

眼科服務提供者名錄

本名錄是截至 November 1, 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，包括適用於網路外服務的費用分擔。

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 (11/23)

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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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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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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.

Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 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 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.

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。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 phiax 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 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 យើងមានសេវាអ្នកបកប្រែផ្តល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានាដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្តល់មាត់ម្នាក់សូមទូរស័ព្ទទមកយើងខ្ញុំតាមលេខ 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 կապի գործընթացի և՛ ձեր ցանկացած հարցի և պատասխանելու համար: Թարգմանիչ ունենալու համար պարզապես զանգահարեք մեզ 1-800-776-4466 հեռախոսահամարով: Ձեզ կօգնի հարցերն 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، کافایت 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.

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。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 phiax 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 1hly3 47 doodago azee' bee aa 1hly3 b7na'7d7[kidgo 47 n1 ata' hodoonih77 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 առողջապահական կամ դեղերի պլանի հետ կապված ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ունեցնող համար պարզապես զանգահարեք մեզ 1-800-452-4413 հեռախոսահամարով: Ձեր կոգնի հարցերեն 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، 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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Vision Provider Directory

Directorio de proveedores de atención de la vista

This directory is current as of November 2, 2023.

This directory provides a list of network providers for **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)**, and **Blue Shield TotalDual Plan (HMO D-SNP)**.

This directory is for 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, and Ventura Counties.

*Note: not all plans serve all regions.

To access our **Plan's** online provider directory, you can visit blueshieldca.com/fad, locate the Directories section at the bottom right page and click on Vision Service Plan (VSP) Vision Providers. For any questions about the information contained in this directory, please call Customer Care at **(800) 776-4466** (TTY: 711). For Blue Shield Balance (HMO) call (888) 802-4423, Blue Shield TotalDual Plan (HMO D-SNP), or Blue Shield Inspire (HMO D-SNP) plans call **(800) 452-4413** (TTY: 711) 8 a.m. to 8 p.m., seven days a week.

The provider network may change at any time; you will receive notice when necessary. To find out whether or not a provider is accepting new patients, please contact the provider directly.

Out-of-network/non-contracted providers are under no obligation to treat **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)**, and **Blue Shield TotalDual Plan (HMO D-SNP)**, members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call (800) 776-4466 (TTY: 711).

This document may be available in other formats such as large print or other alternate formats.

Directorio de proveedores de atención de la vista

Este directorio tiene vigencia a partir del 02 de noviembre de 2023.

Este directorio brinda una lista de los proveedores de la red de **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)**, y **Blue Shield TotalDual Plan (HMO D-SNP)**.

Este directorio es para los condados de Alameda, Fresno, Kern, Los Ángeles, Madera, Merced, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Joaquín, San Luis Obispo, San Mateo, Santa Bárbara, Santa Clara, Stanislaus y Ventura.

*Tenga en cuenta que no todos los planes sirven a todas las áreas.

Para obtener acceso al directorio de proveedores en línea de nuestro **Plan**, puede visitar blueshieldca.com/fad, buscar la sección "Directorios" en la parte inferior derecha de la página y hacer clic en Vision Service Plan (VSP) Vision Providers. Si tiene alguna pregunta sobre la información incluida en este directorio, comuníquese con Atención al Cliente llamando al **(800) 776-4466** (TTY: 711). Para Blue Shield Balance call (888) 802-4423, Blue Shield TotalDual Plan (HMO D-SNP) plans, o Blue Shield Inspire (HMO D-SNP) plans call **(800) 452-4413** (TTY: 711), de 8:00 a. m. a 8:00 p. m., cualquier día de la semana.

La red de proveedores puede cambiar en cualquier momento; recibirá un aviso cuando sea necesario. Para saber si un proveedor está aceptando pacientes nuevos o no, comuníquese directamente con el proveedor.

Los proveedores que están fuera de la red o que no están contratados no tienen la obligación de tratar a los miembros de **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)**, y **Blue Shield TotalDual Plan (HMO D-SNP)**, excepto en situaciones de emergencia. Llame a nuestro número de Atención al Cliente o lea su Evidencia de Cobertura para obtener más información, incluido el costo compartido que corresponde para los servicios fuera de la red.

ATENCIÓN: Si no habla inglés, tiene a su disposición gratis el servicio de asistencia en idiomas. Llame al **(800) 776-4466** (TTY: 711).

Este documento puede estar disponible en letra grande o en otros formatos alternativos.

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Section 1 – Introduction

This directory provides a list of network vision providers for the 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, and Blue Shield Inspire plans. To get detailed information about your health care coverage, please see your Evidence of Coverage (EOC).

Your routine vision coverage is provided by Vision Service Plan (VSP), a contracted vision carrier for Blue Shield of California. Please contact VSP if you have any questions at (800) 877-7195 (TTY: 1-800-428-4833). Hours of operations are Monday to Friday 5 am – 8 pm, Saturday 7 am – 8 pm and Sunday 7 am – 7 pm.

The network providers listed in this directory have agreed to provide you with routine vision services. You may go to any of our network providers listed in this directory.

Choose one of the network providers in the vision care network to be your Contract vision provider. You don't need prior authorization (approval in advance) from your Primary Care Physician. Contact the provider directly and present your plan ID card at the time of service. If you require treatment from a specialist, your Contract Optometrist will handle the referral for you.

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), and Blue Shield TotalDual Plan (HMO D-SNP) members may see non-network providers for covered services, including providers outside of the plan service area. Seeing a non-network provider outside the plan service area may cost you more. See your Evidence of Coverage (EOC) for more details on the costs. If you choose a non-network provider, you or your provider will need to complete and submit a reimbursement form, which you can request by calling Customer Care.

Please contact VSP if you have any questions at (800) 877-7195 (TTY: 1-800-428-4833). Hours of operations are Monday to Friday 5 am- 8 pm, Saturday 7 am – 8 pm and Sunday 7 am – 7 pm.

What is the service area for our plans?

The counties in our plans' service areas are listed below.

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

How do you find our plan providers that serve your area?

If you have questions about your Blue Shield Medicare Advantage plan or require assistance in selecting a vision provider please call Customer Care at **(800) 776-4466** or for Blue Shield Balance call **(888) 802-4423** or for Blue Shield TotalDual Plan (HMO D-SNP) plans call **(800) 452-4413** or for Blue Shield Inspire (HMO D-SNP) plans call **(800) 452-4413** (TTY: 711), 8 a.m. to 8 p.m., seven days a week. You can also visit blueshieldca.com/fad.

Sección 1: Introducción

Este directorio brinda una lista de los proveedores de atención de la vista de la red de 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 y Blue Shield Inspire. Para obtener información detallada sobre su cobertura de atención de la salud, consulte su Evidencia de Cobertura (EOC).

Su cobertura de la vista de rutina se brinda a través de Vision Service Plan (VSP), el proveedor de la vista contratado de Blue Shield of California. Si tiene preguntas, comuníquese con VSP al (800) 877-7195 (TTY: 1-800-428-4833). El horario de atención es de lunes a viernes, de 5:00 a. m. a 8:00 p. m., los sábados, de 7:00 a. m. a 8:00 p. m., y los domingos, de 7:00 a. m. a 7:00 p. m.

Los proveedores de la red que se incluyen en este directorio han acordado brindarle servicios de atención de la vista de rutina.

Elija uno de los proveedores de la red de atención de la vista para que sea su proveedor de atención de la vista contratado. No necesita una autorización previa (aprobación por adelantado) de su médico de atención primaria. Comuníquese directamente con el proveedor y presente su tarjeta de identificación del plan al momento de obtener el servicio. Si necesita tratamiento a través de un especialista, su optometrista contratado se encargará de obtener la referencia en su nombre.

Los miembros de **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), y Blue Shield TotalDual Plan (HMO D-SNP)** pueden ir a proveedores que no forman parte de la red para obtener servicios cubiertos, incluidos los proveedores que se encuentran fuera del área de servicio del plan. Si va a un proveedor que no forma parte de la red fuera del área de servicio del plan, es posible que deba pagar un costo más alto. Consulte su Evidencia de Cobertura (EOC) para obtener más detalles sobre los costos. Si elige un proveedor que no forma parte de la red, usted o su proveedor deberán completar y enviar un formulario de reembolso. Para obtener este formulario, llame a Atención al Cliente.

Si tiene preguntas, comuníquese con VSP al (800) 877-7195 (TTY: 1-800-428-4833). El horario de atención es de lunes a viernes, de 5:00 a. m. a 8:00 p. m., los sábados, de 7:00 a. m. a 8:00 p. m., y los domingos, de 7:00 a. m. a 7:00 p. m.

Cuál es el área de servicio de nuestros planes?

A continuación, se indican los condados que se incluyen en las áreas de servicio de nuestros planes.

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 2 (HMO): San Diego

Blue Shield Balance (HMO): Los Ángeles

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, Riverside, San Bernardino, San Diego

¿Cómo encontrar nuestros proveedores de los planes que brinden servicios en su área?

Si tiene alguna pregunta acerca de su plan Medicare Advantage de Blue Shield o si necesita ayuda para elegir un proveedor de atención de la vista, comuníquese con Atención al Cliente al **(800) 776-4466** (TTY: 711). Para Blue Shield Balance call **(888) 802-4423**, Blue Shield TotalDual Plan (HMO D-SNP) plans, o Blue Shield Inspire (HMO D-SNP) plans call **(800) 452-4413** (TTY: 711), de 8:00 a. m. a 8:00 p.m., cualquier día de la semana. También puede visitar blueshieldca.com/fad.

