Get help in your language

Language Assistance Services
Curious to know what all this says? We would be too. Here's the English version:
IMPORTANT: Can you read this letter? If not, we can have somebody help you read it.
You may also be able to get this letter written in your language. For free help with translations or interpreter services, in a timely manner, please call the telephone number on the back of your ID card. (TTY/TDD: 711). For more help call the CA Dept. of Insurance at 1-800-927-4357 (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternative formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card

Spanish

IMPORTANTE: ¿Puede leer esta carta? Si no puede leerla, podemos hacer que alguien lo ayude a leerla. También es posible que pueda recibir esta carta escrita en su idioma.
Para obtener ayuda gratuita con traducciones o servicios de interpretación, de manera oportuna, llame al número de teléfono que figura en el dorso de su tarjeta de identificación. (TTY/TDD: 711). Para obtener más ayuda llame al Departamento de Seguros de California al 1-800-927-4357 (TTY/TDD: 711)

Arabic

هام: هل يمكنك قراءة هذا الخطاب؟ إذا كان لا يمكنك ذلك، يمكننا أن نوفر لك شخصًا ما ليساعدك على قراءته. يمكنك أيضًا الحصول على هذا الخطاب مكتوبًا بلغتك. للحصول على المساعدة المجانية بشأن الترجمات المكتوبة والفورية، وفي الوقت المناسب، يُرجى الاتصال برقم الهاتف المكتوب على ظهر بطاقة ID الخاصة بك. (TTY/TDD: 711). للحصول على المزيد من المساعدة اتصل على إدارة التأمين في CA على الرقم 1-800-927-4357 (TTY/TDD: 711)

Armenian

նամակը: Եթե ոչ, մեր մասնագետներից մեկը կարող է օգնել ձեզ կարդալ այն: Դուք կարող եք նաև այս նամակը ստանալ ձեր լեզվով: Թարգմանությունների կամ թարգմանչական ծառայությունների անվճար և ժամանակին օգնության համար խնդրում ենք զանգահարել ձեր ID քարտի հակառակ կողմում նշված հեռախոսահամարով: (TTY/TDD՝ 711): Ավելի շատ օգնության համար զանգահարեք CA-ի ապահովագրության բաժին՝ 1-800-927-4357 հեռախոսահամարով (TTY/TDD՝ 711):

Chinese

重要提示：您能看此信嗎？如果不能，我們可以請人幫您看。您還可以獲得以您的語言寫的此信件。如需及時獲得免費的翻譯或口譯服務協助，請撥打您 ID 卡背面的電話號碼。(TTY/TDD: 711)。欲取得其他協助，請致電 1-800-927-4357 (TTY/TDD: 711) 與 CA 保險部聯絡。

Farsi

مهم: آیا می‌توانید این نامه را بخوانید؟ اگر نمی‌توانید، می‌توانیم ترتیبی دهیم که کسی در خواندن آن به شما کمک کند. همچنین ممکن است بتوانید این نامه را به‌صورت کتبی به زبان خودتان دریافت کنید. برای کمک رایگان و به‌موقع در خدمات ترجمه کتبی و شفاهی، لطفاً با شماره تلفن مندرج در پشت کارت ID خود تماس بگیرید. (TTY/TDD: 711) برای دریافت کمک بیشتر، با اداره بیمه CA به شماره 1-800-927-4357 (TTY/TDD: 711) تماس بگیرید

Hindi

महत्वपूर्ण: क्या आप यह पत्र पढ़ सकते हैं? अगर नहीं, तो हम किसी से इसे पढ़ने में आपकी मदद करवा सकते हैं। आप इस पत्र को अपनी भाषा में भी लिखवा सकते हैं। अनुवाद या दुभाषिया सेवाओं में मुफ़्त मदद के लिए, कृपया समय पर अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करें। (TTY/TDD: 711) । अधिक सहायता के लिए कैलिफ़ोर्निया बीमा विभाग को CA 1-800-927-4357 (TTY/TDD: 711) पर कॉल करें।

Hmong

TSEEM CEEB: Koj nyeem puas tau tsab ntawv no? Yog nyeem tsis tau, peb muaj neeg los pab koj nyeem nws. Koj los yeej tuaj yeem tau txais daim ntawv no ua koj yam lus. Kom tau txais kev pab txhais ntaub ntawv los sis cov kev pab cuam txhais lus pab dawb, kom raws sij hawm, thov hu tus npawb xov tooj nyob sab nraum qab ntawm koj daim npawv ID. (TTY/TDD: 711). Rau kev pab ntxiv hu lub CA Lub Tuam Tsev Hauj Lwm ntsig txog Kev Tuav Pov Hwm ntawm 1-800-927-4357 (TTY/TDD: 711)

