your information is incorrect, give us a call at **844-912-0938 (TTY 711)**, Monday through Friday from 7 a.m. to 8 p.m. Eastern time.

3

Schedule your wellness visit



Having a longer, healthier life starts with a wellness visit. This yearly exam can help your PCP learn about your health history and find any concerns before they become problems. Your PCP is your main source for most of your care. Call your PCP today to set up a wellness checkup.

If you need help making an appointment, call our Member Services team.

If you want to change your PCP, visit the member website to find one in our plan. Visit [anthem.com/oh/medicaid](https://www.anthem.com/oh/medicaid) to view our searchable online provider directory. It lists all the providers in our network. Then, log in to your online account or call Member Services.



Call us today if you have healthcare services that were scheduled before you joined our plan or approved by Medicaid Fee-for-Service.

For a period of time, you may be able to keep getting these services or seeing providers not in our network. Tell us right away so we can help you get the care you need.

If you have not done so already, you can also ask to get either or both the member handbook and provider directory in paper form at no cost to you.



Please follow the directions on the request postcard to tell us if you would like the member handbook, provider directory, or both mailed to you. Make sure you mail the request postcard for the item or items you would like to receive. There is no postage necessary. The materials you asked for will be mailed to you. You can also call Member Services at **844-912-0938 (TTY 711)**, Monday through Friday from 7 a.m. to 8 p.m. Eastern time to request this information.

4

Create your online account



You can find all you need to know about your benefits, all in one place, with an online account. You get 24/7 access to **[anthem.com/oh/medicaid](https://www.anthem.com/oh/medicaid)**. Have your member ID card handy. After creating your account, log in to the member website, or the Sydney Health mobile app.

Sign up to:

- Live chat with a representative or send us a private message anytime.
- View and share your member ID card.
- Find a doctor, hospital, or pharmacy close by.
- Change your PCP.
- Manage your specialty prescriptions.
- View benefit details.



Complete your Health Needs Screening and earn money



The screening takes about 5 to 10 minutes and helps us make sure you get the care you need. If you do this in the first 90 days, you will earn reward dollars as part of our Healthy Rewards program. You can complete it online at **[anthem.com/oh/medicaid](https://www.anthem.com/oh/medicaid)** when you log in to your secure account. secure account.

Tell us about any changes to your contact info

If you move or change your phone number, let us know. Log in to your secure account on our website or call Member Services at **844-912-0938 (TTY 711)**, Monday through Friday from 7 a.m. to 8 p.m. Eastern time to update your information with us so you get important plan materials. Also, make sure you tell the Ohio Department of Medicaid about any changes by calling **800-324-8680 (TTY 711)**.

Let's talk about your pharmacy benefits

Your pharmacy benefits are covered under the state Medicaid program and managed by Gainwell Technologies. If you have questions about your pharmacy benefits, call Gainwell Member Services at **833-491-0344 (TTY 833-655-2437)** 24 hours per day, 7 days a week or visit spbm.medicaid.ohio.gov to view the pharmacy member handbook, the list of preferred medications, and locate a pharmacy.



And now for your extra benefits

With us, you get all your standard Medicaid benefits, plus some extra ones — all at no cost to eligible members.

These extras include:

- Baby essentials
- Mail-order diapers
- Organic baby food
- Childcare assistance for educational and employment pursuits
- Post discharge meals
- Tutoring services for youth ages 6 to 18 years old
- Laptop computer
- Industry certification assistance
- Substance use disorder (SUD) recovery support
- Over-the-counter (OTC) supplies
- Transportation essentials
- Online well-being program
- Enhanced adult dental
- Enhanced vision care

Limits and restrictions may apply. Benefits may change.

You can redeem some benefits online through your secure account. View the extra benefits you are eligible for on the Benefit Reward Hub by logging in at [anthem.com/oh/medicaid](https://www.anthem.com/oh/medicaid), or call Member Services at 844-912-0938 (TTY 711).

