

HIGHMARK BLUE SHIELD
SOUTHEASTERN PENNSYLVANIA REGION

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



For small groups with 50
or fewer employees

EFFECTIVE JANUARY 1, 2024



Because Life.™

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

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

Insurance offered by Highmark Health Insurance Company, 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.

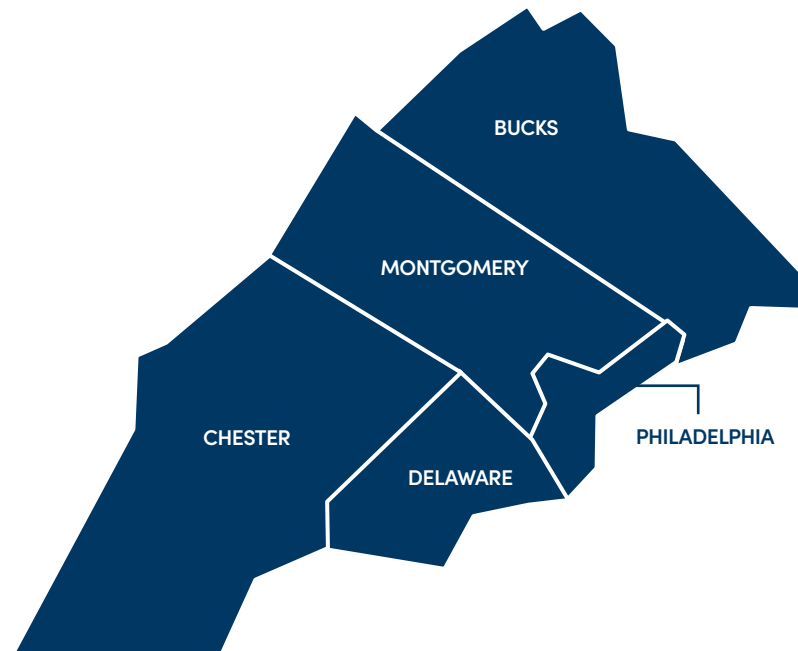
PPO Blue

PPO Blue (Broad network plan)

Plan highlights:

- Comprehensive in-network access nationwide.
- Site of service benefit available for basic and advanced diagnostic testing and imaging when utilizing in-network — “Member Savings Site” — freestanding facilities.
- 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.
- Included in this network are the facility listings in your area to the right, with BlueCard that extends coverage across the nation. (Remember that out-of-network providers do not participate and may cost more.)

Product Availability



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

Network Listing

BUCKS

- Doylestown Hospital
- Grand View Hospital
- Jefferson Health — Bucks Hospital
- Prime Healthcare — Lower Bucks Hospital
- St. Luke’s Hospital — Quakertown Campus
- St. Luke’s Hospital — Upper Bucks Campus
- Trinity Health — St. Mary Medical Center

CHESTER

- Main Line Health — Bryn Mawr Rehab Hospital
- Main Line Health — Paoli Hospital
- Penn Medicine — Chester County Hospital
- Tower Health — Phoenixville Hospital

DELAWARE

- Crozer Health — Chester Medical Center
- Crozer Health — Delaware County Memorial Hospital
- Crozer Health — Springfield Hospital
- Crozer Health — Taylor Hospital
- Main Line Health — Riddle Hospital

MONTGOMERY

- Holy Redeemer Hospital
- Jefferson Health — Abington Hospital
- Jefferson Health — Abington-Lansdale Hospital
- Jefferson Health — Einstein Medical Center Elkins Park
- Jefferson Health — Jefferson Einstein Montgomery Hospital
- Main Line Health — Bryn Mawr Hospital
- Main Line Health — Lankenau Medical Center
- Prime Healthcare — Suburban Community Hospital
- Tower Health — Pottstown Hospital

PHILADELPHIA

- Children’s Hospital of Philadelphia
- Jefferson Health — Frankford Hospital
- Jefferson Health — Jefferson Einstein Hospital
- Jefferson Health — Methodist Hospital
- Jefferson Health — Thomas Jefferson University Hospital
- Jefferson Health — Torresdale Hospital
- Penn Medicine — Hospital of the University of Pennsylvania
- Penn Medicine — Penn Presbyterian Medical Center
- Penn Medicine — Pennsylvania Hospital
- Prime Healthcare — Roxborough Memorial Hospital
- Temple Health — Chestnut Hill Hospital
- Temple Health — Fox Chase Cancer Center
- Temple Health — Temple University Hospital
- Tower Health — St. Christopher’s Hospital for Children
- Wills Eye Hospital

OUT-OF-AREA

- Local Blue Cross and/or Blue Shield (BlueCard) providers outside of Pennsylvania participate at the In-Network Level of Benefits.

Provider list as of December 2023. Please refer to the online Find a Doctor tool at highmarkbs.com for a listing of network hospitals. The Find a Doctor online directory is regularly updated. Please check this directory before receiving any care or services to ensure the provider is in network with Highmark.

