Choose your Personal Physician

When you enroll in this plan, you’ll choose a Personal Physician (Primary Care Physician) and medical group/Independent Practice Association (IPA).

Personal Physicians perform preventive care and treat medical conditions. They can also coordinate other health care, including referrals to specialists and hospitals within their medical group/IPA. Each member of your family can choose a different physician and medical group/IPA.

To find a Personal Physician, use Find a Provider at blueshieldca.com. Clicking on a doctor’s name will give you the provider number and medical group/IPA number.

Give Blue Shield the name, provider number and medical group/IPA number for each Personal Physician you choose.

If the Personal Physician is one you’ve already seen, tell Blue Shield that you’re a current patient.

If you don’t choose a Personal Physician during enrollment, we will automatically assign one to you. If you ever need to change your Personal Physician, call Blue Shield Member Services.

Find a network provider

You have access to providers in the Blue Shield HMO network, one of the largest HMO provider networks in the state.

1. Go to blueshieldca.com/networkhmo.
2. Select the type of provider you need.
   Hint: To find a Personal Physician, select “HMO Personal Physicians.”
3. Enter your city and state or ZIP code, then click Find now.

Stay covered while you travel

HMO members using the BlueCard® Program can get emergency and urgent care services across the United States and around the world. Getting urgent care with the BlueCard Program can be more cost-effective. It may also eliminate the need to pay for the services at the time you receive them.

Away From Home Care program

Designed for students, long-term travelers, workers on long-distance assignments and families living apart, the Away From Home Care program offers flexible coverage across most of the country for extended periods of time.1 Call Blue Shield Member Services to find out if your family is eligible.

Have questions? Get answers.

Call Member Services at (855) 256-9404.
Visit blueshieldca.com/sanmanuel to find providers, review medical benefits, and more.

Download the Blue Shield Mobile app for iPhone® or Android™ at blueshieldca.com/mobile.
Programs and services

Condition management programs
Get nurse support, education and self-management tools to help treat chronic conditions. Programs are available for members with asthma, diabetes, coronary artery disease, heart failure and chronic obstructive pulmonary disease.

ID protection and credit monitoring
Blue Shield of California offers identity protection services such as credit monitoring, identity repair assistance and identity theft insurance to our eligible medical plan members and their covered family members. These services are no charge to our eligible plan members. Due to current laws, members of Blue Shield Federal Employee Programs, Medicare Advantage HMO plans and Medicare Prescription Drug Plans are not eligible to receive this offer.

NurseHelp 24/7
Registered nurses are available day or night to answer your health questions. Call or go online to have a one-on-one personal chat with a registered nurse anytime. The NurseHelp 24/7™ phone number can be found on the back of your Blue Shield ID card.

Prenatal Program
Expectant parents get 24/7 phone access to experienced maternity nurses. The program also offers prenatal information, including a choice of a free pregnancy or parenting book. Some materials are also available in Spanish.

Teladoc
Teladoc gives you around-the-clock access to board-certified doctors who are ready to treat many medical issues. With Teladoc’s convenient phone and online video appointments, you can avoid a trip to the doctor’s office. You pay only $5 each time you use Teladoc. To learn more, go to www.teladoc.com/bsc or call Teladoc at (800) Teladoc (835-2362).

Wellness discount programs
Blue Shield offers a wide range of discount programs* to help you save money and get healthier. These include discounts for:

- Weight Watchers
- Membership with 24 Hour Fitness, ClubSport and Renaissance ClubSport
- Acupuncture, chiropractic services and massage therapy
- Eye exams, frames, contact lenses and LASIK surgery

Visit blueshieldca.com/hw to learn more.

Wellvolution
Wellvolution is an easy, social and fun approach to wellness. Participate on the go from your computer, smartphone or tablet, and invite your family and friends to join the fun and support your health goals. Just go to mywellvolution.com for access to:

- Daily Challenge - Once you join Daily Challenge,® every day you’ll get an email to perform one simple wellness-related task that’s fun to do. Earn points and connect with your friends and family as you explore activities to improve many areas of your well-being.
- QuitNet - As the longest-running online support community in the world, QuitNet® offers a dynamic, multi-modal tobacco cessation program through online and mobile engagement with daily email/SMS text support.
- Walkadoo - Walkadoo® is a wellness program for every walk of life. Simply wear a wireless device that counts your steps throughout the day, and you’ll earn points that count toward real rewards.
- Well-Being Assessment - Take our quick and confidential Well-Being Assessment and receive a personalized report on your overall well-being and suggestions on ways to improve your health.

* These discount program services are not a covered benefit of your Blue Shield of California, Blue Shield of California Life & Health Insurance Company or self-insured health plan, and none of the terms or conditions of the Blue Shield, Blue Shield Life or self-insured health plan apply.

The networks of practitioners and facilities in the discount programs are managed by external program administrators, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy, nor does Blue Shield make any recommendations, presentations, claims or guarantees regarding the practitioners, their availability, fees, services or products.

Some services offered through the discount program may already be included as part of the Blue Shield plan covered benefits. Members or self-insured plan participants should access these covered services prior to using the discount program.

Some services offered through the discount program may already be included as part of the Blue Shield plan covered benefits. Members or self-insured plan participants should access these covered services prior to using the discount program.

Members or self-insured plan participants who are not satisfied with products or services received from the discount program may use the grievance process described in their Evidence of Coverage and Disclosure (ECC&D) form, Benefit Booklet or Certificate of Insurance/Policy. Blue Shield reserves the right to terminate this program at any time without notice.

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Android is a trademark of Google Inc.

Daily Challenge, QuitNet and Walkadoo are registered trademarks of MYH, Inc.
LifeReferrals 24/7 and NurseHelp 24/7 are service marks, and Access+ HMO and Wellvolution are registered trademarks, of Blue Shield of California. Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.
San Manuel Band of Mission Indians  
Custom Access+ HMO Per Admit 100  
Benefit Summary (For groups of 300 and above)  
(Uniform Health Plan Benefits and Coverage Matrix)  

Blue Shield of California  
Effective: April 1, 2017  

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Highlights: A description of the prescription drug coverage is provided separately

| **Calendar Year Medical Deductible** | None |
| **Calendar Year Out-of-Pocket Maximum** | $1,000 per individual / $2,000 per family |
| **Lifetime Benefit Maximum** | None |

### Covered Services

#### OUTPATIENT PROFESSIONAL SERVICES

| Professional (Physician) Benefits | $15 per visit |
| Teladoc consultation | $5 per consultation |
| Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services | No Charge |
| Radiological and nuclear imaging | No Charge |

#### Allergy Testing and Treatment Benefits

| Allergy testing, treatment and serum injections | $15 per visit |

#### Access+ Specialist Benefits

| Office visit, examination or other consultation | $30 per visit |

#### Preventive Health Benefits

| Preventive health services (as required by applicable Federal and California law) | No Charge |

### OUTPATIENT FACILITY SERVICES

| Outpatient surgery performed at a free-standing ambulatory surgery center | No Charge |
| Outpatient surgery performed in a hospital or a hospital affiliated ambulatory surgery center | No Charge |
| Outpatient services for treatment of illness or injury and necessary supplies (except as described under “Rehabilitation Benefits” and “Speech Therapy Benefits”) | No Charge |
| Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services | No Charge |
| Radiological and nuclear imaging | No Charge |

### HOSPITALIZATION SERVICES

#### Hospital Benefits (Facility Services)

| Inpatient physician services | No Charge |
| Inpatient non-emergency facility services (semi-private room and board, and medically necessary services and supplies, including subacute care) | $100 per admission |

#### Inpatient Skilled Nursing Benefits ², ³

(combined maximum of up to 100 days per benefit period; prior authorization is required; semi-private accommodations)

| Free-standing skilled nursing facility | No Charge |
| Skilled nursing unit of a hospital | No Charge |

#### EMERGENCY HEALTH COVERAGE

| Emergency room services not resulting in admission (copayment does not apply if the member is directly admitted to the hospital for inpatient services) | $100 per visit |
| Emergency room physician services | No Charge |

#### AMBULANCE SERVICES

| Emergency or authorized transport (ground or air) | $50 per transport |

#### PRESCRIPTION DRUG COVERAGE

Outpatient Prescription Drug Benefits

A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes with this benefit summary, please contact your benefits administrator or call the Member Services number on your identification card.
PROSTHETICS/ORTHOTICS

- Prosthetic equipment and devices (separate office visit copayment may apply) No Charge
- Orthotic equipment and devices (separate office visit copayment may apply) No Charge

DURABLE MEDICAL EQUIPMENT

- Breast pump No Charge
- Other durable medical equipment (member share is based on allowed charges) 20%

MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES 4, 5

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Co-Payment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospital services</td>
<td>$100 per admission</td>
</tr>
<tr>
<td>Residential care</td>
<td>$100 per admission</td>
</tr>
<tr>
<td>Inpatient physician services</td>
<td>No Charge</td>
</tr>
<tr>
<td>Routine outpatient mental health and substance use disorder services (includes professional/physician visits)</td>
<td>$15 per visit</td>
</tr>
<tr>
<td>Non-routine outpatient mental health and substance use disorder services (includes behavioral health treatment, electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization programs, psychological testing and transcranial magnetic stimulation)</td>
<td>No Charge</td>
</tr>
</tbody>
</table>

HOME HEALTH SERVICES

- Home health care agency services 2 Coverage limited to 100 visits per member per calendar year. $15 per visit
- Home infusion/home injectable therapy and infusion nursing visits provided by a home infusion agency No Charge

HOSPICE PROGRAM BENEFITS

- Routine home care No Charge
- Inpatient respite care No Charge
- 24-hour continuous home care No Charge
- Short-term inpatient care for pain and symptom management No Charge

PREGNANCY AND MATERNITY CARE BENEFITS

- Prenatal and postnatal physician office visits (may be billed as part of global maternity fee including hospital inpatient delivery services) No Charge
- Abortion services (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center) No Charge

FAMILY PLANNING AND INFERTILITY BENEFITS

- Counseling, consulting, and education (includes insertion of IUD, as well as injectable and implantable contraceptives for women) No Charge
- Infertility services (member cost share is based upon allowed charges) (diagnosis and treatment of cause of infertility. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT) 50%
- Tubal ligation No Charge
- Vasectomy (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center) $75 per surgery

REHABILITATION AND HABILITATION BENEFITS (Physical, Occupational and Respiratory Therapy)

- Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility) $15 per visit

SPEECH THERAPY BENEFITS

- Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility) $15 per visit

DIABETES CARE BENEFITS

- Devices, equipment, and non-testing supplies (member share is based upon allowed charges; for testing supplies see Outpatient Prescription Drug Benefits) 20%
- Diabetes self-management training $15 per visit

URGENT CARE BENEFITS

- Urgent care services outside your personal physician service area within California $15 per visit
- Urgent care services outside of California (BlueCard® Program) $15 per visit

OPTIONAL BENEFITS

Optional dental, vision, hearing aid, infertility, chiropractic or acupuncture benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.

1 To use this option, members must select a personal physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ Specialist feature. Members should then select a specialist within that medical group or IPA.
2 For Plans with a facility deductible amount, services with a day or visit limit accrue to the calendar year day or visit limit maximum regardless of whether the plan deductible has been met.
3 Inpatient skilled nursing services are limited to 100 preauthorized days during a benefit period except when received through a hospice program provided by a participating hospice agency. This 100 preauthorized day maximum on inpatient skilled nursing services is a combined maximum between skilled nursing services provided in a hospital unit and skilled nursing services provided in a skilled nursing facility (SNF).
4 Mental health and substance use disorder services are accessed through Blue Shield’s Mental Health Service Administrator (MHSA) - using MHSA participating providers.
5 Inpatient services for acute detoxification are covered under the medical benefit; see the Hospital Benefits (Facility Services) section of the Evidence of Coverage for benefit details. Services for acute medical detoxification are accessed through Blue Shield using Blue Shield’s participating providers.

Plan designs may be modified to ensure compliance with state and Federal requirements.
San Manuel Band of Mission Indians  
Custom HMO Plans  

Outpatient Prescription Drug Coverage  
(For groups of 300 and above)

Blue Shield of California

Highlight: $0 Calendar Year Pharmacy Deductible  
$10 Tier 1 / $20 Tier 2 - Retail Pharmacy  
$20 Tier 1 / $40 Tier 2 - Mail Service

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Member Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible)</td>
<td></td>
</tr>
<tr>
<td>Calendar Year Pharmacy Deductible</td>
<td>None</td>
</tr>
<tr>
<td>PRESCRIPTION DRUG COVERAGE 1, 2, 3</td>
<td>Participating Pharmacy 4</td>
</tr>
<tr>
<td>Retail Prescriptions (up to a 30-day supply)</td>
<td></td>
</tr>
<tr>
<td>• Contraceptive drugs and devices 5</td>
<td>$0 per prescription</td>
</tr>
<tr>
<td>• Tier 1 drugs</td>
<td>$10 per prescription</td>
</tr>
<tr>
<td>• Tier 2 drugs</td>
<td>$20 per prescription</td>
</tr>
<tr>
<td>• Tier 3 drugs</td>
<td>Not Covered 4</td>
</tr>
<tr>
<td>• Tier 4 drugs (excluding Specialty drugs)</td>
<td>20%</td>
</tr>
<tr>
<td>(up to $100 coinsurance maximum per prescription)</td>
<td></td>
</tr>
<tr>
<td>Mail Service Prescriptions (up to a 90-day supply)</td>
<td></td>
</tr>
<tr>
<td>• Contraceptive drugs and devices 5</td>
<td>$0 per prescription</td>
</tr>
<tr>
<td>• Tier 1 drugs</td>
<td>$20 per prescription</td>
</tr>
<tr>
<td>• Tier 2 drugs</td>
<td>$40 per prescription</td>
</tr>
<tr>
<td>• Tier 3 drugs</td>
<td>Not Covered 4</td>
</tr>
<tr>
<td>• Tier 4 drugs (excluding Specialty drugs)</td>
<td>20%</td>
</tr>
<tr>
<td>(up to $200 coinsurance maximum per prescription)</td>
<td></td>
</tr>
<tr>
<td>Specialty Pharmacies (up to a 30-day supply) 6</td>
<td></td>
</tr>
<tr>
<td>• Tier 4 - Specialty drugs 7</td>
<td>20%</td>
</tr>
<tr>
<td>(up to $100 maximum per prescription)</td>
<td></td>
</tr>
</tbody>
</table>

1 Amounts paid through copayments and any applicable pharmacy deductible accrues to the member's medical calendar year out-of-pocket maximum. Please refer to the Evidence of Coverage and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.

2 Drugs obtained at a non-participating pharmacy are not covered, unless Medically Necessary for a covered emergency.

3 If the member requests a brand drug when a generic drug equivalent is available, the member is responsible for paying the Tier 1 drug copayment plus the difference in cost to Blue Shield between the brand drug and its generic drug equivalent.

4 When the Participating Pharmacy's contracted rate is less than the Member's Copayment or Coinsurance, the Member only pays the contracted rate.

5 Contraceptive drugs and devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar year pharmacy deductible when obtained from a participating pharmacy. If a brand contraceptive is requested when a generic equivalent is available, the member will be responsible for paying the difference between the cost to Blue Shield for the brand contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.

6 Network Specialty Pharmacies dispense Specialty drugs which require coordination of care, close monitoring, or extensive patient training that generally cannot be met by a retail pharmacy. Network Specialty Pharmacies also dispense Specialty drugs requiring special handling or manufacturing processes, restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are generally high cost.

7 Specialty Drugs are available from a Network Specialty Pharmacy. A Network Specialty Pharmacy provides specialty drugs by mail or upon member request, at an associated retail store for pickup. Oral anticancer medications are not subject to the calendar year pharmacy deductible.
Note: This plan’s prescription drug coverage is on average equivalent to or better than the standard benefit set by the Federal government for Medicare Part D (also called creditable coverage). Because this plan’s prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 83 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you would be subject to a late enrollment penalty in addition to your Part D premium.

Important Prescription Drug Information

You can find details about your drug coverage three ways:
1. Check your Evidence of Coverage.
2. Go to https://www.blueshieldca.com/basca/pharmacy/home.sp and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we’re dedicated to providing you with valuable resources for managing your drug coverage. Go online to the Pharmacy section of https://www.blueshieldca.com/basca/pharmacy/home.sp and select the Drug Database and Formulary to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:
   • Look up non-formulary drugs with formulary or generic equivalents;
   • Look up drugs that require step therapy or prior authorization;
   • Find specifics about your prescription copayments;
   • Find local network pharmacies to fill your prescriptions.

TIPS!
Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and Federal requirements.
Chiropractic and Acupuncture Benefits
Additional coverage for your HMO Plans

Blue Shield Chiropractic and Acupuncture Care coverage lets you self-refer to a network of more than 4,000 licensed chiropractors and more than 2,500 licensed acupuncturists. Benefits are provided through a contract with American Specialty Health Plans of California, Inc. (ASH Plans).

How the Program Works
You can visit any participating chiropractors or acupuncturists in California from the ASH Plans network without a referral from your HMO Personal Physician. Simply call a participating provider to schedule an initial exam.

At the time of your first visit, you’ll present your Blue Shield identification card and pay only your copayment. Because participating chiropractors and acupuncturists bill ASH Plans directly, you’ll never have to file claim forms.

