

# Disclosure

**Active Choice<sup>®</sup> Plan Disclosure Form**

Blue Shield of California Life & Health  
Insurance Company

(Available to groups of 101 and above)

**Blue Shield Life Disclosure Form:  
Active Choice<sup>®</sup> Plan**

This Disclosure Form is only a summary of the plan. You have the right to review the Group Policy, which you can obtain from your Employer upon request, to determine the terms and conditions governing your coverage.

The Certificate of Insurance (COI) contains the terms and conditions of coverage of your Blue Shield Life plan. It is your right to view the COI prior to enrollment in the plan. After you enroll, you will automatically receive a Certificate of Insurance (COI) booklet. You should refer to the COI for detailed information on your plan.

Please read the Disclosure Form and the COI carefully and completely so that you understand which services are covered, and the limitations and exclusions that apply to the plan. If you or your dependents have special health care needs, you should read carefully those sections of the COI that apply to those needs.

To obtain a copy of the COI or if you have questions about the benefits of the plan, please contact Blue Shield Life's Member Services at 1-888-256-1915. The hearing impaired may contact Member Services by calling the TTY number at 711.

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## How the Active Choice Plan Works

The Active Choice Plan provides reimbursement for covered Services in two ways:

### 1. First Dollar 100% Services -

For First Dollar 100% Services, you do not have to satisfy a Deductible before benefits are provided.

First Dollar 100% Services coverage gives an individual or family a set amount of money each calendar year to use for preventive care Services and other outpatient professional Services as described in the Certificate. After First Dollar 100% coverage is exhausted, the Insured pays all charges for these covered Services until the calendar year Copayment Maximum is reached.

The First Dollar 100% Services amount is indicated on the Summary of Benefits, which is included as part of this Disclosure Form.

### 2. All Other Services –

Services other than First Dollar 100% Services, such as inpatient care and outpatient surgery, may be subject to a Deductible, and require the Insured to pay a Copayment or Coinsurance as described in the Certificate, until the calendar year Copayment Maximum is reached.

For Active Choice Plans with a Deductible on All Other Services, the Deductible amount accrues to the Copayment Maximum.

Once the calendar year Copayment Maximum is reached, the Plan covers 100% of the Allowable Amount for *most* subsequent Services.

At the end of each calendar year, any unused portions of the First Dollar 100% Services amount may be carried over as long as the Insured stays on the same Plan with the same employer.

Please refer to the Certificate for detailed information about First Dollar 100% Services coverage.

## Choice of Physicians and Providers

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

The Blue Shield Life Active Choice Plan allows Insureds a choice when accessing licensed Physicians and providers. However, the Active Choice Plan is specifically designed for Insureds to use Blue Shield Life's Participating Providers. Participating Providers include certain Physicians, Hospitals, and Alternate Care Services Providers. Insureds may locate a Participating Provider by accessing Blue Shield Life's Web site located at <http://www.blueshieldca.com>, and selecting "Find a Provider".

The California Department of Insurance has regulations that establish access standards for a plan's provider network in California. For purposes of these provider network access standards, the service area for this Plan is the State of California.

## Mental Health, and Substance Use Disorder Services

Blue Shield Life has contracted with a Mental Health Service Administrator (MHSA) to underwrite and deliver covered Mental Health and Substance Use Disorder Services through a unique network of MHSA Participating Providers.

MHSA Participating Providers are only those Providers who participate in the MHSA network and have contracted with the MHSA to provide Mental Health and Substance Use Disorder Services to Insureds. A Blue Shield Life Participating Provider may not be an MHSA Participating Provider. It is the Insured's responsibility to ensure that the Provider selected for Mental Health and Substance Use Disorder Services is an MHSA Participating Provider.

If Insureds receive services at a facility that is an MHSA Participating Provider, MHSA's payment for Mental Health and Substance Use Disorder Services provided by a health professional at the MHSA Participating Provider facility will be paid at the MHSA Participating Provider level of Benefits, whether the health professional is an MHSA Participating Provider or MHSA Non-Participating Provider.

Prior authorization is required for all non-emergency Mental Health and Substance Use Disorder hospital admissions and Other Outpatient Mental Health and Substance Use Disorder Services. Blue Shield Life or the MHSA will render a decision on all requests for prior authorization within 5 business days from receipt of the request. The treating provider will be notified of the decision within 24 hours followed by written notice to the provider and subscriber within 2 business days of the decision. For urgent services in situations in which the routine decision making process might seriously jeopardize the life or health of a person or when the person is experiencing severe pain, Blue Shield Life will respond as soon as possible to accommodate the person's condition not to exceed 72 hours from receipt of the request.

### **Liability of Subscriber or Insured for Payment**

Blue Shield Life Participating Providers agree to accept Blue Shield Life's payment as payment-in-full for Covered Services, except for the Deductibles, Copayments and Coinsurance, and amounts in excess of specified benefit maximums, or as provided under the Exception for Other Coverage and Reductions – Third Party Liability sections in the COI. This is not true of Non-Participating Providers.

If Emergency care is needed in a Hospital that is not a Participating Provider, payment will be made at the Hospital's billed charge for Covered Services less any applicable Deductible or Copayment.

