



## Справочник поставщиков офтальмологических услуг

Этот каталог актуален на November 1, 2023.

Этот каталог содержит список сетевых поставщиков услуг для **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) и Blue Shield TotalDual Plan (HMO D-SNP).**

Этот каталог предназначен для округов 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 и Ventura.

\*Примечание: не все планы подходят для всех регионов.

Чтобы получить доступ к онлайн-каталогу поставщиков услуг нашего **плана**, вы можете посетить **[blueshieldca.com/fad](https://blueshieldca.com/fad)**, найти раздел «Каталоги» внизу справа и нажать на Vision Service Plan (VSP) Vision Providers (Vision Service Plan (VSP) поставщиков услуг по зрению). По любым вопросам, связанным с информацией, содержащейся в этом каталоге, звоните в Центр поддержки клиентов по телефону **(800) 776-4466** (TTY: 711). Для Blue Shield Balance (HMO) звоните по телефону **(888) 802-4423**, для планов Blue Shield TotalDual Plan (HMO D-SNP) или Blue Shield Inspire (HMO D-SNP) звоните по телефону **(800) 452-4413** (TTY: 711), с 8 утра до 8 вечера, без выходных.

Сеть поставщиков услуг может измениться в любое время; вы получите уведомление, когда это будет необходимо. Чтобы узнать, принимает ли поставщик услуг новых пациентов, свяжитесь с ним напрямую.

Внесетевые/внедоговорные поставщики услуг не обязаны лечить участников **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) и Blue Shield TotalDual Plan (HMO D-SNP)**, за исключением чрезвычайных ситуаций. Позвоните в наш Центр поддержки клиентов или ознакомьтесь с документом о страховом покрытии для получения дополнительной информации, в том числе о разделении затрат, применимом к внесетевым услугам.

ВНИМАНИЕ: Если вы говорите на языке, отличном от английского, вам доступны бесплатные языковые услуги. Звоните по телефону (800) 776-4466 (TTY: 711).

Этот документ может быть доступен в других форматах, таких как крупный шрифт или другие альтернативные форматы.

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## Раздел 1 – Вступление

Этот каталог содержит список сетевых поставщиков офтальмологических услуг для планов 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 и Blue Shield Inspire. Чтобы получить подробную информацию о вашем медицинском страховом покрытии, ознакомьтесь с документом о страховом покрытии (ЕОС).

Ваше обычное офтальмологическое страховое покрытие обеспечивается Vision Service Plan (VSP), с которым у Blue Shield of California заключен договор. Свяжитесь с VSP, если у вас есть какие-либо вопросы, по телефону (800) 877-7195 (TTY: 1-800-428-4833). Часы работы: с понедельника по пятницу с 5 утра до 8 вечера, в субботу с 7 утра до 8 вечера и в воскресенье с 7 утра до 7 вечера.

Сетевые поставщики услуг, перечисленные в этом каталоге, согласились предоставлять вам стандартные офтальмологические услуги. Вы можете обратиться к любому из наших сетевых поставщиков, перечисленных в этом каталоге.

Выберите одного из сетевых поставщиков офтальмологических услуг, чтобы он был вашим договорным поставщиком офтальмологических услуг. Вам не требуется предварительное разрешение (одобрение) от вашего лечащего врача. Свяжитесь с поставщиком услуг напрямую и предъявите свою идентификационную карту плана во время обслуживания. Если вам требуется лечение у специалиста, ваш договорной оптометрист выдаст вам направление.

Участники **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) и Blue Shield TotalDual Plan (HMO D-SNP)** могут обращаться к внесетевым поставщикам для получения покрываемых услуг, включая поставщиков за пределами зоны обслуживания плана. Обращение к поставщику, не входящему в сеть, за пределами зоны обслуживания плана может стоить вам больше. Дополнительные сведения о расходах смотрите в вашем Свидетельстве о страховом покрытии (ЕОС). Если вы выберете несетевого поставщика услуг, вам или вашему поставщику необходимо будет заполнить и отправить форму возмещения расходов, которую вы можете запросить, позвонив в Центр поддержки клиентов.

