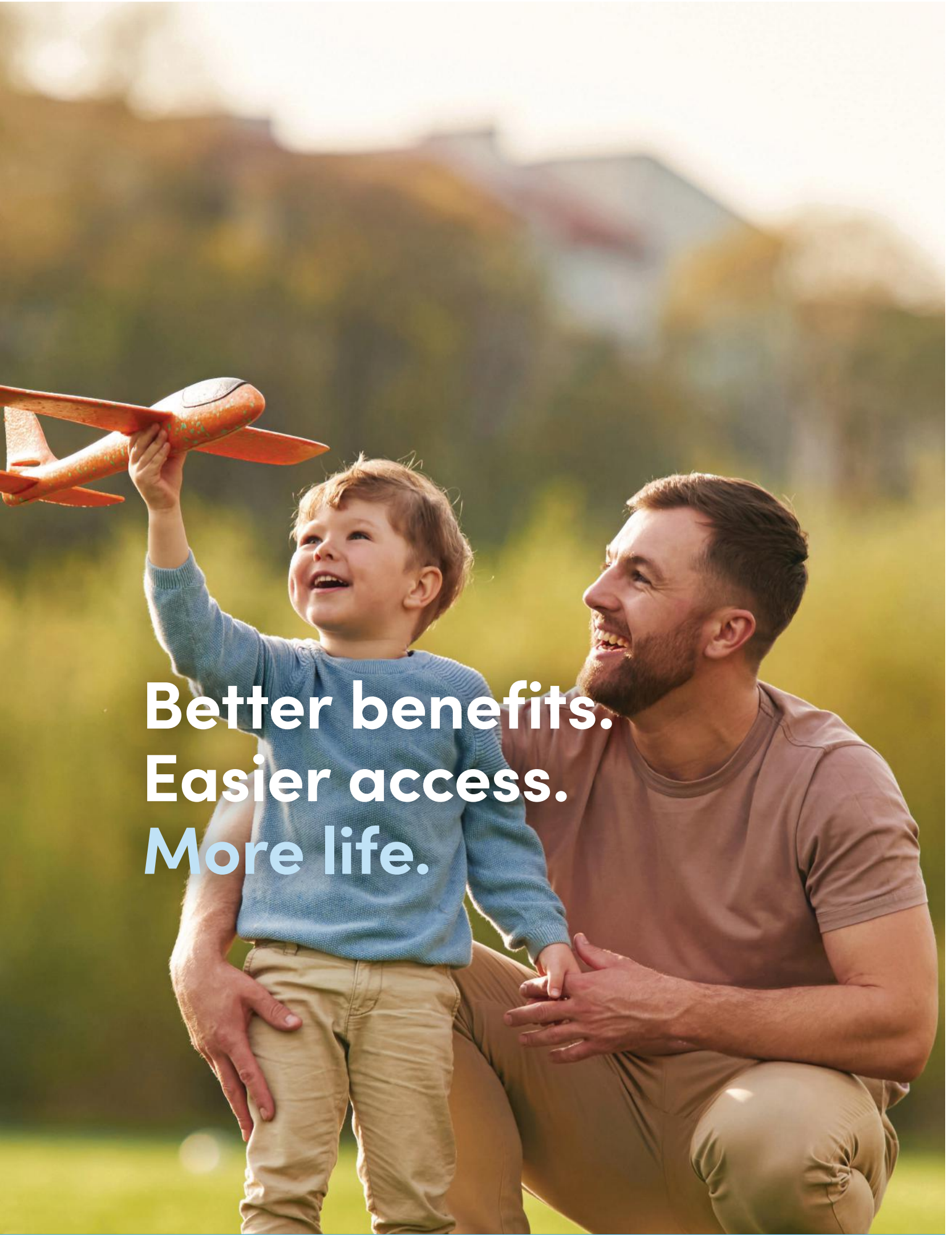

Better benefits.
Easier access.
More life.

Care that keeps up with your life.

Wherever you are,
we've got you covered.

HIGHMARK.

Because Life.™

NYSHIP HMO WITH RX
NYSHIP

Hi there,

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

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

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



Jessica Cox
President, Highmark Western and Northeastern New York Inc.

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Why Highmark





MY HIGHMARK APP

Your health plan in your pocket.

Get instant access to your digital member ID card, care-finding tools, claims updates, and easy online bill payments right on your mobile device. Scan the QR code to download the MyHighmark app or go to **MyHighmark.com** to get started.