Japanese

重要：この手紙を読むことができますか？もし読めない場合は、読むのを手伝ってもらうことができます。 また、この手紙をお使いの言語で入手できる場合もあります。翻訳や通訳サービスの無料サポートが必要な場合は、お持ちの ID カード裏面に記載されている電話番号まで、できるだけ早くお電話ください。（TTY/TDD: 711）さらに詳しいサポートが必要な場合は、CA カリフォルニア州保険局までご連連絡ください。電話番号：1-800-927-4357（TTY/TDD: 711）

Khmer

ចំណុចសំខាន់៖ តើអ្នកអាចអានសំបុត្រនេះដែរឬទេ? ប្រសិនបើមិនទេនោះ យើងអាចឱ្យអ្នកណាម្នាក់ជួយអ្នកអានវាបាន។ អ្នកក៏អាចឱ្យគេសរសេរសំបុត្រនេះជាភាសារបស់អ្នកបានផងដែរ។ សម្រាប់ជំនួយតតគិតថ្លៃជាមួយនឹងសេវាបកប្រែឯកសារ ឬផ្តាល់មាត់ឱ្យទាន់ពេលវេលា សូមទូរស័ព្ទទៅកាន់លេខនៅផ្នែកខ្នងកាត ID សម្រាប់របស់អ្នក។ (TTY/TDD: 711) ។ សម្រាប់ជំនួយបន្ថែម សូមទូរស័ព្ទទៅកាន់ក្រសួងធានារ៉ាប់រងនៃរដ្ឋ CA តាមលេខ 1-800-927-4357 (TTY/TDD: 711)

Korean

중요: 이 서신을 읽으실 수 있습니까? 그렇지 않다면 서신을 읽을 수 있게 도움을 드릴 수 있습니다. 원하시는 언어로 이 서신을 받으실 수도 있습니다. 번역이나 통역 서비스를 무료로 적시에 이용하시려면 ID 카드 뒷면에 있는 전화번호로 전화해 주십시오. (TTY/TDD: 711). 추가 도움이 필요하시면 CA 보험부에 1-800-927-4357 (TTY/TDD: 711) 번으로 전화해 주십시오.

Punjabi

ਮਹੱਤਵਪੂਰਨ ਕੀ ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇਕਰ ਨਹੀਂ, ਤਾਂ ਅਸੀਂ ਇਸਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦੇ ਹਾਂ। ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਵੀ ਲਿਖਵਾ ਸਕਦੇ ਹੋ। ਅਨੁਵਾਦ ਜਾਂ ਦੁਭਾਸ਼ੀਏ ਸੇਵਾਵਾਂ ਵਿੱਚ ਮੁਫ਼ਤ ਮਦਦ ਲਈ, ਸਮੇਂ ਸਿਰ, ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਟੈਲੀਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711). ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 (TTY/TDD: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian

ВАЖНАЯ ИНФОРМАЦИЯ: Можете ли вы прочитать данное письмо? Если нет, наш сотрудник поможет вам в этом. Вы также можете получить данное письмо на вашем языке. Чтобы своевременно получить бесплатные услуги письменного или устного перевода, позвоните по номеру телефона, указанному на оборотной стороне вашей идентификационной карты участника (TTY/TDD: 711). Для получения дополнительной помощи позвоните в Департамент страхования штата CA по номеру 1-800-927-4357 (TTY/TDD: 711)

Tagalog

MAHALAGA: Puwede mo bang basahin ang sulat na ito? Kung hindi, puwede tayong humanap ng taong tutulong sa iyo na basahin ito. Maaaring matanggap mo rin ang sulat na ito sa iyong wika. Para sa libreng tulong sa pagsasalin-wika o mga serbisyo ng interpreter, na napapanahon, mangyaring tawagan ang numero ng telepono sa likod ng iyong card ng ID. (TTY/TDD: 711). Para sa higit pang tulong tawagan ang Departamentol ng Insurance ng CA sa 1-800-927-4357 (TTY/TDD: 711)

Thai

ข้อสำคัญ: คุณอ่านจดหมายนี้ได้หรือไม่ หากไม่ได้ เรามีคนช่วยอ่านให้คุณหรือสามารถขอให้ส่งจดหมายนี้เป็นภาษาที่คุณต้องการ ขอความช่วยเหลือด้านการแปลหรือบริการล่ามที่รวดเร็วโดยติดต่อหมายเลขโทรศัพท์ที่ด้านหลังบัตรประจำตัวของคุณ (TTY/TDD: 711). ขอความช่วยเหลือเพิ่มเติมโดยติดต่อ CA ฝ่ายประกันภัยที่หมายเลข 1-800-927-4357 (TTY/TDD: 711).

