blue of california

眼科服務提供者名錄

本名錄是截至 May 2, 2023 的最新名錄。

本名錄提供適用於 **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) 以及 Blue Shield TotalDual Plan (HMO D-SNP)** 的網絡服務提供者的清單。

本名錄適用於 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 和 Ventura 縣。

*備註：並非所有計劃都適用於所有地區。

如需存取我們**計劃**的線上服務提供者名錄，您可造訪：**blueshieldca.com/fad,** 找到頁面右下角的名錄部分，然後點選 Vision Service Plan (VSP) Vision Providers（Vision Service Plan (VSP) 眼科服務提供者）。對本名錄中包含的資訊有任何疑問，請致電客戶關懷部，電話：**(800) 776-4466** (TTY: 711)。對於 Blue Shield Balance (HMO)，請致電 **(888) 802-4423**，對於 Blue Shield TotalDual Plan (HMO D-SNP) 或 Blue Shield Inspire (HMO D-SNP) 計劃，請致電 **(800) 452-4413 (TTY: 711)** ，服務時間：每週七天，每天上午 8 點至晚上 8 點.

服務提供者網路可能隨時更改；您將在必要時收到通知。如需瞭解服務提供者是否接受新患者，請直接聯絡服務提供者。

除非在緊急情況時，網路外/非簽約服務提供者沒有治療 **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) 以及 Blue Shield TotalDual Plan (HMO D-SNP)** 會員的義務。請致電客戶關懷部或查看《承保範圍說明書》，以瞭解更多資訊，包括適用於網絡外服務的費用分擔。

注意：若您使用的語言並非英語，您可以免費獲得語言協助服務。請致電 (800) 776-4466 (TTY: 711)。

本文件能夠以其他格式提供，例如大字體或其他替代格式。

Y0118_22_466G_CT_C 08122022
MAPDVIS-001-CT (05/23)

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第 1 部分 – 簡介

本名錄提供適用於 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 以及 Blue Shield Inspire 計劃的網絡服務提供者的清單。如欲獲取有關您醫療保健保險的詳細資訊，請查看您的《承保範圍說明書》(EOC)。

您的常規眼科保險由 Blue Shield of California 簽約的、眼科保險公司 Vision Service Plan (VSP) 提供。如您有任何疑問，請致電 (800) 877-7195 (TTY: 1-800-428-4833) 聯絡 VSP。服務時間為：週一至週五早上 5 點至晚上 8 點、週六早上 7 點至晚上 8 點和週日早上 7 點至晚上 7 點。

本名錄中載明的網路服務提供者，已同意為您提供常規眼科服務。您可前往就診本名錄的網絡服務提供者。

選擇眼科保健網路中的一家網路服務提供者，作為您的合約眼科服務提供者。您無需主治醫師的事先授權（事先授權）。請直接聯絡服務提供者並在服務時出示您的計劃 ID 卡。如果您需要專科醫生的治療，您的合約驗光師將為您辦理轉介。

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) 以及 Blue Shield TotalDual Plan (HMO D-SNP) 會員可能會為承保服務尋求非網絡服務提供者（包括計劃服務區域之外的服務提供者）看診。在計劃服務區域外找非網絡服務提供者看診，有可能會讓您更花錢。請查看您的《承保範圍說明書》(EOC) 以瞭解有關費用的更多詳情。如果您選擇非網絡服務提供者，您或您的服務提供者將需要填寫並提交報銷表，您可致電客戶關懷部索取該表。

如您有任何疑問，請致電 (800) 877-7195 (TTY: 1-800-428-4833) 聯絡 VSP。服務時間為：週一至週五早上 5 點至晚上 8 點、週六早上 7 點至晚上 8 點和週日早上 7 點至晚上 7 點。

我們計劃的服務區域有哪些？

我們計劃的服務區域的縣市如下所示。

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

您如何找到為您所在地區提供服務的計劃服務提供者？

如您對 Blue Shield Medicare Advantage 計劃有任何疑問或者在選擇眼科服務提供者時需要幫助，請致電客戶關懷部，電話：**(800) 776-4466，**服務時間：每週七天，每天上午 8 點至晚上 8 點。對於 Blue Shield Balance，請致電 **(888) 802-4423**；對於 Blue Shield TotalDual Plan (HMO D-SNP) 計劃，請致電 **(800) 452-4413** ；對於 Blue Shield Inspire (HMO D-SNP) 計劃，請致電 **(800) 452-4413** (TTY: 711)。另外，您可造訪 **blueshieldca.com/fad**。

第 2 部分 – 網絡服務提供者清單

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Encino, CA 91316
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Tom S Chang MD
5400 Balboa Blvd Ste 222
Encino, CA 91316
(818)990-0165

Vahe Arutyunyan OD
17310 Ventura Blvd
Encino, CA 91316
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5400 Balboa Blvd Ste 222
Encino, CA 91316
(818)990-0165

Zarine Gabrielyan OD
5400 Balboa Blvd Ste 222
Encino, CA 91316
(818)990-0165

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1425 W Artesia Blvd Ste 32
Gardena, CA 90248
(310)769-1642