Свяжитесь с VSP, если у вас есть какие-либо вопросы, по телефону (800) 877-7195 (TTY: 1-800-428-4833). Часы работы: с понедельника по пятницу с 5 утра до 8 вечера, в субботу с 7 утра до 8 вечера и в воскресенье с 7 утра до 7 вечера.

### Какова зона обслуживания наших планов?

Ниже перечислены округа, входящие в зону обслуживания наших планов.

**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

## Как найти поставщиков нашего плана, которые обслуживают ваш район?

Если у вас есть вопросы о вашем плане Blue Shield Medicare Advantage или вам нужна помощь в выборе поставщика офтальмологических услуг, позвоните в Центр поддержки клиентов по телефону **(800) 776-4466** или для Blue Shield Balance звоните по телефону **(888) 802-4423** или для планов Blue Shield TotalDual Plan (HMO D-SNP) звоните по телефону **(800) 452-4413** или для планов Blue Shield Inspire (HMO D-SNP) звоните по телефону **(800) 452-4413** (TTY: 711), с 8 утра до 8 вечера, без выходных. Вы также можете посетить [blueshieldca.com/fad](https://blueshieldca.com/fad).



## Раздел 2 – Список сетевых поставщиков

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12222 Wilshire Blvd, Ste 105  
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(310)828-2010

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7407 Melrose Ave  
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Los Angeles, CA 90057  
(213)484-0170

Carolyn M Wong OD  
11540 Santa Monica Blvd #202  
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1149 S Hill St Ste 365  
Los Angeles, CA 90015  
(213)749-3461

Chan Diep OD  
11540 Santa Monica Blvd #202  
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1450 San Pablo St Ste 4  
Los Angeles, CA 90033  
(323)442-6335

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10940 Santa Monica Blvd  
Los Angeles, CA 90025  
(310)966-5030

Chau T Nakada OD  
9701 W Pico Blvd Ste 215  
Los Angeles, CA 90035  
(310)553-7011

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(818)993-5410

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4767 Whittier Blvd  
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(323)263-9173

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10939 W Pico Blvd  
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(310)899-0077

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3680 Wilshire Blvd Ste 105  
Los Angeles, CA 90010  
(213)386-0001

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

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Los Angeles, CA 90017  
(213)413-7301

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Los Angeles, CA 90031  
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5385 W Centinela Ave  
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5835 York Blvd  
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(323)879-9259

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(323)234-9137

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Los Angeles, CA 90067  
(310)271-0120

Dennis T Sugiyama OD  
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(626)793-3475

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Los Angeles, CA 90037  
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Los Angeles, CA 90010  
(213)386-0001

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Los Angeles, CA 90006  
(213)385-1656

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Los Angeles, CA 90008  
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Jonathan S Gording OD  
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Joseph Pak OD  
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Kent Nguyen OD  
835 W Jefferson Blvd Ste 1720  
Los Angeles, CA 90089  
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Los Angeles, CA 90048  
(310)652-1133

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8616 La Tijera Blvd Ste 404  
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Los Angeles, CA 90033  
(323)442-6335

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3680 Wilshire Blvd Ste 105  
Los Angeles, CA 90010  
(213)386-0001

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7447 N Figueroa St Ste 200  
Los Angeles, CA 90041  
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(707)961-1037

Antonio Moran OD  
789 S Dora St  
Ukiah, CA 95482  
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Donald R Lasher OD  
789 S Dora St  
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Joe A Vargas OD  
789 S Dora St  
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704 N State St  
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Atwater, CA 95301  
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579 4th Ave  
Gustine, CA 95322  
(209)854-3771

Scott S Emerson OD  
1030 W I St  
Los Banos, CA 93635  
(209)826-2323

Trajan J Soares OD  
1028 6th St  
Los Banos, CA 93635  
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197 W El Portal Dr Ste A  
Merced, CA 95348  
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580 Collins Dr.  
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780 W Olive Ave Ste 103  
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(530)757-6000

