

 **aetna**® Customer Resolution Team
PO Box 14464
Lexington KY 40512-4464

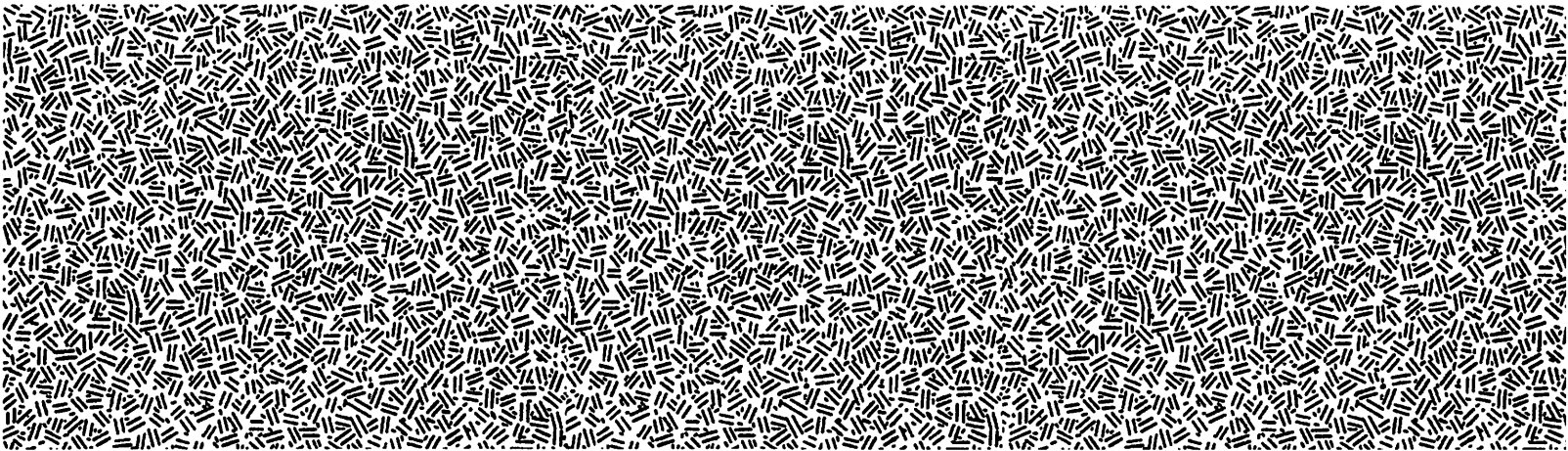


R 0000045

Jae Arellano
Tlc Surgical Center
240 S La Cienega Blvd, Ste 210
Beverly Hills CA



R 0000045





Customer Resolution Team
PO Box 14464
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October 09, 2023

Jae Arellano
Tlc Surgical Center
240 S La Cienega Blvd, Ste 210
Beverly Hills, CA 90211

Subscriber name: Sandra Amaral
Member name: Sandra Amaral
Member ID number: W278375968-01
Provider name: Tlc Surgical Center
Date(s) of service: N/A
Patient account number: N/A
Payer: Aetna Life Insurance Company
Case number(s): 2023100405320

Our final decision on your appeal; you may ask for an external review

Dear Appellant:

We reviewed your concerns, which we received on October 02, 2023, about your recent precertification request. Here is our decision.

What we reviewed

We are responding to the appeal of our decision on the following issue(s):

- Request of coverage for: Suction assisted lipectomy; trunk (15877), Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area (15839)

We reviewed all available information, including:

- The appeal request
- The denial letter
- The coverage determination letter
- The appeal letter
- The consultation notes
- The photographs
- The Clinical Policy Bulletin (CPB) number 0211, Abdominoplasty, Suction Lipectomy, and Ventral Hernia Repair review date March 30, 2023
- The Booklet-Certificate exclusively prepared for PGP International, Inc.

Our decision on this appeal

After reviewing the information above, we're standing by our earlier decision to uphold

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the denial of coverage for procedure code 15839 x2 - Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area.

However, we will allow
procedure code 15877 - Suction assisted lipectomy; trunk.

How we made our decision

In your appeal request, you are asking for reconsideration on the pre-service denial. Also, asking for service to be processed at an in-network level.

Code 15877 was already authorized for payment.

Your plan covers panniculectomy/apronectomy (removal of excess skin around your abdomen) according to the following criteria:

1. Panniculus (skin on your abdomen or "belly") hangs below level of pubis (the bone above your groin), documented by photographs; and
2. The medical records document that the panniculus (extra skin) causes chronic infection that consistently recurs over 3 months while receiving appropriate medical therapy (e.g., oral or topical prescription medication), or does not respond to appropriate medical therapy over a period of 3 months; and
3. Photographs with pannus lifted to document presence of infection.

