## 2023 Preventive Schedule

**Effective 7/1/2023**

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

Preventive or routine care helps us stay well or finds problems early, when they are easier to treat. The preventive guidelines on this schedule depend on your age, gender, health, and family history. As a part of your health plan, you may be eligible to receive some of these preventive benefits with little to no cost sharing when using in-network providers. Make sure you know what is covered by your health plan and any requirements before you receive any of these services.

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

### Adults: Ages 19+

<table>
<thead>
<tr>
<th><strong>Female</strong></th>
<th><strong>Male</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>GENERAL HEALTH CARE</strong></td>
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<tr>
<td>Routine Checkup* (This exam is not the work- or school-related physical)</td>
<td>Ages 19 to 49: Every one to two years</td>
</tr>
<tr>
<td>Depression Screening</td>
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<tr>
<td>Illicit Drug Use Screening</td>
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<tr>
<td>Pelvic, Breast Exam</td>
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<tr>
<td><strong>SCREENINGS/PROCEDURES</strong></td>
<td></td>
</tr>
<tr>
<td>Abdominal Aortic Aneurysm Screening</td>
<td>Ages 65 to 75 who have ever smoked: One-time screening</td>
</tr>
<tr>
<td>Ambulatory Blood Pressure Monitoring</td>
<td>To confirm new diagnosis of high blood pressure before starting treatment</td>
</tr>
<tr>
<td>Breast Cancer Genetic (BRCA) Screening (Requires prior authorization)</td>
<td>Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk</td>
</tr>
<tr>
<td>Cholesterol (Lipid) Screening</td>
<td>Ages 20 and older: Once every five years</td>
</tr>
<tr>
<td>Colon Cancer Screening (Including Colonoscopy)</td>
<td>Ages 45 and older: Every one to 10 years, depending on screening test</td>
</tr>
<tr>
<td>Colon Cancer Screening</td>
<td>Ages 45 and older: Colonoscopy following a positive result obtained within one year by other mandated screening method</td>
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<tr>
<td>Certain Colonoscopy Preps With Prescription</td>
<td>Ages 45 and older: Once every 10 years</td>
</tr>
<tr>
<td>Diabetes Screening</td>
<td>High-risk: Ages 40 and older, once every three years</td>
</tr>
<tr>
<td>Hepatitis B Screening</td>
<td>High-risk</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Test</th>
<th>Recommended Age/Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis C Screening</strong></td>
<td>Ages 18 to 79</td>
</tr>
<tr>
<td><strong>Latent Tuberculosis Screening</strong></td>
<td>High-risk</td>
</tr>
<tr>
<td><strong>Lung Cancer Screening</strong></td>
<td>Ages 50 to 80 with 20-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years</td>
</tr>
<tr>
<td><strong>Mammogram</strong></td>
<td>Ages 40 and older: Once a year including 3D</td>
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<tr>
<td>**Osteoporosis (Bone Mineral Density)</td>
<td>Ages 65 and older: Once every two years, or younger if at risk as recommended by physician</td>
</tr>
<tr>
<td><strong>Screening</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cervical Cancer Screening</strong></td>
<td>• Ages 21 to 65 Pap: Every three years, or annually, per doctor's advice&lt;br&gt;• Ages 30 to 65: Every five years if HPV only or combined Pap and HPV are negative&lt;br&gt;• Ages 65 and older: Per doctor's advice</td>
</tr>
<tr>
<td><strong>Sexually Transmitted Disease (STD)</strong></td>
<td>• Sexually active males and females&lt;br&gt;• HIV screening for adults to age 65 in the general population and those at risk, then screening over age 65 with risk factors</td>
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</tbody>
</table>

### IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Recommended Age/Condition</th>
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<tbody>
<tr>
<td><strong>Chicken Pox (Varicella)</strong></td>
<td>Adults with no history of chicken pox: One two-dose series</td>
</tr>
<tr>
<td><strong>COVID-19 Vaccine</strong></td>
<td>Per doctor’s advice following CDC and Emergency Use Authorization Guidelines</td>
</tr>
<tr>
<td><strong>Diphtheria, Tetanus (Td/Tdap)</strong></td>
<td>One dose Tdap, then Td or Tdap booster every 10 years</td>
</tr>
<tr>
<td><strong>Flu (Influenza)</strong></td>
<td>Every year (Must get at your PCP’s office or designated pharmacy vaccination provider; call Member Service to verify that your vaccination provider is in the Highmark network)</td>
</tr>
<tr>
<td><strong>Haemophilus Influenzae Type B (Hib)</strong></td>
<td>For adults with certain medical conditions to prevent meningitis, pneumonia, and other serious infections; this vaccine does not provide protection against the flu and does not replace the annual flu vaccine</td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td>At-risk or per doctor’s advice: One two-, three-, or four-dose series</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>• Ages 19–59: Two to four doses per doctor’s advice&lt;br&gt;• Ages 60 and older: High-risk per doctor’s advice</td>
</tr>
<tr>
<td><strong>Human Papillomavirus (HPV)</strong></td>
<td>• To age 26: One three-dose series&lt;br&gt;• Ages 27 to 45, at-risk or per doctor’s advice</td>
</tr>
<tr>
<td><strong>Measles, Mumps, Rubella (MMR)</strong></td>
<td>One or two doses</td>
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<tr>
<td><strong>Meningitis</strong></td>
<td>At-risk or per doctor’s advice</td>
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<tr>
<td><strong>Pneumonia</strong></td>
<td>High-risk or ages 65 and older: One or two doses, per lifetime</td>
</tr>
<tr>
<td><strong>Shingles</strong></td>
<td>• Shingrix - Ages 50 and older: Two doses&lt;br&gt;• Ages 19 to 49: Immunocompromised per doctor’s advice</td>
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</tbody>
</table>

