

**HIPAA NOTICE OF PRIVACY PRACTICES**

*Effective 10/1/2022*

**PLEASE REVIEW THIS NOTICE CAREFULLY.  
IT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

Blue Cross and Blue Shield of Illinois (BCBSIL) is committed to protecting your privacy and understands the importance of safeguarding medical information. We are required by the Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of your protected health information (PHI) that identifies you or could be used to identify you. HIPAA also requires that we provide you this Notice of Privacy Practices which explains our legal duties, our privacy practices and your rights regarding the PHI that BCBSIL collects and maintains about you. In addition, state law requires that we provide you a state notice that explains how BCBSIL can use or disclose your nonpublic personal financial information and describes your rights regarding this information.

To receive this notice electronically, go to the Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) portal at BCBSIL.com and sign up.

**This section explains the RIGHTS you have regarding your PHI and our obligations regarding these rights.**  
You can exercise these rights by submitting a written request to us – the contact information is at the end of this notice.

<b>Right to request a copy of your PHI</b>	<ul style="list-style-type: none"><li>• You can request to see or get a copy of your PHI contained in a designated record set.</li><li>• We have 30 days to fulfill your request, however, we can receive an additional 30 days if needed. We can charge a reasonable, cost-based fee to cover the costs of fulfilling your request.</li><li>• We can deny your request in some situations. We will explain the reason for the denial in the response we send you and you have a right to have this decision reviewed.</li></ul>
<b>Right to request an amendment to your PHI</b>	<ul style="list-style-type: none"><li>• You can request an amendment to your PHI in a designated record if you believe it is incorrect or incomplete.</li><li>• We have 60 days to respond to your request, however, we can receive an additional 30-days if needed.</li><li>• We can deny your request, for example if we determine that your PHI is correct and complete or that we did not create the PHI. We will explain the reason for the denial in the response we send you and you have a right to submit a statement of disagreement.</li></ul>
<b>Right to request confidential communications</b>	<ul style="list-style-type: none"><li>• You can request that we contact you in a specific way or at an alternative address.</li><li>• We are required to accommodate reasonable requests, however, we do have the right to ask you for information about how your payment will be handled as well as specifics about your communication alternatives.</li></ul>
<b>Right to request that we limit what we can use or share</b>	<ul style="list-style-type: none"><li>• You can request that we do <b>not</b> share or use some of your PHI for purposes of treatment, payment, and our operations.</li><li>• You can also request that we do not share some of your PHI to family members or friends who may be involved in your care or for purposes of notification as described in this notice. The request must be specific and state the reason for the restriction and to whom you want the restriction to apply. We can deny your restriction request; however, we must honor your request if the release of your PHI is related to (1) payment or health care operations and is not otherwise required by law, and/or (2) a health care item or service which you paid for in full yourself.</li><li>• If we agree to the restriction request, we can't disclose your PHI unless the PHI needs to be disclosed for emergency treatment.</li></ul>

<p><b>Right to request a list of individuals or entities who received your PHI</b></p>	<ul style="list-style-type: none"> <li>You can request an accounting of disclosures which is a list of all the disclosures we made during the six years prior to your request date. The list will not contain all disclosures made for treatment, payment, health care operations as well as a couple of other situations (details about these situations are described later in the notice).</li> <li>You can request 1 accounting in any 12-month period - if you request additional ones in this time frame, we may charge a reasonable cost-based fee. We will notify you before charging you - you can then withdraw or modify your request to avoid a fee.</li> <li>We have 60 days to respond to your request; however, we have an additional 30 days if needed.</li> </ul>
<p><b>Right to request a copy of the Notice</b></p>	<ul style="list-style-type: none"> <li>You can request a paper copy of this notice at any time. To request a copy, submit your written request using the contact information at the end of this notice.</li> </ul>
<p><b>Right to choose someone to act for you</b></p>	<ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, this individual can act on your behalf and make choices for you.</li> <li>We will confirm that this individual has the right to act on your behalf before we release any of your PHI.</li> </ul>
<p><b>Right to file a complaint</b></p>	<ul style="list-style-type: none"> <li>You can file a complaint directly with us if you believe we have violated your privacy rights by using the contact information at the end of this notice.</li> <li>You can also file a complaint with the Secretary of U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775; or by visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a> or by sending a letter to them at: 200 Independence Ave., SW, Washington, D.C. 20201.</li> <li>We will not retaliate against you in any way for filing a complaint.</li> </ul>