Gaganjot Virk OD  
231 C St  
Davis, CA 95616  
(530)758-4000

Hai H Tong OD  
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Davis, CA 95616  
(530)757-6000

Heidi G Miller OD  
2035 Lyndell Ter Ste 100  
Davis, CA 95616  
(530)757-6000

Huan Guan OD  
930 Blue Ridge Rd  
Davis, CA 95616  
(530)752-2349

Huan Guan OD  
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Davis, CA 95616  
(530)757-6000

Jeffrey Ma MD  
2035 Lyndell Ter Ste 100  
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Jennifer Y Li MD  
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Jenny Truong OD  
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Jenny Truong OD  
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Jo Anne S Suzuki OD  
1111 Kennedy Pl Ste 1  
Davis, CA 95616  
(530)753-2020

Jonathon M Ross OD  
2035 Lyndell Ter Ste 100  
Davis, CA 95616  
(530)757-6000

Josephine Coffey-Sandoval OD  
2035 Lyndell Ter Ste 100  
Davis, CA 95616  
(530)757-6000

Julie A Helmus OD  
353 2nd St  
Davis, CA 95616  
(530)758-2122

Kaaryn C Van Buskirk OD  
2035 Lyndell Ter Ste 100  
Davis, CA 95616  
(530)757-6000



Laila Niyati OD  
1923 Sycamore Ln  
Davis, CA 95616  
(530)758-3937

Rebecca Chen MD  
2035 Lyndell Ter Ste 100  
Davis, CA 95616  
(530)757-6000

David B Ngo OD  
1035 Drever St Ste 1A  
West Sacramento, CA 95691  
(916)376-9300

Lana L Tu OD  
353 2nd St  
Davis, CA 95616  
(530)758-2122

Rubens Xhemalaj OD  
2019 Anderson Rd Ste C  
Davis, CA 95616  
(530)756-5050

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

Larisa M Johnson-Tong OD  
2035 Lyndell Ter Ste 100  
Davis, CA 95616  
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Sara Niyati Haddadan OD  
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Student Health and Wellness  
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930 Blue Ridge Rd  
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Tyler Spilman OD  
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Amy M Brown OD  
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Woodland, CA 95776  
(530)661-0300

Andrawis Zada OD  
610 Cottonwood St  
Woodland, CA 95695  
(530)666-0333

Ernest Chang OD  
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Jonathan P Perlman MD  
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Woodland, CA 95695  
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Kali J Leonard OD  
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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  
320 H St Ste 4  
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  
320 H St Ste 4  
Marysville, CA 95901  
(530)743-1873

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

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

Joel I Barthelow MD  
320 H St Ste 4  
Marysville, CA 95901  
(530)743-1873

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

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

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

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

## 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](mailto:BlueShieldCivilRightsCoordinator@blueshieldca.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## Multi-Language Insert Multi-Language Interpreter Services

**English** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-776-4466. Someone who speaks English can help you. This is a free service.

**Spanish** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-776-4466. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-776-4466。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-776-4466。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-776-4466. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Navajo** D77 ats'77s baa lhly3 47 doodago azee' bee aa lhly3 b7na'7d7[kidgo 47 n1 ata' 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 համալսելի են անվճար թարգմանչական ծառայությունները՝ ձեր առողջապահական կամ դեղերի պլանի հետ կապված ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ունեցնող 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.

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

**Navajo** D77 ats'77s baa 1hly3 47 doodago azee' bee aa 1hly3 b7na'7d7[kidgo 47 n1 ata' hodoonih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-452-4413 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo[. D77 t'11 j77k'eh bee an1'1wo.

