

HIGHMARK BLUE SHIELD

SOUTHEASTERN PENNSYLVANIA REGION

Plans that work
as hard for your
business as you do.



For small groups with 50
or fewer employees

EFFECTIVE JANUARY 1, 2024



Because Life.™

Highmark has a plan that’s right for your business.

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**Contact your broker or Highmark Small Group
representative to get started.**

Insurance offered by Highmark Health Insurance Company, an independent licensee
of the Blue Cross Blue Shield Association.

Your employees want more from their health care.

Give your employees benefits that make them want to
stick around.

Turn the page for network options, plan descriptions, and
extra resources that come with our coverage.



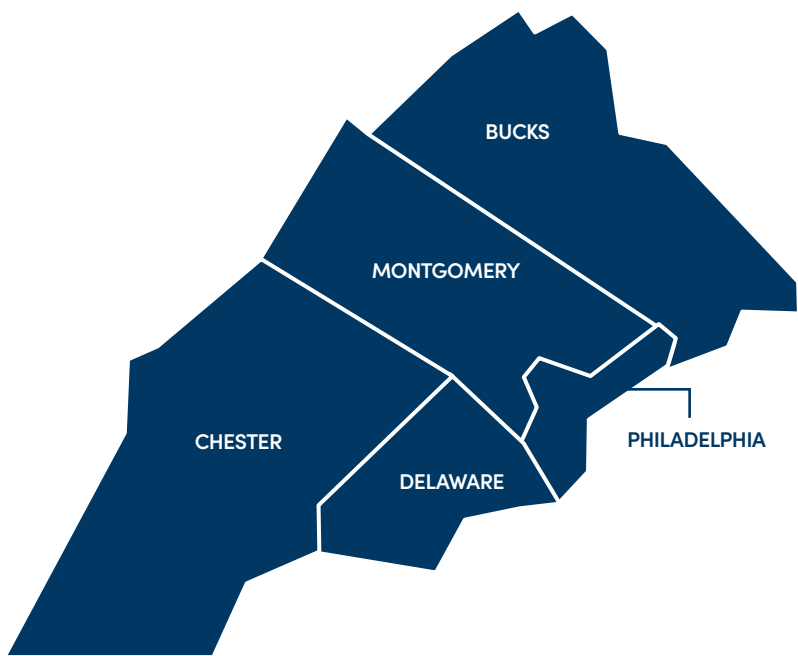
PPO Blue

PPO Blue (Broad network plan)

Plan highlights:

- Site of service benefit available for basic and advanced diagnostic testing and imaging when utilizing in-network freestanding facilities designated as Member Savings Sites.
- Nationwide access to 1.8 million providers, including 97% of all hospitals, through the BlueCard® program.*
- Out-of-network coverage at a higher cost share.
- Access to BlueCard extends coverage across the nation. (Remember that out-of-network providers do not participate and may cost more.)

Product Availability



* According to the Blue Cross Blue Shield Association, an association of Blue Cross and Blue Shield plans.

