

# SMALL GROUP HRA APPLICATION



PLEASE COMPLETE ALL AREAS OF THIS FORM. Please remember to fill out the small business group application (#ENR-128) along with this form for proper group setup in the Small Group HRA product AND SIGN AND DATE ON REVERSE SIDE.

CHECK ALL THAT APPLY:  New HRA Set-up  Change to Existing HRA  Client has Existing FSA  Client Offering FSA  No FSA Offerings

CLIENT NAME		PHONE NUMBER	
ADDRESS			
CLIENT MAIN CONTACT NAME		CLIENT E-MAIL ADDRESS	
HIGHMARK CLIENT #	HIGHMARK GROUP NUMBER(S)	HRA EFFECTIVE DATE	MEDICAL PLAN DEDUCTIBLE

## PLAN DESIGN OPTIONS

**(1) EMPLOYER HRA FUNDING LEVEL:**

100% of Plan Deductible  
 75% of Plan Deductible  
 50% of Plan Deductible  
 25% of Plan Deductible  
 Other HRA Funding Level: \$ \_\_\_\_\_ Individual \$ \_\_\_\_\_ Family (must be 2 x Individual)  
*(only to be used if client wants to fund other than standard percentages above for the Standard, Smart and Sharing Plan Designs)*  
 Other HRA Funding Level: \$ \_\_\_\_\_ *(only to be used for plans with one aggregate deductible per family and HRA Distribution Order Option C in Section 3)*

The HRA Funding Level is the yearly maximum amount the employer will commit toward an employee's plan deductible. The HRA will only reimburse employees for incurred eligible expenses. ***This Product is only available to Highmark non-qualified High Deductible PPO Product Options with an In-Network Deductible of \$500 or greater.***

**(2) IN AND OUT OF NETWORK**

In Network Deductibles ONLY  
A spending account design that allows in-network benefits only. Services received from non-network providers are not eligible for reimbursement from the spending account.

In/Out of Network Deductibles  
A spending account design that allows both in-network and out-of-network benefits.

**(3) HRA DISTRIBUTION ORDER:**

Option A - HRA Pays First  
Option A: HRA funding available immediately.

Option B - Employee pays first - Small Group Standard  
Option B: An individual family member is eligible for payment of HRA benefits upon meeting the employee responsibility of the individual deductible amount. For a family contract, the remaining family members are eligible for payment of HRA benefits when they have collectively met the remaining family responsibility of the deductible amount.

Option C - Employee pays first - Family Savings Deductible  
Option C: This Option is only available with the Family Savings Plans. Family members are eligible for payment of HRA benefits when they have collectively met the family responsibility of deductible amount.

Option D - Expenses are Shared  
Option D: Employee covers 50% of each claimed medical expense until the balance is exhausted.

**(4) REIMBURSEMENT METHOD:**

Direct Payment to Provider  
**Direct Payment to Provider:** Electronically reimburse medical providers directly from the HRA account when applicable.

Payment to Member  
**Payment to Member:** Reimbursements are made directly from the HRA account.

## HRA SMALL GROUP DEFAULTS (Data Not Collected)

- Amount Distribution Order will always be HRA pays first; FSA pays second if accounts are stacked.
- HRA will be Deductible Only. No other claim types will be reimbursed.
- HRA balances will not rollover from year to year.
- Option B, Small Group Standard.
- Auto-submit will be defaulted to 'YES'
- Debit card will be defaulted to 'NO'
- The Employee Group Run out Period is always 3 months.
- The Employee Term Run Out Period is always 3 months after the benefit termination period.
- HRA Funding Rule will always be "Coverage Based". Deposits into member accounts will vary based on member group numbers and/or coverage levels. Funds will be available at contract begin date. This is the standard election for medical HRA clients.
- Proration will always be "All". Employees who enroll any time during the year will receive the full HRA contribution.

