

Changes to

Small Business PSP Off Exchange plans Blue Shield of California

As of January 1, 2021

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, 2020 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: Silver Tandem PPO Savings 2000/25% OffEx To: Silver Tandem PPO Savings 2100/25% OffEx</p> <p>From: Silver Full PPO Savings 2000/25% OffEx To: Silver Full PPO Savings 2100/25% OffEx</p> <p>From: Silver Tandem PPO Savings 2500/35% OffEx To: Silver Tandem PPO Savings 2600/35% OffEx</p> <p>From: Silver Full PPO Savings 2500/35% OffEx To: Silver Full PPO Savings 2600/35% OffEx</p> <p>From: Bronze Tandem PPO Savings 5300/40% OffEx To: Bronze Tandem PPO Savings 5700/40% OffEx</p> <p>From: Bronze Full PPO Savings 5300/40% OffEx To: Bronze Full PPO Savings 5700/40% OffEx</p> <p>From: Bronze Tandem PPO Savings 6900 OffEx To: Bronze Tandem PPO Savings 7000 OffEx</p> <p>From: Bronze Full PPO Savings 6900 OffEx To: Bronze Full PPO Savings 7000 OffEx</p>

A47515 Rev(1/21)

<p>Calendar year medical deductible</p>	<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><i>Silver Tandem PPO Savings 2100/25% OffEx</i> When using a participating provider³ From: \$2,000 Individual/\$4,000 Family To: \$2,100 Individual/\$4,200 Family When using a non-participating provider⁴ From: \$4,000 Individual/\$8,000 Family To: \$4,200 Individual/\$8,400 Family</p> <p><i>Silver Full PPO Savings 2100/25% OffEx</i> When using a participating provider³ From: \$2,000 Individual/\$4,000 Family To: \$2,100 Individual/\$4,200 Family When using a non-participating provider⁴ From: \$4,000 Individual/\$8,000 Family To: \$4,200 Individual/\$8,400 Family</p> <p><i>Silver Tandem PPO Savings 2600/35% OffEx</i> When using a participating provider³ From: \$2,500 Individual/\$5,000 Family To: \$2,600 Individual/\$5,200 Family When using a non-participating provider⁴ From: \$2,500 Individual/\$5,000 Family To: \$5,200 Individual/\$10,400 Family</p> <p><i>Silver Full PPO Savings 2600/35% OffEx</i> When using a participating provider³ From: \$2,500 Individual/\$5,000 Family To: \$2,600 Individual/\$5,200 Family When using a non-participating provider⁴ From: \$2,500 Individual/\$5,000 Family To: \$5,200 Individual/\$10,400 Family</p> <p><i>Bronze Tandem PPO Savings 5700/40% OffEx</i> When using a participating provider³ From: \$5,300 Individual/\$10,600 Family To: \$5,700 Individual/\$11,400 Family When using a non-participating provider⁴ From: \$10,600 Individual/\$21,200 Family To: \$11,400 Individual/\$22,800 Family</p> <p><i>Bronze Full PPO Savings 5700/40% OffEx</i> When using a participating provider³</p>
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	<p>From: \$5,300 Individual/\$10,600 Family To: \$5,700 Individual/\$11,400 Family When using a non-participating provider⁴ From: \$10,600 Individual/\$21,200 Family To: \$11,400 Individual/\$22,800 Family</p> <p><i>Bronze Tandem PPO Savings 7000 OffEx</i> When using a participating provider³ From: \$6,900 Individual/\$13,800 Family To: \$7,000 Individual/\$14,000 Family When using a non-participating provider⁴ From: \$6,900 Individual/\$13,800 Family To: \$10,000 Individual/\$20,000 Family</p> <p><i>Bronze Full PPO Savings 7000 OffEx</i> When using a participating provider³ From: \$6,900 Individual/\$13,800 Family To: \$7,000 Individual/\$14,000 Family When using a non-participating provider⁴ From: \$6,900 Individual/\$13,800 Family To: \$10,000 Individual/\$20,000 Family</p>
<p>Calendar-Year Out-of-Pocket Maximum</p>	<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><i>Silver Tandem PPO Savings 2100/25% OffEx</i> When using a participating provider³ From: \$6,500 Individual/\$7,500 Family To: \$6,900 Individual/\$8,900 Family When using a non-participating provider⁴ From: \$12,550 Individual/\$25,100 Family To: \$13,800 Individual/\$27,600 Family</p> <p><i>Silver Full PPO Savings 2100/25% OffEx</i> When using a participating provider³ From: \$6,500 Individual/\$7,500 Family To: \$6,900 Individual/\$8,900 Family When using a non-participating provider⁴ From: \$12,550 Individual/\$25,100 Family To: \$13,800 Individual/\$27,600 Family</p> <p><i>Silver Tandem PPO Savings 2600/35% OffEx</i> When using a participating provider³ From: \$6,850 Individual/\$13,700 Family</p>

