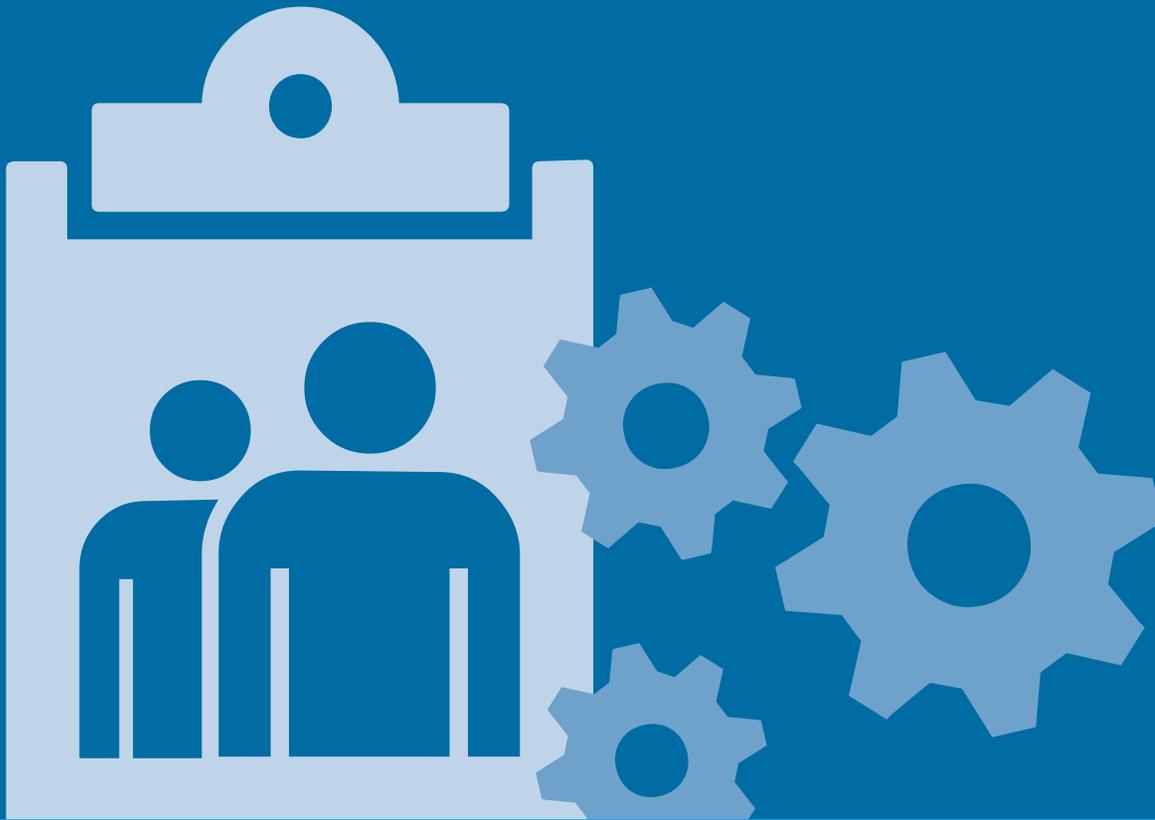


# CLINICAL PROGRAMS AND SERVICES FOR HIGHMARK MEMBERS

2019-2020



# Clinical Programs and Services for Highmark Members

The Highmark Member Clinical Programs and Services catalog is a reference guide for health care providers. It is designed to assist in understanding the full range of programs and services available to Highmark members. It contains useful information and resources to give providers a comprehensive understanding of the programs offered to Highmark members in all service areas and for all lines of business. Providers should be aware that programs may be discontinued or additional information may become available and the catalog will be updated accordingly. Also, coverage for each program may vary based on member benefits and providers should encourage members to consult their benefit documentation for coverage details.

Highmark encourages providers to identify members who can benefit from Highmark programs and services. Please use the Case Management Referral and Inquiry link available via NaviNet® to submit a referral electronically or the Highmark Clinical Services Referral Form found on the Provider Resource Center to submit a referral via the dedicated referral fax number at **1-888-344-3455** unless otherwise noted in the program description, as several programs have a separate referral process.

