

Changes to your Small Business PSP Off Exchange plans Blue Shield of California

As of January 1, 2022

This notice describes the changes to your Blue Shield health coverage upon your group's renewal. This is only a summary. Updates will be made to the *Evidence of Coverage and Health Service Agreement (EOC)*. Please visit the [blueshieldca.com/policies](https://www.blueshieldca.com/policies) site on or after November 1, 2021 for updated terms and conditions of coverage. If you have any questions about the changes listed below, please contact your Blue Shield representative or call Group Employer Services at **(800) 325-5166**.

The following changes are being made to your health plan.

Description	Summary
Product Name	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the following product names have been updated to reflect the correct values:</p> <p>From: Silver Full PPO Savings 2600/35% OffEx To: Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx</p> <p>From: Silver Tandem PPO Savings 2600/35% OffEx To: Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx</p> <p>From: Gold Full PPO Savings 1750/15% OffEx To: Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx</p> <p>From: Gold Tandem PPO Savings 1750/15% OffEx To: Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx</p>
Prescription Drugs-Retail (30-day supply)-HDHP Preventive Tier 1 Drugs	<p>In an effort to enhance your plan benefits, the Prescription Drugs-Retail (30-day supply)- HDHP Preventive Tier 1 Drugs are no longer subject to deductible.</p> <p>Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx When using a participating provider³ From: \$10 (Calendar year deductible applies) To: \$10 (Calendar year deductible does not apply)</p> <p>Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx When using a participating provider³ From: Level A: \$10 (Calendar year deductible applies) Level B: \$15 (Calendar year deductible applies) To: Level A: \$10 (Calendar year deductible does not apply) Level B: \$15 (Calendar year deductible does not apply)</p>

A47515 (1/22)



	<p>Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx When using a participating provider³ From: 35% up to \$250 (Calendar year deductible applies) To: 35% up to \$250 (Calendar year deductible does not apply)</p> <p>Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx When using a participating provider³ From: Level A: 35% up to \$250 (Calendar year deductible applies) Level B: 40% up to \$250 (Calendar year deductible applies) To: Level A: 35% up to \$250 (Calendar year deductible does not apply) Level B: 40% up to \$250 (Calendar year deductible does not apply)</p>
<p>Prescription Drugs-Retail (30-day supply)-HDHP Preventive Tier 2 Drugs</p>	<p>In an effort to enhance your plan benefits, the Prescription Drugs-Retail (30-day supply)- HDHP Preventive Tier 2 Drugs are no longer subject to deductible.</p> <p>Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx When using a participating provider³ From: \$30 (Calendar year deductible applies) To: \$30 (Calendar year deductible does not apply)</p> <p>Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx When using a participating provider³ From: Level A: \$30 (Calendar year deductible applies) Level B: \$50 (Calendar year deductible applies) To: Level A: \$30 (Calendar year deductible does not apply) Level B: \$50 (Calendar year deductible does not apply)</p> <p>Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx When using a participating provider³ From: 35% up to \$250 (Calendar year deductible applies) To: 35% up to \$250 (Calendar year deductible does not apply)</p> <p>Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx When using a participating provider³ From: Level A: 35% up to \$250 (Calendar year deductible applies) Level B: 40% up to \$250 (Calendar year deductible applies) To: Level A: 35% up to \$250 (Calendar year deductible does not apply) Level B: 40% up to \$250 (Calendar year deductible does not apply)</p>

<p>Prescription Drugs-Mail Order (90-day supply)- HDHP Preventive Tier 1 Drugs</p>	<p><i>In an effort to enhance your plan benefits, the Prescription Drugs-Retail (90-day supply)- HDHP Preventive Tier 1 Drugs are no longer subject to deductible.</i></p> <p><i>Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx</i> When using a participating provider³ From: \$30 (Calendar year deductible applies) To: \$30 (Calendar year deductible does not apply)</p> <p><i>Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx</i> When using a participating provider³ From: \$30 (Calendar year deductible applies) To: \$30 (Calendar year deductible does not apply)</p> <p><i>Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx</i> When using a participating provider³ From: 35% up to \$250 (Calendar year deductible applies) To: 35% up to \$250 (Calendar year does not apply)</p> <p><i>Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx</i> When using a participating provider³ From: 35% up to \$250 (Calendar year deductible applies) To: 35% up to \$250 (Calendar year does not apply)</p>
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<p>Prescription Drugs-Mail Order (90-day supply)- HDHP Preventive Tier 2 Drugs</p>	<p><i>In an effort to enhance your plan benefits, the Prescription Drugs-Retail (90-day supply)- HDHP Preventive Tier 2 Drugs are no longer subject to deductible.</i></p> <p><i>Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx</i> When using a participating provider³ <i>From:</i> \$90 (<i>Calendar year deductible applies</i>) <i>To:</i> \$90 (<i>Calendar year deductible does not apply</i>)</p> <p><i>Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx</i> When using a participating provider³ <i>From:</i> \$90 (<i>Calendar year deductible applies</i>) <i>To:</i> \$90 (<i>Calendar year deductible does not apply</i>)</p> <p><i>Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx</i> When using a participating provider³ <i>From:</i> 35% up to \$250 (<i>Calendar year deductible applies</i>) <i>To:</i> 35% up to \$250 (<i>Calendar year does not apply</i>)</p> <p><i>Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx</i> When using a participating provider³ <i>From:</i> 35% up to \$250 (<i>Calendar year deductible applies</i>) <i>To:</i> 35% up to \$250 (<i>Calendar year does not apply</i>)</p>
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<p>Professional Services Internet or telephone based Consultation</p> <p>Teladoc</p> <p>Teladoc Behavioral Health</p>	<p>Due to Federal guidelines, Telehealth services are now subject to deductible.</p> <p><i>Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx</i> When using a participating provider³ From: No Charge (Calendar year deductible does not apply) To: No Charge (Calendar year deductible applies)</p> <p><i>Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx</i> When using a participating provider³ From: No Charge (Calendar year deductible does not apply) To: No Charge (Calendar year deductible applies)</p> <p><i>Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx</i> When using a participating provider³ From: No Charge (Calendar year deductible does not apply) To: No Charge (Calendar year deductible applies)</p> <p><i>Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx</i> When using a participating provider³ From: No Charge (Calendar year deductible does not apply) To: No Charge (Calendar year deductible applies)</p> <p><i>Silver Full PPO Savings 2100/25%</i> When using a participating provider³ From: No Charge (Calendar year deductible does not apply) To: No Charge (Calendar year deductible applies)</p> <p><i>Silver Tandem PPO Savings 2100/25%</i> When using a participating provider³ From: No Charge (Calendar year deductible does not apply) To: No Charge (Calendar year deductible applies)</p> <p><i>Bronze Full PPO Savings 5700/40%</i> When using a participating provider³ From: No Charge (Calendar year deductible does not apply) To: No Charge (Calendar year deductible applies)</p> <p><i>Bronze Tandem PPO Savings 5700/40%</i> When using a participating provider³ From: No Charge (Calendar year deductible does not apply) To: No Charge (Calendar year deductible applies)</p> <p><i>Bronze Full PPO Savings 7000</i> When using a participating provider³ From: No Charge (Calendar year deductible does not apply) To: No Charge (Calendar year deductible applies)</p> <p><i>Bronze Tandem PPO Savings 7000</i> When using a participating provider³ From: No Charge (Calendar year deductible does not apply) To: No Charge (Calendar year deductible applies)</p>
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All Blue Shield plans are subject to limitations and exclusions. This document is only a summary for informational purposes. It is not a contract. Please refer to the Evidence of Coverage, the Summary of Benefits, and the group contract for the exact terms and conditions of coverage. Benefits are subject to modification by Blue Shield for subsequently enacted state or federal legislation

The following **changes** have been made to your benefits.

<p>EOC Modification: Durable medical equipment</p>	<p><i>Revised language for consistency to define “ Peak flow monitor” as “Peak flow meter” defining the Peak flow meter for the self-management of asthma.</i></p>
<p>EOC Modification: Obtaining Specialty Drugs from a Network Specialty Pharmacy</p>	<p><i>Language was added to define clarify Specialty Drug accumulator program. Implementing an accumulator program helps the drug benefit work as intended and ensures that only true member cost share is applied towards deductibles and Out-of-Pocket maximum.to exclude the amount of a specialty drug copay coupon from the member’s deductible and out-of-pocket maximum.</i></p> <p>Obtaining Specialty Drugs from a Network Specialty Pharmacy <i>Drug manufacturers or other third parties may offer Drug discounts or copayment assistance for certain Drugs. These types of programs can lower your out-of-pocket costs. If you receive any discounts at a Network Specialty Pharmacy, only the amount you pay will be applied to any applicable Deductible and Out-of-Pocket Maximum.</i></p>
<p>Obtaining extended day supply of outpatient prescription Drugs at a retail Participating Pharmacy section of EOC</p>	<p><i>Language added to define the 90-day retail pharmacy network in Small Business segments. Members may obtain up to a 90 day supply of maintenance drugs at participating pharmacies in the R90 network at 3x retail copayment.</i></p> <p>Obtaining extended day supply of outpatient prescription Drugs at a retail Participating Pharmacy</p> <p><i>You also have an option to receive up to a 90-day supply of prescription Drugs at a pharmacy in the Extended Days’ Supply Network when you take maintenance Drugs for an ongoing condition. If your Physician or Health Care Provider writes a prescription for less than a 90-day supply, the pharmacy will only dispense the amount prescribed. You must pay the applicable retail pharmacy Drug Copayment or Coinsurance for each prescription Drug. Visit blueshieldca.com for additional information about how to get a 90-day supply of prescription Drugs from retail pharmacies.</i></p>

<p>Outpatient prescription Drug exclusions and limitations of the EOC</p>	<p>Language was added to clarify Compound drug exclusion for 2022. Updated for clarification of EOC language and provide accurate description of how the claim processing benefit is set up.</p> <p>Compounded medications unless all of the following requirements are met:</p> <ul style="list-style-type: none"> • A compounded medication includes at least one Drug; • The compounded medication does not contain a bulk chemical; • There are no FDA-approved, commercially-available, medically-appropriate alternatives; and • The compounded medication is self administered.
<p>EOC Modification: Pediatric dental Benefit table</p>	<p>Revised the Pediatric dental Benefit table to add/remove ADA CDT codes to comply with annual changes.</p>
<p>EOC Modification: Pediatric vision Benefits</p>	<p>To better define the Pediatric vision Contact Lens benefit, language was revised to define a new benefit for standard and non-standard contact Lens fitting and evaluation services.</p> <p>When you choose standard or non-standard contact lenses instead of eyeglasses, you are eligible for contact lens fitting and evaluation services once in a consecutive 12-month period by a VPA Participating Provider if administered at the same time as the covered comprehensive examination up to the Benefit Allowance with a maximum of two follow up visits. For non-standard specialty contact lenses (including, but not limited to, toric, multifocal, and gas permeable lenses), you are responsible for the difference between the amount Blue Shield pays and the amount billed by the VPA Participating Provider.</p>
<p>EOC Modification: Other ways to access care: Teladoc</p>	<p>Teladoc behavioral health age limit change from 18 to 13 on your EOC Teladoc benefit for Teladoc behavioral health service.</p> <p>Teladoc Teladoc behavioral health consultations are not available for Members under age 13. Members under age 13 may obtain telebehavioral services for Mental Health and Substance Use Disorder from MHSA Participating Providers. Teladoc is a supplemental service that is not intended to replace care from your PCP, care from your MHSA Participating Provider, or your relationship with your PCP.</p> <p>Please refer to your EOC for the full service description.</p>
<p>SOB Modification: Pediatric Dental – Basic services: Adjunctive general services</p>	<p>The new Adjunctive general services was added under the Pediatric dental basic services category in the SOB.</p>

<p>SOB Modification: Pediatric vision Benefits</p>	<p><i>To better define the Pediatric vision Contact Lens benefit, language was added to define a new benefit for Standard and non-standard Contact Lens fitting and evaluation services.</i></p>
<p>SOB Modification: Prescription Drugs Benefit table: Oral anticancer Drugs</p> <p>Note: This does not change your Oral anticancer drug benefit.</p>	<p><i>To better represent Oral anticancer Drugs benefits, the language was removed from the Prescription Drugs Benefit table and added to the Outpatient Prescription Drug Coverage note section.</i></p>
<p>SOB Modification: Non-Participating Provider Hospital/Facility/Ambulatory Surgery Center</p>	<p><i>To better define and clarify the Non-Participating Provider benefit maximum for Hospital, Facility or Ambulatory Surgery Center, the SOB was modified and language revised.</i></p> <p>For Hospital/Facility: <i>From: 50% of up to \$500/day plus 100% of additional charges To: 50% Subject to a Benefit maximum of \$500/day</i></p> <p>Or Ambulatory Surgery Center: <i>From: 50% of up to \$300/day plus 100% of additional charges To: 50% Subject to a Benefit maximum of \$300/day</i></p>
<p>Notice about Participating Providers section of EOC</p>	<p><i>Language added to better define the Notice about Participating Providers.</i></p> <p>Notice about Participating Providers: <i>You may have access to Covered Services from providers that participate in certain value-based programs with Blue Shield. Such programs may include, but are not limited to, accountable care organizations, episode-based payments, patient centered medical homes, and shared savings arrangements.</i> <i>If you receive Covered Services from a provider who participates in such a program, you will not be responsible for paying any of the provider incentives, risk-sharing, and/or care coordination fees that may be a part of such an arrangement.</i></p>

<p>HDHP Preventive Medications section of EOC</p>	<p>Value Added Features/Services HDHP Preventive Medication</p> <p>Obtaining outpatient prescription Drugs at a Participating Pharmacy <i>High Deductible Health Plan (HDHP) preventive Drugs obtained from a Participating Pharmacy are not subject to the Deductible</i></p> <p>Definitions High Deductible Health Plan preventive Drugs (HDHP preventive Drugs) <i>Specific preventive Drugs taken when risk factors are present for a disease that has not manifested (or is asymptomatic), or to prevent the occurrence of a disease from which an individual has recovered. This also includes select Drugs in Tier 1 and Tier 2 for those diagnosed with chronic conditions such as coronary artery disease and diabetes to prevent the exacerbation of these conditions or the development of a secondary condition. Visit blueshieldca.com/pharmacy for a list of these Drugs.</i></p>
<p>Outpatient Prescription Drug Coverage: HDHP Deductible Health Plan (HDHP) SOB</p>	<p>Value Added Features/Services HDHP Preventive Medication</p> <p>Outpatient Prescription Drug Coverage: <i>Oral Anticancer Drugs. After the Deductible is met, you pay up to \$250 for oral Anticancer Drugs from a Participating Pharmacy, up to a 30-day supply.</i></p> <p><i>High Deductible Health Plan (HDHP) preventive Drugs. HDHP preventive Drugs obtained from a Participating Pharmacy are covered at the applicable Drug tier Copayment but are not subject to the Deductible. HDHP preventive Drugs do not include those preventive Drugs that are required by Health Care Reform to be covered at no charge. Visit blueshieldca.com/pharmacy for lists of these Drugs.</i></p>

Blue Shield of California

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law

Blue Shield of California 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 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 of California:

- 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 of California Civil Rights Coordinator.

If you believe that Blue Shield of California 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
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 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.

Notice of the Availability of Language Assistance Services

Blue Shield of California

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For help at no cost, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda sin cargo, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198. (Spanish)

重要通知： 您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需免費幫助，請立即撥打登列在您的Blue Shield ID卡背面上的會員/客戶服務部的電話，或者撥打電話 (866) 346-7198。(Chinese)

QUAN TRỌNG: Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số (866) 346-7198. (Vietnamese)

MAHALAGA: Nababasa mo ba ang sulat na ito? Kung hindi, maari kaming kumuha ng isang tao upang matulungan ka upang mabasa ito. Maari ka ring makakuha ng sulat na ito na nakasulat sa iyong wika. Para sa lib्रेng tulong, mangyaring tumawag kaagad sa numerong telepono ng Miyembro/Customer Service sa likod ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

Baa' ákohwiindzindooígí: Díí naaltsoosish yíiniłta'go bíniǵhah? Doo bíniǵhahgóó éí, naaltsoos nich'í' yiidóoltaǵíí ła' nihee hółó. Díí naaltsoos aldó' t'áá Diné k'ehjí ádoolníł nínízingó bíǵhah. Doo ɓaąh ílinígó shíká' adoowoł nínízingó nihich'í' béesh bee hodiłnih dóó námboo éí díí Blue Shield bee néiho'díłzinígí bine'dée' bikáá' éí doodagó éí (866) 346-7198 jí' hodiłnih. (Navajo)

중요: 이 서신을 읽을 수 있으세요? 읽으실 수 경우, 도움을 드릴 수 있는 사람이 있습니다. 또한 다른 언어로 작성된 이 서신을 받으실 수도 있습니다. 무료로 도움을 받으시려면 Blue Shield ID 카드 뒷면의 회원/고객 서비스 전화번호 또는 (866) 346-7198로 지금 전환하세요. (Korean)

ԿԱՐՆՎՈՐ Է. Կարողանում ե՞ք կարդալ այս նամակը: Եթե ոչ, ապա մենք կօգնենք ձեզ: Դուք պետք է նաև կարողանաք ստանալ այս նամակը ձեր լեզվով: Օտոայությունն անվճար է: Խնդրում ենք անմիջապես զանգահարել Հաճախորդների սպասարկման բաժնի հեռախոսահամարով, որը նշված է ձեր Blue Shield ID քարտի ետևի մասում, կամ (866) 346-7198 համարով: (Armenian)

ВАЖНО: Не можете прочесть данное письмо? Мы поможем вам, если необходимо. Вы также можете получить это письмо написанное на вашем родном языке. Позвоните в Службу клиентской/членской поддержки прямо сейчас по телефону, указанному сзади идентификационной карты Blue Shield, или по телефону (866) 346-7198, и вам помогут совершенно бесплатно. (Russian)

重要： お客様は、この手紙を読むことができますか？もし読むことができない場合、弊社が、お客様をサポートする人物を手配いたします。また、お客様の母国語で書かれた手紙をお送りすることも可能です。無料のサポートを希望される場合は、Blue Shield IDカードの裏面に記載されている会員/お客様サービスの電話番号、または、(866) 346-7198にお電話をおかけください。(Japanese)

مهم: آیا می‌توانید این نامه را بخوانید؟ اگر پاسختان منفی است، می‌توانیم کسی را برای کمک به شما در اختیارتان قرار دهیم. حتی می‌توانید نسخه مکتوب این نامه را به زبان خودتان دریافت کنید. برای دریافت کمک رایگان، لطفاً بدون فوت وقت از طریق شماره تلفنی که در پشت کارت شناسی Blue Shield تان درج شده است و یا از طریق شماره تلفن (866) 346-7198 با خدمات اعضا/مشتری تماس بگیرید. (Persian)

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ ਤਾਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿਚ ਮਦਦ ਲਈ ਅਸੀਂ ਕਿਸੇ ਵਿਅਕਤੀ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ। ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਵਿਚ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਤੁਹਾਡੇ Blue Shield ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਮੈਂਬਰ/ਕਸਟਮਰ ਸਰਵਿਸ ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ, ਜਾਂ (866) 346-7198 ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