	<p><i>To: \$7,000 Individual/\$14,000 Family</i> When using a non-participating provider⁴ <i>From: \$13,850 Individual/\$27,700 Family</i> <i>To: \$14,000 Individual/\$28,000 Family</i></p> <p><i>Silver Full PPO Savings 2600/35% OffEx</i> When using a participating provider³ <i>From: \$6,850 Individual/\$13,700 Family</i> <i>To: \$7,000 Individual/\$14,000 Family</i> When using a non-participating provider⁴ <i>From: \$13,850 Individual/\$27,700 Family</i> <i>To: \$14,000 Individual/\$28,000 Family</i></p> <p><i>Bronze Tandem PPO Savings 5700/40% OffEx</i> When using a participating provider³ <i>From: \$6,900 Individual/\$13,800 Family</i> <i>To: \$7,000 Individual/\$14,000 Family</i> When using a non-participating provider⁴ <i>From: \$13,800 Individual/\$27,600 Family</i> <i>To: \$14,000 Individual/\$28,000 Family</i></p> <p><i>Bronze Full PPO Savings 5700/40% OffEx</i> When using a participating provider³ <i>From: \$6,900 Individual/\$13,800 Family</i> <i>To: \$7,000 Individual/\$14,000 Family</i> When using a non-participating provider⁴ <i>From: \$13,800 Individual/\$27,600 Family</i> <i>To: \$14,000 Individual/\$28,000 Family</i></p> <p><i>Bronze Tandem PPO Savings 7000 OffEx</i> When using a participating provider³ <i>From: \$6,900 Individual/\$13,800 Family</i> <i>To: \$7,000 Individual/\$14,000 Family</i> When using a non-participating provider⁴ <i>From: \$13,800 Individual/\$27,600 Family</i> <i>To: \$14,000 Individual/\$28,000 Family</i></p> <p><i>Bronze Full PPO Savings 7000 OffEx</i> When using a participating provider³ <i>From: \$6,900 Individual/\$13,800 Family</i> <i>To: \$7,000 Individual/\$14,000 Family</i> When using a non-participating provider⁴ <i>From: \$13,800 Individual/\$27,600 Family</i> <i>To: \$14,000 Individual/\$28,000 Family</i></p>
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Teladoc Consultation	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Teladoc Consultation will change for the following plan:</p> <p>When using a participating provider³ Silver Full PPO Savings 2100/25% OffEx From: \$5 To: No Charge</p> <p>When using a participating provider³ Silver Tandem PPO Savings 2600/35% OffEx From: No Charge; deductible applies To: No Charge; deductible does not apply</p> <p>When using a participating provider³ Bronze Full PPO Savings 5700/40% OffEx From: \$5 To: No Charge</p> <p>When using a participating provider³ Bronze Full PPO Savings 7000 OffEx From: \$5 To: No Charge</p>
Skilled Nursing Care (Freestanding 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>When using a non-participating⁴ provider Silver Tandem PPO Savings 2100/25% OffEx From: 25% To: 50%</p> <p>When using a non-participating⁴ provider Silver Full PPO Savings 2100/25% OffEx From: 25% To: 50%</p> <p>When using a non-participating⁴ provider Silver Tandem PPO Savings 2600/35% OffEx From: 35% To: 50%</p> <p>When using a non-participating⁴ provider</p>

	<p><i>Silver Full PPO Savings 2600/35% OffEx</i> From: 35% To: 50%</p> <p>When using a non-participating⁴ provider <i>Bronze Tandem PPO Savings 5700/40% OffEx</i> From: 40% To: 50%</p> <p>When using a non-participating⁴ provider <i>Bronze Full PPO Savings 5700/40% OffEx</i> From: 40% To: 50%</p> <p>When using a non-participating⁴ provider <i>Bronze Tandem PPO Savings 7000 OffEx</i> From: No Charge To: 50%</p> <p>When using a non-participating⁴ provider <i>Bronze Full PPO Savings 7000 OffEx</i> From: No Charge To: 50%</p>
Teladoc Behavioral Health	<p><i>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Teladoc Behavioral Health will change for the following plan</i></p> <p>When using a participating provider³ <i>Silver Tandem PPO Savings 2100/25% OffEx</i> From: Not Covered To: No Charge</p> <p>When using a participating provider³ <i>Silver Full PPO Savings 2100/25% OffEx</i> From: Not Covered To: No Charge</p> <p><i>Silver Tandem PPO Savings 2600/35% OffEx</i> From: Not Covered To: No Charge</p> <p>When using a participating provider³ <i>Silver Full PPO Savings 2600/35% OffEx</i> From: Not Covered</p>