If you need further treatment, the participating chiropractor or acupuncturist will submit a proposed treatment plan to ASH Plans and obtain the necessary authorization from ASH Plans to continue treatment up to the calendar year maximum of 30 combined visits.

What’s Covered
The plan covers medically necessary chiropractic and acupuncture services including:

- Initial and subsequent examinations
- Office visits and adjustments (subject to annual limits)
- Adjunctive therapies
- X-rays (chiropractic only)

Benefit Plan Design

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Member Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture Services</td>
<td>$10 per visit</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>$10 per visit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Calendar year Maximum</th>
<th>30 Combined Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Calendar year Chiropractic Appliances Benefit</td>
<td>$50</td>
</tr>
</tbody>
</table>

Out-of-network Coverage

1. Chiropractic appliances are covered up to a maximum of $50 in a calendar year as authorized by ASH Plans.
2. As authorized by ASH Plans, this allowance is applied toward the purchase of items determined necessary, such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts and home traction units.

Friendly Customer Service
Helpful ASH Plans Member Services representatives are available at (800) 678-9133 Monday through Friday from 6 a.m. to 5 p.m. to answer questions, assist with problems, or help locate a participating chiropractor or acupuncturist.

This document is only a summary for informational purposes. It is not a contract. Please refer to the Evidence of Coverage and the Group Health Service Agreement for the exact terms and conditions of coverage.
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.

IMPORTANT: ¿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)

QUAN TRỌNG: Quy vị có thể đọc được thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận được thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Khách hàng theo số ở mặt sau thê 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 makakuhang sulat na ito na nakasulat sa iyong wika. Para sa ibang tulong, mangyaring tumawag kaagad sa numero telepono ng Miyembro/Customer Service sa ikid ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

Baa’ ákoWHOINZINDOO7G7: Díí naaltsoosiíi yiínita’o bìinígahág? Doo bìinígahágíí éí, naaltsoosiíi nich’i’ yidiíttháíííi lá’i’ niíe hóó. Díí naaltsoosiíi ald’íí Díí Díí K’éjii ádooolníi niízíigíi bíigah. Doo báa lá’íí níílíngh só’ akáwwol niízíigíi níízhíí’í’b’éesh beec hóodnííííí d’íí námbool ci díí Blue Shield beec né’íi’óllíízíigíi b’néé’díí’i’ bika’á’ éí doodágíí (866) 346-7198 j’í’i’ hóodnííííí. (Navaajo)

 중요: 이 서신을 읽을 수 있습니까? 읽으면서 다음과 같은 사람들도 읽을 수 있습니다. 또한 다른 언어로 작성된 이 서신을 받으실 수도 있습니다. 무료로 도움을 받으시면 Blue Shield ID 카드 뒷면의 회원/고객 서비스 전화번호 또는 (866) 346-7198로 지금 전화하세요. (Korean)

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

 중요: 이 서신을 읽을 수 있습니까? 읽으면서 다음과 같은 사람들도 읽을 수 있습니다. 또한 다른 언어로 작성된 이 서신을 받으실 수도 있습니다. 무료로 도움을 받으시면 Blue Shield ID 카드 뒷면의 회원/고객 서비스 전화번호 또는 (866) 346-7198로 지금 전화하세요. (Japanese)

如果您无法阅读此信，请不要担心。如果您认为自己无法阅读此信，请电话联系您的客户服务代表，他们将为您提供翻译。如果您需要翻译服务，请拨打866-346-7198。另外，您也可以通过Blue Shield ID卡背面的会员/客户服务电话获取信息。请注意，Blue Shield是一种独立的Blue Shield协会成员，不是联邦政府的计划。 (Tagalog)

如果您无法阅读此信，请不要担心。如果您认为自己无法阅读此信，请电话联系您的客户服务代表，他们将为您提供翻译。如果您需要翻译服务，请拨打866-346-7198。另外，您也可以通过Blue Shield ID卡背面的会员/客户服务电话获取信息。请注意，Blue Shield是一种独立的Blue Shield协会成员，不是联邦政府的计划。 (Arabic)

如果您无法阅读此信，请不要担心。如果您认为自己无法阅读此信，请电话联系您的客户服务代表，他们将为您提供翻译。如果您需要翻译服务，请拨打866-346-7198。另外，您也可以通过Blue Shield ID卡背面的会员/客户服务电话获取信息。请注意，Blue Shield是一种独立的Blue Shield协会成员，不是联邦政府的计划。 (Arabic)
Discrimination is against the law

Blue Shield of California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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, age, disability or sex, 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: (916) 350-7405
Email: 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.