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

**Khmer** យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានាដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់សូមទូរសព្ទមកយើងខ្ញុំតាមលេខ 1-800-452-4413។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

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

**Lao** ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-452-4413. ມີຜູ້ຮູ້ພາສາລາວສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

**Armenian** Մենք վրձնում ենք անվճար թարգմանչական ծառայություններ՝ վերաբերյալ անվճար կապի 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، 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](https://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](https://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](https://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](https://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  
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(510)643-2020

Angela V Shahbazian OD  
200 Minor Hall SPC 2020  
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(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  
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(510)643-2020

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3100 San Pablo Ave Ste 420  
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Anne Moy OD  
200 Minor Hall SPC 2020  
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(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  
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(510)642-2020

Anne Moy OD  
230 Minor Hall  
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(510)642-2020

Cade Oost OD  
200 Minor Hall SPC 2020  
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Cheyenne C China Gengler OD  
230 Minor Hall  
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(510)642-2020

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(510)643-2020

Carl H Jacobsen OD  
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Cheyenne C China Gengler OD  
2222 Bancroft Wy Fl 3  
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Anne Tasaki OD  
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(510)642-2020

Carl H Jacobsen OD  
230 Minor Hall  
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(510)642-2020

Christina S Wilmer OD  
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Anne Tasaki OD  
230 Minor Hall  
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(510)642-2020

Celia R Gong OD  
200 Minor Hall SPC 2020  
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(510)642-2020

Christina S Wilmer OD  
230 Minor Hall  
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(510)642-2020

Anne Tasaki OD  
2222 Bancroft Wy Fl 3  
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(510)643-2020

Charlie V Ngo OD  
200 Minor Hall SPC 2020  
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Christina S Wilmer OD  
2222 Bancroft Wy Fl 3  
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Crizelda Lauron OD  
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George K Lee OD  
230 Minor Hall  
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(510)642-2020

Crystal Wen OD  
200 Minor Hall SPC 2020  
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Dennis S Burger OD  
200 Minor Hall SPC 2020  
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(510)642-2020

Ghazal Naseri OD  
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(510)642-2020

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2222 Bancroft Wy Fl 3  
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(510)643-2020

Dennis S Burger OD  
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(510)642-2020

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(510)643-2020

Debora M Lee OD  
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(510)642-2020

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Glen Ozawa OD  
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(510)642-2020

Debora M Lee OD  
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(510)642-2020

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Debora M Lee OD  
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(510)642-2020

Faiza Dossa OD  
1799 4th St Ste E  
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(510)559-8181

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Deborah A Orel Bixler OD  
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(510)642-2020

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Karen Molina OD  
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(510)642-2020

Isabel Kazemi OD  
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Jeffrey Kong OD  
230 Minor Hall  
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(510)642-2020

Katherine Lai OD  
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Isabel Kazemi OD  
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Kerri K Yoshiyama OD  
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Lillian L Wang OD  
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Marianne Pia Hoenig OD  
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Linh N Le OD  
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Linh N Le OD  
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Kuniyoshi Kanai OD  
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Linh N Le OD  
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Marlena A Chu OD  
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Kuniyoshi Kanai OD  
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Madison Sachs OD  
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Melanie L Mason OD  
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Meredith M Whiteside OD  
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Nicole J Sim OD  
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(510)548-3947

Melanie L Mason OD  
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Meredith M Whiteside OD  
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Nicole Mercho OD  
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Nicole Mercho OD  
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Melissa A Valdellon OD  
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Michael Wong OD  
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(510)642-2020

Olivia Burger OD  
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(510)642-2020

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

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

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

Nancy A McNamara OD  
200 Minor Hall SPC 2020  
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(510)642-2020

Pam T Satjawatcharaphong  
OD  
230 Minor Hall  
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(510)642-2020

Meng C Lin OD  
2222 Bancroft Wy Fl 3  
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(510)643-2020

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

Pam T Satjawatcharaphong  
OD  
2222 Bancroft Wy Fl 3  
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(510)643-2020

Meng Hua Wu OD  
230 Minor Hall  
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(510)642-2020

Nancy A McNamara OD  
2222 Bancroft Wy Fl 3  
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(510)643-2020

Quan Dao OD  
200 Minor Hall SPC 2020  
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(510)642-2020



Ramie Sahota OD  
200 Minor Hall SPC 2020  
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Rose Hoang OD  
2414 Shattuck Ave  
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2110 Vine St Ste B  
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(510)540-5555

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200 Minor Hall SPC 2020  
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(510)642-2020

Samuel Mainieri OD  
200 Minor Hall SPC 2020  
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(510)642-2020