Where to go for care

If you need care right away, the emergency room (ER) is not always your best option. You have other choices for getting care quicker when your life is not in danger:

1

Call your PCP first and ask to be seen at once. Sometimes an opening in their schedule happens or their office has a different doctor who can see you. If it's after hours or on weekends, leave a voicemail so someone can call you back soon.

2

Visit an urgent care center. Not only do they have skilled providers on hand, but you also don't need an appointment. And many are open late and on weekends. Find one near you by using the Find a Doctor tool on the member website, [anthem.com/oh/medicaid](https://www.anthem.com/oh/medicaid).

3

Video chat with a doctor through LiveHealth Online from the comfort of your home by visiting [livehealthonline.com](https://www.livehealthonline.com).

4

Talk to a nurse 24/7 if you're not sure where to go or have health questions. Call 24/7 NurseLine at **844-430-0341 (TTY 711)**.



If you feel your health concern is life-threatening, then go to the ER or call 911.

Your choices for care



Your PCP	Urgent care
<ul style="list-style-type: none">• Treats non-fatal concerns• Main source for most of your care• Open during business hours on weekdays• Requires an appointment• Average wait time: 18 minutes• Visit for a wellness checkup, physical, and when you don't feel well (see list of symptoms under Urgent care)	<ul style="list-style-type: none">• Treats non-fatal concerns• Providers usually have access to on-site X-rays and labs• Often open late on weekends and holidays• Average wait time: 30 minutes• Visit urgent care for:<ul style="list-style-type: none">– Vomiting that won't stop– Diarrhea– Fever– Back or stomach pain– Rashes or allergies– Sprains and strains– Minor burns and cuts– Flu, cold, and cough– Sore throat

Emergency services do not require prior authorization.



Emergency room

- Treats medical emergencies
- Providers are equipped to handle major trauma and surgery
- Open 24/7
- Average wait time for non-emergencies: 2–3 hours
- Call 911 or go to the nearest ER for:
 - Chest pain
 - Trouble breathing
 - Severe bleeding
 - Bad burns
 - Loss of consciousness
 - Head injury
 - Slurred speech
 - Seizure
 - Broken bones
 - Serious back pain

LiveHealth[®] Online

- Treats non-fatal concerns
- Available 24/7
- Requires an appointment
- Easy to access through your PC, phone, or tablet
- Average wait time: 18 minutes
- Book a virtual visit or voice call for:
 - Cough
 - Sore throat
 - Sinus issues
 - Headache
 - Insect bites
 - Pink eye



Renew on time



To keep your healthcare benefits, you have to renew them every year on the anniversary date of when you joined Anthem. The state of Ohio and Anthem will send you reminders. Go to **[anthem.com/oh/medicaid](https://www.anthem.com/oh/medicaid)** and choose **Renew** for step-by-step details.

If you are permanently institutionalized or age 55 or older when you receive Medicaid benefits, the Estate Recovery Program may recover payments for the cost of your care paid by Medicaid from your estate. The cost of your care may include the capitation payment that Medicaid pays to your managed care plan, even if the capitation payment is greater than the cost of the services you actually received.

Estate Recovery only happens after the death of the Medicaid recipient.

Who is NOT required to select Managed Care Organization (MCO) membership?



Excluded from MCO membership:

The following individuals are not permitted to join Anthem:

- Dually-eligible under both the Medicaid and Medicare programs;
- Institutionalized (in a nursing home and are not eligible under the Adult Extension category, long-term care facility, ICF-IID, or some other kind of institution);
- Receiving Medicaid Waiver services and are not eligible under the Adult Extension category.

Optional MCO membership:

- Members of a federally-recognized Indian tribe, regardless of age.
- Individuals who receive home and community-based waiver services through Ohio Department of Developmental Disabilities.

If you believe that you or your child meet any of the above criteria and should not be a member of a managed care plan, you must call the Medicaid Hotline at **800-324-8680 (TTY 800-292-3572)**.