Section 2 – List of Network Providers / Sección 2: Lista de proveedores de la red

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

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

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

Thanhhan Nguyen-Tran 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

Betty Li OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Charlie V Ngo 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

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

Charlie V Ngo 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

Brian Steinmann OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Cheyenne C China Gengler OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

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

Cade Oost OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Cheyenne C China Gengler OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

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

Carl H Jacobsen OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Cheyenne C China Gengler OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

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

Carl H Jacobsen OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Christina S Wilmer OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

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

Celia R Gong OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Christina S Wilmer OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

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

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

Christina S Wilmer OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Crizelda Lauron OD
2118 Vine St Ste E
Berkeley, CA 94709
(510)548-3947

Deborah A Orel Bixler OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

George K Lee OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Crystal Wen OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Dennis S Burger OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Ghazal Naseri OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

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

Dennis S Burger OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

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

Debora M Lee OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Dennis S Burger OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Glen Ozawa OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Debora M Lee OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Emily Gorski OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Glen Ozawa OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Debora M Lee OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

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

Harlan J Wong OD
1928 Shattuck Ave
Berkeley, CA 94704
(510)843-4030

Deborah A Orel Bixler OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Faiza Dossa OD
1799 4th St Ste E
Berkeley, CA 94710
(510)559-8181

Harry M Green OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Deborah A Orel Bixler OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

George K Lee OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Harry M Green OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Harry M Green OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Jeffrey Kong OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Karen Molina OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Isabel Kazemi OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Jeffrey Kong OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Katherine Lai OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Isabel Kazemi OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

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

Kathryn A Johnson OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

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

Jennifer H Fisher OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Kathryn A Johnson OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Jasmine S Junge OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Jennifer H Fisher OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Kathy Tran OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Jeffrey Kamo OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Jennifer H Fisher OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Kayle Edwards OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Jeffrey Kamo OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Jeremy R Shumaker OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

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

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

Jeremy R Shumaker OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Kellie Melton OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Kerri K Yoshiyama OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Lillian L Wang OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Mareena Roufail OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Kerri K Yoshiyama OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Lillian L Wang OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Marianne Pia Hoenig OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Kerri K Yoshiyama OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Lillian L Wang OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Marianne Pia Hoenig OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

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

Linh N Le OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Marianne Pia Hoenig OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

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

Linh N Le OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Mark A Fujikawa OD
2414 Shattuck Ave
Berkeley, CA 94704
(510)843-1228

Kuniyoshi Kanai OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Linh N Le OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Marlena A Chu OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Kuniyoshi Kanai OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Madison Sachs OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Marlena A Chu OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

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

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

Marlena A Chu OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Melanie L Mason OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Meredith M Whiteside OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Nicole J Sim OD
2118 Vine St Ste E
Berkeley, CA 94709
(510)548-3947

Melanie L Mason OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Meredith M Whiteside OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

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

Melanie L Mason OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Meredith M Whiteside OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Nicole Mercho OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Melissa A Valdellon OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Michael Wong OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Olivia Burger OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Meng C Lin OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Nadia S Samii OD
2110 Vine St Ste B
Berkeley, CA 94709
(510)540-5555

Pam T Satjawatcharaphong
OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Meng C Lin OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Nancy A McNamara OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Pam T Satjawatcharaphong
OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Meng C Lin OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Nancy A McNamara OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Pam T Satjawatcharaphong
OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Meng Hua Wu OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Nancy A McNamara OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Quan Dao OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Ramie Sahota OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Rose Hoang OD
2414 Shattuck Ave
Berkeley, CA 94704
(510)843-1228

Russell N Cotteral OD
2110 Vine St Ste B
Berkeley, CA 94709
(510)540-5555

Sam Lee OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Samuel Mainieri OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Sara L Frane OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Sara L Frane OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

Sara L Frane OD
2222 Bancroft Wy Fl 3
Berkeley, CA 94720
(510)643-2020

Sarah Arneal OD
200 Minor Hall SPC 2020
Berkeley, CA 94720
(510)642-2020

Sarah Arneal OD
230 Minor Hall
Berkeley, CA 94720
(510)642-2020

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

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(310)652-1133

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(213)413-7301

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(213)633-4777

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(323)442-6335

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835 W Jefferson Blvd Ste 1720
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(213)740-6960

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2814 Hyperion Ave
Los Angeles, CA 90027
(323)663-0721

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Los Angeles, CA 90031
(323)221-6186

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(323)221-6186

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(323)234-9137

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(213)484-0170

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(213)413-7301

Michael Davis MD
2400 N Broadway
Los Angeles, CA 90031
(323)221-6186

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Los Angeles, CA 90017
(213)623-5196

Michael Jung OD
3130 West Olympic Blvd Suite 1
Los Angeles, CA 90006
(323)732-3030

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(323)221-6186

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Los Angeles, CA 90057
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Los Angeles, CA 90013
(213)680-1551

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Los Angeles, CA 90005
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Nataly Kalbakji OD
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Nicole Na OD
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(833)270-3937

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(323)263-6774

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Raul A Mancilla OD
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Los Angeles, CA 90033
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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 (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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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 panggagamot. 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.

Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 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 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.

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。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 phiax 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 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.

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。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 phiax 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 1hly3 47 doodago azee' bee aa 1hly3 b7na'7d7[kidgo 47 n1 ata' hodoonih77 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 գծերի վրա և հետ կապված ձեր ցանկացած հարցի և պատասխանների համար: Թարգմանիչ և նաև անվճար պարզապես զանգահարեք մեզ 1-800-452-4413 հեռախոսահամարով: Ձեր կոգնի հարցերն 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، کافایت 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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