24/7 NURSELINE

Answers from a health pro, 24/7.

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



DIABETES PREVENTION PROGRAM

Stop diabetes before it starts.

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



WELL360 VIRTUAL HEALTH

Personalized care when and where you want it.

Get care 24/7, wherever you are, with Well360 Virtual Health. A provider can see you in minutes for virtual urgent care, behavioral health visits and more. Scan the QR code to download the My Highmark app or go to **MyHighmark.com** to get started.



DISEASE MANAGEMENT PROGRAMS

Help managing chronic conditions.

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



NOOM: WEIGHT MANAGEMENT

Lose weight and keep it off with mindful eating.

Noom's psychology-based approach explains the why behind what you eat in small, easy to-understand bites — helping you lose weight and creating healthy habits that can be sustained.



EMERGENCY CARE

When you need it most, you're covered.

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



WORLDWIDE CARE

Support around the globe.

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



MENTAL HEALTH CARE

Get care for your mind, too.

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



CARE FOR SUBSTANCE USE DISORDERS

Guidance to keep you on track.

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



MENTAL WELL-BEING POWERED BY SPRING HEALTH

The right mental health care starts right here.

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



VIRTUAL JOINT HEALTH PROGRAM - THRIVE BY SWORD

Virtual Joint Health.

The Virtual Joint Health Program - Thrive by Sword is available at no additional cost to you through your employer's health plan benefits. It connect you virtually with a physical therapist (PT) who designs a customized program just for you. You'll receive a tablet with motion-tracking technology and direct chat support with your PT.

MATERNITY CARE

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

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

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

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

Baby BluePrints® Program

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

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

Product Information/ Benefit Summary



NYSHIP HMO with Rx

Here's how Highmark Blue Cross Blue Shield makes it simple for you:

Total support, day or night.

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

Easy access to top-performing specialists.

Many of our network doctors and hospitals have earned Blue Distinction status for their exceptional safety and results. That means great specialty care for you, across the board. Easy-peasy.

And you're covered close to home, too.

Our local provider network gives you easy access to hospitals and doctors right in your community. From behavioral health to cancer care to cardiology, children's health to neuroscience to women's care, we've got you covered for local specialty care, too.

Need help finding top-quality doctors and hospitals?

To search for in-network providers:

1. Go to **Highmark.com/BCBSWNY**.
2. Under **Find Care**, select **FIND A DOCTOR**.
3. Choose a location and plan.
4. Enter an address, city, or ZIP code.
5. Enter an Alpha Prefix or browse a list of plans.

Search by provider name, specialty, location, or type. Use the advanced search to filter by language, gender, area of focus, appointment scheduling, and more.

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

For over-the-phone help, call **1-844-639-2441**.

*According to the Blue Cross Blue Shield Association.

HIGHMARK

2027 New York State Employees HMO Plan 067 Benefit Summary

Physician and other health professional services	Cost
Primary care office visit copayment	$10
Primary care office visit for children age 19 and under	$0
Specialty care office visit	$15
Primary care office visit for children age 19 and under	$0
In-network out-of-pocket maximum	$3,000 single/$6,000 family
Telemedicine hosted by AmWell	$0

Prescription drugs	Cost
Retail, 30-day supply	$5 generic $30 brand $60 non-formulary $0 preventive Rx drug list
Mail order, 90-day supply	$10 generic $60 brand $120 non-formulary

Office or outpatient hospital-based health services	Cost
Routine physical exam	$0
Routine gynecological physical exam	$0
Diagnostic services; radiology and imaging, including X-rays, ultrasounds, diagnostic nuclear medicine, MRIs, and CT scans	$15
Mammograms	$0
Bone mineral density measurements and tests	$0
Cervical cytology screenings	$0
Well child visits	$0
Immunizations	$0
In-office surgical procedures	$15
Chiropractic services	$15
Standard diagnostic testing for prostatic cancer	$0
Chemotherapy	$15
Radiation therapy	$15
Urgent care services	$0
Physical therapy	$15
Occupational therapy	$15
Speech therapy	$15
Laboratory services	**Cost**

Highmark Blue Cross Blue Shield a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association.