### **Reimbursement Provisions**

Participating Providers are usually paid directly by Blue Shield Life. Insureds are not liable to

these providers for any amounts payable by Blue Shield Life for Covered Services.

Insureds are paid directly by Blue Shield Life if services are rendered by a Non- Participating Provider.

You should use a Blue Shield Life Insured's Statement of Claim form in order to receive reimbursement. To receive a claim form, written notice of a claim must be given to Blue Shield Life within 20 days of the date of Service, or if this is not possible, Blue Shield Life must be notified as soon as it is reasonably possible to do so. When Blue Shield Life receives a Notice of Claim, Blue Shield Life will send you an Insured's Statement of Claim form for filing a proof of claim. Blue Shield Life must receive written proof of claim no later than 90 days after the date of service for which claim is being made from a contracted professional provider and no later than 180 days for claims from non-contracted professional providers. If Blue Shield Life is not the primary payor under coordination of benefits, claims must be received within 90 days from the date of payment or date of contest, denial or notice from the primary payor. Blue Shield Life will notify you of its determination within 30 days after receipt of the claim.

Blue Shield Life contracts with Hospitals and Physicians to provide services to Insureds for specified rates. This contractual arrangement may include incentives to manage all services provided to Insureds in an appropriate manner consistent with the Policy.

### **Facilities**

To locate a Blue Shield Life provider, Insureds may access Blue Shield Life's Web site at <http://www.blueshieldca.com> or by calling 1-888-256-1915.

### **Continuity of Care**

Continuity of care with a Non-Participating Provider is available for the following Insureds: for Insureds who are currently seeing a Participating Provider who becomes a Non-Participating Provider; for Members who are currently seeing an MHSA Participating Provider who becomes an MHSA Non-

Participating Provider; or for newly-covered Insureds whose previous health plan was withdrawn from the market.

Insureds who meet the eligibility requirements listed above may request continuity of care if they are being treated for acute conditions, serious chronic conditions, pregnancies (including immediate postpartum care), maternal mental health conditions, or terminal illness. Continuity of care may also be requested for children who are up to 36 months old, or for Insureds who have received authorization from a now-terminated provider for surgery or another procedure as part of a documented course of treatment.

To request continuity of care, visit [www.blueshieldca.com](http://www.blueshieldca.com) and fill out the Continuity of Care Application. Blue Shield Life will review the request. The Non-Participating Provider must agree to accept Blue Shield Life's Allowable Amount as payment in full for ongoing care. When authorized, the Insured may continue to see the Non-Participating Provider for up to 12 months at the Participating Provider rate. For a maternal mental health condition, the Insured may continue to see the Non-Participating Provider for 12 months after the condition's diagnosis or 12 months after the end of the pregnancy, whichever is later.

### **Services for Emergency Care**

Benefits will be provided anywhere in the world for the treatment of an Emergency Medical Condition. Blue Shield has a variety of relationships with other Blue Cross and/or Blue Shield Licensees. Generally, these relationships are called Inter-Plan Arrangements. Covered Services received outside of California may be processed through an Inter-Plan Arrangement such as the BlueCard® or Blue Shield Global Core program. For information on these programs, see the Inter-Plan Arrangements section of the COI.

1. An Insured who reasonably believes that he or she has an Emergency Medical Condition or mental health condition that requires an emergency response is encouraged to appropriately use the "911" emergency

response system (where available) or seek immediate care from the nearest Hospital.

2. Medically Necessary emergency care is covered at the Participating Provider level. The Insured is only responsible for the applicable Deductible, Copayment or Coinsurance as shown in the Summary of Benefits, and is not responsible for any Allowable Amount Blue Shield Life is obligated to pay.
3. An Insured should notify Blue Shield Life (or the MHSA in the case of mental health Services) within 24 hours of receiving emergency Services or as soon as it is reasonably possible following medical stabilization. The services will be reviewed retrospectively by Blue Shield Life to determine whether the services were for an Emergency Medical Condition.
4. If the Insured reasonably should have known that an Emergency Medical Condition did not exist, the services will be covered at the applicable Participating or Non- Participating Provider level of Benefits.

For urgent care, an Insured should call his or her regular doctor or the MHSA.

### **Utilization Management**

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

Blue Shield Life has documentation of this process, as required under Section 10123.135 of the California Insurance Code. The document describing Blue Shield Life's Utilization Management Program is available online at [www.blueshieldca.com](http://www.blueshieldca.com) or Insureds may call the Customer Service Department to request a copy.

### **Principal Benefits and Coverages**

The Benefits of this health plan, including acute and subacute care, are provided only for services that are Medically Necessary, and only if an Insured follows the requirements of Blue Shield Life's Benefits Management Program as described in the COI.

Please refer to the Summary of Benefits and or COI for more detailed information on the benefits and coverages included in the health plan.

## **Principal Exclusions and Limitations on Benefits**

### **General Exclusions**

Blue Shield Life does not provide benefits for the following:

1. Home services, hospitalization or confinement in a health facility primarily for rest, Custodial, Maintenance, or domiciliary care, except as provided under the Hospice Program Benefits section of the COI;
2. Services performed in a hospital by house officers, residents, interns, and other professionals in training without the supervision of an attending physician in association with an accredited clinical education program;
3. Services performed by a close relative or by a person who ordinarily resides in the Insured's home;
4. Hearing aid instruments, examinations for the appropriate type of hearing aid, device checks, electroacoustic evaluations for hearing aids and other ancillary equipment;
5. Eye exams and refractions, lenses and frames for eyeglasses, contact lenses, except as specifically listed in the COI, and video-assisted visual aids or video magnification equipment for any purpose;
6. Any type of communicator, voice enhancer, voice prosthesis, electronic voice producing machine, or any other language assistive devices, except as specifically listed in the COI;
7. Routine physical examinations, immunizations and vaccinations by any mode of administration solely for the purpose of travel, licensure, employment, insurance, court order, parole, or probation. This exclusion shall not apply to services deemed Medically Necessary treatment of a mental health or substance use disorder ;
8. Drugs, medicines, supplements, tests, vaccines, devices, radioactive materials and any other services which cannot be lawfully marketed without approval of the U.S. Food and Drug Administration (the FDA) except as otherwise stated; however, drugs and medicines which have received FDA approval for marketing for one or more uses will not be denied on the basis that they are being prescribed for an off-label use if the conditions set forth in the California Health and Safety Code Section 1367.21 have been met;
9. For or incident to vocational, educational, recreational, art, dance, music, or reading therapy; weight control programs; exercise programs; or nutritional counseling except as specifically provided for under Diabetes Care Benefits or Preventive Health Services. This exclusion shall not apply to services deemed Medically Necessary treatment of a mental health or substance use disorder;
10. Sexual dysfunctions and sexual inadequacies, except as provided for treatment of organically based conditions;
11. Any services related to assisted reproductive technology (including associated services such as radiology, laboratory, medications, and procedures), including but not limited to the harvesting or stimulation of the human ovum, in vitro fertilization, Gamete Intrafallopian Transfer (GIFT) procedure, Zygote Intrafallopian Transfer (ZIFT), Intracytoplasmic sperm Injection (ICSI), pre-implantation genetic screening, donor services or procurement and storage of donor embryos, oocytes, ovarian tissue, or sperm, any type of artificial insemination , services or medications to treat low sperm count, or services incident to or resulting from procedures for a surrogate mother who is otherwise not eligible for covered Pregnancy and Maternity Care Benefits under a Blue Shield Life health plan, or services incident to reversal of surgical sterilization, except for Medically Necessary treatment of medical complications of the reversal procedure;

12. Routine foot care items and services that are not Medically Necessary, including callus, corn paring or excision, and toenail trimming, except as may be provided under the Hospice Program Benefits section of the COI; over-the-counter shoe inserts or arch supports; or any type of massage procedure on the foot;
13. Services which are experimental or investigational in nature, except for services for Insureds who have been accepted into an approved clinical trial for treatment of cancer or life-threatening disease or condition as listed in the COI;
14. Learning disabilities or behavioral problems or social skills/therapy, or for testing for intelligence or learning disabilities. This exclusion shall not apply to services deemed Medically Necessary treatment of a mental health or substance use disorder;
15. Hospitalization solely for X-ray, laboratory, or any other diagnostic studies or medical observation;
16. Dental care or services incident to the treatment, prevention, or relief of pain or dysfunction of the temporomandibular joint and/or muscles of mastication, except as specifically listed in the COI;
17. For or incident to services and supplies for treatment of the teeth and gums (except for tumors, preparation of the Insured's jaw for radiation therapy to treat cancer in the head or neck, and dental and orthodontic services that are an integral part of Reconstructive Surgery for cleft palate procedures) and associated periodontal structures, including but not limited to diagnostic, preventive, orthodontic, and other services such as dental cleaning, tooth whitening, X-rays, topical fluoride treatment except when used with radiation therapy to the oral cavity, fillings and root canal treatment; treatment of periodontal disease or periodontal surgery for inflammatory conditions; tooth extraction; dental implants, braces, crowns, dental orthoses and prostheses, except as specifically mentioned in the COI;
18. Cosmetic surgery except for Medically Necessary treatment of resulting complications (e.g., infections or hemorrhages);
19. Reconstructive Surgery where there is another more appropriate covered surgical procedure or when the proposed reconstructive surgery offers only a minimal improvement in the appearance of the Insured. This exclusion does not apply to breast reconstruction when performed subsequent to a mastectomy, including surgery on either breast to restore symmetry;
20. Patient convenience items such as telephone, television, guest trays, and personal hygiene items;
21. Services for which the Insured is not legally obligated to pay, or for services for which no charge is made;
22. Services incident to any injury or disease arising out of, or in the course of, any employment for salary, wage, or profit if such injury or disease is covered by any workers' compensation law, occupational disease law, or similar legislation. However, if Blue Shield Life provides payment for such services, it will be entitled to establish a lien upon such other benefits up to the amount paid by Blue Shield Life for the treatment of such injury or disease;
23. Continuous Nursing Services, private duty nursing, or nursing shift care, except as provided through a Participating Hospice Agency;
24. Prescription and non-prescription food and nutritional supplements, except as provided under the Home Health Care Benefits, home infusion and home injectable therapy Benefits and PKU Related Formulas and Special Food Products Benefits sections of the COI, or as provided through a Participating Hospice Agency;
25. Home testing devices and monitoring equipment except as specifically provided in the COI;



26. Non-prescription (over-the counter) medical equipment or supplies such as oxygen saturation monitors, prophylactic knee braces and bath chairs that can be purchased without a licensed provider's prescription order, even if a licensed provider writes a prescription order for a non-prescription item, except as specifically listed in the COI;
27. Services for or incident to bariatric surgery services, except as provided in the COI;
28. Genetic testing except as described in the in the COI;
29. For services (except for services received under the Behavioral Health Treatment benefit under *Mental Health and Substance Use Disorder Benefits*) provided by an individual or entity that:
  - is not appropriately licensed or certified by the state to provide health care services;
  - is not operating within the scope of such license or certification; or
  - does not maintain the Clinical Laboratory Improvement Amendments certificate required to perform the laboratory testing services;
30. Massage therapy that is not Physical Therapy or a component of a multimodality Rehabilitative Services treatment plan;
31. Surgery to correct refractive error (such as but not limited to radial keratotomy, refractive keratoplasty);
32. For disposable supplies for home use, such as bandages, gauze, tape, antiseptics, dressings, Ace-type bandages, and diapers, underpads and other incontinence supplies, except as specifically provided under the Durable Medical Equipment Benefits, Home Health Care, Hospice Program Benefits, or the Outpatient Prescription Drug Benefits;
33. Drugs dispensed by a physician or physician's office for outpatient use; and
34. Transportation by car, taxi, bus, gurney van, wheelchair van, and any other type of

transportation (other than a licensed ambulance or psychiatric transport van).

The Grievance Process portion of the COI provides information on filing a grievance, an Insured's right to seek assistance from the Department of Managed Health Care, and the right to an independent medical review.

### **Medical Necessity Exclusion**

The benefits of this health plan are provided only for Services that are Medically Necessary. Because a physician or other provider may prescribe, order, recommend, or approve a service or supply does not, in itself, make it Medically Necessary even though it is not specifically listed as an exclusion or limitation. Blue Shield Life reserves the right to review all claims to determine if a service or supply is Medically Necessary and may use the services of Physician consultants, peer review committees of professional societies or Hospitals, and other consultants to evaluate claims.

### **Outpatient Prescription Drug Benefit**

For Outpatient Prescription Drug Copayments and for Brand Drug Deductibles (when applicable), please refer to the Summary of Benefits, which is included as part of this Disclosure Form.

### **Outpatient Drug Formulary**

Blue Shield Life's Drug Formulary is a list of Food and Drug Administration (FDA)-approved preferred Generic and Brand Drugs that assists Physicians and Health Care Providers to prescribe Medically Necessary and cost-effective Drugs.

Blue Shield's Formulary is established by Blue Shield's Pharmacy and Therapeutics Committee. This Committee consists of physicians and pharmacists responsible for evaluating Drugs for relative safety, effectiveness, health benefit based on the medical evidence, and comparative cost. They review new Drugs, dosage forms, usage and clinical data to update the Formulary during scheduled meetings four times a year. Note: The Member's Physician or Health Care

Provider might prescribe a Drug even though the Drug is not included on the Formulary.

The Formulary is categorized into drug tiers as described in the chart below. The Member's Copayment or Coinsurance will vary based on the drug tier.

Drug Tier	Description
Tier 1	Most Generic Drugs or low cost preferred Brands.
Tier 2	<ol style="list-style-type: none"> <li>1. Non-preferred Generic Drugs or;</li> <li>2. Preferred Brand Name Drugs or;</li> <li>3. Recommended by the plan's Pharmacy and Therapeutics (P&amp;T) Committee based on drug safety, efficacy and cost.</li> </ol>
Tier 3	<ol style="list-style-type: none"> <li>1. Non-preferred Brand Name Drugs or;</li> <li>2. Recommended by the P&amp;T Committee based on drug safety, efficacy and cost or;</li> <li>3. Generally, have a preferred and often less costly therapeutic alternative at a lower tier.</li> </ol>
Tier 4	<ol style="list-style-type: none"> <li>1. Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies or;</li> <li>2. Self-administration requires training, clinical monitoring or;</li> <li>3. Drug was manufactured using biotechnology or;</li> <li>4. Plan cost (net of rebates) is &gt;\$600</li> </ol>

Insureds can find the Drug Formulary at <https://www.blueshieldca.com/bsca/pharmacy/home.sp>. Insureds can also contact Customer Service at the number provided on the back page of the COI to ask if a specific Drug is included in the Formulary, or to request a printed copy.

### **Emergency Exception for Obtaining Outpatient Prescription Drugs at a Non-Participating Pharmacy**

When the Member obtains Drugs from a Non-Participating Pharmacy for Emergency Services:

- The Member must first pay all charges for the prescription,
- Submit a completed Prescription Drug Claim Form to  
Blue Shield of California  
P.O. Box 52136  
Phoenix, AZ 85072-2136
- Blue Shield will reimburse the Member based on the price the Member paid for the Drugs, minus any applicable Deductible, Copayment or Coinsurance.

Claim forms may be obtained by calling Customer Service or visiting [www.blueshieldca.com](http://www.blueshieldca.com). Claims must be received within one year from the date of service to be considered for payment. Claim submission is not a guarantee of payment.