Have questions?

Call us right away if you have a health condition that needs ongoing medical care. For example, if you need surgery or are pregnant.

If you need help or have questions, call Member Services at **844-912-0938 (TTY 711)** Monday through Friday from 7 a.m. to 8 p.m. Eastern time. We are also ready to help you:

- Get a printed copy of your member handbook, provider directory, or any other information on our website.
- Get a new ID card.
- Change the PCP on your ID card.
- Make appointments with your providers.
- Schedule transportation.
- Answer any other questions about your health plan.

Anthem provides covered services to members through the Ohio Department of Medicaid. You can reach the Ohio Department of Medicaid at **800-324-8680 (TTY 711)**.

Our Notice of Privacy Practices

This notice tells you how we use and give out medical information about you. It also tells you how to get this information. The notice talks about privacy rules set by the Health Insurance Portability and Accountability Act (HIPAA) and your rights. It's in the member handbook and online at **[anthem.com/oh/medicaid](https://www.anthem.com/oh/medicaid)**. You can also call Member Services for a free copy.

Important resources:

Member Services:

844-912-0938, Monday through Friday, 7 a.m. to 8 p.m. Eastern time

Care Manager:

844-441-1505 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. Eastern time

24/7 NurseLine:

844-430-0341, 24 hours a day, seven days a week

Transportation services:

800-282-9720

Need to schedule a trip? Call Transportation Services Monday through Friday from 8 a.m. to 7 p.m. Eastern time.

Urgent care, hospital/ER/facility discharge transportation needs are available 24 hours a day, seven days a week.

Disease Management:

888-830-4300 (TTY 711) Monday through Friday from 8:30 a.m. to 5:30 p.m. Eastern time

Ohio Tobacco Quitline:

800-QUIT-NOW (800-784-8669)



For the hearing impaired:
Dial **711**

HIPAA Notice of Privacy Practices

The original effective date of this notice was April 14, 2003. The most recent revision date is shown at the end of this notice.

Please read this notice carefully. This tells you who can see your protected health information (PHI). It tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information.

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you're a member right now or if you used to be, your information is safe.

We get information about you from state agencies for Medicaid and the Children's Health Insurance Program after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs, and hospitals so we can OK and pay for your healthcare.

Federal law says we must tell you what the law says we have to do to protect PHI that's told to us, in writing or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- On paper (called physical), we:
 - Lock our offices and files.
 - Destroy paper with health information so others can't get it.
- Saved on a computer (called technical), we:
 - Use passwords so only the right people can get in.
 - Use special programs to watch our systems.

- Used or shared by people who work for us, doctors, or the state, we:
 - Make rules for keeping information safe (called policies and procedures).
 - Teach people who work for us to follow the rules.

When is it OK for us to use and share your PHI?

We can share your PHI with your family or a person you choose who helps with or pays for your healthcare if you tell us it's OK. Sometimes, we can use and share it without your OK:

- **For your medical care**

- To help doctors, hospitals, and others get you the care you need

- **For payment, healthcare operations, and treatment**

- To share information with the doctors, clinics, and others who bill us for your care
- When we say we'll pay for healthcare or services before you get them
- To find ways to make our programs better, as well as giving your PHI to health information exchanges for payment, healthcare operations, and treatment. If you don't want this, please visit [anthem.com/oh](https://www.anthem.com/oh) for more information.

- **For healthcare business reasons**

- To help with audits, fraud, and abuse prevention programs, planning, and everyday work
- To find ways to make our programs better

- **For public health reasons**

- To help public health officials keep people from getting sick or hurt

- **With others who help with or pay for your care**

- With your family or a person you choose who helps with or pays for your healthcare, if you tell us it's OK
- With someone who helps with or pays for your healthcare, if you can't speak for yourself, and it's best for you

We must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research, or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you.

You may tell us in writing you want to take back your written OK. We can't take back what we used or shared when we had your OK. But, we will stop using or sharing your PHI in the future.

