



MEDICAL COVERAGE GUIDELINES  
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 06/20/17  
LAST REVIEW DATE: 09/04/18  
LAST CRITERIA REVISION DATE: 08/21/18  
ARCHIVE DATE:

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## TREATMENTS FOR GENDER DYSPHORIA

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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## **TREATMENTS FOR GENDER DYSPHORIA (cont.)**

### **Description:**

Gender dysphoria refers to the discomfort or distress caused by discrepancy between an individual's gender identity and the gender assigned at birth.

1. Treatments for gender dysphoria include:
  - Medical treatment
  - Hormone therapy(routes of administration include buccal tablets, intramuscular injections, oral medication, topical gel and topical patches)
  - Psychotherapy
  
2. Surgical procedures to change primary and secondary sex characteristics (i.e., breast/chest, genitalia). Surgery, particularly genital surgery, is often the last and the most considered step in the treatment process for gender dysphoria.

### **Female-to-Male (FTM) Surgical Procedures**

| <b>Breast/Chest Surgery</b>                                   | <b>Genital Surgery</b>                                       |
|---|--|
| Subcutaneous mastectomy                                       | Hysterectomy/salpingo-oophorectomy                           |
| Chest reconstruction in conjunction with bilateral mastectomy | Implantation of penile erection and/or testicular prostheses |
|   | Metoidioplasty or phalloplasty                               |
|   | Scrotoplasty   |
|   | Urethroplasty  |
|   | Vaginectomy  |

### **Male-to-Female (MTF) Surgical Procedures**

| <b>Breast/Chest Surgery</b>                     | <b>Genital Surgery</b> |
|---|------------------------|
| Augmentation mammoplasty (implants/lipofilling) | Clitoroplasty          |
|   | Orchiectomy            |
|   | Penectomy              |
|   | Urethroplasty          |
|   | Vaginoplasty           |
|   | Vulvoplasty            |



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## **TREATMENTS FOR GENDER DYSPHORIA (cont.)**

### **Description:** (cont.)

#### **Referral for Surgery:**

Surgical treatments for gender dysphoria are initiated by a referral (one or two, depending on the type of surgery) from a qualified mental health professional. The mental health professional provides documentation, in the chart and/or referral letter, of the individual's personal and treatment history, progress and eligibility.

Breast surgery requires one referral from a qualified mental health professional.

Genital surgery requires two referrals from qualified mental health professionals. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (e.g., if practicing within the same clinic) may be sent. Each referral letter, however, is expected to cover the same topics in the areas outlined below.

The recommended content of referral letters for surgery is as follows:

1. General identifying characteristics
2. Psychosocial assessment results, including diagnoses
3. Duration of the mental health professional's relationship with the individual, including the type of evaluation and therapy or counseling to date
4. Explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the surgery request
5. Statement that informed consent has been obtained from the individual seeking surgery
6. Statement that the mental health professional is available for coordination of care.

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## **TREATMENTS FOR GENDER DYSPHORIA (cont.)**

### **Definitions:**

#### **Cosmetic:**

Surgery, procedures or treatment and other services performed primarily to enhance or improve appearance, including *but not limited to*, those surgeries, procedures, treatments and other services performed in the absence of a functional impairment of a body part or organ as documented in the medical record, even if such services will improve emotional, psychological or mental condition.

Liposuction and lipofilling of the chest, waist, hips and buttocks are cosmetic contouring procedures to feminize or masculinize the body. FTM chest contouring produces a masculine V-shaped torso. MTF contouring produces feminine features such as a curvier waist and fuller hips and buttocks.

FTM facial masculinization procedures include *but are not limited to*: forehead lengthening and augmentation, chin, cheek and jaw augmentation, hair transplant, rhinoplasty/nasal augmentation and thyroid cartilage/Adam's Apple enhancement.

MTF facial feminization procedures include *but are not limited to*: brow lift, cheek implants/enhancement, chin and jaw contouring, forehead reduction/contouring, hairline advancement, lip augmentation, rhinoplasty and thyroid cartilage/Adam's Apple reduction.

#### **Gender Reassignment Surgery:**

Surgery to change primary and/or secondary sex characteristics to affirm an individual's gender identity. Sex or gender reassignment surgery can be an important part of medically necessary treatment to alleviate gender dysphoria. May also be known as gender or transgender transition surgery.