## FINANCIAL CONTACTS

Authorized Group Health Plan Designee(s) for access to Spending Account Balance Reporting Information at an individual account level. You can list up to five (5) authorized contacts not including the signer of this Group Set-Up Form. ***This form does not permit third party access to this information or third party access into the Highmark Employer Portal.***

Internal Client Contact (please print)	E-mail Address (please print)	Phone Number
<input type="checkbox"/> Add <input type="checkbox"/> Delete		(   )
<input type="checkbox"/> Add <input type="checkbox"/> Delete		(   )
<input type="checkbox"/> Add <input type="checkbox"/> Delete		(   )
<input type="checkbox"/> Add <input type="checkbox"/> Delete		(   )

*Please continue on other side of form*

## FINANCIAL CONTACTS (continued)

You must complete an Internet Portal User Request (DCF) form to obtain a login ID to the Highmark Employer Portal ([www.highmarkbcbs.com](http://www.highmarkbcbs.com)) to view Spending Account billing and reports. You will then need to establish payment instructions by logging in and clicking the "billing" tab in the Highmark Employer Portal. For more information on the Highmark Employer Portal, please contact your Producer/Agent or your Highmark Client Manager.

## RESTRICTIONS FOR SELF-EMPLOYED INDIVIDUALS

Self-employed individuals (sole proprietors, partners, and more-than-2% shareholders of a subchapter S corporation) cannot participate in an HRA or FSA. Please consult your tax professional concerning your specific situation.

## BUSINESS ASSOCIATE TERMS

The HRA will be subject to privacy standards (Privacy Rule) established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In its role as administrator, HM Health Insurance Company, doing business as Highmark Health Insurance Company (Highmark) will serve as a "business associate" of the HRA as that term is defined in the Privacy Rule. Accordingly, the following business associate agreement (BAA) will apply upon acceptance of this application:

- A. Highmark is permitted or required to Use or Disclose Protected Health Information (PHI) it creates for, or receives from, the company identified below (Plan Sponsor/company) or Company's HRA (Plan) only as follows:
1. Use, Disclose, create or receive PHI in furtherance of its duties and responsibilities under the HRA Administration Agreement between Highmark and Company (Agreement), and consistent with the Privacy Rule and the Health Information Technology for Economic and Reinvestment Act of 2009 (the "HITECH Act") and any implementing regulations.
  2. Perform Data Aggregation services as defined in the Privacy Rule, subject to any limitations imposed by the Agreement and the Privacy Rule.
  3. Use PHI: (a) as necessary for Highmark's proper management and administration; and, (b) to carry out Highmark's legal responsibilities.
  4. Disclose PHI for Highmark's proper management and administration or to carry out Highmark's legal responsibilities, but only if the following conditions are met: (a) the Disclosure is Required by Law; or (b) Highmark obtains reasonable assurances, from any person or organization to which Highmark will Disclose such PHI that the person or organization will:
    - (i) hold such PHI in confidence and Use or further Disclose it only for the purpose for which Highmark Disclosed it to the person or organization or as Required by Law; and, (ii) notify Highmark (who will in turn notify Plan) of any instance of which the person or organization becomes aware in which the confidentiality of such PHI was breached.
  5. Highmark may make any Use and/or Disclosure of PHI permitted under 45 C.F.R. §§ 164.506, 164.508 and 164.510, as well as under Highmark's Notice of Privacy Practices (NPP).
  6. Highmark may de-identify any and all PHI provided that the de-identification conforms to the requirements of 45 C.F.R. §164.514(b).
  7. Highmark will apply policies and procedures intended to assure that it will Use, Disclose, or request only the minimum necessary amount of PHI to accomplish the intended purpose as required under 45 C.F.R. §§ 164.502(b) and 164.514(d), and will use a Limited Data Set, as defined by the Privacy Rule, if applicable.
  8. Highmark may use HRA's PHI to create (or have created on its behalf) Limited Data Sets, in conformance with 45 C.F.R. §164.514(e) (2). The Limited Data Sets that Highmark may create (or have created) include a Limited Data Set containing the minimum necessary amount of HRA's PHI that Highmark reasonably needs for permitted Research, Public Health Activity, or Health Care Operations in which Highmark engages.
  9. In addition to uses and disclosures authorized above, Highmark may use or disclose data collected in the

performance of services for the HRA, so long as: (i) the data is de-identified in a manner consistent with the requirements of HIPAA; or (ii) the data is used or disclosed for research, health oversight activities or other purposes permitted by law; or (iii) a Member has consented to the release of his or her individually identifiable data. The data used or disclosed shall be used for a variety of lawful purposes, including, but not limited to, research, monitoring, and benchmarking of industry and health care trends.

- B. Highmark shall require any of its agents or subcontractors to provide reasonable assurance, evidenced by written contract, that the agent or subcontractor will comply with the same privacy and security obligations as Highmark with respect to PHI of Plan.
- C. Highmark will promptly report to Plan any Use or Disclosure of PHI not permitted by this BAA or in violation of the Privacy Rule when Highmark learns of such non-permitted Use or Disclosure. In addition, Claims Administrator will report any "Breach" of "Unsecured Protected Health Information" (as these terms are defined by the Breach Notification Regulation, 45 C.F.R. §§ 164.402), following discovery and without unreasonable delay, but in no event later than thirty (30) days. Highmark will cooperate with the Plan in investigating the Breach and in meeting the Plan's obligations under the HITECH Act and any other applicable security breach notification laws. Any such report shall include the identification (if known) of each individual whose Unsecured PHI has been, accessed, acquired or disclosed during such Breach. Highmark's report to Plan will at least: (1) Identify the nature of the non-permitted access, use or disclosure, including the date of the event and the date of discovery of the Breach; (2) Identify the PHI accessed, used or disclosed (e.g., full name, Social Security number, date of birth, etc.); (3) Identify who made the non-permitted use or disclosure and who received the non-permitted disclosure; (4) Identify what corrective action Highmark took or will take to prevent further non-permitted access, uses or disclosures; and (5) Identify what Highmark did or will do to mitigate any deleterious effect of the non-permitted access, use or disclosure.
- D. If Highmark conducts on behalf of Plan communications that are required to meet the transaction standards as set forth in "Transactions Rule" at 45 C.F.R. Part 162, Highmark will comply, and will require any subcontractor or agent involved with the conduct of such transaction standards to comply with each applicable requirement of the Transactions Rule. The parties agree that applicable Highmark EDI reference guides and companion documents shall apply in connection with any transaction contemplated herein.
- E. The safeguards must reasonable protect HRA's PHI from any intentional or unintentional use or disclosure in violation of the Privacy Rule, 45 C.F.R. Part 164, Subpart E and this Contract, and limit incidental uses or disclosures made pursuant to a use or disclosure otherwise permitted by this BAA.
- F. Highmark will develop, implement, maintain and use reasonable and appropriate administrative, technical and physical safeguards to preserve the integrity, confidentiality and availability of PHI, and to prevent non-permitted Use or Disclosure of PHI. In furtherance thereof Highmark shall:
1. Established safeguards shall be consistent with

applicable requirements of the Security Rule (45 C.F.R. Part 164, Subpart C) pertaining to the security of electronic PHI (E PHI) and as required by the HITECH Act. Highmark also shall develop and implement policies and procedures and maintain documentation of such policies and procedures to assure compliance with the Security Rule standards as required by the HITECH Act;

