

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [OptimaEAP.com](http://OptimaEAP.com) or call 1-800-899-8174. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [healthcare.gov/sbc-glossary](http://healthcare.gov/sbc-glossary) or call 1-800-899-8174 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. Up to 3 EAP visits are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	Not applicable	This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.
What is not included in the <a href="#">out-of-pocket limit</a> ?	EAP visits not authorized, or in excess of the <a href="#">plan</a> visit limit, and healthcare this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. Contact Optima EAP at 1-800-899-8174 for a list of EAP <a href="#">network providers</a> .	This <a href="#">plan</a> uses a provider <a href="#">network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	Yes.	This <a href="#">plan</a> will pay some or all of the costs to see a <a href="#">specialist</a> for covered services but only if you have a <a href="#">referral</a> before you see the <a href="#">specialist</a> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care <a href="#">provider's</a> office or clinic</b>	Primary care visit to treat an injury or illness	Not covered	Not covered	--none--
	<a href="#">Specialist</a> visit	Not covered	Not covered	--none--
	<a href="#">Preventive care/screening/immunization</a>	Not covered	Not covered	--none--
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	Not covered	Not covered	--none--
	Imaging (CT/PET scans, MRIs)	Not covered	Not covered	--none--
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.optimahealth.com">www.optimahealth.com</a>	Selected Generic drugs (Tier 1)	Not covered	Not covered	--none--
	Selected brand and other generic drugs (Tier 2)	Not covered	Not covered	
	Non-selected brand drugs (Tier 3)	Not covered	Not covered	
	<a href="#">Specialty drugs</a> (Tier 4)	Not covered	Not covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Not covered	Not covered	--none--
	Physician/surgeon fees	Not covered	Not covered	--none--
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	Not covered	Not covered	--none--
	<a href="#">Emergency medical transportation</a>	Not covered	Not covered	--none--
	<a href="#">Urgent care</a>	Not covered	Not covered	--none--
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	Not covered	Not covered	--none--
	Physician/surgeon fees	Not covered	Not covered	--none--

\* For more information about limitations and exceptions, see the plan or policy document at [OptimaEAP.com](http://OptimaEAP.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	No charge for EAP	Not covered	3 visits/presenting issue by Optima EAP providers only. Services limited to short-term problem assessment by licensed behavioral health providers, and referral services.
	Inpatient services	Not covered	Not covered	--none--
<b>If you are pregnant</b>	Office visits	Not covered	Not covered	--none--
	Childbirth/delivery professional services	Not covered	Not covered	
	Childbirth/delivery facility services	Not covered	Not covered	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	Not covered	Not covered	--none--
	<a href="#">Rehabilitation services</a>	Not covered	Not covered	--none--
	<a href="#">Habilitation services</a>	Not covered	Not covered	--none--
	<a href="#">Skilled nursing care</a>	Not covered	Not covered	--none--
	<a href="#">Durable medical equipment</a>	Not covered	Not covered	--none--
	<a href="#">Hospice services</a>	Not covered	Not covered	--none--
<b>If your child needs dental or eye care</b>	Children's eye exam	Not covered	Not covered	--none--
	Children's glasses	Not covered	Not covered	--none--
	Children's dental check-up	Not covered	Not covered	--none--

\* For more information about limitations and exceptions, see the plan or policy document at [OptimaEAP.com](http://OptimaEAP.com).

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- |                             |   |  |
|-----------------------------|---|--|
| • Acupuncture               | • Home health care                                  | • Pediatric dental check-up              |
| • Ambulance                 | • Hospice care                                      | • Prescription drugs                     |
| • Bariatric surgery         | • Imaging test                                      | • Preventive care/screening/immunization |
| • Chiropractic care         | • Infertility treatment                             | • Primary care visit                     |
| • Cosmetic surgery          | • Inpatient surgery                                 | • Private-duty nursing                   |
| • Dental care (adult)       | • Long-term care                                    | • Rehabilitative services                |
| • Diagnostic test           | • Maternity care and delivery                       | • Routine eye exam (adult)               |
| • Durable medical equipment | • Mental/behavioral health inpatient and outpatient | • Routine foot care                      |
| • Emergency room services   | Non-emergency care when traveling outside the       | • Skilled nursing                        |
| • Glasses                   | U.S.  | • Specialist visit                       |
| • Habilitative services     | • Outpatient surgery                                | • Urgent care                            |
| • Hearing aids              | • Pediatric eye exam                                | • Weight loss programs                   |