* Meningococcal B vaccine per doctor’s advice.
** Must get at your PCP’s office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.
### Preventive Drug Measures That Require a Doctor’s Prescription

<table>
<thead>
<tr>
<th>Drug Measure</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Aspirin</strong></td>
<td>Pregnant women at risk for preeclampsia</td>
</tr>
<tr>
<td><strong>Folic Acid</strong></td>
<td>Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid</td>
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<tr>
<td><strong>Chemoprevention drugs</strong></td>
<td>At risk for breast cancer, without a cancer diagnosis, ages 35 and older</td>
</tr>
<tr>
<td><strong>Tobacco Cessation</strong></td>
<td>Adults who use tobacco products</td>
</tr>
<tr>
<td><strong>Low to Moderate Dose Select Generic Statin Drugs for Prevention of Cardiovascular Disease (CVD)</strong></td>
<td>Ages 40 to 75 years with one or more CVD risk factors (such as dyslipidemia, diabetes, hypertension, or smoking) and have calculated 10-year risk of a cardiovascular event of 10% or greater</td>
</tr>
<tr>
<td><strong>Select PrEP Drugs and Certain Related Services for Prevention of HIV Infection</strong></td>
<td>Adults at risk for HIV infection, without an HIV diagnosis</td>
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### Preventive Care for Pregnant Women

<table>
<thead>
<tr>
<th>Screenings and Procedures</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Gestational diabetes screening</strong></td>
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<tr>
<td><strong>Hepatitis B screening and immunization, if needed</strong></td>
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<tr>
<td><strong>HIV screening</strong></td>
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<tr>
<td><strong>Syphilis screening</strong></td>
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<tr>
<td><strong>Smoking cessation counseling</strong></td>
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<tr>
<td><strong>Depression screening during pregnancy and postpartum</strong></td>
<td></td>
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<tr>
<td><strong>Depression prevention counseling during pregnancy and postpartum</strong></td>
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</tbody>
</table>

### Prevention of Obesity, Heart Disease, Diabetes, and Stroke

<table>
<thead>
<tr>
<th>Adults with BMI 25 to 29.9 (overweight) and 30 to 39.9 (obese) are eligible for:</th>
<th>Additional annual preventive office visits specifically for obesity and blood pressure measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Additional nutritional counseling visits specifically for obesity</strong></td>
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</table>

### Adult Diabetes Prevention Program (DPP)

<table>
<thead>
<tr>
<th>Applies to Adults</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Without a diagnosis of diabetes (does not include a history of gestational diabetes)</strong></td>
<td>Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss</td>
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<tr>
<td><strong>Overweight or obese (determined by BMI)</strong></td>
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<td><strong>Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140-199mg/dl</strong></td>
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</table>

***Aromatase inhibitors when the other drugs can’t be used such as when there is a contraindication or they are not tolerated.
## 2023 Preventive Schedule

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

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

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

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

### Children: Birth to 30 Months

<table>
<thead>
<tr>
<th>GENERAL HEALTH CARE</th>
<th>BIRTH</th>
<th>1M</th>
<th>2M</th>
<th>4M</th>
<th>6M</th>
<th>9M</th>
<th>12M</th>
<th>15M</th>
<th>18M</th>
<th>24M</th>
<th>30M</th>
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<tbody>
<tr>
<td>Routine Checkup*</td>
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<td>Hearing Screening</td>
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### SCREENINGS

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<td>Autism Screening</td>
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<td>Critical Congenital Heart Disease (CCHD)</td>
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<td>Developmental Screening</td>
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<td>Hematocrit or Hemoglobin Anemia Screening</td>
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<td>Lead Screening**</td>
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<tr>
<td>Newborn Blood Screening and Bilirubin</td>
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### IMMUNIZATIONS