### **Prior Authorization/Exception Request Process/Step Therapy for Outpatient Prescription Drug Benefit**

Some Drugs and Drug quantities require prior approval for Medical Necessity before they are eligible for coverage under the Outpatient Prescription Drug Benefit. This process is called prior authorization.

The following Drugs require prior authorization:

- Some Formulary, compound Drugs, and most Specialty Drugs require prior authorization.
- Drugs exceeding the maximum allowable quantity based on Medical Necessity and appropriateness of therapy.
- Brand contraceptives may require prior authorization to be covered without a Copayment or Coinsurance.

Blue Shield Life covers compounded medication(s) when all of the following requirements are met:

- The compounded medication(s) include at least one Drug,

- The compounded medication(s) do not contain a bulk chemical,
- There are no FDA-approved, commercially available, medically appropriate alternatives, and
- The compounded medication is self-administered.

The Insured, the Insured's representative or Health Care Provider may request prior authorization or exception request for the Drugs listed above by submitting supporting information to Blue Shield Life. Once all required supporting information is received, Blue Shield Life will provide prior authorization approval or denial, based upon Medical Necessity, within 72 hours in routine circumstances or 24 hours in exigent circumstances. Exigent circumstances exist when an Insured has a health condition that may seriously jeopardize the Insured's life, health, or ability to regain maximum function or when an Insured is undergoing a current course of treatment using a Non-Formulary Drug.

To request coverage for a Non-Formulary Drug, the Insured, Insured's representative, or Health Care Provider may submit an exception request to Blue Shield Life. Once all required supporting information is received, Blue Shield Life will approve or deny the exception request, based upon Medical Necessity, within 72 hours in routine circumstances or 24 hours in exigent circumstances.

Step therapy is the process of beginning therapy for a medical condition with Drugs considered first-line treatment or that are more cost-effective, then progressing to Drugs that are the next line in treatment or that may be less cost-effective. Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition. If step therapy coverage requirements are not met for a prescription and your Physician believes the medication is Medically Necessary, the prior authorization process may be utilized and timeframes previously described will also apply.

If Blue Shield Life denies a request for prior authorization or an exception request, the Insured, Insured's representative or Health Care Provider can file a grievance with Blue Shield Life, as described in the *Grievance Process* section in the COI.

### **Limitation on Quantity of Drugs that may be obtained per Prescription or Refill**

1. Except as otherwise stated below, the Insured may receive up to a 30-day supply of Outpatient Prescription Drugs. If a Drug is available only in supplies greater than 30 days, the Insured must pay the applicable retail Copayment or Coinsurance for each additional 30-day supply.
2. If the Insured or Health Care Provider requests a partial fill of a Schedule II Controlled Substance prescription, the Copayment or Coinsurance will be pro-rated. The remaining balance of any partially filled prescription cannot be dispensed more than 30 days from the date the prescription was written.
3. Blue Shield Life has a Short Cycle Specialty Drug Program. With the Insured's agreement, designated Specialty Drugs may be dispensed for a 15-day trial supply at a pro-rated Copayment or Coinsurance for an initial prescription. This program allows the Insured to receive a 15-day supply of the Specialty Drug and determine whether the Insured will tolerate it before you obtain the full 30-day supply. This program can help the Insured save out of pocket expenses if the Insured cannot tolerate the Specialty Drug. The Network Specialty Pharmacy will contact the Insured to discuss the advantages of the program, which the Insured can elect at that time. The Insured or the Insured's Physician may choose a full 30-day supply for the first fill.

If the Insured agrees to a 15-day trial, the Network Specialty Pharmacy will contact the Insured prior to dispensing the remaining 15-day supply to confirm that the Insured is tolerating the Specialty Drug. The Insured can find a list of Specialty Drugs in the Short Cycle Specialty Drug Program by visiting

<https://www.blueshieldca.com/bsca/pharmacy/home.sp> or by calling Customer Service.

4. The Insured may receive up to a 90-day supply of Drugs at a pharmacy in the Extended Days' Supply Network or from the Mail Service Prescription Drug Program. Note: if the Insured's Physician or Health Care Provider writes a prescription for less than a 90-day supply, the pharmacy will dispense that amount and the Insured is responsible for the applicable Copayment or Coinsurance. Refill authorizations cannot be combined to reach a 90-day supply.
5. Select over-the-counter (OTC) drugs with a United States Preventive Services Task Force (USPSTF) rating of A or B may be covered at a quantity greater than a 30-day supply.
6. The Insured may receive up to a 12-month supply of contraceptive Drugs.
7. The Insured may refill covered prescriptions at a Medically Necessary frequency.

### **Outpatient Prescription Drug Exclusions**

Blue Shield Life does not provide coverage in the Outpatient Prescription Drug Benefit for the following. The Insured may receive coverage for certain services excluded below under other Benefits. Refer to the applicable section(s) of the COI to determine if the Plan covers Drugs under that Benefit.