Clinical Care & Wellness Services	Line of Business			Region*		
	Commercial	Medicare Advantage	ACA	PA	WVA	DE
<b>CLINICAL CARE</b>						
<p><b>Behavioral Health</b></p> <p>This program is appropriate for children, adolescents, and adults and includes a comprehensive assessment that encompasses several mental health conditions; bipolar disorders, anxiety disorders, depression, substance abuse, eating disorders, and schizophrenia or other psychotic disorder. Questions on neuropsychiatric testing, grief and loss, and a section on symptom reduction allow the case manager to track the impact of their condition on areas such as work and school, home, and social life.</p>	●	●	●	●	●	●
<p><b>Complex Case Management (CCM)</b></p> <p>This program is appropriate for an adult or pediatric member who has both complex medical conditions and high utilization, often accompanied by intensive service coordination and/or psychosocial support needs. It is a condition non-specific program by design and seeks to engage members based on the above criteria to reduce unnecessary inpatient admissions and emergency department visits. Registered nurse case managers work to coordinate care through a primary care provider (PCP) and provide education about other resource options, such as urgent-care and walk-in clinics. The program utilizes a multidisciplinary care team approach, which fosters collaboration and enhances coordination between Utilization Management, Case Management, Disease Management, Pharmacy, Behavioral Health, Social Work, Wellness, Medical Directors, and Providers through referral and consultation to more fully meet member needs.</p>	●	●	●	●	●	●

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<p><b>Transition of Care (TOC)</b></p> <p>This program identifies members who are scheduled for certain inpatient hospital procedures for pre-op and post-discharge outreach calls, as well as any member who may have an unplanned admission to the hospital who is discharged to a home setting. The main focus of this program is to perform assessment of the 4 pillars of the Care Transitions Program® to support members and family during care transition, when they are most vulnerable to care errors. These pillars include Medication Self-Management, Red Flags, PCP Follow-up, and Dynamic Patient-Centered Health Record.</p>	●	●	●	●	●	●
<b>DISEASE MANAGEMENT</b>						
<p><b>Asthma</b></p> <p>This program focuses on a plan of care for adults and children diagnosed with asthma that includes assessment questions specific for the three age groups recommended by the Expert Panel from the National Asthma Education and Prevention Program (NAEPP). Emphasis is placed on issues critical to asthma management, such as identification of the member's current level of asthma control by assessing daytime and nighttime asthma symptom frequency, excessive use of relief medications, the number of ER or urgent care visits or hospitalizations, the extent to which asthma symptoms affect daily activity, and the results of pulmonary function tests.</p>	●	●	●	●	●	●
<p><b>Coronary Artery Disease (CAD)</b></p> <p>This program is for the adult member diagnosed with CAD. Other conditions or diseases considered risk factors for CAD or that contribute to the risk for disease related complications — such as myocardial infarction, atrial fibrillation, diabetes, stroke, or carotid artery disease — are also assessed in this program. Vascular disease assessment is expanded to address venous and arterial insufficiency separately. This program focuses on the proper management of CAD, provides education regarding the disease process with emphasis on healthy lifestyle changes and self-management, and provides appropriate interventions with the goal of preventing avoidable adverse health outcomes and decreasing hospitalizations.</p>	●	●	●	●	●	●

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<p><b>Congestive Heart Failure (CHF)</b></p> <p>This program is appropriate for the adult member diagnosed with CHF. Assessments focus on the following: symptom assessment and provider monitoring, the New York Health Association (NYHA) Heart Failure Classification and stage-related effects on activities of daily living, strict medication, fluid restriction adherence, and careful management of comorbidities. Methods supporting the member's self-management serve to minimize symptoms, avoid hospitalizations and readmissions, and improve the member's quality of life. The program includes updates from the American Heart Association and the American College of Cardiology and Focused Update: ACCF/AHA Guidelines for the Diagnosis and Management of Heart Failure in Adults.</p>	●	●	●	●	●	●
<p><b>Chronic Obstructive Pulmonary Disease (COPD)</b></p> <p>This program focuses on the proper management of this chronic condition in an attempt to decrease ED visits and hospitalizations and help the member successfully manage the disease and its symptoms. Based on the Global Initiative for Chronic Obstructive Lung Disease (GOLD) standards, questions are included that assess the member's specific symptoms, risk factors, systemic effects, and the impact the disease has on the member's everyday activities. Common comorbid conditions that may impact the member with this condition are assessed as part of the treatment plan.</p>	●	●	●	●	●	●
<p><b>Depression Program</b></p> <p>This program is used to document member-related clinical activity related to a specific focus on depression. It enables Behavioral Health Specialists to assist members to select and access behavioral health resources and adhere more closely with their specialists' plans of care relative to a range of issues such as medication adherence, use of self-help supports and community resources, and other psychosocial needs members may have as it relates to symptoms of depression. Behavioral Health Specialists use the clinical program structure to interact with members on a short or longer term basis, depending on members' needs.</p>	●	●	●	●	●	●
<p><b>Diabetes</b></p> <p>This program is appropriate for adults or children diagnosed with either diabetes type 1 or type 2. Questions center on the current treatment plan, frequency of appropriate testing, and disease-related complications. The program reflects the current American Diabetes Association recommendations for target A1C values, annual eye and foot exams, and blood glucose monitoring (including continuous glucose monitoring). A pediatric diabetes questionnaire incorporates the growth and development needs of a pediatric member with diabetes.</p>	●	●	●	●	●	●