Other ways we can — or the law says we have to — use your PHI:

- To help the police and other people who make sure others follow laws
- To report abuse and neglect
- To help the court when we're asked
- To answer legal documents
- To give information to health oversight agencies for things like audits or exams
- To help coroners, medical examiners, or funeral directors find out your name and cause of death
- To help when you've asked to give your body parts to science
- For research
- To keep you or others from getting sick or badly hurt
- To help people who work for the government with certain jobs

- To give information to workers' compensation if you get sick or hurt at work

What are your rights?

- You can ask to look at your PHI and get a copy of it. We will have 30 days to send it to you. If we need more time, we have to let you know. We don't have your whole medical record, though. **If you want a copy of your whole medical record, ask your doctor or health clinic.**
- You can ask us to change the medical record we have for you if you think something is wrong or missing. We will have 60 days to send it to you. If we need more time, we have to let you know.
- Sometimes, you can ask us not to share your PHI. But, we don't have to agree to your request.
- You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.
- You can ask us to tell you all the times over the past six years we've shared your PHI with someone else. This won't list the times we've shared it because of healthcare, payment, everyday healthcare business, or some other reasons we didn't list here. We will have 60 days to send it to you. If we need more time, we have to let you know.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

What do we have to do?

- The law says we must keep your PHI private except as we've said in this notice.
- We must tell you what the law says we have to do about privacy.
- We must do what we say we'll do in this notice.
- We must send your PHI to some other address or in a way other than regular mail if you ask for reasons that make sense, like if you're in danger.
- We must tell you if we have to share your PHI after you've asked us not to.
- If state laws say we have to do more than what we've said here, we'll follow those laws.
- We have to let you know if we think your PHI has been breached.

We may contact you

By giving your phone numbers, we, along with our affiliates and/or vendors, may call or text you using an automatic telephone dialing system and/or an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we won't contact you in this way anymore. Or you may call 844-203-3796 to add your phone number to our Do Not Call list. At any time, you may call the number on your member ID card to opt out of phone calls or texts.

What if you have questions?

If you have questions about our privacy rules or want to use your rights, please call Member Services at **844-912-0938** Monday through Friday from 7 a.m. to 8 p.m. Eastern time. If you're deaf or hard of hearing, call **TTY 711**.

What if you have a complaint?

We're here to help. If you feel your PHI hasn't been kept safe, you may call Member Services or contact the Department of Health and Human Services. Nothing bad will happen to you if you complain.

Write to or call the Department of Health and Human Services:

Steven Mitchell, Regional Manager
Office for Civil Rights

U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Phone: 800-368-1019
TDD: 800-537-7697
Fax: 202-619-3813

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we'll tell you about the changes in a newsletter. We'll also post them on the web at **[anthem.com/oh/medicaid](https://www.anthem.com/oh/medicaid)**.

Race, ethnicity, and language

We receive race, ethnicity, and language information about you from the state Medicaid agency and the Children's Health Insurance Program. We protect this information as described in this notice.

We use this information to:

- Make sure you get the care you need.
- Create programs to improve health outcomes.
- Develop and send health education information.
- Let doctors know about your language needs.
- Provide translator services.

We do **not** use this information to:

- Issue health insurance.
- Decide how much to charge for services.
- Determine benefits.
- Disclose to unapproved users

Your personal information

We may ask for, use, and share personal information (PI) as we talked about in this notice. Your PI is not public and tells us who you are. It's often taken for insurance reasons.

- We may use your PI to make decisions about your:
 - Health
 - Habits
 - Hobbies
- We may get PI about you from other people or groups like:
 - Doctors
 - Hospitals
 - Other insurance companies
- We may share PI with people or groups outside of our company without your OK in some cases.
- We'll let you know before we do anything where we have to give you a chance to say no.
- We'll tell you how to let us know if you don't want us to use or share your PI.
- You have the right to see and change your PI.
- We make sure your PI is kept safe.