	<p>To: No Charge</p> <p>When using a participating provider³ Bronze Tandem PPO Savings 5700/40% OffEx From: Not Covered To: No Charge</p> <p>When using a participating provider³ Bronze Full PPO Savings 5700/40% OffEx From: Not Covered To: No Charge</p> <p>When using a participating provider³ Bronze Tandem PPO Savings 7000 OffEx From: Not Covered To: No Charge</p> <p>When using a participating provider³ Bronze Full PPO Savings 7000 OffEx From: Not Covered To: No Charge</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>When using a participating provider³ Silver Tandem PPO Savings 2100/25% OffEx From: 30% of up to \$250/prescription To: Applicable Tier 1, 2, 3 or 4 Copayment up to \$250/prescription</p> <p>When using a participating provider³ Silver Full PPO Savings 2100/25% OffEx From: 30% of up to \$250/prescription To: Applicable Tier 1, 2, 3 or 4 Copayment up to \$250/prescription</p> <p>When using a participating provider³ Silver Tandem PPO Savings 2600/35% OffEx From: 35% of up to \$250/prescription To: Applicable Tier 1, 2, 3 or 4 Copayment up to \$250/prescription</p> <p>When using a participating provider³ Silver Full PPO Savings 2600/35% OffEx</p>

	<p>From: 35% of up to \$250/prescription To: Applicable Tier 1, 2, 3 or 4 Copayment up to \$250/prescription</p> <p>When using a participating provider³ Bronze Tandem PPO Savings 5700/40% OffEx From: 40% of up to \$250/prescription To: Applicable Tier 1, 2, 3 or 4 Copayment up to \$250/prescription</p> <p>When using a participating provider³ Bronze Full PPO Savings 5700/40% OffEx From: 40% of up to \$250/prescription To: Applicable Tier 1, 2, 3 or 4 Copayment up to \$250/prescription</p> <p>When using a participating provider³ Bronze Tandem PPO Savings 7000 OffEx From: No Charge To: Applicable Tier 1, 2, 3 or 4 Copayment</p> <p>When using a participating provider³ Bronze Full PPO Savings 7000 OffEx From: No Charge To: Applicable Tier 1, 2, 3 or 4 Copayment</p>
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The following **changes** have been made to your benefits.

<p>EOC Modification: Other ways to access care: Teladoc: Mental Health and Substance Use Disorder (Behavioral Health) Consultations</p>	<p>In an effort to expand access to telehealth services, Teladoc services have been expanded to include Teladoc Behavioral Health services for members age 18 and over.</p>
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<p>EOC Modification: Other ways to access care: Teladoc: Office Visits for Outpatient Mental Health and Substance Use Disorder Services</p>	<p>In an effort to expand access to telehealth services, Teladoc services have been expanded to include Teladoc Behavioral Health services for Mental Health and Substance Use Disorders through MHSA Participating Providers and are a Covered Service regardless of the Member's age.</p>
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EOC Modification: Language Update: Dependent eligibility section

Dependent eligibility

To be eligible for coverage as a Dependent, you must:

- Be listed on the enrollment form completed by the Subscriber; and
- Be the Subscriber's spouse, Domestic Partner, or be under age 26 and the child of the Subscriber, spouse, or Domestic Partner.
 - o For the Subscriber's spouse to be eligible for this plan, the Subscriber and spouse must not be legally separated.
 - o For the Subscriber's Domestic Partner to be eligible for this plan, the Subscriber and Domestic Partner must have a registered domestic partnership if required under your Employer's written policy.
 - o "Child" includes a stepchild, newborn, child placed for adoption, child placed in foster care, and child for whom the Subscriber, spouse, or Domestic Partner is the legal guardian. It does not include a grandchild unless the Subscriber, spouse, or Domestic Partner has adopted or is the legal guardian of the grandchild.

EOC Modification: Language Update: Emergency Exception for Obtaining Outpatient Prescription Drugs at a Non-Participating Pharmacy

Language updated with new address directing members where to send out of network pharmacy claims.

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.
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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 libheng 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' yiidóolta'hígíí ła' nihee hółó. Díí naaltsoos aldó' t'áá Diné k'ehjí ádoolníł nínízingó bíghah. Doo baałh 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 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: Օտոալոթյունն 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/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 الخفي من بطاقة الهوية Blue Shield أو على الرقم 346-7198 (866). (Arabic)

TSEEM CEEB: Koj pos tuaj yeem nyeem tau tsab ntwav 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 ntwav 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 ntwam 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 मॅबर/कस्टमर सर्विस टेलीफोन नंबर, या (866) 346-7198 पर कॉल करें। (Hindi)

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