**This section explains when we must receive your consent before sharing your PHI.**

<p><b>We can share your PHI for these purposes with your verbal or written consent.</b></p>	<ul style="list-style-type: none"> <li>You can identify a relative, close friend, or other person to help you with your care decisions; we will disclose limited PHI needed to that person to assist you. (If you are unable to give your consent and we determine in our professional judgement that it is in your best interest, we can use or disclose your PHI to assist in notifying a family member, personal representative or other person that can help you.)</li> <li>For our fundraising efforts.</li> </ul>
<p><b>We cannot use or disclose PHI for these purposes without your written consent.</b></p>	<ul style="list-style-type: none"> <li>To conduct marketing or for our financial benefit</li> <li>Release psychotherapy notes</li> </ul> <p>There may be other uses and disclosures of your PHI beyond those listed that may require your authorization if the use or disclosure is not permitted or required by law. You have the right to revoke your authorization, in writing at any time except to the extent that we have already used or disclosed your PHI based on that initial authorization.</p>

**This section describes the situations where we are permitted by federal laws to use or share your PHI.**  
 Although not exhaustive, it will give you a good idea of the types of routine uses and disclosures we make.

<p><b>Manage and support the health care you receive</b></p>	<ul style="list-style-type: none"> <li>We can use your PHI and share it with the health professionals who are treating you, for example, when your provider sends us information about your diagnosis and treatment plan so we can arrange for additional services.</li> </ul>
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| <b>Run our organization</b>         | <ul style="list-style-type: none"> <li>We can use and disclose your PHI to help us manage our business operations and fulfill our obligations to our customers and members, for example, we use PHI for enrollment, health care programs, activities related to the creation, renewal, or replacement of a health plan, and development of better high quality healthcare services. (We can't use genetic information to deny or refuse an individual health plan coverage).</li> </ul> |
| <b>Pay for your health services</b> | <ul style="list-style-type: none"> <li>We can use and disclose your health information to process your claims and pay your provider, for example, when we share information about you to coordinate benefits between your dental plan and our medical plan.</li> </ul>  |
| <b>Administer your plan</b>         | <ul style="list-style-type: none"> <li>We may disclose your health information to your health plan sponsor for plan administration purposes, for example, if your company contracts with us to provide their group health plan, we may need to provide them certain statistics to explain the premiums we charge.</li> </ul>  |

**The following are examples of when we are permitted to use or disclose your PHI without authorization and without your ability to object to its use or disclosure.**

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| <b>Public health activities</b>                               | <ul style="list-style-type: none"> <li>We are permitted to disclose PHI for public health purposes. This includes disclosures to a public health authority or other government agency that has the authority to collect and receive such information (e.g., the Food and Drug Administration).</li> </ul>   |
| <b>Health oversight activities</b>                            | <ul style="list-style-type: none"> <li>We can use or disclose your PHI to the extent that it is required by federal, state, or local laws for health oversight.</li> </ul>  |
| <b>Abuse, neglect, or serious threat to health or safety</b>  | <ul style="list-style-type: none"> <li>We can disclose PHI to a government agency or public health authority authorized by law to receive information about adults and children who are victims of abuse, neglect, or domestic violence.</li> <li>We also can disclose PHI, if in our professional opinion it is necessary to prevent a serious and imminent threat to the public health or safety; however, the PHI can only be disclosed to someone that we reasonably believe can prevent or lessen the threat.</li> </ul> |
| <b>Research Initiatives</b>                                   | <ul style="list-style-type: none"> <li>In certain situations, we are permitted to disclose a limited data set for research purposes.</li> </ul>   |
| <b>Required by the Secretary of Health and Human Services</b> | <ul style="list-style-type: none"> <li>We may be required to disclose PHI to the Secretary of Health and Human Services so that they can determine our compliance with the requirements of the final rule related to the Standards for Privacy of Individually Identifiable Health Information.</li> </ul>  |
| <b>Comply with the law</b>                                    | <ul style="list-style-type: none"> <li>In some situations, we may be required by applicable federal, state, or local law to disclose your PHI.</li> </ul>   |
| <b>Organ donors, coroners and funeral directors</b>           | <ul style="list-style-type: none"> <li>If you are an organ donor, we may disclose your PHI to an organ procurement organization if needed to facilitate organ donation or transplantation.</li> <li>We may disclose your PHI if it is needed by a medical examiner, coroner, or funeral director to perform legally authorized duties.</li> </ul>   |
| <b>Workers' Compensation</b>                                  | <ul style="list-style-type: none"> <li>We may be required to share PHI to comply with workers compensation laws and other similar programs.</li> </ul>  |