1. Any Drug the Insured receives while an inpatient, in a Physician's office, Skilled Nursing Facility or Outpatient Facility. See the *Professional (Physician) Benefits* and *Hospital Benefits (Facility Services)* sections of the COI.
2. Take home drugs received from a Hospital, Skilled Nursing Facility, or similar facilities. See the *Hospital Benefits* and *Skilled Nursing Facility Benefits* sections of the COI.
3. Unless listed as covered under this Outpatient Prescription Drug Benefit, drugs that are available without a prescription (OTC) including drugs for which there is an OTC drug that has the same active ingredient and dosage as the drug. This

exclusion will not apply to over-the-counter drugs with a United States Preventive Services Task Force (USPSTF) rating of A or B or to female over-the-counter contraceptive Drugs and devices when prescribed by a Physician.

4. Drugs for which the Insured is not legally obligated to pay, or for which no charge is made.
5. Drugs that are considered to be experimental or investigational;
6. Medical devices or supplies except as listed as covered herein. This exclusion also applies to prescription preparations applied to the skin that are approved by the FDA as medical devices. See the *Prosthetic Appliances Benefits*, *Durable Medical Equipment Benefits*, and the *Orthotics Benefits* sections of the COI.
7. Blood or blood products. See the *Hospital Benefits* section of the COI.
8. Drugs when prescribed for cosmetic purposes. This includes, but is not limited to, drugs used to slow or reverse the effects of skin aging or to treat hair loss.
9. Medical food, dietary, or nutritional products. See the *Home Health Care Benefits*, *Home Infusion and Home Injectable Therapy Benefits*, *PKU-Related Formulas and Special Food Product Benefits* sections of the COI.
10. Any Drugs which are not considered to be safe for self-administration. These medications may be covered under the *Home Health Care Benefits*, *Home Infusion and Home Injectable Therapy Benefits*, *Hospice Program Benefits*, or *Family Planning Benefits* sections of the COI.
11. All Drugs related to assisted reproductive technology;
12. Appetite suppressants or drugs for body weight reduction. These Drugs may be covered if Medically Necessary for the treatment of morbid obesity. In these cases prior authorization by Blue Shield Life is required.

13. Contraceptive drugs or devices which do not meet all of the following requirements:

- Are FDA-approved
- Are ordered by a Physician or Health Care Provider
- Are generally purchased at an outpatient pharmacy, and
- Are self-administered.

Other contraceptive methods may be covered under the *Family Planning Benefits* section of the COI.

14. Compounded medication(s) unless all of the following requirements are met:

- The compounded medication(s) include at least one Drug;
- The compounded medication(s) do not contain a bulk chemical;
- There are no FDA-approved, commercially available, medically appropriate alternatives; and
- The compounded medication is self-administered.

15. Replacement of lost, stolen or destroyed Drugs.

16. If the Insured is enrolled in a Hospice Program through a Participating Hospice Agency, Drugs that are Medically Necessary for the palliation and management of terminal illness and related conditions. These Drugs are excluded from coverage under Outpatient Prescription Drug Benefits and are covered under the Hospice Program Benefits section of the COI.

17. Drugs prescribed for the treatment of dental conditions. This exclusion does not apply to:

- Antibiotics prescribed to treat infection,
- Drugs prescribed to treat pain, or
- Drug treatment related to surgical procedures for conditions affecting the upper/lower jawbone or associated bone joints.

18. Except for a covered emergency, Drugs obtained from a pharmacy:

- Not licensed by the State Board of Pharmacy, or
- Included on a government exclusion list.

19. Immunizations and vaccinations solely for the purpose of travel;

20. Drugs packaged in convenience kits that include non-prescription convenience items, unless the Drug is not otherwise available without the non-prescription components. This exclusion shall not apply to items used for the administration of diabetes or asthma Drugs;

21. Repackaged prescription Drugs (drugs that are repackaged by an entity other than the original manufacturer).

The Grievance Process portion of the COI provides information on filing a grievance, a Insured's right to seek assistance from the Department of Managed Health Care, and Insured's right to an independent medical review.

## **Premiums (Dues)**

The monthly Premiums for a Subscriber and any enrolled Dependents are stated in the Policy. Blue Shield Life will provide the Employer with information regarding when the Premiums are due and when payments must be made for coverage to remain in effect.

All Premiums required for coverage for the Subscriber and Dependents will be paid by the Employer to Blue Shield Life. Premiums may be changed to reflect new or changed terms of the Policy, such as Benefit levels. The Employer will receive notice of changes in Premiums at least 60 days prior to the change. The Employer will notify the Subscriber immediately.

## **Other Charges**

### **Deductibles, Benefit Levels and Maximums**

Certain benefits of this health plan require the application of calendar year Deductibles, Copayments, Coinsurance and charges in excess of benefit maximums and/or may be

subject to maximum payments. Please refer to the Summary of Benefits, which is a part of this Disclosure Form, to find information regarding the various Deductibles, benefit levels, or maximums that are applicable to the health plan.

## **Renewal Provisions**

Blue Shield Life will offer to renew the Group Policy except in the following instances:

1. Non-payment of Premiums (see the "Termination of Benefits" section of the COI);
2. Fraud, or intentional misrepresentation of a material fact;
3. Failure to comply with Blue Shield Life's applicable eligibility, participation, or contribution rules;
4. Termination of plan type by Blue Shield Life;
5. Employer relocates outside of California;
6. Employer is an association and association membership ceases.

All groups will renew subject to the above.

