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បញ្ជីឈ្មោះអ្នកផ្តល់សេវាសុខភាពែក្នុក

បញ្ជីឈ្មោះនេះមានបច្ចុប ភាពចាប់ពីថ្ងៃទី November 1, 2023។

បញ្ជីឈ្មោះនេះផ្តល់នូវបញ្ជីអ្នកផ្តល់សេវាក្នុងបណ្តាញសម្រាប់គម្រោង **Blue Shield 65 Plus (HMO), Blue Shield 65 Plus Plan 2 (HMO), Blue Shield 65 Plus Choice Plan (HMO), Blue Shield AdvantageOptimum Plan (HMO), Blue Shield AdvantageOptimum Plan 1 (HMO), Blue Shield Balance (HMO), Blue Shield Enhanced (HMO), Blue Shield Inspire (HMO), Blue Shield Inspire (HMO D-SNP), Blue Shield Select (PPO) និង Blue Shield TotalDual Plan (HMO D-SNP)។**

បញ្ជីឈ្មោះនេះគឺសម្រាប់ខោធី Alameda, Fresno, Kern, Los Angeles, Madera, Merced, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Stanislaus និងខោធី Ventura។

*ចំណាំ៖ មិនមែនគ្រប់គម្រោងទាំងអស់ផ្តល់ជូនគ្រប់តំបន់នោះទេ។

ដើម្បីចូ លប្រើប្រាស់បញ្ជីឈ្មោះអ្នកផ្តល់សេវានៃ**គម្រោង** អ្នកអាចចូ លទៅកាន់ **blueshieldca.com/fad** ស្វែងរកផ្នែកបញ្ជីឈ្មោះនៅផ្នែកខាងស្តាំខាងក្រោមទំព័រ រួចហើយចុចលើ Vision Service Plan (VSP) Vision Providers (អ្នកផ្តល់សេវាចក្ខុវិ ស័យ Vision Service Plan (VSP))។
សម្រាប់សំណួ ណាមួយអំពីព័ត៌មានដែលមាននៅក្នុងបញ្ជី ឈ្មោះនេះ
សូមទូរសព្ទទៅផ្នែកថែទាំអតិថិជនតាមរយៈលេខ **(800) 776-4466** (TTY: 711)។ សម្រាប់ Blue Shield Balance (HMO) ហៅទូរសព្ទទៅលេខ **(888) 802-4423** Blue Shield TotalDual Plan (HMO D-SNP) ឬគម្រោង Blue Shield Inspire (HMO D-SNP) សូមហៅទូរសព្ទទៅលេខ **(800) 452-4413 (TTY: 711)** ពីម៉ោង 8 ព្រឹក ដ ល់ម៉ោង 8 យប់ ប្រាំពីរថ្ងៃក្នុ ងមួយសប្តាហ៍។

បណ្តាញអ្នកផ្តល់សេវាអាចផ្លាស់ប្តូរបានគ្រប់ពេល ហើយអ្នកនឹងទទួលបានការជូនដំណឹងនៅពេលចាំបាច់។ ដើម្បីដឹងថាតើអ្នកផ្តល់សេវាកំពុងទទួលយកអ្នកជំងឺថ្មីឬអត់នោះ សូម ទាក់ទងអ្នកផ្តល់សេវាដោយផ្ទាល់។

អ្នកផ្តល់សេវាក្រៅបណ្តាញ/អ្នកផ្តល់សេវាមិនជាប់កិច្ចសន្យាមិនមានកាតព្វកិច្ចក្នុងការព្យាបាលសមាជិកនៃគម្រោ ង **Blue Shield 65 Plus (HMO), Blue Shield 65 Plus Plan 2 (HMO), Blue Shield 65 Plus Choice Plan (HMO), Blue Shield AdvantageOptimum Plan (HMO), Blue Shield AdvantageOptimum Plan 1 (HMO), Blue Shield Balance (HMO)**, **Blue Shield Enhanced (HMO), Blue Shield Inspire (HMO), Blue Shield Inspire (HMO D-SNP), Blue Shield Select (PPO) និង Blue Shield TotalDual Plan (HMO D-SNP)** ទេ លើកលែងតែក្នុងស្ថានភាពសង្គ្រោះបន្ទាន់តែប៉ុណ្ណោះ។ សូមទូរសព្ទទៅលេខផ្នែកថែទាំអតិថិជនរបស់យើង ឬមើលភស្តុតាងនៃការធានារ៉ាប់រងរបស់អ្នកដើម្បីទទួលបានព័ត៌មានបន្ថែម
រួមទាំងការចែករំលែកថ្លៃចំណាយដែលអនុវត្តចំពោះសេវាកម្មក្រៅបណ្តាញ។