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

## Your Rights to Continue Coverage:

For more information on your rights to continue coverage, contact the plan at 1-800-899-8174. There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Virginia State Corporation Commission, Life & Health Division, Bureau of Insurance, at 1-877-310-6560 or [bureauofinsurance@scc.virginia.gov](mailto:bureauofinsurance@scc.virginia.gov); the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform); or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

## Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Member Services at the number on the back of your member ID card. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform); or your state department of insurance at the Virginia State Corporation Commission, Life & Health Division, Bureau of Insurance, P.O. Box 1157, Richmond, VA, 23218, 1-877-310-6560 or [bureauofinsurance@scc.virginia.gov](mailto:bureauofinsurance@scc.virginia.gov).

Additionally, a consumer assistance program can help you file your appeal. Contact the Virginia State Corporation Commission, Life & Health Division, Bureau of Insurance, P.O. Box 1157, Richmond, VA, 23218, 1-877-310-6560, or [bureauofinsurance@scc.virginia.gov](mailto:bureauofinsurance@scc.virginia.gov).

**Does this plan provide Minimum Essential Coverage? No**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? No**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> <a href="#">coinsurance</a>	0%
■ <a href="#">Hospital (facility)</a> <a href="#">coinsurance</a>	0%
■ <a href="#">Other</a> <a href="#">coinsurance</a>	0%

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
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#### In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$12,800
<b>The total Peg would pay is</b>	<b>\$12,800</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> <a href="#">coinsurance</a>	0%
■ <a href="#">Hospital (facility)</a> <a href="#">coinsurance</a>	0%
■ <a href="#">Other</a> <a href="#">coinsurance</a>	0%

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
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#### In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$7,400
<b>The total Joe would pay is</b>	<b>\$7,400</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> <a href="#">coinsurance</a>	0%
■ <a href="#">Hospital (facility)</a> <a href="#">coinsurance</a>	0%
■ <a href="#">Other</a> <a href="#">coinsurance</a>	0%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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#### In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$1,900
<b>The total Mia would pay is</b>	<b>\$1,900</b>

## Optima Health Alternative Language Options for Notices and other Written Information

**English:** This Notice has Important Information. This notice has important information about your application or coverage through Optima Health. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-855-687-6260.

### Amharic:

ይህ ማስታወቂያ ጠቃሚ መረጃ አለው። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም በOptima Health በኩል ስለሚኖርዎት ሽፋን ጠቃሚ መረጃ አለው። በዚህ ማስታወቂያ ላይ ያሉትን ቁልፍ የሆኑ ቀናቶችን ያስተውሉ። የጤና ሽፋንዎን ለማስቀጠል ወይም ወጪዎችን ለማገዝ እንዲቻል በተወሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ሊያስፈልግዎ ይችላል። በራስዎ ቋንቋ ያለምንም ክፍያ ይህን መረጃም ሆነ ድጋፍ የማግኘት መብት አለዎት። 1-855-687-6260 ይደውሉ።

### Arabic:

يوتحي اذهر راطخلا، لء تامولعم مهم. يوتحي اذهر راطخلا، لء اهمهم تامولعم قلعنت كبلطب وأ جمانربب تبطغنا صاخلا كبدى دلا تكردش نيمائلا يحصلا Optima Health. ثحبا نء خيراوتلا تيسيزلا في اذهر الإخطار، دقق جاتحتى لء اذناخنا يء اءارجل لبق لولد ديعاوملا تيناھنلا ظافحلا، لء جمانربب تبطغنا تبطغنا لء لوصحلا، لء ءدعاسم في التكاليف. كيدلو قحلا في لوصحلا، لء هذھ تامولعملا ءدعاسملاو كتغلب نودبب اء تكلفه. يجريل اصتلا 1-855-687-6260

### Bengali/Bangla:

এই বিবৃতিতে রক্ষণ তথ্য রয়েছে। এই বিবৃতিতে Optima Health (ইন্সুরেন্স কোম্পানি) -এর মাধ্যমে দাখিল করা আপনার দরখাস্ত বা কভারেজের উপর রক্ষণ তথ্য রয়েছে। এই বিবৃতিতে উল্লেখ করা রক্ষণ তারিখেরা বোঝানো। আপনার ইন্সুরেন্স কভারেজ বজায় রাখার জন্য বা খরচের বিবরণ সহায়তা লাভের জন্য আপনাকে বিনিয়োগ সময়সীমা রয়েছে। বিনিয়োগ করে তথ্য পাওয়া সহায়তা পাওয়ার বিধি আপনার ইন্সুরেন্স। কল 1-855-687-6260।

