

HIGHMARK BLUE CROSS BLUE SHIELD
BENEFIT PLANS | 2017

City of Pittsburgh



WELCOME NOTE

PPO BLUE

PREVENTIVE CARE

WELLNESS REWARDS

WELLNESS RESOURCES

SAVE TIME AND MONEY



Dear City of Pittsburgh Employee:

New letter text inserted here

Sincerely,



Deborah L. Rice-Johnson
President, Highmark Health Plan





Enjoy the Advantages of *PPO Blue* Coverage

***PPO Blue* gives you access to a large network of providers.**

You can receive care from the network provider of your choice. *PPO Blue* does not require that you select a primary care provider to receive covered care. Instead, it gives you access to a large network of physicians, hospitals and other providers. For a higher level of benefits coverage, you must receive care from a network provider.

To locate a network provider near you, or to learn whether your current physician is in the *PPO Blue* network, go to **highmarkbcbs.com** and click on **Find a Doctor**.



***PPO Blue* gives you control over your care.**

PPO Blue puts you in charge and gives you control over your care. You decide who provides your care. And you determine the level of coverage you receive. That means, for most services, you can receive care from an out-of-network provider and still be covered. However, services will be reimbursed at a lower benefit level.

No referrals needed.

PPO Blue does not require you or your dependents to choose or receive initial care through a primary care provider. Instead, you can decide for yourself where to obtain care. You're covered for physician services, specialty care, hospital services and more. While you don't need a referral from a primary care provider, it's a good idea to choose a doctor to become your "family doctor" to provide your primary care. This doctor is better able to coordinate all your care and medications since he or she has your health history.

You Get a Range of Covered Care

PPO Blue provides comprehensive health care coverage. You're covered for everything from preventive and sick care to inpatient and outpatient hospital care. The following are some of your coverage highlights:

Preventive Care

This vital care can help you stay on top of your medical needs and establish a healthy lifestyle. That's why we encourage members to take advantage of the excellent preventive care benefits of *PPO Blue*. Women are also covered for routine gynecological exams and Pap tests. Refer to your Summary of Benefits for coverage details.

Worldwide Care

It's reassuring to know that no matter where you travel, you are covered for your critical and urgent care. *PPO Blue* provides all of the services of the BlueCard Worldwide® Program. These services include access to a worldwide network of care providers. Medical assistance services are included as well. You access these services by calling **1-800-810-BLUE**. Remember, the Cross and Shield symbols on your ID card are recognized around the world — that's important protection.

Emergency Care

More than anything, you want the reassurance of knowing that you're covered when you need care most. *PPO Blue* covers emergency care received within or outside the *PPO Blue* provider network. In true emergency situations when you must be treated immediately, go directly to your nearest hospital emergency room, or call "911" or your area's emergency number.

You should use emergency services only when appropriate.

In some situations, such as strains or sprains, fevers and sore throats, it may make sense to contact a network doctor, go to the nearest urgent care center or go to your local network retail health clinic (typically found in pharmacies). This year, you can also take advantage of Virtual Medicine for minor illnesses.



How Your *PPO Blue* Program Works

When you or a covered family member needs medical care, you can choose between two levels of health care services: **Network** or **Out-of-Network**.

Network Care is care you receive from providers in the *PPO Blue* network.

This network includes primary care providers and a range of specialists, as well as hospitals and a variety of treatment facilities.

When you receive health care from a *PPO Blue* network provider, you enjoy maximum coverage and convenience. You present your ID card to the provider who submits your claim to the Highmark Blue Cross Blue Shield or the local Blue Plan, if you're traveling. This ensures prompt and accurate claims payment.

Out-of-Network Care is care you receive from providers who are not in the *PPO Blue* network.

Even if you do not go to a network provider, you will still be covered for most eligible services. In these instances, you will be covered at your program's lower level of benefits. Refer to your Summary of Benefits for coverage details.

When you receive care from an out-of-network provider, typically coverage is paid at the lower level — even if you were directed to the out-of-network provider by a network provider. You may need to file your own claims and obtain precertification for inpatient care.

You may also be responsible for paying any difference between the provider's actual charge and the plan's allowed amount. **That's why it is important, in all cases, to check to see that your provider is in-network before you receive care.**

How to Find a Network Doctor or Hospital

To see if your current doctor is in the *PPO Blue* network or to find a network doctor or hospital:

- Call My Care Navigator at **1-888-BLUE-428** or
- Go to your member website at **highmarkbcbs.com** and click on **Find a Doctor**

To find doctors or hospitals when outside your plan's service area:

- Call **1-800-810-BLUE**



Your Highmark *PPO Blue* Health Coverage

You have access to the national Blue Cross Blue Shield network, which includes more than 96 percent of all U.S. hospitals and 92% of all U.S. doctors, including more than 1,500 health care facilities designated as Blue Distinction® Centers for Excellence in delivering superior outcomes in advanced specialty care.

What is the Consent Decree?

Because UPMC stopped accepting most Highmark health insurance on Dec. 31, 2014, the Commonwealth of Pennsylvania facilitated a Consent Decree to allow Highmark members limited access to UPMC in certain circumstances, through June 30, 2019, when the Consent Decree ends.

The specific terms of coverage will be according to your plan. Covered claims from UPMC providers may process at a lower level of benefits.

Some covered claims will be an in-network level in the situations described below.

Oncology/Cancer Care

If you have been diagnosed with cancer, you have in-network access to all UPMC services, facilities, doctors and joint ventures for covered cancer care services through June 2019. This also includes care for any illnesses/complications resulting from cancer treatment such as endocrinology, orthopedics and cardiology. Your doctor must decide that you should be treated by a UPMC provider for cancer care.

Emergency Care

If you go to any UPMC emergency room, care will be covered at in-network rates, including any inpatient admission through discharge.

Any related follow-up care will be covered at the level of benefits provided by your plan.

Access for Seniors

Highmark members (except for Community Blue Medicare Advantage HMO) who are age 65 or older, and covered by or eligible for Medicare, will be able to use all UPMC providers on an in-network benefit level. This in-network access also applies to CHIP and Medicaid members.

Continuation of Care

This affects you if you were in a continuing course of treatment for a chronic or persistent condition in 2013, 2014 or 2015 (through June 30, 2016, at UPMC Mercy) with a UPMC provider or an independent provider and received care for that condition at UPMC. You can receive care from those providers at the in-network level of benefits through June 2019 if the care is related to your chronic or persistent condition.

Routine, preventive and acute care that is received during treatment for your chronic or persistent condition will also be at the in-network level of benefits. Otherwise, routine and preventive care will not be covered on an in-network basis.

You cannot be referred to or treated by a new UPMC doctor on an in-network basis for care related to your chronic or persistent condition or other conditions you might have or develop. A "new" UPMC doctor means a doctor you have not seen in the past.

If you were treated at UPMC or by a UPMC doctor for a confirmed pregnancy in 2015 (through June 30, 2016, at UPMC Mercy), you may continue to access UPMC on an in-network basis for maternity care, delivery and post-partum care related to that pregnancy.

Balance Billing Protection

Out-of-network UPMC providers can only balance bill Highmark members up to the difference between the plan's payment and 60 percent of the UPMC provider's billed charges for covered services.

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. A Local Blue Plan may require additional criteria for facilities 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 facility's cost of care is evaluated using data from its Local Blue Plan. Facilities 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. Blue Distinction Total Care (BDTC) providers met BDTC national criteria. National criteria for BDC, BDC+, and BDTC are displayed on 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 or other provider finder information or care received from Blue Distinction or other providers.

Access to Exceptional Cancer Care

You can receive care for all types of cancer at any Allegheny Health Network (AHN) hospital and at more than 50 AHN Cancer Institute centers ... as well as at many community hospitals within the Highmark network.

AHN ranks among the best in the country for its exceptional survival rates and outcomes for every type of cancer and for implementing "best practices" in caring for cancer patients. AHN has also established a formal collaboration with the Johns Hopkins Kimmel Cancer Center for clinical collaborations, medical education and a broad range of research activities.

Access to Emergency Care Anywhere

Emergency care is covered at the in-network benefit level at any hospital. That includes UPMC emergency rooms. And, if you need to be admitted to the hospital, any related inpatient care will also be covered at the in-network benefit level. Any related follow-up care will be covered at the level of benefits provided by your plan.

Note: These items below are not part of the Consent Decree; but they call out that you have access to great care even without UPMC.

Why Choose In-Network Providers?

Choosing in-network providers makes your life easier because the providers file the claims for you and get any necessary approvals. Additionally, they coordinate your care so that any referrals will be kept in-network. Plus, it saves you money when you use in-network providers.

Need Help Finding In-Network Providers?

- Call **My Care Navigator** at **1-888-258-3428** for help finding new doctors, scheduling priority appointments, transferring medical records and understanding your Highmark plan coverage. Call toll-free, Monday to Friday, 8 a.m. to 8 p.m. EST.
- Click **Find a Doctor** or **Rx** at **highmarkbcbs.com** to search for in-network doctors, hospitals, pharmacies, vision care providers and dentists near you.
- Meet with a representative in person at Highmark Direct stores throughout Pennsylvania. Visit **highmarkdirect.com** to find a store near you.
- Meet doctors at a Highmark-hosted Meet Dr. Right event. These unique community events let you meet 20-30 local primary care and specialty physicians face to face, make a personal connection, and schedule priority appointments. Go to **meet-dr-right.com** to register for an event near you.



TOP QUALITY CARE

Highmark's provider network

Among top 10% in the nation in these specialties:

- Cancer care
- Cardiac care
- Cardiac surgery
- Coronary bypass surgery
- Heart attack treatment
- Gall bladder removal
- Gastrointestinal care
- General surgery
- Heart failure treatment
- Heart transplant
- Hip fracture repair
- Joint replacement
- Major bowel procedure
- Neurological care
- Organ transplants
- Orthopedic care and surgery
- Pneumonia care
- Pulmonary care
- Stroke care
- Trauma care
- Vascular surgery
- Women's health

Comparison Medical Analytics 2016

Source: Quantros CareChex 2016 National Quality Rating Database: FFY 2012, 2013 and 2014.



92% of all U.S. doctors



Virtual Medicine

When you and your family need quick care for minor illnesses, virtual medicine is a convenient option.



How Virtual Medicine Works

You can use online video 24 hours a day, 7 days a week to visit U.S. board-certified, state-licensed doctors who can diagnose, recommend treatment and prescribe medication, when appropriate, for minor medical issues like:

- Cold and flu
- Rashes
- Pinkeye
- Headaches

And you can even schedule virtual behavioral health appointments for issues like depression, anxiety and relationship challenges.

In emergency situations, such as heart attack or stroke symptoms, always go to the emergency room or call 911.

Your Options

Virtual visits are covered in the same way as they would be if you received in-person care. To get started, register online.

Minor Illnesses

24/7 access to U.S. board-certified doctors for minor illnesses.



doctorondemand.com

Behavioral Health

Virtual Behavioral Health is available for reliable and convenient scheduled therapy visits with certified therapists.



 **amwell**
amwell.com

Specialist Follow-Up Visits

After you see a specialist in person, you can take advantage of virtual visits for any follow-up visits needed. These visits take place in real time at a primary care provider's office, outpatient clinic or other location close to you that has the equipment needed for virtual visits.



Network Doctors
If they have virtual medicine capabilities

Primary Care Visits

If your doctor has virtual medicine capabilities and chooses to use this service, you may be able to visit your primary care doctor virtually.



Network Doctors
If they have virtual medicine capabilities

Preventive Care

Take advantage of your generous coverage for preventive care services. Preventive care includes physical exams, vaccines and health screenings that are medically recognized as important in detecting potential or existing illness. This care is critical to maintaining good health and identifying health issues before they become more serious.

Preventive care matters for everyone, at every stage of life, from pediatric care to senior care:

- Children need regular physical exams and immunizations.
- Women need mammograms and Pap tests.
- Pregnant women need maternity care.
- Adults need physical exams, cholesterol screenings and flu shots.
- Adults over 50 should get a colonoscopy.
- Women 65 and older and men 70 and older should get a bone density test.

*Important preventive care services are covered at **100 percent.***



2017 Preventive Schedule

PLAN YOUR CARE: KNOW WHAT YOU NEED AND WHEN TO GET IT

Preventive or routine care helps us stay well or finds problems early, when they are easier to treat. The preventive guidelines on this schedule depend on your age, gender, health and family history. As a part of your health plan, you may be eligible to receive some of these preventive benefits with little to no cost sharing when using in-network providers. Make sure you know what is covered by your health plan and any requirements before you receive any of these services.

Some services and their frequency may depend on your doctor's advice. That's why it's important to talk with your doctor about the services that are right for you.

QUESTIONS?

 Call Member Service

 Ask your doctor

 Log in to your account

Adults: Ages 19+



General Health Care

 **Routine Checkup*** (This exam is not the work- or school-related physical)

- Ages 19 to 49: Every 1 to 2 years
- Ages 50 and older: Once a year

 **Pelvic, Breast Exam** Once a year

Screenings/Procedures

 **Abdominal Aortic Aneurysm Screening** Ages 65 to 75 who have ever smoked: One-time screening

 **Ambulatory Blood Pressure Monitoring** To confirm new diagnosis of high blood pressure before starting treatment

 **Breast Cancer Genetic (BRCA) Screening** (Requires prior authorization) Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk

 **Cholesterol (Lipid) Screening**

- Ages 20 and older: Once every 5 years
- High-risk: More often

 **Colon Cancer Screening and Certain Colonoscopy Preps With Prescription**

- Ages 50 and older: Once a year
- High-risk: Earlier or more frequently

 **Diabetes Screening** High-risk: Ages 40 and older, once every 3 years

 **Hepatitis B Screening** High-risk

 **Hepatitis C Screening** High-risk

 **Lung Cancer Screening** (Requires use of authorized facility) Ages 55 to 80 with 30-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years

 **Mammogram** Ages 40 and older: Once a year including 3-D (If you have/had cancer or your mammogram is positive, annual MRIs follow your diagnostic benefits)

 **Osteoporosis (Bone Mineral Density) Screening** Ages 60 and older: Once every 2 years

 **Pap Test**

- Ages 21 to 65: Every 3 years, or annually, per doctor's advice
- Ages 30 to 65: Every 5 years if combined Pap and HPV are negative
- Ages 65 and older: Per doctor's advice

 **Sexually Transmitted Disease (STD) Screenings (Chlamydia, Gonorrhea, HIV and Syphilis)** Sexually active males and females

* Routine checkup could include health history; physical; height, weight and blood pressure measures; body mass index (BMI) assessment; counseling for obesity, fall prevention, skin cancer and safety; depression screening; alcohol and drug abuse, and tobacco use assessment; and age-appropriate guidance.

Adults: Ages 19+

Immunizations

| | |
|---|--|
|  Chicken Pox (Varicella) | Adults with no history of chicken pox: One 2-dose series |
|  Diphtheria, Tetanus (Td/Tdap) | <ul style="list-style-type: none"> • One-time Tdap • Td booster every 10 years |
|  Flu (Influenza) | Every year (Must get at your PCP's office or designated pharmacy vaccination provider; call Member Service to verify that your vaccination provider is in the Highmark network) |
|  Haemophilus Influenzae Type B (Hib) | For adults with certain medical conditions to prevent meningitis, pneumonia and other serious infections; this vaccine does not provide protection against the flu and does not replace the annual flu vaccine |
|  Hepatitis A | At-risk or per doctor's advice: One 2-dose series |
|  Hepatitis B | At-risk or per doctor's advice: One 3-dose series |
|  Human Papillomavirus (HPV) | Ages 9 to 26: One 3-dose series |
|  Measles, Mumps, Rubella (MMR) | One or two doses |
|  Meningitis* | At-risk or per doctor's advice |
|  Pneumonia | High-risk or ages 65 and older: One or two doses, per lifetime |
|  Shingles (Zoster) | Ages 60 and older: One dose |

Preventive Drug Measures That Require a Doctor's Prescription

| | |
|---|---|
|  Aspirin | Men ages 45 to 79 and women ages 55 to 79 to reduce the risk of stroke and heart attack |
|  Folic Acid | Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid |
|  Raloxifene Tamoxifen | At-risk for breast cancer, without a cancer diagnosis, ages 35 and older |
|  Tobacco Cessation (Counseling and medication) | Adults who use tobacco products |
|  Vitamin D Supplements | Ages 65 and older who are at risk for falls |

Preventive Care for Pregnant Women

| | | |
|---|--|--|
|  Screenings and Procedures | <ul style="list-style-type: none"> • Gestational diabetes screening • Hepatitis B screening and immunization, if needed • HIV screening • Syphilis screening • Smoking cessation counseling • One depression screening for pregnant women and one for postpartum women | <ul style="list-style-type: none"> • Rh typing at first visit • Rh antibody testing for Rh-negative women • Tdap with every pregnancy • Urine culture and sensitivity at first visit |
|---|--|--|

Prevention of Obesity, Heart Disease and Diabetes

| | | |
|--|---|---|
|  Adults With BMI 25 to 29.9 (Overweight) and 30 to 39.9 (Obese) Are Eligible For: | <ul style="list-style-type: none"> • Additional annual preventive office visits specifically for obesity and blood pressure measurement • Additional nutritional counseling visits specifically for obesity | <ul style="list-style-type: none"> • Recommended lab tests: <ul style="list-style-type: none"> – ALT – AST – Hemoglobin A1c or fasting glucose |
|--|---|---|

* Meningococcal B vaccine per doctor's advice.

PLAN YOUR CHILD'S CARE: KNOW WHAT YOUR CHILD NEEDS AND WHEN TO GET IT

Preventive or routine care helps your child stay well or finds problems early, when they are easier to treat. Most of these services may not have cost sharing if you use the plan's in-network providers. Make sure you know what is covered by your health plan and any requirements before you schedule any services for your child.

It's important to talk with your child's doctor. The frequency of services, and schedule of screenings and immunizations depends on what the doctor thinks is right for your child.

QUESTIONS?

 Call Member Service

 Ask your doctor

 Log in to your account

Children: Birth to 30 Months¹

| General Health Care | Birth | 1M | 2M | 4M | 6M | 9M | 12M | 15M | 18M | 24M | 30M |
|---|--------|----|--------|--------|---|----|--------|--------|--------|-----|-----|
| Routine Checkup* (This exam is not the preschool- or day care-related physical) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Hearing Screening | ● | | | | | | | | | | |
| Screenings | | | | | | | | | | | |
| Autism Screening | | | | | | | | | ● | ● | |
| Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry | ● | | | | | | | | | | |
| Developmental Screening | | | | | | ● | | | ● | | ● |
| Hematocrit or Hemoglobin Screening | | | | | | | ● | | | | |
| Lead Screening | | | | | | ● | | | | | |
| Newborn Blood Screening | ● | | | | | | | | | | |
| Immunizations | | | | | | | | | | | |
| Chicken Pox | | | | | | | | Dose 1 | | | |
| Diphtheria, Tetanus, Pertussis (DTaP) | | | Dose 1 | Dose 2 | Dose 3 | | | | Dose 4 | | |
| Flu (Influenza)** | | | | | Ages 6 months to 30 months: 1 or 2 doses annually | | | | | | |
| Haemophilus Influenzae Type B (Hib) | | | Dose 1 | Dose 2 | Dose 3 | | | Dose 4 | | | |
| Hepatitis A | | | | | | | Dose 1 | | Dose 2 | | |
| Hepatitis B | Dose 1 | | Dose 2 | | Dose 3 | | | | | | |
| Measles, Mumps, Rubella (MMR) | | | | | | | | Dose 1 | | | |
| Pneumonia | | | Dose 1 | Dose 2 | Dose 3 | | | Dose 4 | | | |
| Polio (IPV) | | | Dose 1 | Dose 2 | Ages 6 months to 18 months: Dose 3 | | | | | | |
| Rotavirus | | | Dose 1 | Dose 2 | Dose 3 | | | | | | |

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. Additional: Instrument vision screening to assess risk for ages 1 and 2 years. ** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.

Children: 3 Years to 18 Years¹

| General Health Care | 3Y | 4Y | 5Y | 6Y | 7Y | 8Y | 9Y | 10Y | 11Y | 12Y | 15Y | 18Y |
|--|----|----|----|----|----|----|----|-----|--------------------------------|-----|-----|-----|
| Routine Checkup* (This exam is not the preschool- or day care-related physical) | ● | ● | ● | ● | ● | ● | ● | ● | Once a year from ages 11 to 18 | | | |
| Ambulatory Blood Pressure Monitoring** | | | | | | | | | | | | ● |
| Depression Screening | | | | | | | | | Once a year from ages 11 to 18 | | | |
| Hearing Screening | | ● | ● | ● | | ● | | ● | | ● | ● | |
| Visual Screening*** | ● | ● | ● | ● | | ● | | ● | | ● | ● | ● |

Screenings

| | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|
| Hematocrit or Hemoglobin Screening | Annually for females during adolescence and when indicated | | | | | | | | | | | |
| Lead Screening | When indicated (Please also refer to your state-specific recommendations) | | | | | | | | | | | |

Immunizations

| | | | | | | | | | | | | |
|--|-------------------------------------|---|--|--|--|--|--|---|--------|--|--------------------------|--|
| Chicken Pox | | Dose 2 | | | | | | | | If not previously vaccinated: Dose 1 and 2 (4 weeks apart) | | |
| Diphtheria, Tetanus, Pertussis (DTaP) | | Dose 5 | | | | 1 dose of Tdap if 5 doses were not received previously | | | | | 1 dose every 10 yrs. | |
| Flu (Influenza)**** | Ages 3 to 18: 1 or 2 doses annually | | | | | | | | | | | |
| Human Papillomavirus (HPV) | | | | | | | | Provides long-term protection against cervical and other cancers. Ages 9 to 26: 3 doses. From dose 1, dose 2 at 2 months, dose 3 at 6 months. | | | | |
| Measles, Mumps, Rubella (MMR) | | Dose 2 (at least 1 month apart from dose 1) | | | | | | | | | | |
| Meningitis***** | | | | | | | | | Dose 1 | | Age 16: One-time booster | |
| Pneumonia | Per doctor's advice | | | | | | | | | | | |
| Polio (IPV) | | Dose 4 | | | | | | | | | | |

Care for Patients With Risk Factors

| | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|
| BRCA Mutation Screening (Requires prior authorization) | Per doctor's advice | | | | | | | | | | | |
| Cholesterol Screening | Screening will be done based on the child's family history and risk factors | | | | | | | | | | | |
| Fluoride Varnish (Must use primary care doctor) | Ages 5 and younger | | | | | | | | | | | |
| Hepatitis B Screening | Per doctor's advice | | | | | | | | | | | |
| Hepatitis C Screening | High-risk | | | | | | | | | | | |
| Sexually Transmitted Disease (STD) Screenings (Chlamydia, Gonorrhea, HIV and Syphilis) | For all sexually active individuals | | | | | | | | | | | |
| Tuberculin Test | Per doctor's advice | | | | | | | | | | | |

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. ** To confirm new diagnosis of high blood pressure before starting treatment. *** Covered when performed in doctor's office by having the child read letters of various sizes on a Snellen chart. Includes instrument vision screening for ages 3, 4 and 5 years. A comprehensive vision exam is performed by an ophthalmologist or optometrist and requires a vision benefit. **** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network. ***** Meningococcal B vaccine per doctor's advice.



Children: 6 Months to 18 Years¹

Preventive Drug Measures That Require a Doctor's Prescription

Oral Fluoride

For preschool children older than 6 months whose primary water source is deficient in fluoride

Prevention of Obesity and Heart Disease

Children With a BMI in the 85th to 94th Percentile (Overweight) and the 95th to 98th Percentile (Obese)

Are Eligible For:

- Additional annual preventive office visits specifically for obesity
- Additional nutritional counseling visits specifically for obesity
- Recommended lab tests:
 - Alanine aminotransferase (ALT)
 - Aspartate aminotransferase (AST)
 - Hemoglobin A1c or fasting glucose (FBS)
 - Cholesterol screening

Information About the Affordable Care Act (ACA)

This schedule is a reference tool for planning your family's preventive care, and lists items and services required under the Affordable Care Act (ACA), as amended. It is reviewed and updated periodically based on the advice of the U.S. Preventive Services Task Force, laws and regulations, and updates to clinical guidelines established by national medical organizations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at increased risk for a condition. Some services may require prior authorization. If you have questions about this schedule, prior authorizations or your benefit coverage, please call the Member Service number on the back of your member ID card.

¹Information About Children's Health Insurance Program (CHIP)

Because the Children's Health Insurance Program (CHIP) is a government-sponsored program and not subject to ACA, certain preventive benefits may not apply to CHIP members and/or may be subject to copayments.

The ACA authorizes coverage for certain additional preventive care services. These services do not apply to "grand-fathered" plans. These plans were established before March 23, 2010, and have not changed their benefit structure. If your health coverage is a grandfathered plan, you would have received notice of this in your benefit materials.

Preventive Versus Diagnostic Care

How can I pay two different amounts for the same procedure?

Preventive care is the type of care you get when you are well. It helps you stay healthy. This type of care follows guidelines such as those shown in the Highmark Preventive Care Schedule. It is covered by your plan at 100 percent.

Diagnostic care is the type of care you get when you are ill or managing a health condition. This type of care has cost sharing, such as a copayment or coinsurance.

What's the difference?



Preventive Care

- A routine wellness exam
- No current symptoms
- No treatment for a previous condition
- Listed on the preventive schedule
- Typically covered at 100 percent



Diagnostic Care

- Exam to diagnose a problem
- Treatment to monitor a medical problem
- Tests or screenings to identify an illness
- Requires cost sharing

Ask Questions

Review the Preventive Care Schedule in this brochure to find out about recommended exams, screenings and tests. When you call to make an appointment, be sure to tell the office staff that your appointment is for a routine physical. If your doctor recommends tests and screenings, be sure to ask if they are considered preventive or diagnostic. This way you will know ahead of time if cost sharing is required. You can also call Member Service at the number on your ID card.



*“I am having a baby and I have so many questions!
Who can I call to help?”*

Pregnant, or plan to become pregnant?

To help you understand every stage of pregnancy and make informed care and lifestyle-related decisions, we’re offering *Baby Blueprints*® Maternity Education and Support Program.

Your free program gives you access to in-depth educational information and helpful pregnancy tips through your member website. You also get dedicated support throughout your pregnancy from a nurse Health Coach.



*Just call toll-free at **1-866-918-5267**
to take advantage of all the
program’s offerings.*

Earn Your CityFit Wellness Reward for 2017

We know that the way we live has a real impact on the way we feel. When we take care of ourselves, we have more drive and energy. Good habits promote positive attitudes and healthier, happier lives.

That's why you have so many resources to pursue a healthier lifestyle.

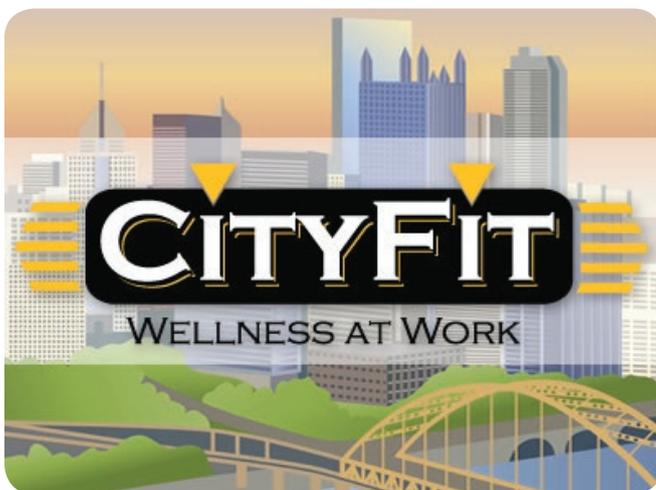
CityFit Wellness at Work

The CityFit Wellness at Work Program promotes awareness of health, wellness and fitness for the employees of the City of Pittsburgh.

CityFit will support you in your journey to live a healthier lifestyle. This program will reach out to employees of all ages and abilities to motivate and improve their lifestyles.

To learn more about CityFit, contact us:

- facebook.com/CityFitWellnessAtWork/
- twitter.com/CityFitWellness
- CityFit Wellness Gurus at 412-255-2183
- Benefits Office at 412-255-2532



Earn Your Wellness Reward With Two Simple Steps

Take these two steps to earn your Wellness Reward. Once you complete both of these steps, you will be eligible to save on your health plan premiums in 2017.

> Step 1: Complete the Wellness Profile

The Wellness Profile is a simple online assessment that helps you to understand your health risks. It gives you an action plan and suggestions for health and wellness programs that are right for you. Log in to highmarkbcbs.com and click on **Rewards Program** under **Wellness Programs**.

> Step 2: Get a Biometric Screening

A biometric screening can tell you if you're at risk for certain health conditions. It can also let you know what steps you may need to take to improve your health.

This screening includes a simple blood test that measures your blood glucose (sugar level) and cholesterol levels – as well as key measures for BMI (body mass index) and blood pressure.

Talk to a Health Coach

Have questions about your profile and screening results? Need a plan for healthier habits? Call a nurse health coach today. A health coach can help you to:

- Better understand the results of your health screening
- Explain your Wellness Profile Action Plan
- Enroll in programs for weight loss, quitting tobacco, eating better, managing stress, and more
- Learn how to better manage a health condition
- Get support for a treatment plan

Call 1-888-BLUE-428 (1-888-258-3428).

There is no charge to talk with a coach. All information shared during your conversations with a coach is confidential.

You're encouraged to complete your Wellness Profile. It takes just 15 to 20 minutes to learn all about your health and start on the road to healthy change.



Quick Links

Resources to Save Money and Live Healthier



OTHER MEMBER INFORMATION

Check your member information and account settings, update your member profile, change your password, manage your site preferences, and more.



ID CARD

View and print your virtual ID card.



COVERAGE SUMMARY

Get information about your benefits, access your benefit booklet and more.



Review your claims to see:

- Current claims
- Payment status
- Claims and payment history



MEMBER DISCOUNTS

Enjoy discounts on a variety of products, events and services.



REWARDS PROGRAM

Get information on how you can earn rewards.



WELLNESS PROFILE

Complete your Wellness Profile, and you'll receive the following:

- Health assessment — Find out where you stand with your health today and learn where and how you can improve.
- Risk report — Learn about where your health needs the most attention.
- Personalized action plan — Get a plan customized to your unique needs.

How to Make the Most of Your Member Website

Are you registered?

Are you registered on your member website? If not, take a couple of minutes to complete an online form and choose a login ID and password. Your information will process promptly.

These couple of minutes will be time well spent.



Access helpful **health care tools** to manage your care costs, choose the right providers and plan for your care.



FIND A DOCTOR

Locate primary care doctors, specialists, hospitals, imaging and surgery centers, urgent care centers and pharmacies near you. Get quality information about providers. Check out the Patient Experience Reviews and write one of your own.



CARE COST ESTIMATOR

Get cost estimates and quality information on surgical and imaging procedures, lab tests and office visits to help you shop for the best value.



PRESCRIPTION SERVICES

Manage your prescription coverage, find pharmacies near you, view your prescription history, update your contact information, take advantage of mail order for maintenance medications and more with your prescription coverage.



VIRTUAL MEDICINE

Take advantage of video consultations from board-certified doctors for quick help with minor illnesses and injuries, behavioral health, dermatology issues, and even follow-up visits with specialists.

WebMD®

Because of our partnership with WebMD, it's never been easier for you — and your family — to get and stay healthy. Using some of the latest technology, we're giving you unprecedented access to today's leading-edge, online health and wellness tools.

Make the most of your health and wellness tools. Visit your member website and get started today.

My Health Assistant: This tool, available 24/7, will help you face your health challenges head on, giving you just the right blend of guidance, support and resources. Choose from a range of programs — including tobacco cessation, weight loss, good nutrition, stress reduction, emotional health and exercise. Interactive tools and activity guides will encourage you to choose a new goal each week. You'll get personalized feedback, along with recognition for reaching your achievement. Connect with your personal dashboard to track your moods, diets and goals — and see how you stack up against your peers.

Wellness Classes

As a member, you have all kinds of free online programs to help you:



**EAT
HEALTHY**



**MANAGE YOUR
WEIGHT**



**GET
ACTIVE**



**REDUCE
STRESS**



**QUIT
STOP
SMOKING**

Chronic Condition Programs

You also have programs that can help you better manage a chronic health condition. Condition management programs help people who have asthma, diabetes, coronary artery disease, back pain and depression learn how to deal with all aspects of their condition.

Personal Health Record

Tracks, stores and maintains all your vital health information — in one centralized, secure place. Your Health Record documents your medications, immunizations, medical exams and treatment history; helps prepare you for future health care appointments; and provides a list of recommended screenings and immunizations. It will even make managing your health care easier by automatically adding your medical and prescription claims.

Health News & Information

Tap into an extensive library of articles, recipes, videos and more — all created to improve your health smarts and inspire you to live a happier, healthier life.

Member Discounts

Highmark Blue Cross Blue Shield coverage helps save you money. You can get valuable discounts on all kinds of health and wellness products, services and classes at your favorite vendors nationwide.

These include discounts on health and fitness clubs, weight-loss programs, healthy travel experiences and so much more.

It pays to be a Highmark Blue Cross Blue Shield member!

Member Service

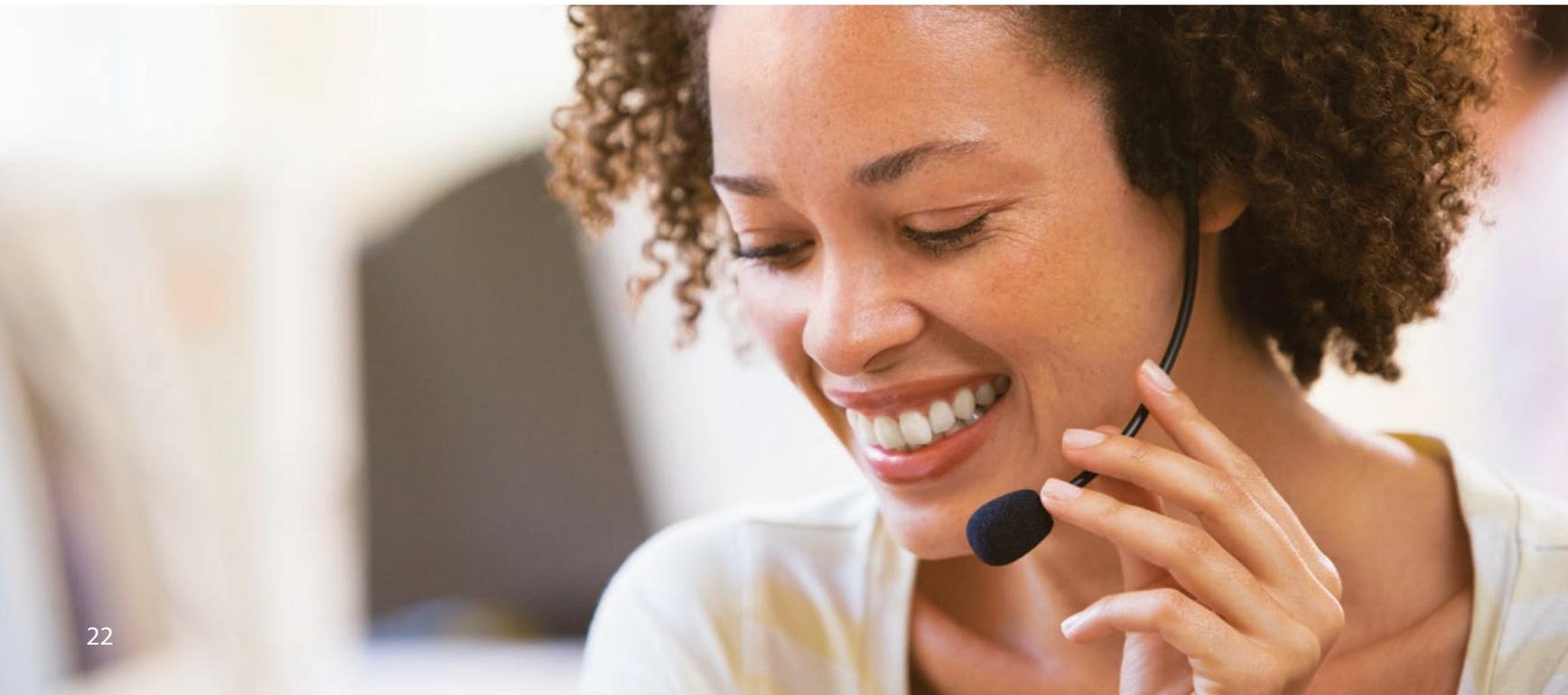
Here to Help You!

As a Highmark Blue Cross Blue Shield member, you get the support you need to make the most of your health and your health care coverage. Our Member Service representatives are specially trained to offer prompt, accurate, professional support.

A Member Service representative can help you:

- Understand and resolve any plan enrollment, care claim and benefit coverage issue
- Assist you with online tools that can help you save money and make informed care decisions
- Connect you to a Blues On Call Health Coach, when appropriate

Your Member Service representative can help you with any coverage question. Just call the Member Service number on the back of your member ID card.



My Care Navigator

With **My Care Navigator**, you have a dedicated health advocate. Our representatives can answer your questions and make finding a new health care provider easy. And, we give you three ways to use this helpful service.



Click:

MyCareNavigator.com

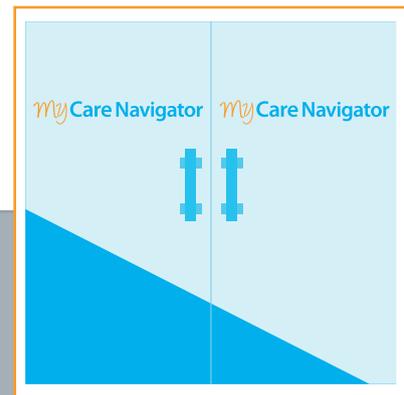
Use the latest technology to get answers to your questions ... or find a doctor with our easy-to-use online provider directory.



Call:

1-888-BLUE-428

Talk with a helpful, knowledgeable **My Care Navigator** representative.



Visit:

Highmark Direct Store

Meet with a **My Care Navigator** representative. To find a Highmark Direct store near you or make an appointment, go to HighmarkDirect.com.

My Care Navigator can help you:

- **Locate Providers**
Whether you need a primary care physician or specialized care, My Care Navigator helps you find an in-network doctor who meets your needs.
- **Transfer Medical Records**
My Care Navigator can help you by requesting that your medical records (including lab results and imaging) be transferred or shared among new or existing providers.
- **Make Appointments**
My Care Navigator helps you get an appointment promptly — even with hard-to-reach specialists.
- **Make Informed Care Decisions**
My Care Navigator can direct you to information and resources to make informed, appropriate care decisions.
- **Understand Your Pharmacy Benefits**
Generic drug vs. brand? What's a formulary? Should you be using a mail order service? My Care Navigator gets the answers that can help you save money.
- **Manage Care Costs**
Whether it's help with a care claim or assistance with provider billing issues, My Care Navigator helps you understand and manage care costs.

Click. Call. Visit.

Flexible Spending Accounts (FSAs)

Learn How to Make the Most of Your FSA

An FSA is a great way to pay for your health care expenses and save on taxes. You contribute to this account through payroll deduction, reducing your taxable income, and spend the money on health care expenses.

Whether you want to open an FSA, or already have one, you can learn more about an FSA at highmarkbcbs-fsa.com. Here you can:

- Find out how much you can contribute
- See how you may be able to save on taxes with your FSA
- Get information about what expenses are “eligible” or “qualified”
- Take advantages of tools and resources to help you use your account



For more information, go to highmarkbcbs-fsa.com. Visit often for tools and resources to help you use your account.



Health Advocate Employee Assistance Program

Find out how your Employee Assistance Program Health Advocate can help you to make the most of each day, deal with problems in your life or guide you through a difficult time. It's confidential and secure help — when you need it most.

- Expert, real-time support, 24/7
- Short-term assistance
- Referrals for additional care
- Work/life support
- Monthly webinars
- Help finding local providers

This benefit is available at no additional cost to you. It covers eligible employees, spouses, dependent children and parents.*

*Restrictions apply.

Health Advocate is not affiliated with any insurance company or third party provider and does not provide medical care or recommend treatment.

Employee Assistance Program Health Advocate

- Call **1-877-240-6863** for 24/7 support.
- Or go online to HealthAdvocate.com/members.



HealthAdvocateSM

Your Virtual ID Card is on Your Mobile Device

Works just like your plastic ID card

- Virtual cards are available as soon as your coverage is effective.
- You can see ID cards for everyone on your policy.

Register and log in to get started

1. From your mobile device, go to highmarkbcbs.com.
2. Click the **Member Login** button.
3. Click the **Register** button.
4. Complete the registration form. In the Member ID field, enter your Social Security Number (SSN).

Follow these steps to see a virtual ID card

1. After you are registered, click the **View ID Card** button.
2. Click on the name of the person whose ID card you want to view.

Fax your ID card to your doctor's office or other providers

1. Click the **Fax** button at the bottom of the page.
2. Enter the fax number and click the Send button.
3. Check for an email message when the fax is sent successfully.

Employees that don't have Highmark coverage receive ID cards that include:

- Any additional benefits that apply (FSA, HRA and/or wellness)
- Customer service phone number
- Health Coach phone number



Find a Doctor

Find a Doctor is an online search tool that lets you locate the right providers for you — from primary care physicians and specialists to hospitals, imaging centers, urgent care centers, pharmacies and more. **Find a Doctor** also lets you see and compare quality measures on providers and read how they're rated by other patients.

Here's how it works:

- Log in to highmarkbcbs.com
- Click **Find a Doctor**
- Simply type in the search box to find the kind of doctor or care you need. You can use everyday phrases like "ear, nose and throat" or "heart disease."
- See if your doctor or nearest lab is in-network so you can save money.



*You can also find a doctor at MyCareNavigator.com or by calling **1-888-BLUE-428 (1-888-258-3428)**.*





Save Time and Money

The Care Cost Estimator

Did you know that common health care services, like x-rays and lab tests, can cost from 30 to 50 percent more depending on where you go? We help you find the best price.

Take Charge of Your Health Care

Help control your health care expenses by estimating the costs for the care you need at different providers. The online Care Cost Estimator lets you understand your options and shop for the best value, just like comparison shopping for other important purchases.

How the Care Cost Estimator Works

The Care Cost Estimator makes it easy to compare cost estimates for more than 1,600 procedures performed by different doctors and hospitals to find the best value. You can easily search for a procedure, and filter your search results by location, family member and quality measures.

This tool works with all mobile platforms for searching on the go. It's ideal for talking about your options at the doctor's office.

Shop for Costs On:

Diagnostic procedures, such as MRIs and CAT scans

Lab tests, such as blood glucose and lipid panel

Outpatient procedures, such as laparoscopies, biopsies and endoscopies



Try the Care Cost Estimator Now!

Log in to highmarkbcbs.com. On the home page, click the *Care Cost Estimator* link. It's that simple!

Healthy Behaviors to Save You Time and Money

1 Choose Network Providers

Network providers are doctors, hospitals and other health care professionals that have an agreement with the health plan to accept the amount the plan will pay for covered services. You have the highest level of coverage and pay the least when you go to a network provider. Out-of-network providers do not have an agreement with Highmark Blue Cross Blue Shield. If you are treated by an out-of-network provider, you are responsible for a larger share of the costs. You may also need to pay any difference between the amount Highmark Blue Cross Blue Shield pays and the provider's charge for the service, and you may have to file your own claims.

When you make an appointment, ask if the doctor participates in the network.

2 Tell Your Doctor Your Reason for Visiting

When you call to make an appointment for your routine physical, be sure to tell the office staff and doctor that your appointment is for a routine physical and routine/preventive care is covered at 100 percent.

3 Choose Generic Drugs

Approved by the Food and Drug Administration (FDA), generic drugs are comparable to brand names in dosage form, strength, quality, performance and intended use. They must contain the same active ingredients as their brand-name equivalents. But they can cost you much less...as much as 80 percent less than brand names! Talk with your doctor to see if your medicine is available as a generic.

4 Go to Urgent Care Centers for Non-Emergency Care

If you have an urgent medical problem that's not an emergency, such as a sprain, nausea, a rash or a cough, going to an urgent care center saves you time and money over the emergency room. Patients whose care is truly not an emergency can wait hours for care and end up paying more for care once they get it.



To find urgent care centers, labs or imaging centers:

- Log in to **highmarkbcbs.com** and click the **Find a Doctor** tab.
- Call My Care Navigator at **1-888-BLUE-428**.

5 Use Virtual Medicine Services

When your doctor isn't available or you can't leave work or home, take advantage of convenient virtual/telemedicine services for minor illnesses. This service is covered like your primary office visit, quite a savings compared to the cost of visiting the ER. Refer to your Summary of Benefits for details.

6 Get Blood Tests at an Independent Lab

You enjoy the same kind of savings by going to independent labs rather than hospitals. And since labs are dedicated to providing tests that measure blood cell count, glucose and cholesterol levels, and thyroid functions, you get more efficient service.

7 Get X-rays at an Imaging Center

The next time your doctor orders X-rays, CT scans or an MRI, consider going to your local X-ray/imaging center instead of the hospital, where imaging tests can be 30 percent more expensive.

8 Ask to Transfer Your Medical Test Results to ALL Your Care Providers

Other factors contributing to the high costs of care are unnecessary duplicate tests and procedures. To assure you don't pay for care you don't need and to keep your health care providers all on the same page, make sure your medical test results are shared with all appropriate care providers.

9 Use Mail Order for Maintenance Medications

If you take a maintenance medication for a condition like high blood pressure, high cholesterol or diabetes, getting your prescription by mail order can help you save not only money, but time going to your local pharmacy and waiting for refills.

10 Shop Around for Value

Because costs can vary a lot for even the same service, it's important to know what different providers may cost. Using the **Care Cost Estimator** lets you shop for the providers who offer the best value



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

Baby Blueprints, Blue 365 are BlueCard Worldwide are registered marks and Blues On Call is a service mark of the Blue Cross Blue and Blue Shield Association.

AmWell is a trademark of American Well Corporation and may not be used without written permission.

Doctor on Demand is a trademark of Doctor on Demand, Inc. and may not be used without permission.

American Well and Doctor on Demand are independent companies that provide telemedicine services and do not provide Blue Cross and/or Blue Shield products or services. American Well and Doctor on Demand are solely responsible for their telemedicine services.

WebMD Health Services is a registered trademark of WebMD, LLC., an independent and separate company that supports Highmark Blue Cross and/or Blue Shield online wellness services. WebMD Health Services is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. WebMD Health Services does not endorse any specific product, service or treatment.

Discrimination is Against the Law

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Plan will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Plan will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Plan:

- 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 Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, 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. 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>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

Geb Acht: Wann du Deutsch schwetzsch, kantscht du en Dolmetscher grieg, un iss die Hilf Koschdefrei. Kantscht du die Nummer an deinre ID Kard dahinner uffrufe (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

ਪ੍ਰਥਮ ਆਪਸ਼ੀ: ਜੇ ਤਮੇ ਗੁਜਰਾਤੀ ਭਾਸ਼ਾ ਭੋਲਤਾ ਹੋ, ਤੇ ਭਾਸ਼ਾ ਸਹਾਯਤਾ ਸੇਵਾਐ, ਮਫ਼ਤਮੀ ਤਮਨੇ ਉਪਲਬਧ ਏ. ਤਮਾਰਾ ਆਠਮਪਤਰਨਾ ਪਾਏਠਨਾ ਭਾਏ ਆਵੇਲਾ ਨੰਬਰ ਪਰ ਫ਼ੋਨ ਕਰੋ (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ប្រការចងចាំ: បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសា ដែលអាចផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខដែលមាននៅលើខ្នង កាតសម្គាល់របស់លោកអ្នក (TTY: 711) ។

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

注：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。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

BAA ÁKONÍNÍZIN: Diné k'ehgo yáníłti'go, language assistance services, éí t'áá níik'eh, bee níká a'doowoł, éí bee ná'ahóót'i'. ID bee nééhózingo nanitinígíí bine'déé' (TTY: 711) jí' hodíilnih.