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

ឯកសារនេះអាចមានផ្តល់ជូនជាទម្រង់ផ្សេងទៀត ដូចជាការបោះពុម្ពអក្សរធំ ឬទម្រង់ជំនួសផ្សេងទៀត។

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តារាងមាតិកា

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បញ្ជីឈ្មោះនេះផ្តល់នូវបញ្ជីអ្នកផ្តល់សេវាសុខភាពភ្នែកក្នុងបណ្តាញសម្រាប់គម្រោង Blue Shield 65 Plus, Blue Shield 65 Plus Plan 2, Blue Shield 65 Plus Choice Plan, Blue Shield AdvantageOptimum Plan, Blue Shield AdvantageOptimum Plan 1, Blue Shield Balance, Blue Shield Enhanced (HMO), Blue Shield Select (PPO), Blue Shield TotalDual Plan និងគម្រោង Blue Shield Inspire។ ដើម្បីទទួលបានព័ត៌មានលម្អិតអំពីការធានារ៉ាប់រងសុខភាពរបស់អ្នក សូមមើលភស្តុតាងនៃការធានារ៉ាប់រងរបស់អ្នក (EOC)។

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

អ្នកផ្តល់សេវាក្នុងបណ្តាញដែលបានរាយក្នុងបញ្ជីនេះបានយល់ព្រមផ្តល់ឱ្យអ្នកនូវសេវាកម្មសុខភាពភ្នែកជាប្រចាំ។ អ្នកអាចទៅកាន់អ្នកផ្តល់សេវាក្នុងបណ្តាញណាមួយរបស់យើងដែលមានរាយក្នុងបញ្ជីនេះ។

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

សមាជិកនៃគម្រោង **Blue Shield 65 Plus (HMO), Blue Shield 65 Plus Plan 2 (HMO), Blue Shield 65 Plus Choice Plan (HMO), Blue Shield AdvantageOptimum Plan (HMO), Blue Shield AdvantageOptimum Plan 1 (HMO), Blue Shield Balance (HMO), Blue Shield Enhanced (HMO), Blue Shield Inspire (HMO), Blue Shield Inspire (HMO D-SNP), Blue Shield Select (PPO) និង Blue Shield TotalDual Plan (HMO D-SNP)** អាចប្រើប្រាស់សេវាពីអ្នកផ្តល់សេវាក្រៅបណ្តាញសម្រាប់សេវាដែលមានការធានារ៉ាប់រង រួមទាំងអ្នកផ្តល់សេវាដែលនៅក្រៅតំបន់សេវាកម្មរបស់គម្រោង។ ការប្រើប្រាស់សេវារបស់អ្នកផ្តល់សេវាក្រៅបណ្តាញនៅខាងក្រៅតំបន់សេវាកម្មរបស់គម្រោងគឺអាចចំណាយប្រាក់កាន់តែច្រើន។ សូមមើលភស្តុតាងនៃការធានារ៉ាប់រង (EOC) របស់អ្នកដើម្បីទទួលបានព័ត៌មានលម្អិតបន្ថែមអំពីការចំណាយ។ ប្រសិនបើអ្នកជ្រើសរើសអ្នកផ្តល់សេវាដែលនៅក្រៅបណ្តាញ អ្នកឬអ្នកផ្តល់សេវារបស់អ្នកនឹងត្រូវបំពេញ និងដាក់បញ្ជូនទម្រង់បែបបទសំណង ដែលអ្នកអាចស្នើសុំដោយការហៅទូរសព្ទទៅផ្នែកថែទាំអតិថិជន។

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

តើតំបន់សេវាកម្មរបស់គម្រោងរបស់យើងគឺជាអ្វី?

ខោនធីនៅក្នុងតំបន់សេវារបស់គម្រោងយើងមានរាយខាងក្រោម។

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

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

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

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

Blue Shield AdvantageOptimum Plan 1 (HMO)៖ San Diego

Blue Shield Balance (HMO)៖ Los Angeles

Blue Shield Enhanced (HMO)៖ Los Angeles, Orange

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

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

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

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

តើអ្នកស្វែងរកអ្នកផ្តល់សេវាគម្រោងរបស់យើងដែលផ្តល់ជូននៅក្នុងតំបន់របស់អ្នកដោយរបៀបណា?

