

# Changes to your Small Business PPO Savings Off Exchange plans

## Blue Shield of California

As of January 1, 2023

This notice describes the changes to your Blue Shield health coverage upon your group's renewal. This is only a summary. Updates will be made to the *Evidence of Coverage and Health Service Agreement (EOC)*. Please visit the [blueshieldca.com/policies](https://blueshieldca.com/policies) site on or after November 1, 2022 for updated terms and conditions of coverage. If you have any questions about the changes listed below, please contact your Blue Shield representative or call Group Employer Services at **(800) 325-5166**.

The following changes are being made to your health plan.

### Product Name

**Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the following Product Names have been updated to reflect the correct values:**

**From: Silver Full PPO Savings 2100/25% OffEx  
Silver Tandem PPO Savings 2100/25% OffEx**

**To: Silver Full PPO Savings 2300/25% OffEx  
Silver Tandem PPO Savings 2300/25% OffEx**

### Calendar year medical deductible change

**To remain compliant with federal regulations, the calendar year medical deductible for participating providers will increase for the following plans:**

#### Individual Coverage

**Silver Full PPO Savings 2300/25% OffEx  
Silver Tandem PPO Savings 2300/25% OffEx  
When using a participating provider<sup>3</sup>  
From: \$2,100 Individual/\$4,200 Family  
To: \$2,300 Individual/\$4,600 Family**

#### Family Coverage

**Silver Full PPO Savings 2300/25% OffEx  
Silver Tandem PPO Savings 2300/25% OffEx  
When using a participating provider<sup>3</sup>  
From: \$2,800 Individual/\$5,600 Family  
To: \$3,000 Individual/\$6,000 Family**

#### **When using any combination of participating<sup>3</sup> and non-participating providers<sup>4</sup>**

**From: \$4,200 Individual / \$8,400 Family  
To: \$4,600 Individual / \$9,200 Family**



Family Coverage

**Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx**

**Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx**

**When using a participating provider<sup>3</sup>**

**From:** \$2,800 Individual/\$5,600 Family

**To:** \$3,000 Individual/\$6,000 Family

Family Coverage

**Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx**

**Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx**

**When using a participating provider<sup>3</sup>**

**From:** \$2,800 Individual/\$5,600 Family

**To:** \$3,000 Individual/\$6,000 Family

**Calendar-Year Out-of-Pocket Maximum**

**Consistent with new Federal regulations, the Calendar-year out-of-pocket maximums for participating providers will change for the following plans:**

**Silver Full PPO Savings 2300/25% OffEx**

**Silver Tandem PPO Savings 2300/25% OffEx**

**When using a participating provider<sup>3</sup>**

**From:** \$6,900 Individual/8,900 Family

**To:** \$7,500 Individual/\$15,000 Family

**When using a non-participating providers<sup>4</sup>**

**From:** \$13,800 Individual /\$27,600 Family

**To:** \$15,000 Individual / \$30,000 Family

**Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx**

**Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx**

**When using a participating provider<sup>3</sup>**

**From:** \$7,000 Individual/14,000 Family

**To:** \$7,500 Individual/\$15,000 Family

**When using a non-participating providers<sup>4</sup>**

**From:** \$14,000 Individual /\$28,000 Family

**To:** \$15,000 Individual / \$30,000 Family

**Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx**

**Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx**

**When using a participating provider<sup>3</sup>**

**From:** \$3,000 Individual/6,000 Family

**To:** \$3,300 Individual/\$6,600 Family

**When using a non-participating providers<sup>4</sup>**

**From:** \$6,000 Individual /\$12,000 Family

**To:** \$6,600 Individual / \$13,200 Family

**Abortion and abortion related services**

**In compliance with SB245, the cost share for Abortion and abortion-related services will change for the following plans:**

**Silver Full PPO Savings 2300/25% OffEx**  
**Silver Tandem PPO Savings 2300/25% OffEx**  
**When using a participating provider<sup>3</sup>**

**From: 25%**

**To: No Charge**

**When using a non-participating providers<sup>4</sup>**

**From: 50%**

**To: No Charge**

**Bronze Full PPO Savings 5700/40% OffEx**  
**Bronze Tandem PPO Savings 5700/40% OffEx**  
**When using a participating provider<sup>3</sup>**

**From: 40%**

**To: No Charge**

**When using a non-participating providers<sup>4</sup>**

**From: 50%**

**To: No Charge**

**Bronze Full PPO Savings 7000 OffEx**  
**Bronze Tandem PPO Savings 7000 OffEx**  
**When using a non-participating providers<sup>4</sup>**