The BlueCard Program – With the BlueCard program, your coverage travels with you. When you enroll in a Highmark plan, you have access to thousands of providers and hospitals nationwide. Getting access to care is as easy as presenting your Highmark identification (ID) card. When you are outside of Pennsylvania, providers who participate with the local Blue Cross and Blue Shield plan will recognize and honor your card.

HIGHMARK HEALTH INSURANCE COMPANY†
2024 PPO Blue Plans**

Bucks, Chester, Delaware, Montgomery, and Philadelphia counties

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE AND COPAYS)¹		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT²	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY/IMAGING)	BASIC DIAGNOSTICS (IMAGING/X-RAY)	ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)	RX (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	IN-NETWORK	LOW-COST GENERIC/STANDARD GENERIC/BRAND FORMULARY/NON-FORMULARY/SPECIALTY FORMULARY/SPECIALTY NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS												
Platinum	PPO Blue \$0 100/80 Platinum	\$0	\$1,500	100%	80%	\$4,000	\$8,000	\$20	\$35	\$45	\$25	\$200 per day, up to five days, then \$0	\$175	Member savings site: \$20 All others: \$40	Member savings site: \$30 All others: \$60	Member savings site: \$100 All others: \$200	\$3/\$10/\$50/\$90/20%/30%	
Gold	PPO Blue \$0 100/80 Gold	\$0	\$500	100%	80%	\$9,100	\$18,200	\$35	\$80	\$90	\$250	\$500 per day, up to five days, then \$0	\$500	Member savings site: \$0 All others: 20%	Member savings site: \$80 All others: \$160	Member savings site: \$150 All others: \$300	\$3/\$15/\$60/\$150/20%/30%	
Gold	PPO Blue \$500 100/80 Gold	\$500	\$1,000	100%	80%	\$9,100	\$18,200	\$30	\$70	\$75	\$0 after ded.	\$0 after ded.	\$405	Member savings site: \$65 All others: \$130	Member savings site: \$65 All others: \$130	Member savings site: \$375 All others: \$750	\$3/\$20/\$60/\$90/20%/30%	
Gold	PPO Blue \$1000 100/80 Gold	\$1,000	\$2,000	100%	80%	\$9,100	\$18,200	\$30	\$60	\$70	\$100 after ded.	\$0 after ded.	\$350	Member savings site: \$60 All others: \$120	Member savings site: \$60 All others: \$120	Member savings site: \$350 All others: \$700	\$3/\$40/\$80/\$125/20%/30%	
Gold	PPO Blue \$1400 100/80 Gold	\$1,400	\$2,800	100%	80%	\$8,000	\$16,000	\$20	\$50	\$60	\$100	\$0 after ded.	\$250	Member savings site: \$50 after ded. All others: \$100 after ded.	Member savings site: \$50 after ded. All others: \$100 after ded.	Member savings site: \$200 after ded. All others: \$400 after ded.	\$3/\$15/\$70/\$150/20%/30%	
Gold	PPO Blue Qualified \$1600 100/80 Gold	\$1,600	\$3,200	100%	80%	\$5,000	\$10,000	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$175 after ded.	\$0 after ded.	\$0 after ded.	Member savings site: \$0 after ded. All others: 20% after ded.	Member savings site: \$0 after ded. All others: 20% after ded.	Member savings site: \$0 after ded. All others: 20% after ded.	\$3/\$10/\$50/\$90/20%/30%	
Gold	PPO Blue Qualified \$2400 95/75 Gold	\$2,400	\$4,800	95%	75%	\$7,450	\$14,900	5% after ded.	\$20 after ded.	\$30 after ded.	5% after ded.	5% after ded.	5% after ded.	Member savings site: 5% after ded. All others: 5% after ded.	Member savings site: 5% after ded. All others: 5% after ded.	Member savings site: 5% after ded. All others: 5% after ded.	\$0 after ded.	
Gold	PPO Blue \$2500 100/80 Gold	\$2,500	\$5,000	100%	80%	\$7,000	\$14,000	\$40	\$80	\$90	\$0 after ded.	\$0 after ded.	\$400	Member savings site: \$0 after ded. All other network providers: 20% after ded.	Member savings site: \$70 All other network providers: \$140	Member savings site: \$150 All others: \$300	\$3/\$20/\$60/\$90/20%/30%	

* Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.
† Plans offered by Highmark Health Insurance Company.
** PremierBlue Shield Preferred Professional Provider Network and the Highmark Blue Shield Participating Facility Provider Network.
Please refer to page 16 for footnotes.
To view the full benefit grid, click on the product name above or contact your local broker.

Continued on next page...

