

Changes to

Small Business PSP Off Exchange plans Blue Shield of California

As of January 1, 2020

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 site on or after November 1, 2019 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 frequencies:</p> <p>From: Bronze Full PPO Savings 6650 OffEx To: Bronze Full PPO Savings 6900 OffEx</p> <p>From: Silver Full PPO Savings 2000/20% OffEx To: Silver Full PPO Savings 2000/25% OffEx</p> <p>From: Silver Tandem PPO Savings 2000/20% OffEx To: Silver Tandem PPO Savings 2000/25% OffEx</p>
Calendar year medical deductible	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the calendar year medical deductible will change for the following plans:</p> <p>Bronze Full PPO Savings 6900 OffEx When using a participating³ or non-participating⁴ provider From: \$13,300 To: \$13,800</p>
Calendar-Year Out-of-Pocket Maximum	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the following calendar-year out-of-pocket maximum will change for the following plans:</p> <p>Bronze Full PPO Savings 5300/40% OffEx When using a participating provider³</p>

A47515 (1/20)

	<p>From: \$6,650 Individual/ \$13,300 family To: \$6,900 Individual/ \$13,800 family When using a non-participating provider⁴ From: \$12,550 Individual/ \$25,100 family To: \$13,800 Individual/ \$27,600 family</p> <p>Bronze Full PPO Savings 6900 OffEx When using a participating provider³ From: \$6,650 Individual/ \$13,300 family To: \$6,900 Individual/ \$13,800 family When using a non-participating provider⁴ From: \$12,550 Individual/ \$25,100 family To: \$13,800 Individual/ \$27,600 family</p>
Primary care office visit	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Primary care office visit will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20% To: 25%</p>
Specialist care office visit	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Specialist care office visit will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20% To: 25%</p>
Physician home visit	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Physician home visit will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20%</p>

	<p>To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p>
Physician or surgeon services in an Outpatient Facility and inpatient facility	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Physician or surgeon services in an Outpatient Facility and inpatient facility will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p>
Other practitioner office visit	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Other practitioner office visit will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p>
Acupuncture services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Acupuncture services will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p>

Chiropractic services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Chiropractic services will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 50% up to 12 visits per member per calendar year To: 25% up to 20 visits per member per calendar year</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 50% up to 12 visits per member per calendar year To: 25% up to 20 visits per member per calendar year</p>
Vasectomy	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Vasectomy will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20% To: 25%</p>
Podiatric services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Podiatric services will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20% To: 25%</p>
Physician services for pregnancy termination	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Physician services for pregnancy termination will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20%</p>

	To: 25%
Emergency room physician services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Emergency room physician services will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20% To: 25%</p>
Urgent care physician services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Urgent care physician services will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20% To: 25%</p>
Ambulance services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Ambulance services will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20% To: 25%</p>
Inpatient Services (Hospital services and stay, Special transplant facility inpatient services and Inpatient facility services)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Inpatient Services (Hospital services and stay, Special transplant facility inpatient services and Inpatient facility services) will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx</p>

	<p>From: 20%</p> <p>To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p>
Diagnostic Tests (Laboratory center Includes diagnostic Papanicolaou (Pap) test)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Diagnostic Tests (Laboratory center Includes diagnostic Papanicolaou (Pap) test) will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p>
Diagnostic Tests (Outpatient department of a Hospital Includes diagnostic Papanicolaou (Pap) test)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Diagnostic Tests (Outpatient department of a Hospital Includes diagnostic Papanicolaou (Pap) test) will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p>
X-ray and imaging services (Outpatient radiology center)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for X-ray and imaging services (Outpatient radiology center) will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx</p> <p>From: 20%</p>

	To: 25%
X-ray and imaging services (Outpatient department of a hospital)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for X-ray and imaging services (Outpatient department of a hospital) will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20% To: 25%</p>
Other outpatient diagnostic testing (Office location)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Other outpatient diagnostic testing (Office location) will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20% To: 25%</p>
Other outpatient diagnostic testing (Outpatient department of a hospital)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Other outpatient diagnostic testing (Outpatient department of a hospital) will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: \$100 per visit 20% To: \$100 per visit 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: \$100 per visit 20% To: \$100 per visit 25%</p>
Habilitation & Rehabilitation (Office Location)	Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Habilitation &

