

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:1-866-346-7198 번으로 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 Ազգայնական Օտարալեզուներ: Դուք կարող եք քարգման ձեռք բերել և փաստաթղթերը ընթերցել սալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տանի վրա կշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Ազգայնվագրության 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 مجاني مربوط به زبان . می‌توانید از خدمت یک مترجم شفاهی استفاده کنید و بگویند مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با 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

ਪ੍ਰਫਤ ਤਾਸਾ ਸੇਵਾਵਾਂ ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਈਆਂ 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 'ਤ `ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੋਈਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੋਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាពិតវិជ្ជ ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអាចរកសារប្ល័ទអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដៃសម្រាបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-346-7198 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងពាណាជរបស់រដ្ឋកាលីហ្វ្រូរញ៉ា តាមលេខ 1-800-927-4357 Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقرائة 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 peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-346-7198. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Mtuaib Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

Prescription drug program

Provides a large retail network of chain and independent pharmacies, and convenient mail service for your prescription needs.

Filling your prescription at a local pharmacy ...

All major pharmacy chains and many independent pharmacies are included in the Blue Shield Participating Pharmacy Network. You can locate a network pharmacy by calling the toll-free Member Services number on your Blue Shield ID card or by visiting the *Pharmacy* section of our website, **blueshieldca.com**.

... and through the mail

Blue Shield provides access to pharmacy mail services through PrimeMail.®

Filling your prescription through the mail service pharmacy

Blue Shield provides access to the mail service drug benefit through PrimeMail, which offers you the convenience of receiving up to a 90-day supply of covered maintenance drugs,* delivered to your home or office, with no charge for shipping.

To receive covered medications from PrimeMail, you must first register and provide basic information such as your name, shipping address, payment method, and drug allergies. You can register online, by phone, or by mail:

- Online** – Register online by logging in to blueshieldca.com as a member, selecting *Pharmacy* and clicking on the *MyPrimeMail.com* link under the *Mail Service Pharmacy* page. If you are a first-time user, you will be brought to the *My Account* page where you will be prompted to fill in your information, including your address, allergies, and payment options.

If you logged in but did not complete your registration the first time, or if you need to make any changes to your profile, log in to **blueshieldca.com** as a member, select *Pharmacy*, and click on the *MyPrimeMail.com* link under the *Mail Service Pharmacy* page. Then select *My Account* in the upper right corner of the page and update your registration.

- By phone** – Call PrimeMail at (866) 346-7200. (If you use TTY equipment, you can order forms by calling TTY/TTD (866) 346-7197.) A PrimeMail representative can either mail the New Prescription Order Form to you, or complete it for you over the phone.

- By mail** – Print and complete the PrimeMail order form by logging in to **blueshieldca.com**, selecting *Pharmacy*, and then clicking on the *MyPrimeMail.com* link under the *Mail Service Pharmacy* page. Once you are logged in to *MyPrimeMail.com*, select Order New. You can choose to complete the form online and then print it, or print out a blank form and complete it by hand. Once you complete the form, simply mail it to:

PrimeMail Pharmacy
P.O. Box 27836
Albuquerque, NM 87125-7836

^[1] * Maintenance drugs are those prescribed to treat chronic health conditions such as asthma, diabetes, high blood pressure, and high cholesterol. They are taken on an ongoing, regular basis to maintain health.

Once you are registered, PrimeMail will need your prescription. It can be sent electronically, or by phone, fax, or mail:

1. Electronically – Ask your doctor to send an electronic prescription for a 90-day supply to PrimeMail. This is called “e-prescribing” and is the simplest way to send a prescription.

2. By phone or fax – Ask your doctor to submit your prescription for a 90-day supply by phone or fax to PrimeMail.

PrimeMail MD phone line: (888) 215-3015

PrimeMail MD fax line: (888) 214-1811

Or, you can ask PrimeMail to contact your doctor directly to obtain a prescription order or to transition an existing prescription from your current retail pharmacy, by either:

- Calling PrimeMail at (866) 346-7200; or
- Logging in to your account at **blueshieldca.com**, selecting *Pharmacy*, and then clicking on the *MyPrimeMail.com* link under the *Mail Service Pharmacy* page. Once you are logged in to *MyPrimeMail.com*, select *Transition Prescription from Retail to PrimeMail*. After selecting your name from the Patient Name field, you will see a Search screen where you can type in the name of the prescription drug that you want transitioned to PrimeMail, along with the dosage form and strength. PrimeMail will contact your doctor to transition your prescription and obtain approval for a 90-day supply.

3. By mail – If you already have a written prescription from your doctor for a 90-day supply, you can mail it with your applicable mail service copayment and a copy of your Blue Shield member ID card to the address below. If you plan to mail your registration form, you can simply include your written prescription and copayment with the form.

PrimeMail Pharmacy
P.O. Box 27836
Albuquerque, NM 87125-7836

For new prescriptions, please allow 10 to 14 days to receive your covered maintenance medications through PrimeMail. Once your prescription is on file at PrimeMail, please allow five to eight days to receive refills of your covered medications.

You can check the status of your order and order prescription refills by logging in to your account at **blueshieldca.com**, selecting *Pharmacy*, and then clicking on *MyPrimeMail.com* under the *Mail Service Pharmacy* section, or by calling PrimeMail directly at (866) 346-7200. If you use TTY equipment, please call TTY/TTD (866) 346-7197.

Note: Your mail service benefit does not provide coverage for prescriptions used to treat short-term conditions, such as antibiotics or drugs used on an “as-needed” basis, including drugs for pain. In addition, home self-injectable and other Specialty Drugs are not covered under the mail service benefit. For more information about coverage for self-injectable and other Specialty Drugs, please refer to your *Evidence of Coverage (EOC)* or *Certificate of Insurance (COI)*.

This program applies to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California and Blue Shield of California Life & Health Insurance Company (individually and/or collectively referred to as Blue Shield).

To find out more about your pharmacy copayments and benefits, check your EOC or COI, or call the Member Services number on your Blue Shield member ID card, or log on to the *My Health Plan* section of **blueshieldca.com** and click the *View Benefits* link, then the *Prescription Drugs* link.

About our drug formulary

The Blue Shield Drug Formulary is a comprehensive list of preferred generic and brand-name drugs. Drugs in the formulary have been evaluated by a pharmacy and therapeutics (P&T) committee to ensure they meet pharmaceutical standards for safety and efficacy. P&T committee members are physicians and pharmacists in community practice, not employees of Blue Shield. The committee bases its recommendations on safety, efficacy, uniqueness, and cost.

For formulary information, check the *Drug Database & Formulary* in the *Pharmacy* section of **blueshieldca.com**.

- **You can help lower your out-of-pocket prescription drug costs** by requesting formulary drugs and generic medications when you see your doctor. Drugs listed on the formulary are usually covered at a lower copayment than non-formulary drugs.
- **If your plan has a benefit that covers non-formulary drugs**, you will pay a higher copayment for non-formulary drugs than you will for formulary drugs.
- **Selected drugs and drug dosages may require prior authorization for medical necessity**. Your physician can request prior authorization from Blue Shield.

To find out more about your pharmacy benefit, check your EOC or COI, call the Member Services number listed on your Blue Shield member ID card, or log in to the *My Health Plan* section of **blueshieldca.com** and click the *View Benefits* link, then the *Prescription Drugs* link.

Save with generic drugs

Using generic drugs instead of brand-name drugs is one of the easiest ways you can reduce your out-of-pocket prescription drug costs.

When a new drug is introduced, it is initially available as a brand-name drug and is produced and sold by the original manufacturer. Once the original manufacturer's patent expires, other companies can produce generic versions of the brand-name drug.

All generic drugs are approved to be safe and effective by the FDA. Generics contain the same active ingredients as their brand-name counterparts. The FDA requires generic drugs to be identical in dosage, performance, safety, strength, quality, and usage. Generic drugs typically cost less than brand-name drugs.

Ask your doctor if a generic drug is available to treat your condition.

The Blue Shield Drug Formulary includes most generic drugs, even if they are not listed. You will pay a lower copayment for generic drugs than brand-name drugs. Unless your physician specifies otherwise, your pharmacist will dispense generic equivalent drugs when available. For most plans, anytime you request a brand-name drug when a generic equivalent drug is available, you will pay the copayment for the generic drug plus the difference in cost between the brand-name drug and its generic equivalent.

To find out more about your pharmacy benefit, check your EOC or COI, call the Member Services number listed on your Blue Shield member ID card, or log on to the *My Health Plan* section of **blueshieldca.com** and click the *View Benefits* link, then the *Prescription Drugs* link.

Notice on the Availability of Language Assistance Services to Accompany Vital Documents Issued in English

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 free help, 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 gratuita, 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 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)