

# 2024 Preventive Schedule

Effective 1/1/2024

## 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. 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. Recommended annual services are based on a calendar year resetting January 1 of every year.

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 your age, gender and family history. CHIP members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

### Questions?

 Call Member Service

 Ask your doctor

 Log in to your account

## Adults: Ages 19+








Female











Male

### GENERAL HEALTH CARE

	<b>Routine Checkup*</b> (This exam is not the work- or school-related physical)	<ul style="list-style-type: none"> <li>Ages 19 to 49: Every one to two years</li> <li>Ages 50 and older: Once a year</li> </ul>
	<b>Behavioral Health Well Check</b> (Delaware State Law)	Once a year visit with a licensed mental health clinician with at minimum a master's level degree.
	<b>Depression Screening and Anxiety Screening</b>	Once a year
	<b>Illicit Drug Use Screening</b>	Once a year
	<b>Pelvic, Breast Exam</b>	Once a year

### SCREENINGS/PROCEDURES









	<b>Abdominal Aortic Aneurysm Screening</b>	Ages 65 to 75 who have ever smoked: One-time screening
	<b>Ambulatory Blood Pressure Monitoring</b>	To confirm new diagnosis of high blood pressure before starting treatment
	<b>Breast Cancer Genetic (BRCA) Screening</b> (Requires prior authorization)	Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk
	<b>Cholesterol (Lipid) Screening</b>	<ul style="list-style-type: none"> <li>Ages 20 and older: Once every five years</li> <li>High-risk: More often</li> </ul>
	<b>Colon Cancer Screening</b> (Including Colonoscopy)	<ul style="list-style-type: none"> <li>Ages 45 and older: Every one to 10 years, depending on screening test</li> <li>High-risk: Earlier or more frequently</li> </ul>
	<b>Colon Cancer Screening</b>	Ages 45 and older: Colonoscopy following a positive result obtained within one year by other mandated screening method
	<b>Certain Colonoscopy Preps With Prescription</b>	<ul style="list-style-type: none"> <li>Ages 45 and older: Once every 10 years</li> <li>High-risk: Earlier or more frequently</li> </ul>
	<b>Diabetes Screening</b>	High-risk: Ages 40 and older, once every three years

\* 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

# Adults: Ages 19+

## SCREENINGS/PROCEDURES

	<b>Hepatitis B Screening</b>	<ul style="list-style-type: none"> <li>Once per lifetime for adults</li> <li>High-risk: More often</li> </ul>
	<b>Hepatitis C Screening</b>	Ages 18 to 79
	<b>Latent Tuberculosis Screening</b>	High-risk
	<b>Lung Cancer Screening</b> (Requires prior authorization and use of authorized facility)	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
	<b>Mammogram</b>	Ages 40 and older: Once a year including 3D. Screening follow-up MRI or Ultrasound per MD recommendation
	<b>Osteoporosis (Bone Mineral Density) Screening</b>	Ages 65 and older: Once every two years, or younger if at risk as recommended by physician
	<b>Cervical Cancer Screening</b>	<ul style="list-style-type: none"> <li>Ages 21 to 65 Pap: Every three years, or annually, per doctor's advice</li> <li>Ages 30 to 65: Every five years if HPV only or combined Pap and HPV are negative</li> <li>Ages 65 and older: Per doctor's advice</li> </ul>
	<b>Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis)</b>	<ul style="list-style-type: none"> <li>Sexually active males and females</li> <li>HIV screening for adults to age 65 in the general population and those at risk, then screening over age 65 with risk factors</li> </ul>

## IMMUNIZATIONS\*\*

	<b>Chicken Pox (Varicella)</b>	Adults with no history of chicken pox: One two-dose series
	<b>COVID-19 Vaccine</b>	Per doctor's advice following CDC and Emergency Use Authorization Guidelines
	<b>Diphtheria, Tetanus (Td/Tdap)</b>	One dose Tdap, then Td or Tdap booster every 10 years
	<b>Flu (Influenza)</b>	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)
	<b>Haemophilus Influenzae Type B (Hib)</b>	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
	<b>Hepatitis A</b>	At-risk or per doctor's advice: One two-, three-, or four-dose series
	<b>Hepatitis B</b>	<ul style="list-style-type: none"> <li>Ages 19–59: Two to four doses per doctor's advice</li> <li>Ages 60 and older: High-risk per doctor's advice</li> </ul>
	<b>Human Papillomavirus (HPV)</b>	<ul style="list-style-type: none"> <li>To age 26: One three-dose series</li> <li>Ages 27 to 45, at-risk or per doctor's advice</li> </ul>
	<b>Measles, Mumps, Rubella (MMR)</b>	One or two doses
	<b>Meningitis*</b>	At-risk or per doctor's advice
	<b>Pneumonia</b>	High-risk or ages 65 and older: One or two doses, per lifetime







\* 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


## IMMUNIZATIONS\*\*

	<b>Shingles</b>	<ul style="list-style-type: none"> <li>• Shingrix - Ages 50 and older: Two doses</li> <li>• Ages 19 to 49: Immunocompromised per doctor's advice</li> </ul>
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## PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION

	<b>Aspirin</b>	Pregnant women at risk for preeclampsia
	<b>Folic Acid</b>	Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid
	<b>Chemoprevention drugs such as raloxifene, tamoxifen, or aromatase*** inhibitor</b>	At risk for breast cancer, without a cancer diagnosis, ages 35 and older
	<b>Tobacco Cessation</b> (Counseling and medication)	Adults who use tobacco products
	<b>Low to Moderate Dose Select Generic Statin Drugs for Prevention of Cardiovascular Disease (CVD)</b>	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
	<b>Select PrEP Drugs and Certain Related Services for Prevention of HIV Infection</b>	Adults at risk for HIV infection, without an HIV diagnosis


## PREVENTIVE CARE FOR PREGNANT WOMEN

	<b>Screenings and Procedures</b>	<ul style="list-style-type: none"> <li>• Gestational diabetes screening</li> <li>• Hepatitis B screening and immunization, if needed</li> <li>• HIV screening</li> <li>• Syphilis screening</li> <li>• Smoking cessation counseling</li> <li>• Depression screening and anxiety screening during pregnancy and postpartum</li> <li>• Depression prevention counseling during pregnancy and postpartum</li> <li>• Rh typing at first visit</li> <li>• Rh antibody testing for Rh-negative women</li> <li>• Tdap with every pregnancy</li> <li>• Urine culture and sensitivity at first visit</li> <li>• Alcohol misuse screening and counseling</li> <li>• Nutritional counseling for pregnant women to promote healthy weight during the pregnancy</li> </ul>
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## PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE

	<b>Adults with BMI 25 to 29.9 (overweight) and 30 to 39.9 (obese) are eligible for:</b>	<ul style="list-style-type: none"> <li>• Additional annual preventive office visits specifically for obesity and blood pressure measurement</li> <li>• Additional nutritional counseling visits specifically for obesity</li> <li>• Recommended lab tests: <ul style="list-style-type: none"> <li>– ALT</li> <li>– AST</li> <li>– Hemoglobin A1C or fasting glucose</li> <li>– Cholesterol screening</li> </ul> </li> </ul>
	<b>Adults with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome</b>	Nutritional counseling
	<b>Adults with BMI 40 and over</b>	Nutritional counseling and fasting glucose screening

## ADULT DIABETES PREVENTION PROGRAM (DPP)

	<b>Applies to Adults</b> <ul style="list-style-type: none"> <li>• Without a diagnosis of diabetes (does not include a history of gestational diabetes)</li> <li>• Overweight or obese (determined by BMI)</li> <li>• 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</li> </ul>	Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss
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\*\*\* Aromatase inhibitors when the other drugs can't be used such as when there is a contraindication or they are not tolerated.

# 2024 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.

### Questions?

 Call Member Service

 Ask your doctor

 Log in to your account

## Children: Birth to 30 Months<sup>1</sup>

GENERAL HEALTH CARE	BIRTH	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M
Routine Checkup* (This exam is not the preschool- or day care-related physical.)	●	●	●	●	●	●	●	●	●	●	●
Behavioral Health Well Check (Delaware State Law)	Once a year visit with a licensed mental health clinician with at minimum a master's level degree.										
Hearing Screening	●										
SCREENINGS											
Autism Screening									●	●	
Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry	●										
Developmental Screening						●			●		●
Hematocrit or Hemoglobin Anemia Screening							●				
Lead Screening**							●			●	
Newborn Blood Screening and Bilirubin	●										
IMMUNIZATIONS											
Chicken Pox							Dose 1				
COVID-19 Vaccine	Per doctor's advice following CDC and Emergency Use Authorization Guidelines										
Diphtheria, Tetanus, Pertussis (DTaP)			Dose 1	Dose 2	Dose 3			Dose 4			
Flu (Influenza)***					Ages 6 months to 30 months: 1 or 2 doses annually						
Haemophilus Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3		Dose 3 or 4				
Hepatitis A							Dose 1		Dose 2		
Hepatitis B	Dose 1	Dose 2			Dose 3						
Measles, Mumps, Rubella (MMR)							Dose 1				
Pneumonia			Dose 1	Dose 2	Dose 3		Dose 4				
Polio (IPV)			Dose 1	Dose 2	Ages 6 months to 18 months: Dose 3						
Rotavirus			Dose 1	Dose 2	Dose 3						