Your plan does not panniculectomy/apronectomy when these criteria are not met. Your surgery to remove skin is not payable under your medical insurance policy.

Based on the information provided for this appeal, we are upholding the denial of coverage for an out-of-network provider being covered at an in-network benefit level. There are in-network providers available to you for your surgery.

In the Booklet-Certificate under the section titled "**Medical necessity and precertification requirements**", it states:

"...Medically necessary; medical necessity

As we said in the *Let's get started!* section, **medical necessity** is a requirement for you to receive a **covered benefit** under this plan.

The **medical necessity** requirements are stated in the Glossary section, where we define "**medically necessary, medical necessity**". That is where we also explain what a **physician** considers when determining if an **eligible health service** is **medically necessary....**"

In the "**Glossary**" section of the Booklet-Certificate, it states:

"Medically necessary/medical necessity

Health care services that a **provider** exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an **illness, injury, disease** or its symptoms, and are:

- In accordance with generally accepted standards of medical practice
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for your **illness, injury** or disease
- Not primarily for your convenience, the convenience of your **physician**, or other health care **provider**
- Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your **illness, injury** or disease

Generally accepted standards of medical practice mean:

- Standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community and
- Following the standards set forth in our clinical policies and applying clinical judgment"

I regret that our response cannot be more favorable; however, all reimbursement decisions are made strictly in accordance with written plan provisions.

You may obtain free of charge a copy of the clinical criteria by contacting our Member Services department or you may obtain the CPB pertaining to Abdominoplasty, Suction Lipectomy, and Ventral Hernia Repair through the Internet at www.aetna.com.

An Aetna medical director who is board certified in General Surgery, with a professional designation of MD, an appeals nurse consultant with a professional designation of RN, a senior complaint and appeal coordinator and a data entry operator, all of whom were not involved in any prior reviews, participated in the review of this appeal.

This plan requires precertification. This means the member must have our permission ahead of time for certain procedures or treatments. To do this, call the precertification number on the member's ID card.

Our decision does not guarantee the member will receive benefits. We base our decisions on the information we've received. What we pay depends on the benefits available through the plan, our payment policies and the member's eligibility on the date they got the services.

If the approved services are to be delivered more than 30 calendar days from the date of this letter, this authorization is only valid if the provider contacts Aetna and confirms the authorization five business days before the date of service.

Access to relevant information

You can request access to copies of all documents, records and other information about this claim for benefits. There's no charge for this. We will include the specific rule, guideline, protocol or other similar criterion we used in making our decision. It also includes the names of any clinical reviewers if applicable.

The member, doctor or other provider may have sent us diagnosis and treatment codes with your request for authorization. To obtain these codes and their meanings, call us at the number on the

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member's ID card. Contact the member's doctor or other provider with any medical questions about the diagnosis or treatments.

You can have an external review of this decision

If you disagree with this decision, **you may request an external review**. The enclosed document, Aetna Appeal Process and Member Rights, has instructions on how to appeal and an overview of the appeal process.

We are here to answer your questions

If you have more questions about this appeal decision or the appeal process, call us at the number on the member's ID card. Be sure to include the case number when responding or asking about this issue. You can find it at the top of this letter.

Let us know what you think

We have a short survey about our appeal process. Can you help us by answering its questions? Just go to aetna.com/form_assets/members/survey.html.

Sincerely,

Belva S.

Belva S.
Sr. Coordinator, Complaint and Appeal Operations
Customer Resolution Team

Enclosure(s): Appeal Process & Member Rights
Independent Medical Review Form
Language Assistance Notice
Language Enclosure

Cc: Sandra Amaral

Aetna
Appeal Process & Member Rights

You or your authorized representative — that's someone you name to represent you — has the right to file an appeal about coverage for service(s). You can do this when you're not satisfied with our original coverage decision.

Below we give you an overview of:

- The appeal process
- Your legal rights

To understand where you are in the appeal process, refer to our response to your letter of appeal.

1. You can file an appeal by writing us or by calling Member Services. Just use the number on your member ID card. You or your authorized representative has 180 days from the date you got our original decision to submit an appeal. If we don't hear from you within that 180-day period, we'll consider our original decision to be final.

You may give us more information that you'd like us to consider. You may also ask us for copies of documents relevant to your claim. Just call us at the number on your member ID card or write us at the address below. There's no charge for this.