### Chinese (Mandarin):

该通知含有重要信息。本通知含有关于Optima Health申请或保险的重要信息。请仔细查看本通知中的关键日期。您需要在截止期之前采取相应的行动，从而保障您的保险继续有效，能够为您提供报销。您有权免费获取信息的中文版，并可以免费获取到相关的中文帮助。請撥電話 1-855-687-6260。

**French:** Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Optima Health. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez 1-855-687-6260.

**German:** Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Optima Health. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 1-855-687-6260.

### Hindi:

इस सूचना महत्वपूर्ण जानकारी देती है। इस सूचना में Optima Health के माध्यम से आपके आवेदन या कवरेज के बारे में महत्वपूर्ण जानकारी देती है। इस सूचना में देखा जा सकता है कि आपकी लागत के साथ अपने स्वास्थ्य का कवरेज रखने या सहायता के लिए निश्चित समय सीमा में कार्रवाई करने का अधिकार है। आपकी भाषा में इस जानकारी और सहायता को प्राप्त करने का अधिकार है। कॉल 1-855-687-6260

**Ibo:** Ọkwa a nwere Ozi Di Mkpa. Ọkwa a nwere ozi di mkpa maka akwụkwọ anamachoihe ma ọ bụ mkpuchi gi sitere na Optima Health (Ahụike Optima). Chọọ ụbọchị ndị di mkpa n'ọkwa a. I nwere ike ime ihe tupu ụfọdụ ụbọchị iji dowe mkpuchi ahụike gi ma ọ bụ enyemaka n'ụgwọ. I nwere ike ikike inweta ozi na enyemaka a n'asụsụ gi na akwụghị ụgwọ ọ bụla. Kpọ 1-855-687-6260

**Korean:** 이 공지는 매우 중요한 정보입니다. 이 공지는 옵티마 헬스를 통한 귀하께 적용되는 지원이나 보험에 대한 매우 중요한 정보입니다. 이 공지의 주요 날짜를 찾아보십시오. 귀하께서는 귀하의 건강 보험이나 비용에 관한 도움에 관련된 특정 마감일을 지켜야만 합니다. 귀하께서는 따로 비용없이 귀하의 언어로 이 정보와 도움을 받을 권리가 있습니다. 로 전화하십시오 1-855-687-6260.

**Kru/Bassa:** Nàùm pò wùdù nà kè kpà dè m̀iù. Ó m̀dè kpà dè bá nì d̀yí kánà-kánà d̀yí dè Optima Health mú. M̀ò tì kpà dè b̀è nì dè nàùm pò wùdùò mù. M̀ò tì kpà dè b̀è nì dè nàùm pò wùdùò mú. M̀bè dè b̀e m̀ké nàùm pò pòò ò mù pò d̀yì. Ó jù kè m̀ d̀yì dè b̀eà'nyuèn,`m̀ wìdìo mù b̀ì d̀ì d̀yì. Wà b̀ì d̀ì b̀e wà kè nàùm pò wùdù nà kè Bàsò wùdù mù pò. Sebel 1-855-687-6260.

**Navajo:** D́í saad ílínii baa hane'. Naaltsoos n'ííniítsoozígíí éí doodago kwe'é Optima Health ník'é'éstí'ígíí bína'ídiíkídgo d́í kwe'é hazhó'ó baa ákonínizín dooleel. Yoolkáát yéedáá' nich'í' é'élyaago biká'ígíí hádídí'íjít. D́í ník'é'éstí'ígíí éí doodago béeso da bee níká a'doowolígíí bikáa'go da át'ée dooleel áko t'áadoo bee e'e'aahí baa yílkahgo tsxjíggo hasht'e dííííí níí da dooleel. Bee haz'áanii hólqdíí kót'éego yaa halne'ígíí bee níká a'doowolgo dóo t'áá nizaadk'ehjí bee níí hodoonih t'áadoo b́ááh ílíní. 'Átah ánq't'í'ígíí bee baa 'áháyáagéé bich'í' bíbéesh bee hane'í hwéédilní. 1-855-687-6260.

