

HIGHMARK BLUE CROSS BLUE SHIELD  
DELAWARE REGION

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



Small Groups with 50 or fewer employees  
Effective January 1, 2023

HIGHMARK   
DELAWARE

Because Life.™

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

- Coverage map ..... 3
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- High-value resources ..... 8
- Fundamental resources ..... 11

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

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



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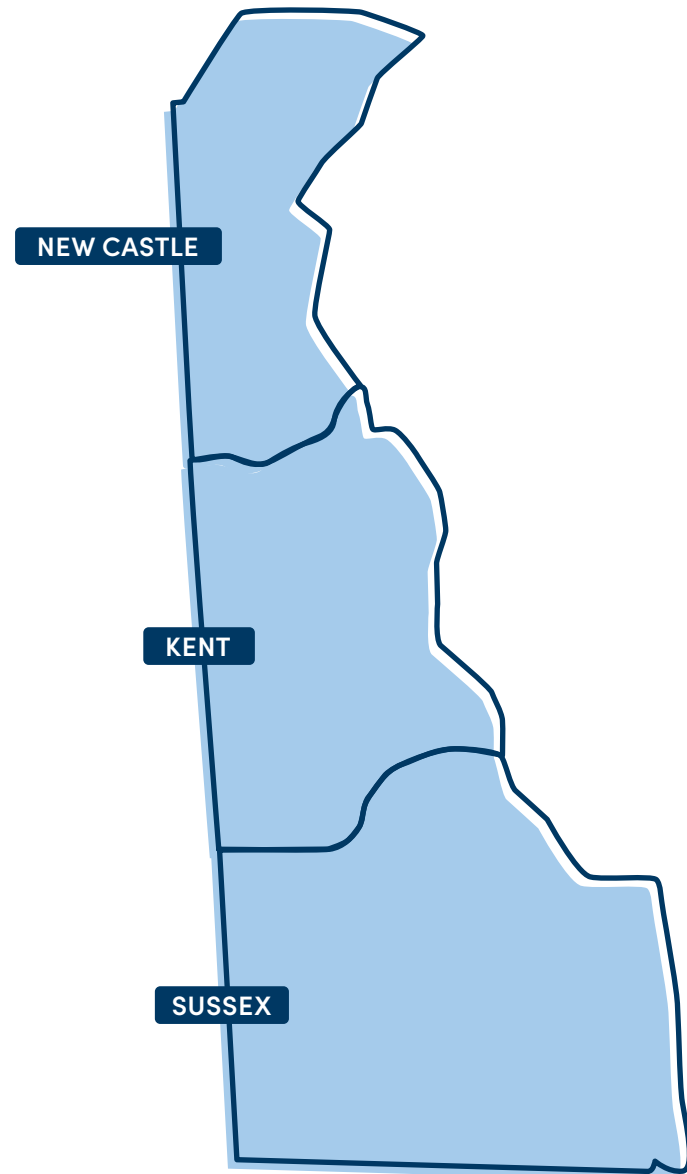
## Your employees want more from their health care.

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

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

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## Where is your company headquartered?



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

### Shared Cost PPO (Broad network plan)

#### Plan highlights:

- Comprehensive in-network access nationwide.
- Nationwide access to 1.7 million providers, including 95% of all hospitals, through the BlueCard® program.\*
- Out-of-network coverage at a higher cost share.

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

#### Plan highlights:

- Comprehensive in-network access to doctors and hospitals nationwide.
- Meets IRS qualifications as a qualified high-deductible health plan.
- Nationwide access to 1.7 million providers, including 95% of all hospitals, through the BlueCard program.
- Out-of-network providers are covered at a higher cost share.