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<p><b>Metabolic Syndrome</b></p> <p>This program is appropriate for adult members with an increased risk of cardiovascular events due to factors historically evaluated individually, such as increased abdominal girth, elevated fasting blood sugar and triglyceride levels, low HDL levels, pre-hypertension, and smoking history. It provides education and support for members who need to address the specific risk factors that separately may not appear to be significant but, when combined, create a significant potential for a cardiac event and type 2 diabetes.</p>	●			●	●	●
<p><b>Musculoskeletal</b></p> <p>This program is appropriate for adults with acute or chronic low back pain, rheumatoid and osteoarthritis pain, and other musculoskeletal pain that can be the result of a disease process or an injury. The aim of this program is to optimize members' adherence to follow-up care or therapy and to help members relieve or manage their musculoskeletal pain to return to their prior level of functioning. New to this program is a section focusing exclusively on low back pain, its cause, treatment, and assessment of its impact on work and activities of daily living. The program's questions ensure members are assessed for appropriate testing, services, and care they need to manage pain.</p>	●			●	●	●
<b>SOCIAL WORK</b>						
<p><b>Social Support</b></p> <p>This program focuses on assisting members who are experiencing difficulties in areas of their life that can impact their health, well-being, and access to care. Licensed, master's-level social workers will telephonically partner with members to conduct a complete needs assessment, explore Social Determinants of Health (SDOH) that may be barriers to their care, and develop a plan to explore and contact agencies, resources, and programs that may be of assistance. Areas where the social work team can assist may include: financial concerns related to food/rent/mortgage/utilities; housing and placement difficulties — instability, homelessness, adaptations (ramps, safety), level of care (skilled, custodial, assisted living); transportation challenges — lack of vehicle or driver for medical and non-medical needs; caregiver support or care planning needs; income, employment or insurance concerns and questions; financial difficulties related to medication costs, copays, medical bills; end of life decisions — POA, Living Will, palliative/hospice care; and discharge planning.</p>	●	●	●	●	●	●

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<b>WELLNESS AND PREVENTION</b>						
<p><b>BLUE 365 Member Discount Program</b></p> <p>This program is an online national discount directory that gives members exclusive access to discounts and savings from leading national companies. Discount categories include fitness, nutrition, hearing, vision, massage, acupuncture, chiropractic, etc. Example: Tivity Fitness Your Way program allows a member to join a network of fitness facilities (nearly 10,000 fitness locations nationwide) for a discounted rate. Members can access information regarding these type of programs via the member portal.</p>	●	●	●	●	●	●
<p><b>Comprehensive Lifestyle Program: Aim for Change</b></p> <p>The Aim for Change program is designed to help members learn more about healthy eating basics, the value of physical activity, and how both nutrition and physical activity are key to long-term weight management and improved health. This program is also designed to help members understand their lifestyle habits, plan for challenges, and equip them with the tools and resources needed to make informed healthy choices. Members can participate telephonically or through a self guided option.</p>	●	●	●	●	●	●
<p><b>Comprehensive Lifestyle Program: Daily Steps to Less Stress</b></p> <p>The Daily Steps to Less Stress Program is designed to provide members with a better understanding of what stress is and how it impacts their life. It seeks to provide effective skills to help members better cope with life's day-to-day ups and downs as well as helping members find balance, improve productivity and efficiency, learn skills to combat stress, and cultivate a sense of peace and develop healthier lifestyle habits. Members can choose to participate by working with a coach telephonically or through a self-guided option.</p>	●	●	●	●	●	●
<p><b>Comprehensive Lifestyle Program: Drop 10 in 10</b></p> <p>The Drop 10 in 10 Program is structured, session based 10-week program that is designed to help members build the skills to lose weight (10 pounds or 10% of their body weight in 10 weeks) and most importantly manage their weight for a lifetime. During the course of this program, coaches can help members learn the fundamentals of weight management, create an individualized weight management plan, and develop skills to sustain behavior change. Members can choose to participate by working with a coach telephonically, or through a self-guided option.</p>	●	●	●	●	●	●