\* 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<sup>1</sup>

GENERAL HEALTH CARE	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y	
<b>Routine Checkup*</b> (This exam is not the preschool- or day care-related physical)	●	●	●	●	●	●	●	●	Once a year from ages 11 to 18				
<b>Ambulatory Blood Pressure Monitoring**</b>												●	
<b>Anxiety Screening</b>						Once a year from ages 8 to 18							
<b>Behavioral Health Well Check</b> (Delaware State Law)	Once a year visit with a licensed mental health clinician with at minimum a master's level degree.												
<b>Depression Screening</b>										Once a year from ages 12 to 18			
<b>Illicit Drug Use Screening</b>												●	
<b>Hearing Screening***</b>		●	●	●		●		●		●	●	●	
<b>Visual Screening***</b>	●	●	●	●		●		●		●	●		
SCREENINGS													
<b>Hematocrit or Hemoglobin Anemia Screening</b>			Annually for females during adolescence and when indicated										
<b>Lead Screening</b>	When indicated (Please also refer to your state-specific recommendations)												
<b>Cholesterol (Lipid) Screening</b>								Once between ages 9 to 11 and ages 17 to 21					
IMMUNIZATIONS													
<b>Chicken Pox</b>		Dose 2								If not previously vaccinated: Dose 1 and 2 (4 weeks apart)			
<b>COVID-19 Vaccine</b>	Per doctor's advice following CDC and Emergency Use Authorization Guidelines												
<b>Dengue Vaccine</b>							9–16 years living in dengue endemic areas in U.S. Territories AND have laboratory confirmation of previous dengue infection						
<b>Diphtheria, Tetanus, Pertussis (DTaP)</b>		Dose 5							One dose Tdap				
<b>Flu (Influenza)****</b>	Ages 3 to 18: 1 or 2 doses annually												
<b>Human Papillomavirus (HPV)</b>							Provides long-term protection against cervical and other cancers. 2 doses when started ages 9 to 14. 3 doses, all other ages.						
<b>Measles, Mumps, Rubella (MMR)</b>		Dose 2											
<b>Meningitis*****</b>								Dose 1		Age 16: One-time booster			
<b>Pneumonia</b>	Per doctor's advice												
<b>Polio (IPV)</b>		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

<b>BRCA Mutation Screening</b> (Requires prior authorization)	Per doctor's advice
<b>Cholesterol Screening</b>	Screening will be done based on the child's family history and risk factors
<b>Fluoride Varnish</b> (Must use primary care doctor)	Ages 5 and younger
<b>Hepatitis B Screening</b>	Per doctor's advice
<b>Hepatitis C Screening</b>	●
<b>Latent Tuberculosis Screening</b>	High-risk
<b>Sexually Transmitted Disease (STD) Screenings and Counseling</b> (Chlamydia, Gonorrhea, HIV, and Syphilis)	For all sexually active individuals HIV routine check, once between ages 15 to 21
<b>Tuberculin Test</b>	Per doctor's advice

## Children: 6 Months to 18 Years<sup>1</sup>

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

<b>Oral Fluoride</b>	For ages 6 months to 16 years whose primary water source is deficient in fluoride
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### 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 HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140-199mg/dl

Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss



# Women's Health Preventive Schedule

SERVICES	
<b>Well-Woman Visits</b> (Includes: preconception and first prenatal visit, urinary incontinence screening)	Up to four visits each year for developmentally and age-appropriate preventive services
<b>Contraception (Birth Control) Methods and Discussion*</b>	All women planning or capable of pregnancy
SCREENINGS/PROCEDURES	
<b>Diabetes Screening</b>	Screen for diabetes in pregnancy at first prenatal visit or at weeks 24–28 and after pregnancy in women with a history of gestational diabetes and no diagnosis of diabetes.
<b>HIV Screening and Discussion</b>	<ul style="list-style-type: none"> <li>• All sexually active women: Once a year</li> <li>• Ages 15 and older, receive a screening test for HIV at least once during their lifetime</li> <li>• Risk assessment and prevention education for HIV infection beginning at age 13</li> <li>• Screen for HIV in all pregnant women upon initiation of prenatal care with rescreening during pregnancy based on risk factors</li> </ul>
<b>Human Papillomavirus (HPV) Screening Testing</b>	Beginning at age 30: Every three years
<b>Domestic and Intimate Partner Violence Screening and Counseling</b>	Once a year
<b>Breast-feeding (Lactation) Support and Counseling, and Costs for Equipment</b>	During pregnancy and/or after delivery (postpartum)
<b>Sexually Transmitted Infections (STI) Discussion</b>	All sexually active women: Once a year
<b>Screening for Anxiety</b>	The Women's Preventive Services Initiative recommends screening for anxiety in adolescent girls and adult women, including those who are pregnant or postpartum.
<b>Nutritional Counseling</b>	Ages 40–60 with normal BMI and overweight BMI

\* 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. Note: On page 2 of the form under the title Prior Authorization reads "Contraceptives require a statement of medical necessity only". The following link works for all states. [<https://content.highmarkprc.com/Files/Region/PA/Forms/MM-056.pdf>] 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.highmarkbcbs.com/redesign/pdfs/mhs/Medical\\_Claim\\_Form.pdf](https://www.highmarkbcbs.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 BCBS of Delaware Inc. d/b/a Highmark Blue Cross Blue Shield serves the state of Delaware and is an independent licensee of the Blue Cross Blue Shield Association.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

### 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. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. 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, 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>.

## 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.

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，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

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 Kreylòl 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.