2. Ensure that any agent, including a subcontractor, to whom it provides E PHI agrees to implement reasonable and appropriate safeguards to protect it; and
  3. Report any Security Incident of which it becomes aware to the Plan. For purposes of this paragraph a reportable Security Incident shall be any Security Incident (as defined in 45 C.F.R. § 164.304) that Highmark reasonably determines to be a threat or hazard to the security or integrity of the Plan's E PHI.
- G. Administration of Individual Rights.
1. Upon Plan's written request, or the direct request of an Individual, Highmark will provide access to PHI about an Individual in Highmark's custody or control contained in a Designated Record Set, so that Plan may meet its access obligations under 45 C.F.R. § 164.524. Such access shall be provided in a time and manner consistent with Highmark's procedures for access, which Highmark hereby represents comply with the requirements of 45 C.F.R. § 164.524. All fees related to this access shall be borne by the Individual, as determined by Highmark in accordance with 45 C.F.R. § 164.524. Highmark shall make such information available in an electronic format where directed by HRA.
  2. Upon Plan's written request, or the direct request of an Individual, Highmark will, on behalf of Plan, amend PHI as required by 45 C.F.R. § 164.526 on Plan's behalf. Highmark will amend such PHI according to its own procedures for such amendment, which procedures Highmark represents comply with applicable requirements of 45 C.F.R. § 164.526.
  3. Highmark agrees to record each Disclosure, not excepted from Disclosure accounting under 45 C.F.R. § 164.528(a)(1) in accordance with the requirements of 45 C.F.R. § 164.528(b). Upon Plan's written request or the direct request of an Individual, Highmark will, on behalf of Plan, provide a Disclosure accounting in accordance with its own procedures for Disclosure accounting, which Highmark represents comply with 45 C.F.R. § 164.528 and, where applicable, the HITECH Act.
  4. To the extent that communications are within the control of Highmark, Highmark will, on behalf of Plan, evaluate and determine whether to grant requests for restrictions and confidential communications in connection with the Use or Disclosure of PHI within the custody and control of Highmark pursuant to 45 C.F.R. § 164.522. Highmark will evaluate and determine whether to grant such requests according to its own procedures for such requests, and shall implement such appropriate operational steps as required by its own procedures. Highmark represents that its procedures for evaluation and determination regarding such requests comply with the requirements of 45 C.F.R. § 164.522. HRA shall not agree to Requests for Restriction that could affect Highmark's operations without first obtaining Highmark's agreement to the Restriction.

