

فهرست راهنمای ارائه دهندگان خدمات چشم پزشکی

این فهرست راهنما در تاریخ November 1, 2023 به روزرسانی شده است.

این فهرست راهنما لیستی از ارائه دهندگان شبکه برای طرح های زیر را ارائه می دهد:

Blue Shield 65 Plus Choice Plan، Blue Shield 65 Plus Plan 2 (HMO)، Blue Shield 65 Plus (HMO)
Blue Shield AdvantageOptimum Plan 1، Blue Shield AdvantageOptimum Plan (HMO)، (HMO)
(HMO)، Blue Shield Inspire (HMO)، Blue Shield Enhanced (HMO)، Blue Shield Balance (HMO)،
Blue Shield TotalDual Plan و Blue Shield Select (PPO)، Blue Shield Inspire (HMO D-SNP)
(HMO D-SNP).

این فهرست راهنما برای شهرستان های زیر است: Madera، Los Angeles، Kern، Fresno، Alameda،
San Luis، San Joaquin، San Diego، San Bernardino، Sacramento، Riverside، Orange، Merced،
San Mateo، Obispo،
Santa Clara، Santa Barbara، Stanislaus و Ventura.

*توجه: بعضی از طرح ها به برخی مناطق خدمات نمی دهند.

برای دسترسی به فهرست راهنمای آنلاین ارائه دهندگان طرح می توانید به نشانی
blueshieldca.com/fad بروید و بخش فهرست های راهنما را در صفحه پایین سمت راست پیدا کنید،
روی Vision Service Plan (VSP) Vision Providers (ارائه دهندگان چشم پزشکی (VSP Vision Service Plan))
کلیک کنید. برای سؤالات مربوط به اطلاعات مندرج در این فهرست راهنما، لطفاً با «پشتیبانی
مشتریان» به شماره (800) 776-4466 (TTY: 711) تماس بگیرید. برای طرح Blue Shield Balance (HMO)،
با شماره (888) 802-4423 برای طرح های Blue Shield TotalDual Plan (HMO D-SNP) یا Blue Shield
Inspire (HMO D-SNP)، با شماره
(800) 452-4413 (TTY: 711) در هفت روز هفته از ساعت 8 صبح تا 8 شب تماس بگیرید.

شبکه ارائه دهنده ممکن است در هر زمانی تغییر کند؛ در صورت لزوم، اعلان دریافت خواهید کرد.
برای اطلاع از اینکه آیا ارائه دهنده ای بیمار جدید می پذیرد یا خیر، لطفاً مستقیماً با
ارائه دهنده تماس بگیرید.

ارائه دهندگان خارج از شبکه/غیر طرف قرارداد تعهدی به درمان اعضای طرح های زیر ندارند،
مگر در مواقع اضطراری:

Blue Shield 65 Plus Choice Plan، Blue Shield 65 Plus Plan 2 (HMO)، Blue Shield 65 Plus (HMO)
Blue Shield AdvantageOptimum Plan 1، Blue Shield AdvantageOptimum Plan (HMO)، (HMO)
(HMO)، Blue Shield Inspire (HMO)، Blue Shield Enhanced (HMO)، Blue Shield Balance (HMO)،

Blue Shield TotalDual Plan و Blue Shield Select (PPO) ،Blue Shield Inspire (HMO D-SNP)
(HMO D-SNP). برای کسب اطلاعات بیشتر، از جمله اطلاع از شرایط تقسیم هزینه که بر خدمات خارج از شبکه اعمال می‌شود، لطفاً با شماره تلفن «پشتیبانی مشتریان» ما تماس بگیرید یا به «گواهی پوشش» خود مراجعه کنید.

توجه: اگر به زبانی غیر از انگلیسی صحبت می‌کنید، خدمات کمکی زبان به صورت رایگان در دسترس شما قرار دارد. با (800) 776-4466 (TTY: 711) تماس بگیرید.

این سند به قالب‌های مختلف دیگر مانند چاپ درشت یا سایر قالب‌های جایگزین موجود است.

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بخش 1 - معرفی

این فهرست راهنما لیستی از ارائه دهندگان شبکه برای طرح های زیر را ارائه می دهد:

Blue Shield 65 Plus Plan 2، Blue Shield 65 Plus

Blue Shield AdvantageOptimum Plan، Blue Shield 65 Plus Choice Plan

Blue Shield Enhanced (HMO)، Blue Shield Balance، Blue Shield AdvantageOptimum Plan 1

Blue Shield Inspire و Blue Shield TotalDual Plan، Blue Shield Select (PPO)

برای کسب اطلاعات دقیق درباره پوشش خدمات مراقبت های سلامت خود، لطفاً به «گواهی پوشش» (EOC) مراجعه کنید.