Vietnamese

QUAN TRỌNG: Quý vị có thể đọc được lá thư này không? Nếu không, chúng tôi có thể bố trí người giúp quý vị đọc. Quý vị cũng có thể yêu cầu nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí về dịch vụ biên dịch hoặc thông dịch, vui lòng gọi số điện thoại ở mặt sau thẻ ID của quý vị để được hỗ trợ kịp thời. (TTY/TDD: 711). Để được giúp đỡ thêm, hãy gọi Sở Bảo hiểm CA theo số 1-800-927-4357 (TTY/TDD: 711).

It’s important we treat you fairly

We follow state and federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don’t discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. For people whose primary language isn’t English (or have limited proficiency), we offer free language assistance services, in a timely manner, like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or if you think you were discriminated against based on race, color, national origin, age, disability, or sex, you can mail a complaint directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800-368-1019 (TDD: 1-800-537-7697) or visit https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Member Grievance Form

You may use this form to submit a grievance. Please attach any information you have to support the request. Send the form and any supporting information to: Grievances and Appeals, P.O. Box 4310, Woodland Hills, CA 91365-4310. Or you may call the toll-free phone number on your member ID card to ask Member Services to fill out the form for you. We will send a response to your grievance within 30 calendar days from the date we receive it.

You may file a grievance if you believe you may have been subject to discrimination based on one of several protected class characteristics as identified by CA law (including Medical Condition, Pregnancy Status, Race, Disability, Ancestry, National Origin, Religion, Age, Sex, Gender, Gender Identity, Gender Expression, Sexual Orientation, or Marital Status). You may also file a grievance if you believe plan staff failed to provide you with trans-inclusive care.

Member Name:	ID Number (see member ID card):
Group Number (see ID card):	Phone Number(s):
Address:	

If you are not the member, please provide the following information:

Your Name:	Relationship to Member (if applicable):
Your Phone Number(s):	
Your Address:	

Are you the member's authorized representative or legal guardian? Yes ☐ No ☐

Note: We must have written authorization to allow you to act on the member's behalf if you aren't their authorized representative or legal guardian.

Please explain your grievance. Include, if available, the following information:

- The name of the provider who will or has provided care;
- The date(s) of service.
- The claim or reference number for the specific decision that you don't agree with; and
- The specific reason(s) why you don't agree with the decision.

If your plan is regulated by the Department of Managed Health Care, please read the following information. If you don't know if your plan is regulated by the Department of Managed Health Care, please look at your benefits booklet. Member Services can also help you. To reach Member Services, call the phone number on your member ID card.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-365-0609** or at the TDD line **711** for the hearing and speech impaired and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

If your plan is regulated by the California Department of Insurance, please read the following information. If you don't know if your plan is regulated by the California Department of Insurance, please look at your benefits booklet. Member Services can also help you. To reach Member Services, call the phone number on your member ID card.

The California Department of Insurance is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-365-0609** or at the TDD line **711** for the hearing and speech impaired and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. If you and your plan don't come to a solution that you are happy with, or you haven't been able to solve the problem through arbitration with your plan, you can contact the California Department of Insurance at the following:

California Department of Insurance
Consumer Communications Bureau
300 Spring Street, South Tower
Los Angeles, CA 90013
Phone: 1-800-927-HELP (4357) or 1-213-897-8921
TDD number: 1-800-482-4TDD (4833)
http://www.insurance.ca.gov/

If you have a terminal illness (an incurable or irreversible condition that has a high probability of causing death within one year or less) and the proposed treatment is denied because it is considered experimental or investigational, you may have the right to meet with us to discuss your case as part of the grievance process. Should you feel this applies to you and you would like to request a meeting, you may call Member Services toll free at **1-800-365-0609** or **711** for the hearing and speech and impaired. This right is in addition to any other dispute resolution options available to you as explained in this notice.

Signature:_____ Date: _____

For Use by Anthem Blue Cross/Anthem Blue Cross Life and Health Only

Representative Name:	Unit/Location:	Date: