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Տեսողության հետ կապված բուժծառայություններ մատուցողների տեղեկատու

Այս տեղեկատուն գործում է May 2, 2023 ամսաթվի դրությամբ:

Այս տեղեկատուում ներկայացված է հետևյալ պլանների ցանցային բուժծառայություններ մատուցողների ցանկը՝ **Blue Shield 65 Plus (HMO), Blue Shield 65 Plus Plan 2 (HMO), Blue Shield 65 Plus Choice Plan (HMO), Blue Shield AdvantageOptimum Plan (HMO), Blue Shield AdvantageOptimum Plan 1 (HMO), Blue Shield Balance (HMO), Blue Shield Enhanced (HMO), Blue Shield Inspire (HMO), Blue Shield Inspire (HMO D-SNP), Blue Shield Select (PPO) և Blue Shield TotalDual Plan (HMO D-SNP):**

Այս տեղեկատուն նախատեսված է Alameda, Fresno, Kern, Los Angeles, Madera, Merced, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Stanislaus և Ventura վարչաշրջանների համար:

*Նշում. ոչ բոլոր պլաններն են սպասարկում բոլոր շրջանները:

Ձեր **պլանի** բուժծառայություններ մատուցողների առցանց տեղեկատուի համար այցելեք **blueshieldca.com/fad,** գտեք «Տեղեկատուներ» բաժինը էջի ներքևի աջ անկյունում և սեղմեք «Vision Service Plan (VSP) Vision Providers» («Vision Service Plan-ի (VSP) բուժծառայություններ մատուցողները»): Այս տեղեկատուում ներկայացված ցանկացած տեղեկատվության հետ կապված հարցեր ունենալու դեպքում զանգահարեք Հաճախորդների սպասարկման բաժին՝ **(800) 776-4466** (TTY՝ 711) հեռախոսահամարով: Blue Shield Balance-ի (HMO) համար զանգահարեք **(888) 802-4423,** Blue Shield TotalDual Plan (HMO D-SNP) կամ Blue Shield Inspire (HMO D-SNP) պլանների համար զանգահարեք **(800) 452-4413 (TTY՝ 711)** հեռախոսահամարով, 8:00-ից 20:00, շաբաթը յոթ օր:

Բուժծառայություններ մատուցողների տեղեկատուն կարող է փոխվել ցանկացած ժամանակ: Դուք ծանուցում կստանաք այդ մասին անհրաժեշտության դեպքում: Պարզելու համար՝ բուժծառայություն մատուցողն ընդունում է նոր պացիենտներ, թե ոչ, կապ հաստատեք անմիջապես բուժծառայություն մատուցողի հետ:

Ցանցից դուրս/ոչ պայմանագրային բուժծառայություններ մատուցողները պարտավոր չեն բուժել **Blue Shield 65 Plus (HMO), Blue Shield 65 Plus Plan 2 (HMO), Blue Shield 65 Plus Choice Plan (HMO), Blue Shield AdvantageOptimum Plan (HMO), Blue Shield AdvantageOptimum Plan 1 (HMO), Blue Shield Balance (HMO), Blue Shield Enhanced**

(HMO), Blue Shield Inspire (HMO), Blue Shield Inspire (HMO D-SNP), Blue Shield Select (PPO) և Blue Shield TotalDual Plan (HMO D-SNP) պլանների անդամներին՝ բացառությամբ արտակարգ իրավիճակների: Զանգահարեք մեր Հաճախորդների սպասարկման բաժնի համարով կամ տե՛ս Ապահովագիրը՝ լրացուցիչ տեղեկությունների համար, այդ թվում, թե ինչպես է կատարվում ծախսերի բաշխումը ցանցից դուրս ծառայությունների դեպքում:

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե դուք չեք խոսում անգլերեն , ձեզ հասանելի են անվճար լեզվական աջակցության ծառայություններ: Զանգահարեք (800) 776-4466 (TTY՝ 711) հեռախոսահամարով:

Այս փաստաթուղթը կարող եք ստանալ այլ ձևաչափերով, օրինակ՝ խոշոր տառատեսակով կամ այլ այլընտրանքային ձևաչափերով:

Y0118_22_466G_AM_C 08122022
MAPDVIS-001-AM (05/23)

blue of california

Բովանդակություն

Բաժին 1 – Ներածություն 3

Ո՞րն է մեր պլանների սպասարկման տարածքը: 4

Ինչպե՞ս կարող եք գտնել մեր պլանի բուժծառայություններ մատուցողներին, որոնք սպասարկում են ձեր տարածքում: 4

Բաժին 2 – Բուժծառայություններ մատուցողների ցանկը 6

Բաժին 1 – Ներածություն

Այս տեղեկատուում ներկայացված է տեսողության հետ կապված բուժծառայություններ մատուցողների ցանկը՝ Blue Shield 65 Plus, Blue Shield 65 Plus Plan 2, Blue Shield 65 Plus Choice Plan, Blue Shield AdvantageOptimum Plan, Blue Shield AdvantageOptimum Plan 1, Blue Shield Balance, Blue Shield Enhanced (HMO), Blue Shield Select (PPO), Blue Shield TotalDual Plan և Blue Shield Inspire պլանների համար: Ավելի շատ տեղեկություններ ստանալու համար ձեր առողջապահական ապահովագրական ծածկույթի մասին, տե՛ս Ապահովագիրը (EOC):

Ձեր տեսողության հետ կապված ստանդարտ ծառայությունների ապահովագրական ծածկույթը տրամադրվում է Vision Service Plan-ի (VSP) կողմից, որը պայմանագիր ունի Blue Shield of California-ի հետ՝ տեսողության հետ կապված ծառայություններ մատուցելու համար: Հարցեր ունենալու դեպքում զանգահարեք VSP (800) 877-7195 (TTY՝ 1-800-428-4833) հեռախոսահամարով: Աշխատանքային ժամերն են՝ երկուշաբթիից ուրբաթ 5:00-ից մինչև 20:00, շաբաթ օրը՝ 7:00-ից մինչև 20:00 և կիրակի օրը՝ 7:00-ից մինչև 19:00:

Այս տեղեկատուում ներկայացված բուժծառայություններ մատուցողները համաձայնել են ձեզ տրամադրել տեսողության հետ կապված ստանդարտ ծառայություններ: Դուք կարող եք դիմել այս տեղեկատուում նշված մեր ցանցային բուժծառայություններ մատուցողներից որևէ մեկին:

Տեսողության խնամքի բուժծառայություններ մատուցողների ցանցից ընտրեք մեկին, որը կլինի ձեր պայմանագրային տեսողության խնամքի հետ կապված ծառայություններ մատուցողը: Ձեզ անհրաժեշտ չէ նախօրոք թույլտվություն (նախապես հաստատում) ձեր հիմնական բուժող բժշկի կողմից: Կապ հաստատեք անմիջապես բուժծառայություն մատուցողի հետ և նրան այցելելու ժամանակ ներկայացրեք ձեր պլանի ID քարտը: Եթե ձեզ անհրաժեշտ է մասնագետի կողմից բուժում, ձեր պայմանագրային ակնաբույժը ձեզ ուղեգիր կտրամադրի մասնագետի մոտ:

Հետևյալ պլանների անդամները կարող են դիմել ոչ ցանցային բուժծառայություններ մատուցողներին, այդ թվում՝ պլանի սպասարկման տարածքից դուրս գտնվող բուժծառայություններ մատուցողներին, որոնք տրամադրում են փոխհատուցվող ծառայություններ՝ **Blue Shield 65 Plus (HMO), Blue Shield 65 Plus Plan 2 (HMO), Blue Shield 65 Plus Choice Plan (HMO), Blue Shield AdvantageOptimum Plan (HMO), Blue Shield AdvantageOptimum Plan 1 (HMO), Blue Shield Balance (HMO), Blue Shield Enhanced (HMO), Blue Shield Inspire (HMO), Blue Shield Inspire (HMO D-SNP), Blue Shield Select (PPO) և Blue Shield TotalDual Plan (HMO D-SNP):** Պլանի սպասարկման տարածքից դուրս ոչ ցանցային բուժծառայություններ մատուցողներին դիմելը կարող է ձեզ վրա ավելի թանկ նստել: Ծախսերի վերաբերյալ լրացուցիչ մանրամասների համար տե՛ս Ապահովագիրը (EOC): Եթե դուք ընտրում եք ոչ ցանցային բուժծառայություն մատուցողի, դուք կամ ձեր բուժծառայություն մատուցողը պետք է լրացնեք և ներկայացնեք փոխհատուցման ձևը, որը կարող եք պահանջել՝ զանգահարելով Հաճախորդների սպասարկման բաժին:

Հարցեր ունենալու դեպքում դիմեք VSP (800) 877-7195 (TTY՝ 1-800-428-4833) հեռախոսահամարով: Աշխատանքային ժամերն են՝ երկուշաբթիից ուրբաթ 5:00-ից մինչև 20:00, շաբաթ օրը՝ 7:00-ից մինչև 20:00 և կիրակի օրը՝ 7:00-ից մինչև 19:00:

Ո՞րն է մեր պլանների սպասարկման տարածքը:

Մեր պլանների սպասարկման տարածքներում ներառված շրջանները թվարկված են ստորև:

Blue Shield 65 Plus (HMO)՝ Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura

Blue Shield 65 Plus Choice Plan (HMO)՝ Riverside, San Bernardino

Blue Shield 65 Plus Plan 2 (HMO)՝ Los Angeles, Orange

Blue Shield AdvantageOptimum Plan (HMO)՝ Los Angeles, Orange

Blue Shield AdvantageOptimum Plan 1 (HMO)՝ San Diego

Blue Shield Balance (HMO)՝ Los Angeles

Blue Shield Enhanced (HMO)՝ Los Angeles, Orange

Blue Shield Inspire (HMO)՝ Alameda, Fresno, Los Angeles, Madera, Merced, Orange, Sacramento, San Joaquin, San Mateo, Santa Clara, Stanislaus

Blue Shield Inspire (HMO D-SNP)՝ Fresno, Merced, San Joaquin, Stanislaus

Blue Shield Select (PPO)՝ Alameda, Orange, San Diego

Blue Shield TotalDual Plan (HMO D-SNP)՝ Los Angeles, Orange, San Bernardino, San Diego

Ինչպե՞ս կարող եք գտնել մեր պլանների բուժծառայություններ մատուցողներին, որոնք սպասարկում են ձեր տարածքը:

Եթե հարցեր ունեք Blue Shield Medicare Advantage պլանի վերաբերյալ կամ օգնության կարիք ունեք տեսողության խնամքի բուժծառայություն մատուցողին ընտրելու հետ կապված, զանգահարեք Հաճախորդների սպասարկման բաժին **(800) 776-4466** հեռախոսահամարով, Blue Shield Balance-ի հետ կապված հարցերով զանգահարեք **(888) 802-4423,** Blue Shield TotalDual Plan (HMO D-SNP) պլանների հետ կապված հարցերով զանգահարեք **(800) 452-4413,** Blue Shield Inspire (HMO D-SNP) պլանների հետ կապված հարցերով զանգահարեք **(800) 452-4413** (TTY՝ 711) հեռախոսահամարով, 8:00-ից 20:00, շաբաթը յոթ օր: Դուք կարող եք նաև այցելել **blueshieldca.com/fad**:

Բաժին 2 – Բուժծառայություններ մատուցողների ցանկը

Alameda County/ Condado de Alameda

Alexander P Lukens OD
2651 Blanding Ave Ste B
Alameda, CA 94501
(510)748-9749

Anders S Hansson OD
1432 Park St
Alameda, CA 94501
(510)769-2020

Christopher J Fong OD
2651 Blanding Ave Ste B
Alameda, CA 94501
(510)748-9749

Christopher P Young OD
847 Marina Village Pkwy
Alameda, CA 94501
(510)337-7970

Daniel Chin OD
1409 1/2 Park St
Alameda, CA 94501
(510)523-1344

Eugene Lowry MD
2149 Central Ave
Alameda, CA 94501
(510)769-0477

Jennifer H Ong OD
2223 Santa Clara Ave Ste A
Alameda, CA 94501
(510)521-0551

Michelle M Wong OD
1801 Santa Clara Ave
Alameda, CA 94501
(510)521-2015

Richard H Marcus OD
512 Westline Dr Ste 104
Alameda, CA 94501
(510)523-6339

Shelly Y Sheppard OD
1801 Santa Clara Ave
Alameda, CA 94501
(510)521-2015

Stephen E Post MD
2149 Central Ave
Alameda, CA 94501
(510)769-0477

Tiffany La OD
847 Marina Village Pkwy
Alameda, CA 94501
(510)337-7970

Crizelda Lauron OD
1313 Solano Ave
Albany, CA 94706
(510)526-0194

Denise Tirado OD
1051 Solano Avenue
Albany, CA 94706
(510)526-3937

Miles Sabatini OD
1313 Solano Ave
Albany, CA 94706
(510)526-0194

Neda Akhondan OD
1051 Solano Avenue
Albany, CA 94706
(510)526-3937

Nicole J Sim OD
1313 Solano Ave
Albany, CA 94706
(510)526-0194

P Harold Woodring OD
1051 Solano Avenue
Albany, CA 94706
(510)526-3937

Ruth J Chen OD
1051 Solano Avenue
Albany, CA 94706
(510)526-3937

Adrienne Coulter OD
3100 San Pablo Ave Ste 420
Berkeley, CA 94702
(510)985-5200

Adrienne Coulter OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Alfred Vong OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Alfred Vong OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Alfred Vong OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Angela V Shahbazian OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Angela V Shahbazian OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Angela V Shahbazian OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Anne Moy OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Anne Moy OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Anne Moy OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

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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 (large print, audio, accessible electronic formats, other formats)
- Language services 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, the 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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Form Approved
OMB# 0938-1421

blue california

Multi-Language Insert
Multi-Language Interpreter Services

English We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-776-4466. Someone who speaks English can help you. This is a free service.

