

BlueVision Plus

A plan for healthy eyes, healthy lives

BlueVision Plus—the stand alone vision program

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueCross BlueShield and CareFirst BlueChoice, through the Davis Vision, Inc. national network of providers.

Healthy eyes are an important part of your overall health. Routine eye examinations not only keep your eyewear current; they can also detect high-risk health issues such as diabetes and glaucoma before symptoms occur. Whether you have 20/20 vision or 20/200 vision, you should have a routine eye examination on a regular basis to keep your eyes healthy.

That's why we are pleased to offer BlueVision Plus, giving you complete eye health as part of your medical plan. BlueVision Plus makes eye health easy, offering a large network of optometrists, ophthalmologists and opticians from which to choose.

To administer your group's vision benefits, CareFirst and CareFirst BlueChoice have selected Davis Vision, Inc.—one of the nation's leading managed vision and eye care providers.

How the plan works

How do I find a provider?

BlueVision Plus offers a national network consisting of optometrists, ophthalmologists and opticians. To find a provider, go to carefirst.com/pcgps and utilize the *Find a Doctor* feature or call Davis Vision at **800-783-5602** for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

How do I receive care from a network provider?

BlueVision Plus is as easy to use as it is effective. Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueCross BlueShield or CareFirst BlueChoice member and provide the doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

What if I go out-of-network?

Staying in-network gives you the best benefit, but BlueVision Plus does offer an out-of-network allowance schedule as well. In this case, you may see any provider you wish, but you will be responsible for all payments up-front. You will also be responsible for filing the claim with Davis Vision for reimbursement and paying any balances over the allowed benefit to the non-participating provider. You can find the claim form by going to carefirst.com/pcgps, locate *Plan Information*, then click on *Forms, Vision, Davis Vision*.

May I use my benefit at different times?

Of course there will be times when you choose not to select your eyeglasses at the same time you receive your examination. You may “split” your benefits by getting your examination and your eyewear at different times. You don't even need to go to the same provider, but your care will be most effective when you stay with the same provider. When bringing an outside prescription to any provider, please confirm in advance that the provider will fill an outside prescription.

Can I get contacts and eyeglasses in the same benefit period?

With BlueVision Plus, the benefit covers one pair of eyeglasses or a supply of contact lenses per benefit period. You are entitled to one pair of eyewear or a supply of contact lenses per benefit period.

Mail order replacement contact lenses

Free membership and access to a mail order replacement contact lens service, Lens 1-2-3[®], provides a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call **800-LENS-123 (800-536-7123)** or visit www.Lens123.com.

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Summary of benefits

In-Network	You Pay
EYE EXAMINATIONS	
Routine Eye Examination with dilation (per benefit period)	No copay
FRAMES (once per 24 month benefit period)	
Davis Vision Frame Collection	Fashion and designer frames from the Davis Vision Collection included – \$25 copay for premier level frames
Non-Collection Frame	Plan pays up to \$70, you pay balance minus 20% discount ³
SPECTACLE LENSES (once per 12 month benefit period)	
Basic Single Vision	\$10* or \$30 copay
Lenticular (post-cataract)	\$10* or \$30 copay
Basic Bifocal	\$10* or \$30 copay
Basic Trifocal	\$10* or \$30 copay
CONTACT LENSES (initial supply; once per 12 month benefit period in lieu of spectacle lenses)	
Davis Vision Contact Lens Collection**	No copay
Medically Necessary Contacts	No copay with prior approval
Other (Non-Collection) Contact Lenses	Plan pays up to \$105, you pay balance minus 15% ³ discount
CONTACT LENS EVALUATION, FITTING AND FOLLOW-UP CARE (once per 12 month benefit period)	
Davis Vision Collection, Standard Contact Lenses and Medically Necessary Contact Lenses	\$30 copay
Other (non-collection) contact lenses	15% discount
LENS OPTIONS¹ (add to spectacle lens prices above)	
Standard Progressive Lenses	\$50
Premium Progressive Lenses (Varilux®, etc.)	\$90
Polarized Lenses	\$75
High Index Lenses	\$55
Polycarbonate Lenses for children, monocular and high prescription	No copay
Polycarbonate Lenses for all other patients	\$30
Intermediate Vision Lenses	\$30
Scratch-Resistant Coating	No copay
Scratch Protection Plan	Single Vision \$20 Multifocal \$40
Standard Anti-Reflective Coating	\$35
Premium Glare Resistant Anti-Reflective Coating	\$48
Ultra Anti-Reflective Coating	\$60