Amy Jo Calder OD
1142 W Redondo Beach Blvd
Gardena, CA 90247
(310)323-5095

Eric K Miyamoto OD
879 W 190th St Ste 100
Gardena, CA 90248
(310)329-9975

Eugene Y Osako OD
18525 S Western Ave
Gardena, CA 90248
(310)538-3937

Gina Nakamura OD
18525 S Western Ave
Gardena, CA 90248
(310)538-3937

Ifrah Sheesfarooqui OD
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Gardena, CA 90247
(310)323-5095

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Gardena, CA 90248
(310)329-9975

Jerry S Wake OD
1630 W Redondo Beach Blvd #1
Gardena, CA 90247
(310)324-8205

Johnathan Downing MD
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Gardena, CA 90248
(310)329-9975

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1141 W Redondo Beach Blvd
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(310)767-7814

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Gardena, CA 90248
(310)719-2020

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Gardena, CA 90248
(310)329-9975

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1713 W Artesia Blvd
Gardena, CA 90248
(310)329-4128

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Gardena, CA 90248
(310)329-9975

Nicholas P Marsico MD
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Gardena, CA 90248
(310)329-9975

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14506 Crenshaw Blvd Ste A
Gardena, CA 90249
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Gardena, CA 90248
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1142 W Redondo Beach Blvd
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(310)323-5095

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Gardena, CA 90248
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Glendale, CA 91203
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Glendale, CA 91208
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(310)670-1888

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Los Angeles, CA 90031
(323)221-6186

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(310)652-1133

Kenneth M Murata OD
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Los Angeles, CA 90037
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Los Angeles, CA 90033
(323)442-6335

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(213)740-6960

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(323)221-6186

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(323)866-2020

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Krystal T Vanichsarn OD
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(323)221-6186

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Kweku W Grant-Acquah MD
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Los Angeles, CA 90011
(213)973-3968

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Los Angeles, CA 90033
(323)442-6335

Lernik Torossian OD
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Los Angeles, CA 90089
(213)740-6960

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Los Angeles, CA 90037
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3104 W Olympic Blvd
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15315 Magnolia Blvd
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Maria Salado OD
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Los Angeles, CA 90037
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Los Angeles, CA 90017
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Marineh Baghoumian OD
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Los Angeles, CA 90031
(323)221-6186

Marineh Baghoumian OD
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Los Angeles, CA 90031
(323)221-6186

Meggie Nguyen OD
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Melody J Kim OD
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Los Angeles, CA 90031
(323)221-6186

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Michael Davis MD
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Los Angeles, CA 90031
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Los Angeles, CA 90017
(213)623-5196

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(323)732-3030

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Los Angeles, CA 90031
(323)221-6186

Michael R Rose MD
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Los Angeles, CA 90057
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Los Angeles, CA 90048
(323)954-5800

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Los Angeles, CA 90005
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Natalie Osayande OD
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Nicole Na OD
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Los Angeles, CA 90048
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1000 Valencia Street
San Francisco, CA 94110
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205 Berry St
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(415)978-2630

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711 Van Ness Ave Ste 440
San Francisco, CA 94102
(415)351-2000

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100 First St Ste 145
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(415)777-2020

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611 Broadway
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(415)982-0388

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1833 Powell St
San Francisco, CA 94133
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San Francisco, CA 94132
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5515 Geary Blvd
San Francisco, CA 94121
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1544 Church St
San Francisco, CA 94131
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929 Clay St Ste 203
San Francisco, CA 94108
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1372 9th Ave
San Francisco, CA 94122
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San Francisco, CA 94158
(415)353-2020

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2508 Mission St
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781 Vallejo St
San Francisco, CA 94133
(415)677-9930

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2786 Diamond St
San Francisco, CA 94131
(415)334-2020

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1424 Stockton St
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(415)421-6666

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1418 Polk St
San Francisco, CA 94109
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San Francisco, CA 94109
(415)776-2352

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899 Washington St Ste 6
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San Francisco, CA 94103
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San Francisco, CA 94103
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San Francisco, CA 94122
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107 W Portal Ave
San Francisco, CA 94127
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450 Sutter St Rm 1500
San Francisco, CA 94108
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San Francisco, CA 94143
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490 Illinois St Rm 44K
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(415)353-2020

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5515 Geary Blvd
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619 Irving St
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Marysville, CA 95901
(530)743-1873

Baljit S Sohal OD
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(530)743-1873

Bradley Hamar OD
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Craig A Montgomery OD
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Douglas L McGraw DO
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(530)743-1873

Joel I Barthelow MD
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Marysville, CA 95901
(530)743-1873

Justin Treat OD
320 H St Ste 4
Marysville, CA 95901
(530)743-1873

Kaitlin Soracco OD
320 H St Ste 4
Marysville, CA 95901
(530)743-1873

Mark B Byers OD
429 D St
Marysville, CA 95901
(530)742-1679

Michael J Merry OD
320 H St Ste 4
Marysville, CA 95901
(530)743-1873

Punit K Dhaliwal OD
320 H St Ste 4
Marysville, CA 95901
(530)743-1873

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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.

Y0118_22_036A_C 01242022

A20275MED_1221

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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

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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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