

HIGHMARK BLUE CROSS BLUE SHIELD  
DELAWARE REGION

Plans that work  
as hard for your  
business as you do.



Small groups with 50  
or fewer employees

EFFECTIVE JANUARY 1, 2024



Because Life.™

# Highmark has a plan that's right for your business.

- Coverage map ..... 3
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- Plan options ..... 7
- High-value resources ..... 14
- Fundamental resources ..... 18

Contact your broker or Highmark Small Group representative to get started.

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross Blue Shield Association.

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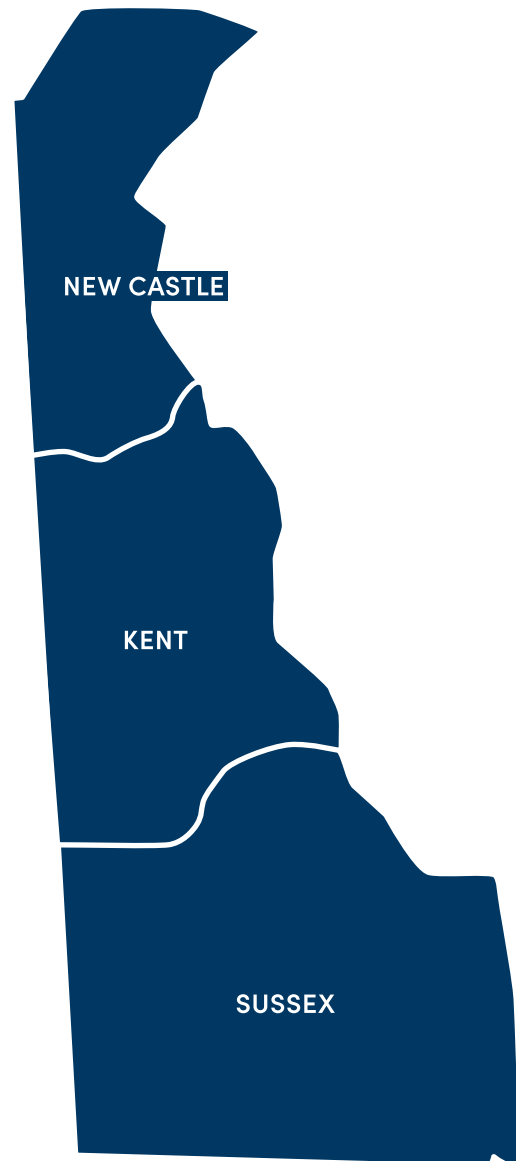
## Your employees want more from their health care.

Give your employees benefits that make them want to stick around.

Turn the page for network options, plan descriptions, and extra resources that come with our coverage.

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## Where is your company headquartered?



## Pick the plan that's best for your budget and business.

### Shared Cost PPO (Broad network plan)

#### Plan highlights:

- Comprehensive in-network access nationwide.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, through the BlueCard® program.\*
- Out-of-network coverage at a higher cost share.

### Health Savings PPO HSA (Broad network plan)

#### Plan highlights:

- Comprehensive in-network access to doctors and hospitals nationwide.
- Meets IRS qualifications as a qualified high-deductible health plan.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, through the BlueCard program.
- Out-of-network providers are covered at a higher cost share.

\* According to the Blue Cross Blue Shield Association, an association of Blue Cross and Blue Shield plans.

# Hospitals in our networks

Facilities	Health Savings PPO and Shared Cost PPO
<b>KENT</b>	
Bayhealth Hospital — Kent Campus	
<b>NEW CASTLE</b>	
ChristianaCare — Christiana Hospital	
ChristianaCare — Wilmington Hospital	
Delaware Psychiatric Center	
Nemours Children’s Hospital — Delaware	
St. Francis Hospital	
Select Specialty Hospital — Wilmington	
<b>SUSSEX</b>	
Bayhealth Hospital — Sussex Campus	
Beebe Medical Center	
Milford Memorial Rehabilitation	
TidalHealth — Nanticoke Hospital	

In-Network Coverage	Out-of-Network

# Out of area

Facilities	Health Savings PPO and Shared Cost PPO
Providers participating in the BlueCard Program	

In-Network Coverage	Out-of-Network

HIGHMARK BLUE CROSS BLUE SHIELD

# 2024 Shared Cost PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS) <sup>1</sup>		PCP/RETAIL CLINIC	MENTAL HEALTH/SUBSTANCE ABUSE OFFICE VISIT	OUTPATIENT THERAPIES (OCCUPATION AND PHYSICAL)	SPECIALIST OFFICE VISIT	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE) <sup>2,3</sup>	
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/STANDARD GENERIC/BRAND/NONFORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS														
Platinum	Shared Cost PPO \$0-\$150	\$0	\$0	100%	80%	\$2,800	\$5,600	\$15	\$15	\$15	\$30	\$40	\$0	\$150 per day, up to five days, then \$0	\$200	\$25	\$35	\$150	\$3/\$10/\$35/\$90	
Platinum	Shared Cost PPO \$0-90	\$0	\$0	90%	70%	\$2,250	\$4,500	\$15	\$15	\$15	\$30	\$40	10%	10%	\$200	\$25	\$35	\$150	\$3/\$10/\$35/\$90	
Platinum	Shared Cost PPO \$250-100	\$250	\$500	100%	80%	\$2,000	\$4,000	\$15	\$15	\$15	\$30	\$40	\$0 after ded.	\$0 after ded.	\$200	\$25	\$35	\$150	\$3/\$15/\$45/\$90	
Platinum	Shared Cost PPO \$500-100	\$500	\$1,000	100%	80%	\$2,000	\$4,000	\$25	\$25	\$15	\$30	\$40	\$0 after ded.	\$0 after ded.	\$200	\$25	\$35	\$150	\$3/\$10/\$35/\$90	
Gold	Shared Cost PPO \$0-\$250	\$0	\$0	100%	80%	\$9,100	\$18,200	\$25	\$25	\$15	\$45	\$55	\$150	\$250 per day, up to five days, then \$0	\$250	\$25	\$35	\$250	\$10/50%/50%	
Gold	Shared Cost PPO \$0-\$500	\$0	\$0	100%	80%	\$9,450	\$18,900	\$45	\$45	\$15	\$60	\$70	\$150	\$500 per day, up to five days, then \$0	\$350	\$60	\$60	\$350	\$3/\$20/\$65/\$100	
Gold	Shared Cost PPO \$300-100	\$300	\$600	100%	80%	\$8,550	\$17,100	\$35	\$35	\$15	\$60	\$70	\$150 after ded.	\$0 after ded.	\$350	\$35	\$55	\$350	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$750-100	\$750	\$1,500	100%	80%	\$9,100	\$18,200	\$30	\$30	\$15	\$50	\$60	\$140 after ded.	\$0 after ded.	\$250	\$50	\$50	\$250	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$1000-100	\$1,000	\$2,000	100%	80%	\$9,100	\$18,200	\$25	\$25	\$15	\$50	\$60	\$145 after ded.	\$0 after ded.	\$300	\$25	\$35	\$250	\$3/\$30/\$65/\$100	
Gold	Shared Cost PPO \$1000-80	\$1,000	\$2,000	80%	60%	\$9,450	\$18,900	\$25	\$25	\$15	\$45	\$55	\$135 after ded.	20% after ded.	\$200	\$25	\$35	\$100	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$1200-100	\$1,200	\$2,400	100%	80%	\$9,100	\$18,200	\$30	\$30	\$15	\$50	\$60	\$135 after ded.	\$0 after ded.	\$250	\$25	\$35	\$250	\$3/\$30/\$65/\$100	
Gold	Shared Cost PPO \$1400-100	\$1,400	\$2,800	100%	80%	\$6,500	\$13,000	\$50	\$50	\$15	\$75	\$85	\$0 after ded.	\$0 after ded.	\$300	\$75 after ded.	\$75 after ded.	\$325 after ded.	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$1500-100	\$1,500	\$3,000	100%	80%	\$9,100	\$18,200	\$30	\$30	\$15	\$50	\$60	\$120 after ded.	\$0 after ded.	\$250	\$25	\$35	\$250	\$3/\$30/\$65/\$100	
Gold	Shared Cost PPO \$1500-80	\$1,500	\$3,000	80%	60%	\$9,100	\$18,200	\$30	\$30	\$15	\$40	\$50	\$110 after ded.	20% after ded.	\$200	\$25	\$35	\$100	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$2000-100	\$2,000	\$4,000	100%	80%	\$7,900	\$15,800	\$40	\$40	\$15	\$75	\$85	\$100 after ded.	\$0 after ded.	\$300	\$40	\$65	\$300	\$3/\$15/\$65/\$100	

\* Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting. Please refer to page 20 for footnotes. To view the full benefit grid, click on the product name above or contact your local broker.

Continued on next page...

HIGHMARK BLUE CROSS BLUE SHIELD

# 2024 Shared Cost PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS) <sup>1</sup>		PCP/RETAIL CLINIC	MENTAL HEALTH/SUBSTANCE ABUSE OFFICE VISIT	OUTPATIENT THERAPIES (OCCUPATION AND PHYSICAL)	SPECIALIST OFFICE VISIT	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE) <sup>2-3</sup>	
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/STANDARD GENERIC/BRAND/NONFORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS														
Gold	Shared Cost PPO \$2500-100	\$2,500	\$5,000	100%	80%	\$9,100	\$18,200	\$30	\$30	\$15	\$50	\$60	\$0 after ded.	\$0 after ded.	\$300	\$30 after ded.	\$50 after ded.	\$300	\$3/\$30/\$65/\$100	
Gold	Shared Cost PPO \$2500 1x-90	\$2,500 — 1x family	\$5,000 — 1x family	90%	70%	\$8,550 — 1x family	\$17,100 — 1x family	\$30	\$30	\$15	\$50	\$60	10% after ded.	\$300 after ded.	\$300 after ded.	\$50 after ded.	\$50 after ded.	\$150 after ded.	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$2600-70	\$2,600	\$5,200	70%	50%	\$7,000	\$14,000	\$55	\$55	\$15	\$80	\$90	30% after ded.	30% after ded.	\$425	\$85	\$85	\$275	\$3/\$40/\$80/\$125	
Gold	Shared Cost PPO \$2750-100	\$2,750	\$5,500	100%	80%	\$7,900	\$15,800	\$30	\$30	\$15	\$50	\$60	\$0 after ded.	\$0 after ded.	\$300	\$30 after ded.	\$50 after ded.	\$300	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$2850-100	\$2,850	\$5,700	100%	80%	\$7,900	\$15,800	\$40	\$40	\$15	\$65	\$75	\$0 after ded.	\$0 after ded.	\$300	\$40	\$65	\$300	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$3000-90	\$3,000	\$6,000	90%	70%	\$7,000	\$14,000	\$30	\$30	\$15	\$60	\$70	10% after ded.	10% after ded.	\$325	\$30	\$60	\$325	\$3/\$15/\$65/\$100	
Silver	Shared Cost PPO \$0 Silver 100	\$0	\$1,000	100%	80%	\$9,450	\$18,900	\$60	\$60	\$15	\$80	\$90	\$200	\$500	\$650	\$75	\$150	\$500	\$3/\$45/\$95/\$150	
Silver	Shared Cost PPO \$0-100	\$0	\$0	100%	80%	\$9,450	\$18,900	\$75	\$100	\$15	\$100	\$0	\$200	\$2,000 per day, up to three days, then \$0	\$1500	\$100	\$100	\$500	\$3/\$40/\$125/\$250	
Silver	Shared Cost PPO \$1400-50	\$1,400	\$2,800	50%	50%	\$9,450	\$18,900	\$65	\$65	\$15	\$90	\$100	\$400 after ded.	50% after ded.	\$600 after ded.	\$90	\$90	50% after ded.	\$3/\$45/\$95/\$150	
Silver	Shared Cost PPO Basic \$2000-75	\$2,000	\$4,000	75%	55%	\$9,450	\$18,900	\$55	25% after ded.	25% after ded.	25% after ded.	25% after ded.	\$200 after ded.	25% after ded.	25% after ded.	\$55	25% after ded.	25% after ded.	\$3/\$40/\$80/\$125	
Silver	Shared Cost PPO \$4500-100	\$4,500	\$9,000	100%	80%	\$9,450	\$18,900	\$40	\$40	\$15	\$65	\$75	\$200 after ded.	\$550 after ded.	\$350 after ded.	\$60 after ded.	\$60 after ded.	\$300 after ded.	\$3/\$45/\$95/\$150	
Silver	Shared Cost PPO \$5200-100	\$5,200	\$10,400	100%	80%	\$9,450	\$18,900	\$35	\$35	\$15	\$55	\$65	\$200 after ded.	\$300 after ded.	\$375 after ded.	\$55 after ded.	\$55 after ded.	\$200 after ded.	\$3/\$45/\$95/\$150	
Bronze	Shared Cost PPO \$7400-70	\$7,400	\$14,800	70%	50%	\$9,450	\$18,900	\$65	30% after ded.	25% after ded.	30% after ded.	30% after ded.	\$300 after ded.	30% after ded.	30% after ded.	\$100 after ded.	\$100 after ded.	\$500 after ded.	\$3/\$40/\$125/\$250	

\* Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting. Please refer to page 20 for footnotes. To view the full benefit grid, click on the product name above or contact your local broker.



HIGHMARK BLUE CROSS BLUE SHIELD

# 2024 Health Savings PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE, AND COPAYS) <sup>1</sup>		PCP/RETAIL CLINIC	MENTAL HEALTH/SUBSTANCE ABUSE OFFICE VISIT	OUTPATIENT THERAPIES (OCCUPATION AND PHYSICAL)	SPECIALIST OFFICE VISIT	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE) <sup>2,3</sup>									
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)													IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS																						
Gold	Health Savings PPO HSA \$1600-100	\$1,600	\$3,200	100%	80%	\$4,000	\$8,000	\$20 after ded.	\$20 after ded.	\$15 after ded.	\$40 after ded.	\$45 after ded.	\$40 after ded.	\$0 after ded.	\$200 after ded.	\$40 after ded.	\$40 after ded.	\$200 after ded.	\$3/\$10/\$50/\$90 after ded.									
Gold	Health Savings PPO HSA \$2600-100	\$2,600	\$5,200	100%	100%	\$3,000	\$6,000	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$20 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.									
Silver	Health Savings Embedded PPO HSA Copay \$3200	\$3,200	\$6,400	100%	80%	\$7,050	\$14,100	\$20 after ded.	\$20 after ded.	\$15 after ded.	\$50 after ded.	\$60 after ded.	\$140 after ded.	\$0 after ded.	\$250 after ded.	\$35 after ded.	\$50 after ded.	\$250 after ded.	\$3/\$10/\$50/\$90 after ded.									
Silver	Health Savings Embedded PPO HSA \$3950-100	\$3,950	\$7,900	100%	100%	\$7,500	\$15,000	\$25 after ded.	\$0 after ded.	\$0 after ded.	\$50 after ded.	\$60 after ded.	\$250 after ded.	\$350 after ded.	\$300 after ded.	\$0 after ded.	\$0 after ded.	\$150 after ded.	\$3/\$10/\$50/\$90 after ded.									
Silver	Health Savings Embedded PPO HSA \$4250-100	\$4,250	\$8,500	100%	100%	\$6,250	\$12,500	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$85 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.									
Bronze	Health Savings Embedded PPO HSA \$6850-100	\$6,850	\$13,700	100%	100%	\$7,200	\$14,400	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$25 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.									

\* Refers to outpatient surgical procedures provided in a hospital or ambulatory surgical facility setting. Please refer to page 20 for footnotes. To view the full benefit grid, click on the product name above or contact your local broker.



## Extra resources you won't find in other plans

### BLUECARD AND BLUE CROSS BLUE SHIELD GLOBAL<sup>®</sup> CORE PROGRAM

#### Coverage that goes where your employees go.

Around town or coast to coast, your employees get access to 1.8 million providers and 97% of hospitals in the U.S. And they're even covered in 190 countries.

### WELL360 VIRTUAL HEALTH

#### Personalized care where and when employees need it.

No more waiting rooms, no more waiting to schedule. Your employees can get care from wherever they are with a board-certified doctor, 24/7. They can register with [well360virtualhealth.com](https://well360virtualhealth.com) or log in if they are already using the Amwell<sup>®</sup> site.

### BLUE DISTINCTION<sup>®</sup>

#### See specialists who get results.

Only doctors who consistently deliver safe, effective treatments make our Blue Distinction list. When your employees use our Find a Doctor tool, a special logo will appear by the provider's name.

### BLUES ON CALL<sup>SM</sup>

#### Answers from a health pro, 24/7.

For medical concerns after hours, your employees can get guidance at any time from a registered nurse or a health coach.

### DIABETES MANAGEMENT POWERED BY ONDUO

#### Personalized support to control diabetes.

Tools to help your employees track their blood sugar and manage diabetes from wherever they are.

### COLLEGE TUITION REWARD PROGRAM

#### Rewards that come with Highmark coverage.

Employees who have Highmark medical or dental automatically earn Tuition Reward points that can be converted into college tuition dollars.





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## Endless support to help your employees on their journey to better health

### HEALTH COACHES

**Personalized support for health goals.**

Looking to lose weight? Quit smoking? Be more active? A wellness coach can create a personalized plan for your employees, right over the phone, on their schedule. Sessions are confidential and there is no additional cost.

### BLUE365<sup>SM</sup>

**Discounts to help your employees stay healthy and active.**

From workout gear to personal wellness to healthy meal services, we'll take a little off the top while they're taking a little off their middle. Member-only deals are at [blue365deals.com](https://blue365deals.com).

### VIRTUAL PHYSICAL CARE PROGRAM POWERED BY SWORD

**Virtual physical care, anytime, anywhere you happen to be.**

Sword puts technology and the expertise of a physical therapist at your fingertips to help you overcome joint and muscle pain.

### MENTAL WELL-BEING

**Give your members care that meets them where they are.**

Our Mental Well-Being solution provides mental health support tailored to each individual member. And it's available on our app and website.





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# The fundamentals of coverage

Any health plan you choose should include resources that help your employees manage their health. Ours make the process seamless.

### MEMBER SERVICE

**Total support, day or night.**

Whether it's 24/7 answers from registered nurses, a diagnosis or prescription via virtual visit, or just some help booking their doctor visits, when they need us, we're there.

### CARE COST ESTIMATOR

**Employees can know what they'll owe for care.**

Before making an appointment for a test, scan or procedure, your employees can use our Care Cost Estimator to estimate their bill.

### MEMBER APP AND WEBSITE

**My Highmark helps your employees take care of their health.**

It's the one-stop digital experience that makes it easier for them to manage their health, with programs tailored to their interests and needs. Employees can visit [myhighmark.com](https://myhighmark.com) to learn more.





## There's a whole lot of legalese around these plans. We put it all in one place for you.

Sword Health, Inc. does not provide health care services. Sword Health, Inc. is an independent company that provides wellness services for your health plan. Sword Health Professionals provides its services through a group of independently owned professional practices consisting of Sword Health Care Providers, P.A., Sword Health Care Providers of NJ, P.C., and Sword Health Care Physical Therapy Providers of CA, P.C.

The Sword virtual physical care program is made available with support from Sword Health.

Amwell is an independent company that provide telemedicine services. Amwell does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its telemedicine services.

Onduo is a separate company that provides a virtual diabetes care program for Highmark members.

Highmark BCBS Inc. d/b/a Highmark Blue Cross Blue Shield serves the state of Delaware and is an independent licensee of the Blue Cross Blue Shield Association.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Blue 365, Blue Distinction, BlueCard, Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross Blue Shield Association.

Blues On Call is a service mark of the Blue Cross Blue Shield Association.

Blue365 is a registered mark of the Blue Cross Blue Shield Association.

Blue Distinction® Specialty Care is a registered mark of the Blue Cross Blue Shield Association. Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable health care. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. Total Care ("Total Care") providers have met national criteria based on provider commitment to deliver value-based care to a population of Blue members. Total Care+ providers also met a goal of delivering quality care at a lower total cost relative to other providers in their area. Program details are displayed on [www.bcbs.com](http://www.bcbs.com). Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction, Total Care, or other provider finder information or care received from Blue Distinction, Total Care, or other providers.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer 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: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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

If you speak English, language assistance services, free of charge, are available to you. Call 1-877-959-2563.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-877-959-2563.

如果您说中文，可向您提供免费语言协助服务。請致電 1-877-959-2563。

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-877-959-2563.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. 1-877-959-2563 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyonang tulong sa wika. Tumawag sa 1-877-959-2563.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-877-959-2563.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم 1-877-959-2563 .

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-877-959-2563.

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-877-959-2563.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-877-959-2563.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-877-959-2563.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-877-959-2563.

日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。 1-877-959-2563 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 1-877-959-2563 .





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