<b>Specialized Government Functions; National Security and Intelligence Activities</b>	<ul style="list-style-type: none"><li>• We may be asked to disclose PHI in certain situations such as determining eligibility for benefits offered by the Department of Veterans Affairs.</li><li>• We may also be required by law to disclose PHI to authorized federal officials for national security concerns, intelligence or counterintelligence activities, the protection of the President, and other authorized persons or foreign heads of state as may be required by law.</li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We may disclose your PHI in response to an administrative or court order but only if the disclosure is expressly authorized.</li><li>• We may also be required to disclose PHI to respond to a subpoena, discovery request, or other similar request.</li></ul>
<b>Law enforcement</b>	<ul style="list-style-type: none"><li>• We may disclose PHI, if the applicable legal requirements are met, to law enforcement for the purposes of responding to a crime.</li></ul>
<b>Inmates</b>	<ul style="list-style-type: none"><li>• We may use or disclose the PHI we created or received in the course of paying for the healthcare services of inmates in a correctional facility.</li></ul>
<b>Business Associates</b>	<ul style="list-style-type: none"><li>• We may disclose PHI to a Business Associate which is an entity or person that performs activities or services on our behalf that involve the use, disclosure, access, creation, or storage of PHI. We require a Business Associate to execute appropriate agreements before they initiate these activities or services.</li></ul>
<b>Additional Health information</b>	<ul style="list-style-type: none"><li>• Some federal or state laws include additional requirements for the use or disclosure of certain health condition related information. We follow the applicable requirements of these laws.</li></ul>

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**We also have the following responsibilities and legal obligations to:**

- Maintain the privacy and security of your PHI.
  - Notify you in the event you are affected by a breach of unsecured PHI.
  - Provide you a paper copy of this notice upon request.
  - Abide by the terms of this current notice.
  - Refrain from using or disclosing PHI in any manner not described in this notice unless you authorize us to do so in writing.
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## STATE PRIVACY NOTICE

*Effective 10/1/2022*

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Blue Cross and Blue Shield of Illinois (BCBSIL) collects nonpublic personal information about you from your insurance application, healthcare claims, payment information and consumer reporting agencies. BCBSIL will:

- **Not** disclose this information, even if your customer relationship with us ends, to any non-affiliated third parties except with your consent or as permitted by law.
- **Restrict** access to this information to only those employees who perform functions necessary to administer our business and provide services to our customers.
- **Maintain** security and privacy practices that include physical, technical, and administrative safeguards to protect this information from unauthorized access.
- **Use** this information for the sole purpose of administering your insurance plan, process you claims, ensure proper billing, provide you with customer service and comply with the law.
- **Only** share this information as required or permitted by law and if needed with the following third parties:
  - Company affiliates
  - Business partners that provide services on our behalf (i.e., claims management, marketing, clinical support)
  - Insurance brokers or agents, financial services firms, stop-loss carriers
  - Regulatory, governmental and law enforcement agencies
  - Your Employer Group Health plan.

You also have the right to ask what nonpublic financial information we have about you and to request a copy of it.

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### CHANGES TO THESE NOTICES

We reserve the right to change the privacy practices described in these notices and make the new practices apply to all the PHI we maintain about you. Should we make a change, we will post the revised notices on our website. You can always request a paper copy using the contact information below. Depending on the changes made to the Notice, we may be required by applicable law to mail you a copy.

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### CONTACT INFORMATION FOR THESE NOTICES

If you would like general information about your privacy rights or would like a copy of these notices, go to: <http://www.bcbsil.com/legal-and-privacy/privacy-notice-and-forms..> If you have any questions about this Notice or want to exercise a right described in the Notice, you can contact us by:

Calling: The toll-free number located on your member identification card or 1-877-361-7594.

Writing: Executive Director,  
Privacy Office  
Blue Cross and Blue Shield of Illinois  
P.O. Box 804836  
Chicago, IL 60680-4110

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**REVIEWED: August 2022**

Blue Cross Community MMAI (Medicare-Medicaid Plan) is provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

• Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35<sup>th</sup> floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

ATENCIÓN: Si habla español, los servicios de asistencia lingüística están a su disposición sin costo alguno para usted. Llame al 1-877-723-7702 (TTY: 7-1-1). Atención disponible los siete (7) días de la semana. El horario de atención por teléfono es de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del centro. Servicio de correo de voz disponible los fines de semana y los días feriados federales. Si deja un mensaje de voz, un representante de Atención al Asegurado le devolverá la llamada a más tardar el siguiente día hábil. La llamada es gratuita.