**From: 50%**

**To: No Charge**

**Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx**  
**Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx**  
**When using a participating provider<sup>3</sup>**

**From: 35%**

**To: No Charge**

**When using a non-participating providers<sup>4</sup>**

**From: 50%**

**To: No Charge**

**Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx**  
**Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx**  
**When using a participating provider<sup>3</sup>**

**From: 15%**

**To: No Charge**

**When using a non-participating providers<sup>4</sup>**

**From: 40%**

**To: No Charge**

**HSA plan: Self-only coverage deductible**

**Consistent with new Federal regulations, the HSA plan: Self-only coverage deductible**

will change for the following plans:

**Silver Full PPO Savings 2300/25% OffEx**  
**Silver Tandem PPO Savings 2300/25% OffEx**  
**When using a participating provider<sup>3</sup>**  
**From:** \$2,100  
**To:** \$2,300  
**When using a non-participating providers<sup>4</sup>**  
**From:** \$4,200  
**To:** \$4,600

**Home Health: Home infusion agency services | Home health medical supplies | and Hemophilia home infusion services**

**In an effort to enhance your plan benefits, cost share for Home Health: Home infusion agency services, Home health medical supplies, and Hemophilia home infusion services will increase for the following plans:**

**Silver Full PPO Savings 2300/25% OffEx**  
**Silver Tandem PPO Savings 2300/25% OffEx**  
**When using a participating provider<sup>3</sup>**  
**From:** 25%  
**To:** \$45

**Bronze Full PPO Savings 5700/40% OffEx**  
**Bronze Tandem PPO Savings 5700/40% OffEx**  
**When using a participating provider<sup>3</sup>**  
**From:** 40%  
**To:** \$45

**Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx**  
**Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx**  
**When using a participating provider<sup>3</sup>**  
**From:** 35%  
**To:** \$45

**Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx**  
**Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx**  
**When using a participating provider<sup>3</sup>**  
**From:** 15%  
**To:** \$45

**Bronze Full PPO Savings 7000 OffEx**  
**Bronze Tandem PPO Savings 7000 OffEx**  
**When using a participating provider<sup>3</sup>**  
**From:** \$45  
**To:** No Charge

### Prescription Drugs-Retail (30-day supply) Retail Tier 1 Drugs

The cost share for Prescription Drugs-Retail (30-day supply) Retail Tier 1 Drugs will change for the following plans:

**Silver Full PPO Savings 2300/25% OffEx**

**From:** \$20 per prescription

**To:** \$25 per prescription

**Silver Tandem PPO Savings 2300/25% OffEx**

**From:** Level A: \$20 per prescription Level B: \$25 per prescription

**To:** Level A: \$25 per prescription Level B: \$30 per prescription

### Prescription Drugs-Retail (30-day supply) Retail Tier 2 Drugs

The cost share for Prescription Drugs-Retail (30-day supply) Retail Tier 2 Drugs will change for the following plans:

**Silver Full PPO Savings 2300/25% OffEx**

**From:** \$65 per prescription

**To:** \$70 per prescription

**Silver Tandem PPO Savings 2300/25% OffEx**

**From:** Level A: \$65 per prescription Level B: \$90 per prescription

**To:** Level A: \$70 per prescription Level B: \$95 per prescription

### Prescription Drugs-Retail (90-day supply) Retail Tier 1 Drugs

The cost share for Prescription Drugs-Retail (90-day supply) Retail Tier 1 Drugs will change for the following plans:

**Silver Full PPO Savings 2300/25% OffEx**

**From:** \$60 per prescription

**To:** \$75 per prescription

**Silver Tandem PPO Savings 2300/25% OffEx**

**From:** Level A: \$60 per prescription Level B: \$75 per prescription

**To:** Level A: \$75 per prescription Level B: \$90 per prescription

### Prescription Drugs-Retail (90-day supply) Retail Tier 2 Drugs

The cost share for Prescription Drugs-Retail (90-day supply) Retail Tier 2 Drugs will change for the following plans:

**Silver Full PPO Savings 2300/25% OffEx**

**From:** \$195 per prescription

**To:** \$210 per prescription

**Silver Tandem PPO Savings 2300/25% OffEx**

**From:** Level A: \$195 per prescription Level B: \$270 per prescription

**To:** Level A: \$210 per prescription Level B: \$285 per prescription

**Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 1 Drugs**

**The cost share for** Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 1 Drugs will change for the following plans:

**Silver Full PPO Savings 2300/25% OffEx**  
**Silver Tandem PPO Savings 2300/25% OffEx**  
**From:** \$40 per prescription  
**To:** \$50 per prescription

**Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 2 Drugs**

**The cost share for** Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 2 Drugs will change for the following plans:

**Silver Full PPO Savings 2300/25% OffEx**  
**Silver Tandem PPO Savings 2300/25% OffEx**  
**From:** \$130 per prescription  
**To:** \$140 per prescription

**Diabetes Medical nutrition therapy**

In an effort to provide clarification of coverage, this benefit and cost share are now shown as follows for the following plans:

**Silver Full PPO Savings 2300/25% OffEx**  
**Silver Tandem PPO Savings 2300/25% OffEx**  
**Bronze Full PPO Savings 5700/40% OffEx**  
**Bronze Tandem PPO Savings 5700/40% OffEx**  
**Bronze Full PPO Savings 7000 OffEx**  
**Bronze Tandem PPO Savings 7000 OffEx**  
**Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx**  
**Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx**  
**From:** NA  
**To:** No Charge, deductible does not apply  
**When using a non-participating providers<sup>4</sup>**  
**From:** NA  
**To:** 50%, deductible applies

**Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx**  
**Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx**  
**From:** NA  
**To:** No Charge, deductible does not apply  
**When using a non-participating providers<sup>4</sup>**  
**From:** NA  
**To:** 40%, deductible applies

## Medical nutrition therapy, not related to diabetes

In an effort to provide clarification of coverage, this benefit and cost share are now shown as follows for the following plans:

**Silver Full PPO Savings 2300/25% OffEx**  
**Silver Tandem PPO Savings 2300/25% OffEx**  
**When using a participating provider<sup>3</sup>**

**From:** NA

**To:** 25%, deductible applies

**When using a non-participating providers<sup>4</sup>**

**From:** NA

**To:** 50%, deductible applies

**Bronze Full PPO Savings 5700/40% OffEx**  
**Bronze Tandem PPO Savings 5700/40% OffEx**  
**When using a participating provider<sup>3</sup>**

**From:** NA

**To:** 40%, deductible applies

**When using a non-participating providers<sup>4</sup>**

**From:** NA

**To:** 50%, deductible applies

**Bronze Full PPO Savings 7000 OffEx**  
**Bronze Tandem PPO Savings 7000 OffEx**  
**When using a participating provider<sup>3</sup>**

**From:** NA

**To:** No Charge, deductible applies

**When using a non-participating providers<sup>4</sup>**

**From:** NA

**To:** 50%, deductible applies

**Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx**  
**Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx**  
**When using a participating provider<sup>3</sup>**

**From:** NA

**To:** 35%, deductible applies

**When using a non-participating providers<sup>4</sup>**

**From:** NA

**To:** 50%, deductible applies

**Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx**  
**Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx**  
**When using a participating provider<sup>3</sup>**

**From:** NA

**To:** 15%, deductible applies

**When using a non-participating providers<sup>4</sup>**

**From:** NA

**To:** 40%, deductible applies



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The following **changes** have been made to your benefits.

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### **Pregnancy and maternity care**

The benefit service name has changed.

**From:** "Physician services for pregnancy termination"

**To:** "Abortion and abortion-related services"

This change is in the SOB and EOC under "Pregnancy and Maternity Care"

*This change does not impact how your benefits work.*

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### **Home infusion and home injectable therapy services: Home infusion visits by an infusion nurse and Home infusion agency services**

The benefit service listed in your SOB "Home visits by an infusion nurse" has been combined with services available under "Home infusion agency services."

**From:** Includes home infusion drugs and medical supplies

**To:** Includes home infusion drugs and medical supplies, **and visits by a nurse**

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### **Mental Health and Substance Use Disorder Benefits: Outpatient services: Teladoc mental health**

Telehealth services known as "Teladoc behavioral health" will be reclassified as "Teladoc mental health."

The description of type of care provided by Teladoc has been revised to clarify what services they provide and who can access the service. Refer to "Other Ways to Access Care" under "Teladoc" for a full service description.

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### **Diabetic care services: Devices, equipment, and supplies**

Continuous glucose monitors are listed under as a covered benefit. For your convenience, you will be able to obtain this device at the retail pharmacy.

This change is in the following areas of your EOC:

- **Devices, Equipment, and Supplies**
  - **Durable Medical Equipment**
  - **Prescription Drug Benefits**
  - **Definitions: Drugs**
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### **Diabetic care services: Self-management training and medical nutrition therapy**

New benefit/service item has been added under the Diabetes Care Services category: "Medical Nutrition Therapy" to ensure that members are aware of the benefit and associated cost share.