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<p><b>Comprehensive Lifestyle Program: How to Be Tobacco-Free</b></p> <p>The How to Be Tobacco Free Program is a structured session-based tobacco cessation program. The program is designed for members who are ready to quit and want support, quitting tips, tools, and resources for quitting smoking, spit tobacco, or vaping. During the program, coaches support members through the quitting process from preparing to quit to setting a quit date and offers many skills and techniques to remain tobacco-free. Members can choose to participate by working with a coach telephonically or through a self-guided option.</p>	●	●	●	●	●	●
<p><b>Comprehensive Lifestyle Program: Time to Sleep Well</b></p> <p>The Time to Sleep Well Program is a structured session-based program that is designed to teach members techniques to help them sleep better. Members will assess their sleep habits, and coaches will help them to identify areas for improvement and learn proven strategies to get their best night's sleep. Members can choose to participate by working with a coach telephonically or through a self-guided option.</p>	●	●	●	●	●	●
<p><b>Diabetes Prevention Program</b></p> <p>The Diabetes Prevention Program (DPP) is a structured lifestyle and health behavior program certified by the Centers for Disease Control and Prevention (CDC). The purpose of the program is to prevent the onset of diabetes in individuals who are at risk of developing type 2 diabetes. The DPP is part of the preventative schedule and is covered at 100% with no associated costs to the member. The benefit limit is one per calendar year, and members must be eighteen years of age and older and meet program criteria to qualify. Highmark has partnered with Retrofit for an online/mobile program option as well as in-person program providers (in some areas, where available), for Commercial and ACA members. Please note that for Medicare Advantage, the only option is to participate in-person.</p>	●	●	●	●	●	●
<p><b>Livongo</b></p> <p>Program for diabetes support for employees and dependents covered by participating employer-sponsored health plan. The program includes a connected blood glucose meter, health coach, and unlimited strips at no cost.</p>	●			●	●	●

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<p><b>Personal Wellness Coaching</b></p> <p>Personal Wellness Coaching is designed to help a member engage in the right program based on their needs and readiness so that they can reach their goals. A wellness coach can review a health risk assessment and how it relates to the member's health risks, discuss health screening results and what the numbers mean, help the member set goals for improving their health through lifestyle changes, discover barriers and problem solve, connect the member to resources available through their health plan, employer, and community, and collaborate with case and disease managers to ensure the members get the appropriate resources.</p>	●	●	●	●	●	●
<p><b>Sharecare</b></p> <p>This is a digital platform that delivers personalized health and wellness information that empowers members to stay healthy and meet their wellness goals. Some of the key features include daily trackers, RealAge® test that provides tailored recommendations and tips to lower their RealAge, and a personalized health profile which displays procedures, medications, labs, and more. Eligible members can register at <a href="https://mycare.sharecare.com">https://mycare.sharecare.com</a> to take advantage of these features. Once registered, they can also download the Sharecare app for iOS or Android. Employers can also opt in to encourage participation through reward programs.</p>	●		●	●	●	●
<p><b>SilverSneakers®</b></p> <p>Exercise benefit for Medicare Advantage members providing free membership to health fitness centers.</p>		●		●	●	
<p><b>Welltok</b></p> <p>All Highmark Medicare Advantage members are automatically enrolled in the Highmark Passport Rewards Program and can earn rewards for completing certain preventive tests and screenings that are on their Personalized Wellness Program. All Highmark Medicare Advantage members will be mailed a Personalized Wellness Plan that includes the list of preventive tests and/or screenings that they should complete throughout the year that can help them stay healthy, avoid or delay the onset of disease, and keep current disease(s) from becoming worse or debilitating. Highmark will update members on their progress throughout the year so that they can see the preventive steps they have completed so far and the ones that are still open. Members can access their personalized wellness plan via an online portal to track and monitor their progress. The online portal also includes educational health content around the screenings or tests on their wellness plan.</p>		●		●	●	