Office laboratory services	$0
Outpatient hospital laboratory services	$0

Inpatient hospital services	Cost
Inpatient hospital service	$0
Maternity care	$0
Skilled nursing facility services	$0

Outpatient hospital surgery and ambulatory surgery facility services	Cost
Hospital	$100
Physician’s office	$15
Outpatient surgery facility	$100

Emergency services	Cost
Emergency department services	$100
Professional ambulance services	$100

Additional services	Cost
Home health care	$15
Durable medical equipment	50%
Prosthetic and orthotic devices	20%
Hospice care*	$0

Wellness	Cost
Wellness card	$600 Single/ $750 Family Allowance

Prescription Drug Coverage





PRESCRIPTION DRUG BENEFITS

A pharmacy plan that fits your life.

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

Knowing that, here are two important things to remember:

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

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

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

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



Programs to keep you safe while keeping drug costs down.

Highmark wants to help you get the medications you need, safely and affordably. Sometimes, this means we have programs in place to make sure you're getting the right drug, at the right time, in the right amount, at the right price. Here are a few programs you might encounter:

Prior authorization:

When you're enrolled and it's time to fill a prescription, we'll automatically check to make sure your prescription is the best choice for your health. Before your prescription is filled, we'll review it to ensure it's appropriate for your condition and if you've tried other treatments before that didn't work for you (if necessary). If we need more information, you'll need to get a prior authorization from your doctor. This is our way of double-checking you're getting safe, effective, and medically necessary medications.

Quantity limits:

To keep you safe, some drugs are regulated to make sure you get the right dosage. These limits are based on factors like your age, gender, or other factors that restrict how often or how much of a refill you can get. It's all about making sure you get the right dosage to keep you safe.

Step therapy:

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

For fully insured businesses, members may qualify for an exception from this protocol in certain circumstances.

If your prescription drug requires prior authorization, tell your doctor and submit electronically.

Send a request online by using CoverMyMeds® covermymeds.com.



Save even more with the mail order pharmacy.

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

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



How to start using the mail order pharmacy

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

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

  Or

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

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

Mail your completed forms to:
Express Scripts Pharmacy
PO Box 66577
St Louis, MO 63166-6577

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



PARTICIPATING NATIONAL PLUS NETWORK PHARMACIES

Over 59,000 pharmacies are in the National Plus network, including:

Albertsons
Alfred Pharmacy
Anthony-Brown Pharmacy
Attica Pharmacy
Bartell Drug
Bartholomew's Pharmacy
Black Rock Pharmacy
Brighton Eggert Pharmacy
Brooks Pharmacy
Buchanan Brothers Pharmacy
Buffalo Pharmacies
Cattaraugus Indian Health Center
Clarence Pharmacy
Community Medical Pharmacy
Concord Pharmacy
Costco
Cottrill's Pharmacy Inc.
CVS
Cy's Elma Pharmacy
Dan Horn Pharmacy and Health Services
Degiulio's Pharmacy
Ellicottville Pharmacy
Family Medical Pharmacy
Family Pharmacy Plus
Fillmore Pharmacy
Fisher's Pharmacy
Food City Pharmacy
FPS High Street Prescription Center
Friendship Pharmacy
Giant Eagle
Hamburg Healthmart Pharmacy
Hannaford Food And Drug
H-E-B Grocery
Holland Pharmacy
IC Pharmacy
Inkley Pharmacy
Island Prescription Center
Ivylea Pharmacy
Kenmore Rx Center
Kinney Drugs
Larwood Pharmacy
Lockport Apothecary
Meijer Pharmacy
Metcare Rx
Newfane Pharmacy
Niagara Apothecary Inc.
Nicholson Pharmacy
Oakfield Pharmacy
Osco Drug
Ott And McHenry Pharmacy
Parkview Health Services Pharmacy at Mattina
Price Chopper Pharmacy
Propel Pharmacy LLC
Riverview Professional Pharmacy
Roswell Park Cancer Institute
Sam's Club
Sav-On Pharmacy
Sherman Area Pharmacy
Sinclair Pharmacy
South Dayton Pharmacy
Southgate Medical Pharmacy
Springville Pharmacy LLC
Sprout's Drug Store
Strong Outpatient Pharmacy
Suburban Family Pharmacy
The Medicine Shoppe 0463
The Pharmacy at Evergreen
Tile Pharmacy
Tops Markets
Transit Hill Pharmacy
Union Medical Pharmacy
Valley Pharmacy and Med Supply
Walgreens
Wanakah Pharmacy
Wegmans Pharmacy
Weis Pharmacy
Winn-Dixie Pharmacy
Wurlitzer Family Pharmacy

Pharmacy list is subject to change.

HOME DELIVERY ORDER FORM

Express Scripts® Pharmacy

Home Delivery Order Options

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

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

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

Phone: Call Express Scripts at the toll-free number on the back of your ID card for assistance in switching to home delivery.
Mail: Complete the order form and send to Express Scripts® Pharmacy along with prescriptions and payment.

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

1 Member Information

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

2 Shipping Address

○ Permanent ○ Temporary — If temporary address, please provide effective dates From____/____/____ To ____/___/_____

Shipping Address Line 1 (Street address is preferred over PO Box)		Apt#
Shipping Address Line 2		
City	State	Zip
Primary Phone Number — Choose One M● H● W●	Secondary Phone Number — Choose One M○ H○ W○	

Shipping Method (Expedited shipping will **not** rush prescription processing)

○ Standard	Free	Arrives within 5-10 days after order is shipped
○ Two Day	$12.00	Arrives 2 business days after order is shipped
○ One Day	$21.00	Arrives 1 business day after order is shipped

3 Patient Information

Please only include prescriptions for patients covered under the above Member ID

Patient #1	
Patient Last Name	Patient First Name
Patient DOB	Gender ○ Male ○ Female
Physician Name	Physician Phone
Patient #2	
Patient Last Name	Patient First Name
Patient DOB	Gender ○ Male ○ Female
Physician Name	Physician Phone

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4 Payment Method — Do not send cash

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

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

Signature X _____

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

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

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

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

5 Health History

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

6 Important reminders and other information

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

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

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

7 Generic Substitution

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

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

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

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

CRP2408_11264 STLF14WB

express-scripts.com/rx

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

Health Tools and Resources





ONLINE TOOLS AND MEMBER WEBSITE

Your entire plan at your fingertips.

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



ESTIMATE YOUR COST

Know what you'll owe for care.

Before making an appointment for a test, scan, or procedure, the cost estimation tool helps you estimate your bill in advance. Available on your member website, **MyHighmark.com**.



BLUE365®

Discounts to help you stay healthy and active.

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



WELLNESS COACHING

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Balance stress? A wellness coach can create a personalized plan for you, right over the phone, on your schedule. Sessions are free and confi dential. Call 1-800-650-8442, Monday – Friday, or visit **HighmarkHealthCoachBCBS.com**.



HIGHMARK COMMUNITY SUPPORT PLATFORM

We're here when you need us.

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

Additional Important Information



Health care lingo, translated.

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

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

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

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

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

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

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

EXPLANATION OF BENEFITS (EOB)
A statement from your insurance company that shows services you received, including the amount your insurance covers and what you'll owe.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)
A plan that usually comes with a lower premium because you pay more for health care services up front before the insurance company starts to pay. These plans are often combined with a health savings account.

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

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

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

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

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

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

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

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

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

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

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

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

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

All your resources, all in one place

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



My Highmark App

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



Well360 Virtual Health

Get care from wherever you are. Visit **MyHighmark.com** or use the My Highmark app.



24/7 Nurseline

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



Blue365

For discounts to help you stay healthy and active, visit **blue365deals.com/BCBSWNY/offers**.



Baby BluePrints

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



Member Service

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



Determining care for coverage

How we approve what's covered:

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

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

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

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

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

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

How we keep your information safe:

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

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

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

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

If you want to read the full legal descriptions of the policies we've summed up here, go to **DiscoverHighmark.com**. Scroll to the bottom of the page, click on **Quality Assurance,** and enter your ZIP code.



Prior authorization for out-of-area services

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

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

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

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

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

Let's break this down a little more.

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

2027 Preventive Schedule

Effective 1/1/2027

Plan your care: Know what you need and when to get it

Preventive or routine care helps us stay well or finds problems early, when they are easier to treat. As a part of your health plan, you may be eligible to receive some of these preventive benefits with little to no cost sharing when using in-network providers. All benefits for over-the-counter drugs and supplies must be purchased through in-network pharmacy providers in order to be covered, unless your coverage plan specifies otherwise or such requirement is prohibited by law. Make sure you know what is covered by your health plan and any requirements before you receive any services. Recommended annual services are based on a calendar year, which resets on January 1 of every year.

