

Blue Shield of California Life & Health Insurance Company  
Individual and Family Dental Plan

## Specialty Duo<sup>SM</sup> Dental Plan

(Dental plan included in the Specialty Duo Plan Package)

Benefit summary

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

### Finding a network dentist

It's easy to choose a dentist. With a broad network of PPO dentists to pick from, you should be able to find one near you. The dental PPO directory is available online in the *Find a Provider* section at [blueshieldca.com](https://blueshieldca.com), or by calling Customer Service at **(888) 702-4171**. When you receive care from a network dentist, you pay only the applicable deductibles and copayments, and there are no claim forms to file.

### Using a dentist that's not in the network

Select any licensed dentist. If you use a dentist that's not in the network, your total out-of-pocket expenses may be higher. You pay at the time of service and afterwards you can file a claim with Blue Shield Life to receive reimbursement for covered services or you can choose to have the reimbursement sent to your out-of-network dentist.

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> (per calendar year for services other than diagnostic and preventive services, enhanced dental benefits for pregnant women, and orthodontic services)		\$50
<b>Annual Benefit Maximum</b> (charges for services above the maximum are your responsibility)	\$1,000 (In-Network); \$500 (Out-of-Network); No more than \$1,000 for In- and Out-of-Network combined	

Covered Services	In-Network Member Pays	Out-of-Network Max. Plan Payment:
<b>Diagnostic and Preventive Services<sup>1</sup></b>		
Comprehensive oral evaluation	\$0	\$40
Periodic oral evaluation	\$0	\$16
Intraoral radiographs - complete series (including bitewings) (x-rays)	\$0	\$56
Prophylaxis (adult) every 6 months	\$0	\$48
Caries risk management <sup>2</sup>	\$0	\$16
Sealant - per tooth (covered to age 15)	\$0	\$22
<b>Basic Services<sup>†</sup></b>		
Filling (one surface resin composite)	\$37 per tooth	\$30 per tooth
Anterior root canal	\$156 per tooth	\$125 per tooth
Molar root canal	\$234 per tooth	\$187 per tooth
Periodontal scaling and root planing - four or more teeth per quadrant	\$65 per quadrant	\$52 per quadrant
Extraction of erupted tooth or exposed root	\$40 per tooth	\$32 per tooth
<b>Major Services<sup>†</sup></b>		
Crown - porcelain/ceramic substrate	\$265 each crown <sup>3</sup>	\$212 each crown <sup>3</sup>
Crown - Full cast high noble metal	\$320 each crown <sup>3</sup>	\$256 each crown <sup>3</sup>
Osseous surgery (four or more teeth)	\$263 per quadrant	\$210 per quadrant
Pontic - porcelain fused to high noble metal	\$293 each tooth replaced <sup>3</sup>	\$234 each tooth replaced <sup>3</sup>
Surgical placement of implant body: endosteal implant	\$612	Not covered
Denture (full upper or lower)	\$388 per denture	\$310 per denture
Removal of impacted tooth - complete bony	\$113 per tooth	\$90 per tooth
<b>Orthodontic Services<sup>†</sup></b>		
Fully banded (two year) case - child <sup>4</sup>	\$2,350	Not covered
Fully banded (two year) case - adult <sup>4</sup>	\$2,650	Not covered

<sup>†</sup> Subject to a waiting period.

1 Diagnostic and Preventive services do not apply towards the Maximum Calendar Year Payment. If your plan has Enhanced Dental Benefits for Pregnant women, those services do not apply towards the Maximum Calendar Year Payment as well.

2 Caries Risk Management - CAMBRA (Caries Management by Risk Assessment) is an evaluation of a child's risk level for caries (decay). Children assessed as having a "high risk" for caries (decay) will be allowed up to 4 fluoride varnish treatments during the calendar year along with their biannual cleanings; "medium risk" children will be allowed up to 3 fluoride varnish treatments in addition to their biannual cleanings; and "low risk" children will be allowed up to 2 fluoride varnish treatments in addition to biannual cleanings. When requesting additional fluoride varnish treatments, the provider must provide a copy of the completed American Dental Association (ADA) CAMBRA form (available on the ADA website).

- 3 Precious metals, if used will be charged to the member at the dentist's cost.
- 4 There is a 12 month waiting period for orthodontic services. In order to be covered, orthodontic treatment: must be received in one continuous course of treatment; and must be received in consecutive months. Orthodontic treatment must not exceed 24 consecutive months.

Many benefits have pre-determined annual schedules and frequency limitations based on last delivery date and dental necessity. If you are unsure about the frequency of when a benefit can be accessed, you can call **(888) 702-4171**.