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

# Hospitals in our networks

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

# Out of area

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

In-Network Coverage	Out-of-Network

# HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE

## 2023 Shared Cost PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL AFTER DEDUCTIBLE (WHERE APPLICABLE)		OUT-OF-POCKET MAXIMUM <sup>1</sup> (INCLUDES DEDUCTIBLE, COINSURANCE, COPAYS)		PCP/RETAIL CLINIC/ MENTAL HEALTH/ SUBSTANCE ABUSE	OUTPATIENT THERAPIES (OCCUPATIONAL AND PHYSICAL)	SPECIALIST OFFICE VISIT	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE) <sup>2,3</sup>	
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND/NONFORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS													
Platinum	Shared Cost PPO \$0-\$150	\$0	\$0	100%	80%	\$2,250	\$4,500	\$15	\$15	\$30	\$40	\$0 after ded	\$150 per day, up to 5 days, then \$0	\$200	\$25	\$35	\$150	\$3/\$10/\$35/\$90	
Platinum	Shared Cost PPO \$0-90	\$0	\$0	90%	70%	\$2,000	\$4,000	\$15	\$15	\$30	\$40	10% after ded	10% after ded	\$200	\$25	\$35	\$150	\$3/\$10/\$35/\$90	
Platinum	Shared Cost PPO \$250-100	\$250	\$500	100%	80%	\$2,000	\$4,000	\$15	\$15	\$30	\$40	\$0 after ded	\$0 after ded	\$200	\$25	\$35	\$150	\$3/\$15/\$45/\$90	
Platinum	Shared Cost PPO \$500-100	\$500	\$1,000	100%	80%	\$2,000	\$4,000	\$25	\$15	\$30	\$40	\$0 after ded	\$0 after ded	\$200	\$25	\$35	\$150	\$3/\$10/\$35/\$90	
Gold	Shared Cost PPO \$0-\$250	\$0	\$0	100%	80%	\$9,100	\$18,200	\$25	\$15	\$45	\$55	\$115	\$250 per day, up to 5 days, then \$0	\$250	\$25	\$35	\$250	\$10/50%/50%	
Gold	Shared Cost PPO \$0-\$500	\$0	\$0	100%	80%	\$9,100	\$18,200	\$45	\$15	\$60	\$70	\$110	\$500 per day, up to 5 days, then \$0	\$350	\$60	\$60	\$350	\$3/\$20/\$65/\$100	
Gold	Shared Cost PPO \$300-100	\$300	\$600	100%	80%	\$8,550	\$17,100	\$35	\$15	\$60	\$70	\$150 after ded	\$0 after ded	\$350	\$35	\$55	\$350	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$750-100	\$750	\$1,500	100%	80%	\$9,100	\$18,200	\$30	\$15	\$50	\$60	\$140 after ded	\$0 after ded	\$250	\$50	\$50	\$250	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$1000-100	\$1,000	\$2,000	100%	80%	\$9,100	\$18,200	\$25	\$15	\$50	\$60	\$145 after ded	\$0 after ded	\$300	\$25	\$35	\$250	\$3/\$30/\$65/\$100	
Gold	Shared Cost PPO \$1000-80	\$1,000	\$2,000	80%	60%	\$9,100	\$18,200	\$25	\$15	\$45	\$55	\$135 after ded	20% after ded	\$200	\$25	\$35	\$100	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$1200-100	\$1,200	\$2,400	100%	80%	\$9,100	\$18,200	\$30	\$15	\$50	\$60	\$135 after ded	\$0 after ded	\$250	\$25	\$35	\$250	\$3/\$30/\$65/\$100	
Gold	Shared Cost PPO \$1400-100	\$1,400	\$2,800	100%	80%	\$6,500	\$13,000	\$50	\$15	\$75	\$85	\$0 after ded	\$0 after ded	\$300	\$75 after ded	\$75 after ded	\$325 after ded	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$1500-100	\$1,500	\$3,000	100%	80%	\$9,100	\$18,200	\$30	\$15	\$50	\$60	\$120 after ded	\$0 after ded	\$250	\$25	\$35	\$250	\$3/\$30/\$65/\$100	
Gold	Shared Cost PPO \$1500-80	\$1,500	\$3,000	80%	60%	\$9,100	\$18,200	\$30	\$15	\$40	\$50	\$110 after ded	20% after ded	\$200	\$25	\$35	\$100	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$2000-100	\$2,000	\$4,000	100%	80%	\$7,900	\$15,800	\$40	\$15	\$75	\$85	\$100 after ded	\$0 after ded	\$300	\$40	\$65	\$300	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$2500-100	\$2,500	\$5,000	100%	80%	\$9,100	\$18,200	\$30	\$15	\$50	\$60	\$0 after ded	\$0 after ded	\$300	\$30 after ded	\$50 after ded	\$300	\$3/\$30/\$65/\$100	
Gold	Shared Cost PPO \$2500 1x-90	\$2,500	\$5,000	90%	70%	\$8,550	\$17,100	\$30	\$15	\$50	\$60	10% after ded	\$300 after ded	\$300 after ded	\$50 after ded	\$50 after ded	\$150 after ded	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$2600-70	\$2,600	\$5,200	70%	50%	\$7,000	\$14,000	\$55	\$15	\$80	\$90	30% after ded	30% after ded	\$425	\$85	\$85	\$275	\$3/\$40/\$80/\$125	
Gold	Shared Cost PPO \$2750-100	\$2,750	\$5,500	100%	80%	\$7,900	\$15,800	\$30	\$15	\$50	\$60	\$0 after ded	\$0 after ded	\$300	\$30 after ded	\$50 after ded	\$300	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$2850-100	\$2,850	\$5,700	100%	80%	\$7,900	\$15,800	\$40	\$15	\$65	\$75	\$0 after ded	\$0 after ded	\$300	\$40	\$65	\$300	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$3000-90	\$3,000	\$6,000	90%	70%	\$7,000	\$14,000	\$30	\$15	\$60	\$70	10% after ded	10% after ded	\$325	\$30	\$60	\$325	\$3/\$15/\$65/\$100	

\* Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting. Please refer to page 12 for footnotes.

Continued on next page...

# HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE

## 2023 Shared Cost PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL AFTER DEDUCTIBLE (WHERE APPLICABLE)		OUT-OF-POCKET MAXIMUM <sup>1</sup> (INCLUDES DEDUCTIBLE, COINSURANCE, COPAYS)		PCP/RETAIL CLINIC/ MENTAL HEALTH/ SUBSTANCE ABUSE	OUTPATIENT THERAPIES (OCCUPATIONAL AND PHYSICAL)	SPECIALIST OFFICE VISIT	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE) <sup>2,3</sup>	
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND/NONFORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS													
Silver	<b>Shared Cost PPO \$0-100</b>	\$0	\$0	100%	80%	\$9,100	\$18,200	\$65	\$15 after ded	\$90	\$0 after ded	\$200	\$2,000 per day, up to 3 days, then \$0	\$1250	\$90	\$90	\$500	\$3/\$40/\$125/\$250	
Silver	<b>Shared Cost PPO \$1400-50</b>	\$1,400	\$2,800	50%	50%	\$9,100	\$18,200	\$65	\$15	\$90	\$100	\$400 after ded	50% after ded	\$550 after ded	\$90	\$90	50% after ded	\$3/\$45/\$95/\$150	
Silver	<b>Shared Cost PPO \$4500-100</b>	\$4,500	\$9,000	100%	80%	\$9,100	\$18,200	\$40	\$15	\$60	\$70	\$200 after ded	\$550 after ded	\$350 after ded	\$60 after ded	\$60 after ded	\$300 after ded	\$3/\$40/\$80/\$125	
Silver	<b>Shared Cost PPO \$5200-100</b>	\$5,200	\$10,400	100%	80%	\$9,100	\$18,200	\$35	\$15	\$55	\$65	\$200 after ded	\$300 after ded	\$375 after ded	\$55 after ded	\$55 after ded	\$200 after ded	\$3/\$30/\$60/\$90	
Silver	<b>Shared Cost PPO Basic \$2000-75</b>	\$2,000	\$4,000	75%	55%	\$9,100	\$18,200	\$55	25% after ded	25% after ded	25% after ded	\$200 after ded	25% after ded	25% after ded	\$55	25% after ded	25% after ded	\$3/\$40/\$80/\$125	
Bronze	<b>Shared Cost PPO \$7400-70</b>	\$7,400	\$14,800	70%	50%	\$8,700	\$17,400	\$60	25% after ded	30% after ded	30% after ded	\$300 after ded	30% after ded	30% after ded	\$100 after ded	\$100 after ded	\$500 after ded	\$3/\$40/\$125/\$250	

\* Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting. Please refer to page 12 for footnotes.

HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE

# 2023 Health Savings PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL AFTER DEDUCTIBLE (WHERE APPLICABLE)		OUT-OF-POCKET MAXIMUM <sup>1</sup> (INCLUDES DEDUCTIBLE, COINSURANCE, COPAYS)		PCP/RETAIL CLINIC/MENTAL HEALTH/SUBSTANCE ABUSE	OUTPATIENT THERAPIES (OCCUPATIONAL AND PHYSICAL)	SPECIALIST OFFICE VISIT	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE) <sup>2,3</sup>	
		IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	LOW-COST GENERIC/STANDARD GENERIC/BRAND/NONFORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS													
Gold	Health Savings PPO HSA \$1500-100 <sup>3,5,6</sup>	\$1,500	\$3,000	100%	80%	\$4,000	\$8,000	\$20 after ded	\$15 after ded	\$40 after ded	\$45 after ded	\$0 after ded	\$0 after ded	\$200 after ded	\$40 after ded	\$40 after ded	\$200 after ded	\$3/\$10/\$50/\$90 after ded	
Gold	Health Savings PPO HSA \$2600-100 <sup>3,5,6</sup>	\$2,600	\$5,200	100%	100%	\$2,600	\$5,200	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	
Silver	Health Savings Embedded PPO HSA \$3850-100 <sup>3,4,5</sup>	\$3,850	\$7,700	100%	100%	\$7,000	\$14,000	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$100 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	
Silver	Health Savings Embedded PPO HSA \$4250-100 <sup>3,4,5</sup>	\$4,250	\$8,500	100%	100%	\$6,250	\$12,500	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$50 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	
Silver	Health Savings Embedded PPO HSA Copay \$3000 <sup>3,4,5</sup>	\$3,000	\$6,000	100%	80%	\$7,050	\$14,100	\$20 after ded	\$15 after ded	\$50 after ded	\$60 after ded	\$110 after ded	\$0 after ded	\$250 after ded	\$35 after ded	\$50 after ded	\$250 after ded	\$3/\$10/\$50/\$90 after ded	
Bronze	Health Savings Embedded PPO HSA \$6850-100 <sup>3,4,5</sup>	\$6,850	\$13,700	100%	100%	\$6,850	\$13,700	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	

\* Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting. Please refer to page 12 for footnotes.



# Extra resources you won't find in other plans

## **BLUECARD AND BLUE CROSS BLUE SHIELD GLOBAL CORE PROGRAM**

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

Around town or coast to coast, your employees get access to 1.7 million providers and 95% of hospitals in the U.S. And they're even covered in 190 countries around the globe.\*

## **WELL360 VIRTUAL HEALTH**

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

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

## **MY CARE NAVIGATOR™**

### **Easy-to-book appointments.**

We'll help your employees find the in-network doctor they need and reserve some space on their calendar for a checkup. It's all about ensuring your people spend less of the day listening to hold music.