Some services and their frequency may depend on your doctor's advice. That's why it's important to talk with your doctor about the services that are right for your age, gender, and family history. CHIP members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

Questions?

- Call Member Service
- Ask your doctor
- Log in to your account

Adults: Ages 19+

Female Male

GENERAL HEALTHCARE	
Annual Checkup* (Routine, not a work- or school-related physical)	• Ages 19 – 49: Every one to two years • Ages 50 and older: Once a year
Depression Screening and Anxiety Screening	Once a year
Illicit Drug-Use Screening	Once a year
Mental, Emotional, Behavioral (MEB) Screening	Ages 19 – 21: Once a year
Pelvic and Breast Exam	Once a year
SCREENINGS/PROCEDURES	
Abdominal Aortic Aneurysm Screening	Ages 65 – 75 who have ever smoked: One-time screening
Ambulatory Blood Pressure Monitoring	To confirm new diagnosis of high blood pressure before starting treatment
Breast Cancer Genetic (BRCA) Screening (Requires prior authorization)	Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk
Breast Cancer Screening	Ages 35 and older: Screening mammogram once a year including 3D, breast MRIs, and ultrasound
Cervical Cancer Screening	• Ages 21 – 65: PAP every three years, or annually, per doctor's advice • Ages 30 – 65: High-risk hrHPV testing once every five years or PAP with hrHPV co-testing every five years, per doctor's advice • Ages 65 and older: Per doctor's advice

* A routine checkup could include health history; physical; height, weight, and blood pressure measures; body mass index (BMI) assessment; counseling for obesity, fall prevention, skin cancer, and safety; depression screening; alcohol and drug abuse, and tobacco use assessment; age-appropriate guidance, and intimate partner violence screening and counseling for reproductive age women.

* United States Preventive Services Task Force (USPSTF)-mandated routine labs

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SCREENINGS/PROCEDURES	
Cholesterol (Lipid) Screening	Once every 5 years or more frequently, up to one annually as recommended by physician
Colon Cancer Screening (Including colonoscopy)	• Ages 45 and older: Every one to 10 years, depending on screening results • High-risk: Earlier or more frequently
Colon Cancer Screening (Colonoscopy)	Ages 45 and older: Following a positive result obtained within one year by another mandated screening method
Certain Colonoscopy Preps With Prescription	• Ages 45 and older: Once every 10 years • High-risk: Earlier or more frequently
Diabetes Screening	Ages 40 and older who are at high risk: Once every three years
Hepatitis B Screening	• Once per lifetime for adults • High-risk: More often
Hepatitis C Screening	Ages 18 – 79
Latent Tuberculosis Screening	High-risk
Lung Cancer Screening (Requires use of authorized facility)	Ages 50 – 80 with 20-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years
Osteoporosis Screening (Bone Mineral Density)	Ages 65 and older: Once every two years, or younger if at risk per doctor's advice
Prostate Cancer Screening	• Ages 50 and over without symptoms • Ages 40 and over with family history of prostate cancer or other risk factors, or for any man with prior history of prostate cancer
Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis)	• Sexually active males and females • HIV screening for adults to age 65 in the general population and those at risk, then screening over age 65 with risk factors
IMMUNIZATIONS*	
Chicken Pox (Varicella)	Adults with no history of chicken pox: One two-dose series
COVID-19 Vaccine	Per doctor's advice
Diphtheria, Tetanus (Td/Tdap)	One dose Tdap, then Td or Tdap booster every 10 years
Flu (Influenza)	Every year
Haemophilus Influenzae Type B (Hib)	For adults with certain medical conditions to prevent meningitis, pneumonia, and other serious infections; this vaccine does not provide protection against the flu and does not replace the annual flu vaccine
Hepatitis A	At-risk or per doctor's advice: One two-, three-, or four-dose series
Hepatitis B	• Ages 19 – 59: Two to four doses per doctor's advice • Ages 60 and older: High-risk per doctor's advice

* Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.