<table>
<thead>
<tr>
<th></th>
<th>BIRTH</th>
<th>1M</th>
<th>2M</th>
<th>4M</th>
<th>6M</th>
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<th>12M</th>
<th>15M</th>
<th>18M</th>
<th>24M</th>
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</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td>Per doctor’s advice following CDC and Emergency Use Authorization Guidelines</td>
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<tr>
<td>COVID-19 Vaccine</td>
<td>Per doctor’s advice following CDC and Emergency Use Authorization Guidelines</td>
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<tr>
<td>Diphtheria, Tetanus, Pertussis (DTaP)</td>
<td>Dose 1</td>
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<td>Dose 4</td>
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<tr>
<td>Flu (Influenza)***</td>
<td>Ages 6 months to 30 months: 1 or 2 doses annually</td>
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<tr>
<td>Haemophilus Influenza Type B (Hib)</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 3</td>
<td>Dose 3 or 4</td>
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<tr>
<td>Hepatitis A</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 3</td>
<td>Dose 1</td>
<td>Dose 2</td>
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<td>Hepatitis B</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 3</td>
<td>Dose 1</td>
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<td>Measles, Mumps, Rubella (MMR)</td>
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<tr>
<td>Pneumonia</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 3</td>
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<tr>
<td>Polio (IPV)</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 3</td>
<td>Ages 6 months to 18 months: Dose 3</td>
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<tr>
<td>Rotavirus</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 3</td>
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</table>

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. Additional: Instrument vision screening to assess risk for ages 1 and 2 years.

** Per Bright Futures, and refer to state-specific recommendations as needed.

*** Must get at your PCP’s office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.
**Children: 3 Years to 18 Years**

<table>
<thead>
<tr>
<th>GENERAL HEALTH CARE</th>
<th>3Y</th>
<th>4Y</th>
<th>5Y</th>
<th>6Y</th>
<th>7Y</th>
<th>8Y</th>
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<th>10Y</th>
<th>11Y</th>
<th>12Y</th>
<th>15Y</th>
<th>18Y</th>
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<tbody>
<tr>
<td>Routine Checkup*</td>
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<td>Ambulatory Blood Pressure Monitoring**</td>
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<tr>
<td>Anxiety Screening</td>
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<td>Depression Screening</td>
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<td>Illicit Drug Use Screening</td>
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<td>Hearing Screening***</td>
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<td>Visual Screening***</td>
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| SCREENINGS |                |                |                |                |                |                |
|-------------|----------------|----------------|----------------|----------------|----------------|
| Hematocrit or Hemoglobin Anemia Screening |     |     |     |     |     |     |
| Lead Screening |     |     |     |     |     |     |
| Cholesterol (Lipid) Screening |     |     |     |     |     |     |

| IMMUNIZATIONS |                |                |                |                |                |                |
|---------------|----------------|----------------|----------------|----------------|----------------|
| Chicken Pox | Dose 2 |                |                |                |                |
| COVID-19 Vaccine | Per doctor’s advice following CDC and Emergency Use Authorization Guidelines |                |                |                |                |
| Dengue Vaccine |                | 9-16 years living in dengue endemic areas in U.S. Territories AND have laboratory confirmation of previous dengue infection |                |                |                |
| Diphtheria, Tetanus, Pertussis (DTaP) | Dose 5 |                |                |                | One dose Tdap |
| Flu (Influenza)**** | Ages 3 to 18: 1 or 2 doses annually |                |                |                |                |
| Human Papillomavirus (HPV) |                | Provides long-term protection against cervical and other cancers. 2 doses when started ages 9 to 14. 3 doses, all other ages. |                |                |                |
| Measles, Mumps, Rubella (MMR) | Dose 2 |                |                |                |                |
| Meningitis***** | Dose 1 | Age 16: One-time booster |                |                |                |
| Pneumonia | Per doctor’s advice |                |                |                |                |
| Polio (IPV) | Dose 4 |                |                |                |                |

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

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

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

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

***** Meningococcal B vaccine per doctor’s advice.
### CARE FOR PATIENTS WITH RISK FACTORS

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Age Range</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRCA Mutation Screening</td>
<td>Age-specific</td>
<td>Per doctor's advice</td>
</tr>
<tr>
<td>Cholesterol Screening</td>
<td>Age-specific</td>
<td>Screening will be done based on the child’s family history and risk factors</td>
</tr>
<tr>
<td>Fluoride Varnish</td>
<td>Ages 5 and younger</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Screening</td>
<td></td>
<td>Per doctor’s advice</td>
</tr>
<tr>
<td>Hepatitis C Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latent Tuberculosis Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis)</td>
<td>For all sexually active individuals</td>
<td>HIV routine check, once between ages 15 to 18</td>
</tr>
<tr>
<td>Tuberculin Test</td>
<td></td>
<td>Per doctor’s advice</td>
</tr>
</tbody>
</table>

### Children: 6 Months to 18 Years

#### PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR’S PRESCRIPTION

- **Oral Fluoride**: For ages 6 months to 16 years whose primary water source is deficient in fluoride

#### PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE

- Children with a BMI in the 85th to 94th percentile (overweight) and the 95th to 98th percentile (obese) are eligible for:
  - Additional annual preventive office visits specifically for obesity
  - Additional nutritional counseling visits specifically for obesity
  - Recommended lab tests:
    - Alanine aminotransferase (ALT)
    - Aspartate aminotransferase (AST)
    - Hemoglobin A1C or fasting glucose (FBS)
    - Cholesterol screening

- **Age 18 with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome**
  - Nutritional counseling

#### ADULT DIABETES PREVENTION PROGRAM (DPP) AGE 18

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

- Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss
**Women’s Health Preventive Schedule**

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Well-Woman Visits</strong></td>
<td>Up to four visits each year for developmentally and age-appropriate preventive services</td>
</tr>
<tr>
<td>(Includes: preconception and first prenatal</td>
<td>Up to four visits each year for developmentally and age-appropriate preventive services</td>
</tr>
<tr>
<td>visit, urinary incontinence screening)</td>
<td>All women planning or capable of pregnancy</td>
</tr>
<tr>
<td><strong>Contraception (Birth Control)</strong></td>
<td></td>
</tr>
<tr>
<td>Methods and Discussion*</td>
<td></td>
</tr>
<tr>
<td><strong>SCREENINGS/PROCEDURES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Diabetes Screening</strong></td>
<td>· High-risk: At the first prenatal visit</td>
</tr>
<tr>
<td><strong>HIV Screening and Discussion</strong></td>
<td>· All sexually active women: Once a year</td>
</tr>
<tr>
<td><strong>Human Papillomavirus (HPV)</strong></td>
<td>· Ages 15 and older, receive a screening test for HIV at least once during their lifetime</td>
</tr>
<tr>
<td><strong>Screening Testing</strong></td>
<td>· Risk assessment and prevention education for HIV infection beginning at age 13</td>
</tr>
<tr>
<td><strong>Domestic and Intimate Partner Violence</strong></td>
<td>· Screen for HIV in all pregnant women upon initiation of prenatal care with rescreening</td>
</tr>
<tr>
<td><strong>Screening and Counseling</strong></td>
<td>during pregnancy based on risk factors</td>
</tr>
<tr>
<td><strong>Breast-feeding (Lactation)</strong></td>
<td>Beginning at age 30: Every three years</td>
</tr>
<tr>
<td><strong>Support and Counseling, and Costs for</strong></td>
<td>Once a year</td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
<td>During pregnancy and/or after delivery (postpartum)</td>
</tr>
<tr>
<td><strong>Sexually Transmitted Infections (STI)</strong></td>
<td>All sexually active women: Once a year</td>
</tr>
<tr>
<td><strong>Discussion</strong></td>
<td>The Women’s Preventive Services Initiative recommends screening for anxiety in</td>
</tr>
<tr>
<td><strong>Screening for Anxiety</strong></td>
<td>adolescent girls and adult women, including those who are pregnant or postpartum.</td>
</tr>
<tr>
<td><strong>Nutritional Counseling</strong></td>
<td>Ages 40–60 with normal BMI and overweight BMI</td>
</tr>
</tbody>
</table>

* FDA-approved contraceptive methods may include sterilization and procedures as prescribed. One or more forms of contraception in each of the 18 FDA-approved methods, as well as any particular service or FDA approved, cleared or granted contraceptive product that an individual’s provider determines is medically appropriate, are covered without cost sharing. Exception Process: Your provider may request an exception for use of a prescribed nonformulary contraception drug due to medical necessity by completing the online request form. When approved, the prescribed drug will then be made available to you with zero-dollar cost share. [https://hbs.highmarkprc.com/Forms/Pharmacy-Prior-Authorization-Forms] Only FDA approved contraception apps, which are not part of the 18 method categories, and are available for download to a cell phone are reimbursable through the paper claim process with a prescription. Members need to submit three documents to obtain reimbursement; 1) completed the paper Claim Form: [https://www.highmarkbs.com/redesign/pdfs/mhs/Medical_Claim_Form.pdf] Under section DIAGNOSIS OR NATURE OF ILLNESS OR INJURY – write “contraception app purchase” 2) receipt of payment for the FDA approved contraception app, 3) provider prescription for the FDA approved contraception app.
Information About the Affordable Care Act (ACA)

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

Highmark Blue Shield is an independent licensee of the Blue Cross 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)


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).

ATTENTION: 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).

Information About Children’s Health Insurance Program (CHIP)

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

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