This is only a summary of the Specialty Duo<sup>SM</sup> Dental PPO Plan. For exact terms and conditions of coverage, including exclusions and limitations, please refer to the *Policy*.

## Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

### Discrimination is against the law

Blue Shield of California Life & Health Insurance Company 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 Life does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Shield Life:

- 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 Life Civil Rights Coordinator.

If you believe that Blue Shield Life 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 Life & Health Insurance Company  
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](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 Life & Health Insurance Company

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

**Servicios de idiomas sin costo.** Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-346-7198. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

**免費語言服務。** 您可獲得口譯員服務。可以用中文把文件唸給您聽。有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-866-346-7198 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

**Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí.** Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-346-7198. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

**무료 통역 서비스.** 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

**Walang Gastos na mga Serbisyo sa Wika.** Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-346-7198. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

**Անվճար Լեզվափոխ ծառայություններ:** Դուք կարող եք թարգման ևնր բերել և փաստաթղթերը ընթերցել տալ ևնզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ևնր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

**Бесплатные услуги перевода.** Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-346-7198. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону 1-800-927-4357. Russian

**無料の言語サービス** 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-866-346-7198までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

**خدمات مجانی مربوط به زبان-مترجمان:** از خدمات یک مترجم شفاهی استفاده کنید و بگروید مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده است و یا این شماره 1-866-346-7198 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

**ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ:** ਤੁਸੀਂ ਦੁਆਰੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-346-7198 'ਤੇ ' ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

**សេវាកម្មភាសាឥតគិតថ្លៃ:** អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-346-7198 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

**خدمات ترجمه بدون تکلف:** می‌توانید به کمک ما ترجمه و قرائه الوثائق لك باللغة العربية للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-866-346-7198 للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. Arabic

**Cov Kev Pab Txhais Lus Tsis Them Nqi.** Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus hmoob. Yog xav tau kev pab, hu rau pab ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-346-7198. Yog xav tau kev pab ntawv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

**บริการทางภาษาอย่างไม่มีเสียค่าใช้จ่าย** คุณสามารถรับบริการจากสาม รวมถึงให้เจ้าหน้าที่อ่านเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขที่ระบุอยู่ด้านหลังบัตรประจำตัวของคุณ หรือ หมายเลข 1-866-346-7198 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรมาที่ กรมการประกันภัยแห่งมลรัฐแคลิฟอร์เนีย หมายเลข 1-800-927-4357 Thai

**निःशुल्क भाषा सेवाएँ।** आप एक दुमायिया की सेवा प्राप्त कर सकते हैं। आप दस्तावेजों को पढ़ा के सुन सकते हैं और कुछ को अपनी भाषा में स्वयं को भिजवा सकते हैं। सहायता के लिए, अपने ID कार्ड पर दिए गए नंबर पर, या 1-866-346-7198 पर हमें फ़ोन करें। अधिक सहायता के लिए कैलीफोर्निया बीमा विभाग (CA Dept. of Insurance) को 1-800-927-4357 पर फ़ोन करें। Hindi

**Doo hááh ílínígó saad bee yát'i' bee aná'áwo'.** Díí shá ata'halne'doogíí hólkódoo nínzínigo éí bíghah. Naaltsoos naanínááhííchéé'í shích'i' yíidooltah éí doodagó la' shích'i' ádooníí nínzínigo bíghah. Shíká a'doowol nínzínigo nihich'i' b'éesh bee hodílníh dóó námbóo éí díí ninaaltsoos doot'i'zhígí bee ného'dílnínígí bine'dóó' bikáá' éí doodagó éí (866) 346-7198j'i' hodílníh. Hózhó shíká anáá' doowol nínzínigo éí díí Akééshshíh B'éeso Ách'agh Naa'níł bíł haz'áaj'i' 1-800-927-4357j'i' hodílníh. Navajo

Blue Shield of California Life & Health Insurance Company  
Individual and Family Vision Plan

## Specialty Duo<sup>SM</sup> Vision Plan

(Vision plan included in the Specialty Duo Plan Package)

Benefit summary

**Exam copayment \$0, materials copayment \$25, frame allowance \$100**

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

### Using your vision plan

With this vision plan, you have access to an extensive network of vision providers in California and nationwide<sup>1</sup>. Many of the providers are conveniently located in optical centers at retail stores<sup>2</sup> such as Costco (warehouse<sup>3</sup>, membership required), LensCrafters, Wal-Mart (wholesale<sup>3</sup>), Sears, and Target Optical. When you use a network provider, most of your eyecare services are provided at no additional charge.

