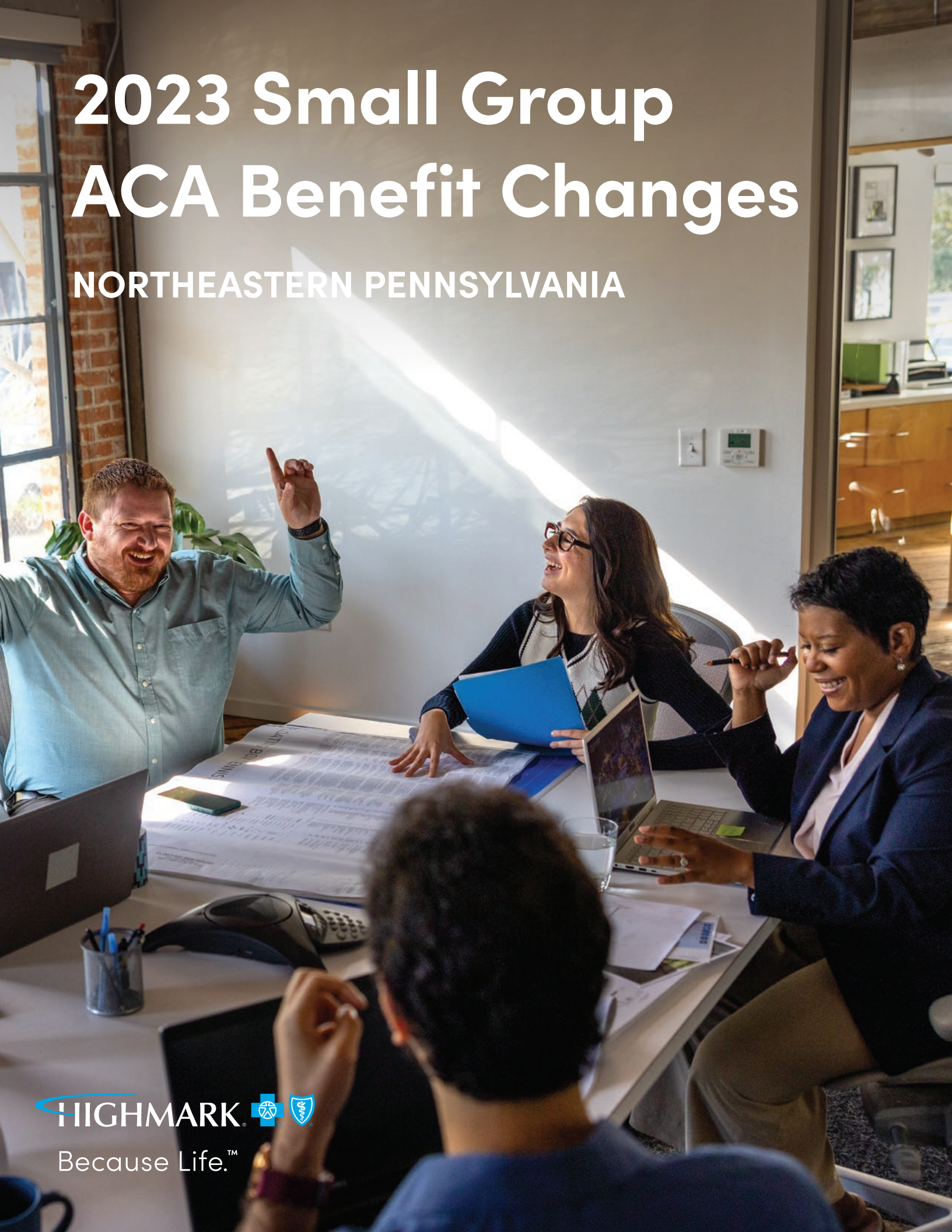


2023 Small Group ACA Benefit Changes

NORTHEASTERN PENNSYLVANIA



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Highmark 2023 Small Group ACA Benefit Changes*

Product Name: BlueCare PPO \$0 Platinum

Metal Level: Platinum

Status: No changes for 2023

Product Name: BlueCare PPO \$250 Platinum

Metal Level: Platinum

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$5,000	\$7,000
	Out of network (2x Family)	\$10,000	\$14,000