HIGHMARK HEALTH INSURANCE COMPANY†

2024 PPO Blue Plans**

Bucks, Chester, Delaware, Montgomery, and Philadelphia counties

| METAL LEVEL | PRODUCT NAME | MEDICAL DEDUCTIBLE | | COINSURANCE | | OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE AND COPAYS)¹ | | PRIMARY CARE OFFICE VISIT | SPECIALIST OFFICE VISIT² | URGENT CARE | OUTPATIENT SURGERY* | INPATIENT HOSPITAL | EMERGENCY ROOM | BASIC DIAGNOSTICS (LAB/PATHOLOGY/IMAGING) | BASIC DIAGNOSTICS (IMAGING/ X-RAY) | ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET) | RX (COMPREHENSIVE)³, ⁴ |
|-------------|---------------------------------------|------------------------|----------------------------|-------------|----------------|--|----------------------------|---------------------------|--------------------------|-----------------|---------------------|--|----------------|--|--|---|---|
| | | IN-NETWORK (2X FAMILY) | OUT-OF-NETWORK (2X FAMILY) | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK (2X FAMILY) | OUT-OF-NETWORK (2X FAMILY) | IN-NETWORK | IN-NETWORK | IN-NETWORK | IN-NETWORK | IN-NETWORK | IN-NETWORK | IN-NETWORK | IN-NETWORK | IN-NETWORK | LOW-COST GENERIC/ STANDARD GENERIC/ NON-FORMULARY/ SPECIALTY FORMULARY/ SPECIALTY NON-FORMULARY |
| | | MEMBER PAYS | | PLAN PAYS | | MEMBER PAYS | | | | | | | | | | | |
| Platinum | PPO Blue \$0 100/80 Platinum | \$0 | \$1,500 | 100% | 80% | \$4,000 | \$8,000 | \$20 | \$35 | \$45 | \$25 | \$200 per day, up to five days, then \$0 | \$175 | Member savings site: \$20 All others: \$40 | Member savings site: \$30 All others: \$60 | Member savings site: \$100 All others: \$200 | \$3/\$10/\$50/\$90/20%/30% |
| Gold | PPO Blue \$0 100/80 Gold | \$0 | \$500 | 100% | 80% | \$9,100 | \$18,200 | \$35 | \$80 | \$90 | \$250 | \$500 per day, up to five days, then \$0 | \$500 | Member savings site: \$0 All others: 20% | Member savings site: \$80 All others: \$160 | Member savings site: \$150 All others: \$300 | \$3/\$15/\$60/\$150/20%/30% |
| Gold | PPO Blue \$500 100/80 Gold | \$500 | \$1,000 | 100% | 80% | \$9,100 | \$18,200 | \$30 | \$70 | \$75 | \$0 after ded. | \$0 after ded. | \$405 | Member savings site: \$65 All others: \$130 | Member savings site: \$65 All others: \$130 | Member savings site: \$375 All others: \$750 | \$3/\$20/\$60/\$90/20%/30% |
| Gold | PPO Blue \$1000 100/80 Gold | \$1,000 | \$2,000 | 100% | 80% | \$9,100 | \$18,200 | \$30 | \$60 | \$70 | \$100 after ded. | \$0 after ded. | \$350 | Member savings site: \$60 All others: \$120 | Member savings site: \$60 All others: \$120 | Member savings site: \$350 All other: \$700 | \$3/\$40/\$80/\$125/20%/30% |
| Gold | PPO Blue \$1400 100/80 Gold | \$1,400 | \$2,800 | 100% | 80% | \$8,000 | \$16,000 | \$20 | \$50 | \$60 | \$100 | \$0 after ded. | \$250 | Member savings site: \$50 after ded. All others: \$100 after ded. | Member savings site: \$50 after ded. All others: \$100 after ded. | Member savings site: \$200 after ded. All others: \$400 after ded. | \$3/\$15/\$70/\$150/20%/30% |
| Gold | PPO Blue Qualified \$1600 100/80 Gold | \$1,600 | \$3,200 | 100% | 80% | \$5,000 | \$10,000 | \$0 after ded. | \$0 after ded. | \$0 after ded. | \$175 after ded. | \$0 after ded. | \$0 after ded. | Member savings site: \$0 after ded. All others: 20% after ded. | Member savings site: \$0 after ded. All others: 20% after ded. | Member savings site: \$0 after ded. All others: 20% after ded. | \$3/\$10/\$50/\$90/20%/30% |
| Gold | PPO Blue Qualified \$2400 95/75 Gold | \$2,400 | \$4,800 | 95% | 75% | \$7,450 | \$14,900 | 5% after ded. | \$20 after ded. | \$30 after ded. | 5% after ded. | 5% after ded. | 5% after ded. | Member savings site: 5% after ded. All others: 5% after ded. | Member savings site: 5% after ded. All others: 5% after ded. | Member savings site: 5% after ded. All others: 5% after ded. | \$0 after ded. |
| Gold | PPO Blue \$2500 100/80 Gold | \$2,500 | \$5,000 | 100% | 80% | \$7,000 | \$14,000 | \$40 | \$80 | \$90 | \$0 after ded. | \$0 after ded. | \$400 | Member savings site: \$0 after ded. All others: 20% after ded. | Member savings site: \$70 All others: \$140 | Member savings site: \$150 All others: \$300 | \$3/\$20/\$60/\$90/20%/30% |

* Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.
† Plans offered by Highmark Health Insurance Company.
** PremierBlue Shield Preferred Professional Provider Network and the Highmark Blue Shield Participating Facility Provider Network.
Please refer to page 16 for footnotes.
To view the full benefit grid, click on the product name above or contact your local broker.

