



បញ្ជីឈ្មោះអ្នកផ្តល់សេវាសុខភាពពេទ្យ

បញ្ជីឈ្មោះនេះមានបច្ចុប្បន្នភាព ភាពចាប់ពីថ្ងៃទី May 2, 2023។

បញ្ជីឈ្មោះនេះផ្តល់នូវបញ្ជីអ្នកផ្តល់សេវាក្នុងបណ្តាញសម្រាប់គម្រោង **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) និង Blue Shield TotalDual Plan (HMO D-SNP)។**

បញ្ជីឈ្មោះនេះគឺសម្រាប់ខោធី 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 និងខោធី Ventura។

*ចំណាំ៖ មិនមែនគ្រប់គម្រោងទាំងអស់ផ្តល់ជូនគ្រប់តំបន់នោះទេ។

ដើម្បីចូលប្រើប្រាស់បញ្ជីឈ្មោះអ្នកផ្តល់សេវានៃគម្រោង អ្នកអាចចូលទៅកាន់ **blueshieldca.com/fad** ស្វែងរកផ្នែកបញ្ជីឈ្មោះនៅផ្នែកខាងស្តាំខាងក្រោមទំព័រ រួចហើយចុចលើ Vision Service Plan (VSP) Vision Providers (អ្នកផ្តល់សេវាចក្ខុវិស័យ Vision Service Plan (VSP))។ សម្រាប់សំណួរណាមួយអំពីព័ត៌មានដែលមាននៅក្នុងបញ្ជីឈ្មោះនេះ សូមទូរសព្ទទៅផ្នែកថែទាំអតិថិជនតាមរយៈលេខ **(800) 776-4466 (TTY: 711)**។ សម្រាប់ Blue Shield Balance (HMO) ហៅទូរសព្ទទៅលេខ **(888) 802-4423** Blue Shield TotalDual Plan (HMO D-SNP) ឬគម្រោង Blue Shield Inspire (HMO D-SNP) សូមហៅទូរសព្ទទៅលេខ **(800) 452-4413 (TTY: 711)** រយៈពេល 8 ព្រឹក ដល់ម៉ោង 8 យប់ ជ្រាបពីថ្ងៃក្នុងមួយសប្តាហ៍។

បណ្តាញអ្នកផ្តល់សេវាអាចផ្លាស់ប្តូរបានគ្រប់ពេល ហើយអ្នកនឹងទទួលបានការជូនដំណឹងនៅពេលចាំបាច់។ ដើម្បីដឹងថាតើអ្នកផ្តល់សេវាកំពុងទទួលយកអ្នកជំងឺថ្មីឬអត់នោះ សូមទាក់ទងអ្នកផ្តល់សេវាដោយផ្ទាល់។

អ្នកផ្តល់សេវាក្រៅបណ្តាញ/អ្នកផ្តល់សេវាមិនជាប់កិច្ចសន្យាមិនមានកាតព្វកិច្ចក្នុងការព្យាបាលសមាជិកនៃគម្រោង **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) និង Blue Shield TotalDual Plan (HMO D-SNP)** ទេ លើកលែងតែក្នុងស្ថានភាពសង្គ្រោះបន្ទាន់តែប៉ុណ្ណោះ។ សូមទូរសព្ទទៅលេខផ្នែកថែទាំអតិថិជនរបស់យើង ឬមើលកត្តាផ្សេងៗនៃការធានារ៉ាប់រងរបស់អ្នកដើម្បីទទួលបានព័ត៌មានបន្ថែម រួមទាំងការចែករំលែកថ្លៃចំណាយដែលអនុវត្តចំពោះសេវាកម្មក្រៅបណ្តាញ។

ការយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស
សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅ (800) 776-4466 (TTY: 711)។

ឯកសារនេះអាចមានផ្តល់ជូនជាទម្រង់ផ្សេងទៀត ដូចជាការបោះពុម្ពអក្សរធំ ឬទម្រង់ជំនួសផ្សេងទៀត។

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ផ្នែកទី 1 — សេចក្តីផ្តើម

បញ្ជីឈ្មោះនេះផ្តល់នូវបញ្ជីអ្នកផ្តល់សេវាសុខភាពភ្នែកក្នុងបណ្តាញសម្រាប់គម្រោង 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 និងគម្រោង Blue Shield Inspire។ ដើម្បីទទួលបានព័ត៌មានលម្អិតអំពីការធានារ៉ាប់រងសុខភាពរបស់អ្នក សូមមើលភស្តុតាងនៃការធានារ៉ាប់រងរបស់អ្នក (EOC)។

ការធានារ៉ាប់រងលើសុខភាពជាប្រចាំរបស់អ្នកគឺត្រូវបានផ្តល់ជូនដោយ Vision Service Plan (VSP) ដែលជាក្រុមហ៊ុនផ្តល់សេវាសុខភាពភ្នែកដែលមានកិច្ចសន្យាសម្រាប់ Blue Shield of California។ សូមទាក់ទង VSP ប្រសិនបើអ្នកមានសំណួរណាមួយតាមលេខ (800) 877-7195 (TTY: 1-800-428-4833)។ ម៉ោងធ្វើការគឺថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ពីម៉ោង 5 ព្រឹក ដល់ម៉ោង 8 យប់ នៅថ្ងៃសៅរ៍គឺពីម៉ោង 7 ព្រឹក ដល់ម៉ោង 8 យប់ និងនៅថ្ងៃអាទិត្យពីម៉ោង 7 ព្រឹក ដល់ម៉ោង 7 យប់។

អ្នកផ្តល់សេវាក្នុងបណ្តាញដែលបានរាយក្នុងបញ្ជីនេះបានយល់ព្រមផ្តល់ឱ្យអ្នកនូវសេវាកម្មសុខភាពភ្នែកជាប្រចាំ។ អ្នកអាចទៅកាន់អ្នកផ្តល់សេវាក្នុងបណ្តាញណាមួយរបស់យើងដែលមានរាយក្នុងបញ្ជីនេះ។

ជ្រើសរើសអ្នកផ្តល់សេវាក្នុងបណ្តាញណាមួយនៅក្នុងបណ្តាញសេវាសុខភាពភ្នែក ឱ្យធ្វើជាអ្នកផ្តល់សេវាសុខភាពភ្នែកក្នុងកិច្ចសន្យារបស់អ្នក។ អ្នកមិនត្រូវការការអនុញ្ញាតជាមុន (ការយល់ព្រមជាមុន) ពីគ្រូពេទ្យថែទាំបឋមរបស់អ្នកទេ។ ទាក់ទងអ្នកផ្តល់សេវាដោយផ្ទាល់ និងបង្ហាញបញ្ជីសម្គាល់សមាជិកគម្រោងរបស់អ្នកនៅពេលប្រើប្រាស់សេវា។ ប្រសិនបើអ្នកត្រូវការការព្យាបាលពីអ្នកឯកទេស គ្រូពេទ្យឯកទេសភ្នែករបស់អ្នកនឹងដោះស្រាយការបញ្ជូនបន្តឱ្យអ្នក។

សមាជិកនៃគម្រោង **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) និង Blue Shield TotalDual Plan (HMO D-SNP)**

អាចប្រើប្រាស់សេវាពីអ្នកផ្តល់សេវាក្រៅបណ្តាញសម្រាប់សេវាដែលមានការធានារ៉ាប់រង រួមទាំងអ្នកផ្តល់សេវាដែលនៅក្រៅតំបន់សេវាកម្មរបស់គម្រោង។ ការប្រើប្រាស់សេវារបស់អ្នកផ្តល់សេវាក្រៅបណ្តាញនៅខាងក្រៅតំបន់សេវាកម្មរបស់គម្រោងគឺអាចចំណាយប្រាក់ កាន់តែច្រើន។ សូមមើលភស្តុតាងនៃការធានារ៉ាប់រង (EOC) របស់អ្នកដើម្បីទទួលបានព័ត៌មានលម្អិតបន្ថែមអំពីការចំណាយ។ ប្រសិនបើអ្នកជ្រើសរើសអ្នកផ្តល់សេវាដែលនៅក្រៅបណ្តាញ អ្នកឬអ្នកផ្តល់សេវារបស់អ្នកនឹងត្រូវបំពេញ និងដាក់បញ្ជូនទម្រង់បែបបទសំណង ដែលអ្នកអាចស្នើសុំដោយការហៅទូរសព្ទទៅផ្នែកថែទាំអតិថិជន។

សូមទាក់ទង VSP ប្រសិនបើអ្នកមានសំណួរណាមួយតាមលេខ (800) 877-7195 (TTY: 1-800-428-4833)។ ម៉ោងធ្វើការគឺថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ពីម៉ោង 5 ព្រឹក ដល់ម៉ោង 8 យប់ នៅថ្ងៃសៅរ៍គឺពីម៉ោង 7 ព្រឹក ដល់ម៉ោង 8 យប់ និងនៅថ្ងៃអាទិត្យពីម៉ោង 7 ព្រឹក ដល់ម៉ោង 7 យប់។

តើតំបន់សេវាកម្មរបស់គម្រោងរបស់យើងគឺជាអ្វី?

ខោនធីនៅក្នុងតំបន់សេវារបស់គម្រោងយើងមានរាយខាងក្រោម។

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

តើអ្នកស្វែងរកអ្នកផ្តល់សេវាគម្រោងរបស់យើងដែលផ្តល់ជូននៅក្នុងតំបន់របស់អ្នកដោយ របៀបណា?

