

## Blue Shield of California Life & Health Insurance Company Vision Disclosure Form

This disclosure form is only a summary of your vision plan. The group policy which you can obtain from your employer should be consulted to determine the terms and conditions governing your coverage. The group policy is on file with your employer and a copy will be furnished upon request.

The Certificate of Insurance (COI) booklet describes the terms and conditions of coverage of your Blue Shield of California Life & Health Insurance Company vision plan. It is your right to review the COI prior to enrollment in the vision plan.

To obtain a copy of the COI, or if you have questions about the benefits of the plan, please contact the vision customer service department at 1-877-601-9083. The hearing impaired may contact customer service by calling the 1-877-735-2929.

Please read this disclosure form carefully and completely so that you understand which services are covered vision care services, and the limitations and exclusions that apply to the plan.

A Benefit Summary, summarizing key elements of your Blue Shield of California Life & Health Insurance Company vision plan, and other Blue Shield of California vision plans, is also being provided to assist you in comparing vision plans available to you.

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Your Blue Shield of California Life & Health Insurance Company's (Blue Shield Life) vision plan is administered by Medical Eye Services, Inc. (MESVision).

## **CHOICE OF PROVIDERS**

You may obtain services from a list of Participating Providers by contacting customer service at 1-877-601-9083 or via our website [www.blueshieldca.com](http://www.blueshieldca.com).

Participating Providers receive payment directly from the plan.

You may also obtain services from non-participating providers. If you use a non-participating provider, you will be required to pay the providers bill at the time of service. You can get reimbursed by obtaining a claim form from your employer or by logging on to [www.blueshieldca.com](http://www.blueshieldca.com).

## **PAYMENT OF BENEFITS**

A Participating Provider will submit a claim for covered services on-line to MESVision.com or by claim form. Participating Providers will accept Blue Shield Life's payment for covered services as payment in full except as noted in the Benefit Summary.

When covered services are provided by a non-participating provider, you or the non-participating provider must submit a Vision Service Report Form (claim form C-4669-61) which can be obtained from our website located at [www.blueshieldca.com](http://www.blueshieldca.com). This form must be completed in full and submitted with all related receipts to:

Blue Shield Life  
P.O. Box 25208  
Santa Ana, California  
92799-5208

Covered services provided by a non-participating provider are reimbursed up to the Allowed Amount under the Benefit Summary. Blue Shield Life will send payments directly to you and you are responsible for payment to the non-participating provider. You may assign

payment to the non-participating provider who then will receive payment directly from the VPA. You are responsible for the difference between the non-participating provider's charges and the Allowed Amount under the Benefit Summary, as well as any applicable copayment and charges for frames or lenses above the Allowed Amount.

Information regarding your benefits can be found by consulting your benefit information or by calling Blue Shield Life's customer service at 1-877-601-9083.

Providers do not receive financial incentives or bonuses from Blue Shield Life.

## **GRACE PERIOD**

After payment of the first Dues, the policyholder is entitled to a grace period of 31 days for the payment of any dues due. During this grace period, the policy will remain in force. However, the policyholder will be liable for payment of dues accruing during the period the policy continues in force.

## **PRINCIPAL BENEFITS AND COVERAGES**

Blue Shield Life will provide benefits for the following services:

1. One comprehensive eye examination in a 12 consecutive-month period.
2. One of the following in a 12 or 24 consecutive-month period.
  - a. One pair of eyeglasses including a pair of spectacle lenses and a frame, or
  - b. Elective Contact Lenses up to the benefit allowance (selected for cosmetic reasons or for convenience), or
  - c. one pair of non-elective (medically necessary) contact lenses following cataract surgery; or when contact lenses are the only means to correct visual acuity to 20/40 for keratoconus or 20/60 for

anisometropia; or for certain conditions of myopia (12 or more diopters), hyperopia (7 or more diopters) or astigmatism (over 3 diopters)

d. one pair of plano (non-prescription) sunglasses when the member who have had PRK, LASIK, or custom LASIK vision correction laser surgery. An eye exam by a Participating Provider or a note from the surgeon who performed the laser surgery is required to verify laser surgery.

3. With selected plan purchases, one contact lens evaluation (for one set of standard contact lenses) when provided as part of the annual comprehensive exam with up to two follow up fittings in a 12 consecutive-month period.
4. With selected plan purchases, additional elective contact lens materials allowance up to the benefit amount once in a 12 or 24 consecutive-month period.