**Persian/Farsi:** نیا همیلاعا یی واحد تاعلاطا یی مهم تسایا نیا همیلاعا یی واحد تاعلاطا یی مهم هوایرد تساوخرد امشد و ش شوپ Optima Health یی دیلک نیا همیلاعا تقد کنید. ن کممت سا مزلا دشاب اتد کیخیر اتد ررقم صاخ مادقا دینک اتد ش شوپ همیب نیا تظفد دوشد ایرد مطبار ابه منیز هاهه امشد کمک شود. امشد زانیا قد رادر وخریدیتسه اتد نیا تاعلاطا و منوگره ییامنهان رگید ار هب نابز ناتدوخ و هرت روصن انگیار تفایرد کنید. 1-855-687-6260

**Russian:** В данном уведомлении содержится важная информация. В данном уведомлении содержится важная информация о Вашей заявке или страховом покрытии в компании Optima Health. Обратите внимание на важные даты, указанные в данном уведомлении. Если Вы хотите продолжать пользоваться мед.страхованием или получить помощь с оплатой, возможно, Вам потребуется принять решение до определенной даты. У Вас есть право на бесплатное получение данной информации и помощи на родном языке. Звоните по телефону 1-855-687-6260.

**Spanish:** Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Optima Health. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 1-855-687-6260.

**Tagalog:** Ang Paunawang Ito ay Naglalaman ng Mahalagang Impormasyon. Ang paunawang ito ay naglalaman ng mahalagang impormasyon tungkol sa inyong aplikasyon o saklaw sa pamamagitan ng Optima Health. Hanapin ang mahahalagang petsa na nakasaad sa paunawang ito. Maaaring kailanganin ninyong gumawa ng hakbang bago sumapit ang ilang partikular na takdang petsa upang mapanatili ang inyong saklaw na pangkalusugan o tulong sa mga gastusin. Mayroon kayong karapatan na matanggap ang impormasyong ito at makakuha ng tulong sa inyong wika nang walang bayad. Tumawag sa 1-855-687-6260.

**Urdu:** ساس ٹون ایم دیا علاطا دوجوم ہے بسا س ٹون ایم پ آئی کتساوخرد یا Optima Health کے کے عیرڈ چیروک کے کے سے لاود علاطا دیا دوجوم سا ہے بس ٹون ایم جرد ی دیکو و خیر اتد و کن ہڈ نیم۔ بھکر پ آے کے یل ی رورض ہے ہک صوصخم و نڈلاٹیڈ سے سل بق سا سے لاود سے سی ٹوک نشکیا یل مکات پ آئی ک چیروک سے نار ب تحصد روا تگلا کے کے لاود سے سد تلاماعم سے ط۔ بیبر پ آ سا لاطاع کت ی ٹاسر روا ریغبی سک چرخے کی نیا نابز نیم سا تباہے نناج 1-855-687-6260

**Vietnamese:** Thông báo này có thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn đăng ký hoặc về bảo hiểm của quý vị thông qua Optima Health. Quý vị hãy xem những ngày quan trọng trong thông báo này. Quý vị có thể cần đưa ra hành động trước ngày hết hạn cụ thể để duy trì bảo hiểm sức khỏe của quý vị hoặc hỗ trợ thanh toán cho các chi phí. Quý vị có quyền nhận được thông tin và sự hỗ trợ này theo ngôn ngữ mà quý vị muốn mà không phải trả thêm chi phí nào. Xin gọi số 1-855-687-6260.

**Yoruba:** Àkíyèsí yíí ní Àlàyé Pàtàkì. Àkíyèsí yíí ní àlàyé pàtàkì nípa ohun tí o bèèrè fún tàbí gbígba ìtójú nípasẹ̀ Optima Health. Wo àwọn ojú tó ẹ̀ kókó nínú àkíyèsí yíí. O lè nílò láti gbé ìgbésẹ̀ nípa gbèdèke kan láti ẹ̀tòjú ilera ẹ̀ tàbí ẹ̀rànwọ̀ ọ̀ nípa iye òwó. O ní ẹ̀tò láti gba àlàyé yíí àti ìrànwọ̀ yíí ní èdè ẹ̀ láìsan owó. Pè sórí 1-855-687-6260.