## **Plan Changes**

The Benefits of this health plan, including but not limited to Covered Services, Deductibles, Copayments, Coinsurance and annual out of pocket maximum amounts, are subject to change at any time. Blue Shield Life will provide at least 60 days' written notice of any such change to the Insured's Employer.

## **Termination of Benefits**

### **Group Termination**

The Renewal Provisions section explains the reasons an Employer's Group Policy (Policy) may be terminated. Blue Shield Life may cancel the Policy for non-payment of Premiums.

If the employer fails to pay the required Premiums when due, coverage will terminate the day following the 30-day grace period. The employer will be liable for all Premiums accrued while this coverage continues during the grace period. Blue Shield will send a Notice of End of Coverage to the Employer and enrolled

Employees no later than five calendar days after the date coverage ends.

If the Policy is terminated, an Insured enrolled through the Policy will no longer receive benefits – including COBRA (groups with 20 or more employees) or Cal-COBRA (groups with 2-19 employees). Exceptions due to a disability are specifically outlined in the Extension of Benefits provision in the COI.

Note: If an Insured is hospitalized or undergoing treatment for an ongoing condition and the Employer's Policy is cancelled for any reason, including non-payment of Premiums, the Insured will no longer receive Benefits unless the Insured receives an extension of benefits.

### **Individual Termination**

In addition to termination of the Group Policy with Blue Shield Life, an Insured will no longer be eligible for coverage under the health plan if:

1. The Insured no longer meets the eligibility requirements in the Employer's Policy;
2. The Insured engages in fraud or deception in the use of health plan benefits.

Please refer to the COI or the Group Policy for additional information.

### **Continuation of Benefits: COBRA**

If the Insured's employment with his/her current employer ends, the Insured and covered family members may qualify for continued group coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985. The section in the COI entitled Group Continuation Coverage has information on COBRA continuation coverage.

### **Grievance Process**

Blue Shield Life has established a grievance procedure for receiving, resolving, and tracking Insured's grievances with Blue Shield Life. For more information on this process, see the Grievance Process section in the COI.

### **External Independent Medical Review**

State law requires Blue Shield Life to disclose to Insureds the availability of an external independent review process when the

grievance involves a claim or 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, or is experimental/investigational.

Insureds 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. For further information about this review process, see the External Independent Medical Review section in the COI.

## **Confidentiality of Personal and Health Information**

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

When an Insured completes an application for coverage, his or her signature authorizes Blue Shield Life to collect personal and health information that includes both Insured's medical information and individually identifiable information about the Insured such as the Insured's address, telephone number, or other individual information. If an Insured becomes enrolled in a Blue Shield Life health plan, this general consent allows Blue Shield Life to communicate with the Insured's physicians and other providers regarding treatment and payment decisions.

Blue Shield Life also participates in quality measurement activities that may require us to access an Insured's 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 an Insured's personal and health information unless permitted by law and to the extent necessary to administer the health plan. We will obtain written authorization from the Insured to use his or her personal and health information for any other purpose. For any of our prospective or current Insureds unable to give consent, we have a policy in place to protect that Insured's rights and that permits the Insured's legally authorized representative to give

consent on his or her behalf. Blue Shield Life also will not release the Insured's personal and health information to the employer without his or her specific authorization, unless such release is permitted by law.

Through its contracts with providers, Blue Shield Life has policies in place to allow an Insured to inspect his or her medical records maintained by his or her provider and, when needed, to include a written statement from the Insured. The Insured also has the right to review personal and health information that may be maintained by Blue Shield Life.

If you are a prospective, current, or former Insured and need more detailed information about Blue Shield Life's Corporate Confidentiality policy, it is available on Blue Shield's Web site at <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**

**Allowable Amount – (Allowance)** The total amount Blue Shield Life allows for Covered Service(s) rendered, or the provider's billed charge for those Covered Services, whichever is less. The Allowable Amount, unless specified for a particular service in the Certificate, is:

1. For a Participating Provider, the amount that the provider and Blue Shield Life have agreed by contract will be accepted as payment in full for the Covered Service(s) rendered.
2. For a Non-Participating provider who provides Emergency Services anywhere -
  - a. Physicians and Hospitals – the amount is the Out of Network Allowable; or
  - b. All other providers – the amount is the provider's billed charge for Covered Services, unless the provider and the

local Blue Cross or Blue Shield Plan have agreed upon some other amount.

3. For a Non-Participating provider in California who provides services (other than Emergency Services) - the amount Blue Shield Life would have allowed for a Participating Provider performing the same service in the same geographical area but not exceeding the stated dollar amount of any stated Benefit maximum; or
  - a. Non-Participating dialysis center – for services prior authorized by Blue Shield Life, the amount is the Out of Network Allowable.
4. For a provider outside of California (within or outside of the United States) that has a contract with the local Blue Cross or Blue Shield Plan, the amount that the provider and the local Blue Cross or Blue Shield Plan have agreed by contract will be accepted as payment in full for the Covered Service(s) rendered.
5. For a Non-participating Provider outside of California (within or outside of the United States) that does not contract with a local Blue Cross and/or Blue Shield Plan, who provides services (other than Emergency Services) - the amount that the local Blue Cross and/or Blue Shield Plan would have allowed for a non-participating provider performing the same services. Or, if the local Blue Cross and/or Blue Shield Plan has no non-participating provider allowance, the Allowable Amount is the amount for a Non-Participating Provider in California.