This change is in the following areas of your EOC:

- **Self-management training and medical nutrition therapy**
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Review your SOB and EOC for a full service description.

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### **Outpatient prescription Drug exclusions and limitation**

To improve member experience, appetite suppressants or drugs for body weight reduction [that have been approved by the U.S. Food and Drug Administration (FDA)] have been removed the table of "Outpatient Prescription Drug Exclusions and Limitations."

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### **Other Professional Services: Medical Nutrition Therapy, not related to diabetes**

New benefit/service has been added under the Other Professional Services category: "Medical Nutrition Therapy, not related to diabetes" in the SOB. A new section has been added to the EOC "Medical Nutrition Therapy." These services are specific for conditions outside of what is covered under diabetes care services.

Review your SOB and EOC for a full service description.

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# Blue Shield of California

## Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

### 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 (including large print, audio, accessible electronic formats, and other formats)
- Provides language services at no cost 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, our 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, DC 20201  
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

# Notice of the Availability of Language Assistance Services

## Blue Shield of California

**IMPORTANT:** Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For help at no cost, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

**IMPORTANTE:** ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda sin cargo, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198. (Spanish)

**重要通知：** 您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需免費幫助，請立即撥打登列在您的Blue Shield ID卡背面上的會員/客戶服務部的電話，或者撥打電話 (866) 346-7198。(Chinese)

**QUAN TRỌNG:** Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số (866) 346-7198. (Vietnamese)

**MAHALAGA:** Nababasa mo ba ang sulat na ito? Kung hindi, maari kaming kumuha ng isang tao upang matulungan ka upang mabasa ito. Maari ka ring makakuha ng sulat na ito na nakasulat sa iyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa numerong telepono ng Miyembro/Customer Service sa likod ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

**Baa' ákohwiindzindoogí:** Díí naaltsosísh yíiniłta'go bíinihah? Doo bíinihahgóó éí, naaltsos nich'í' yiidóoltahígíí łá' nihee hółó. Díí naaltsos ałdó' t'áá Diné k'ehjí ádoolníł nínízingo bíighah. Doo bąąh ílínígí shiká' adoowoł nínízingo nihich'í' béesh bee hodíilnih dóó námboo éí díí Blue Shield bee néfho'díłzinígí bine'déé' bikáá' éí doodagó éí (866) 346-7198 jí' hodíilnih. (Navajo)

**중요:** 이 서신을 읽을 수 있으세요? 읽으실 수 경우, 도움을 드릴 수 있는 사람이 있습니다. 또한 다른 언어로 작성된 이 서신을 받으실 수도 있습니다. 무료로 도움을 받으시려면 Blue Shield ID 카드 뒷면의 회원/고객 서비스 전화번호 또는 (866) 346-7198로 지금 전환하세요. (Korean)

**ԿԱՐԵՎՈՐ Է.** Կարողանում ե՞ք կարդալ այս նամակը: Եթե ոչ, ապա մենք կօգնենք ձեզ: Դուք պետք է նաև կարողանաք ստանալ այս նամակը ձեր լեզվով: Օտարալեզուներն անվճար է: Խնդրում ենք անմիջապես զանգահարել Հաճախորդների սպասարկման բաժնի հեռախոսահամարով, որը նշված է ձեր Blue Shield ID քարտի ետևի մասում, կամ (866) 346-7198 համարով: (Armenian)

**ВАЖНО:** Не можете прочесть данное письмо? Мы поможем вам, если необходимо. Вы также можете получить это письмо написанное на вашем родном языке. Позвоните в Службу клиентской/членской поддержки прямо сейчас по телефону, указанному сзади идентификационной карты Blue Shield, или по телефону (866) 346-7198, и вам помогут совершенно бесплатно. (Russian)

**重要：** お客様は、この手紙を読むことができますか？もし読むことができない場合、弊社が、お客様をサポートする人物を手配いたします。また、お客様の母国語で書かれた手紙をお送りすることも可能です。無料のサポートを希望される場合は、Blue Shield IDカードの裏面に記載されている会員/お客様サービスの電話番号、または、(866) 346-7198にお電話をおかけください。(Japanese)

**مهم:** آیا می‌توانید این نامه را بخوانید؟ اگر پاسختان منفی است، می‌توانیم کسی را برای کمک به شما در اختیارتان قرار دهیم. حتی می‌توانید نسخه‌ی مکتوب این نامه را به زبان خودتان دریافت کنید. برای دریافت کمک رایگان، لطفاً بدون فوت وقت از طریق شماره تلفنی که در پشت کارت شناسایی Blue Shield تان درج شده است و یا از طریق شماره تلفن 346-7198 (866) با خدمات اعضا/مشتری تماس بگیرید.  
(Persian)