This information is available for free in other languages.

Please contact our Member Services number at **844-912-0938**

(TTY 711) Monday through Friday from 7 a.m. to 8 p.m. Eastern time.

Enclosures: Get help in another language

Nondiscrimination notice

Nondiscrimination Notice

Anthem Blue Cross Blue Shield follows Federal civil rights laws. We don't discriminate against people because of their:

- Race
- Color
- National origin
- Age
- Disability
- Sex or gender identity

Anthem is prohibited from discriminating on the basis of race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, veteran status, ancestry, genetic information, health status, or need for health services in the receipt of health services.

That means we won't exclude you or treat you differently because of these things.

Communicating with you is important

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic, and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services at no cost to you, call Member Services at 844-912-0938 (TTY 711).

Your rights

Do you feel you didn't get these services or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail, fax, or phone:

Medical Appeals

Anthem Blue Cross and Blue Shield

Anthem Grievance and Appeals Representative

P.O. Box 62429

Virginia Beach, VA 23466-2429

Phone: 844-912-0938 (TTY 711)

Fax: 866-587-3316

Members also have the right to appeal or file directly with the Ohio Department of Medicaid (ODM) office of Civil Rights: Appealing to or filing directly with the ODM Office of Civil Rights any complaints of discrimination on the basis of race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, health status, or need for health services in the receipt of health services.

Need help filing? Call our Grievance and Appeals Representative at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the web:**
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
 - **By phone:**
800-368-1019 (TTY/TDD)
800-537-7697
 - **By mail:**
U.S. Department of Health and Human Services 200 Independence Ave. SW Room 509F, HHH Building Washington, DC 20201
- For a complaint form, visit **hhs.gov/ocr/office/file/index.html**.

If English is not your first language, we can translate for you. We can also give you info in other formats at no cost to you. That includes Braille, audio, large print, and providing American Sign Language interpreter services. Just give us a call at 844-912-0938 (TTY 711).

Spanish

Si su lengua materna no es el inglés, podemos brindarle una traducción. También podemos brindarle información en otros formatos, sin costo alguno para usted. Esto incluye Braille, audio, letra grande y servicios de intérprete del lenguaje americano de señas. Simplemente llámenos al 844-912-0938 (TTY 711).

Nepali

यदि अंग्रेजी तपाईंको पहिलो भाषा होइन भने हामी तपाईंको लागि अनुवाद गर्न सक्छौं। हामी तपाईंलाई निशुल्क अन्य ढाँचाहरूमा पनि जानकारी दिन सक्छौं। यसमा ब्रेल, अडियो, ठूलो प्रिन्ट र अमेरिकी सांकेतिक भाषाका दोभाषे सेवाहरू समावेश छन्। हामीलाई 844-912-0938 (TTY 711) मा कल गर्नुहोस्।

Ukrainian

Якщо англійська не є вашою рідною мовою, ми можемо надати вам послуги перекладу. Ми також можемо безкоштовно надати вам інформацію в інших форматах. Вони включають надання інформації шрифтом Брайля, в аудіоформаті, великим шрифтом та надання послуг перекладача американської жестової мови. Просто зателефонуйте нам за номером 844-912-0938 (TTY 711).

Haitian French Creole

Si l'anglais n'est pas votre langue principale, nous pouvons vous offrir un service de traduction. Nous pouvons également vous fournir des informations dans d'autres formats, sans aucun coût pour vous. Cela inclut le braille, l'audio, les gros caractères et la fourniture de services d'interprétation en langue des signes américaine. Appelez-nous simplement au 844-912-0938 (TTY 711).

Russian

Если английский не является вашим родным языком, мы можем организовать для вас услуги перевода. Кроме того, мы можем бесплатно предоставлять вам информацию в иных форматах. Это может быть шрифт Брайля, аудиоформат, крупный шрифт и услуги перевода на американский язык жестов. Просто позвоните нам по номеру 844-912-0938 (TTY 711).



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