In-Network	You Pay
Ultraviolet (UV) Coating	\$12
Tinting	No copay
Plastic Photosensitive Lenses	\$65
Oversized Lenses	No copay
CONTACT LENSES¹ (mail order)	
Lens 1-2-3® Mail Order Contact Lens Replacement Program	Up to 40% off Retail Prices
LASER VISION CORRECTION	
Laser Vision Correction ¹	Up to 25% off allowed amount or 5% off any advertised special ²

Out-of-Network	You Pay
Routine Eye Examination with dilation (per benefit period)	Plan pays \$40, you pay balance
Frames	Plan pays \$20, you pay balance
Single Lenses	Plan pays \$40, you pay balance
Bifocal Lenses	Plan pays \$60, you pay balance
Trifocal Lenses	Plan pays \$80, you pay balance
Lenticular (post-cataract) Eyeglass Lenses	Plan pays \$130, you pay balance
Medically Necessary Contacts	Plan pays \$230, you pay balance
Elective Contact Lenses	Plan pays \$105, you pay balance

¹ These services or supplies are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product.

² Please note that some providers have flat fees that are equivalent to these discounts.

³ Discounts not available at Walmart and Sam's Club.

Exclusions

The following services are excluded from coverage:

- Diagnostic services, except as listed in *What's Covered* under the Evidence of Coverage.
- Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
- Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
- Services or supplies not specifically approved by the Vision Care Designee where required in *What's Covered* under the Evidence of Coverage.
- Orthoptics, vision training and low vision aids.
- Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
- Non-prescription glasses, sunglasses or contact lenses.
- Vision Care services for cosmetic use.

Benefits issued under policy form numbers:

MD CFMI: CFMI/51+/GC (R. 7/10) • CFMI/EOC/D-V (R. 10/11) • CFMI/VISION DOCS (R. 10/11) • CFMI/VISION SOB (R. 10/11) • CFMI/ELIG/D-V (7/09) • and any amendments.

MD GHMS: MD/CF/GC (R. 7/10) • MD/CF/EOC/D-V (R. 10/11) • MD/CF/DOCS-V (R. 10/11) • MD/CF/SOB-V (R. 10/11) • MD/CF/ELIG (R. 1/08) • and any amendments.

Ridered: CFMI/VISION RIDER (10/11) • MD/BCOO/VISION (R. 10/11) • MD/CF/VISION (R. 10/11).

Need more information?
Call 800-783-5602.

*The \$10 copayment applies toward spectacle lenses when members receive services at an Eye Care Centers of America retail location such as Visionworks and Hour Eyes.

**The Davis Vision contact lens Collection offers a wide variety of covered-in-full contact lenses from today's top manufacturer's, including CooperVision® and Vistakon®, in both traditional and silicone hydrogel materials. The Collection is inclusive of disposable, planned replacement and select torics and multifocals. The Collection is updated regularly to reflect industry trends.

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid 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, please call 855-258-6518.