ប្រការសំខាន់៖ តើអ្នកអាចលិខិតនេះ បានដែរឬទេ? បើមិនអាចទេ យើងអាចឲ្យគេជួយអ្នកក្នុងការអានលិខិតនេះ។ អ្នកក៏អាចទទួលបានលិខិតនេះជាភាសារបស់អ្នកផងដែរ។ សម្រាប់ជំនួយដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទភ្លាមៗទៅកាន់លេខទូរស័ព្ទសេវាសមាជិក/អតិថិជនដែលមាននៅលើខ្នងប័ណ្ណសម្គាល់ Blue Shield របស់អ្នក ឬតាមរយៈលេខ (866) 346-7198។ (Khmer)

المهم: هل تستطيع قراءة هذا الخطاب؟ أن لم تستطع قراءته، يمكننا إحضار شخص ما ليساعدك في قراءته. قد تحتاج أيضاً إلى الحصول على هذا الخطاب مكتوباً بلغتك. للحصول على المساعدة بدون تكلفة، يرجى الاتصال الآن على رقم هاتف خدمة العملاء/أحد الأعضاء المدون على الجانب الخلفي من بطاقة الهوية Blue Shield أو على الرقم (866) 346-7198. (Arabic)

TSEEM CEEB: Koj pos tuaj yeem nyeem tau tsab ntawv no? Yog hais tias nyeem tsis tau, peb tuaj yeem nrhiav ib tug neeg los pab nyeem nws rau koj. Tej zaum koj kuj yuav tau txais muab tsab ntawv no sau ua koj hom lus. Rau kev pab txhais dawb, thov hu kiag rau tus xov tooj Kev Pab Cuam Tub Koom Xeeb/Tub Lag Luam uas nyob rau sab nraum nrob qaum ntawm koj daim npav Blue Shield ID, los yog hu rau tus xov tooj (866) 346-7198. (Hmong)

สำคัญ: คุณอ่านจดหมายฉบับนี้ได้หรือไม่ หากไม่ได้ โปรดขอความช่วยเหลือจากผู้อ่านได้ คุณอาจได้รับจดหมายฉบับนี้เป็นภาษาของคุณ หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย โปรดติดต่อฝ่ายบริการลูกค้า/สมาชิกทางเบอร์โทรศัพท์ในบัตรประจำตัว Blue Shield ของคุณ หรือโทร (866) 346-7198 (Thai)

महत्वपूर्ण: क्या आप इस पत्र को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी मदद के लिए किसी व्यक्ति का प्रबंध कर सकते हैं। आप इस पत्र को अपनी भाषा में भी प्राप्त कर सकते हैं। निःशुल्क मदद प्राप्त करने के लिए अपने Blue Shield ID कार्ड के पीछे दिए गये मंबर/कस्टमर सर्विस टेलीफोन नंबर, या (866) 346-7198 पर कॉल करें। (Hindi)

ສິ່ງສຳຄັນ: ທ່ານສາມາດອ່ານຈົດໝາຍນີ້ໄດ້ບໍ່? ຖ້າອ່ານບໍ່ໄດ້, ພວກເຮົາສາມາດໃຫ້ບາງຄົນຊ່ວຍອ່ານໃຫ້ທ່ານພັງໄດ້. ທ່ານຍັງສາມາດຂໍໃຫ້ແປຈົດໝາຍນີ້ເປັນພາສາຂອງທ່ານໄດ້. ສຳລັບຄວາມຊ່ວຍເຫຼືອແບບບໍ່ເສຍຄ່າ, ກະລຸນາ ໂທຫາເບີໂທຂອງຝ່າຍບໍລິການສະມາຊິກ/ລູກຄ້າໃນທັນທີເບີໂທລະສັບຢູ່ດ້ານຫຼັງບັດສະມາຊິກ Blue Shield ຂອງທ່ານ, ຫຼືໂທໄປຫາເບີ(866) 346-7198. (Laotian)