## BUSINESS ASSOCIATE TERMS (continued)

5. In any case in which Highmark has been engaged to perform any obligation of HRA that is described in 45 C.F.R. Part 64, Subpart E, it shall comply with all requirements of that Subpart that would apply to HRA in the performance of that obligation.
- H. Highmark will make its internal practices, books, and records relating to its Use and Disclosure of PHI available to the U.S. Department of Health and Human Services in a time and manner designated by that agency for the purpose of determining Plan's compliance with the Privacy Rule and the Security Rule.
- I. Unless otherwise directed by Plan, Highmark will distribute its NPP to each Individual enrolled in the Plan at the time of the distribution.
- Thereafter, Highmark shall distribute its NPP to each new enrolled Individual, and any material revisions to its NPP to all Individuals in accordance with its policies and procedures. Highmark represents that its policies and procedures regarding the distribution of the NPP comply with 45 C.F.R. § 164.520. The practices and procedures set forth in Highmark's NPP will apply to all PHI within the custody and control of Highmark.
- J. The Plan shall be responsible for the preparation and distribution of its NPP as required by the Privacy Rule. If requested, Highmark shall provide The Plan with its NPP that the Plan may use as the basis for its own NPP.
- K. Except as specifically agreed upon by Highmark and Plan Sponsor in compliance with the Privacy Rule, all Disclosures of PHI by Highmark pursuant to this BAA shall be made to the designated Plan representatives, except for disclosures related to enrollment or disenrollment in the Plan. The Plan may modify the list of designated Plan representatives from time to time by written notice to Highmark.
- L. Upon Plan Sponsor's written request for the purpose either (i) to obtain premium bids for providing health insurance coverage under the Plan, or (ii) to modify, amend, or terminate the Plan, Highmark is authorized to provide Summary Health Information regarding Individuals enrolled in Plan to Plan Sponsor.
- M. Plan will not Disclose any PHI to Plan Sponsor unless the Plan has first ensured: (i) that its Plan Document has been amended as required by 45 C.F.R. § 164.504(f)(2), and (ii) that the Plan Sponsor has delivered the certification required by 45 C.F.R. § 164.504(f)(2)(ii). If the Plan should require Highmark to Disclose PHI directly to the Plan Sponsor, Plan shall authorize such disclosure by written instruction, accompanied by the Plan Sponsor's certification required by 45 C.F.R. § 164.504(f)(2)(ii). Highmark may rely on Plan Sponsor's certification and the Plan's written instruction, and will have no obligation to verify that the Plan documents have been amended to comply with 45 C.F.R. § 164.504(f)(2) or that Plan Sponsor is complying with such amendments.
- N. Subject to the terms of the Agreement and Highmark policies and procedures, the Plan may request in writing that Highmark Disclose PHI to certain designated third-party business associates of the Plan solely for the purpose of carrying out and assisting in Plan administration activities ("Designated Recipients"). Any Disclosure to a Designated Recipient contemplated herein shall be subject to the terms of a protective agreement.
- O. The term of this BAA shall be coextensive with the term of the Agreement.
- P. Plan Sponsor shall have the right to terminate the Agreement if Highmark, by pattern or practice, materially breaches any provision of this BAA. Before terminating under this Section, Plan Sponsor shall provide Highmark with an opportunity to cure any identified breach. If efforts to cure are unsuccessful, as determined by Plan Sponsor, in its reasonable discretion, Plan Sponsor shall terminate the Agreement and this BAA, as soon as administratively feasible.
- Q. Upon cancellation, termination, expiration or other conclusion of the Agreement (Termination), Highmark will, if feasible and lawful, return to the Plan or destroy all PHI, in whatever form or medium, then held by Highmark. Highmark will complete such return or destruction as promptly as practical after the effective date of the Termination.
- R. Plan acknowledges that certain information may not feasibly be returned or destroyed, including, but not limited to, de-identified data, data used for Data Aggregation purposes, and data subject to regulatory data retention requirements. Accordingly, upon Termination, Highmark will identify to the Plan any PHI that cannot feasibly or lawfully be returned to the Plan or destroyed. After Termination, Highmark will continue to protect such information as required by this BAA and limit its further Use or Disclosure of such information to those purposes that make its return or destruction infeasible.
- S. Highmark's obligation to protect the privacy of PHI that cannot feasibly or lawfully be returned or destroyed will survive Termination for as long as Highmark retains any PHI governed by this BAA.
- T. The parties acknowledge that federal rules relating to HIPAA are evolving (New HIPAA Rules) and, thus, may require amendment to this BAA to ensure continuing compliance. The parties agree to amend this BAA to add terms, conditions or assurances required by any New HIPAA Rule. Should the parties fail to adopt amendments by the effective date of any New HIPAA Rule, this BAA will be deemed to automatically be amended on such effective date to require both parties to comply with the requirements of such New HIPAA Rule.
- U. The provisions of this BAA will override and control any conflicting provision of the Agreement. All non-conflicting provisions of the Agreement will remain in full force and effect.
- V. Capitalized terms used in this BAA, unless otherwise defined herein, have the meanings ascribed to them under HIPAA, the Breach Notification Rule and the HITECH Act. For purposes of this BAA, the term "Individual" shall include an Individual's personal representative. In the event of ambiguity, this BAA shall be interpreted so as to make all activities conducted hereunder compliant with the HIPAA and any applicable state law or regulation governing the privacy of Individuals' health information.