## **BLUE DISTINCTION®**

### **See specialists who get results.**

Only doctors who consistently deliver safe, effective treatments make our Blue Distinction list. When your employees use our Find a Doctor tool, a special logo will appear by the provider's name. That way, your employees can cherry-pick a top-performing specialist for any care they need.

## **BLUES ON CALL™**

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

For medical concerns after hours, your employees can get guidance at any time from a registered nurse or a health coach and put their worries to bed.

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





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## Resources continued

WELL360 DIABETES MANAGEMENT  
POWERED BY ONDUO

### Personalized support to control type 2 diabetes.

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

COLLEGE TUITION REWARD PROGRAM

### A rewards program that comes with Highmark coverage.

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

COPAY ARMOR POWERED BY PILLARRX

### Help your employees save on pharmacy costs.

This copay assistance program reduces or completely  
covers the cost of certain high-cost specialty medications  
for your employees.



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

## HEALTH COACHES

### Personalized support for health goals.

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

## SHARECARE®

### A one-stop digital platform for member wellness.

Sharecare helps employees learn their RealAge®, track health habits, and monitor sleep, stress, and fitness — all in real time.

## BLUE365<sup>SM</sup>

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

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



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## The fundamentals of coverage

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

### MEMBER SERVICE

**Total support, day or night.**

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

### ONLINE TOOLS AND MEMBER WEBSITE

**Employees' entire plan at their fingertips.**

No more searching for old files or waiting on snail mail. Your employees' digital ID card, Find a Doctor tool, deductible progress, and claims status are all available online at [highmarkbcbsde.com](https://highmarkbcbsde.com).

### CARE COST ESTIMATOR

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

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

## IMPORTANT PLAN DETAILS:

- 1 Out-of-pocket maximum calculation includes deductible, copayment, and coinsurance.
- 2 Rx information displayed: Retail up to 34-day supply. NOTE: Member's maximum coinsurance payment for a retail Specialty Rx is \$350 Formulary/\$500 Non-Formulary.
- 3 Integrated Rx plans include all medical and prescription claims accumulating toward one overall deductible.
- 4 Embedded plans: In this approach, an individual family member can be eligible for payment of benefits upon meeting the Individual deductible amount (even if the rest of the family has not met the Family deductible amount). Additionally, an individual family member's out-of-pocket (OOP) maximum will be the same as that of a member purchasing Individual coverage for the specified health plan.
- 5 A health savings account (HSA) is available to employees. Employer contributions in amounts that exceed annual federally mandated maximum(s) may result in actuarial value changes that may impact compliance as a Qualified Health Plan.
- 6 Non-Embedded plans: In this approach, the entire family deductible must be met before any family member is eligible for payment of benefits. Additionally, the entire family out-of-pocket (maximum) must be met before the plan begins paying 100%. One family member may satisfy the entire Family deductible and/or OOP.

This is not a contract. This benefits summary presents plan highlights only. Contract limitations and exclusions apply. Please refer to the benefits booklet for complete information.

To determine the availability of services under your health plan, please review your contract for details on benefits, conditions, and exclusions or call the number on the back of your member ID card.

Information above presents in-network plan highlights only. PPO plans also provide benefits for many out-of-network services, generally with higher member cost sharing. Please see plan materials for information.

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

My Care Navigator is a service mark of Highmark Inc.

Sharecare is a registered trademark of Sharecare, Inc., an independent and separate company that provides a consumer care engagement platform for your health plan. Sharecare is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. Sharecare does not endorse any specific product service or treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable benefit agreement.

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

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

Highmark has contracted with PillarRx, an independent company, to secure manufacturer discounts for select prescription medications. Savings for Highmark members will vary based on drug, member copay, and program requirements. The member will never pay more than the Plan copay.

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

All references to "Highmark" in this communication are references to Highmark Inc., an independent licensee of the Blue Cross Blue Shield Association, and/or to one or more of its affiliated Blue companies.

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

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

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

Discrimination is Against the Law

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

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

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

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

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

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

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

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

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

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

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