UWAGA: Osoby posługujące się językiem angielskim mogą bezpłatnie skorzystać z pomocy językowej. Prosimy zadzwonić do Działu Obsług Członków pod numer 1-877-723-7702 (TTY: 711). Jesteśmy dostępni siedem (7) dni w tygodniu. Nasza informacja telefoniczna jest czynna od poniedziałku do piątku, w godzinach od 8:00 a.m. do 8:00 p.m. czasu centralnego. W weekendy oraz święta federalne dostępna jest poczta głosowa. W przypadku pozostawienia takiej wiadomości przedstawiciel Działu Obsługi Członków skontaktuje się z Państwem najpóźniej następnego dnia roboczego. Połączenie jest bezpłatne.

注意：如果您說英語，則可以免費使用語言幫助服務。請致電會員服務部，電話：1-877-723-7702（聽障專線（TTY）：711）。我們的上班時間每週七（7）天。我們的服務中心開放時間為週一至週五，上午8點至晚上8點（中部時間）。在週末和聯邦假日，可以使用語音訊息。如果您使用語音留言，會員服務部代表將在不遲於下一個工作日回電給您。這是免付費專線。

주의: 영어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-723-7702(TTY: 711)번으로 회원 서비스 부서에 전화하십시오. 전화 서비스는 주 칠(7)일 이용이 가능합니다. 당사의 콜센터는 월요일 ~ 금요일 오전 8시 ~ 오후 8시(중부 표준시)까지 영업합니다. 주말 및 연방 공휴일에는 음성 메시지를 남기실 수 있습니다. 음성 메시지를 남기시면 회원 서비스 안내 직원이 다음 영업일 내로 답신 전화를 드릴 것입니다. 이 통화는 무료입니다.

PAUNAWA: Kung nagsasalita kayo ng wikang Ingles, mayroon kayong makukuhang mga libreng serbisyo para sa tulong sa wika. Tumawag sa Member Services sa 1-877-723-7702 (TTY: 711). Matatawagan kami pitong (7) araw bawat linggo. Bukas ang aming call center ng Lunes-Biyernes 8:00 a.m. – 8:00 p.m. Central time. Kapag weekend at Pederal na pista-opisyal, may voice messaging. Kapag nag-iwan ka ng voice message, tatawagan ka ng kinatawan ng Member Services nang hindi lalapas sa susunod na araw ng negosyo. Libre ang tawag.

انتباه: إذا كنت تتحدث اللغة الإنجليزية، فتتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل بقسم "خدمات الأعضاء" على الرقم 1-877-723-7702 (الهاتف النصي: 711). إننا نعمل سبعة (7) أيام في الأسبوع. مركز الاتصال متاح من الإثنين إلى الجمعة من الساعة 8 صباحًا إلى الساعة 8 مساءً بالتوقيت المركزي. في عطلات نهاية الأسبوع والعطلات الفيدرالية، تتوفر خدمة الرسائل الصوتية. إذا تركت رسالة صوتية، فسيرد ممثل خدمات الأعضاء على مكالمتك في موعد لا يتجاوز يوم العمل التالي. المكالمة مجانية.

ВНИМАНИЕ: Если вы говорите на русском языке, мы можем предоставить вам бесплатные услуги переводчика. Позвоните в отдел обслуживания участников по телефону: 1-877-723-7702 (TTY: 711). Мы работаем 7 (семь) дней в неделю. Наш колл-центр работает с понедельника по пятницу с 8:00 до 20:00 по центральному часовому поясу. По выходным и федеральным праздникам доступна запись голосовых сообщений. Если вы оставите голосовое сообщение, представитель отдела обслуживания участников перезвонит вам не позднее следующего рабочего дня. Звонок бесплатный.

توجه دیں: اگر آپ اردو بولتے ہیں تو، زبان سے متعلق امداد کی خدمات، مفت میں، آپ کے لیے دستیاب ہیں۔ پر ممبر سروسز کو کال کریں۔ ہم ہفتے میں سات (7) دن دستیاب ہیں۔ ہمارا کال سینٹر (TTY 711) 1-877-723-7702 پیر تا جمعہ سینٹرل ٹائم کے مطابق صبح 8:00 بجے سے شام 8:00 بجے تک کھلا رہتا ہے۔ اختتام ہفتہ اور وفاقی تعطیلات کے دن، صوتی پیغام رسانی دستیاب ہے۔ اگر آپ صوتی پیغام چھوڑتے ہیں، تو ممبر سروسز کا نمائندہ اگلے کاروباری دن سے پہلے آپ کو واپس کال کرے گا۔ یہ کال مفت ہے۔