	<p><i>Rehabilitation (Office Location) will change for the following plan:</i></p> <p><i>Silver Full PPO Savings 2000/25% OffEx</i> From: 20% To: 25%</p> <p><i>Silver Tandem PPO Savings 2000/25% OffEx</i> From: 20% To: 25%</p>
Habilitation & Rehabilitation (Outpatient department of a hospital)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Habilitation & Rehabilitation (Outpatient department of a hospital) will change for the following plan:</p> <p><i>Silver Full PPO Savings 2000/25% OffEx</i> From: 20% To: 25%</p> <p><i>Silver Tandem PPO Savings 2000/25% OffEx</i> From: 20% To: 25%</p>
Medical Equipment and Supplies (DME (Durable Medical Equipment, Orthotic equipment and devices, Prosthetic equipment and devices)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Medical Equipment and Supplies (DME (Durable Medical Equipment, Orthotic equipment and devices, Prosthetic equipment and devices) will change for the following plan:</p> <p><i>Silver Full PPO Savings 2000/25% OffEx</i> From: 20% To: 25%</p> <p><i>Silver Tandem PPO Savings 2000/25% OffEx</i> From: 20% To: 25%</p>
Home Health (Home health care and services and Home visits by an infusion nurse)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Home Health (Home health care and services and Home visits by an infusion nurse) will change for the following plan:</p> <p><i>Silver Full PPO Savings 2000/25% OffEx</i> From: 20%</p>

	<p>To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p>
Skilled Nursing Care (Freestanding SNF and Hospital-based SNF)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Skilled Nursing Care (Freestanding SNF and Hospital-based SNF) will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p>
Hospice Services (Diabetes Devices, equipment, and supplies, Dialysis services, PKU product formulas and special food products, Allergy serum billed separately from an office visit)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Hospice Services (Diabetes Devices, equipment, and supplies, Dialysis services, PKU product formulas and special food products, Allergy serum billed separately from an office visit) will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx</p> <p>From: 20%</p> <p>To: 25%</p>

<p>Mental Health and Substance Use Disorder Benefits for (Office visit, including physician office visit)</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Mental Health and Substance Use Disorder Benefits for (Office visit, including physician office visit) will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20% To: 25%</p>
<p>Mental Health and Substance Use Disorder Benefits for (Other outpatient services, including intensive outpatient care, behavioral health treatment for pervasive developmental disorder or autism in an office setting, home, or other non-institutional facility setting, and office-based opioid treatment)</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Mental Health and Substance Use Disorder Benefits for (Other outpatient services, including intensive outpatient care, behavioral health treatment for pervasive developmental disorder or autism in an office setting, home, or other non-institutional facility setting, and office-based opioid treatment) will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20% To: 25%</p>
<p>Mental Health and Substance Use Disorder Benefits for (Partial hospitalization program)</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Mental Health and Substance Use Disorder Benefits for (Partial hospitalization program) will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20% To: 25%</p>

Mental Health and Substance Use Disorder Benefits for (Psychological testing)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Mental Health and Substance Use Disorder Benefits for (Psychological testing) will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20% To: 25%</p>
Mental Health and Substance Use Disorder Benefits for (Physician inpatient services Hospital services, Residential care)	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Mental Health and Substance Use Disorder Benefits for (Physician inpatient services Hospital services, Residential care) will change for the following plan:</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 20% To: 25%</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 20% To: 25%</p>
Retail Tier 2 drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 2 drug will change for the following plan:</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: \$55/prescription To: \$65/prescription</p>
Retail Tier 3 drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 3 drug will change for the following plan:</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: \$80/prescription To: \$100/prescription</p>

Oral Anticancer Drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Oral Anticancer Drugs will change for the following plan:</p> <p>Bronze Full PPO Savings 5300/40% OffEx From: 40% up to \$200 per prescription To: 40% up to \$250 per prescription</p> <p>Silver Full PPO Savings 2000/25% OffEx From: 30% up to \$200 per prescription To: 25% up to \$250 per prescription</p> <p>Silver Tandem PPO Savings 2000/25% OffEx From: 30% up to \$200 per prescription To: 25% up to \$250 per prescription</p>
-----------------------	--

The following changes have been made to your 2020 benefits.