پوشش چشم پزشکی روتین شما توسط Vision Service Plan (VSP) ارائه می شود که خدمات دهنده طرف قرارداد چشم پزشکی برای Blue Shield of California است. لطفاً اگر سؤالی دارید، با VSP به شماره (800) 877-7195 (TTY: 1-800-428-4833) تماس بگیرید. ساعات کاری روزهای دوشنبه تا جمعه از ساعت 5 صبح تا 8 شب، شنبه ها از ساعت 7 صبح تا 8 شب و یکشنبه ها از ساعت 7 صبح تا 7 شب است. ارائه دهندگان عضو شبکه که نام آنها در این فهرست راهنما درج شده است، موافقت کرده اند که خدمات روتین چشم پزشکی را به شما ارائه دهند. می توانید به هر کدام از ارائه دهندگان عضو شبکه مندرج در این فهرست راهنما مراجعه کنید.

یکی از ارائه دهندگان شبکه در شبکه مراقبت های چشم پزشکی را به عنوان ارائه دهنده طرف قرارداد مراقبت بینایی خود انتخاب کنید. نیازی به دریافت مجوز قبلی (تأییدیه قبلی) از «پزشک مراقبت های اولیه» خود ندارید. مستقیماً با ارائه دهنده تماس بگیرید و هنگام دریافت خدمات، کارت شناسایی طرح خود را نشان دهید. در صورت نیاز به دریافت درمان از متخصص، «چشم پزشک طرف قرارداد» شما برای تان ارجاع صادر خواهد کرد.

اعضای طرح های Blue Shield 65 Plus Plan 2 (HMO)، Blue Shield 65 Plus (HMO)

Blue Shield AdvantageOptimum Plan (HMO)، Blue Shield 65 Plus Choice Plan (HMO)

Blue Shield Balance (HMO)، Blue Shield AdvantageOptimum Plan 1 (HMO)

Blue Shield Inspire (HMO D-SNP)، Blue Shield Inspire (HMO)، Blue Shield Enhanced (HMO)

Blue Shield TotalDual Plan (HMO D-SNP) و Blue Shield Select (PPO) می توانند برای خدمات تحت

پوشش به ارائه دهندگان غیر شبکه مراجعه کنند، از جمله ارائه دهندگانی که خارج از محدوده خدماتی طرح هستند. مراجعه به ارائه دهنده غیر شبکه در خارج از محدوده خدماتی ممکن است هزینه بیشتری برای تان داشته باشد. برای اطلاع از جزئیات بیشتر درباره هزینه ها، به «گواهی پوشش» (EOC) خود مراجعه کنید. اگر ارائه دهنده غیر شبکه انتخاب کنید، شما یا ارائه دهنده تان باید فرم استرداد وجه تکمیل کنید و ارائه دهید؛ می توانید این فرم را از طریق تماس با «پشتیبانی مشتریان» درخواست کنید.

لطفاً اگر سؤالی دارید، با VSP به شماره (800) 877-7195 (TTY: 1-800-428-4833) تماس بگیرید. ساعات کاری روزهای دوشنبه تا جمعه از ساعت 5 صبح تا 8 شب، شنبه ها از ساعت 7 صبح تا 8 شب و یکشنبه ها از ساعت 7 صبح تا 7 شب است.

محدوده خدماتی طرح های ما کجاست؟

شهرستان های تحت پوشش محدوده خدماتی طرح های ما در زیر فهرست شده اند.

Blue Shield 65 Plus (HMO): San Diego، San Bernardino، Riverside، Orange، Los Angeles، Kern

Ventura، Santa Barbara، San Luis Obispo

Blue Shield 65 Plus Choice Plan (HMO): San Bernardino، Riverside

Blue Shield 65 Plus Plan 2 (HMO): Orange، Los Angeles

Orange ،Los Angeles :Blue Shield AdvantageOptimum Plan (HMO)

San Diego :Blue Shield AdvantageOptimum Plan 1 (HMO)

Los Angeles :Blue Shield Balance (HMO)

Orange ،Los Angeles :Blue Shield Enhanced (HMO)