LUU Ý: Nếu quý vị không nói Tiếng Anh, luôn có các dịch vụ hỗ trợ ngôn ngữ được cung cấp miễn phí cho quý vị. Hãy gọi cho Dịch vụ Hội viên theo số 1-877-723-7702 (TTY: 711). Chúng tôi làm việc bảy (7) ngày một tuần. Trung tâm chăm sóc của chúng tôi mở cửa từ Thứ Hai đến Thứ Sáu, 8 giờ sáng - 8 giờ tối theo giờ miền Trung. Vào các ngày cuối tuần và ngày lễ của Liên bang, sẽ có tính năng nhắn tin thoại. Nếu quý vị để lại tin nhắn thoại, nhân viên của bộ phận Dịch vụ Thành viên sẽ gọi lại cho quý vị không muộn hơn ngày làm việc tiếp theo. Cuộc gọi được miễn phí.

ATTENZIONE: se parla inglese, sono disponibili per Lei servizi gratuiti di assistenza linguistica. Chiami il Servizio per i membri al numero 1-877-723-7702 (TTY: 711). Siamo disponibili sette (7) giorni su sette. Il nostro centralino è aperto dal lunedì al venerdì dalle 8 alle 20 (fuso orario centrale degli Stati Uniti). Nei fine settimana e durante le festività federali, è disponibile un servizio di segreteria telefonica. Se lascia un messaggio vocale, un addetto del Servizio per i membri La ricontatterà entro il successivo giorno lavorativo. La chiamata è gratuita.

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आप के लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। सदस्य सेवाओं को 1-877-723-7702 (TTY: 711) पर कॉल करें। हम सप्ताह में सातों (7) दिन उपलब्ध हैं। हमारा कॉल सेंटर सोमवार-शुक्रवार सेंट्रल टाइम के अनुसार सुबह 8:00 बजे से शाम 8:00 बजे तक खुला रहता है। सप्ताहांतों और संघीय अवकाशों पर, वॉइस संदेश सेवा उपलब्ध है। यदि आप वॉइस संदेश छोड़ते हैं, तो सदस्य सेवाओं का एक प्रतिनिधि अगले व्यापार दिवस से पहले आपको वापस कॉल करेगा। यह कॉल नि:शुल्क है।



ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au 1-877-723-7702 (service TTY : 711). Nous sommes disponibles sept (7) jours sur sept. Notre centre d'appels est ouvert du lundi au vendredi de 8 h 00 à 20 h 00, heure du Centre. Un service de messagerie vocale est disponible les week-ends et jours fériés. Si vous laissez un message vocal, un représentant du Service adhérents vous rappellera au plus tard le jour ouvrable suivant. L'appel est gratuit.

ACHTUNG: Wenn Sie Englisch sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst an unter 1-877-723-7702 (TTY: 711). Wir sind rund um die Uhr sieben (7) Tage in der Woche für Sie da. Unser Call Center ist montags bis freitags von 8:00 – 20:00 Uhr Central Time geöffnet. An Wochenenden und gesetzlichen Feiertagen können Sprachnachrichten hinterlassen werden. Wenn Sie eine Sprachnachricht hinterlassen, werden Sie spätestens am nächsten Werktag von einem Mitarbeiter des Mitgliederdienstes zurückgerufen. Der Anruf ist kostenlos.

ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Manm nan 1-877-723-7702 (TTY: 711). Nou disponib sèt (7) jou sou sèt. Sant dapèl nou an louvri Lendi-Vandredi 8:00 a.m. – 8:00 p.m. Lè zòn santral. Nan wikenn ak jou ferye Federal, gen mesaj vwa disponib. Si w kite yon mesaj vwa, yon reprezantan Sèvis Manm ap retounen w apèl la oplita nan pwochen jou ouvrab la. Apèl la gratis.

お知らせ：日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。メンバーサービスまで1-877-723-7702（TTY：711）にお電話ください。週7日ご利用いただけます。コールセンターの営業時間は月～金曜日の午前8:00～午後8:00（米国中部時間）です。週末と連邦祝日には、音声メッセージサービスをご利用いただけます。音声メッセージを残していただければ、メンバーサービスの担当者が遅くても翌営業日に折り返しご連絡いたします。通話料は無料です。

ATENÇÃO: Se fala inglês, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Ligue para o Serviço de Apoio a Associados através do número 1-877-723-7702 (TTY: 711). Estamos disponíveis sete (7) dias por semana. A nossa central de atendimento está aberta de segunda a sexta-feira, das 8 h às 20 h, horário central dos E.U.A. Aos fins de semana e feriados federais, estão disponíveis mensagens de voz. Se deixar uma mensagem de voz, um representante do Serviço de Apoio a Associados irá devolver a sua chamada o mais tardar no dia útil seguinte. A chamada é gratuita.