



Highmark Medigap Blue Subscribers: You are eligible to enroll in the Whole Health Balance Program! This option allows you to add to your Highmark Medigap Blue plan vision, hearing, dental and fitness benefits for an additional monthly cost of \$34.50. Now you can enjoy routine coverage for these popular benefits that Medicare does not cover, while keeping the freedom of your current Medigap Blue plan.

Routine Vision (Office Visit)	1 Every Year, \$0 copay
Routine Vision (Eyewear)	Davis Vision® Fashion Collection Standard Eyeglass lenses and frames or select contact lenses are covered in full. A \$100 benefit maximum applies to non-standard frames and a \$100 benefit maximum for specialty contact lenses.
Routine Hearing Exam	1 Every Year, \$40 copay
Routine Hearing (Hearing Aids)	2 Hearing Aids Every year; Advanced – \$699 copay; TruHearing® Premium – \$999 copay
Routine Dental (Office Visit)	\$30 Copay 1 Every Six Months
Routine Dental (X-Ray)	\$25 Copay 1 Every Year
Fitness Benefit	FitOn Health

**Call now to learn more about this
new benefit option and enroll today!
1-844-614-0338**

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.

Highmark is a registered mark of Highmark Inc. Medigap Blue is a service mark of the Blue Cross and Blue Shield Association. Davis Vision® is a wholly-owned subsidiary of HVHC Inc. TruHearing® is a registered trademark of TruHearing, Inc. FitOn Inc. is a separate company that administers fitness benefits.

Blue Shield and the Shield symbol is a registered service mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Discrimination is Against the Law

The Plan 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 Plan 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 Plan 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 Plan 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 Plan:

- 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 Plan 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>.

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us the number on the back of your ID card (TTY:711). Someone who speaks English can help you. This is a free service.

Tenemos servicios gratis de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para obtener un intérprete, simplemente llámenos al número que figura en la parte de atrás de su tarjeta de ID (TTY: 711). Alguien que hable español puede ayudarlo. Este servicio es gratis.

我們免費提供口譯服務，為您解答有關我們健康計劃或藥物計劃的任何疑問。如需口譯服務，只需撥打您 ID 卡背面的電話號碼（TTY：711）與我們聯繫即可。說中文的工作人員可為您提供幫助。此項服務免費。

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Mayroon kaming mga libreng serbisyo ng interpreter para sagutin ang anumang tanong na posibleng mayroon ka tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa numero sa likod ng iyong ID card (TTY:711). May taong nagsasalita ng Tagalog na makakatulong sa iyo. Isa itong libreng serbisyo.

Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous vous posez sur notre régime d'assurance maladie ou d'assurance médicaments. Pour obtenir un interprète, il suffit de nous appeler au numéro figurant au dos de votre carte de membre (Téléscripteur : 711). Une personne parlant français pourra vous aider. Ce service est gratuit.

Chúng tôi cung cấp dịch vụ thông dịch miễn phí để giải đáp mọi thắc mắc của quý vị về chương trình sức khỏe hoặc thuốc của chúng tôi. Để có thông dịch viên, chỉ cần gọi cho chúng tôi theo số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711). Ai đó nói Tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

Wir verfügen über kostenlose Dolmetschdienste, damit Sie alle eventuellen Fragen zu unserer Krankenversicherung oder zur Medikamenten-Zusatzversicherung klären können. Rufen Sie uns hierzu bitte unter der Nummer an, die auf der Rückseite Ihrer Versicherungskarte angegeben ist (TTY:711). Jemand, der Deutsch spricht, wird Ihnen behilflich sein. Dies ist ein kostenloser Service.

لدينا خدمات ترجمة فورية مجانية للإجابة عن أي أسئلة قد تراودك حول خطتنا الصحية أو الدوائية. للحصول على مترجم فوري، فقط اتصل بنا على الرقم الموجود على ظهر بطاقتك التعريفية (الهاتف النصي: 711). ويمكن لشخص يتحدث العربية مساعدتك. هذه خدمة مجانية.

건강 또는 약물 플랜에 대한 귀하의 질문에 답변해 드릴 수 있는 무료 통역 서비스를 제공해 드립니다. 통역사를 구하려면 ID 카드 뒷면에 있는 번호(TTY: 711)로 전화하십시오. 한국어(를) 말할 수 있는 직원이 도와드릴 수 있습니다. 이 서비스는 무료로 제공됩니다.

Мы предоставляем бесплатные услуги устного перевода, чтобы помочь вам получить ответы на любые вопросы, которые могут у вас возникнуть в отношении нашего медицинского плана или плана лекарственных препаратов. Чтобы заказать услуги переводчика, просто позвоните нам по номеру, указанному на обратной стороне вашей ID-карты (TTY:711). Один из наших переводчиков, специализацией которого является русский язык, поможет вам. Эта услуга предоставляется бесплатно.

हमारे पास हमारी स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए मुफ्त दुभाषिया सेवाएँ हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें अपने ID कार्ड के पीछे दिए गए नंबर (TTY:711) पर कॉल करें। हिंदी बोलने वाला कोई व्यक्ति आपकी सहायता कर सकता है। यह एक निःशुल्क सेवा है।

Disponiamo di servizi di interpretariato gratuiti per rispondere a ogni sua domanda riguardo al suo piano sanitario o farmaceutico. Per ottenere l'assistenza di un interprete, ci contatti al numero indicato sul retro della sua tessera identificativa (TTY: 711). Qualcuno che parla italiano la aiuterà. Il servizio è gratuito.

Temos serviços de interpretação gratuitos para esclarecer suas dúvidas sobre nosso plano de saúde ou de medicamentos. Para contar com um intérprete, ligue para o número fornecido para o seu estado de residência. Alguém que fale Português pode ajudar você. Este é um serviço gratuito.

Nou gen sèvis entèpretasyon gratis pou reponn ak nenpòt kesyon ou ta ka genyen sou plan asirans sante oswa medikaman nou an. Pou jwenn yon entèprèt ede w, senpleman rele nimewo ki sou do kat idantite w la (TTY:711). Yon moun ki pale Kreyòl Ayisyen ap ede w. Sèvis sa a gratis.

Dysponujemy darmowymi usługami tłumaczeniowymi, dzięki którym może Pan/Pani uzyskać odpowiedzi na pytania dotyczące naszego planu zdrowia lub leków. Aby uzyskać pomoc tłumacza, wystarczyć zadzwonić pod numer podany z tyłu karty identyfikacyjnej (TTY:711). Ktoś, kto zna język polsku, może Panu/Pani pomóc. Ta usługa jest darmowa.

当院では、無料の通訳サービスを用意し、治療や投薬計画に関するご質問にお答えしています。通訳を手配したい場合は、IDカードの裏に記載されている番号 (TTY:711) までお電話でご連絡ください。日本語 話せる者が対応をお手伝いします。サービスは無料でご利用いただけます。