Spanish Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-776-4466. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-776-4466。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-776-4466。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-776-4466. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-776-4466. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese Chúng tôi có dịch vụ thông dịch miên phí đế trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-776-4466 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-776-4466. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-776-4466 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-776-4466. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن اي اسئلة تتعلق بالصحة او جدول الادوية لدينا. للحصول
ليس عليك سوى الاتصال بنا على 1-800-776-4466. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية على مترجم فوري،

Hindi हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-776-4466 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian E disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-776-4466. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-776-4466. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-776-4466. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-776-4466. Ta usługa jest bezpłatna.

Japanese 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-776-4466 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Hmong Peb muaj cov kev pab cuam txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog ntawm peb li kev noj qab haus huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau peb ntawm 1-800-776-4466. Muaj cov paub lus Hmoob tuaj yeem pab tau koj. Qhov no yog pab dawb.

Ukrainian Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-776-4466. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

Navajo D77 ats'77s baa 1h1y3 47 doodago azee' bee aa 1h1y3 b7na'7d7[kidgo 47 n1 ata' hodoolnih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-776-4466 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo[. D77 t'11 j77k'eh bee an1'1wo.

Punjabi ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫ਼ਤ ਦੁਭਾਸ਼ੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-776-4466 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫ਼ਤ ਸੇਵਾ ਹੈ।

Khmer យើងមានសេវាអ្នកបកប្រែផ្តាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្តាល់មាត់ម្នាក់ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខ 1-800-776-4466។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

Mien Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-776-4466. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

Lao ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄຳຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-776-4466. ມີຜູ້ຮູ້ ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մեզ մոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կամ դեղերի պլանի հետ կապված Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ունենալու համար պարզապես զանգահարեք մեզ 1-800-776-4466 հեռախոսահամարով: Ձեզ կօգնի հայերեն իմացող թարգմանիչը: Ծառայությունն անվճար է:

Farsi ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سؤالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیست با ما به شماره 1-800-776-4466 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

Thai ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-776-4466 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี

Form Approved
OMB# 0938-1421

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Multi-Language Insert
Multi-Language Interpreter Services

English We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-452-4413. Someone who speaks English can help you. This is a free service.

Spanish Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-452-4413. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-452-4413。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-452-4413。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-452-4413. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-452-4413. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese Chúng tôi có dịch vụ thông dịch miên phí đế trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-452-4413 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-452-4413. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-452-4413 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-452-4413. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن اي اسئلة تتعلق بالصحة او جدول الادوية لدينا. للحصول
ليس عليك سوى الاتصال بنا على 1-800-452-4413. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية على مترجم فوري،

Hindi हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-452-4413 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian E disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-452-4413. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-452-4413. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-452-4413. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-452-4413. Ta usługa jest bezpłatna.

Japanese 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-452-4413 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Hmong Peb muaj cov kev pab cuam txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog ntawm peb li kev noj qab haus huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau peb ntawm 1-800-452-4413. Muaj cov paub lus Hmoob tuaj yeem pab tau koj. Qhov no yog pab dawb.

Ukrainian Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-452-4413. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

Navajo D77 ats'77s baa 1h1y3 47 doodago azee' bee aa 1h1y3 b7na'7d7[kidgo 47 n1 ata' hodoolnih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-452-4413 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo[. D77 t'11 j77k'eh bee an1'1wo.

Punjabi ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫ਼ਤ ਦੁਭਾਸ਼ੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-452-4413 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫ਼ਤ ਸੇਵਾ ਹੈ।

Khmer យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខ 1-800-452-4413។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

Mien Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-452-4413. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

Lao ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄຳຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-452-4413. ມີຜູ້ຮູ້ ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մեզ մոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կամ դեղերի պլանի հետ կապված Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ունենալու համար պարզապես զանգահարեք մեզ 1-800-452-4413 հեռախոսահամարով: Ձեզ կօգնի հայերեն իմացող թարգմանիչը: Ծառայությունն անվճար է:

Farsi ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سؤالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیست با ما به شماره 1-800-452-4413 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

Thai ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-452-4413 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี

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