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<b>HEALTH INFORMATION LINE</b>						
<b>Blues On Call</b> 24/7 nurseline to support members with clinical questions or concerns.	●	●	●	●	●	●
<b>ADDITIONAL RESOURCES/ PROGRAMS</b>						
<b>Baby Blueprints</b> The Baby Blueprints Program provides tools, education, information, and ongoing support to members throughout all stages of their maternity experience. Personalized support is offered by health coaches, and the program encourages women to take a more proactive role in their health during pregnancy and helps to support positive outcomes for both mother and baby.	●		●	●	●	●
<b>High Risk Pregnancy</b> The High Risk Pregnancy program addresses the risks and needs of women planning a pregnancy who have a history of high-risk pregnancy or who may at higher risk for complications secondary to fertility planning and treatments or other comorbidities such as asthma, diabetes, depression, or chronic pain. Assessment covers the prenatal period and the initial postpartum period to allow for collection of outcome data regarding the impact for both mother and baby.	●		●	●	●	●
<b>Oncology</b> This case management program is appropriate for an adult member who has both complex medical conditions and high utilization, often accompanied by intensive service coordination and/or psychosocial support needs. It is a condition-specific program for complex cancer that seeks to engage members based on the above criteria to reduce unnecessary inpatient admissions and emergency department visits and support members throughout their cancer journey (e.g., treatment plan, palliative care/hospice, remission).	●		●	●	●	●
<b>PALS (People Able to Lend Support)</b> PALS is a volunteer service credit program providing non-medical help to our members with Highmark medical coverage and Medicare. Carefully screened and trained PALS volunteers lend a hand with everyday activities, such as grocery shopping and simple household chores, even friendly phone calls and home visits. Volunteers give extra support to people, possibly even helping them to continue living independently in their own homes.		●		●	●	

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<p><b>Specialty Pediatrics/Neonates</b></p> <p>This program is appropriate for a neonate or pediatric member who has both complex medical conditions and high utilization, often accompanied by intensive service coordination and/or psychosocial support needs. It is member-specific to complex conditions that arise in those members from birth to age 18 and seeks to engage members based on the above criteria in an attempt to reduce unnecessary inpatient admissions and emergency department visits. The program utilizes a multidisciplinary care team approach which is designed to foster collaboration and enhance coordination between Utilization Management, Case Management, Disease Management, Pharmacy, Behavioral Health, Social Work, Wellness, Medical Directors, and Providers through referral and consultation to more fully meet member needs.</p>	●		●	●	●	●
<p><b>Transplant</b></p> <p>This case management program is appropriate for an adult or pediatric member who has both complex medical conditions and high utilization, often accompanied by intensive service coordination and/or psychosocial support needs. It is a condition-specific program for all solid organ transplants as well as bone marrow and stem cell transplants that encourages and facilitates use of Blue Distinction Centers for Transplant and seeks to engage members based on the above criteria in an attempt to reduce unnecessary inpatient admissions and emergency department visits.</p>	●		●	●	●	●
<p><b>Transportation Assistance</b></p> <p>Transportation resources may be available for Highmark members based on their line of business and area of residence (annual trip limits and mileage radius may be applicable). One example, Access2Care is ride assistance program that provides non-emergency transportation for Medicare Advantage members.</p>	●	●	●	●	●	●
<b>TELEMEDICINE</b>						
<p><b>Telemedicine</b></p> <p>Highmark partners with national telemedicine vendors including American Well, Doctor on Demand, DermatologistOnCall and Teladoc Health to offer Commercial and ACA members access to telemedicine services. (Vendor coverage varies and members should consult their benefit documentation for coverage details and cost-share information.) In addition, Highmark supports in-network providers and their patients through coverage of select telemedicine claims. See the Highmark Provider Resource Center for details on covered claims/services.</p>	●		●	●	●	●