ប្រសិនបើអ្នកមានសំណួរអំពីគម្រោង Blue Shield Medicare Advantage របស់អ្នក
ឬត្រូវការជំនួយក្នុងការជ្រើសរើសអ្នកផ្តល់សេវាសុខភាពក្នុក
សូមហៅទូរសព្ទទៅផ្នែកថែទាំអតិថិជនតាមរយៈលេខ **(800) 776-4466** ឬសម្រាប់គម្រោង Blue Shield Balance សូមហៅទូរសព្ទទៅលេខ **(888) 802-4423** ឬសម្រាប់គម្រោង Blue Shield TotalDual Plan (HMO D-SNP) សូមហៅទូរសព្ទទៅលេខ **(800) 452-4413** ឬសម្រាប់គម្រោង Blue Shield Inspire (HMO D-SNP) សូមហៅទូរសព្ទទៅលេខ **(800) 452-4413** (TTY: 711) ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍។ អ្នកក៏អាចចូលទៅកាន់ **blueshieldca.com/fad**។

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Los Angeles, CA 90020
(213)384-5222

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Jaime Chan OD
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Alexander L Baker OD
2019 Anderson Rd Ste C
Davis, CA 95616
(530)756-5050

Andrawis Zada OD
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Davis, CA 95616
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231 C St
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Huan Guan OD
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Davis, CA 95616
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Jennifer Y Li MD
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1111 Kennedy Pl Ste 1
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(530)753-2020

Jonathon M Ross OD
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Josephine Coffey-Sandoval OD
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Larisa M Johnson-Tong OD
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930 Blue Ridge Rd
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Tina Zeng OD
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Tyler Spilman OD
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Davis, CA 95616
(530)758-2122

David B Ngo OD
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West Sacramento, CA 95691
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Matthew L Wampler OD
2101 Stone Blvd Ste 150
West Sacramento, CA 95691
(916)372-3090

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West Sacramento, CA 95691
(916)372-3090

Natalie Lau OD
2101 Stone Blvd Ste 150
West Sacramento, CA 95691
(916)372-3090

Samira F Qazi OD
2101 Stone Blvd Ste 150
West Sacramento, CA 95691
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Edward P Andersen OD
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Winters, CA 95694
(530)795-2551

Tyler Spilman OD
101 E Grant Ave
Winters, CA 95694
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Amy M Brown OD
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Woodland, CA 95776
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Andrawis Zada OD
610 Cottonwood St
Woodland, CA 95695
(530)666-0333

Ernest Chang OD
421B Pioneer Ave
Woodland, CA 95776
(530)661-0300

Jonathan P Perlman MD
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Woodland, CA 95695
(530)666-0333

Kali J Leonard OD
421B Pioneer Ave
Woodland, CA 95776
(530)661-0300

Trung V Phan OD
610 Cottonwood St
Woodland, CA 95695
(530)666-0333

Yuba County/ Condado de Yuba

Alina Laba OD
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Marysville, CA 95901
(530)743-1873

Ann Chi Chen OD
320 H St Ste 4
Marysville, CA 95901
(530)743-1873

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

Baljit S Sohal OD
320 H St Ste 4
Marysville, CA 95901
(530)743-1873

Bradley Hamar OD
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Marysville, CA 95901
(530)743-1873

Craig A Montgomery OD
320 H St Ste 4
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Douglas L McGraw DO
320 H St Ste 4
Marysville, CA 95901
(530)743-1873

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

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

Kaitlin Soracco OD
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Marysville, CA 95901
(530)743-1873

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

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

NONDISCRIMINATION NOTICE

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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-776-4466. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Khmer យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខ 1-800-776-4466។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

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

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

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

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

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

Form Approved
OMB# 0938-1421

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Multi-Language Insert
Multi-Language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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.

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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
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Albany, CA 94706
(510)526-0194

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

Thanhan Nguyen-Tran OD
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Christie Nguyen OD
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Connie Husserl OD
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Eddy L Haw OD
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Chau T Nakada OD
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Elizabeth S Noh OD
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(213)384-5222

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Los Angeles, CA 90006
(213)385-1656

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

Jaime Chan OD
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NONDISCRIMINATION NOTICE

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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-776-4466. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Khmer យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខ 1-800-776-4466។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

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

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

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

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

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

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Multi-Language Insert
Multi-Language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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