Aetna Customer Resolution Team
PO Box 14464
Lexington, KY 40512

2. We'll let you know our appeal decision within 5 calendar days after we get your appeal.

3. You can ask us for an expedited — rush — appeal if we decide not to certify urgent or ongoing services. We'll let you know our decision within 72 hours after we get your expedited appeal.

You can ask for an expedited appeal when a delay in decision-making might either:

- Seriously jeopardize — put at risk — the life or health of the member
- Jeopardize the member's ability to regain maximum function

If you do not agree with the final decision, you have the right to bring a civil action under Section 502(a) of ERISA, if applicable.

4. **External review:** You may request an external review, which in California is called an Independent Medical Review (IMR). In accordance with California law, IMR is available to you because your appeal meets the following requirements:

- Your provider has recommended a service as medically necessary, or
- You have received urgent care or emergency services that a provider determined was medically necessary, or
- You have been seen by a provider for the diagnosis or treatment of the medical condition for which you are seeking independent review, or
- In Aetna's judgment, the requested service or supply is not medically necessary, or
- Your appeal was upheld or partially overturned, or
- Your grievance remains unresolved after 30 days.



IMRs are conducted by independent physicians with expertise in the medical service or supply at issue. Once a review is complete, Aetna accepts the decision of the external reviewer.

If you are eligible, you will receive an IMR form. Submit the form and the requested documentation to the address below within 6 months of the final decision letter.

State of California
Department of Insurance
Claims Services Bureau
300 South Spring St., South Tower
Los Angeles, CA 90013
www.insurance.ca.gov

You may also be eligible for an expedited external review. You're eligible for this if the doctor who is treating you believes that a delay in decision-making might either:

- Seriously jeopardize — put at risk — the life or health of the member
- Jeopardize the member's ability to regain maximum function

The doctor who is treating you submits the Expedited External Review.

You do not have to pay for either:

- The review
- Any filing fees

Your request for an External Review will not affect your rights to any other benefits under the plan. Nor will it affect your right to representation. Your request will not affect the process for selecting the External Review Organization. Nor will it affect the impartiality of the physician reviewer.

5. You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your plan administrator, local U.S. Department of Labor Office and your state insurance regulatory agency.

6. The Consumer Communications Bureau with the California Department of Insurance is available to assist customers with claims they feel have been wrongfully denied or rejected. Consumers may call or write the Bureau to have claims reviewed. Callers outside California and those in California (area codes 213 or 310), may contact the Consumer Communication Bureau at 213-897-8921. The number for the rest of California is 1-800-927-HELP. The website is **www.insurance.ca.gov**. The mailing address is: Consumer Communications Bureau, California Department of Insurance, 300 S. Spring Street, Los Angeles, CA 90013.

7. Resources to help you

Call Member Services if you have questions about the external review forms or process. Just use the phone number on your member ID card. You can also visit **aetna.com** or write us at the address above.

For questions about appeal rights, this notice or for assistance, you may contact:

California Department of Insurance
Consumer Services Division

Please retain this document for future reference

300 South Spring Street, South Tower
Los Angeles, CA 90013
800-927-4357
<http://www.insurance.ca.gov/>

For plans subject to the Patient Protection and Affordable Care Act (PPACA), if you have questions about your appeal rights, this notice, or for assistance, you can also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).





APPLICATION FOR INDEPENDENT MEDICAL REVIEW

If you wish to give authority to someone to assist you in filing this *Independent Medical Review (IMR)*, please complete the *Authorization for Release of Medical Records and Designation of Independent Medical Review Agent* form.

Patient's Name:		
Patient's Parent/Guardian, if filing for Minor Child:		
Patient's Date of Birth:	Patient's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		
Email:	Daytime Phone: ()	Alternate Phone: ()

The following information is used for statistics only. Providing this information is optional and will not affect the independent medical review process in any way.

Primary language spoken at home:
In order to ensure all Californians have access to health insurance, please identify your race/ethnicity:

Complete name of insurance company involved:	
Policy/Certificate number:	Claim number:
Date(s) of Medical Services Provided (if applicable):	
Did your insurance company say the treatment you want is (check one): <input type="checkbox"/> Not Medically Necessary <input type="checkbox"/> Experimental or Investigational <input type="checkbox"/> Other	
If there is an imminent and serious threat to the health of the insured or claimant, please check and indicate the diagnosis: <input type="checkbox"/> Diagnosis: _____	
Briefly describe the disputed medical service or expense that you want referred to the Independent Medical Review Organization and list the physicians who have treated you for this condition. Use additional paper as needed. _____ _____ _____	

I hereby request Independent Medical Review of my dispute with the insurer. I authorize the release of any and all of my medical records and information, of any type, of or pertaining to the scope of this authorization including medical, mental health, substance abuse, HIV records, diagnostic imaging reports, and any other type of non-documentary records, as well as pertinent non-medical records and information. This authorizes release by and among all medical providers, the insurer, the California Department of Insurance and any Independent Medical Review Organization. Release and disclosure are authorized only to the extent any of those persons or entities may deem appropriate for a purpose consistent with the review of a complaint regarding health care services. This authorization will expire one year from the date below, except as regarding the Department's internal use or as otherwise allowed by law. The expiration will apply to all information not previously released pursuant to this authorization. This authorization may be revoked or withdrawn at any time. A revocation or withdrawal will apply to all information not previously release pursuant to this authorization. I attest that the information provided is accurate and truthful.

Please provide any supporting documentation you may have related to this matter.

- ☐ Copy of insured's insurance identification card – both sides
- ☐ Copies of correspondence between you and the insurance company including all related Explanation of Benefits (EOBs)

Please be aware that a copy of your Application for Independent Medical Review and your supporting documentation will be provided to the insurance company and the Independent Medical Review Organization.

Patient (or Parent/Guardian if Minor Child) Signature _____ Date _____



INFORMATION AND INSTRUCTIONS REGARDING YOUR APPLICATION FOR INDEPENDENT MEDICAL REVIEW

Before you request an Independent Medical Review with the Department of Insurance, you are required to first file an appeal/grievance with the insurance company in an effort to resolve the issue(s). If you do not receive a satisfactory response after 30 days, then complete the application form, attach copies of any important papers that relate to your complaint and mail to the address shown on the application form. You may also attach additional sheets as necessary to explain and/or describe the situation and disagreement with your insurance company. We consider this information necessary to our review and within the powers and duties expressed in the California Insurance Code, Section 12921.3 and Section 10169. Please review our privacy statement regarding information we obtain from you.

You have the right to provide information or documentation you believe will support your position in this review.

You may inspect the information you submit at any time as long as the department's case is maintained. All original documents will be returned to you upon completion of our handling.

APPLICATION FOR INDEPENDENT MEDICAL REVIEW MAY BE SUBMITTED TO THE DEPARTMENT OF INSURANCE FOR THE FOLLOWING TYPES OF PROBLEMS:

1. Denial of a claim due to the company's opinion that the treatment or service is not medically necessary or that it is experimental and excluded by a policy provision.
2. An offer of an amount less than that indicated in the policy due to the company's opinion of medical necessity.
3. Delay in settlement of a claim due to the disputed issue of medical necessity.
4. Denial of a claim for urgent or emergency services.

Under the Independent Medical Review process, one or more physicians will determine these issues and their decision will be binding on the insurance company.

Please be aware that a copy of this Application for Independent Medical Review will be provided to the insurance company. Also, please be advised that:

- A decision not to participate in the independent review process may cause the forfeiture of any statutory right to pursue legal action against the insurer regarding the disputed health care service.
- Your consent to obtain any necessary medical records from the insurer, any of its contracting providers, and any out-of-plan provider the insured may have consulted on the matter, is necessary to be signed by you.
- You have the right to provide information or documentation, either directly or through your provider, regarding any of the following:
 - The provider's recommendation indicating that the disputed health care service is medically necessary for the insured's medical condition.
 - Medical information or justification that a disputed health care service, on an urgent care or emergency basis, was medically necessary for the insured's medical condition.
 - Reasonable information supporting your position that the disputed health care service is or was medically necessary for the medical condition, including all information provided to the insured by the insurer or any of its contracting providers, still in the possession of the insured, concerning an insurer or provider decision regarding disputed health care services, and a copy of any materials the insured submitted to the insurer, still in the possession of the insured, in support of the grievance, as well as any additional material that the insured believes is relevant.



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If you are not submitting this form electronically, mail or fax your form and any attachments to: Department of Insurance, Health Claims Bureau, 300 South Spring Street, South Tower Los Angeles, CA 90013; FAX: 213-897-9641

**STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE**

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS
AND DESIGNATION OF INDEPENDENT MEDICAL REVIEW AGENT**

In accordance with California Insurance Code section 10169(e), an insured may designate an agent to act on his or her behalf to assist that insured with the Independent Medical Review (IMR) process. If you want to give another person the authority to assist you with your Independent Medical Review (IMR), complete Parts A and B below.

Unless you wish to designate another person to assist you with the IMR process, if you are a parent or legal guardian filing this IMR for a child under the age of 18, you do not need to complete this form, but you must complete the Application for Independent Medical Review (IMR).