## PRINCIPAL EXCLUSIONS

Blue Shield Life does not cover services or materials in connection with:

1. Orthoptics or vision training, subnormal vision aids or non-prescription lenses for glasses;
2. replacement or repair of lost or broken lenses or frames;
3. any eye examination required by an employer as a condition of employment;
4. medical or surgical treatment of the eyes;
5. contact lenses, except as specifically stated in the benefit summary; or
6. services for or incident to any injury arising out of, or in the course of any employment for salary, wage or profit if such injury or disease is covered by workers' compensation law, occupational disease law or similar legislation.

## TERMINATION OF BENEFITS

Your coverage will terminate on the earliest of:

1. the date the policy is terminated;
2. the last day of the Insurance Month in which you request termination;
3. the last day of the last month for which premiums are paid on your behalf;
4. the date you cease to be in a class of employees which is eligible for coverage under the policy;
5. with respect to any particular benefit, the date that portion of the policy providing such benefit terminates;
6. the date on which your employment or membership, (as applicable) with the group policyholder terminates; or
7. the date you enter the armed services of any state or country on active duty; except for duty of 30 days or less for training in the reserves or national guard.

Ceasing active work is deemed termination of employment and results in termination of coverage; except as follows:

1. If you are disabled due to illness or injury, then coverage may be continued during the disability for up to 12 months; provided premium payments are made on your behalf.
2. If active work ceases due to a temporary lay off, an approved leave of absence, or a military leave, then coverage may be continued after the lay off or leave began (provided premium payments are being made on your behalf).

## UTILIZATION REVIEW

State law requires that vision plans disclose to members and health plan providers the process used to authorize or deny health care services under the plan.

Blue Shield Life has documented this process ("utilization review"), as required

under Section 1363.5 of the California Health and Safety Code.

To request a copy of the document describing this utilization review process, call the vision customer service department at 1-877-601-9083.

## **CLAIMS REVIEW**

Blue Shield Life reserves the right to review all claims to determine whether any exclusions or limitations apply.

Blue Shield Life may use the services of physician consultants, peer review committees or professional societies and other consultants to evaluate claims.

## **RENEWAL PROVISIONS**

The group policy is issued for a one year period.

## **MONTHLY PREMIUMS**

The monthly premiums for you and your dependents are indicated in your employer's group policy. Check with your employer regarding the share you may be required to pay. The initial premiums are payable on the effective date of this vision plan, and subsequent dues are payable on the same date of each succeeding month.

All premiums required for coverage for you and your dependents will be handled through your employer and must be paid to Blue Shield Life.

The premiums of this plan are subject to change following at least 60 days written notice by Blue Shield Life to your employer.

## **OTHER CHARGES**

### **Copayments, Benefit Levels and Maximums**

Certain benefits of this vision plan require the application of copayments and charges in excess of benefit maximums and/or may be subject to maximum payments. Please refer to the Benefit Summary to find information regarding

the maximums that are applicable to the plan.

## **PLAN CHANGES**

The benefits of this plan are subject to change following at least 60 days' written notice by Blue Shield Life to your employer.

## **Declining Coverage**

Please examine your options carefully before declining this coverage. You should be aware that companies selling individual health insurance typically require review of your medical history that could result in higher premium or you could be denied coverage entirely.

## **Continuation of Coverage: COBRA**

If your employment with your current employer ends, you and your covered dependents may qualify for continued group coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985. Please refer to the COI for information regarding your eligibility for COBRA.

## **Small Employer Cal-COBRA Coverage**

State law provides that members who enroll in a group plan and later lose eligibility may be entitled to continuation of group coverage. Please refer to the COI for information regarding your eligibility for Cal-COBRA.

## **GRIEVANCE PROCESS**

Blue Shield Life has established a grievance procedure for receiving, resolving, and tracking members' grievances.

The insured, a designated representative, or a provider on behalf of the insured, may contact the customer service department by telephone, letter, or online to request a review of an initial determination concerning a claim or

service. An insured may contact Blue Shield Life at 1-877-601-9083. The hearing impaired may contact customer service by calling the 1-877-735-2929. If the telephone inquiry to customer service does not resolve the question or issue to the insured's satisfaction, the insured may request a grievance at that time, which the customer service representative will initiate on the person's behalf.

Blue Shield Life will acknowledge receipt of a grievance within 5 calendar days. Grievances are resolved within 30 days. The grievance system allows insureds to file grievances within 180 days following any incident or action that is the subject of the insured's dissatisfaction.