#### **Hormone Therapy for Adolescents:**

Endocrine Society Clinical Practice Guidelines for endocrine treatment of transsexual persons state that adolescents are eligible and ready for gonadotropin-releasing hormone (GnRH) therapy for suppression of puberty if they:

1. Fulfill DSM IV-TR or ICD-10 criteria for gender identity disorder (GID) or transsexualism
2. Have experienced puberty to at least Tanner stage 2
3. Have (early) pubertal changes that have resulted in an increase of their gender dysphoria
4. Do not suffer from psychiatric comorbidity that interferes with the diagnostic work-up or treatment
5. Have adequate psychological and social support during treatment
6. Demonstrate knowledge and understanding of the expected outcomes of GnRH analog treatment, cross-sex hormone treatment, and sex reassignment surgery, as well as the medical and the social risks and benefits of sex reassignment



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

### Definitions: (cont.)

#### Transgender:

Describes a diverse group of individuals who cross or transcend culturally-defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth.

#### Transition:

Transition is the period of time when individuals change from the gender role associated with their sex assigned at birth to a different gender role. Transition may or may not include feminization or masculinization of the body through hormones or other medical procedures. The nature and duration of transition are variable and individualized.

Suppression of puberty using hormone therapy is not considered transition.



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

### Criteria:

**COVERAGE FOR GENDER DYSPHORIA TREATMENT IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.**

**If benefit coverage for gender dysphoria treatment is available, requests for gender dysphoria treatment will be reviewed by the medical director(s) and/or clinical advisor(s).**

### Medical Treatment for Gender Dysphoria:

➤ **If benefit coverage for gender dysphoria treatment is available**, the following medical treatments are considered ***medically necessary***:

1. Female-to-male hormone therapy<sup>1</sup>
2. Male-to-female hormone therapy<sup>1</sup>
3. Psychotherapy

➤ **If benefit coverage for gender dysphoria treatment is available**, subcutaneous hormone pellet implants are considered ***experimental or investigational*** based upon:

1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
2. Insufficient evidence to support improvement of the net health outcome, and
3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

These indications include, *but are not limited to*:

- Female-to-male hormone therapy
- Male-to-female hormone therapy

➤ **If benefit coverage for gender dysphoria treatment is not available**, gender dysphoria medical treatment is considered ***a benefit plan exclusion*** and ***not eligible for coverage***.

<sup>1</sup> Includes buccal tablets, intramuscular injections, oral medication, topical gel and topical patches.



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

Criteria: (cont.)

Female-to-Male:

Surgical Procedures for Gender Dysphoria:

➤ **If benefit coverage for gender dysphoria treatment is available**, the following surgical procedures are considered ***eligible for coverage***:

1. Mastectomy with documentation of **ALL** of the following:
  - One referral from qualified mental health professional
  - Persistent, well-documented gender dysphoria
  - Capacity to make a fully informed decision and to give consent for treatment
  - Age of majority in a given country (if younger, follow the standards of care for children and adolescents)
  - If significant medical or mental health concerns are present, they must be reasonably well controlled

Hormone therapy is not a prerequisite.

2. Hysterectomy/salpingo-oophorectomy with documentation of **ALL** of the following:
  - Two referrals from qualified mental health professionals
  - Persistent, well documented gender dysphoria
  - Capacity to make a fully informed decision and to give consent for treatment
  - Age of majority in a given country
  - If significant medical or mental health concerns are present, they must be well controlled
  - 12 continuous months of hormone therapy as appropriate to the individual's gender goals (unless hormones are not clinically indicated for the individual)

These criteria do not apply to individuals having these surgical procedures for medical indications other than gender dysphoria.



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

Criteria: (cont.)

Female-to-Male: (cont.)

Surgical Procedures for Gender Dysphoria: (cont.)

➤ **If benefit coverage for gender dysphoria treatment is available**, the following surgical procedures are considered **eligible for coverage**: (cont.)