**ਮਹੱਤਵਪੂਰਨ:** ਕੀ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ ਤਾਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿਚ ਮਦਦ ਲਈ ਅਸੀਂ ਕਿਸੇ ਵਿਅਕਤੀ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ। ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਵਿਚ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਤੁਰਾਡੇ Blue Shield ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਮੈਂਬਰ/ਕਸਟਮਰ ਸਰਵਿਸ ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ, ਜਾਂ (866) 346-7198 ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

**ប្រការសំខាន់៖** តើអ្នកអាចលិខិតនេះ បានដែរឬទេ? បើមិនអាចទេ យើងអាចឲ្យគេជួយអ្នកក្នុងការអានលិខិតនេះ។ អ្នកក៏អាចទទួលបានលិខិតនេះជាភាសារបស់អ្នកផងដែរ។ សម្រាប់ជំនួយដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទភ្លាមៗទៅកាន់លេខទូរស័ព្ទសេវាសមាជិក/អតិថិជនដែលមាននៅលើខ្ទងប័ណ្ណសម្គាល់ Blue Shield របស់អ្នក ឬតាមរយៈលេខ (866) 346-7198។ (Khmer)

**المهم:** هل تستطيع قراءة هذا الخطاب؟ أن لم تستطع قراءته، يمكننا إحضار شخص ما ليساعدك في قراءته. قد تحتاج أيضاً إلى الحصول على هذا الخطاب مكتوباً بلغتك. للحصول على المساعدة بدون تكلفة، يرجى الاتصال الآن على رقم هاتف خدمة العملاء/أحد الأعضاء المدون على الجانب الخلفي من بطاقة الهوية Blue Shield أو على الرقم (866) 346-7198. (Arabic)

**TSEEM CEEB:** Koj pos tuaj yeem nyeem tau tsab ntawv no? Yog hais tias nyeem tsis tau, peb tuaj yeem nrhiav ib tug neeg los pab nyeem nws rau koj. Tej zaum koj kuj yuav tau txais muab tsab ntawv no sau ua koj hom lus. Rau kev pab txhais dawb, thov hu kiag rau tus xov tooj Kev Pab Cuam Tub Koom Xeeb/Tub Lag Luam uas nyob rau sab nraum nrob qaum ntawm koj daim npav Blue Shield ID, los yog hu rau tus xov tooj (866) 346-7198. (Hmong)

**สำคัญ:** คุณอ่านจดหมายฉบับนี้ได้หรือไม่ หากไม่ได้ โปรดขอความช่วยเหลือจากผู้อ่านได้ คุณอาจได้รับจดหมายฉบับนี้เป็นภาษาของคุณ หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย โปรดติดต่อฝ่ายบริการลูกค้า/สมาชิกทางเบอร์โทรศัพท์ในบัตรประจำตัว Blue Shield ของคุณ หรือโทร (866) 346-7198 (Thai)

**महत्वपूर्ण:** क्या आप इस पत्र को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी मदद के लिए किसी व्यक्ति का प्रबंध कर सकते हैं। आप इस पत्र को अपनी भाषा में भी प्राप्त कर सकते हैं। निःशुल्क मदद प्राप्त करने के लिए अपने Blue Shield ID कार्ड के पीछे दिए गये मंबर/कस्टमर सर्विस टेलीफोन नंबर, या (866) 346-7198 पर कॉल करें। (Hindi)

**ສິ່ງສໍາຄັນ:** ທ່ານສາມາດອ່ານຈົດໝາຍນີ້ໄດ້ບໍ່? ຖ້າອ່ານບໍ່ໄດ້, ພວກເຮົາສາມາດໃຫ້ບາງຄົນຊ່ວຍອ່ານໃຫ້ທ່ານຟັງໄດ້. ທ່ານຍັງສາມາດຂໍໃຫ້ແປຈົດໝາຍນີ້ເປັນພາສາຂອງທ່ານໄດ້. ສໍາລັບຄວາມຊ່ວຍເຫຼືອແບບບໍ່ເສຍຄ່າ, ກະລຸນາ ໂທຫາເບີໂທຂອງຝ່າຍບໍລິການສະມາຊິກ/ລູກຄ້າໃນທັນທີເບີໂທລະສັບຢູ່ດ້ານຫຼັງບັດສະມາຊິກ Blue Shield ຂອງທ່ານ, ຫຼືໂທໄປຫາເບີ(866) 346-7198. (Laotian)