ប្រសិនបើអ្នកមានសំណួរអំពីគម្រោង Blue Shield Medicare Advantage របស់អ្នក
ឬត្រូវការជំនួយក្នុងការជ្រើសរើសអ្នកផ្តល់សេវាសុខភាពភ្នែក
សូមហៅទូរសព្ទទៅផ្នែកថែទាំអតិថិជនតាមរយៈលេខ **(800) 776-4466** ឬសម្រាប់គម្រោង Blue Shield
Balance សូមហៅទូរសព្ទទៅលេខ **(888) 802-4423** ឬសម្រាប់គម្រោង Blue Shield TotalDual Plan (HMO
D-SNP) សូមហៅទូរសព្ទទៅលេខ **(800) 452-4413** ឬសម្រាប់គម្រោង Blue Shield Inspire (HMO D-SNP)
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ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍។ អ្នកក៏អាចចូលទៅកាន់ **blueshieldca.com/fad**។

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(213)484-0170

Carolyn M Wong OD
11540 Santa Monica Blvd #202
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Cecilia Y Perez OD
1149 S Hill St Ste 365
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(213)749-3461

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Chau T Nakada OD
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Chee Tan MD
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Los Angeles, CA 91325
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Chien Yu J Chiu OD
10939 W Pico Blvd
Los Angeles, CA 90064
(310)899-0077

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Los Angeles, CA 90010
(213)386-0001

Christine Yoo OD
1120 W Washington Blvd
Los Angeles, CA 90015
(626)793-3475

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Los Angeles, CA 90017
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Christopher Hsu MD
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Los Angeles, CA 90031
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Christopher Hsu MD
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Los Angeles, CA 90037
(323)234-9137

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Los Angeles, CA 90067
(310)271-0120

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1120 W Washington Blvd
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(626)793-3475

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Desireh Akhamzadeh OD
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Los Angeles, CA 90037
(323)234-9137

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Los Angeles, CA 90010
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Eddy Z Naime OD
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Elizabeth Nace OD
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Elizabeth S Noh OD
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Los Angeles, CA 90006
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Elizabeth S Noh OD
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Los Angeles, CA 90006
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Los Angeles, CA 90037
(323)234-9137

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(310)652-1133

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(310)271-0120

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Los Angeles, CA 90049
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8213 Beverly Blvd
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8391 Topanga Canyon Blvd
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Gagreet Sekhon OD
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Los Angeles, CA 90027
(323)871-1777

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Gary L Etting OD
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1120 W Washington Blvd
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(323)221-6186

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(310)267-4772

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Irene I Yim OD
505 S Virgil Ave Ste 300
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(213)384-5222

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Los Angeles, CA 90006
(213)385-1656

Jaime Chan OD
928 S Western Ave Ste 229
Los Angeles, CA 90006
(213)385-9100

Jaime Chan OD
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Los Angeles, CA 90013
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(310)553-7011

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(323)232-1234

John Y Jacobs OD
5657 Wilshire Blvd Ste 130
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(323)936-2733

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Los Angeles, CA 90089
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Los Angeles, CA 90011
(213)973-3968

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(805)230-2126

Krystal T Vanichsarn OD
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(310)674-2895

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Los Angeles, CA 90037
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Lernik Torossian OD
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Los Angeles, CA 90033
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Los Angeles, CA 90045
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Madeleine Low OD
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Los Angeles, CA 90037
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Maiya L Logan OD
9186 W Pico Blvd
Los Angeles, CA 90035
(310)276-1702

Marc S Simmons OD
6225 W 87th St Ste 101
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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

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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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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 miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-776-4466 sẽ có nhân viên nói tiếng Việt giúp đỡ quý 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.

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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 أي أسئلة تتعلق بالصحة أو جدول الأدوية 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.

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Hmong Peb muaj cov kev pab cuam txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog ntawm pab li kev noj qab haus huv los sis lub phiax xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau pab 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 lhly3 47 doodago azee' bee aa lhly3 b7na'7d7[kidgo 47 n1 ata' hodoonih77 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 ਮੁਫਤ ਦੁਬਾਸੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਬਾਸੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-776-4466 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

Khmer យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានាដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់សូមទូរសព្ទមកយើងខ្ញុំតាមលេខ 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. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մեզ և՛ ձեր համալսելի են անվճար թարգմանչական ծառայությունները՝ ձեր առողջապահական կամ դեղերի պլանի հետ կապված ձեր ցանկացած հարցի և 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 سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیت 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

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 miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-452-4413 sẽ có nhân viên nói tiếng Việt giúp đỡ quý 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 대해 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 أي أسئلة تتعلق بالصحة أو جدول الأدوية 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।

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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.

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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.

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Navajo D77 ats'77s baa 1hly3 47 doodago azee' bee aa 1hly3 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 ਮੁਫਤ ਦੁਬਾਸੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਬਾਸੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-452-4413 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

Khmer យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានាដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់សូមទូរសព្ទមកយើងខ្ញុំតាមលេខ 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. ມີຜູ້ຮູ້ພາສາລາວສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մենք վրձնում ենք անվճար թարգմանչական ծառայություններ՝ վերաբերյալ անվճար կապի գծերով և հեռախոսով անվճար և օնլայն ծառայություններով և օնլայն ծառայություններով 1-800-452-4413 հեռախոսահամարով: Ձեր կողմից հարցերի և մտահոգիաների պատասխանում մենք 1-800-452-4413 հեռախոսահամարով: Ձեր կողմից հարցերի և մտահոգիաների պատասխանում մենք 1-800-452-4413 հեռախոսահամարով:

Farsi ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی 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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