3. Scrotoplasty, implantation of penile erection and/or testicular prostheses, metoidioplasty or phalloplasty, urethroplasty and vaginectomy with documentation of **ALL** of the following:

- Two referrals from qualified mental health professionals
- Persistent, well documented gender dysphoria
- Capacity to make a fully informed decision and to consent for treatment
- Age of majority in a given country
- If significant medical or mental health concerns are present, they must be well controlled
- 12 continuous months of hormone therapy as appropriate to the individual's gender goals (unless hormones are not clinically indicated for the individual)
- 12 continuous months of living in a gender role that is congruent with their gender identity

Although not an explicit criterion, it is recommended that these individuals also have regular visits with a mental health or other medical professional.

➤ **If benefit coverage for gender dysphoria treatment is available**, all other surgical procedures are considered **cosmetic, not eligible for coverage** and **not medically necessary**. See page 10 for list of procedures.

➤ **If benefit coverage for gender dysphoria treatment is not available**, surgical procedures for gender dysphoria are considered **a benefit plan exclusion** and **not eligible for coverage**.





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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

Criteria: (cont.)

Female-to-Male: (cont.)

### Other Procedures for Gender Dysphoria:

- **If benefit coverage for gender dysphoria treatment is available, preoperative permanent removal of genital hair with electrolysis prior to a metoidioplasty, phalloplasty, scrotoplasty and urethroplasty is considered *eligible for coverage*.**
- **If benefit coverage for gender dysphoria treatment is available, postoperative permanent removal of genital hair with electrolysis following a metoidioplasty, phalloplasty, scrotoplasty and urethroplasty is considered *eligible for coverage* with documentation that postoperative genital hair is causing functional limitation or dysfunction.**
- **If benefit coverage for gender dysphoria treatment is available, permanent removal of genital hair with electrolysis for all other indications not previously listed or if above criteria not met is considered *cosmetic, not eligible for coverage* and *not medically necessary*. See page 10 for list of other hair procedures.**
- **If benefit coverage for gender dysphoria treatment is not available, permanent removal of genital hair with electrolysis is considered *a benefit plan exclusion* and *not eligible for coverage*.**



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

Criteria: (cont.)

Male-to-Female:

### Surgical Procedures for Gender Dysphoria:

➤ **If benefit coverage for gender dysphoria treatment is available**, the following surgical procedures are considered **eligible for coverage**:

1. Initial breast augmentation (implants/lipofilling) with documentation of **ALL** of the following:
  - One referral from qualified mental health professional
  - Persistent, well-documented gender dysphoria
  - Capacity to make a fully informed decision and to give consent for treatment
  - Age of majority in a given country (if younger, follow the SOC for children and adolescents)
  - If significant medical or mental health concerns are present, they must be reasonably well controlled

Although not an explicit criterion, feminizing hormone therapy (minimum 12 months) prior to breast augmentation surgery is recommended. The purpose is to maximize breast growth in order to obtain better surgical (aesthetic) results.

2. Orchiectomy and penectomy with documentation of **ALL** of the following:
  - Two referrals from qualified mental health professionals
  - Persistent, well documented gender dysphoria
  - Capacity to make a fully informed decision and to give consent for treatment
  - Age of majority in a given country
  - If significant medical or mental health concerns are present, they must be well controlled
  - 12 continuous months of hormone therapy as appropriate to the individual's gender goals (unless hormones are not clinically indicated for the individual)

The aim of hormone therapy prior to gonadectomy is primarily to introduce a period of reversible estrogen or testosterone suppression, prior to irreversible surgical intervention.

These criteria do not apply to individuals having these surgical procedures for medical indications other than gender dysphoria.



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

Criteria: (cont.)

Male-to-Female: (cont.)

Surgical Procedures for Gender Dysphoria: (cont.)

➤ **If benefit coverage for gender dysphoria treatment is available**, the following surgical procedures are considered **eligible for coverage**: (cont.)

3. Clitoroplasty, urethroplasty, vaginoplasty and vulvoplasty with documentation of **ALL** of the following:

- Two referrals from qualified mental health professionals
- Persistent, well documented gender dysphoria
- Capacity to make a fully informed decision and to consent for treatment
- Age of majority in a given country
- If significant medical or mental health concerns are present, they must be well controlled
- 12 continuous months of hormone therapy as appropriate to the individual's gender goals (unless hormones are not clinically indicated for the individual)
- 12 continuous months of living in a gender role that is congruent with their gender identity

Although not an explicit criterion, it is recommended that these individuals also have regular visits with a mental health or other medical professional.