**Coinsurance** – the percentage amount that an Insured is required to pay for Covered Services after meeting any applicable Deductible.

**Copayment** – the specific dollar amount that an Insured pays for Covered Services after meeting any applicable Deductible.

**Covered Services (Benefits)** – those Medically Necessary services and supplies which an Insured is entitled to receive pursuant to the terms of the Group Policy.

**Deductible** – the Calendar Year amount which the Insured must pay for specific Covered

Services before Blue Shield Life pays for Covered Services pursuant to the Group Policy.

**Emergency Medical Condition (including a psychiatric emergency)** – a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. placing the Insured's health in serious jeopardy;
2. serious impairment to bodily functions;
3. serious dysfunction of any bodily organ or part.

**Emergency Services** – the following services provided for an Emergency Medical Condition:

1. A medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate the Emergency Medical Condition, and
2. Such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the hospital, to stabilize the Insured.

'Stabilize' means to provide medical treatment of the condition as may be necessary to assure, with reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility, or, with respect to a pregnant woman who is having contractions, when there is inadequate time to safely transfer her to another hospital before delivery (or the transfer may pose a threat to the health or safety of the woman or unborn child), "Stabilize" means to deliver (including the placenta).

"Post-Stabilization Care Services" means Medically Necessary Services related to an Insured's Emergency Services that received after the treating physician determines that this condition is stabilized.



Emergency Services will be reviewed retrospectively by Blue Shield Life to determine whether the services were for an Emergency Medical Condition. If the Insured reasonably should have known that an Emergency Medical Condition did not exist, the services will be covered at the applicable Participating or Non-Participating Provider level of Benefits.

**Group Policy (Policy)** – the Policy for health coverage between Blue Shield Life and the Employer (Policyholder) and that establishes the Benefits that Subscribers and Dependents are entitled to receive.

**Medical Necessity** – Benefits are provided only for services that are Medically Necessary.

1. Services that are Medically Necessary include only those that have been established as safe and effective, are furnished under generally accepted professional standards to treat an illness, injury, or medical condition, and that, as determined by Blue Shield Life, are:
  - a. consistent with Blue Shield Life medical policy;
  - b. consistent with the symptoms or diagnosis;
  - c. not furnished primarily for the convenience of the patient, the attending physician, or other provider;
  - d. furnished at the most appropriate level that can be provided safely and effectively to the patient; and
  - e. not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Insured's illness, injury, or disease.
2. Hospital inpatient Services that are Medically Necessary include only those Services that satisfy the above requirements, require the acute bed-patient (overnight) setting, and that could not have been provided in the physician's office, the Outpatient Department of a Hospital, or in another lesser facility without adversely

affecting the patient's condition or the quality of medical care rendered.

3. Inpatient services not Medically Necessary include hospitalization:
  - a. for diagnostic studies that could have been provided on an outpatient basis;
  - b. for medical observation or evaluation;
  - c. for personal comfort;
  - d. in a pain management center to treat or cure chronic pain; and
  - e. for inpatient Rehabilitative Services that can be provided on an outpatient basis.

Blue Shield Life reserves the right to review all claims to determine whether services are Medically Necessary, and may use the services of physician consultants, peer review committees of professional societies or hospitals, and other consultants.

**Mental Health Service Administrator (MHSA)** –The MHSA is a specialized health care service plan licensed by the California Department of Insurance. Blue Shield Life contracts with the MHSA to underwrite and deliver the Blue Shield Life's Mental Health and Substance Use Disorder Services through a separate network of MHSA Participating Providers.

**MHSA Non-Participating Providers** – a provider who does not have an agreement in effect with the MHSA for the provision of Mental Health or Substance Use Disorder Services. NOTE: an MHSA Non-Participating Provider can be a Blue Shield Life Participating Provider.

**MHSA Participating Providers** – a provider who has an agreement in effect with the MHSA for the provision of Mental Health or Substance Use Disorder Services.

**Out of Network Allowable** — In California: The lower of (1) the provider's billed charge, or (2) the amount determined by Blue Shield Life to be the reasonable and customary value for the services rendered by a non-Plan Provider based on statistical information that is updated at least annually and considers many factors including, but not limited to, the provider's training and experience, and the geographic

area where the services are rendered; Outside of California: The lower of (1) the provider's billed charge, or, (2) the amount, if any, established by the laws of the state to be paid for Emergency Services.

**Participating (Participating Provider) –** refers to a provider who has contracted with Blue Shield Life to accept Blue Shield Life's payment, plus any applicable Insured Deductible, Copayment, Coinsurance, or amounts in excess of specified Benefit maximums, as payment in full for Covered Services provided to Insureds.

This definition does not apply to providers of Mental Health Services and Substance Use Disorder Services, which is defined separately under the MHSA Participating Provider definition.

**Plan —** the Blue Shield Life Active Choice Plan.

## Notes

# 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 naanínáhájeehígí shich'í' yíidooltah éí doodagó ía' shich'í' ádoolníí nínízingo bííghah. Shíká a'doowoł nínízingo nihich'í' béesh bee hodiílnih dóo námbóo éí díí ninaaltsoos dootł'ízhígí bee néiho'dílzínígí 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