IMMUNIZATIONS*	
Human Papillomavirus (HPV)	• Up to age 26: One three-dose series • Ages 27 – 45, at-risk or per doctor's advice
IPV Polio Vaccine	Adults never vaccinated or with incomplete vaccination history
Measles, Mumps, Rubella (MMR)	One or two doses
Meningitis**	At-risk or per doctor's advice
Pneumonia	High-risk or ages 50 and older: One or two doses, per lifetime
RSV Vaccine	• Ages 50 and older • Pregnant women
Shingles	• Shingrix — Ages 50 and older: Two doses • Ages 19 – 49: Immunocompromised per doctor's advice
PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION	
Aspirin	Pregnant women at risk for preeclampsia
Folic Acid	Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid (includes select prenatal vitamins)
Chemoprevention drugs such as raloxifene, tamoxifen, or aromatase inhibitors***	At risk for breast cancer, without a cancer diagnosis, ages 35 and older
Tobacco Cessation (Counseling and medication)	Adults who use tobacco products
Low-to-Moderate Dose Select Generic Statin Drugs for Prevention of Cardiovascular Disease (CVD)	Ages 40 – 75 years with one or more CVD risk factors (such as dyslipidemia, diabetes, hypertension, or smoking) and have calculated 10-year risk of a cardiovascular event of 10% or greater
Select PrEP Drugs and Certain Related Services for Prevention of HIV Infection	Adults at risk for HIV infection, without an HIV diagnosis

* Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.

** Meningococcal B vaccine per doctor's advice.

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

PREVENTIVE CARE FOR PREGNANT WOMEN ANY AGE

Screenings, Procedures, and Counseling

- Gestational diabetes screening
- Hepatitis B screening and immunization, if needed
- HIV screening
- Syphilis screening
- Smoking cessation counseling
- Depression screening and anxiety screening during pregnancy and postpartum
- Depression prevention counseling during pregnancy and postpartum
- Intimate partner violence screening during pregnancy and postpartum
- Rh typing at first visit
- Rh antibody testing for Rh-negative women
- RSV vaccine, per doctor's advice
- Tdap with every pregnancy
- Urine culture and sensitivity at first visit
- Alcohol misuse screening and counseling
- Nutritional counseling for pregnant women to promote healthy weight during the pregnancy

PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE

Adults with BMI 25 to 29.9 (overweight) and 30 to 39.9 (obese) are eligible for:

- Additional annual preventive office visits specifically for obesity and blood pressure measurement
- Additional nutritional counseling visits specifically for obesity
- Recommended lab tests:
  - ALT
  - AST
  - Hemoglobin A1c or fasting glucose
  - Cholesterol screening

Adults with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome

Nutritional counseling

Adults with BMI 40 and over

Nutritional counseling and fasting glucose screening

ADULT DIABETES PREVENTION PROGRAM (DPP)

Applies to Adults

- Without a diagnosis of diabetes (does not include a history of gestational diabetes)
- Overweight or obese (determined by BMI)
- Fasting Blood Glucose of 100–125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140–199mg/dl

Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss

2027 Preventive Schedule

Plan your child's care:
Know what your child needs and when to get it

Preventive or routine care helps your child stay well or finds problems early, when they are easier to treat. Most of these services may not have cost sharing if you use the plan's in-network providers. Make sure you know what is covered by your health plan and any requirements before you schedule any services for your child.

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

It's important to talk with your child's doctor. The frequency of services, and schedule of screenings and immunizations, depends on what the doctor thinks is right for your child.

Questions?

- Call Member Service
- Ask your doctor
- Log in to your account

Children: Birth to 30 Months[1]

GENERAL HEALTHCARE	BIRTH/ 3 – 5 DAYS	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M
Annual Checkup* (Routine, not preschool- or daycare-related physical)	●	●	●	●	●	●	●	●	●	●	●
Hearing Screening	●										
SCREENINGS											
Autism Screening									●	●	
Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry	●										
Developmental Screening						●			●		●
Hematocrit or Hemoglobin Anemia Screening							●				
Hepatitis C Screening			Per doctor's advice with maternal exposure during pregnancy								
Lead Screening**							●			●	
Mental, Emotional, Behavioral (MEB) Screening					●		●			●	
Newborn Blood Screening and Bilirubin	●										
IMMUNIZATIONS											
Chicken Pox							Dose 1				
COVID-19 Vaccine	Per doctor's advice										
Diphtheria, Tetanus, Pertussis (DTaP)			Dose 1	Dose 2	Dose 3			Dose 4			
Flu (Influenza)***					Ages 6 months to 30 months: 1 or 2 doses annually						

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. Additional: Instrument vision screening to assess risk for ages 1 and 2 years. Birth checkup is included as part of the maternity global benefit, the 3 – 5 day checkup occurs in the pediatrician office, ocular medication for newborns to prevent gonococcal ophthalmia.

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

*** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.

IMMUNIZATIONS												
Haemophilus Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3		Dose 3 or 4					
Hepatitis A							Dose 1		Dose 2			
Hepatitis B	Dose 1	Dose 2			Dose 3							
Measles, Mumps, Rubella (MMR)							Dose 1					
Pneumonia			Dose 1	Dose 2	Dose 3		Dose 4					
Polio (IPV)			Dose 1	Dose 2	Ages 6 months to 18 months: Dose 3							
Rotavirus			Dose 1	Dose 2	Dose 3							
RSV Vaccine	Per doctor's advice											

Children: 3 Years to 18 Years[1]

GENERAL HEALTHCARE	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y
Routine Checkup* (This exam is not the preschool- or day care-related physical)	●	●	●	●	●	●	●	●	Once a year from ages 11 – 18			
Ambulatory Blood Pressure Monitoring**												●
Anxiety Screening						Once a year from ages 8 – 18						
Depression and Suicide Risk Screening										Once a year from ages 12 – 18		
Illicit Drug-Use Screening												●
Hearing Screening***		●	●	●		●		●		●	●	●
Mental, Emotional, Behavioral (MEB) Screening	Once annually through age 18											
Visual Screening***	●	●	●	●		●		●		●	●	
LAB SCREENINGS												
Hematocrit or Hemoglobin Anemia Screening			Annually for females during adolescence and when indicated									
Lead Screening	When indicated (Please also refer to your state-specific recommendations)											
Cholesterol (Lipid) Screening							Once between ages 9 – 11 and ages 17 – 21					

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

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

*** Hearing screening once between ages 11 – 14, 15 – 17, and 18 – 21. Vision screening covered when performed in doctor's office by having the child read letters of various sizes on a Snellen chart. Includes instrument vision screening for ages 3, 4, and 5 years. A comprehensive vision exam is performed by an ophthalmologist or optometrist and requires a vision benefit.

IMMUNIZATIONS												
Chicken Pox		Dose 2										
COVID-19 Vaccine	Per doctor's advice											
Dengue Vaccine							9 – 16 years living in dengue endemic areas in U.S. Territories AND have laboratory confirmation of previous dengue infection					
Diphtheria, Tetanus, Pertussis (DTaP)		Dose 5							One dose Tdap			
Flu (Influenza)****	Ages 3 – 18: 1 or 2 doses annually											
Human Papillomavirus (HPV)							Provides long-term protection against cervical and other cancers. 2 doses when started ages 9 – 14. 3 doses, all other ages.					
Measles, Mumps, Rubella (MMR)		Dose 2										
Meningitis*****									Dose 1		Age 16: One-time booster	
Pneumonia	Per doctor's advice											
Polio (IPV)		Dose 4										
CARE FOR PATIENTS WITH RISK FACTORS	**3Y**	**4Y**	**5Y**	**6Y**	**7Y**	**8Y**	**9Y**	**10Y**	**11Y**	**12Y**	**15Y**	**18Y**
BRCA Mutation Screening (Requires prior authorization)					Per doctor's advice							
Cholesterol Screening	Screening will be done based on the child's family history and risk factors											
Fluoride Varnish (Must use primary care doctor)	Ages 5 and younger											
Hepatitis B Screening									Per doctor's advice			
Hepatitis C Screening												●
Latent Tuberculosis Screening												High-risk
Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis)									For all sexually active individuals HIV routine check, once between ages 15 – 21			
Tuberculin Test	Per doctor's advice											

**** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.
***** Meningococcal B vaccine per doctor's advice.

Children: 6 Months to 18 Years[1]

PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION	
Oral Fluoride	For ages 6 months to 16 years whose primary water source is deficient in fluoride
PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE	
Children with a BMI in the 85th to 94th percentile (overweight) and the 95th to 98th percentile (obese) are eligible for:	• Additional annual preventive office visits specifically for obesity • Additional nutritional counseling visits specifically for obesity • Recommended lab tests: – Alanine aminotransferase (ALT) – Aspartate aminotransferase (AST) – Hemoglobin A1c or fasting glucose (FBS) – Cholesterol screening
Age 18 with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome	Nutritional counseling
ADULT DIABETES PREVENTION PROGRAM (DPP) AGE 18	
Applies to Adults 18+ • Without a diagnosis of diabetes (does not include a history of gestational diabetes) • Overweight or obese (determined by BMI) • Fasting Blood Glucose of 100–125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140–199mg/dl	Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss

Women's Health Preventive Schedule

SERVICES	
Contraception (Birth Control) Methods and Discussion*	All women planning or capable of pregnancy
Well-Woman Visits (Includes: Preconception and first prenatal visit, urinary incontinence screening)	Up to four visits each year for developmentally and age-appropriate preventive services
SCREENINGS/PROCEDURES	
Anxiety Screening	The Women's Preventive Services Initiative recommends screening for anxiety in adolescent girls and adult women, including those who are pregnant or postpartum.
Breast Cancer Diagnostic Screening for Women at Average Risk	Age 40 and older: Breast mammogram, MRI, ultrasound, biopsy, and pathology when there is no diagnosis of breast cancer
Breastfeeding (Lactation) Support and Counseling, and Costs for Equipment	During pregnancy and/or after delivery (postpartum)
Cervical Cancer Follow Up Diagnostic Tests for Women at Average Risk	• Members who had the recommended routine PAP and/or hrHPV cervical cancer screening test(s) and require additional follow up diagnostic testing to get to a definitive diagnosis of cervical cancer when there is no diagnosis of cervical cancer • Tests include follow up diagnostic cytology, biopsy, colposcopy, extended genotyping, dual stain, and pathologic evaluation when there is no diagnosis of cervical cancer
Diabetes Screening	Screen for diabetes in pregnancy at first prenatal visit or at weeks 24 – 28 and after pregnancy in women with a history of gestational diabetes and no diagnosis of diabetes.
HIV Screening and Discussion	• All sexually active women: Once a year • Ages 15 and older, receive a screening test for HIV at least once during their lifetime • Risk assessment and prevention education for HIV infection beginning at age 13 • Screen for HIV in all pregnant women upon initiation of prenatal care with rescreening during pregnancy based on risk factors
Intimate Partner and Domestic Violence Screening and Counseling (Provide or refer to intervention services)	Adolescent and adult women
Navigation Services**	Services for Cervical and Breast Cancer Screening
Nutritional Counseling	Ages 40 – 60 with normal BMI and overweight BMI
Sexually Transmitted Infections (STI) Discussion	All sexually active women: Once a year

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

** Navigation Services can be found in the My Highmark App, online at www.highmark.com, or by calling the number on the back of your ID card.

Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

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

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

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

https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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

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

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

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

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

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

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

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

אכטונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, 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 পিছনে থাকা নম্বরে ফোন করুন। (TTY:711)

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة 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).

توجہ 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).

Information About the Affordable Care Act (ACA)

This schedule is a reference tool for planning your family's preventive care, and lists items and services required under the Affordable Care Act (ACA), as amended. It is reviewed and updated periodically based on the advice of applicable laws and regulations, the Blue Cross Blue Shield Association and updates to clinical guidelines established by national medical organizations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at increased risk for a condition. Some services may require prior authorization. If you have questions about this schedule, prior authorizations, or your benefit coverage, please call the Member Service number on the back of your member ID card.

[1]Information About Children's Health Insurance Program (CHIP)

Because the Children's Health Insurance Program (CHIP) is a government-sponsored program and not subject to ACA, certain preventive benefits may not apply to CHIP members and/or may be subject to copayments.

The ACA authorizes coverage for certain additional preventive care services. These services do not apply to "grandfathered" plans. These plans were established before March 23, 2010, and have not changed their benefit structure. If your health coverage is a grandfathered plan, you would have received notice of this in your benefit materials.

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, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company. **Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.**

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, Highmark Health Insurance Company or Highmark Senior Solutions Company. **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.
Highmark Blue Cross Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Noom is an independent company that provides behavior change and lifestyle modification services to address weight management, prevention of type 2 diabetes and support for type 2 diabetes.

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

Sword Health, Inc is an independent company that provides wellness services for your health plan.

Sword Health Professionals provides its services through a group of independently owned professional practices consisting of Sword Health Care Providers, P.A., Sword Health Care Providers of NJ, P.C., and Sword Health Care Physical Therapy Providers of CA, P.C.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This is not a contract.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

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

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

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

https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Connect with us.

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



We’ve got your back.

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