

State of Delaware

Benefits worth flocking to.



2019-2020 Benefit Guide
Effective July 1, 2019

Customer Service: 1-844-459-6452



Three ways Highmark makes it simple.

Delaware State Employees and Pensioners,

We know choosing coverage is about more than just your health care. It's about peace of mind. That's why when you choose PPO BlueSM from Highmark Blue Cross Blue Shield Delaware, 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. And, as always, you get a complete local network with eight hospitals and over 4,000 doctors and specialists, right here in Delaware.

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



Nick Moriello
President, Highmark Blue Cross Blue Shield Delaware

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1

Nationwide access to providers through the BlueCard[®] program.

With your coverage, you get access to 96% of hospitals and 95% of doctors from coast to coast. And when you travel, you're covered in 190 countries. When we say big, we mean BIG.



2

Total support, day or night.

Whether it's 24/7 answers from registered nurses, access to video chat services for prescriptions or a diagnosis, or just some help booking your doctor visits, when you need us, we're there.



3

Easy access to top-performing specialists.

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

There's the short version.
For more details on what makes the choice even simpler, turn the page.

Health insurance so easy you'll forget it's health insurance.

Coverage questions? Don't wing it.

Get answers and info about your plan options from local Customer Care Advocates. Just call **844-459-6452**, Monday through Friday, from 8 am to 7 pm.

What's new for Blue Hens this year?

Here's a short list of the updates to our PPO Blue plans, starting July 1, 2019.

All PPO Plans

- We've added a new diabetes management program called Livongo.
- For wellness, we've added Sharecare® to give you personalized guidance that makes it simpler to live healthier.
- If you use our telemedicine program through Doctor On Demand or Amwell, there's no cost to you.

Comprehensive PPO Only

- For lab services, you'll only pay \$10 if you have them done at a non-hospital facility. If you get them done at a hospital facility, you'll pay \$50.
- For basic imaging (i.e., X-rays), there's no extra charge if you have them done at a non-hospital facility. If you get them done at a hospital facility, you'll pay \$50.
- For MRIs, MRAs, CTs, CTAs, and PET scans, there's no charge to you if you have them done at a freestanding facility. If you have them done at a hospital facility, you'll pay \$75.
- For emergency services, if you get them at a hospital Emergency Room, you'll pay \$200.

**That's it. We told you it'd be a short list.
Up next, plan highlights.**

How easy is it for
you to find care
and get care?

Almost too easy.



MYCARE NAVIGATOR*

Your appointments, booked for you.

It's as simple as calling 1-844-459-6452. We'll help you find the in-network doctor you need and reserve some space on their calendar for a checkup. Which means less on-hold music for you.



NO REFERRALS

No referrals, no red tape.

Lose the timewasting of going to an appointment just to get another appointment. See whichever in-network doctors you want to see. Or call 1-844-459-6452, and we'll find a specialist for you. No hoops, no hoopla.



BLUE DISTINCTION

See specialists who get better results.

Only doctors who consistently deliver safe, effective treatments make our Blue Distinction list. When you use our Find a Doctor tool, a special logo will be by their name, so you can cherry-pick a top-performing specialist for any care you need.



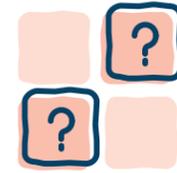
VIRTUAL VISITS

Face-to-face with a doctor, 24/7.

Need to see a doctor but don't want to leave your couch? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. Just call 844-459-6452. That's laid-back-in-a-recliner easy.

How simple is
it for you to get
answers and
reach your goals?

Super simple.



BLUES ON CALLSM

Answers from a health pro, 24/7.

Medical concerns during off hours? Just call 1-888-BLUE-428 to get support from a registered nurse or a health coach any time and put your worries to bed.



ONLINE TOOLS & 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 Doc tool, deductible progress, and claims status are all available online at highmarkbcbcsde.com.



COST ESTIMATOR

See what care might cost you.

Before making an appointment for a test, scan, or procedure, Cost Estimator helps you avoid a surprise on your bill after the fact.



WELLNESS

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Get guidance based on your lifestyle, trackers to measure your progress, and resources like Sharecare[®] to make healthy choices and keep you motivated. Once you're enrolled, visit mycare.sharecare.com.

Extra perks with Highmark? For you, absolutely.

DR. MATCH

Start a healthier doctor-patient relationship.

Answer a few quick questions at [DrMatchQuiz.com](https://www.DrMatchQuiz.com) so we know what care style you prefer. Based on your results, we'll show you local doctors who practice the way you like for a more personal connection.

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](https://www.blue365deals.com).

LIVONGO

Diabetes management, made simple.

This program includes a free blood glucose meter, testing supplies, and lifestyle support from a Certified Diabetes Educator. Plus, a powerful digital tool will help you keep track of it all.

VIRTUAL MEDICINE

Convenient care that's just a click away.

Visit [amwell.com](https://www.amwell.com) or [doctorondemand.com](https://www.doctorondemand.com), register, and download the mobile app. You can use either or both services, depending on availability in your area.

COMPLEX CASE MANAGEMENT

Help staying on track with treatments.

Our case managers are experts in making complex health situations simpler. They'll help you make a plan, and stick to it.

SHARECARE®

One-stop digital platform for wellness

Find out your RealAge®, track your health habits, and monitor sleep, stress, and fitness — in real time. Once you're enrolled, get started at [mycare.sharecare.com](https://www.mycare.sharecare.com).

DISEASE MANAGEMENT PROGRAMS

Help managing chronic conditions.

Receive one-on-one nurse support for conditions like asthma, diabetes, heart disease, and other chronic conditions.

DIABETES PREVENTION PROGRAM

Tips on how to avoid diabetes.

Lower your risk with simple, effective, real-world strategies.



Find out more about these benefits by logging in to your member website, [highmarkbcbsde.com](https://www.highmarkbcbsde.com).

What's covered, what's free, and everything in-between.

Your plan comes with a ton of great benefits. And as part of your membership, there's no extra cost for most in-network preventive care. If you want more details, visit highmarkbcbsde.com.

First State Basic Plan

This summary of benefits is intended to briefly highlight the health plans available. All percentages listed refer to Highmark Blue Cross Blue Shield Delaware's allowable charges.

Description of Benefit	In-Network Benefits	Out-of-Network Benefits
Deductibles-Plan Year	\$500 Individual, \$1,000 Family	\$1,000 Individual, \$2,000 Family
Total Maximum Out-of-Pocket Expenses (TMOOP) Plan Year (includes deductibles, copays and coinsurance)	\$2,000 Individual, \$4,000 Family	\$4,000 Individual, \$8,000 Family
Inpatient Room and Board	90% covered ^{1*}	70% covered ^{2*}
Inpatient Physician and Surgeon		
Outpatient Surgery		
Bariatric Surgery	See footnote ^{3,4}	See footnote ^{3,4}
Hospice	90% covered ^{1*}	70% covered ^{2*}
Home Care Services	90% covered 240 visits per plan year ^{1*}	70% covered 240 visits per plan year ^{2*}
Emergency Services	90% covered ^{1,3}	90% covered ^{1,3}
Urgent Care Services	\$25 copay	\$25 copay
Mental Health Care/ Substance Abuse Treatment		
Inpatient Hospital Care and Partial/ Intensive Outpatient Care	90% covered ^{1*}	70% covered ^{2*}
Outpatient Care	90% covered ¹	70% covered ²
Telemedicine Services	90% after deductible	Not covered

Description of Benefit	In-Network Benefits	Out-of-Network Benefits
Other Services		
Durable Medical Equipment	90% covered ¹	70% covered ²
Skilled Nursing Facility	90% covered 120-day limit (renewable after 180 days) ^{1*}	70% covered 120-day limit (renewable after 180 days) ^{2*}
Emergency Ambulance	90% covered ¹	70% covered ²
Physician Home/Office Visits (sick)		
Specialist Care		
Allergy Testing and Allergy Treatment		
Lab ^{***} and X-Ray	90% covered (Prior auth. required) ^{1*}	70% covered ²
MRIs, MRAs, CTs, CTAs PET Scans and Imaging Studies		
Short-Term Therapies: Physical, Speech, Occupational	90% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity) ¹	70% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity)
Annual PAP Smear and Gyn Exam	100% covered ⁶	70% covered ⁶
Periodic Physical Exams, Immunizations		
Mammograms - Routine		
Hearing Tests - Routine	100% covered ⁶	70% covered ⁶
Hearing Aids	90% covered up to the age of 24 ¹	70% covered up to the age of 24 ²
Chiropractic	90% covered /30 ⁷ visits per plan year ¹	75% covered /30 visits per plan year ²
All Infertility Services	75% covered /\$10,000 lifetime max ^{1,5*}	55% covered /\$10,000 lifetime max ^{2,5*}

Please note: Existing contracts and laws supercede any discrepancies with this brief benefits overview.

¹ In-network benefits are subject to a plan year deductible of \$500 per person (\$1,000 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the total maximum out-of-pocket totals \$2,000 per person (\$4,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.

² Out-of-network benefits are subject to a plan year deductible of \$1,000 per person (\$2,000 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the total maximum out-of-pocket totals \$4,000 per person (\$8,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.

³ Facility charges and professional services for bariatric surgery performed at a Blue Distinction Center for Bariatric Surgery (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating, but non-BDCBS facilities, all charges and services are subject to a 25% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

⁴ Facility charges and professional services for bariatric surgery performed at a non-participating facility are covered under the out-of-network benefit. All charges and

services are subject to a 45% coinsurance which does not accumulate toward any total maximum out-of-pocket limit. Members must meet eligibility criteria regardless of place of service.

⁵ Coinsurance does not apply toward the total maximum out-of-pocket expense limit on infertility services.

⁶ Not subject to deductible.

⁷ Your health plan benefit for chiropractic services includes visit limitations. The maximum number of visits allowed for a specific diagnosis is determined by medical necessity as provided to Highmark Delaware by your treating physician. In addition, services are limited to 30 days per plan year regardless of medical necessity except for visits for the purpose of treating back pain.

¹ Prior authorization or precertification is required. The list of applicable services is subject to change.

^{**} Cost-sharing is the responsibility of the member for any deductible or coinsurance.

^{***} To receive in-network benefits, be sure to use your designated lab facility.

This plan is subject to certain limitations and exclusions. See your Benefit Booklet and Summary of Benefits and Coverage for details.

Comprehensive PPO Plan

This summary of benefits is intended to briefly highlight the health plans available. All percentages listed refer to Highmark Blue Cross Blue Shield Delaware's allowable charges.

Description of Benefit	In-Network Benefits	Out-of-Network Benefits
Deductibles–Plan Year	None	\$300 Individual, \$600 Family
Total Maximum Out-of-Pocket Expense Limit Plan Year (includes copays and coinsurance)	\$4,500 Individual, \$9,000 Family	\$7,500 Individual, \$15,000 Family
Inpatient Room and Board*	\$100 copay per day for first 2 days of admission then covered at 100%*	80% covered ^{1*}
Inpatient Physician and Surgeon Services	100% covered ²	
Outpatient Surgery	Ambulatory Center: \$50 copay Outpatient Dept. Hosp.: \$100 copay	80% covered ¹
Bariatric Surgery	See footnote ²	See footnote ^{1,3}
Hospice	100% covered*	80% covered ^{1*}
Home Care Services	100% covered for up to 240 visits per plan year*	80% covered for up to 240 visits per plan year ^{1*}
Emergency Services	Facility: \$200 copay, waived if admitted	Facility: \$200 copay, waived if admitted
Urgent Care Services	\$20 copay	80% covered ¹
Telemedicine Services	100% covered	Not covered
Mental Health Care/ Substance Abuse Treatment		
Inpatient Hospital Care and Partial/Intensive Outpatient Care	\$100 copay per day for the first 2 days per admission then covered at 100% ⁵ (Partial / Intensive outpatient care are not subject to the \$100 copay)	80% covered ¹
Outpatient Care	\$20 copay per visit	80% covered ¹
Other Services		
Durable Medical Equipment	100% covered	80% covered ¹
Skilled Nursing Facility	100% covered for up to 120 days, renewable after 180 days without care*	80% covered for up to 120 days, renewable after 180 days without care ^{1*}
Emergency Ambulance	100% covered	100% covered

Description of Benefit	In-Network Benefits	Out-of-Network Benefits
Physician Home/ Office Visits (sick)	\$20 copay	
Specialist Care	\$30 copay	
Allergy Testing and Allergy Treatment	Testing: \$30 copay per visit Treatment: \$5 copay per visit	80% covered ¹
Lab*** and X-Ray	Lab: \$10 copay at Non-Hospital Affiliated Freestanding Facility/\$50 copay at Hospital Affiliated Facility X-Ray: 100% if done at a Non-Hospital Affiliated Freestanding Facility /\$50 copay at Hospital Affiliated Facility	
MRIs, MRAs, CTs, CTAs and PET Scans	100% if done at a Non-Hospital Affiliated Freestanding Facility \$75 copay per visit at Hospital Affiliated Facility (Prior auth. required)	80% covered ¹
Short-Term Therapies: Physical, Speech, Occupational	85% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity)	80% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity) ¹
Annual Pap Smear and Gyn Exam	100% covered	
Periodic Physical Exams, Immunizations	100% covered	80% covered ¹
Mammograms	100% covered	
Hearing Tests	100% covered	80% covered ¹
Hearing Aids	100% covered up to the age of 24	80% covered up to the age of 24 ¹
Chiropractic	85% covered /30 ⁶ visits per plan year	80% covered /30 visits per plan year ¹
All Infertility Services	75% covered /\$10,000 lifetime max ^{4*}	55% covered /\$10,000 lifetime max ^{1,4*}

Please note: Existing contracts and laws supercede any discrepancies with this brief benefits overview.

¹ Out-of-network benefits are subject to a plan year deductible of \$300 per person (\$600 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the total maximum out-of-pocket totals \$7,500 per person (\$15,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.

² Facility charges and professional services for bariatric surgery performed at a Blue Distinction Center for Bariatric Surgery (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating, but non-BDCBS facilities, all charges and services are subject to a 25% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

³ Facility charges and professional services for bariatric surgery performed at a non-participating facility are covered under the out-of-network benefit. All changes and services are subject to a 45% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

⁴ Coinsurance does not apply toward the total maximum out-of-pocket expense limit on infertility services.

⁵ In-network MH/SA benefit is for inpatient hospital care. Partial / intensive out patient care is covered at 100%

⁶ Your health plan benefit for chiropractic services includes visit limitations. The maximum number of visits allowed for a specific diagnosis is determined by medical necessity as provided to Highmark Delaware by your treating physician. In addition, services are limited to 30 days per plan year regardless of medical necessity except for visits for the purpose of treating back pain.

⁷ Prior authorization or precertification is required. The list of applicable services is subject to change.

^{**} Cost-sharing is the responsibility of the member for any deductible or coinsurance.

^{***} To receive in-network benefits, be sure to use your designated lab facility.

This plan is subject to certain limitations and exclusions. See your Benefit Booklet and Summary of Benefits and Coverage for details.

Summary of Benefits Medicare Supplement Plan

SPECIAL MEDICFILL (ADMINISTERED BY HIGHMARK DELAWARE)

State of Delaware Pensioners, spouses, and dependents who are enrolled in Medicare Part A and Part B for primary medical coverage and also eligible for or enrolled in the Highmark Delaware Special Medicfill Medicare Supplement plan, **DO NOT make changes in Special Medicfill coverage until a separate Open Enrollment period available in October 2019 for calendar year 2020.** This plan supplements Medicare. Unless otherwise indicated on the Benefit Highlights pages included in this booklet, benefits will be paid as noted only after Medicare pays its full amount.

The following chart provides a Summary of Benefits for the 2019 Highmark Delaware Special Medicfill Medicare Supplement plan offered through the State of Delaware Group Health Insurance Program for Medicare participants. This Summary of Benefits is intended as a highlight of the Special Medicfill Medicare Supplement plan available. A Summary Plan Booklet is available to view online at de.gov/statewidebenefits.

Description of Benefit	Medicare	Special Medicfill
Inpatient Hospital Days 1 thru 60	Pays all but the Part A deductible for each benefit period	Covers the Part A deductible
Inpatient Hospital Days 61 thru 90	Pays all but a specified dollar amount of coinsurance per day for each benefit period	Covers the specified dollar amount of coinsurance
Inpatient Hospital Days 91 thru 120	Pays nothing*	Covers care in a general hospital (except mental & nervous). These days may be used before Medicare's 60 lifetime reserve days. If lifetime reserve days are used, the Plan covers.
Inpatient Hospital Days 121 thru 365		
Hospice	Pays all for hospice care. Pays 95% of the Medicare-approved amount for up to 5 days of inpatient respite care. You must receive care from a Medicare certified hospice.	Covers 5% coinsurance for up to 5 days of inpatient respite care
Emergency Services	Pays all but a specified copayment for the hospital emergency room visit. Pays 80% of the Medicare-approved amount for the doctor's services, and the Part B deductible applies. Costs may be different if admitted to the hospital	Covers specified copayment for emergency room visit. Covers Part B deductible and 20% of the Medicare-approved amount for doctor's services
Prosthetics and Durable Medical Equipment	Pays 80% of the Medicare-approved amount after the Medicare Part B deductible	Covers Part B deductible and 20% of the Medicare-approved amount
Physician Home and Office Visits		

Description of Benefit	Medicare	Special Medicfill
Specialist Care / Chiropractic Care	Pays 80% of the Medicare-approved amount after the Medicare Part B deductible for specialist care and chiropractic manipulations. Pays nothing for any other services or tests ordered by a chiropractor	Covers Part B deductible and 20% of the Medicare-approved amount for specialist care and chiropractic manipulations. Covers nothing for any other services or tests ordered by a chiropractor
Emergency Ambulance	Pays 80% of the Medicare-approved amount after the Medicare Part B deductible	Covers Part B deductible and 20% of the Medicare-approved amount
X-Ray, Lab and Other Diagnostic Services, Radiation Therapy	Generally pays 80% of the Medicare-approved amount after the Medicare Part B deductible. Pays all for certain blood tests, urinalysis and some screening tests	Covers Part B deductible and 20% of the Medicare-approved amount. Covers nothing for services for which Medicare pays all
Outpatient Rehabilitation Services, Occupational Therapy, Physical Therapy, Speech Therapy	Pays 80% of the Medicare-approved amount after the Medicare Part B deductible	Covers Part B deductible and 20% of the Medicare-approved amount
Routine Gyn Exam, Pap Smear, Mammogram	Pays all for the lab Pap test, Pap test specimen collection, pelvic exam or the mammogram if the provider accepts assignment. Pap tests and pelvic exams generally covered once every 24 months. Screening mammograms covered once every 12 months for women age 40 and older, plus one baseline mammogram covered for women between 35-39.	When covered by Medicare, this Plan covers nothing. When Pap smear is not covered by Medicare, covers 100% of the Medicare-approved amount for a Pap smear every 12 months
Prostate Cancer Screening Exams (age 50 and over)	Pays all for the PSA test. For the digital rectal exam, pays 80% of the Medicare-approved amount after the Part B deductible. PSA and digital rectal exam covered once every 12 months	Covers nothing for PSA test. For digital rectal exam, covers Part B deductible and 20% of the Medicare-approved amount
Periodic Physical Exams	Pays all for the "Welcome to Medicare" preventive visit or the "Yearly Wellness Visit," if the provider accepts assignment. Yearly Wellness Visit covered once every 12 months.	Covers nothing for "Welcome to Medicare" preventive visit or "Yearly Wellness Visit"
Flu and Pneumonia Vaccines	Pays all if the provider accepts assignment Pneumonia —generally covered once per lifetime Flu —covered once per flu season	Covers nothing for flu and pneumonia vaccines
Routine Vision Exams	Not Covered	Not covered; however, discounts are available through your eyewear discount program administered by Davis Vision

*Medicare's 60 Lifetime Reserve Days may be used only once; they are not renewable.

Phew, that's a lot of good stuff. And somehow it just takes a tiny card with your name on it to get it all. Talk about simple.

Let's (en)roll with Highmark.

Health care lingo, translated.

When you're choosing a plan, 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.)

PREMIUM

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

DEDUCTIBLE

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

COPAY

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

COINSURANCE

The percentage you owe, after your deductible. For example, if your plan pays 80%, you pay 20%.

PLAN ALLOWANCE

The set amount your plan will pay for a health service, even if your provider bills for more.

IN-NETWORK PROVIDER

A doctor or hospital that accepts your plan allowance and cost-sharing as full payment. They won't bill you extra, but you could still have to pay your copays.

MAXIMUM OUT-OF-POCKET

The most you'd pay for covered care. If you hit this amount, your plan pays 100% after that.

One-to-one help, right in your neighborhood.

Throughout the month, we send our Customer Care Advocates to local community centers. If you prefer getting answers face-to-face, here's where and when to find them in your neck of the woods.*

NEW CASTLE COUNTY

Newark Senior Center
200 Whitechapel Drive
Newark, DE
302-737-2336
Second Tuesday of each month, 9 am to Noon

SUSSEX COUNTY

Lewes Senior Center
310A Nassau Park Road
Lewes, DE 19958
Fourth Friday of each month, 10 am to Noon

KENT COUNTY

Mamie Warren Senior Center
1775 Wheatleys Pond Road
Smyrna, DE
302-653-4078
First Wednesday of each month, 9:30 am to Noon

Modern Maturity Center

1121 Forest Ave, Route 8
Dover, DE
302-734-1200
First Thursday of each month, 9 am to 2 pm

**Sometimes things happen, so these dates might change if there's a holiday or really bad weather. Just to be sure, call Customer Service at 844-459-6452 before you head out.*

Our friends in the legal department asked us to include this. Enjoy all the nitty gritty details.

* There's a small handful of plans that aren't supported by My Care Navigator, but we're working on it.

Livongo® is a registered trademark of Livongo Health, Inc. Livongo is an independent company that provides a diabetes management program on behalf of Highmark.

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

Sharecare, RealAge Test and AskMD are registered trademarks of Sharecare, LLC., an independent and separate company that provides a consumer care engagement platform for Highmark members. Sharecare is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. Sharecare does not endorse any specific product service or treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable benefit agreement.

American Well and Doctor On Demand service availability is subject to state laws. American Well and Doctor On Demand are independent companies that provide telemedicine services and do not provide Blue Cross and/or Blue Shield products or services. American Well and Doctor On Demand are solely responsible for their telemedicine services.

myCare NavigatorSM is a service mark of Highmark Inc.

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. Blue Distinction 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 noncovered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

Highmark Blue Cross Blue Shield Delaware is the claims administrator for the self-funded employee health plan sponsored by the State of Delaware.

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association. Blue 365, Blue Distinction, Blue Distinction Centers, BlueCard®, Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association.

Discrimination is Against the Law

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

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

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

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

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

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

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

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

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

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

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

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

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

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعونة في اللغة المجانية متاحة لك. اتصل على الرقم 1-800-876-7639.

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

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

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

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

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

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

日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。 1-800-876-7639 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 1-800-876-7639 .