Product Name: BlueCare PPO \$500 Platinum

Metal Level: Platinum

Status: No changes for 2023

Product Name: BlueCare PPO \$750 Platinum

Metal Level: Platinum

Status: No changes for 2023

Product Name: BlueCare PPO \$0 Gold

Metal Level: Gold

Status: See changes below

Year		2022	2023
Inpatient Hospital Professional Services		\$0	\$10 copay per admission, then 100%

Product Name: BlueCare PPO \$500 Gold

Metal Level: Gold

Status: See changes below

Year		2022	2023
Prescription Drugs		\$3/\$20/\$50/\$85/20%/30%	\$3/\$30/\$60/\$90/20%/30%

* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: BlueCare PPO \$1000 Gold

Metal Level: Gold

Status: See changes below

Year	2022	2023
Prescription Drugs	\$3/\$15/\$55/\$90/20%/30%	\$3/\$30/\$60/\$90/20%/30%

Product Name: BlueCare PPO \$1250 Gold

Metal Level: Gold

Status: See changes below

Year	2022	2023
Prescription Drugs	\$3/\$20/\$50/\$85/20%/30%	\$3/\$30/\$60/\$90/20%/30%

Product Name: BlueCare PPO \$1400 Gold

Metal Level: Gold

Status: No changes for 2023

Product Name: BlueCare PPO \$1500 Gold

Metal Level: Gold

Status: See changes below

Year	2022	2023
Prescription Drugs	\$3/\$20/\$50/\$85/20%/30%	\$3/\$30/\$60/\$90/20%/30%
Inpatient Hospital Professional Services	\$0	\$10 copay per admission, then 100%

* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: BlueCare PPO \$1550 Gold

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,700	\$9,100
	Out of network (2x Family)	\$17,400	\$18,200
Prescription Drugs		\$3/\$20/\$60/\$90/20%/30%	\$3/\$30/\$60/\$90/20%/30%
Inpatient Hospital Professional Services		\$0	100% after deductible and \$10 copay, per admission

Product Name: BlueCare QHD PPO \$1500 Gold

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$3,000	\$3,500
	Out of network (2x Family)	\$6,000	\$7,000

Product Name: BlueCare PPO \$2000 Gold

Metal Level: Gold

Status: No changes for 2023

Product Name: BlueCare PPO \$2000 1x Gold

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum	In network	\$8,550 1x per family	\$9,100 1x per family
	Out of network	\$17,100 1x per family	\$18,200 1x per family
Prescription Drugs		\$3/\$20/\$50/\$85/20%/30%	\$3/\$30/\$60/\$90/20%/30%

Product Name: BlueCare PPO \$2500 Gold

Metal Level: Gold

Status: No changes for 2023

* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: BlueCare PPO \$3000 Gold

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Prescription Drugs		\$3/\$10/\$45/\$70/20%/30%	\$3/\$20/\$50/\$85/20%/30%

Product Name: BlueCare PPO \$4000 Gold

Metal Level: Gold

Status: No changes for 2023

Product Name: BlueCare PPO \$5000 1x Gold

Metal Level: Gold

Status: No changes for 2023

Product Name: BlueCare PPO \$2600 Silver

Metal Level: Silver

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Specialist Office Visit	In network	\$80	\$85
Urgent Care	In network	\$80	\$85
Emergency Room	In network	\$300 after deductible	30% after deductible
	Out of network		
Basic Dx (Lab/Pathology/Imaging/X-Ray)	In network	\$80 after deductible	\$105 after deductible
Advanced Diagnostic/Imaging (MRI/CAT/PET)	In network	\$300 after deductible	\$350 after deductible
Prescription Drugs		\$3/\$30/\$90/\$110/20%/30%	\$3/\$40/\$90/\$110/20%/30%

* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: BlueCare PPO \$3000 Silver

Metal Level: Silver

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum	In network	\$8,550	\$9,100 1x per family
	Out of network	\$17,100	\$18,200 1x per family
Specialist Office Visit	In network	\$80	\$85
Urgent Care	In network	\$80	\$85
Emergency Room	In network	\$300 after deductible	20% after deductible
	Out of network		
Basic Dx (Lab/Pathology/ Imaging/X-Ray)	In network	\$75 after deductible	\$80 after deductible
Advanced Diagnostic/ Imaging (MRI/CAT/PET)	In network	\$350 after deductible	\$400 after deductible
Prescription Drugs		\$3/\$30/\$90/\$150/20%/30%	\$3/\$40/\$115/\$250/20%/30%

Product Name: BlueCare PPO \$3000 1x Silver

Metal Level: Silver

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum	In network	\$8,550 1x per family	\$9,100 1x per family
	Out of network	\$17,100 1x per family	\$18,200 1x per family
Specialist Office Visit	In network	\$80	\$85
Urgent Care	In network	\$80	\$85
Emergency Room	In network	\$325 after deductible	30% after deductible
	Out of network		
Prescription Drugs		\$3/\$30/\$90/\$110/20%/30%	\$3/\$40/\$115/\$250/20%/30%

* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

New Product Name: BlueCare QHD PPO \$3000

Former Product Name: BlueCare QHD PPO \$2800

Metal Level: Silver

Status: See changes below

Year		2022	2023
Medical Deductible	In network	\$2,800	\$3,000
	Out of network	\$5,600	\$6,000
Out-of-Pocket Maximum	In network (2x family)	\$6,600	\$7,050
	Out of network (2x family)	\$13,200	\$14,100
Outpatient Surgery/ Facility Fee	In network	\$0 after deductible	\$85 after deductible

Product Name: BlueCare PPO \$5000 Silver

Metal Level: Silver

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,700	\$9,100
	Out of network (2x Family)	\$17,400	\$18,200
Specialist Office Visit	In network	\$35	\$45
Urgent Care	In network	\$35	\$45
Outpatient Surgery/ Facility Fee	In network	\$300 after deductible	\$375 after deductible
Inpatient Hospital (includes Mental Health and Substance Abuse)	In network	\$300 after deductible	\$350 after deductible
Emergency Room	In network Out of network	\$300 after deductible	\$375 after deductible
Basic Dx (Lab/Pathology/ Imaging/X-Ray)	In network	\$35 after deductible	\$45 after deductible
Advanced Diagnostic/ Imaging (MRI/CAT/PET)	In network	\$150 after deductible	\$175 after deductible
Prescription Drugs		\$3/\$20/\$60/\$90/20%/30%	\$3/\$20/\$90/\$110/20%/30%
Inpatient Hospital Professional Services		\$0	100% after deductible and \$10 copay, per admission

Product Name: BlueCare PPO \$5400 Bronze

Metal Level: Bronze

Status: No changes for 2023

* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: BlueCare Custom PPO \$0 Platinum

Metal Level: Platinum

Status: No changes for 2023

Product Name: BlueCare Custom PPO \$250 Platinum

Metal Level: Platinum

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$5,000	\$7,000
	Out of network (2x Family)	\$10,000	\$14,000

Product Name: BlueCare Custom PPO \$500 Platinum

Metal Level: Platinum

Status: No changes for 2023

Product Name: BlueCare Custom PPO \$750 Platinum

Metal Level: Platinum

Status: No changes for 2023

Product Name: BlueCare Custom PPO \$0 Gold

Metal Level: Gold

Status: See changes below

Year	2022	2023
Inpatient Hospital Professional Services	\$0	\$10 copay per admission, then 100%

Product Name: BlueCare Custom PPO \$500 Gold

Metal Level: Gold

Status: See changes below

Year	2022	2023
Prescription Drugs	\$3/\$20/\$50/\$85/20%/30%	\$3/\$30/\$60/\$90/20%/30%

* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: BlueCare Custom PPO \$1000 Gold

Metal Level: Gold

Status: See changes below

Year	2022	2023
Prescription Drugs	\$3/\$15/\$55/\$90/20%/30%	\$3/\$30/\$60/\$90/20%/30%

New Product Name: BlueCare Custom PPO \$1250 Gold

Metal Level: Gold

Status: See changes below

Year	2022	2023
Prescription Drugs	\$3/\$20/\$50/\$85/20%/30%	\$3/\$30/\$60/\$90/20%/30%

Product Name: BlueCare Custom PPO \$1400 Gold

Metal Level: Gold

Status: No changes for 2023

Product Name: BlueCare Custom PPO \$1500 Gold

Metal Level: Gold

Status: See changes below

Year	2022	2023
Prescription Drugs	\$3/\$20/\$50/\$85/20%/30%	\$3/\$30/\$60/\$90/20%/30%
Inpatient Hospital Professional Services	\$0	\$10 copay per admission, then 100%

* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: BlueCare Custom PPO \$1550 Gold

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,700	\$9,100
	Out of network (2x Family)	\$17,400	\$18,200
Prescription Drugs		\$3/\$20/\$60/\$90/20%/30%	\$3/\$30/\$60/\$90/20%/30%
Inpatient Hospital Professional Services		\$0	100% after deductible and \$10 copay, per admission