If you are filing this IMR or complaint for a patient who cannot complete this form because the patient is either incompetent or incapacitated, and you have legal authority to act for this patient, please complete Part B only. Also, attach a copy of the power of attorney for the health care decisions or other documents that say you can make decisions for the patient.

PART A: Patient/Insured:

I allow the person named below in Part B to assist me in my IMR filed with the California Department of Insurance (CDI). I allow the CDI and IMR staff to share information about my medical condition(s) and care with the person named below. This information may include mental health treatment, HIV treatment or testing, alcohol or drug treatment, or other health care information. I understand that only information related to my IMR or complaint will be shared.

My approval of this assistance is voluntary and I have the right to end it. If I want to end it, I must do so in writing. This authorization will expire one year from the date below, except as regarding the Department's internal use or as otherwise allowed by law.

Name of Patient (Print): _____

Signature of Patient or Insured: _____ Date: _____

PART B: Person Assisting Patient with IMR

Name of Person Assisting (print) _____

Signature of Person Assisting _____

Address _____

Relationship to Patient _____

Daytime Phone # _____

Evening Phone # _____

Email Address (if available): _____

My power of attorney for health care decisions or other legal documents is attached.



Privacy Notice on Information Collection

Request for Assistance Forms

*** This notice is provided pursuant to the Information Practices Act of 1977 (California Civil Code Section 1798.17) ***

Collection and Use of Personal Information

California Insurance Code Sections 12921 and 12921.1, and related statutes and regulations, give the California Department of Insurance (CDI) and the Consumer Services Division the authority to regulate and investigate consumer complaints. The CDI uses your information to address complaints brought to the Department's attention. Information is collected subject to limitations contained in the Information Practices Act of 1977, SAM 5300, et seq., SIMM 5305, et seq., and other applicable state and federal laws.

Providing Personal Information is Voluntary

You do not have to provide the personal information requested. However, if you do not wish to provide us the necessary information, we may not be able to investigate your complaint. When providing information or documents, please do not include unrequested personal information, such as Social Security Numbers, Driver's License Numbers, unnecessary health-related information, and credit card or financial information.

Possible Disclosure of Personal Information

We may share your personal information with the insurance licensee and in the case of an Independent Medical Review with the Independent Medical Review Organization. We may also share your information with other government agencies as required by law.

Access to Your Information

You have the right to access records containing your personal information which are maintained by CDI. To request access, contact: CDI Privacy Officer, Legal Division, Government Law Bureau, 300 Capitol Mall, Suite 1700, Sacramento, CA 95814, (916) 492-3500.

Department Privacy Policy

The California Department of Insurance has developed policies regarding the privacy of your information. They may be viewed at www.insurance.ca.gov/privacy-policy.





No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-877-287-0117. For more help call the CA Dept. of Insurance at 1-800-927-4357 English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-877-287-0117. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。 您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-877-287-0117 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-877-287-0117. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-877-287-0117번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-877-287-0117. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

Անվճար Լեզվական ծառայություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-877-287-0117 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Ապահովագրության Բաժանմունք: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-877-287-0117. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-877-287-0117までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

خدمات مجاني مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگونه مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده است و یا این شماره 1-877-287-0117 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-877-287-0117 'ਤੇ ਸਾਨ ਫ਼ਨ ਕਰੋ। ਵਧੇਰ ਮਦਦ ਲਈ ਕੋਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាឥតគិតថ្លៃ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអាសង្ការសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមាន បង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-877-287-0117 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-877-287-0117. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. Arabic

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-877-287-0117. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

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Hawaiian	No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obula, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၣ်ကိၣ်တၢ်မၤစးအတၢ်ဖဲတၢ်မၤတဖၣ် လၢတအိၣ်ဒီးအပူၤလၢနကဘၣ်ဟ့ၣ်အီၤအဂီၢ်,ကိးဘၣ်လိတဲစီနီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၤ (ID) အလီၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستگیر ئەگەریت بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر نای دی (ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບໂທຫາເບີໂທລະສັບໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Ñan bōk jipañ kōn kajin ilo an ejjelōk wōñean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'éhjí bee níká a'doowoł doo báá'íh ílínígóó naaltsoos bee atah níljigo nanitinígíí bee néého'dółzinígíí béésh bee hane'í biká'ígíí áajj' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cîn wëu kɔr keek tënɔŋ yin. Ke yin cɔl ran ye kɔc kuony në namba de abac tɔ në ID kard duɔn de tīt de nyin de panakim kɔu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

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

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