Acupuncture benefit administrator language update	<p>For all acupuncture services American Specialty Health Plans of California, Inc. (ASH Plans) acts as the plan's acupuncture services administrator. Members should contact ASH Plans if they have questions about acupuncture services, ASH Participating Providers, or acupuncture benefits.</p> <p>American Specialty Health Plans of California, Inc. (ASH Plans) P.O. Box 509002 San Diego, CA 92150-9002</p> <p>(800) 678-9133 (TTY: (877) 710-2746)</p>
New language: Surrogacy and Surrogacy Arrangement	<p>To clarify the coverage, exclusions and required processes relevant to members in a surrogacy arrangement, language specific to surrogates and surrogacy arrangement has been updated and/or added throughout the EOC.</p>

The following clarifications have been made to your 2020 benefits. These clarifications do not change your existing health coverage.

Definition revision: Dependent – dependent child	The definition of dependent was revised to better define who can be considered to be a dependent child based on relationship and age.
Definition revision: Drugs	The definition of Drugs was revised to include Medically Necessary disposable devices that administer covered drugs.
General exclusion and limitations	To accurately reflect what benefits are covered, the exclusion for “inpatient pain management to treat or cure chronic pain” was removed.
Definition revision: Medical Necessity (Medically Necessary)	<p>To clarify what makes services medically necessary, the Medical Necessity (Medically Necessary) definition was revised.</p> <p>Benefits will be provided only for medically necessary services, which are services “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 Member's illness, injury, or disease.”</p> <p>Please refer to your EOC for the full definition.</p>
Revision: Entire Agreement: Changes	<p>To clarify when and how you will be notified of changes to your agreement, language was added to the Important Information About Your Plan: General Provisions section.</p> <p>Written notice must be sent at least 60 days prior to plan renewal, unless otherwise stated in the Changes to Premium section in the EOC.</p>
Summary of Benefits (SOB) revision: Mental Health and Substance Use Disorder Benefits chart: Additional outpatient services listed	To clarify your coverage and your financial responsibility for these services, “electroconvulsive therapy” and “transcranial magnetic stimulation” were added to the SOB as a type of Other Outpatient Services.
SOB modification: Prescription Drug Benefits table and Specialty Drugs category	<p>To clarify the prescription benefit limit, “up to a 30-day supply” the cost share applies, the prescription drug benefit category was changed:</p> <p>From: Specialty Drugs</p> <p>To: Network Specialty Pharmacy Drugs</p>

SOB modification: Notes – Using Non-Participating Providers	<p>The Notes section of the SOB has revised the language used to explain the member's financial responsibility when using a non-participating provider.</p> <p>Under the Using Non-Participating Providers section, language was added to indicate that a member will be responsible for paying:</p> <ul style="list-style-type: none"> Any charges above the stated dollar amount, which is the Benefit maximum. <p>How your financial responsibility is calculated based on the Allowable Amount or Benefit maximum.</p>
SOB modification: Notes – Using Participating Providers	<p>To clarify Using Participating Provider for consistency with the EOC, language was revised in the SOB endnote.</p> <p>The EOC identifies certain types of providers who do not have a contract with Blue Shield to provide health care services to members as “Other Providers.” Whether a specific type of provider falls within this category affects how Blue Shield pays for services a member receives from the provider and what the member's cost share will be for those services. We have narrowed the definition of “Other Providers” so that healthcare organizations and certain types of independent practitioners no longer fall within this category. Several sections of the EOC have been revised to reflect this change.</p>
<p>The following clarifications have been made to your Dental embedded Pediatric (with medical plan) plan 2020 benefits. These clarifications do not change your existing Dental embedded Pediatric (with medical plan) plan coverage.</p>	
New dental claims address	The address was changed for submitting dental claims by mail. Please refer to your EOC and/or your Dental ID card for specific dental claims address.

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 librang 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 bíníghah? Doo bíníghahgóó éí, naaltsoos nich'í' yíidóolta'hígíí ła' nihee hółó. Díí naaltsoos áldó' t'áá Diné k'ehjí ádoolníł nínízingo bíghah. Doo ɓaah ílínígó 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 jì' 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)

ԿԱՐԵՎՈՐ Է. Կարողանում ե՞ք կարդալ այս նամակը: Եթե ոչ, ապա մենք կօգնենք ձեզ: Դուք պետք է նաև կարողանաք ստանալ այս նամակը ձեր լեզվով: Ծառայությունն 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 346-7198 (866) با خدمات اعضا/مشتري 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 346-7198 (866). (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 मੈबर/कस्टमर सर्विस टेलीफोन नंबर, या (866) 346-7198 पर कॉल करें। (Hindi)

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