Product Name: BlueCare Custom PPO \$2000 Gold

Metal Level: Gold

Status: No changes for 2023

Product Name: BlueCare Custom PPO \$2000 1x Gold

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum	In network	\$8,550 1x per family	\$9,100 1x per family
	Out of network	\$17,100 1x per family	\$18,200 1x per family
Prescription Drugs		\$3/\$20/\$50/\$85/20%/30%	\$3/\$30/\$60/\$90/20%/30%

New Product Name: BlueCare Custom PPO \$2500 Gold

Metal Level: Gold

Status: No changes for 2023

Product Name: BlueCare Custom PPO \$3000 Gold

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Prescription Drugs		\$3/\$10/\$45/\$70/20%/30%	\$3/\$20/\$50/\$85/20%/30%

* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: BlueCare Custom PPO \$4000 Gold

Metal Level: Gold

Status: No changes for 2023

Product Name: BlueCare Custom PPO \$5000 1x Gold

Metal Level: Gold

Status: No changes for 2023

Product Name: BlueCare Custom PPO \$2600 Silver

Metal Level: Silver

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Specialist Office Visit	In network	\$80	\$85
Urgent Care	In network	\$80	\$85
Emergency Room	In network	\$300 after deductible	30% after deductible
	Out of network		
Basic Dx (Lab/Pathology/ Imaging/X-Ray)	In network	\$80 after deductible	\$105 after deductible
Advanced Diagnostic/ Imaging (MRI/CAT/PET)	In network	\$300 after deductible	\$350 after deductible
Prescription Drugs		\$3/\$30/\$90/\$110/20%/30%	\$3/\$40/\$90/\$110/20%/30%

* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: BlueCare Custom PPO \$3000 Silver

Metal Level: Silver

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Specialist Office Visit	In network	\$80	\$85
Urgent Care	In network	\$80	\$85
Emergency Room	In network/ Out of network	\$300 after deductible	20% after deductible
Basic Dx (Lab/Pathology/ Imaging/X-Ray)	In network	\$75 after deductible	\$80 after deductible
Advanced Diagnostic / Imaging (MRI/CAT/PET)	In network	\$350 after deductible	\$400 after deductible
Prescription Drugs		\$3/\$30/\$90/\$150/20%/30%	\$3/\$40/\$115/\$250/20%/30%

Product Name: BlueCare Custom PPO \$3000 1x Silver

Metal Level: Silver

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum	In network	\$8,550 1x per family	\$9,100 1x per family
	Out of network	\$17,100 1x per family	\$18,200 1x per family
Specialist Office Visit	In network	\$80	\$85
Urgent Care	In network	\$80	\$85
Emergency Room	In network Out of network	\$325 after deductible	30% after deductible
Prescription Drugs		\$3/\$30/\$90/\$110/20%/30%	\$3/\$40/\$115/\$250/20%/30%

* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: BlueCare Custom PPO \$5000 Silver

Metal Level: Silver

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	In network (2x Family)	\$8,700	\$9,100
	Out of network (2x Family)	\$17,400	\$18,200
Specialist Office Visit	In network	\$35	\$45
Urgent Care	In network	\$35	\$45
Outpatient Surgery/ Facility Fee	In network	\$300 after deductible	\$375 after deductible
Inpatient Hospital (includes Mental Health and Substance Abuse)	In network	\$300 after deductible	\$350 after deductible
Emergency Room	In network/ Out of network	\$300 after deductible	\$375 after deductible
Basic Dx (Lab/Pathology/ Imaging/X-Ray)	In network	\$35 after deductible	\$45 after deductible
Advanced Diagnostic/ Imaging (MRI/CAT/PET)	In network	\$150 after deductible	\$175 after deductible
Prescription Drugs		\$3/\$20/\$60/\$90/20%/30%	\$3/\$20/\$90/\$110/20%/30%
Inpatient Hospital Professional Services		\$0	100% after deductible and \$10 copay, per admission

Product Name: BlueCare Custom PPO \$5400 Bronze

Metal Level: Bronze

Status: No changes for 2023

Product Name: Lehigh Valley Flex Blue PPO 500G

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	Enhanced (2x Family)	\$8,550	\$9,100
	Standard (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200
Rx Drugs		\$3/\$15/\$55/\$90/20%/30%	\$3/\$20/\$60/\$90/20%/30%

* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: Lehigh Valley Flex Blue PPO 1250G

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	Enhanced (2x Family)	\$8,550	\$9,100
	Standard (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$17,100	\$18,200

Product Name: Lehigh Valley Flex Blue PPO 3300SQE

Former Product Name: Lehigh Valley Flex Blue PPO 3000SQE

Metal Level: Silver

Status: See changes below

Year		2022	2023
Medical Deductible	Enhanced (2x Family)	\$3,000	\$3,300
	Standard (2x Family)	\$3,000	\$3,900
	Out of network (2x Family)	\$9,000	\$11,700
Out-of-Pocket Maximum (2x Family)	Enhanced (2x Family)	\$6,650	\$7,050
	Standard (2x Family)	\$6,650	\$7,050
	Out of network (2x Family)	\$13,300	\$14,100

Product Name: AffordaBlue \$250 Platinum

Metal Level: Platinum

Status: No changes for 2023

* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: AffordaBlue \$500 Gold

Metal Level: Gold

Status: See changes below

Year		2022	2023
Medical Deductible	Enhanced (2x Family)	\$500	\$500
	Standard (2x Family)	\$3,700	\$5,000
	Out of network (2x Family)	\$7,400	\$10,000
Coinsurance	Enhanced	100%	100%
	Standard	70%	50%
	Out of network	60%	50%
Out-of-Pocket Maximum (2x Family)	Enhanced (2x Family)	\$8,550	\$8,550
	Standard (2x Family)	\$8,700	\$9,100
	Out of network (2x Family)	\$26,100	\$27,300
PCP/Retail Clinic	Enhanced	\$30	\$30
	Standard	30% after deductible	50% after deductible
Specialist Office Visit	Enhanced	\$65	\$65
	Standard	30% after deductible	50% after deductible
Urgent Care	Enhanced	\$65	\$65
	Standard	30% after deductible	50% after deductible
Emergency Room	Enhanced/Standard/ Out of network	\$200 after deductible	\$225 after deductible
Outpatient Surgery/ Facility Fee	Enhanced	\$0 after deductible	\$0 after deductible
	Standard	30% after deductible	50% after deductible
Inpatient Hospital (includes Mental Health and Substance Abuse)	Enhanced	\$0 after deductible	\$0 after deductible
	Standard	30% after deductible	50% after deductible
Basic Dx (Lab/ Pathology/ Imaging/X-Ray)	Enhanced	\$0 after deductible	\$0 after deductible
	Standard	30% after deductible	50% after deductible
Advanced Diagnostic/ Imaging (MRI/CAT/PET)	Enhanced	\$0 after deductible	\$0 after deductible
	Standard	30% after deductible	50% after deductible

* Coinsurance applies after deductible, unless otherwise noted.

Highmark 2023 Small Group ACA Benefit Changes*

Product Name: AffordaBlue \$1000 Gold

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	Enhanced (2x Family)	\$8,000	\$9,000
	Standard (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$25,650	\$27,300
Prescription Drugs		\$3/\$20/\$50/\$85/20%/30%	\$3/\$30/\$60/\$90/20%/30%

Product Name: AffordaBlue \$1500 Gold

Metal Level: Gold

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	Enhanced (2x Family)	\$8,000	\$9,100
	Standard (2x Family)	\$8,550	\$9,100
	Out of network (2x Family)	\$25,650	\$27,300
Emergency Room	Enhanced/Standard/ Out of network	\$200 after deductible	\$250 after deductible \$250 after deductible
Prescription Drugs		\$3/\$20/\$50/\$85/20%/30%	\$3/\$20/\$60/\$90/20%/30%

Product Name: AffordaBlue \$3000 Silver

Metal Level: Silver

Status: See changes below

Year		2022	2023
Out-of-Pocket Maximum (2x Family)	Enhanced (2x Family)	\$8,550	\$9,100
	Standard (2x Family)	\$8,700	\$9,100
	Out of network (2x Family)	\$26,100	\$27,300
Outpatient Surgery/ Facility	Enhanced	\$0 after deductible	\$65 after deductible
	Standard	40% after deductible	\$130 after deductible

* Coinsurance applies after deductible, unless otherwise noted.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company or Highmark Coverage Advantage, all of which are independent licensees of the Blue Cross 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>.

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

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

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

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

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 serbisyong 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، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي 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.



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