If you believe CareFirst 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 our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

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

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



Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yíì ní iwífún nípa isẹ̀ adójútòfò rẹ̀. Ó le ní àwọn déèti pátó o sì le ní láti gbé ìgbésẹ̀ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yíì àti irànlówó ní èdè rẹ̀ lófèfè. Àwọn omọ-egbé gbòdò pe nóm̀bà fòò̀nù tó wà lẹ̀yìn káàdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjìròrò tí tí a ó fì sọ̀ fún ọ̀ láti tẹ̀ 0. Nígbatí așojú kan bá dáhùn, sọ̀ èdè tí o fẹ̀ a ó sì sọ̀ ọ̀ pò mò ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawang ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsòò-wùdù (Bassa) Tò Dùù Cáo! Bǎ nìà kè bá nyo bě ké m̄ gbo kpá bó nì fùà-fúá-tīn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́èa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyo b́é m̄ dá fúùn-nòb̀à nìà dé waa I.D. káàò dεín nyε. Nyo t̀òò séín m̄ dá nòb̀à nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa kέε m̄ gbo ćé b́é m̄ kè nòb̀à m̀òà 0 kέε dyi pàd̀àn hwè. Ǿ j̀ú kè nyo d̀ò dyi m̄ g̀ǎ j̀ú̄n, po wuqu m̄ ḿ poε dyie, kè nyo d̀ò mu bó n̄īn b́é Ǿ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) (توجہ) یہ نوٹس آپ کے ارٹھیں س کوئی ج سے نچلے رقم علوم انتہر مشتمل ہے۔ اس ہیکلے دقاری غیوں و سیکٹیوں اور مکن ہے کہ آپکو مخصوص آخری تارے خوتیک کارروئی کن کی ضرورت پڑے آپ کے پاس یہ علوم ات صل ل کنے اور بیغی خرچہ کی بلینی زبان میں مدد صل ل کنے کا حق ہے۔ مہران کو بلینیشن اضی کارگی شتہر موج وفونن ہپر کال کنی چلے۔ سبھی فگر لوگ 855-258-6518 پر کلا کر سکتے ہیں اور 0 ٹیپلے کو کسے جلے تک نظر کیوں ای جنٹکے جواب فن پیریلنی طلبہ زبان بتھیں اور ہترجم سے مہوط ہو چلے گے۔

فارسی (Farsi) (توجہ) ظن اع یہ حاوی اط تعلی نیوارہ پوش شہیمی ش ما ملت. مکن لرت حاوی تارے خ ای مہمی س نتتک ایخ مقرر شدہ مخصی قلم کنید. شما از طریق بر خوردار مسیہ تا ظن اط عات و راق طلی رلبہ صورت رنگار بہ زبان خوتان دقت کنید. اعضا بلایا ش مارہ درج شدہ درپش تکارتشن اس طلی ش انت ماسیگی ند. سر طر فلر ادھ تونن با ش مارہ 855-258-6518 ماسیگی رند و ہنظر بلن ہتا از لہا خ اسیت شود عدد 0 فلش ار دق دبعد اپاسخ گی یتوس طیک ای اپراتور ہا، زبان موردی از رلقظ کھیتا بہ ہترجم مہوطہ وصل شود.

العربیة (Arabic) تنبیہ جتوي هذا خطر على علوم انتہش أنت غطت كالت أوفية، وتحتوي على تارے خ مہمہ، قیت ضا جالی یك اذ اجراء اتسج ول مواجی دن ہنہ م حدة ی حق لك ال حصول على ہذلل مس اعدو الم علوم انتہی غاب دونت حمل ألیشفة مین غی علی عضاء اتصال علی رقم ال ہنفل مذكور فی ظہر بطقت خی فال ہی فال خاص قہم یمکن ین اتصال عل طلرق م 855-258-6518 تظار خ لال محلتہ ضی وطلب فی ہلہض غط علی رقم 0. ہر ا ہجلا ا حطوك، اذ كلال غة لك یت ضا جالی التواصل لہا وسیت متوصل لك با حد اللہر جہال فوہن.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aaahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowoł t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánałta' éi kójj' dahóoolnih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áa níléjį́ áádóo éi bikéé'dóo naasbaąs bił adidiilchil. Áká'ánidaalwó'ígíí neidiitáągo, saad bee yániłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowoł.