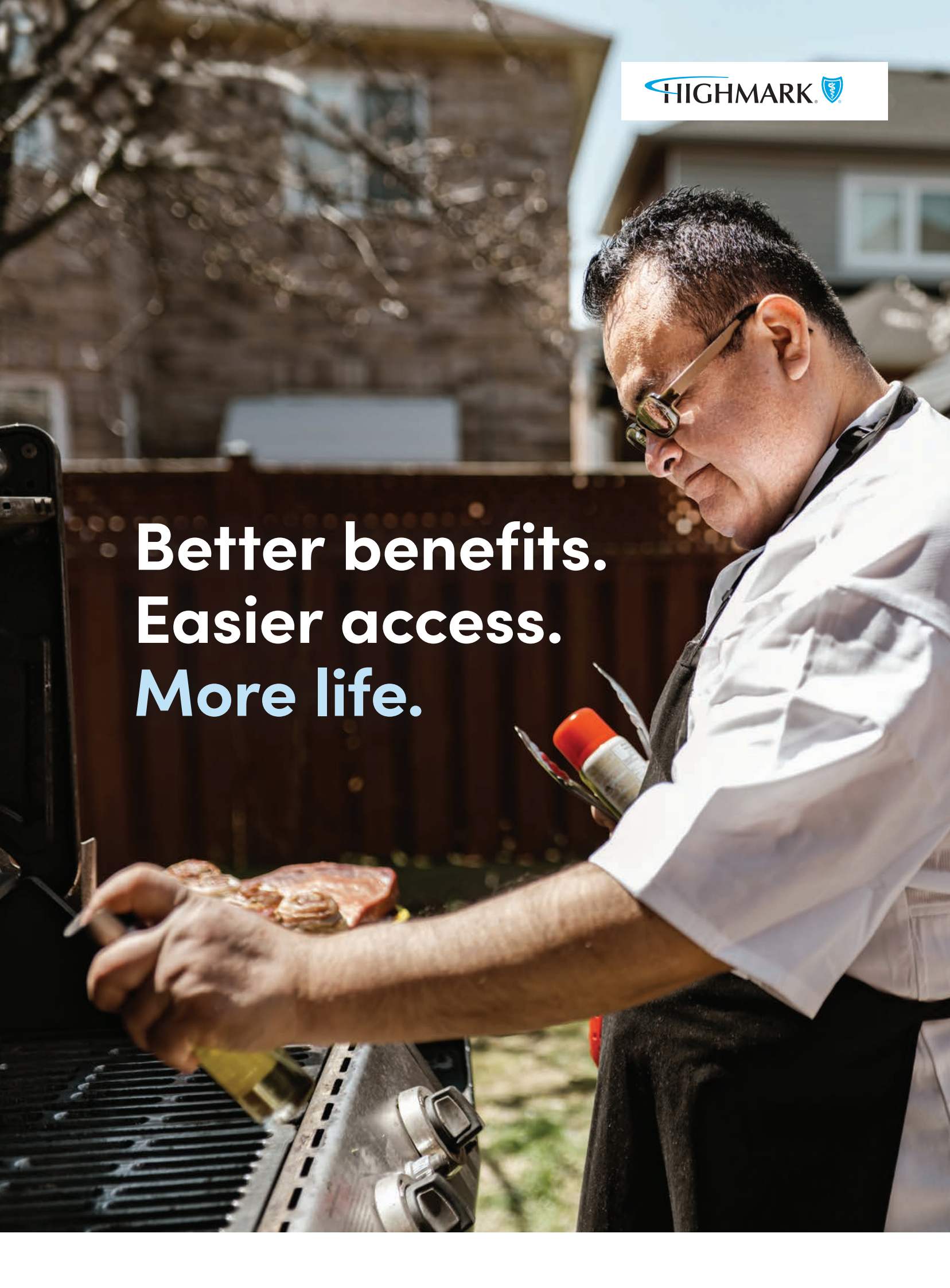


**Better benefits.
Easier access.
More life.**



Care that keeps up with your life.

Wherever you are,
we've got you covered.



Lehigh Valley Flex Blue PPO

Star Buick GMC, Inc.

Hi there,

We know choosing coverage is about more than just your health care. It's about peace of mind. That's why when you choose Highmark for your coverage, you get a plan that's simple to understand, easy to use, and easy to love.

With Highmark, you get access to personalized wellness programs, handy online tools, and 24/7 support for any questions you might have along the way.

We look forward to making it easier for you to feel your best.

A handwritten signature in blue ink that reads "Thomas A. Doran". The signature is fluid and cursive.

Thomas A. Doran
President, Highmark Health Plans

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Why Highmark





MY HIGHMARK APP

Your health plan in your pocket.

Get instant access to your digital member ID card, care-finding tools, claims updates, and easy online premium payments right on your mobile device. Scan the QR code to download the MyHighmark app or go to [MyHighmark.com](https://www.MyHighmark.com) to get started.



24/7 NURSELINE

Answers from a health pro, 24/7.

Medical concerns during off hours? Just call the phone number on the back of your ID card or from the My Highmark app to get support from a registered nurse anytime and put your worries to bed.



KIDNEY HEALTH MANAGEMENT PROGRAM

Let's manage kidney disease together.

Highmark offers a care coordination program at no additional cost that works with you and your doctor to help manage your kidney health. Through early detection and better management of your condition, Care Navigators will help you take charge of your health and well-being.



DIABETES PREVENTION PROGRAM

Tips on how to avoid diabetes.

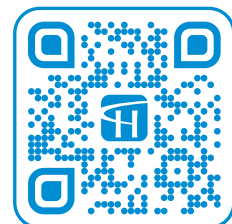
Lower your risk for prediabetes with simple, effective, practical strategies using this lifestyle program. Get started at myhighmark.com or on the MyHighmark app.



WELL360 VIRTUAL HEALTH

Personalized care when and where you want it.

Get care 24/7, wherever you are, with Well360 Virtual Health. A board-certified doctor can see you in minutes for virtual urgent care visits and more. Scan the QR code to download the MyHighmark app or go to MyHighmark.com to get started.





BLUE DISTINCTION® SPECIALTY CARE

See specialists who get better results.

When you or your family need specialty care, you want to know which doctors deliver consistent, high-quality care.

That's why Blue Cross and/or Blue Shield companies created a national recognition program — Blue Distinction Specialty Care — to make it easier for you to find quality care that's right for you.>

Blue Distinction Specialty Care designations:

- **Blue Distinction Centers:*** Health care providers demonstrate quality care and treatment expertise.

Only providers who consistently deliver safe, effective treatments make our Blue Distinction list. When you use our Provider search tool, a special logo will appear by their names to help you choose a top-performing specialist for any care you need.

*Blue Distinction Center specialists are available across 11 areas of specialty care.



DISEASE MANAGEMENT PROGRAMS

Help managing chronic conditions.

Receive one-on-one nurse support for conditions like asthma, diabetes, heart disease, and other chronic conditions. Get started at myhighmark.com or on the MyHighmark app.



EMPLOYEE ASSISTANCE PROGRAM

Get care for your mind, too.

Your Employee Assistance Program (EAP), powered by Spring Health, provides simple and easy access to mental health and work-life resources. This program can help you get the right care, right when you need it.



EMERGENCY CARE

When you need it most, you're covered.

Emergency care is always covered at the in-network level, wherever you get it. So don't hesitate. If you think it's an emergency, go straight to the nearest emergency room or dial 911. Your plan may also cover emergency care received outside the United States. Check your Summary of Benefits for more information.



WORLDWIDE CARE

Support around the globe.

No matter where you travel, the Blue Cross Blue Shield Global® Core program gives you access to providers for your health care needs. For worldwide help, just call **1-800-810-BLUE**.



MENTAL HEALTH CARE

Get care for your mind, too.

Highmark covers a wide range of mental health services, including counseling and treatment. You get a choice of providers within your plan for the type of care that fits your situation best.



CARE FOR SUBSTANCE USE DISORDERS

Guidance to keep you on track.

Highmark covers a spectrum of services for substance use disorders. Pick the professional you feel will give you the necessary care from our list of providers.



PENN STATE HEALTH, LEHIGH VALLEY HEALTH NETWORK, AND WELLSPAN® HEALTH COLLABORATIONS

Expert teamwork for advanced care.

We collaborate with some of the best medical minds at Penn State Health, Lehigh Valley Health Network, and WellSpan Health. That gives you access to the latest health breakthroughs right in your neighborhood.



DIABETES MANAGEMENT POWERED BY ONDUO™

Manage your diabetes from wherever you are.

Type 2 diabetes is manageable — especially when you can manage it on your own terms.

Diabetes Management powered by Onduo is a virtual care program that:

- Comes with your plan and helps you manage your care from anywhere.*
- Provides you with a smart blood glucose meter and unlimited test strips at no additional cost to you.
- Uses the Onduo app to provide access to the virtual health clinic and a team of care leads that can answer your questions and guide you through your health journey.
- Gives you a personalized plan and ongoing support between visits to your doctor.

*There is no additional cost for most health plan members. If you have a qualified high deductible plan, you may have to pay out of pocket for some services until you meet your deductible. To check your costs, call the Member Service team at the number on the back of your member ID card.



MENTAL WELL-BEING POWERED BY SPRING HEALTH

The right mental health care starts right here.

Simple and easy access to care is what Mental Well-Being powered by Spring Health is all about. This program can help you get the right care, right when you need it.



VIRTUAL PHYSICAL CARE PROGRAM POWERED BY SWORD

Virtual treatment for joint and muscle pain.

The Virtual Physical Care program, powered by Sword, is available at no additional cost to you through your employer's Highmark health plan benefits. It connects you virtually to licensed physical therapists, guided physical therapy exercises, ongoing education, and even cognitive behavioral therapy.

*National, Regional, and ACA Markets BoB



THRIVE — BY SWORD

Virtual Joint Health.

This program may be right for you if you're experiencing discomfort, even if you're not recovering from an injury and your pain is manageable. Meet virtually with a physical therapist (PT) who designs a customized program just for you. You'll receive a tablet with motion-tracking technology and direct chat support with your PT.



Health plans built with you in mind.

BROAD

The network that provides access to many doctors and facilities in your area.

TIERED

A network that offers access to most doctors and facilities in your area based on a tiered system — Enhanced and Standard. You generally pay less for the Enhanced level of benefits than the Standard level.

NARROW

Local networks specific to certain markets. They tend to be close to where you live. You have access to the doctors and facilities in that network.



MATERNITY CARE

Caring for moms is about so much more than labor and delivery.

With Highmark, you get access to numerous facilities designed around comprehensive women's care, personal attention, and a family-centered approach during this special time.

You also have access to programs focused on advanced technology and expertise in neonatal care and OB-GYN specialty care. With Highmark, you can expect expert care from:

- OB-GYNs specializing in high-risk pregnancy, maternal fetal medicine, and fertility.
- Board-certified pediatricians and pediatric subspecialists.
- Childbirth and certified lactation experts.

Baby BluePrints® Program

Pregnancy can be exciting and overwhelming all at once. That's why Highmark's Baby BluePrints program guides you every step of the way. It's a program that provides you with educational resources and personalized attention from your own specially trained health coach at no additional cost.

Call 1-866-918-5267 to take advantage of Baby BluePrints today.

In-person member service

Retail locations

Allentown

The Shops at Cedar Point
305 S. Cedar Crest Blvd.
Allentown, PA 18103

Easton

Lower Nazareth Commons
3770 Dryland Way
Easton, PA 18045

Erie

Kingswood Plaza
5753 Peach St.
Erie, PA 16509

Harrisburg

Colonial Commons
Shopping Center
5072 Jonestown Rd.
Harrisburg, PA 17112

Lancaster

Mill Creek Square
2350 Lincoln Hwy East
Lancaster, PA 17602

Mechanicsburg

Silver Spring Square
6416 Carlisle Pike
Mechanicsburg, PA 17050

Monroeville

Route 22
4008 William Penn Hwy
Monroeville, PA 15146

North Fayette

The Pointe at North Fayette
218 Summit Park Dr.
North Fayette, PA 15275

North Hills

McKnight Siebert
Shopping Center
4885 McKnight Rd.
Pittsburgh, PA 15237

South Hills

Norman Centre II
1775 N. Highland Rd.
Pittsburgh, PA 15241

Corporate walk-in locations

Camp Hill

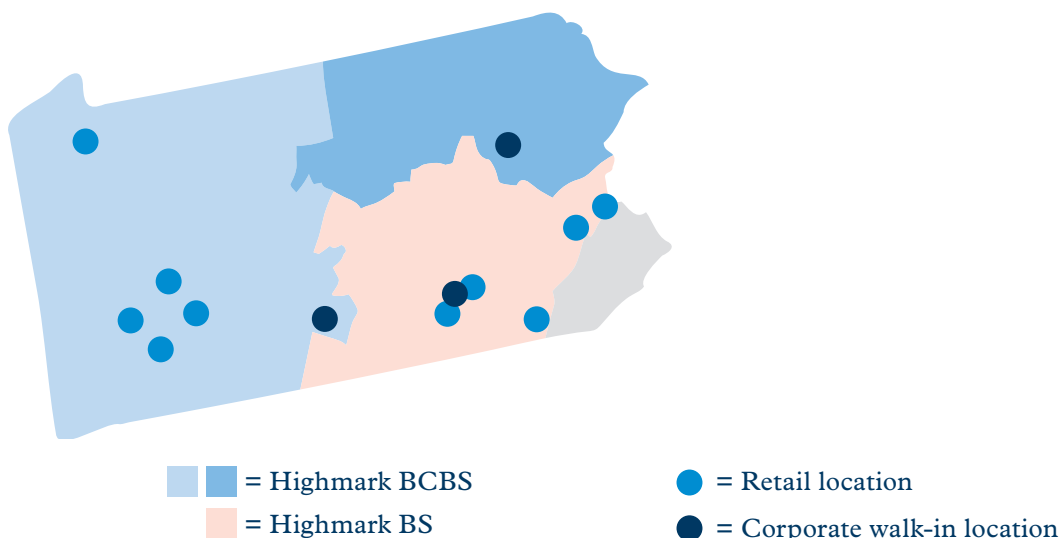
1800 Center St.
Camp Hill, PA 17011

Johnstown

1 Pasquerilla Plaza
Johnstown, PA 15901

Wilkes-Barre

19 N. Main St.
Wilkes-Barre, PA 18711



Product Information /Benefit Summary



Here's how Highmark makes it simple for you:

Nationwide access to providers through the BlueCard® program.

You get access to the largest physician and hospital networks in the U.S. with over 1.8 million providers, including 97% of all hospitals.*

And when you travel globally, you're covered in 190 countries through the Blue Cross Blue Shield Global® Core program.

And you're covered close to home, too.

Our collaboration with the Lehigh Valley Health Network gives you easy access to hospitals and doctors right in your community. From behavioral health to cancer care to cardiology, children's health to neuroscience to women's care, we've got you covered for local specialty care, too.

Total support, day or night.

Whether it's 24/7 answers from registered nurses, a diagnosis or prescription over video visit, or just some help booking your doctor visits, when you need us, we're there.

Two benefit levels to help you save.

With your plan, you will generally pay less for services and benefits from providers participating at the **Enhanced** level of benefits. Additional providers participate at the **Standard** level of benefits, but you'll usually pay more if you choose to see them. Emergency care is always covered at the Enhanced level of benefits.

BlueCard® and Blue Cross Blue Shield Global® Core providers and benefits are covered at the Enhanced level.

Need help finding top-quality doctors and hospitals?

To search for in-network providers:

1. Go to highmark.com/find-a-doctor .
2. Locate your region and select **FIND CARE**.
3. Under **Find Care**, select **FIND A DOCTOR**.
4. Select **Continue** under Just Browsing or **Log In** if you're already a member.
5. Enter city, state, or ZIP and Select **Continue**.
6. Choose a **Network** from the list.
7. Type a name or specialty into the search window.

You can still use out-of-network providers, but it may cost you more. So, check that a provider is in network before you get care.

For over-the-phone help, call Member Service at the number on the back of your ID card.

*According to the Blue Cross Blue Shield Association.

Veris - Star Buick GMC

Lehigh Valley Flex Blue PPO \$1000

Group numbers: 025651-30; 33, 36, 39, 43, 46



On the chart below, you'll see what your plan pays for specific services. There are two levels of network benefits coverage for certain services: Enhanced Value and Standard Value*. When you receive services from providers at the Enhanced Value level of benefits, you will pay less out-of-pocket. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital

| Benefit | In-Network Enhanced Value | In-Network Standard Value | Out of Network |
|--|---|---------------------------|---------------------------------|
| General Provisions | | | |
| Effective Date | 01/01/2025 | | |
| Benefit Period (1) | Calendar Year | | |
| Deductible (per benefit period) (All in-network services are credited to both enhanced and standard deductibles.) | | | |
| Individual | \$1,000 | \$3,000 | \$6,000 |
| Family | \$2,000 | \$6,000 | \$12,000 |
| Plan Pays – payment based on the plan allowance | 100% after deductible | 70% after deductible | 50% after deductible |
| Out-of-Pocket Limit (Includes coinsurance. Once met, plan pays 100% coinsurance for the rest of the benefit period) | | | |
| Individual | None | \$3,000 | \$6,000 |
| Family | None | \$6,000 | \$12,000 |
| Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period. | | | |
| Individual | \$9,100 | | Not Applicable |
| Family | \$18,200 | | Not Applicable |
| Office/Clinic/Urgent Care Visits | | | |
| Retail Clinic Visits & Virtual Visits | 100% after \$15 copay | 100% after \$30 copay | 50% after deductible |
| Primary Care Provider (PCP) Office Visits & Virtual Visits | 100% after \$15 copay | 100% after \$30 copay | 50% after deductible |
| Specialist Office Visits & Virtual Visits | 100% after \$30 copay | 100% after \$60 copay | 50% after deductible |
| Virtual Visit Provider Originating Site Fee | 100% after deductible | 70% after deductible | 50% after deductible |
| Urgent Care Center Visits | 100% after \$50 copay | 100% after \$75 copay | 50% after deductible |
| Telemedicine Services (3) | 100% after \$15 copay | 100% after \$15 copay | not covered |
| Preventive Care (4) | | | |
| Routine Adult | | | |
| Physical Exams | 100% (deductible does not apply) | | 50% after deductible |
| Adult Immunizations | 100% (deductible does not apply) | | 50% after deductible |
| Routine Gynecological Exams, including a Pap Test | 100% (deductible does not apply) | | 50% (deductible does not apply) |
| Breast Cancer Screenings (annual routine and supplemental) | 100% (deductible does not apply) | | 50% after deductible |
| BRCA-Related Genetic Counseling and Genetic Testing | 100% (deductible does not apply) | | 50% after deductible |
| Colorectal Cancer Screening | 100% (deductible does not apply) | | 50% after deductible |
| Diagnostic Services and Procedures | 100% (deductible does not apply) | | 50% after deductible |
| Routine Pediatric | | | |
| Physical Exams | 100% (deductible does not apply) | | 50% after deductible |
| Pediatric Immunizations | 100% (deductible does not apply) | | 50% (deductible does not apply) |
| Diagnostic Services and Procedures | 100% (deductible does not apply) | | 50% after deductible |
| Emergency Services | | | |
| Emergency Room Services (5) | 100% after \$175 copay (waived if admitted) | | |
| Ambulance - Emergency (6) | 100% after enhanced in-network deductible | | |
| Ambulance - Non-Emergency (6) | 100% after enhanced in-network deductible | | 50% after program deductible |
| Hospital and Medical / Surgical Expenses (including maternity) (5) | | | |

| Benefit | In-Network Enhanced Value | In-Network Standard Value | Out of Network |
|---|---|----------------------------------|-----------------------|
| Hospital Inpatient | 100% after deductible | 70% after deductible | 50% after deductible |
| Hospital Outpatient | 100% after deductible | 70% after deductible | 50% after deductible |
| Outpatient Surgery (facility) | 100% after deductible | 70% after deductible | 50% after deductible |
| Surgical Services (professional) | 100% after deductible | 70% after deductible | 50% after deductible |
| Maternity (non-preventive professional services) including dependent daughter | 100% after deductible | 70% after deductible | 50% after deductible |
| Medical Care (including inpatient visits and consultations) | 100% after deductible | 70% after deductible | 50% after deductible |
| Therapy and Rehabilitation Services | | | |
| Physical Medicine | 100% after \$30 copay | 100% after \$60 copay | 50% after deductible |
| | limit: 20 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse | | |
| Speech Therapy | 100% after \$30 copay | 100% after \$60 copay | 50% after deductible |
| | limit: 20 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse | | |
| Occupational Therapy | 100% after \$30 copay | 100% after \$60 copay | 50% after deductible |
| | limit: 20 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse | | |
| Respiratory Therapy | 100% after deductible | 70% after deductible | 50% after deductible |
| Spinal Manipulations | 100% after \$30 copay | 100% after \$60 copay | 50% after deductible |
| | limit: 20 visits/benefit period | | |
| Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis) | 100% after deductible | 70% after deductible | 50% after deductible |
| Mental Health / Substance Abuse | | | |
| Inpatient Mental Health Services | 100% after enhanced in-network deductible | | 50% after deductible |
| Inpatient Detoxification / Rehabilitation | 100% after enhanced in-network deductible | | 50% after deductible |
| Outpatient Mental Health Services (includes virtual behavioral health visits) | 100% after \$30 copay | | 50% after deductible |
| Outpatient Substance Abuse Services | 100% after \$30 copay | | 50% after deductible |
| Other Services | | | |
| Allergy Extracts and Injections | 100% after deductible | 70% after deductible | 50% after deductible |
| Autism Spectrum Disorder Applied Behavior Analysis (7) | 100% after deductible | 70% after deductible | 50% after deductible |
| Assisted Fertilization Procedures | not covered | not covered | not covered |
| Dental Services Related to Accidental Injury | not covered | not covered | not covered |
| Diabetes Treatment | | | |
| Equipment and Supplies | 100% after deductible | 70% after deductible | 50% after deductible |
| Diabetes Education Program | 100% after deductible | 70% after deductible | 50% after deductible |
| Diabetes Care Management Program (DCMP) - Digitally Monitored, includes telehealth consult for the A1C test | 100% (deductible does not apply) continuous glucose monitor sprints are limited to three (3) per benefit period. | | not covered |
| DCMP - All Other Telehealth Consults | 100% (deductible does not apply) | | not covered |
| Diagnostic Services | | | |
| Advanced Imaging (MRI, CAT, PET scan, etc.) | 100% after deductible | 70% after deductible | 50% after deductible |
| Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing) | 100% after deductible | 70% after deductible | 50% after deductible |
| Mammograms, Medically Necessary | 100% (deductible does not apply) | | 50% after deductible |
| Durable Medical Equipment, Orthotics and Prosthetics | 100% after deductible | 70% after deductible | 50% after deductible |
| Home Health Care | 100% after deductible | 70% after deductible | 50% after deductible |
| | limit: 90 visits/benefit period aggregate with visiting nurse | | |
| Hospice | 100% after enhanced in-network deductible | | 50% after deductible |
| Infertility Counseling, Testing and Treatment (8) | 100% after deductible | 70% after deductible | 50% after deductible |
| Private Duty Nursing | 100% after enhanced in-network deductible | | 50% after deductible |
| | limit: 240 hours/benefit period | | |
| Skilled Nursing Facility Care | 100% after deductible | 70% after deductible | 50% after deductible |
| | limit: 100 days/benefit period | | |
| Transplant Services | 100% after enhanced in-network deductible | | 50% after deductible |

| Benefit | In-Network Enhanced Value | In-Network Standard Value | Out of Network |
|---|---------------------------|---|----------------|
| Precertification/Authorization Requirements (9) | Yes | Yes | Yes |
| Prescription Drugs | | | |
| Prescription Drug Deductible Individual Family | | none none | |
| Prescription Drug Program (10) SensibleRx Complete Defined by the National Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered. Your plan uses the Comprehensive Formulary with an Incentive Benefit Design | | <p style="text-align: center;">Retail Drugs (31/60/90-day Supply) \$10 / \$20 / \$30 Generic copay \$55 / \$110 / \$165 Formulary brand copay \$80 / \$160 / \$240 Non-Formulary brand copay 30% for Specialty generic drugs \$250 Maximum per Prescription</p> <p style="text-align: center;">Maintenance Drugs through Mail Order (90-day Supply) \$20 Generic copay \$110 Formulary brand copay \$160 Non-Formulary brand copay 30% for Specialty generic drugs \$500 Maximum per Prescription</p> | |

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.

*The terms "Enhanced Value" and "Standard Value" are not descriptors of the provider's ability.

(1) Your group's benefit period is based on a Calendar Year which runs from January 1 to December 31.

(2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays, prescription drug cost share and any qualified medical expense.

(3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider are paid according to the benefit category that they fall under (e.g. PCP is eligible under the PCP Office Visit benefit, Behavioral Health is eligible under the Outpatient Mental Health Services benefit).

(4) Services are limited to those listed on the Highmark Preventive Schedule (Women's Health Preventive Schedule may apply).

(5) Benefits for Emergency Care Services rendered by an Out-of-Network Provider will be paid at the Network services level. Benefits for Hospital Services or Medical Care Services rendered by an Out-of-Network Provider to a member requiring an inpatient admission or observation immediately following receipt of Emergency Care Services will be paid at the Network services level. The member will not be responsible for any amounts billed by the Out-of-Network Provider that are in excess of the plan allowance for such services.

(6) Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.

(7) Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist, or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category. Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services-Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g., speech therapy, diagnostic services). Services for the treatment of Autism Spectrum Disorders do not reduce visit/day limits.

(8) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.

(9) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

(10) The Highmark formulary is an extensive list of Food and Drug Administration (FDA) approved drugs selected for their quality, safety and effectiveness. The formulary was developed by Highmark Pharmacy Services and approved by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. All plan formularies include products in every major therapeutic category. Plan formularies vary by the number of different drugs they cover and in the cost-sharing requirements. Your program includes coverage for both formulary and non-formulary drugs at the copayment or coinsurance amounts listed above. Under SensibleRx Complete, when you purchase a brand drug that has a generic equivalent, you will be responsible for the brand drug copayment plus the difference in cost between the brand and generic drugs. Your plan requires that you use Accredo specialty pharmacy for select specialty medications. The Copay Armor program helps members to afford high cost medications (mostly specialty) by leveraging manufacturer coupon dollars. Members will not need to change where prescriptions are filled and will be contacted by Pillar Rx for cost savings enrollment.

Highmark Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

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, including sex stereotypes and gender identity. The Claims Administrator/Insurer 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 Claims Administrator/Insurer 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 Claims Administrator/Insurer 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 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, 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>.

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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）。

CHỦ 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).

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

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

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

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

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).

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.

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.

Veris Star Buick GMC

Lehigh Valley Flex Blue - PPO \$2000

Group numbers: 025651-31, 34, 37, 40, 44, 47



On the chart below, you'll see what your plan pays for specific services. There are two levels of network benefits coverage for certain services: Enhanced Value and Standard Value*. When you receive services from providers at the Enhanced Value level of benefits, you will pay less out-of-pocket. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital

| Benefit | In-Network Enhanced Value | In-Network Standard Value | Out of Network |
|--|---|---------------------------|---------------------------------|
| General Provisions | | | |
| Effective Date | 01/01/2025 | | |
| Benefit Period (1) | Calendar Year | | |
| Deductible (per benefit period) (All in-network services are credited to both enhanced and standard deductibles.) | | | |
| Individual | \$2,000 | \$4,000 | \$8,000 |
| Family | \$4,000 | \$8,000 | \$16,000 |
| Plan Pays – payment based on the plan allowance | 100% after deductible | 80% after deductible | 60% after deductible |
| Out-of-Pocket Limit (Includes coinsurance. Once met, plan pays 100% coinsurance for the rest of the benefit period) | | | |
| Individual | None | \$2,500 | \$5,000 |
| Family | None | \$5,000 | \$10,000 |
| Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period. | | | |
| Individual | \$9,100 | | Not Applicable |
| Family | \$18,200 | | Not Applicable |
| Office/Clinic/Urgent Care Visits | | | |
| Retail Clinic Visits & Virtual Visits | 100% after \$15 copay | 100% after \$30 copay | 60% after deductible |
| Primary Care Provider (PCP) Office Visits & Virtual Visits | 100% after \$15 copay | 100% after \$30 copay | 60% after deductible |
| Specialist Office Visits & Virtual Visits | 100% after \$30 copay | 100% after \$60 copay | 60% after deductible |
| Virtual Visit Provider Originating Site Fee | 100% after deductible | 80% after deductible | 60% after deductible |
| Urgent Care Center Visits | 100% after \$50 copay | 100% after \$75 copay | 60% after deductible |
| Telemedicine Services (3) | 100% after \$15 copay | 100% after \$15 copay | not covered |
| Preventive Care (4) | | | |
| Routine Adult | | | |
| Physical Exams | 100% (deductible does not apply) | | 60% after deductible |
| Adult Immunizations | 100% (deductible does not apply) | | 60% after deductible |
| Routine Gynecological Exams, including a Pap Test | 100% (deductible does not apply) | | 60% (deductible does not apply) |
| Breast Cancer Screenings (annual routine and supplemental) | 100% (deductible does not apply) | | 60% after deductible |
| BRCA-Related Genetic Counseling and Genetic Testing | 100% (deductible does not apply) | | 60% after deductible |
| Colorectal Cancer Screening | 100% (deductible does not apply) | | 60% after deductible |
| Diagnostic Services and Procedures | 100% (deductible does not apply) | | 60% after deductible |
| Routine Pediatric | | | |
| Physical Exams | 100% (deductible does not apply) | | 60% after deductible |
| Pediatric Immunizations | 100% (deductible does not apply) | | 60% (deductible does not apply) |
| Diagnostic Services and Procedures | 100% (deductible does not apply) | | 60% after deductible |
| Emergency Services | | | |
| Emergency Room Services (5) | 100% after \$175 copay (waived if admitted) | | |
| Ambulance - Emergency (6) | 100% after enhanced in-network deductible | | |
| Ambulance - Non-Emergency (6) | 100% after enhanced in-network deductible | | 60% after program deductible |
| Hospital and Medical / Surgical Expenses (including maternity) (5) | | | |

| Benefit | In-Network Enhanced Value | In-Network Standard Value | Out of Network |
|---|---|----------------------------------|-----------------------|
| Hospital Inpatient | 100% after deductible | 80% after deductible | 60% after deductible |
| Hospital Outpatient | 100% after deductible | 80% after deductible | 60% after deductible |
| Outpatient Surgery (facility) | 100% after deductible | 80% after deductible | 60% after deductible |
| Surgical Services (professional) | 100% after deductible | 80% after deductible | 60% after deductible |
| Maternity (non-preventive professional services) including dependent daughter | 100% after deductible | 80% after deductible | 60% after deductible |
| Medical Care (including inpatient visits and consultations) | 100% after deductible | 80% after deductible | 60% after deductible |
| Therapy and Rehabilitation Services | | | |
| Physical Medicine | 100% after \$30 copay | 100% after \$60 copay | 60% after deductible |
| | limit: 20 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse | | |
| Speech Therapy | 100% after \$30 copay | 100% after \$60 copay | 60% after deductible |
| | limit: 20 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse | | |
| Occupational Therapy | 100% after \$30 copay | 100% after \$60 copay | 60% after deductible |
| | limit: 20 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse | | |
| Respiratory Therapy | 100% after deductible | 80% after deductible | 60% after deductible |
| Spinal Manipulations | 100% after \$30 copay | 100% after \$60 copay | 60% after deductible |
| | limit: 20 visits/benefit period | | |
| Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis) | 100% after deductible | 80% after deductible | 60% after deductible |
| Mental Health / Substance Abuse | | | |
| Inpatient Mental Health Services | 100% after enhanced in-network deductible | | 60% after deductible |
| Inpatient Detoxification / Rehabilitation | 100% after enhanced in-network deductible | | 60% after deductible |
| Outpatient Mental Health Services (includes virtual behavioral health visits) | 100% after \$30 copay | | 60% after deductible |
| Outpatient Substance Abuse Services | 100% after \$30 copay | | 60% after deductible |
| Other Services | | | |
| Allergy Extracts and Injections | 100% after deductible | 80% after deductible | 60% after deductible |
| Autism Spectrum Disorder Applied Behavior Analysis (7) | 100% after deductible | 80% after deductible | 60% after deductible |
| Assisted Fertilization Procedures | not covered | not covered | not covered |
| Dental Services Related to Accidental Injury | not covered | not covered | not covered |
| Diabetes Treatment | | | |
| Equipment and Supplies | 100% after deductible | 80% after deductible | 60% after deductible |
| Diabetes Education Program | 100% after deductible | 80% after deductible | 60% after deductible |
| Diabetes Care Management Program (DCMP) - Digitally Monitored, includes telehealth consult for the A1C test | 100% (deductible does not apply) continuous glucose monitor sprints are limited to three (3) per benefit period. | | not covered |
| DCMP - All Other Telehealth Consults | 100% (deductible does not apply) | | not covered |
| Diagnostic Services | | | |
| Advanced Imaging (MRI, CAT, PET scan, etc.) | 100% after deductible | 80% after deductible | 60% after deductible |
| Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing) | 100% after deductible | 80% after deductible | 60% after deductible |
| Mammograms, Medically Necessary | 100% (deductible does not apply) | | 60% after deductible |
| Durable Medical Equipment, Orthotics and Prosthetics | 100% after deductible | 80% after deductible | 60% after deductible |
| Home Health Care | 100% after deductible | 80% after deductible | 60% after deductible |
| | limit: 90 visits/benefit period aggregate with visiting nurse | | |
| Hospice | 100% after enhanced in-network deductible | | 60% after deductible |
| Infertility Counseling, Testing and Treatment (8) | 100% after deductible | 80% after deductible | 60% after deductible |
| Private Duty Nursing | 100% after enhanced in-network deductible | | 60% after deductible |
| | limit: 240 hours/benefit period | | |
| Skilled Nursing Facility Care | 100% after deductible | 80% after deductible | 60% after deductible |
| | limit: 100 days/benefit period | | |
| Transplant Services | 100% after enhanced in-network deductible | | 60% after deductible |

| Benefit | In-Network Enhanced Value | In-Network Standard Value | Out of Network |
|---|---------------------------|--|----------------|
| Precertification/Authorization Requirements (9) | Yes | Yes | Yes |
| Prescription Drugs | | | |
| Prescription Drug Deductible Individual Family | | none none | |
| Prescription Drug Program (10) SensibleRx Complete Defined by the National Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered. Your plan uses the Comprehensive Formulary with an Incentive Benefit Design | | Retail Drugs (31/60/90-day Supply) \$10 / \$20 / \$30 Generic copay \$55 / \$110 / \$165 Formulary brand copay \$80 / \$160 / \$240 Non-Formulary brand copay 30% for Specialty drugs \$250 Maximum per Prescription Maintenance Drugs through Mail Order (90-day Supply) \$20 Formulary generic copay \$110 Formulary brand copay \$160 Non-Formulary brand copay 30% for Specialty drugs \$500 Maximum per Prescription | |

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.

*The terms "Enhanced Value" and "Standard Value" are not descriptors of the provider's ability.

- (1) Your group's benefit period is based on a Calendar Year which runs from January 1 to December 31.
- (2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays, prescription drug cost share and any qualified medical expense.
- (3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider are paid according to the benefit category that they fall under (e.g. PCP is eligible under the PCP Office Visit benefit, Behavioral Health is eligible under the Outpatient Mental Health Services benefit).
- (4) Services are limited to those listed on the Highmark Preventive Schedule (Women's Health Preventive Schedule may apply).
- (5) Benefits for Emergency Care Services rendered by an Out-of-Network Provider will be paid at the Network services level. Benefits for Hospital Services or Medical Care Services rendered by an Out-of-Network Provider to a member requiring an inpatient admission or observation immediately following receipt of Emergency Care Services will be paid at the Network services level. The member will not be responsible for any amounts billed by the Out-of-Network Provider that are in excess of the plan allowance for such services.
- (6) Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.
- (7) Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist, or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category. Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services-Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g., speech therapy, diagnostic services). Services for the treatment of Autism Spectrum Disorders do not reduce visit/day limits.
- (8) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
- (9) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.
- (10) The Highmark formulary is an extensive list of Food and Drug Administration (FDA) approved drugs selected for their quality, safety and effectiveness. The formulary was developed by Highmark Pharmacy Services and approved by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. All plan formularies include products in every major therapeutic category. Plan formularies vary by the number of different drugs they cover and in the cost-sharing requirements. Your program includes coverage for both formulary and non-formulary drugs at the copayment or coinsurance amounts listed above. Under SensibleRx Complete, when you purchase a brand drug that has a generic equivalent, you will be responsible for the brand drug copayment plus the difference in cost between the brand and generic drugs. Your plan requires that you use Accredo specialty pharmacy for select specialty medications. The Copay Armor program helps members to afford high cost medications (mostly specialty) by leveraging manufacturer coupon dollars. Members will not need to change where prescriptions are filled and will be contacted by Pillar Rx for cost savings enrollment.

Highmark Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

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, including sex stereotypes and gender identity. The Claims Administrator/Insurer 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 Claims Administrator/Insurer 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 Claims Administrator/Insurer 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 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, 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>.

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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）。

CHỦ 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).

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

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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).

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).

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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).

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).

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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.

Veris Star Buick GMC

Lehigh Valley Flex Blue HDHP \$4000

Group numbers: 025651-32; 35, 38, 41, 45, 48



This program is a qualified high deductible plan as defined by the Internal Revenue Service. It is designed for use with a Health Savings Account (HSA). On the chart below, you'll see what your plan pays for specific services. There are two levels of network benefits coverage for certain services: Enhanced Value and Standard Value *. When you receive services from providers at the Enhanced Value level of benefits, you will pay less out-of-pocket. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

| Benefit | In-Network Enhanced Value | In-Network Standard Value | Out of Network |
|--|---|---------------------------|---------------------------------|
| General Provisions | | | |
| Effective Date | 01/01/2025 | | |
| Benefit Period (1) | Calendar Year | | |
| Deductible (per benefit period) (All in-network services are credited to both enhanced and standard deductibles.) | | | |
| Individual | \$4,000 | \$6,000 | \$12,000 |
| Family | \$8,000 | \$12,000 | \$24,000 |
| Plan Pays – payment based on the plan allowance | 100% after deductible | 80% after deductible | 60% after deductible |
| Out-of-Pocket Limit (Includes coinsurance, copays and prescription drug cost sharing. Once met, plan pays 100% coinsurance for the rest of the benefit period) | | | |
| Individual | None | \$500 | \$1,000 |
| Family | None | \$1,000 | \$2,000 |
| Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period. | | | |
| Individual | \$7,500 | | Not Applicable |
| Family | \$15,000 | | Not Applicable |
| Office/Clinic/Urgent Care Visits | | | |
| Retail Clinic Visits & Virtual Visits | 100% after deductible | 80% after deductible | 60% after deductible |
| Primary Care Provider (PCP) Office Visits & Virtual Visits | 100% after deductible | 80% after deductible | 60% after deductible |
| Specialist Office Visits & Virtual Visits | 100% after deductible | 80% after deductible | 60% after deductible |
| Virtual Visit Provider Originating Site Fee | 100% after deductible | 80% after deductible | 60% after deductible |
| Urgent Care Center Visits | 100% after deductible | 80% after deductible | 60% after deductible |
| Telemedicine Services (3) | 100% after enhanced in-network deductible | | not covered |
| Preventive Care (4) | | | |
| Routine Adult | | | |
| Physical Exams | 100% (deductible does not apply) | | 60% after deductible |
| Adult Immunizations | 100% (deductible does not apply) | | 60% after deductible |
| Routine Gynecological Exams, including a Pap Test | 100% (deductible does not apply) | | 60% (deductible does not apply) |
| Breast Cancer Screenings (annual routine and supplemental) | 100% (deductible does not apply) | | 60% after deductible |
| BRCA-Related Genetic Counseling and Genetic Testing | 100% (deductible does not apply) | | 60% after deductible |
| Colorectal Cancer Screening | 100% (deductible does not apply) | | 60% after deductible |
| Diagnostic Services and Procedures | 100% (deductible does not apply) | | 60% after deductible |
| Routine Pediatric | | | |
| Physical Exams | 100% (deductible does not apply) | | 60% after deductible |
| Pediatric Immunizations | 100% (deductible does not apply) | | 60% (deductible does not apply) |
| Diagnostic Services and Procedures | 100% (deductible does not apply) | | 60% after deductible |
| Emergency Services | | | |
| Emergency Room Services (5) | 100% after enhanced in-network deductible | | |
| Ambulance - Emergency (6) | 100% after enhanced in-network deductible | | |
| Ambulance - Non-Emergency (6) | 100% after enhanced in-network deductible | | 60% after program deductible |

| Benefit | In-Network Enhanced Value | In-Network Standard Value | Out of Network |
|---|---|---|----------------------|
| Hospital and Medical / Surgical Expenses (including maternity) (5) | | | |
| Hospital Inpatient | 100% after deductible | 80% after deductible | 60% after deductible |
| Hospital Outpatient | 100% after deductible | 80% after deductible | 60% after deductible |
| Outpatient Surgery (facility) | 100% after deductible | 80% after deductible | 60% after deductible |
| Surgical Services (professional) | 100% after deductible | 80% after deductible | 60% after deductible |
| Maternity (non-preventive professional services) including dependent daughter | 100% after deductible | 80% after deductible | 60% after deductible |
| Medical Care (including inpatient visits and consultations) | 100% after deductible | 80% after deductible | 60% after deductible |
| Therapy and Rehabilitation Services | | | |
| Physical Medicine | 100% after deductible | 80% after deductible | 60% after deductible |
| | limit: 20 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse | | |
| Speech Therapy | 100% after deductible | 80% after deductible | 60% after deductible |
| | limit: 20 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse | | |
| Occupational Therapy | 100% after deductible | 80% after deductible | 60% after deductible |
| | limit: 20 visits/benefit period - limit does not apply when therapy services are prescribed for the treatment of mental health or substance abuse | | |
| Respiratory Therapy | 100% after deductible | 80% after deductible | 60% after deductible |
| Spinal Manipulations | 100% after deductible | 80% after deductible | 60% after deductible |
| | limit: 20 visits/benefit period | | |
| Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis) | 100% after deductible | 80% after deductible | 60% after deductible |
| Mental Health / Substance Abuse | | | |
| Inpatient Mental Health Services | 100% after enhanced in-network deductible | | 60% after deductible |
| Inpatient Detoxification / Rehabilitation | 100% after enhanced in-network deductible | | 60% after deductible |
| Outpatient Mental Health Services (includes virtual behavioral health visits) | 100% after enhanced in-network deductible | | 60% after deductible |
| Outpatient Substance Abuse Services | 100% after enhanced in-network deductible | | 60% after deductible |
| Other Services | | | |
| Allergy Extracts and Injections | 100% after deductible | 80% after deductible | 60% after deductible |
| Autism Spectrum Disorder Applied Behavior Analysis (7) | 100% after deductible | 80% after deductible | 60% after deductible |
| Assisted Fertilization Procedures | not covered | not covered | not covered |
| Dental Services Related to Accidental Injury | not covered | not covered | not covered |
| Diabetes Treatment | | | |
| Equipment and Supplies | 100% after deductible | 80% after deductible | 60% after deductible |
| Diabetes Education Program | 100% after deductible | 80% after deductible | 60% after deductible |
| Diabetes Care Management Program (DCMP) - Digitally Monitored, includes telehealth consult for the A1C test | 100% (deductible does not apply) continuous glucose monitor sprints are limited to three (3) per benefit period. | | not covered |
| DCMP - All Other Telehealth Consults | 100% after deductible | | not covered |
| Diagnostic Services | | | |
| Advanced Imaging (MRI, CAT, PET scan, etc.) | 100% after deductible | 80% after deductible | 60% after deductible |
| Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing) | 100% after deductible | 80% after deductible | 60% after deductible |
| Mammograms, Medically Necessary | 100% after deductible | 100% after enhanced in-network deductible | 60% after deductible |
| Durable Medical Equipment, Orthotics and Prosthetics | 100% after deductible | 80% after deductible | 60% after deductible |
| Home Health Care | 100% after deductible | 80% after deductible | 60% after deductible |
| | limit: 90 visits/benefit period aggregate with visiting nurse | | |
| Hospice | 100% after enhanced in-network deductible | | 60% after deductible |
| Infertility Counseling, Testing and Treatment (8) | 100% after deductible | 80% after deductible | 60% after deductible |
| Private Duty Nursing | 100% after enhanced in-network deductible | | 60% after deductible |
| | limit: 240 hours/benefit period | | |
| Skilled Nursing Facility Care | 100% after deductible | 80% after deductible | 60% after deductible |

| Benefit | In-Network Enhanced Value | In-Network Standard Value | Out of Network |
|---|--|---------------------------|----------------------|
| | limit: 100 days/benefit period | | |
| Transplant Services | 100% after enhanced in-network deductible | | 60% after deductible |
| Precertification/Authorization Requirements (9) | Yes | Yes | Yes |
| Prescription Drugs | | | |
| Prescription Drug Deductible Individual Family | Integrated with medical deductible Integrated with medical deductible | | |
| Prescription Drug Program (10) Defined by the National Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered. Your plan uses the Comprehensive Formulary with an Open Benefit Design | Retail Drugs (31/60/90-day Supply) Plan Pays 100% after enhanced in-network deductible Maintenance Drugs through Mail Order (90-day Supply) Plan Pays 100% after enhanced in-network deductible | | |

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.

*The terms "Enhanced Value" and "Standard Value" are not descriptors of the provider's ability.

(1) Your group's benefit period is based on a Calendar Year which runs from January 1 to December 31.

(2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays, prescription drug cost share and any qualified medical expense. If you are enrolled in a "Family" plan, with your embedded deductible, only one eligible family member must satisfy his/her individual deductible before claims reimbursement begins. In addition, with your embedded out-of-pocket limit, once an individual family member's out-of-pocket limit is satisfied, additional claims reimbursement begins for that person. Finally, with your embedded TMOOP, once any eligible family member satisfies his/her individual TMOOP, claims will pay at 100% of the plan allowance for covered expenses, for the rest of the plan year. Claims for the remaining family members will pay at 100% once the family TMOOP amount is met.

(3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider are paid according to the benefit category that they fall under (e.g. PCP is eligible under the PCP Office Visit benefit, Behavioral Health is eligible under the Outpatient Mental Health Services benefit).

(4) Services are limited to those listed on the Highmark Preventive Schedule (Women's Health Preventive Schedule may apply).

(5) Benefits for Emergency Care Services rendered by an Out-of-Network Provider will be paid at the Network services level. Benefits for Hospital Services or Medical Care Services rendered by an Out-of-Network Provider to a member requiring an inpatient admission or observation immediately following receipt of Emergency Care Services will be paid at the Network services level. The member will not be responsible for any amounts billed by the Out-of-Network Provider that are in excess of the plan allowance for such services.

(6) Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.

(7) Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist, or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category. Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services-Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g., speech therapy, diagnostic services). Services for the treatment of Autism Spectrum Disorders do not reduce visit/day limits.

(8) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.

(9) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.

(10) At a retail or mail-order pharmacy, if your deductible has not been met, you pay the entire cost for your prescription drug at the discounted rate Highmark has negotiated. The amount you paid for your prescription will be applied to your deductible. If your deductible has been met, you will only pay any member responsibility based on the benefit level indicated above. You will pay this amount at the pharmacy when you have your prescription filled. The Highmark formulary is an extensive list of Food and Drug Administration (FDA) approved drugs selected for their quality, safety and effectiveness. The formulary was developed by Highmark Pharmacy Services and approved by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. All plan formularies include products in every major therapeutic category. Plan formularies vary by the number of different drugs they cover and in the cost-sharing requirements. This formulary covers all FDA-approved generic and brand-name drugs. Your plan requires that you use a specific specialty pharmacy for hemophilia medications. Please contact member services for more details.

Highmark Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

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, including sex stereotypes and gender identity. The Claims Administrator/Insurer 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 Claims Administrator/Insurer 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 Claims Administrator/Insurer 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 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, 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>.

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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）。

CHỦ 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).

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

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

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

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).

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

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).

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.

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.

Preventive Schedule

What's preventive care?

When you're healthy, preventive care helps you stay that way. For most plans, if you see an in-network provider, essentials like flu shots, routine screenings, checkups, and breast exams are 100% covered.



2025 Preventive Schedule

Effective 1/1/2025

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. 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. All benefits for over the counter drugs and supplies must be purchased through in-network pharmacy providers in order to be covered.* Make sure you know what is covered by your health plan and any requirements before you receive any of these services. Recommended annual services are based on a calendar year resetting January 1 of every year.

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 your age, gender, and family history. CHIP members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

Questions?

 Call Member Service

 Ask your doctor

 Log in to your account

Adults: Ages 19+







Female











Male

GENERAL HEALTH CARE

| | | |
|---|--|--|
|  | Routine Checkup** (This exam is not the work- or school-related physical) | <ul style="list-style-type: none"> Ages 19 – 49: Every one to two years Ages 50 and older: Once a year |
|  | Depression Screening and Anxiety Screening | Once a year |
|  | Illicit Drug-Use Screening | Once a year |
|  | Pelvic and Breast Exam | Once a year |

SCREENINGS/PROCEDURES

| | | |
|---|--|--|
|  | Abdominal Aortic Aneurysm Screening | Ages 65 – 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 | <ul style="list-style-type: none"> Ages 20 and older: Once every five years High-risk: More often |
|  | Colon Cancer Screening (Including colonoscopy) | <ul style="list-style-type: none"> Ages 45 and older: Every one to 10 years, depending on screening test High-risk: Earlier or more frequently |
|  | Colon Cancer Screening | Ages 45 and older: Colonoscopy following a positive result obtained within one year by other mandated screening method |
|  | Certain Colonoscopy Preps With Prescription | <ul style="list-style-type: none"> Ages 45 and older: Once every 10 years High-risk: Earlier or more frequently |
|  | Diabetes Screening | High-risk: Ages 40 and older, once every three years |









* For example, if the in-network pharmacy provider is located within a larger retail setting, the drug/supply must be purchased through the pharmacy provider's register (and not the general retail register) in order to be covered.

** 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; age-appropriate guidance, and intimate partner violence screening and counseling for reproductive age women.













** USPSTF-mandated routine labs

Adults: Ages 19+

SCREENINGS/PROCEDURES













| | | |
|---|---|--|
|  | Hepatitis B Screening | <ul style="list-style-type: none"> Once per lifetime for adults High-risk: More often |
|  | Hepatitis C Screening | Ages 18 – 79 |
|  | Latent Tuberculosis Screening | High-risk |
|  | Lung Cancer Screening (Requires prior authorization and use of authorized facility) | Ages 50 – 80 with 20-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years |
|  | Mammogram | <ul style="list-style-type: none"> Ages 40 and older: Once a year including 3D Screening, follow-up MRI, or ultrasound per doctor's advice |
|  | Osteoporosis (Bone Mineral Density) Screening | Ages 65 and older: Once every two years, or younger if at risk as recommended by physician |
|  | Cervical Cancer Screening | <ul style="list-style-type: none"> Ages 21 – 65 Pap: Every three years, or annually, per doctor's advice Ages 30 – 65: Every five years if HPV only or combined Pap and HPV are negative Ages 65 and older: Per doctor's advice |
|  | Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis) | <ul style="list-style-type: none"> Sexually active males and females HIV screening for adults to age 65 in the general population and those at risk, then screening over age 65 with risk factors |

IMMUNIZATIONS**

| | | |
|---|--|---|
|  | Chicken Pox (Varicella) | Adults with no history of chicken pox: One two-dose series |
|  | COVID-19 Vaccine | Per doctor's advice following CDC and Emergency Use Authorization Guidelines |
|  | Diphtheria, Tetanus (Td/Tdap) | One dose Tdap, then Td or Tdap booster every 10 years |
|  | Flu (Influenza) | Every year |
|  | 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 two-, three-, or four-dose series |
|  | Hepatitis B | <ul style="list-style-type: none"> Ages 19–59: Two to four doses per doctor's advice Ages 60 and older: High-risk per doctor's advice |
|  | Human Papillomavirus (HPV) | <ul style="list-style-type: none"> To age 26: One three-dose series Ages 27 – 45, at-risk or per doctor's advice |
|  | 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 |
|  | RSV Vaccine | <ul style="list-style-type: none"> Ages 60 and older Pregnant women |

* Meningococcal B vaccine per doctor's advice.

** 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.

| IMMUNIZATIONS** | | |
|---|---|---|
|  | Shingles | <ul style="list-style-type: none"> • Shingrix — Ages 50 and older: Two doses • Ages 19 – 49: Immunocompromised per doctor’s advice |
| PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR’S PRESCRIPTION | | |
|  | Aspirin | Pregnant women at risk for preeclampsia |
|  | Folic Acid | Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid |
|  | Chemoprevention drugs such as raloxifene, tamoxifen, or aromatase inhibitors*** | At risk for breast cancer, without a cancer diagnosis, ages 35 and older |
|  | Tobacco Cessation (Counseling and medication) | Adults who use tobacco products |
|  | Low-to-Moderate Dose Select Generic Statin Drugs for Prevention of Cardiovascular Disease (CVD) | Ages 40 – 75 years with one or more CVD risk factors (such as dyslipidemia, diabetes, hypertension, or smoking) and have calculated 10-year risk of a cardiovascular event of 10% or greater |
|  | Select PrEP Drugs and Certain Related Services for Prevention of HIV Infection | Adults at risk for HIV infection, without an HIV diagnosis |
| 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 • Depression screening and anxiety screening during pregnancy and postpartum • Depression prevention counseling during pregnancy and postpartum • Rh typing at first visit • Rh antibody testing for Rh-negative women • RSV vaccine per CDC guidelines • Tdap with every pregnancy • Urine culture and sensitivity at first visit • Alcohol misuse screening and counseling • Nutritional counseling for pregnant women to promote healthy weight during the pregnancy |
| PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE | | |
|  | 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 • Recommended lab tests: <ul style="list-style-type: none"> – ALT – AST – Hemoglobin A1c or fasting glucose – Cholesterol screening |
|  | Adults with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome | Nutritional counseling |
|  | Adults with BMI 40 and over | Nutritional counseling and fasting glucose screening |
| ADULT DIABETES PREVENTION PROGRAM (DPP) | | |
|  | Applies to Adults <ul style="list-style-type: none"> • Without a diagnosis of diabetes (does not include a history of gestational diabetes) • Overweight or obese (determined by BMI) • Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140-199mg/dl | Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss |

** 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.
*** Aromatase inhibitors when the other drugs can’t be used such as when there is a contraindication or they are not tolerated.

2025 Preventive Schedule

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.


Services include Bright Futures recommendations. CHIP members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

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 Anemia Screening | | | | | | | ● | | | | |
| Hepatitis C Screening | | | Per MD recommendation with material exposure during pregnancy | | | | | | | | |
| Lead Screening** | | | | | | | ● | | | ● | |
| Newborn Blood Screening and Bilirubin | ● | | | | | | | | | | |
| IMMUNIZATIONS | | | | | | | | | | | |
| Chicken Pox | | | | | | | | Dose 1 | | | |
| COVID-19 Vaccine | Per doctor's advice following CDC and Emergency Use Authorization Guidelines | | | | | | | | | | |
| 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 3 or 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 | | | | | | |
| RSV Vaccine | Per MD recommendation following CDC guidelines | | | | | | | | | | |

* 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.

** Per Bright Futures. Refer to state-specific recommendations as needed.

*** 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 – 18 | | | |
| Ambulatory Blood Pressure Monitoring** | | | | | | | | | | | | ● |
| Anxiety Screening | | | | | | Once a year from ages 8 – 18 | | | | | | |
| Depression Screening | | | | | | | | | Once a year from ages 12 – 18 | | | |
| Illicit Drug-Use Screening | | | | | | | | | | | | ● |
| Hearing Screening*** | | ● | ● | ● | | ● | | ● | | ● | ● | ● |
| Visual Screening*** | ● | ● | ● | ● | | ● | | ● | | ● | ● | |
| SCREENINGS | | | | | | | | | | | | |
| Hematocrit or Hemoglobin Anemia Screening | | | Annually for females during adolescence and when indicated | | | | | | | | | |
| Lead Screening | When indicated (Please also refer to your state-specific recommendations) | | | | | | | | | | | |
| Cholesterol (Lipid) Screening | | | | | | | | Once between ages 9 – 11 and ages 17 – 21 | | | | |
| IMMUNIZATIONS | | | | | | | | | | | | |
| Chicken Pox | | Dose 2 | | | | | | | | | | |
| COVID-19 Vaccine | Per doctor's advice following CDC and Emergency Use Authorization Guidelines | | | | | | | | | | | |
| Dengue Vaccine | | | | | | | 9 – 16 years living in dengue endemic areas in U.S. Territories AND have laboratory confirmation of previous dengue infection | | | | | |
| Diphtheria, Tetanus, Pertussis (DTaP) | | Dose 5 | | | | | | | One dose Tdap | | | |
| Flu (Influenza)**** | Ages 3 – 18: 1 or 2 doses annually | | | | | | | | | | | |
| Human Papillomavirus (HPV) | | | | | | | Provides long-term protection against cervical and other cancers. 2 doses when started ages 9 – 14. 3 doses, all other ages. | | | | | |
| Measles, Mumps, Rubella (MMR) | | Dose 2 | | | | | | | | | | |
| Meningitis***** | | | | | | | | | Dose 1 | | Age 16: One-time booster | |
| Pneumonia | Per doctor's advice | | | | | | | | | | | |
| Polio (IPV) | | Dose 4 | | | | | | | | | | |

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance; alcohol and drug abuse, and tobacco use assessment.

** To confirm new diagnosis of high blood pressure before starting treatment.

*** Hearing screening once between ages 11-14, 15-17, and 18-21. Vision screening 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.

| CARE FOR PATIENTS WITH RISK FACTORS | 3Y | 4Y | 5Y | 6Y | 7Y | 8Y | 9Y | 10Y | 11Y | 12Y | 15Y | 18Y |
|--|---|----|----|----|---------------------|----|----|-----|---|-----|-----|-----------|
| 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 | | | | | | | | | | | | ● |
| Latent Tuberculosis Screening | | | | | | | | | | | | High-risk |
| Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis) | | | | | | | | | For all sexually active individuals HIV routine check, once between ages 15 – 21 | | | |
| Tuberculin Test | Per doctor's advice | | | | | | | | | | | |

Children: 6 Months to 18 Years¹


PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION

| | |
|---------------|---|
| Oral Fluoride | For ages 6 months to 16 years whose primary water source is deficient in fluoride |
|---------------|---|

PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE

| | |
|---|--|
| Children with a BMI in the 85th to 94th percentile (overweight) and the 95th to 98th percentile (obese) are eligible for: | <ul style="list-style-type: none"> • Additional annual preventive office visits specifically for obesity • Additional nutritional counseling visits specifically for obesity • Recommended lab tests: <ul style="list-style-type: none"> – Alanine aminotransferase (ALT) – Aspartate aminotransferase (AST) – Hemoglobin A1c or fasting glucose (FBS) – Cholesterol screening |
| Age 18 with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome | Nutritional counseling |

ADULT DIABETES PREVENTION PROGRAM (DPP) AGE 18

| | |
|--|---|
|  <p>Applies to Adults</p> <ul style="list-style-type: none"> • Without a diagnosis of diabetes (does not include a history of gestational diabetes) • Overweight or obese (determined by BMI) • Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140-199mg/dl | Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss |
|--|---|



Women’s Health Preventive Schedule

| SERVICES | |
|--|--|
| Well-Woman Visits (Includes: Preconception and first prenatal visit, urinary incontinence screening) | Up to four visits each year for developmentally and age-appropriate preventive services |
| Contraception (Birth Control) Methods and Discussion* | All women planning or capable of pregnancy |
| SCREENINGS/PROCEDURES | |
| Diabetes Screening | Screen for diabetes in pregnancy at first prenatal visit or at weeks 24 – 28 and after pregnancy in women with a history of gestational diabetes and no diagnosis of diabetes. |
| HIV Screening and Discussion | <ul style="list-style-type: none"> • All sexually active women: Once a year • Ages 15 and older, receive a screening test for HIV at least once during their lifetime • Risk assessment and prevention education for HIV infection beginning at age 13 • Screen for HIV in all pregnant women upon initiation of prenatal care with rescreening during pregnancy based on risk factors |
| Human Papillomavirus (HPV) Screening Testing | Beginning at age 30: Every three years |
| Domestic and Intimate Partner Violence Screening and Counseling | Once a year |
| Breastfeeding (Lactation) Support and Counseling, and Costs for Equipment | During pregnancy and/or after delivery (postpartum) |
| Sexually Transmitted Infections (STI) Discussion | All sexually active women: Once a year |
| Screening for Anxiety | The Women’s Preventive Services Initiative recommends screening for anxiety in adolescent girls and adult women, including those who are pregnant or postpartum. |
| Nutritional Counseling | Ages 40 – 60 with normal BMI and overweight BMI |

* FDA-approved contraceptive methods may include sterilization and procedures as prescribed. One or more forms of contraception in each of the 18 FDA-approved methods, as well as any particular service or FDA approved, cleared or granted contraceptive product that an individual’s provider determines is medically appropriate, are covered without cost sharing. Exception Process: Your provider may request an exception for use of a prescribed nonformulary contraception drug due to medical necessity by completing the online request form. When approved, the prescribed drug will then be made available to you with zero-dollar cost share. Note: On page 2 of the form under the title Prior Authorization reads “Contraceptives require a statement of medical necessity only”. The following link works for all states. [<https://content.highmarkprc.com/Files/Region/PA/Forms/MM-056.pdf>] Only FDA approved contraception apps, which are not part of the 18 method categories, and are available for download to a cell phone are reimbursable through the paper claim process with a prescription. Members need to submit three documents to obtain reimbursement; 1) completed the paper Claim Form: [https://www.highmarkbcbs.com/redesign/pdfs/mhs/Medical_Claim_Form.pdf] Under section DIAGNOSIS OR NATURE OF ILLNESS OR INJURY – write “contraception app purchase” 2) receipt of payment for the FDA approved contraception app, 3) provider prescription for the FDA approved contraception app.

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company.

Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.

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.

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, including sex stereotypes and gender identity. The Claims Administrator/Insurer 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 Claims Administrator/Insurer 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 Claims Administrator/Insurer 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 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, 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, 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）。

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.

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

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).

אכטונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועלעבל פאר אייך. רופט די נומער וואס איז אויף די פארקערטע זייט פון אייער ID קארטל (TTY:711).

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। আপনার আইডি কার্ডের (TTY:711) পিছনে থাকা নম্বরে ফোন করুন।

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).

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

توجه فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (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).

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

ΠΡΟΣΟΧΗ: Σε περίπτωση που μιλάτε Ελληνικά, οι διαθέσιμες υπηρεσίες γλωσσικής βοήθειας σας παρέχονται δωρεάν. Καλέστε τον αριθμό στο πίσω μέρος της ταυτότητας σας (TTY:711).

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.

Information 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 "grandfathered" 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.

Prescription Drug Coverage





PRESCRIPTION DRUG BENEFITS

A pharmacy plan that fits your life.

First off, you'll use the same ID card for your medications as you do for your medical coverage. When you go to an in-network pharmacy, depending on your plan and the prescription, you might have a copay or need to pay a percentage of the drug's cost.

Knowing that, here are two important things to remember:

1. You'll usually save money by choosing a generic drug over a brand-name drug.
2. Our mail order service for maintenance prescription drugs is a convenient option that saves you trips to the pharmacy.

And when it comes to staying on top of your coverage, your member website has details on your drug coverage and easy-to-use tools to manage your benefits and prescriptions. Use the website to:

- **Find in-network pharmacies.**
- **View covered drugs.**
- **See drug prices and lower-cost options.**
- **Enroll in mail-order refills.**
- **Refill or renew a prescription.**
- **Get drug interaction warnings.**
- **Compare cost savings with mail order.**
- **Access forms needed for your coverage.**

Once you're a member, you can log in to the My Highmark app, or the member website at myhighmark.com, or call the number on the back of your member ID card to learn more.



Programs to keep you safe while keeping drug costs down.

When it comes to your medications, Highmark uses programs to help you make safer, more cost-effective drug choices. In the course of getting you the right drug, at the right time, in the right amount, at the right price, you might run into one of the following programs:

Prior authorization:

When you're enrolled and it's time to fill a prescription, we'll automatically check to be sure it's the best way to treat your diagnosed condition (or that you've tried other treatments before that didn't work for you). If the prescription isn't right for you, you'll need to get a prior authorization from your doctor. It's our way of double-checking that you're getting safe, effective, medically necessary drugs.

Quantity limits:

Some drugs are regulated to make sure you get the right dosage. Limits can be based on gender, age, or other factors that restrict how often or how much of a refill you can get. They're in place to keep you safe.

Step therapy:

For certain medications, our drug programs use a "step" approach. That means you'll need to try preferred medications first before less-preferred medications are covered. Preferred medications tend to be the lower-cost generic drugs that have already been clinically proven to be safe and just as effective as their more expensive counterparts. Step therapy is designed to help lower costs while still providing access to non-preferred medications.

One last special case:

Some drugs may have restrictions on how much of their cost is covered by your plan. These are called coverage limits. If you submit a prescription for a drug that has coverage limits, we'll tell you, in writing, that you need to get approval before the prescription can be filled.

Talk to your employer or your HR manager to find out what additional benefits are available to you.

Formulary drugs

A formulary is a list of FDA-approved medications selected by the Plan, divided up by the condition they are used to treat. To keep prescriptions affordable, your formulary might not cover all available medications. If one of your prescriptions isn't on your formulary, talk with your doctor. They can help find an alternative, if needed, or help keep you on your current medication. Understanding your formulary can help you better manage your drug costs and get the care you need. To see your full formulary list, log in to myhighmark.com and click on the **Benefits** tab. Scroll down to the Insurance Benefits section and click **Prescription**. Then click **View drug formulary** to search for drugs by name or category.

Low-Cost Generic Rx Program

By offering you certain drugs at reduced costs, this program helps you stick to your medication routines and improve your health outcomes.

Vaccines at retail pharmacies

Your pharmacy benefit covers certain vaccines at participating retail pharmacies. No appointment needed. These vaccines may include:

- Chickenpox (Varicella)
 - COVID-19
 - Diphtheria, tetanus (Td/Tdap)
 - Diphtheria, tetanus, pertussis (DTaP)
 - Flu
 - Haemophilus influenzae Type B (Hib)
 - Hepatitis A
 - Hepatitis B
 - Human papillomavirus (HPV)
 - Measles, mumps, rubella (MMR)
 - Meningitis
 - MPox
 - Pneumonia
 - Polio (IPV)
 - Respiratory Syncytial Virus (RSV)
 - Rotavirus
 - Shingles (Zoster)
-



For additional information, please call the number on the back of your member ID card or on the My Highmark app.



Save even more with the mail order pharmacy.

If you take medications regularly, the mail order pharmacy can make life simpler and help you save with:

- 90-day drug refills with just a single copay.
- 24/7 ordering online, by mail or by phone.
- Typical delivery in three to five days.
- Free standard shipping.
- Helpful pharmacists available to you 24/7.
- Simple payments via e-check, credit card, or a health spending account.



How to start using the mail order pharmacy

Get a new prescription for up to a 90-day supply, plus refills for up to one year from your doctor. Then:

- Have your doctor fax in your new prescription or submit it as an e-prescription.

Or

- Use it to file your Pharmacy Mail Order Form and Health, Allergy, and Medication Questionnaire.

You'll find those forms at the end of this Pharmacy Benefits section. They're also available in the My Highmark app, or the member website at myhighmark.com. Log in, click on the **Support** tab, scroll down to the Health Plan Documents section, and select **Forms Library**. Next, select the **Pharmacy/Rx** tab to locate the Home Delivery Order Form.

Mail your completed forms to:

Express Scripts Pharmacy
PO Box 66577
St Louis, MO 63166-6577

For help with your order, call Express Scripts Pharmacy at 1-855-686-9786 (TTY call 1-800-759-1089).



PARTICIPATING CVS NATIONAL NETWORK PHARMACIES

Over 57,000 pharmacies are in the CVS National Network, including:

| | | |
|-------------------------------|-------------------------------|-----------------------|
| Accredo | Hy-Vee | Raley's |
| Acme | IHC Pharmacy Services | Reasor's |
| Ahold | Ingles Markets | ReCept Pharmacy |
| Albertsons | InstyMeds | Red Cross Pharmacy |
| Aurora Pharmacy | Kelsey-Seybold Pharmacy Div | Rite Aid |
| Bartell Drug | Kinney Drugs | Roundy's Supermarkets |
| Big Y Foods | Kmart | Safeway |
| Bi-Lo Holdings | Knight Drugs | Sam's Club |
| Bi-Mart | Lewis Drugs Inc | Sav-On |
| Brookshire Brothers | MK Stores | Savemart Supermarkets |
| Brookshire Grocery | Marc Glassman | Schnucks |
| Coborn's | Maxor Pharmacy | Seip Drug |
| Costco | Med-Fast Pharmacy | Spartan |
| CVS | Meijer Pharmacy | Supervalu |
| Dept. of Veterans Affairs | Metrocare | Target (CVS Pharmacy) |
| Discount Drug Mart | NeighborCare | The Medicine Shoppe |
| Family Care | Northeast Ohio Neighborhood | Thrifty White Stores |
| Food City Pharmacy | Omnicare | Tops Markets |
| Fruth Pharmacy | Osborn Drugs Inc. | United Supermarkets |
| Giant Eagle | Patient First | Unity Pharmacies |
| Hannaford Brothers | Pharmaca Integrative Pharmacy | Value Drugs |
| Harps & Price Cutter Pharmacy | PharMerica | Wakefern |
| H-E-B Grocery | Planned Parenthood | Walmart |
| Henry Ford Health System | PrescribeIT Rx | Wegmans |
| HIP Pharmacy Services | Price Chopper Pharmacy | Weis Market |
| Homeland Pharmacy | Publix | |



Home Delivery Order Options

Ask your doctor to write your prescription for up to a 90-day supply or the maximum days allowed by your plan with refills up to one year, if appropriate.

ePrescribe: For fastest service ask your doctor to submit prescriptions electronically to Express Scripts Home Delivery. **Online/mobile app:** Log in to [express-scripts.com/rx](https://www.express-scripts.com/rx) or the Express Scripts® mobile app, choose the medicine you want delivered, add it to your cart, then check out.

Fax: Have your doctor call **1.888.327.9791** for faxing instructions. (Faxes can only be accepted from a doctor’s office.)

Phone: Call Express Scripts at the toll-free number on the back of your ID card for assistance in switching to home delivery.

Mail: Complete the order form and send to Express Scripts® Pharmacy along with prescriptions and payment.

Please use ALL CAPITAL LETTERS with black or blue ink. Fill in the circles as shown. (●)

| | |
|---|-------------------|
| 1 Member Information | |
| Member ID Number | Group # |
| Member Last Name | Member First Name |
| Want updates on your order? Register on our website. https://www.express-scripts.com | Email address |
| To GO GREEN go to https://www.express-scripts.com/green to update your Communication Preferences under Account | |

| | | | |
|--|---------|---|------------------------|
| 2 Shipping Address | | | |
| <input type="radio"/> Permanent <input type="radio"/> Temporary | | If temporary address, please provide effective dates From ___/___/___ To ___/___/___ | |
| Shipping Address Line 1 (Street address is preferred over PO Box) | | | Apt# |
| Shipping Address Line 2 | | | |
| City | | State | Zip |
| Primary Phone Number | | Choose One M H W | Secondary Phone Number |
| | | | Choose One M H W |
| Shipping Method (Expedited shipping will not rush prescription processing) | | | |
| <input type="radio"/> Standard | Free | Arrives within 5-10 days after order is shipped | |
| <input type="radio"/> Two Day | \$12.00 | Arrives 2 business days after order is shipped | |
| <input type="radio"/> One Day | \$21.00 | Arrives 1 business day after order is shipped | |

| | |
|--|--------------------------|
| 3 Patient Information | |
| Please only include prescriptions for patients covered under the above Member ID | |
| Patient #1 | |
| Patient Last Name | Patient First Name |
| Patient DOB | Gender Male Female |
| Physician Name | Physician Phone |
| Patient #2 | |
| Patient Last Name | Patient First Name |
| Patient DOB | Gender Male Female |
| Physician Name | Physician Phone |

| | | |
|----------|-----------------------|-------------------------|
| 4 | Payment Method | Do not send cash |
|----------|-----------------------|-------------------------|

You authorize us to retain on file your payment card details that you used to make this purchase and to charge your payment card account to pay for any prescription orders requested by you. Should you also choose to enroll in the auto-pay program, you further consent that we may charge your enrolled payment method for prescription orders made by covered household members, including previously ordered prescriptions which are unpaid.

- We will notify you of any changes to this authorization by email or mail as applicable. This Card on File Authorization, and if applicable auto-pay enrollment, will remain in effect until you cancel the authorization by logging into your account or calling the toll-free number on the back of your ID card. The transaction amount is determined by your plan’s benefit structure at the time the prescription is shipped.
- State law prohibits the return of prescription medications for resale or reuse. We cannot accept the return of properly dispensed prescription medications for credit or refund.
- See our privacy policy for information regarding our use and disclosure of personally identifiable information.

Signature X _____

| | |
|--|---|
| Credit Card: We accept VISA, MC, Discover, AMEX, Diners | Check or Checking Account |
| <input type="radio"/> Automatic, ongoing payment through credit card Authorize to pay for this order and all future orders with the credit card below. <input type="radio"/> For this order only. Simply fill in your credit card information below. Credit Card Number _____ Exp Date _____ | <input type="radio"/> Automatic, ongoing payment through checking account I authorize to pay for this order and all future orders with the checking account information below or include a voided check. <input type="radio"/> For this order only. Enclose a check payable to Express Scripts® Pharmacy. Write invoice number on the check. Name of checking account holder _____ Checking Account Number _____ Routing Number (first 9 digits lower-left corner of personal check) _____ |

Review your account balance and pay outstanding balances anytime at express-scripts.com/rx. To change the limit of the amount we can charge your card without a call to you:

- Go to express-scripts.com/rx
- Log in to your account
- Under Account, select Payment Methods; under the method, select Edit
- Change the payment authorization limit and Save

You can manage all account preferences at express-scripts.com/rx or call Member Services at the toll-free number on your ID card.

| | |
|----------|-----------------------|
| 5 | Health History |
|----------|-----------------------|

To update your allergies or health conditions: Visit us at <https://www.express-scripts.com/frontend/consumer/#/health-profile> or call **1.877.438.4417**. This information helps us protect you against potentially harmful drug interactions and allergies.

| | |
|----------|--|
| 6 | Important reminders and other information |
|----------|--|

If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the toll-free number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at **1.800.633.4227**.

For additional information or help, visit us at express-scripts.com/rx or call Member Services at the toll-free number found on your ID card. TTY/TDD users should call **1.800.759.1089**.

Your order may be filled at any one of our Express Scripts® Pharmacies located nationwide.

| | |
|----------|-----------------------------|
| 7 | Generic Substitution |
|----------|-----------------------------|

State law permits a pharmacist to substitute a less expensive generic equivalent drug for a brand-name drug unless you or your physician directs otherwise. Please note that this applies to new prescriptions and to any future refills of that prescription. Also be aware that you may pay more for a brand-name drug.

I do not wish to receive a less expensive brand or generic medication.

If the prescription is being submitted electronically, discuss with your doctor.

Place your prescription(s), order form(s) and your payment in an envelope. Do not use staples or paper clips. Do not affix sticky notes to form.



EXPRESS SCRIPTS PHARMACY
PO BOX 66577
ST LOUIS, MO 63166-6577

Wellness





WELLNESS COACHES

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Balance stress? A wellness coach can create a personalized plan for you, right over the phone, on your schedule. Sessions are free and confidential. Call 1-800-650-8442, Monday – Friday, or visit [HighmarkHealthCoachblueshield.com](https://www.HighmarkHealthCoachblueshield.com).



BABY BLUEPRINTS®

Pregnancy advice, answers, and support.

Our maternity education program for mom-to-be questions and over-the-phone support from a nurse health coach that's available at no additional cost. Call 1-866-918-5267 to enroll.

Health Tools and Resources





ONLINE TOOLS AND MEMBER WEBSITE

Your entire plan at your fingertips.

No more searching for old files or waiting on snail mail. Your digital ID card, Find a Doctor tool, deductible progress, and claims status are all available online at myhighmark.com.



CARE COST ESTIMATOR

Know what you'll owe for care.

Before making an appointment for a test, scan, or procedure, Care Cost Estimator helps you estimate your bill in advance. Available on your member website, myhighmark.com.



BLUE365®

Discounts to help you stay healthy and active.

From workout gear to personal wellness to healthy meal services, we'll take a little off the top while you're taking a little off your middle. Member-only deals are at blue365deals.com/HighmarkBS.



HIGHMARK COMMUNITY SUPPORT PLATFORM

We're here when you need us.

The Highmark Community Support Platform connects you to organizations that offer free or reduced cost services for food, housing, transportation, and more. Visit highmarkcommunitysupport.com and enter your ZIP code to search anonymously for resources in your community.

Additional Important Information



Health care lingo, translated.

When you're reviewing plans, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones. (If you want the complete glossary, check your benefit booklet.)

CLAIM

The request for payment that's sent to your health insurance company after you receive covered care.

COINSURANCE

The percentage you may owe for certain covered services after reaching your deductible. For example, if your plan pays 80%, you pay 20%.

COPAY

The set amount you pay for a covered service. For example, \$20 for a doctor visit or \$30 for a specialist visit.

COVERED SERVICES

All the care, drugs, supplies, and equipment that are paid for, at least in some part, by your health plan after you've met your deductible.

DEDUCTIBLE

The set amount you pay for a health service before your plan starts paying.

EXCLUSIVE PROVIDER ORGANIZATION (EPO)

A type of plan where services are usually only covered if you use in-network providers, except for emergencies or urgent care.

EXPLANATION OF BENEFITS (EOB)

A statement from your insurance company that shows services you received, including the amount your insurance covers and what you'll owe.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A plan that usually comes with a lower premium because you pay more for health care services upfront before the insurance company starts to pay. These plans are often combined with a health savings account.

IN-NETWORK PROVIDER

A doctor, hospital, or other provider that has an agreement with your plan to accept your plan allowance and cost sharing as full payment. They won't bill you extra for covered services, but you could still have to pay your deductible, coinsurance, or copays.

MAXIMUM OUT-OF-POCKET

The most you'd pay for covered care. If you hit this amount, your plan pays after that.

NETWORK TYPES

Broad: The network that provides access to many doctors and facilities in your area.

Tiered: A network that offers access to most doctors and facilities in your area based on a tiered system — Enhanced and Standard. You generally pay less for the Enhanced level of benefits than the Standard level.

Narrow: Local networks specific to certain markets. They tend to be close to where you live. You have access to the doctors and facilities in that network.

OUT-OF-NETWORK PROVIDER

Out-of-network providers are not in the program's network. You may be responsible for paying any differences between the program's payments and the provider's actual charges.

PLAN ALLOWANCE

The set amount you and your plan will pay for a health service. In-network providers aren't allowed to bill you more than this amount.

PRECERTIFICATION

A decision made ahead of time by your health plan that a service, treatment, or drug is medically necessary for you. It can be called prior authorization or prior approval, but it's not a promise that anything will be fully covered.

PREFERRED PROVIDER ORGANIZATION (PPO)

A type of plan that offers more flexibility in choosing providers, usually with the added security of coverage for care you might need when you're away from home.

PREMIUM

The monthly amount you or your employer pay so you have health coverage.

PROVIDER

Whether it's your primary doctor, a lab technician, or a physical therapist, the person or facility providing your care is referred to as a health care provider.

RETAIL CLINIC

Walk-in centers for less complex health needs, generally open in the evenings and on weekends.

URGENT CARE CENTER

A walk-in center for when you have a condition that's serious enough to need care right away, but not serious enough for a trip to the emergency room.



Determining care for coverage

How we approve what's covered:

We have a group of experts called Clinical Services. Their job is to make sure you're receiving care that is medically necessary and appropriate. What that means, generally, is that care is:

- **A standard medical practice.**
- **Proven to be effective.**
- **Not just done out of convenience for you or your doctor.**
- **Not more expensive than something else that would be just as effective.**

Most of the care covered by your plan meets these guidelines, so you can receive care and have it covered without needing to do anything else.

You are required to confirm that your provider obtained a prior authorization for any out-of-area services requiring authorization in advance of receiving the service. This also includes advanced radiology and cardiac imaging. Call the Member Service number on the back of your member ID card or in the My Highmark app to review your coverage and confirm if you need your provider to get a prior authorization.*

*A prior authorization is not a guarantee of coverage, payment, or payment amount. All services are subject to contract exclusions and eligibility at the time the service is rendered.

If you're denied coverage because we determine your care doesn't meet those qualifications, you always have the right to appeal that decision.

How we keep your information safe:

You've trusted us with your personal information and we take protecting it very seriously. We follow very strict policies for handling and securing protected health information (PHI).

In the course of using your coverage, we sometimes share PHI for routine purposes like ensuring you're getting safe and effective treatments or that doctors are receiving payment for the care you received.

If you're interested, you always have the right to see all the information in your medical records. The fastest way to access it is to ask your primary doctor.

That's the gist of how we make sure you're protected and getting appropriate, medically necessary care.

If you want to read the full legal descriptions of the policies we've summed up here, go to [discoverhighmark.com](https://www.discoverhighmark.com). Scroll to the bottom of the page, click on **Quality Assurance**, and enter your ZIP code.



Care and case management

Programs for care support and complex condition management:

CARE MANAGEMENT PROGRAM

From person to person, care needs can differ and change over time. Our Care Management Program focuses on connected care so we can help you get safe, effective, appropriate care right when you need it.

Services under the Care Management Program:

Precertification Review starts before you get care and:

- Confirms you're eligible and have benefits for care.
 - Determines if care is medically necessary and appropriate.
 - Ensures that care happens at the right facility by the right provider.
 - Provides alternatives for care, if available.
 - Identifies if case or condition management could help the member.
-

Concurrent Review happens during the course of treatment to:

- Assess the medical need to continue treatment.
 - Evaluate the right level of care for treatment.
 - Foresee any possible quality of care concerns.
 - Identify situations that require a physician consultation.
 - Determine potential case or condition management benefits.
 - Update and/or revise the discharge plan.
-

Discharge Planning occurs throughout the course of treatment to:

- Promote alternative levels of care, when appropriate.
 - Ensure that care is delivered in the appropriate setting.
 - Identify case or condition management program prospects early on.
 - Make timely referrals for intervention.
 - Develop and carry out appropriate discharge plans.
-

Retrospective Review happens after services have been provided and:

- Evaluates the appropriateness of medical services solely on information available at the time the medical care was provided.



CASE MANAGEMENT PROGRAM

Based on the Case Management Society of America (CMSA) standards, the Case Management Program supports members with serious and complex medical conditions by helping them navigate the health care system and make informed care decisions. Regardless of the condition, the overall goal is to get members back to the highest possible level of functioning in their work, family, and social lives.

Individual goals of Case Management include:

- Identifying and resolving gaps in care.
- Assuring the right care at the right time through appropriate facilities and providers.
- Increasing members' understanding of their condition or situation.
- Reducing medication inconsistencies and ensuring correct use of prescribed medications.
- Addressing any caregiver issues that may affect members' conditions.
- Improving members' ability to self-manage their conditions and wellness focus.
- Reducing potentially avoidable emergency room visits and hospital readmissions.
- Assessing medication needs and consulting with the Highmark pharmacy team as deemed necessary.

How the Case Management Program works:

A Registered Nurse Case Manager collaborates with a multidisciplinary team, consisting of medical directors, pharmacists, behavioral health specialists, social workers, wellness specialists, and dietitians, to evaluate an individual's health needs by:

- Planning, coordinating, and monitoring care and progress toward health.
- Evaluating all of a member's options, resources, and services.
- Identifying gaps and/or barriers to optimal care before inpatient admission and/or discharge.
- Helping members and caregivers to understand conditions and plans of care so they can manage their health.
- Educating on care coordination, support systems, medication, health, and wellness.
- Collaborating with a variety of providers, care facilities, and home health agencies to ensure appropriate care.

Case management is voluntary and meant to support members.
They can opt out of the program at any time.



Prior authorization for out-of-area services

You are required to confirm that your provider obtained a prior authorization for any out-of-area services requiring authorization *in advance of receiving the service*. This includes radiology and cardiac imaging. A prior authorization just means that we work with your provider before you receive the proposed service to make sure that the procedure is medically necessary. Your out-of-area provider will be expected to reach out to us about that, but it is important that you stay in contact with them.

The provider may also call Provider Services to determine if a prior authorization for proposed service is required.

If no prior authorization is received, you could be responsible for 100% of your bill.*

Call Member Service, the number on the back of your identification card, to review your coverage and confirm if you need your provider to get a prior authorization.*

*A prior authorization is not a guarantee of coverage, payment, or payment amount. All services are subject to contract exclusions and eligibility at the time the service is rendered.

Let's break this down a little more.

- 1 You and your provider agree on a service that you need.
- 2 Your provider lets Highmark know all of the details about the procedure. **You should stay in contact with your provider.**
- 3 Highmark will review your requested service.
- 4 We'll send you and your provider a prior authorization if the request is determined to be medically necessary.

All your resources, all in one place

Keep this page handy. It lists the tools and programs available to you and how to find them.



My Highmark App

It's your health plan at your fingertips. Visit myhighmark.com or download the My Highmark app from the Apple App Store or Google Play.



Well360 Virtual Health

Get care from wherever you are. Visit myhighmark.com or use the MyHighmark app.



Blues On Call

A registered nurse is ready to answer your questions. Call **1-888-BLUE-428** or use the My Highmark app or website.



Blue365

For discounts to help you stay healthy and active, visit blue365deals.com.



Baby BluePrints

Our no-cost maternity program provides support from specially trained health coaches. Call **1-866-918-5267** to enroll.



Member Service

Have questions about your plan? Call the number on the back of your ID card or use the My Highmark app. You can also view a digital copy of your ID card on the member website at myhighmark.com.

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association:

Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. **Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.**

Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

Highmark Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal.

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.

Onduo is a separate company that provides a virtual diabetes care program for your health plan.

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.

Express Scripts is an independent company that administers the pharmacy benefit for your health plan.

Lark is an independent company that manages digital health and wellness coaching programs on behalf of your health plan.

Livongo is an independent company that provides a diabetes management program on behalf of Highmark.

Mental Well-Being is offered by your health plan and powered by Spring Health. Spring Health is an independent company that provides mental health care services through its agents. Spring Health does not provide Blue Cross and/or Blue Shield products or services. Spring Health is solely responsible for their mental health care services.

Sapphire Digital is an independent company that administers the SmartShopper program for your health plan. Pricing may not be available on all medical procedures, tests or healthcare providers.

Verily Life Sciences LLC ("Verily") is an independent company that offers virtual care management programs for eligible individuals. Verily collaborates with Onduo Management Services LLC ("OMS"), Onduo LLC, and a network of affiliated Professional Entities to offer the services. These services are not intended to replace routine care.

Vida is a separate company that provides cardiometabolic condition management services for certain eligible members of your health plan. There is no cost for most health plan members. If you have a qualified high-deductible plan, you may have to pay out of pocket for some services with this solution until you meet your deductible.

Well360 Virtual Health is offered by your health plan and powered by Amwell. Amwell is an independent company that provides telemedicine services and does not provide Blue Cross and/or Blue Shield products or services. Amwell is solely responsible for their telemedicine services.

Baby BluePrints is a registered mark of the Blue Cross Blue Shield Association.

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

Davis Vision provides the provider network for Blue Edge Vision and is a separate company that administers vision benefits.

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 healthcare. 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. 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.

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

Blue Cross Blue Shield Global[®] Core is a registered mark of the Blue Cross Blue Shield Association.

BlueCard is a registered mark of the Blue Cross Blue Shield Association. Statics regarding coverage are according to the Blue Cross Blue Shield Association.

Blue High Performance Network is an in-network only, Exclusive Provider Organization (EPO), single-tier network in most markets. However, there are exceptions in these two markets: New Jersey and Philadelphia. Please contact your client manager for additional information on the two-tier in-network model in these markets. Blue High Performance Network is a service mark of the Blue Cross Blue Shield Association.

The programs discussed herein are not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions or concerns regarding a medical condition. Health plan coverage is subject to the terms of your health plan benefit agreement.

This is not a contract.

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, including sex stereotypes and gender identity. The Claims Administrator/Insurer 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 Claims Administrator/Insurer 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 Claims Administrator/Insurer 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 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, 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>.

Pennsylvania, Delaware, West Virginia, and New York: 1-833-521-1424 (TTY:711)

ATTENTION: If you speak English, assistance services, free of charge, are available to you. Call the number provided for your state of residence.

ATENCIÓN: Si habla español, tiene servicios de asistencia lingüística sin cargo. Llame al número correspondiente a su estado de residencia.

注意: 如果您说中文, 您可获得免费的语言援助服务。请拨打您在州相应的电话号码。

توجه کنید: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی به صورت رایگان در دسترس شما هستند. با شماره ارائه شده برای ایالت محل سکونتتان تماس بگیرید.

주의: 한국어(를) 사용하는 경우, 언어 지원 서비스를 무료로 이용할 수 있습니다. 거주하시는 주의 전화 번호로 문의하십시오.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo telefòn ki koresponn ak Eta kote w rete a.

ATTENZIONE: Se parla italiano, avrà a disposizione un servizio di assistenza linguistica gratuito. Chiami il numero fornito per il suo stato di residenza.

אכטונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פון אפצאל, אוועילעבל פאר אייך. רופט די נומער וואס איז צוגעשטעלט פאר אייער סטעיט וואו איר וואוינט.

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। আপনি বসবাসরত রাজ্যের জন্য দেওয়া নম্বরে ফোন করুন।

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل بالرقم المقدم للولاية التي نقيم فيها.

UWAGA: jeżeli posługuje się Pan/Pani językiem polsku, udostępniamy bezpłatne usługi wsparcia językowego. Prosimy zadzwonić pod numer podany dla stanu, w którym Pan/Pani mieszka.

ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le numéro de téléphone pour votre État de résidence.

توجه دین: اگر آپ اردو بولتے ہیں، تو لسانی مدد کی خدمات آپ کے لیے مفت دستیاب ہیں۔ اپنی رہائش والی ریاست کے لیے فراہم کردہ نمبر پر کال کریں۔

CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí được cung cấp sẵn cho quý vị. Gọi số được cung cấp cho tiểu bang cư trú của quý vị.

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numerong ibinigay para sa estadong tinitirhan mo.

ΠΡΟΣΟΧΗ: Αν μιλάτε Ελληνικά, έχετε πρόσβαση σε δωρεάν υπηρεσίες γλωσσικής βοήθειας. Καλέστε τον αριθμό που παρέχεται για την περιοχή σας.

Connect with us.

We're on most of your favorite social media sites, so contact us there if it's easier for you. You can say hi, ask questions, or give feedback. **Find us here:**



We've got your back.

For coverage questions, call the number on the back of your member ID card or talk with your plan administrator.