## **External Independent Medical Review**

If your grievance involves a claim for services for which coverage was denied by Blue Shield Life or by a contracting provider in whole or in part on the grounds that the service is not medically necessary, you may choose to make a request to the Department of Insurance to have the matter submitted to an independent agency for external review in accordance with California law. You normally must first submit a grievance to Blue Shield Life and wait for at least 30 days before you request external review; however, if your matter would qualify for an expedited decision, you may immediately request an external review following receipt of notice of denial. You may initiate this review by completing an application for external review, a copy of which can be obtained by contacting customer service. The Department of Insurance will review the application and, if the request qualifies for external review, will select an external review agency and have your records submitted to a qualified specialist for an independent determination of whether the care is medically necessary. You may choose to submit additional records to the external review agency for review. There is no cost to you for this external review. You and your physician will

receive copies of the opinions of the external review agency. The decision of the external review agency is binding on Blue Shield Life; if the external reviewer determines that the service is medically necessary, Blue Shield Life will promptly arrange for the service to be provided or the claim in dispute to be paid. This external review process is in addition to any other procedures or remedies available to you and is completely voluntary on your part; you are not obligated to request external review. For more information regarding the external review process, or to request an application form, please contact customer service.

## **California Department Of Insurance Review**

The California Department of Insurance is responsible for regulating health insurance. The Department's Consumer Communications Bureau has a toll-free number 1-800-927-HELP (4357) or TDD 1-800-482-4833 to receive complaints regarding health insurance from either the insured or his or her provider. If you have a complaint against your insurer, you should contact the insurer first and use their grievance process. If you need the Department's help with a complaint or grievance that has not been satisfactorily resolved by the insurer, you may call the Department's toll-free telephone number from 8am – 6pm, Monday – Friday (excluding holidays). You may also submit a complaint via the website

<http://interactive.web.insurance.ca.gov/contactCSD/ContactUs.jsp> or in writing to:

California Department of Insurance  
Consumer Communications Bureau  
300 S. Spring Street, South Tower  
Los Angeles, CA 90013

## CONFIDENTIALITY OF PERSONAL AND HEALTH INFORMATION

Blue Shield Life is committed to protecting your personal and health information in each of the settings in which such information is received or exchanged.

When you complete an application for coverage, your signature authorizes Blue Shield Life to collect personal and health information that includes both your medical information and individually identifiable information about you such as your address, telephone number, or other individual information. If you become a Blue Shield Life member, this general consent allows Blue Shield Life to communicate with your physicians and other providers regarding treatment and payment decisions.

Blue Shield Life also participates in quality measurement activities that may require us to access your personal and health information. We have policies to protect this information from inappropriate disclosure and we release this information only if aggregated or encoded. We will not disclose, sell, or otherwise use your personal and health information unless permitted by law and to the extent necessary to administer the health plan. We will obtain written authorization from you to use your personal and health information for any other purpose. For any of our prospective or current members unable to give consent, we have a policy in place to protect your rights and that permits your legally authorized representative to give consent on your behalf. Blue Shield Life also will not release your personal and health information to your employer without your specific authorization, unless such release is permitted by law.

Through its contracts with providers, Blue Shield Life has policies in place to allow you to inspect your medical records maintained by your provider and, when needed, to include a written statement from you. You also have the right to

review personal and health information that may be maintained by Blue Shield Life.

If you are a prospective, current, or former member and need more detailed information about Blue Shield Life's Corporate Confidentiality policy, it is available on Blue Shield Life's Web site at [www.blueshieldca.com](http://www.blueshieldca.com) or by calling customer service.

A STATEMENT DESCRIBING BLUE SHIELD LIFE'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

## DEFINITIONS

Whenever any of the following terms are capitalized in this vision plan, they will have the meaning below:

**Allowable Amount** – the contracted VPA allowance for the service (or services) rendered, as shown in the "Summary of Benefits", is such amount as the Participating Provider and the contracted VPA have agreed will be accepted as payment for the service(s) rendered.

**Benefit Summary** – Defined as a document that summarizes vision plan(s) available to you, including a description of covered benefits under each vision plan(s).

**MESVision** – Medical Eye Services, Inc. (MESVision) makes available a contracted network of Participating Providers and administers claims on Blue Shield Life's behalf for eyewear and eye exams covered under this vision plan. The MESVision address is: P.O. Box 25208, Santa Ana, California 92799-5208, telephone number: (714) 619-4660 or (800) 877-6372.

**Participating Provider** – a licensed ophthalmologist, optometrist, or optician who has certified his willingness to accept

Blue Shield Life's terms and conditions and compensations as payment in full for covered services.