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<b>TARGETED PROGRAMS</b>						
<p><b>Aspire (Chronic Condition Program)</b></p> <p>In collaboration with Aspire Health, the Aspire Chronic Condition program is designed to provide in-home support services for the patient and their family throughout the course of illness. Members are not required to be homebound or meet skilled level of care criteria to be eligible for services. In-home nurse practitioners work closely with the patient's physician to coordinate health care services, identify qualifying community resources, manage symptoms, provide emotional support, and align decisions regarding future care options. Working closely with the patient and physician, the clinical team seeks to improve the quality of member care outcomes by enhancing the patient and family understanding of the disease process, their medications, and prescribed treatment. The program's goal is to help ensure the patient gets the right care at the right time and in the most appropriate setting with clinical care team availability 24/7 to assist and guide patients and caregivers. Referrals to the Aspire program may be submitted using the Aspire referral process.</p>		●	●		●	
<p><b>Aspire (Advanced Illness/Home Visit Program)</b></p> <p>The Aspire AIS Home Visit Program is focused on caring for patients with a serious, life-limiting illness. In collaboration with Aspire Health, the AIS Home Visit Program is an innovative service offered free of charge. Led by palliative care professionals consisting of physicians, nurse practitioners, nurses, social workers and chaplains, services are delivered to patients primarily in the home. Members are not required to be homebound or meet skilled level of care criteria to be eligible for services. The team works with the patient, their family, and their physicians to assist with symptom management, goals of care discussions, and care coordination. By working closely with the patient and physician, the clinical team can enhance patient and family understanding of the disease process, medications and treatment, and provide psychosocial support. The program can also help ensure the patient gets the right care at the right time and in the most appropriate setting. The AIS Home Visit Program provides support services based on clinical need with clinical care team availability 24/7 to assist and guide patients and caregivers. Referrals to the Aspire program may be submitted using the Aspire referral process.</p>		●		●	●	

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<p><b>Blue Care Advantage, a Value-Based Insurance Design (VBID) (CMS Pilot)</b></p> <p>Highmark introduced Blue Care Advantage in 2017, a Medicare Advantage Value-Based Insurance Design pilot program that has been approved by the Centers for Medicare and Medicaid Services (CMS). Blue Care Advantage promotes better health to Security Blue HMO-POS ValueRx members living with diabetes and/or COPD. Eligible members are automatically enrolled (opt-out program) and must engage in regular care management touchpoints in order to receive enhanced benefits. Examples of these enhanced benefits include but are not limited to: four waived Specialist Visit copays if they see a Blue Care Advantage Preferred Specialist, transportation benefits, diabetics receive their retinal exams for no cost, one periodontal visit for scaling and rooting, etc. Providers in the following specialties in the Security Blue HMO-POS ValueRx network will be designated as a Blue Care Advantage Preferred Specialist: Cardiology, Endocrinology, Ophthalmology, Nephrology, Pulmonary Disease, and Podiatry.</p>		SECURITY BLUE VALUE RX		WPA: ALLEGHENY, ARMSTRONG, BEAVER, BUTLER, CAMBRIA, FAYETTE, GREENE, INDIANA, LAWRENCE, WASHINGTON, WESTMORELAND		
<p><b>Enhanced Community Care Management (ECCM)</b></p> <p>The ECCM program is designed to manage high-risk, chronically ill members/patients as part of Highmark's new Primary Care Model. ECCM criteria align with the Highmark Community Care Management criteria but is elevated to focus on the 95th percentile, managing enhanced care for the eligible members at this level. Primary program goals are to transform the delivery of care to patients through continuous care coordination, targeting the most at-risk members/patients via a physician-led, patient-centered care model focused on prevention, quality care, health outcomes and patient satisfaction. The ECCM program has Enhanced Community Care Managers embedded within Primary Care Physician (PCP) offices with the goal of developing strong relationships with the patients and the PCPs and building trust with the identified at-risk patients. ECCM is a team-based approach to address the patient's needs and plan and deliver care. Referrals to the ECCM program may be submitted using the ECCM referral process.</p>		●	●	●		

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The Highmark Clinical Member Programs and Services are offered for the providers' consideration and assessment, are not required by Highmark (other practices may be more suitable for the provider), are not to be viewed as a cause or basis of success under any pay for value program, and the provider's medical judgment must remain independent. Highmark shall not be liable for any adverse effects or consequences resulting from a provider's referral of a member to a Clinical Member Program or Service set forth in this catalogue. Highmark is also not recommending particular treatments or healthcare services and the Highmark Clinical Member Programs and Services are not intended to be a substitute for professional medical advice, diagnosis, or treatment.

#### Discrimination is Against the Law

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

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

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

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

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

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

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

ATTENTION: If you speak English, language 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，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）。

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).

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

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

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).

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).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (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).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (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.