- W. Unless otherwise provided under the HITECH Act, all documentation that is required by this BAA or by the Privacy Rule will be retained by Highmark for six (6) years from the date of creation or when it was last in effect, or for such longer period as may be required by any applicable law.
- eDelivery Terms
1. In General. "eDelivery" means a service allowing for the electronic presentation and retrieval of reports and other agreed-upon data, and may include the ability to electronically view and pay bills owed to Highmark via Highmark's System (known as "eBill").
  2. Users of eDelivery. Unless Highmark is otherwise agreed, the signer of this application and the employees listed as the financial contact will be deemed to be "Users" of eDelivery. Users will be required to complete an application for access and/or other required User form(s) before obtaining a User ID and password.
  3. Logon IDs and Passwords. Each User shall not disclose or otherwise make logon IDs or passwords available to any third party. If a User ceases to be a User for any reason, including termination from employment or contractual obligation, or the User otherwise discloses his or her intent to resign, Client shall notify Highmark within three (3) days so that Highmark can disable the applicable logon ID and password.
- Client and Plan are responsible for any breaches of security relating to use of any User's logon ID and password until Highmark has disabled that logon ID and password. If a breach or suspected breach of this provision occurs, Client or a User must notify Highmark immediately by telephone.
4. Security. Client and Plan shall maintain reasonable and appropriate security procedures to prevent unauthorized access to Data in their office(s) or system(s). Further, and to the extent applicable, such procedures shall comply with the Privacy and Security Rules and any other applicable rule governing data imposed by state or federal laws and regulations.
  5. Liability. Client, Plan and Agents agree that Highmark, its affiliates, employees officers or directors, suppliers and licensors shall not be liable for any direct, indirect, special, incidental, consequential or punitive damages, losses or expenses arising out of eDelivery, any use or the inability to use Highmark's information systems (including Highmark's Website), or in connection with any failure, error, omission, interruption, defect, delay in operation or transmission, computer virus, or line or system failure, even if Highmark is advised of the possibility of such damages, losses or expenses.
  6. Further Assurances. Highmark may require Client to make further amendment to this eDelivery Addendum as necessary to keep the eDelivery service compliant with applicable laws and regulations. By its execution of the User Form, each User automatically agrees to be bound by any such amendment.
  7. Intellectual Property Restrictions. Nothing within any of the material and content of the eDelivery service shall be construed as conferring any license under Highmark's or any third party's intellectual property rights, whether by estoppel, implication, waiver or otherwise. Except as expressly provided to the contrary, Client, Plan and Agents agree not to modify, alter, or deface any trademarks, service marks, or other intellectual property of Highmark made available through the eDelivery service. Client, Plan and Agents further agree not to (i) use any of the trademarks, service marks or other content accessible through the eDelivery service by Highmark, or (ii) adapt, translate, modify, decompile, disassemble, or reverse engineer the eDelivery service or any software or programs used in connection with the eDelivery service.
  8. Confidentiality. Each User shall comply with the confidentiality provisions of the Agreement and shall likewise apply to this eDelivery Addendum as if fully set forth herein.
  9. Standard Transactions. To the extent applicable, each User shall comply with the requirements of the Transactions Rule. Highmark EDI reference guides and companion documents shall apply in connection with any transaction contemplated herein.
  10. Termination. Highmark reserves the right to terminate a User's use of eDelivery at any time with or without cause. Highmark may immediately terminate a User's use of eDelivery if the User breached any agreement with Highmark (including a breach of the Agreement) or Highmark has reason to believe that there has been or may be an unauthorized use or disclosure of a logon ID or password or the eDelivery service.
  11. References. Reference to "Highmark" herein shall be construed to mean HM Health Insurance Company or any affiliate of HM Health Insurance Company that may succeed to the responsibilities of HM Health Insurance Company under the terms of the governing services agreement.

## BUSINESS ASSOCIATE TERMS (continued)

**By signing this application, I represent that I have the full authority to bind the company identified below.\***

NAME (Please print)

SIGNATURE

COMPANY

TITLE

DATE

E-MAIL ADDRESS

\* Unless Highmark is otherwise instructed, the signer of this application and the employee(s) listed as the Financial Contact(s) will be deemed to be the authorized representatives of the HRA (group health plan) for purposes of receiving individual account balance report information.

\*Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. 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.

Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, First Priority Life Insurance Company, or Highmark Coverage Advantage Inc.

**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.**

Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield

West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield

Visit <https://www.highmarkbcbswv.com/networkaccessplan> to view the Access Plan required by the Health Benefit Plan Network Access and Adequacy Act. You may also request a copy by contacting us at the number on the back of your ID card.

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

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](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>.

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

**ATTENTION:** Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (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, אוועילעבל 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 serbisyong 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).