HIGHMARK HEALTH INSURANCE COMPANY†
2024 PPO Blue Plans **

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METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		COINSURANCE		OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE AND COPAYS) ¹		PRIMARY CARE OFFICE VISIT	SPECIALIST OFFICE VISIT ²	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY/IMAGING)	BASIC DIAGNOSTICS (IMAGING/X-RAY)	ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET)	RX (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		PLAN PAYS		MEMBER PAYS											
Gold	PPO Blue Qualified Embedded \$3200 1x 100/80 Gold	\$3,200 — 1x family	\$6,400 — 1x family	100%	80%	\$7,000 — 1x family	\$14,000 — 1x family	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	Member savings site: \$0 after ded. All others: 20% after ded.	Member savings site: \$0 after ded. All others: 20% after ded.	Member savings site: \$0 after ded. All others: 20% after ded.	\$3/\$10/\$50/\$90/20%/30%
Gold	PPO Blue \$3500 100/80 Gold	\$3,500	\$7,000	100%	80%	\$7,450	\$14,900	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	Member savings site: \$0 after ded. All others: 20% after ded.	Member savings site: \$0 after ded. All others: 20% after ded.	Member savings site: \$0 after ded. All others: 20% after ded.	\$3/\$15/\$75/\$125/20%/30%
Silver	PPO Blue \$0 100/80 Silver	\$0	\$1,000	100%	80%	\$9,450	\$18,900	\$60	\$80	\$90	\$200	\$500	\$650	Member savings site: \$75 All others: \$150	Member savings site: \$150 All others: \$300	Member savings site: \$500 All others: \$1,000	\$3/\$40/\$80/\$125/20%/30%
Silver	PPO Blue \$3800 70/50 Silver	\$3,800	\$7,600	70%	50%	\$9,100	\$18,200	\$40	\$80	\$90	30% after ded.	30% after ded.	30% after ded.	Member savings site: 30% after ded. All others: 50% after ded.	Member savings site: 30% after ded. All others: 50% after ded.	Member savings site: 30% after ded. All others: 50% after ded.	\$3/\$40/\$80/\$125/20%/30%
Silver	PPO Blue Qualified Embedded \$4250 100/80 Silver	\$4,250	\$8,500	100%	80%	\$7,500	\$15,000	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	Member savings site: \$0 after ded. All other network providers: 20% after ded.	Member savings site: \$0 after ded. All other network providers: 20% after ded.	Member savings site: \$0 after ded. All others: 20% after ded.	\$3/\$40/\$75/\$150/20%/30%
Silver	PPO Blue PPO \$4500 100/80 Silver	\$4,500	\$9,000	100%	80%	\$9,100	\$18,200	\$40	\$70	\$80	\$200 after ded.	\$0 after ded.	\$355 after ded.	Member savings site: \$70 All others: \$140	Member savings site: \$70 All others: \$140	Member savings site: \$300 after ded All others: \$600 after ded.	\$3/\$40/\$80/\$125/20%/30%
Bronze	PPO Blue Qualified Embedded \$7350 100/80 Bronze	\$7,350	\$14,700	100%	80%	\$7,350	\$14,700	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	\$0 after ded.	Member savings site: \$0 after ded. All others: 20% after ded.	Member savings site: \$0 after ded. All others: 20% after ded.	Member savings site: \$0 after ded. All others: 20% after ded.	\$0 after ded.

* Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.

** PremierBlue Shield Preferred Professional Provider Network and the Highmark Blue Shield Participating Facility Provider Network.

Please refer to page 16 for footnotes.

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

† Plans offered by Highmark Health Insurance Company.



Extra resources you won't find in other plans

BLUECARD AND BLUE CROSS BLUE SHIELD GLOBAL[®] CORE PROGRAM

Coverage that goes where your employees go.

Around town or coast to coast, your employees get access to 1.7 million providers and 95% of hospitals, 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 CALLSM

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.

COPAY ARMOR POWERED BY PILLARRX

Help your employees save on medications.

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



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.

BLUE365SM

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.

CARE COST ESTIMATOR

Employees can know what they'll owe for care.

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

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. myhighmark.com

IMPORTANT PLAN DETAILS:

- ¹ Out-of-pocket maximum calculation includes deductible, copayment, and coinsurance.
- ² Specialist cost-sharing amounts also apply to outpatient: mental health, behavior health, substance abuse, chiropractic, physical therapy, and speech therapy office visits.
- ³ Rx information displayed: Retail up to 31-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.

NON-EMBEDDED PLANS:

In this approach, the entire Family deductible must be met before any family member is eligible for payment of benefits. Additionally, the entire Family out-of-pocket (maximum) must be met before the plan begins paying 100%. One family member may satisfy the entire Family deductible and/or OOP.

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

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

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

Notes

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

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 Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company 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.

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.

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.

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

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

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

Blue Distinction® Specialty Care is a registered mark of the Blue Cross Blue Shield Association. Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers’ need for affordable health care. Each provider’s cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans’ areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. Total Care (“Total Care”) providers have met national criteria based on provider commitment to deliver value-based care to a population of Blue members. Total Care+ providers also met a goal of delivering quality care at a lower total cost relative to other providers in their area. Program details are displayed on www.bcbs.com. 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>.

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 사용하지는 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 (TTY:711) পিছনে থাকা নম্বরে ফোন করুন।

تنبيه: إذا كنت تتحدث اللغة العربية، فينالك 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).

توجه فرمائیں: اگر 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 librang 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).



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