# Blue Shield of California Life & Health Insurance Company

## Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

### Discrimination is against the law

Blue Shield of California Life & Health Insurance Company complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California Life & Health Insurance Company does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield Life:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (including large print, audio, accessible electronic formats, and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

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

If you believe that Blue Shield Life has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

**Blue Shield of California Life & Health Insurance  
Company Civil Rights Coordinator**  
P.O. Box 629007  
El Dorado Hills, CA 95762-9007  
**Phone: (844) 831-4133 (TTY: 711)**  
**Fax: (844) 696-6070**  
**Email: BlueShieldCivilRightsCoordinator@  
blueshieldca.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You may also contact the California Department of Insurance if you believe that Blue Shield of California Life & Health Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. You can file a grievance with:

California Department of Insurance  
Consumer Communications Bureau  
300 S. Spring Street, South Tower  
Los Angeles, CA 90013

Phone: 1-800-927-HELP (4357) or TDD 1-800-482-4833

Complaint forms are available at

**[www.insurance.ca.gov/01-consumers/101-help](http://www.insurance.ca.gov/01-consumers/101-help)**

If you believe that you have not been provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, 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

(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at

**[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)**.

# Notice of the Availability of Language Assistance Services

## Blue Shield of California Life & Health Insurance Company

**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 1-866-346-7198. 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 1-866-346-7198. 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。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-866-346-7198 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. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số 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 1-866-346-7198. 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: 1-866-346-7198번으로 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 1-866-346-7198. 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 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի 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 1-866-346-7198. 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1-866-346-7198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 مجانی مربوط به زبان.** میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و یا این شماره 1-866-346-7198 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 ਦੁਬਾਰੀਏ 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 1-866-346-7198 'ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫੋਨ ਕਰੋ। Punjabi

**សេវាកម្មភាសាភាគីតិចថ្លៃ** អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-346-7198 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

**خدمات ترجمة بدون تكلفة.** يمكنك الحصول علي مترجم و قراءة الوثائق لك باللغة العربية. للحصول علي المساعدة، اتصل علي الرقم المبين علي بطاقة عضويتك أو علي الرقم 1-866-346-7198. للحصول علي المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا علي 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 1-866-346-7198. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

บริการทางภาษาอย่างไม่เสียค่าใช้จ่าย คุณสามารถรับบริการจากล่าม รวมถึงให้เจ้าหน้าที่อ่านเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขที่ระบุอยู่ด้านหลังบัตรประจำตัวของคุณ หรือ ที่หมายเลข 1-866-346-7198 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรมาที่ กรมการประกันภัยแห่งมลรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 Thai

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया की सेवा प्राप्त कर सकते हैं। आप दस्तावेजों को पढ़वा के सुन सकते हैं और कुछ को अपनी भाषा में स्वयं को भिजवा सकते हैं। सहायता के लिए, अपने ID कार्ड पर दिए गए नंबर पर, या 1-866-346-7198 पर हमें फ़ोन करें। अधिक सहायता के लिए कैलीफोर्निया बीमा विभाग (CA Dept. of Insurance) को 1-800-927-4357 पर फ़ोन करें। Hindi

**Doo bááh ílínígó saad bee yát'i' bee aná'áwo'.** Díí shá ata'halne'dooígí hólóq̄doo nínízingo éí bííghah. Naaltsoos naanináhájeehígí shich'í' yíidooltah éí doodagó ía' shich'í' ádoolnííł nínízingo bííghah. Shíká a'doowoł nínízingo nihich'í' béesh bee hodiílnih dóo námbóo éí díí ninaaltsoos dootł'ízhígí bee néího'díłzinígí bine'dée' bikáá' éí doodagó éí (866)346-7198jí' hodiílnih. Hózhó shíká anáá'doowoł nínízingo éí díí béeso ách'áah naa'nil bił haz'áají' 1-800-927-4357jí' hodiílnih. Navajo

**ບໍລິການແປພາສາໂດຍບໍ່ເສຍຄ່າ.** ທ່ານສາມາດຂໍເອົາຜູ້ແປພາສາໄດ້. ທ່ານສາມາດຂໍໃຫ້ອ່ານເອກະສານໃຫ້ທ່ານຟັງ ແລະ ສົ່ງເອກະສານບາງຢ່າງທີ່ເປັນພາສາຂອງທ່ານ. ສໍາລັບຄວາມຊ່ວຍເຫຼືອ, ໃຫ້ໂທຫາພວກເຮົາຕາມເບີໂທລະສັບທີ່ມີໃນບັດປະຈໍາຕົວຂອງທ່ານ ຫຼື ໂທຫາເບີ1-866-346-7198. ສໍາລັບຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມໂທຫາ ພະແນກ ປະກັນໄພຂອງລັດຄາລິຟໍເນຍໄດ້ທີ່ເບີ1-800-927-4357. Laotian