

Small groups with 50 or fewer employees

EFFECTIVE JANUARY 1, 2024



Because Life.™

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

Coverage map	4
Plan descriptions	5
Facilities chart	
Plan options	10
High-value resources	13
Fundamental resources	17

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

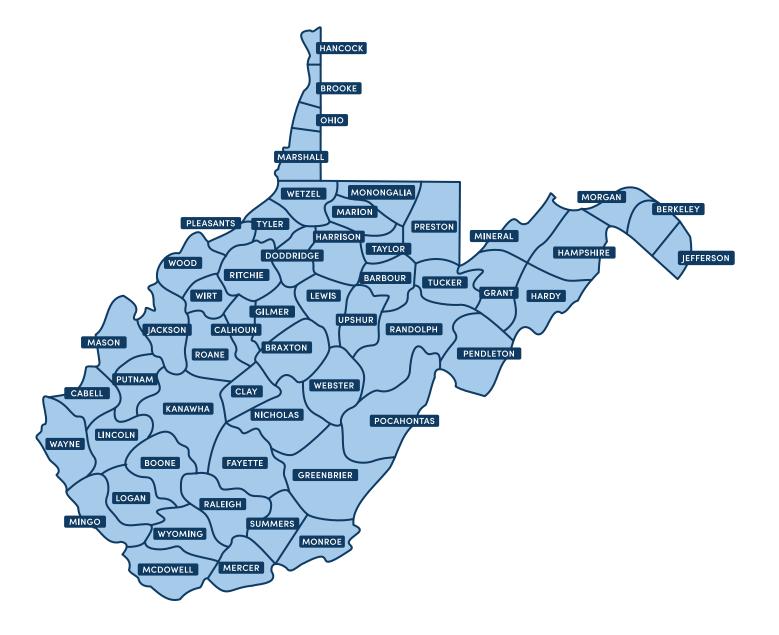
Highmark Blue Cross Blue Shield West Virginia is an independent licensee of the Blue Cross Blue Shield Association.

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.

Where is your company headquartered?



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

Shared Cost Blue PPO (Broad network plan)

Plan highlights:

- Comprehensive in-network access nationwide.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, through the BlueCard® program.*
- Out-of-network coverage at a higher cost share.

Balance Blue PPO (Broad network plan)

Plan highlights:

- Comprehensive in-network access to doctors and hospitals nationwide.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, through the BlueCard program.*
- Out-of-network providers are covered at a higher cost share.

Health Savings Blue PPO (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 1.8 million providers, including 97% of all hospitals, through the BlueCard program.*
- Out-of-network providers are covered at a higher cost share.

5

^{*} According to the Blue Cross Blue Shield Association, an association of Blue Cross and Blue Shield plans.

Hospitals in our network

Facilities	Shared Cost Blue PPO Balance Blue PPO
ruciiiles	Health Savings Blue PPO
BARBOUR	
Broaddus Hospital	
BERKELEY	
WVU Medicine — Berkeley Medical Center	
BOONE	
Boone Memorial Hospital	
BRAXTON	
WVU Medicine — Braxton County Memorial Hospital	
BROOKE	
Acuity Specialty Hospital of Ohio Valley — Weirton	
Weirton Medical Center	
CABELL	
Cabell Huntington Hospital	
River Park Hospital	
St. Mary's Medical Center	
CALHOUN	
Minnie Hamilton Health Center	
FAYETTE	
Montgomery General Hospital	
Plateau Medical Center	
GRANT	
Grant Memorial Hospital	
GREENBRIER	
CAMC Greenbrier Valley Medical Center	
HAMPSHIRE	
Valley Health — Hampshire Memorial Hospital	
HANCOCK	
Acuity Specialty Hospital of Ohio Valley — Weirton	
Weirton Medical Center	
HARRISON	
WVU Medicine — Highland-Clarksburg Hospital	
WVU Medicine — United Hospital Center	
JACKSON	
WVU Medicine — Jackson General Hospital	

In-Network Coverage	Out-of-Network

Hospitals in our network

Facilities	Shared Cost Blue PPO Balance Blue PPO Health Savings Blue PPO
JEFFERSON	
WVU Medicine — Jefferson Medical Center	
KANAWHA	
Charleston Area Medical Center	
Charleston Surgical Hospital	
St. Francis Hospital	
Select Specialty Hospital — Charleston	
Thomas Memorial Hospital	
LEWIS	
Stonewall Jackson Memorial Hospital	
LOGAN	
Logan Regional Medical Center	
MARION	
WVU Medicine — Fairmont Medical Center	
MARSHALL	
WVU Medicine — Reynolds Memorial Hospital	
MASON	
Pleasant Valley Hospital	
MCDOWELL	
Welch Community Hospital	
MERCER	
WVU Medicine — Princeton Community Hospital	
MINERAL	
WVU Medicine — Potomac Valley Hospital	
MONONGALIA	
Mon Health Medical Center	
WVU Medicine — Chestnut Ridge Center	
WVU Medicine — Children's Hospital	
WVU Medicine — J.W. Ruby Memorial Hospital	
MORGAN	
Valley Health — War Memorial Hospital	
NICHOLAS	
WVU Medicine — Summersville Regional Medical Center	

In-Network Coverage	Out-of-Network

Hospitals in our network

Facilities	Shared Cost Blue PPO Balance Blue PPO Health Savings Blue PPO
ОНЮ	
Acuity Specialty Hospital of Ohio Valley — Wheeling	
WVU Medicine — Wheeling Hospital	
POCAHONTAS	
Pocahontas Memorial Hospital	
PRESTON	
Mon Health Preston Memorial Hospital	
PUTNAM	
Charleston Area Medical Center Teays Valley Hospital	
RALEIGH	
Beckley ARH Hospital	
Raleigh General Hospital	
RANDOLPH	
Davis Medical Center	
ROANE	
Roane General Hospital	
SUMMERS	
Summers County ARH Hospital	
TAYLOR	
Grafton City Hospital	
TYLER	
Sistersville General Hospital	
UPSHUR	
WVU Medicine — St. Joseph's Hospital	
WEBSTER	
Webster County Memorial Hospital	
WETZEL	
WVU Medicine — Wetzel County Hospital	
WOOD	
WVU Medicine — Camden Clark Medical Center	

In-Network Coverage	Out-of-Network

Out of area

Facilities	Shared Cost Blue PPO Balance Blue PPO Health Savings Blue PPO
Providers participating in the BlueCard program	

In-Network Coverage	Out-of-Network

HIGHMARK BLUE CROSS BLUE SHIELD WEST VIRGINIA

2024 Shared Cost Blue PPO, Health Savings Blue PPO, and Balance Blue PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DED	UCTIBLE	COINSURANCE	E	OUT-OF-POCI (INCLUDES DE COINSURANC COPAYS) ¹	DUCTIBLE,	PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT	URGENT CARE	OUTPATIENT SURGERY ²	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS/ IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE) ^{3,4}
		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	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND FORMULARY/ NON-FORMULARY/ SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY
		MEMBER PAYS	3	PLAN PAYS		MEMBER PAYS	3										
Platinum	Shared Cost Blue PPO 100	\$100	\$200	80%	60%	\$2,000	\$4,000	\$15	\$25	\$35	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	\$3/\$10/\$40/\$70/40%/50%
Platinum	Shared Cost Blue PPO 500	\$500	\$1,000	80%	60%	\$2,000	\$4,000	\$15	\$25	\$35	20% after ded.	20% after ded.	\$300, then 20%	20% after ded.	20% after ded.	20% after ded.	\$3/\$10/\$40/\$70/40%/50%
Gold	Shared Cost Blue PPO 0	\$0	\$15,000	100%	80%	\$9,450	\$28,350	\$35	\$70	\$80	\$130	\$500	\$350	\$70	\$70	\$350	\$3/\$20/\$60/\$100/40%/50%
Gold	Shared Cost Blue PPO 750	\$750	\$1,500	70%	50%	\$8,550	\$17,100	\$20	\$40	\$50	\$100 after ded.	30% after ded.	\$300, then 30%	30% after ded.	30% after ded.	30% after ded.	\$3/\$10/\$50/\$85/40%/50%
Gold	Shared Cost Blue PPO 1000	\$1,000	\$2,000	80%	60%	\$8,700	\$17,400	\$20	\$40	\$50	\$100 after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	\$3/\$10/\$50/\$85/40%/50%
Gold	Shared Cost Blue PPO 1500	\$1,500	\$3,000	80%	60%	\$8,550	\$17,100	\$20	\$40	\$50	\$100 after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	\$3/\$10/\$50/\$85/40%/50%
Gold	Health Savings Blue PPO 3200	\$3,200	\$6,400	90%	70%	\$3,600	\$7,200	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.
Gold	Shared Cost Blue PPO 6000	\$6,000	\$12,000	85%	55%	\$8,700	\$17,400	\$45	\$65	\$75	\$50	15% after ded.	\$175	\$65	\$65	\$150	\$3/\$30/\$60/\$90/40%/50%
Silver	Shared Cost Blue PPO 0 Silver	\$0	\$1,000	100%	80%	\$9,450	\$18,900	\$60	\$80	\$90	\$200	\$500	\$650	\$75	\$150	\$500	\$3/\$40/\$80/\$125/40%/50%
Silver	Shared Cost Blue PPO 1750	\$1,750	\$3,500	70%	50%	\$9,100	\$18,200	\$70	\$85	\$95	\$200 after ded.	30% after ded.	30% after ded.	\$85	\$85	\$350	\$3/\$30/\$60/\$90/40%/50%
Silver	Balance Blue PPO 2000	\$2,000	\$4,000	75%	50%	\$9,100	\$18,200	\$65	\$90	\$100	\$200 after ded.	25% after ded.	25% after ded.	\$90	\$90	\$350	\$3/\$30/\$60/\$100/40%/50%
Silver	Shared Cost Blue PPO 2500	\$2,500	\$5,000	70%	50%	\$9,100	\$18,200	\$60	\$85	\$95	\$200 after ded.	30% after ded.	30% after ded.	\$80	\$80	30% after ded.	\$3/\$30/\$60/\$100/40%/50%
Silver	Shared Cost Blue PPO 3000	\$3,000	\$6,000	70%	50%	\$9,100	\$18,200	\$55	\$75	\$85	\$200 after ded.	30% after ded.	30% after ded.	\$75	\$75	30% after ded.	\$3/\$30/\$60/\$100/40%/50%
Silver	Shared Cost Blue PPO 3700	\$3,700	\$7,400	100%	80%	\$9,100	\$18,200	\$55	\$85	\$95	\$200 after ded.	\$0 after ded.	\$400 after ded.	\$80	\$80	\$400	\$3/\$30/\$60/\$100/40%/50%
Silver	Shared Cost Blue PPO 4000	\$4,000	\$8,000	80%	60%	\$9,450	\$18,900	\$45	\$65	\$75	\$200 after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	\$3/\$30/\$60/\$100/40%/50%
Silver	Shared Cost Blue PPO 4500 1x	\$4,500 — 1x family	\$9,000 — 1x family	70%	50%	\$8,550 — 1x family	\$17,100 — 1x family	\$55	\$80	\$90	\$150 after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	\$3/\$20/\$60/\$100/40%/50%
Silver	Health Savings Blue PPO 4750	\$4,750	\$9,500	60%	40%	\$6,350	\$12,700	40% after ded.	40% after ded.	40% after ded.	40% after ded.	40% after ded.	40% after ded.	40% after ded.	40% after ded.	40% after ded.	40% after ded.
Silver	Shared Cost Blue PPO 5100	\$5,100	\$10,200	80%	60%	\$9,100	\$18,200	\$20	\$40	\$50	20% after ded.	\$300 after ded.	\$300 after ded.	\$40 after ded.	\$40 after ded.	\$150 after ded.	\$3/\$20/\$60 after ded./ \$90 after ded./40% after ded./ 50% after ded.
Silver	Health Savings Blue PPO 5500	\$5,500	\$11,000	70%	50%	\$6,200	\$12,400	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.
Bronze	Health Savings Blue PPO 6850	\$6,850	\$13,700	100%	100%	\$7,200	\$14,400	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$25 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.
Bronze	Shared Cost Blue PPO 7150	\$7,150	\$14,300	100%	100%	\$9,100	\$18,200	\$45	\$90	\$100	\$200 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.

Please refer to page 18 for footnotes.

To view the full benefit grid, click on the product name above or contact your local broker.

10



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 1.8 million providers and 97% of hospitals in the U.S. And they're even covered in 190 countries.

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** or log in if they are already using the Amwell® site.

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.

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.

DIABETES MANAGEMENT POWERED BY ONDUO

Personalized support to control diabetes.

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

Rewards that come with Highmark coverage.

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



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.

BLUE365[™]

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**.

VIRTUAL PHYSICAL CARE PROGRAM POWERED BY SWORD

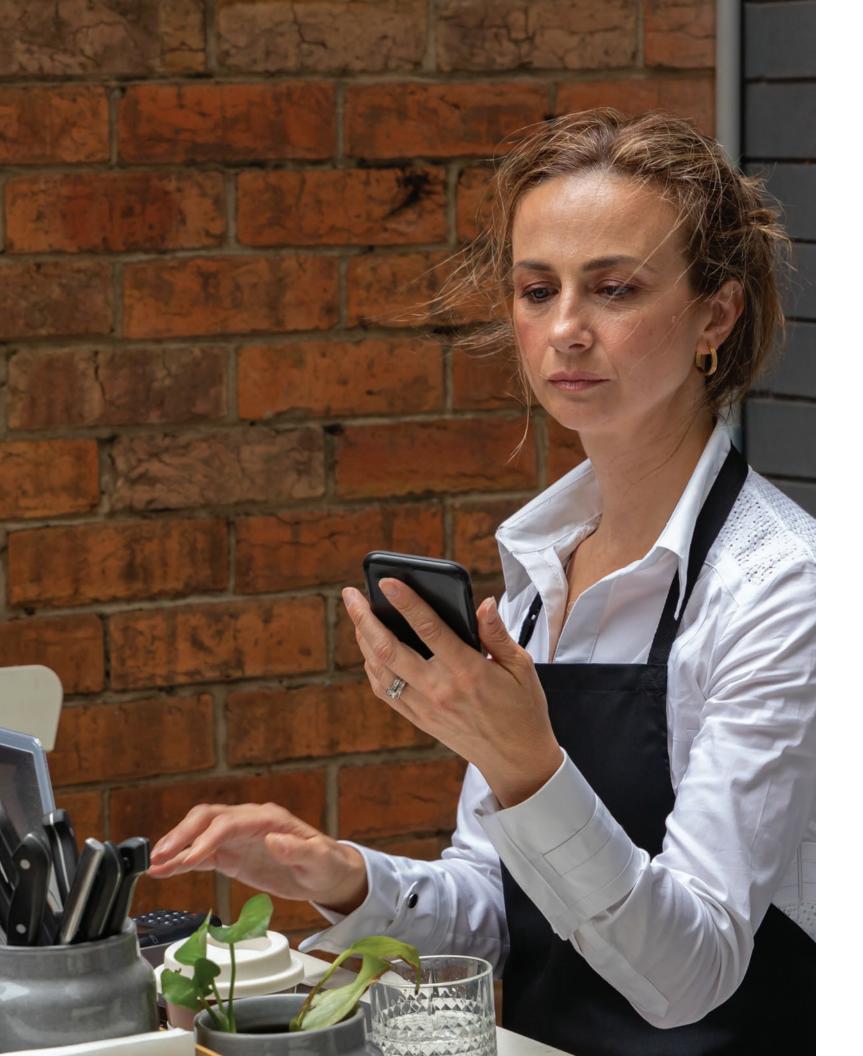
Virtual physical care, anytime, anywhere you happen to be.

Sword puts technology and the expertise of a physical therapist at your fingertips to help you overcome joint and muscle pain.

MENTAL WELL-BEING

Give your members care that meets them where they are.

Our Mental Well-Being solution provides mental health support tailored to each individual member. And it's available on our app and website.



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.

MEMBER APP AND WEBSITE My Highmark helps your employees take care of their health.

It's the one-stop digital experience that makes it easier for them to manage their health, with programs tailored to their interests and needs. Employees can visit **myhighmark.com** to learn more.

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 Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.
- 3 Rx information displayed: Retail cost, 34-day supply. NOTE: Member's maximum coinsurance payment for a retail Specialty Rx is \$350 Formulary/\$500 Non-Formulary.
- 4 Integrated Rx plans include all medical and prescription claims accumulating toward one overall deductible.

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.

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.

Highmark Blue Cross Blue Shield West Virginia is an independent licensee of the Blue Cross Blue Shield Association. Health care plans are subject to terms of the benefit agreement.

Highmark Blue Cross Blue Shield West Virginia provides prescription drug coverage with administrative assistance from Express Scripts, Inc., an independent pharmacy benefit management company not affiliated with the Blue Cross Blue Shield Association.

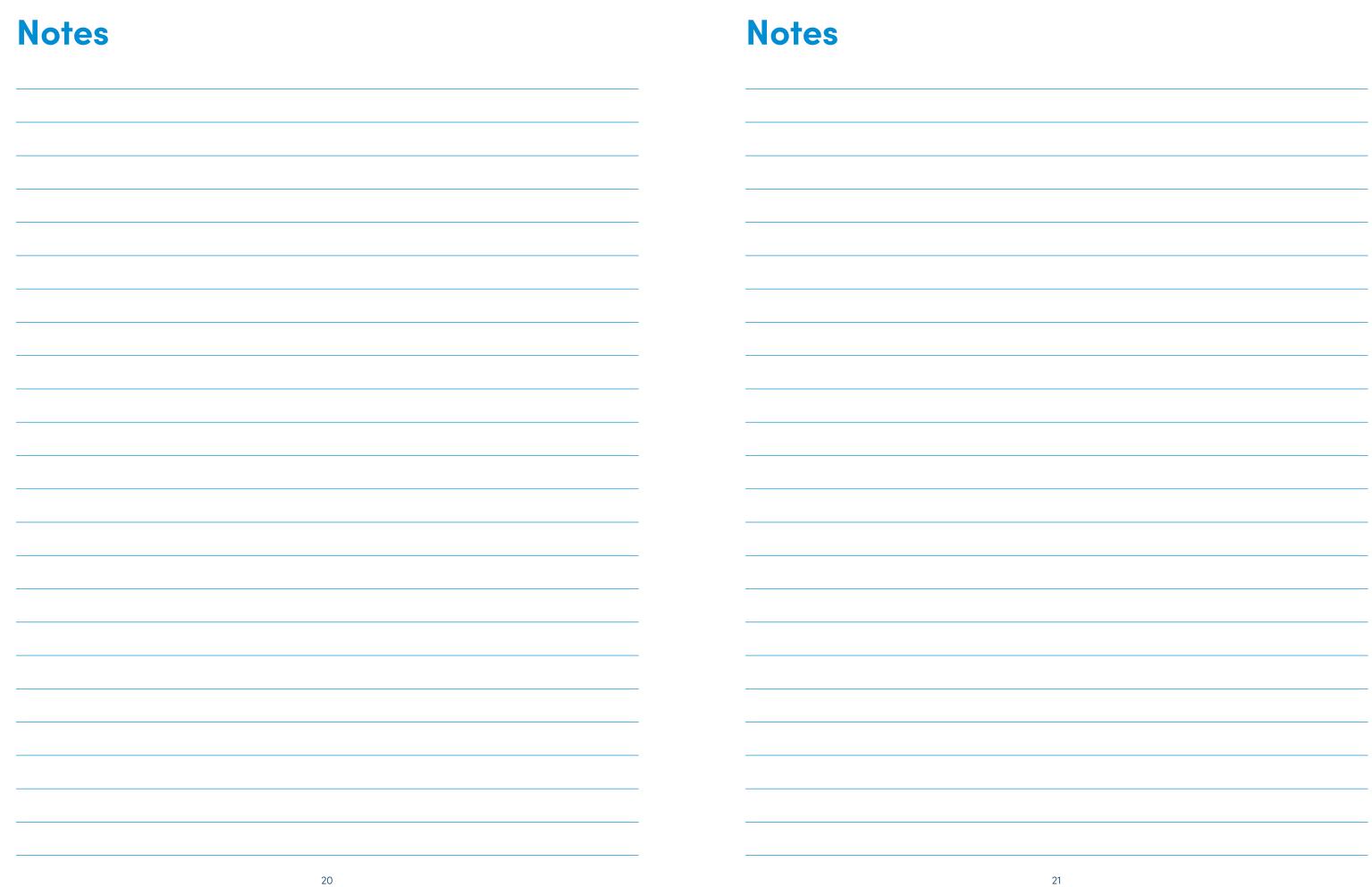
To find more information about Highmark Blue Cross Blue Shield West Virginia benefits and operating procedures, such as accessing the drug formulary or using network providers, please go to **DiscoverHighmark.com** and click **Quality Assurance**; or for a paper copy, call 1-855-873-4110.

18

Notes			

19

Mata



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

Sword Health, Inc. does not provide health care services. 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.

The Sword virtual physical care program is made available with support from Sword Health.

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.

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

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 West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company.

Visit https://www.highmarkbcbswv.com/content/dam/highmark/en/highmarkbcbswv/member/redesign/pdfs/mhs/NetworkAccessPlan.pdf 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.

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.

Blue 365, Blue Distinction, BlueCard, Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross Blue Shield Association.

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

Blue 365 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. 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, 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.

If you speak English, language assistance services, free of charge, are available to you. Call 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

如果您说中文,可向您提供免费语言协助服务。 請致電 1-800-876-7639.

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-800-876-7639.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. 1-800-876-7639 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tumawag sa 1-800-876-7639.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-800-876-7639.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم 1-808-78 .

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-800-876-7639.

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-800-876-7639.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-800-876-7639.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-800-876-7639.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-800-876-7639.

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。 1-800-876-7639 を呼び出します。

> اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 7639-878-1-1 .

23