Sara L Frane OD  
200 Minor Hall SPC 2020  
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Sara L Frane OD  
230 Minor Hall  
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Sara L Frane OD  
2222 Bancroft Wy Fl 3  
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Sarah Arneal OD  
200 Minor Hall SPC 2020  
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Sarah Arneal OD  
230 Minor Hall  
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Sarah Arneal OD  
2222 Bancroft Wy Fl 3  
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Sarah E Kochik OD  
200 Minor Hall SPC 2020  
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(510)642-2020

Sarah E Kochik OD  
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Sarah Fisher OD  
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Sarah Fisher OD  
230 Minor Hall  
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Sarah Fisher OD  
2222 Bancroft Wy Fl 3  
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Saya Hayashi OD  
230 Minor Hall  
Berkeley, CA 94720  
(510)642-2020

Shayda Mardi OD  
230 Minor Hall  
Berkeley, CA 94720  
(510)642-2020

Siavash Assar OD  
200 Minor Hall SPC 2020  
Berkeley, CA 94720  
(510)642-2020

Sophia Lam OD  
230 Minor Hall  
Berkeley, CA 94720  
(510)642-2020

Stefanie M Chan OD  
200 Minor Hall SPC 2020  
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(510)642-2020

Stefanie M Chan OD  
230 Minor Hall  
Berkeley, CA 94720  
(510)642-2020

Stephanie R Joo OD  
200 Minor Hall SPC 2020  
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Stephanie R Joo OD  
230 Minor Hall  
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Stephen R Chun OD  
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(510)843-1228

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(510)642-2020

Stephen R Chun OD  
230 Minor Hall  
Berkeley, CA 94720  
(510)642-2020

Sze Kei Yeung OD  
230 Minor Hall  
Berkeley, CA 94720  
(510)642-2020

Tammy La OD  
200 Minor Hall SPC 2020  
Berkeley, CA 94720  
(510)642-2020

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

Tan N Truong OD  
230 Minor Hall  
Berkeley, CA 94720  
(510)642-2020

Tan N Truong OD  
2222 Bancroft Wy Fl 3  
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(510)643-2020

Teresa Nguyen OD  
200 Minor Hall SPC 2020  
Berkeley, CA 94720  
(510)642-2020

Teresa Nguyen OD  
2222 Bancroft Wy Fl 3  
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(510)643-2020

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

Tonya A Watson OD  
230 Minor Hall  
Berkeley, CA 94720  
(510)642-2020

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

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

Vikki V Yu OD  
200 Minor Hall SPC 2020  
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(510)642-2020

Vikki V Yu OD  
230 Minor Hall  
Berkeley, CA 94720  
(510)642-2020

Walter A Wong OD  
200 Minor Hall SPC 2020  
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(510)642-2020

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

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

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

Yiyi Wang OD  
2222 Bancroft Wy Fl 3  
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Yu-Tai Wu OD  
200 Minor Hall SPC 2020  
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Yu-Tai Wu OD  
230 Minor Hall  
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(510)642-2020

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Catherine M Academia OD  
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Melody J Kim DO  
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(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](mailto: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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**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، کافایت با ما به شماره 1-800-776-4466 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

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

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

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

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

**Navajo** D77 ats'77s baa 1hly3 47 doodago azee' bee aa 1hly3 b7na'7d7[kidgo 47 n1 ata' hodoonih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-452-4413 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo[. D77 t'11 j77k'eh bee an1'1wo.

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

**Khmer** យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានាដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់សូមទូរសព្ទមកយើងខ្ញុំតាមលេខ 1-800-452-4413។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

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

**Lao** ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-452-4413. ມີຜູ້ຮູ້ພາສາລາວສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

**Armenian** Մենք վրձնում ենք անվճար թարգմանչական ծառայություններ՝ վերաբերյալ առողջապահական կապի գործընթացի պլանի հետ կապված ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ունենալու համար պարզապես զանգահարեք մեզ 1-800-452-4413 հեռախոսահամարով: Ձեր կողմից հարցերին 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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