➤ **If benefit coverage for gender dysphoria treatment is available**, all other surgical procedures are considered **cosmetic, not eligible for coverage** and **not medically necessary**. See page 10 for list of procedures.

➤ **If benefit coverage for gender dysphoria treatment is not available**, surgical procedures for gender dysphoria are considered **a benefit plan exclusion** and **not eligible for coverage**.

Other Procedures for Gender Dysphoria:

➤ **If benefit coverage for gender dysphoria treatment is available**, preoperative permanent removal of genital hair with electrolysis prior to a clitoroplasty, penectomy, urethroplasty, vaginoplasty and vulvoplasty is considered **eligible for coverage**.

➤ **If benefit coverage for gender dysphoria treatment is available**, postoperative permanent removal of genital hair with electrolysis following a clitoroplasty, penectomy, urethroplasty, vaginoplasty and is considered **eligible for coverage** with documentation that postoperative genital hair is causing functional limitation or dysfunction.

➤ **If benefit coverage for gender dysphoria treatment is not available**, permanent removal of genital hair with electrolysis is considered **a benefit plan exclusion** and **not eligible for coverage**.

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## **TREATMENTS FOR GENDER DYSPHORIA (cont.)**

**Criteria:** (cont.)

### **Cosmetic Surgical Procedures for Gender Dysphoria:**

- **If benefit coverage for gender dysphoria treatment is available**, the following procedures are considered ***cosmetic, not eligible for coverage*** and ***not medically necessary***.

These procedures include, *but are not limited to:*

1. Abdominoplasty
2. Blepharoplasty
3. Brow lift
4. Calf implants
5. Cheek/malar implants/enhancement
6. Chest contouring (lipofilling, liposuction)
7. Chin/nose augmentation (implants) and contouring
8. Collagen injections
9. Face lift
10. Forehead lengthening, augmentation and reduction/contouring
11. Facial feminization/masculinization surgery
12. Gluteal augmentation (implants/lipofilling)
13. Hair transplantation
14. Hairline advancement
15. Jaw augmentation and shortening/sculpturing/facial bone reduction
16. Lip reduction and augmentation/enhancement
17. Lipofilling
18. Liposuction
19. Mastopexy
20. Neck tightening
21. Nipple/areola reconstruction
22. Pectoral implants
23. Permanent removal of genital hair with electrolysis for all other indications not previously listed or if above criteria not met
24. Removal of non-genital hair (electrolysis, laser)
25. Removal of redundant skin
26. Repeat female-to-male genital surgical procedures
27. Repeat male-to-female breast augmentation (implants/lipofilling) or revisions to initial breast augmentation (implants/lipofilling)
28. Replacement of tissue expander with permanent prosthesis testicular insertion
29. Rhinoplasty
30. Skin resurfacing (e.g., dermabrasion, chemical peels)
31. Thyroid cartilage augmentation/enhancement and reduction/trachea shave
32. Voice modification surgery/laryngoplasty
33. Voice therapy/voice lessons



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

Criteria: (cont.)

Fertility/Infertility Services for Gender Dysphoria:

**COVERAGE FOR FERTILITY/INFERTILITY SERVICES FOR GENDER DYSPHORIC MEMBERS IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS UNDER SERVICES TO DIAGNOSE INFERTILITY AND/OR FERTILITY AND INFERTILITY SERVICES.**

**If benefit coverage for fertility/infertility services is available, requests for fertility/infertility services will be reviewed by the medical director(s) and/or clinical advisor(s).**

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Resources:

**Literature reviewed 09/04/18. We do not include marketing materials, poster boards and non-published literature in our review.**

1. Blue Cross Blue Shield of Arizona Benefit Plan Booklet.
2. The Endocrine Society. Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*. 07/02/2013.
3. The World Professional Association for Transgender Health (WPATH). Standards of Care for the Health of Transsexual, Transgender and Gender-Nonconforming People. 2012, Version 7.



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## TREATMENTS FOR GENDER DYSPHORIA (cont.)

### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ 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: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíłkídkgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíłkídkgo beehaz'áanii hółqo díí t'áa hazaadk'ehjí háká a'doowolgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíłnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

### Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