### What your vision plan covers

Service and eyewear (90 day waiting period applies to all services)	Coverage when provided by network providers (after applicable copayment)	Maximum payment when provided by non-network provider
<b>Comprehensive Examination - every 12 months</b>		
Ophthalmologic	100%	up to a maximum of \$60
Optometric	100%	up to a maximum of \$50
<b>Lenses<sup>4</sup> - every 24 months<sup>5</sup></b>		
Single Vision	100%	up to a maximum of \$43
Bifocal	100%	up to a maximum of \$60
Trifocal	100%	up to a maximum of \$75
Lenticular or Aphakic Monofocal	100%	up to a maximum of \$120
Lenticular or Aphakic Multifocal	100%	up to a maximum of \$200
Polycarbonate Lenses for Dependent Children	up to a maximum of \$100	up to a maximum of \$75
<b>Frame allowance - every 24 months</b>	up to a maximum of \$100 <sup>4</sup>	up to a maximum of \$40
<b>Contact Lenses<sup>6</sup> - every 24 months<sup>5</sup></b>		
Non-Elective (Medically Necessary) - Hard <sup>7</sup>	100%	up to a maximum of \$200
Non-Elective (Medically Necessary) - Soft <sup>7</sup>	100%	up to a maximum of \$250
Elective (Cosmetic/Convenience) - Hard/Soft	up to a maximum of \$120	up to a maximum of \$120
<b>Plano (Non-Prescription) Sunglasses<sup>6, 8</sup></b>	up to a maximum of \$100 <sup>4</sup>	Not Covered
<b>Diabetes Management Referral<sup>9</sup></b>	100%	Not Covered

## Accessing your vision benefits is easy, just follow these steps:

1. Prior to receiving a service, review your benefit information outlined in the chart on the previous page.
2. Call and make an appointment with a network provider.  
Or:
3. Login to MESVisionOptics.com to access the online network provider to purchase contact lenses online using your benefits. Note, you may choose to take the materials you purchased online to your preferred eye care provider for adjustments; however, you may incur a fitting or adjustment fee which is not covered under your vision insurance plan.

### Or:

If you use a non-network provider, you're required to pay the provider's bill at the time of service. You can get reimbursement by obtaining a claim form or by logging on to **blueshieldca.com**. Select *Members*, then *Forms*, and then select the *Vision Benefit Claim Form (C-4669-61)* link.

Complete and submit the claim form with the itemized receipt and a copy of your prescription to:

Blue Shield of California Life & Health Insurance Company  
P.O. Box 25208  
Santa Ana, CA 92799-5208

You will be reimbursed for your expenses up to the maximum payment allowed (see table on previous page). Note that when your dependents submit a claim form for reimbursement, payment will be made to you. Be sure to use your Blue Shield Life member identification number when filling out the form.

Your vision coverage is underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life) and administered by a contracted vision plan administrator.

This is only a summary of the Blue Shield Life Specialty Duo<sup>SM</sup> Vision Plan. Please refer to the *Policy* for a detailed description of covered benefits and limitations.

Find a network provider nearest you by going to the *Find a Provider* section on **blueshieldca.com**, or calling Member Services at **(877) 601-9083**. You'll find a complete listing of ophthalmologists, optometrists, and opticians.

- 1 California and nationwide vision providers are available by arrangement through a contracted vision plan administrator.
- 2 Availability of retail store locations varies by state. Refer to blueshieldcavision.com for out-of-state retail locations.
- 3 When the network provider uses wholesale or warehouse pricing, the maximum allowable frame allowance will be as follows: wholesale allowance: \$66.04, warehouse allowance \$69.09. Network providers using wholesale or warehouse pricing are identified in the Directory of Network Vision Providers. You pay any cost above the allowed amount.
- 4 Fit any frame with an eye size less than 61 mm.
- 5 A change in standard lenses (excludes unusual lenses, such as oversize, no-line bifocal, or a material other than ordinary plastic) or contact lenses is covered per 12-month period if required by qualified prescription change, defined as a change in prescription of 0.50 diopters or more in one or both eyes; a shift in axis of astigmatism of 15 degrees; a difference in vertical prism greater than one prism diopter; or a change in lens type.
- 6 In lieu of lenses and frame.
- 7 A report from the provider and prior authorization from a contracted Vision Plan Administrator is required.
- 8 For insured persons who have had PRK, LASIK, or custom LASIK vision correction surgery only, this benefit of plano sunglasses allowance is equal to the plan's frame allowance. An eye exam by a network provider is required to verify laser surgery or a note from the surgeon who performed the laser surgery is required to verify laser surgery.
- 9 The diabetes disease management referral program is available to insured persons who enroll in both Blue Shield medical and vision coverage.

## Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

### Discrimination is against the law

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Blue Shield Life:

- 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 Life Civil Rights Coordinator.

If you believe that Blue Shield Life 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 Life & Health Insurance Company  
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](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 Life & Health Insurance Company

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

**Servicios de idiomas sin costo.** Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-346-7198. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

**免費語言服務。**您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-866-346-7198 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

**Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí.** Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-346-7198. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

**무료 통역 서비스.** 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

**Walang Gastos na mga Serbisyo sa Wika.** Makakakuha ka ng interpreter o tagasalin at magpapabasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-346-7198. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

**Անվճար Լեզվաօգնական ծառայություններ:** Դուք կարող եք թարգման և լսել լեզվի և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Ապահովագրության Բաժանմունք: Armenian

**Бесплатные услуги перевода.** Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-346-7198. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону 1-800-927-4357. Russian

**無料の言語サービス** 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-866-346-7198までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

**خدمات مجانی مربوط بہ زبان۔** آپ کو مترجم شفاهی، مستند نگاہ و دیگر خدمات کے لیے زبان فارسی، برائے خواتین، شہرہ آفاق، اور دیگر خدمات کے لیے کئی زبانوں میں خدمات فراہم کی جاتی ہیں۔ اگر آپ کو مزید مدد کی ضرورت ہے، تو براہ کرم 1-866-346-7198 پر کال کریں، یا اس کے علاوہ 1-800-927-4357 پر کال کریں۔ Persian

**ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ:** ਤੁਸੀਂ ਦੁਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਵਾਲ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-346-7198 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਖ਼ਾਸਕਰ ਮਦਦ ਲਈ ਕੋਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

**សេវាកម្មភាសាឥតគិតថ្លៃ:** អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអាចឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទអ្នកបើកបរយានយន្តដែលមានប័ណ្ណលេខបញ្ជាប្រតិបត្តិស្ថានស្ថានភាពអ្នកប្រើប្រាស់ ឬលេខ 1-866-346-7198 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រនី តាមលេខ 1-800-927-4357 Khmer

**خدمات ترجمه بدون تکلف:** يمكنك الحصول على مترجم وقراءة الوثائق باللغة العربية للحصول على المساعدة، اتصل بنا على الرقم المين على بطاقة عضويتك أو على الرقم 1-866-346-7198 للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357 Arabic

**Cov Kev Pab Txhais Lus Tsis Them Nqi.** Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-346-7198. Yog xav tau kev pab ntawv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

**บริการทางภาษาอย่างไม่มีเสียค่าใช้จ่าย** คุณสามารถรับบริการจากฝ่าย รวมถึงให้เจ้าหน้าที่อ่านเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขที่ระบุอยู่ด้านหลังบัตรประจำตัวของคุณ หรือ โทรหมายเลข 1-866-346-7198 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรมาที่ กรมการประกันภัยแห่งมลรัฐแคลิฟอร์เนียหมายเลข 1-800-927-4357 Thai

**निःशुल्क भाषा सेवाएँ।** आप एक दुमायिया की सेवा प्राप्त कर सकते हैं। आप दस्तावेजों को पढ़ा के सुन सकते हैं और कुछ को अपनी भाषा में स्वयं को भिजवा सकते हैं। सहायता के लिए, अपने ID कार्ड पर दिए गए नंबर पर, या 1-866-346-7198 पर हमें फ़ोन करें। अधिक सहायता के लिए कैलीफ़ोर्निया बीमा विभाग (CA Dept. of Insurance) को 1-800-927-4357 पर फ़ोन करें। Hindi

**Doo baaħ ilinígó saad bee yát'i' bee aná'áwo'.** Díí shá ata'halne'doofígí hółqódoo nínzínigo éí bíghah. Naaltsoos naanináhájeehígí shích'i' yíidooltah éí doodagó la' shích'i' ádoonlín nínzínigo bíghah. Shíká a'doowol nínzínigo nihich'i' béesh bee hodílnih dóo námboo éí díí ninaaltsoos dootl'izhígí bee nétho'dílinígí bine'dóé' bíkíá' éí doodagó éí (866) 346-7198j'í' hodílnih. Hózhó shíká aná'a'doowol nínzínigo éí díí Akééshashj'íh Béeso Ách'agh Naa'níil bíl haz'áaj'í' 1-800-927-4357j'í' hodílnih. Navajo