،Sacramento ،Orange ،Merced ،Madera ،Los Angeles ،Fresno ،Alameda :Blue Shield Inspire (HMO)

Stanislaus ،Santa Clara ،San Mateo ،San Joaquin

Stanislaus ،San Joaquin ،Merced ،Fresno :Blue Shield Inspire (HMO D-SNP)

San Diego ،Orange ،Alameda :Blue Shield Select (PPO)

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

چگونه ارائه دهندگان طرح ما را که در محدوده شما خدمات رسانی می کنند پیدا کنید؟

اگر سؤالی درباره طرح Blue Shield Medicare Advantage خود دارید یا در انتخاب ارائه دهنده خدمات چشم پزشکی به کمک نیاز دارید، لطفاً در هفت روز هفته از ساعت 8 صبح تا 8 شب با پشتیبانی مشتریان به شماره (800) 776-4466 تماس بگیرید یا برای طرح Blue Shield Balance با (888) 802-4423 یا برای طرح های Blue Shield TotalDual Plan (HMO D-SNP) با (800) 452-4413 یا برای طرح های Blue Shield Inspire (HMO D-SNP) با (800) 452-4413 (TTY: 711) تماس بگیرید. همچنین، می توانید به blueshieldca.com/fad مراجعه کنید.

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(323)866-2020

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(310)267-4772

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(213)413-7301

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(323)221-6186

Kenneth J Miller MD
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(310)547-9991

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(323)221-6186

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11540 Santa Monica Blvd #202
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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.

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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' 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 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។ ដើម្បីទទួលបានអ្នកបកប្រែផ្តល់មាត់ម្នាក់សូមទូរសព្ទមកយើងខ្ញុំតាមលេខ 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 համապատասխան և՛ անվճար թարգմանչական ծառայություններ՝ մեր անդամապայմանական կապի դեղերի պլանի հետ կապված ձեր ցանկացած հարցի և պատասխանների 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 panggagamot. 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 վոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ վերաբերյալ անհրաժեշտ կամ դեղերի պլանի հետ կապված ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ անվճար 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 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, 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
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Los Angeles, CA 90033
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Los Angeles, CA 90036
(323)866-2020

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Los Angeles, CA 90010
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(323)257-3300

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Los Angeles, CA 90017
(213)413-7301

Karen Yeung OD
308 Westwood Plz Ackerman B
Los Angeles, CA 90095
(310)267-4772

Kim N Aoto OD
1127 Wilshire Blvd Ste 504
Los Angeles, CA 90017
(213)413-7301

Krystal T Vanichsarn OD
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Los Angeles, CA 90031
(323)221-6186

Kenneth J Miller MD
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Los Angeles, CA 90731
(310)547-9991

Kim N Aoto OD
2400 N Broadway
Los Angeles, CA 90031
(323)221-6186

Krystal T Vanichsarn OD
8616 La Tijera Blvd Ste 404
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(310)673-2020

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Los Angeles, CA 90048
(310)652-1133

Kim N Aoto OD
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(310)673-2020

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Los Angeles, CA 90017
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4403 S Vermont Ave
Los Angeles, CA 90037
(323)232-1234

King Y Wong OD
255 S Hill St Ste 207
Los Angeles, CA 90012
(213)633-4777

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(310)553-7070

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

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(323)663-0721

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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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Los Angeles, CA 90031
(323)221-6186

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Los Angeles, CA 90037
(323)234-9137

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Lorin E Vogel OD
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11540 Santa Monica Blvd #202
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Los Angeles, CA 90037
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(323)465-9682

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(323)980-9900

Maria Salado OD
3916 S Broadway
Los Angeles, CA 90037
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(323)221-6186

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(626)793-3475

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1127 Wilshire Blvd Ste 504
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(323)221-6186

Meggie Nguyen OD
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Los Angeles, CA 90057
(213)484-0170

Melody J Kim DO
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Los Angeles, CA 90057
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Los Angeles, CA 90017
(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
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(323)732-3030

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Los Angeles, CA 90031
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Los Angeles, CA 90045
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Los Angeles, CA 90057
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Michelle A Sato MD
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Los Angeles, CA 90013
(213)680-1551

Michelle H Kim OD
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Los Angeles, CA 90005
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Los Angeles, CA 90035
(310)553-7011

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Los Angeles, CA 90013
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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.

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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 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' 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 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، 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

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 վոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ վերաբերյալ անհրաժեշտ կամ դեղերի պլանի հետ կապված ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ունենալու 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، 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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