HIGHMARK HEALTH INSURANCE COMPANY†

2024 PPO Blue Plans**

Bucks, Chester, Delaware, Montgomery, and Philadelphia counties

| METAL LEVEL | PRODUCT NAME | MEDICAL DEDUCTIBLE | | COINSURANCE | | OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE, COINSURANCE AND COPAYS)¹ | | PRIMARY CARE OFFICE VISIT | SPECIALIST OFFICE VISIT² | URGENT CARE | OUTPATIENT SURGERY* | INPATIENT HOSPITAL | EMERGENCY ROOM | BASIC DIAGNOSTICS (LAB/PATHOLOGY/IMAGING) | BASIC DIAGNOSTICS (IMAGING/X-RAY) | ADVANCED DIAGNOSTICS/IMAGING (MRI/CAT/PET) | RX (COMPREHENSIVE)³, ⁴ |
|-------------|---|------------------------|----------------------------|-------------|----------------|--|----------------------------|---------------------------|--------------------------|----------------|---------------------|--------------------|------------------|---|---|--|---|
| | | IN-NETWORK (2X FAMILY) | OUT-OF-NETWORK (2X FAMILY) | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK (2X FAMILY) | OUT-OF-NETWORK (2X FAMILY) | IN-NETWORK | IN-NETWORK | IN-NETWORK | IN-NETWORK | IN-NETWORK | IN-NETWORK | IN-NETWORK | IN-NETWORK | IN-NETWORK | LOW-COST GENERIC/STANDARD GENERIC/BRAND FORMULARY/NON-FORMULARY/SPECIALTY FORMULARY/SPECIALTY NON-FORMULARY |
| | | MEMBER PAYS | | PLAN PAYS | | MEMBER PAYS | | | | | | | | | | | |
| Gold | PPO Blue Qualified Embedded \$3200 1x 100/80 Gold | \$3,200 — 1x family | \$6,400 — 1x family | 100% | 80% | \$7,000 — 1x family | \$14,000 — 1x family | \$0 after ded. | \$0 after ded. | \$0 after ded. | \$0 after ded. | \$0 after ded. | \$0 after ded. | Member savings site: \$0 after ded. All others: 20% after ded. | Member savings site: \$0 after ded. All others: 20% after ded. | Member savings site: \$0 after ded. All others: 20% after ded. | \$3/\$10/\$50/\$90/20%/30% |
| Gold | PPO Blue \$3500 100/80 Gold | \$3,500 | \$7,000 | 100% | 80% | \$7,450 | \$14,900 | \$0 after ded. | \$0 after ded. | \$0 after ded. | \$0 after ded. | \$0 after ded. | \$0 after ded. | Member savings site: \$0 after ded. All others: 20% after ded. | Member savings site: \$0 after ded. All others: 20% after ded. | Member savings site: \$0 after ded. All others: 20% after ded. | \$3/\$15/\$75/\$125/20%/30% |
| Silver | PPO Blue \$0 100/80 Silver | \$0 | \$1,000 | 100% | 80% | \$9,450 | \$18,900 | \$60 | \$80 | \$90 | \$200 | \$500 | \$650 | Member savings site: \$75 All others: \$150 | Member savings site: \$150 All others: \$300 | Member savings site: \$500 All others: \$1,000 | \$3/\$40/\$80/\$125/20%/30% |
| Silver | PPO Blue \$3800 70/50 Silver | \$3,800 | \$7,600 | 70% | 50% | \$9,100 | \$18,200 | \$40 | \$80 | \$90 | 30% after ded. | 30% after ded. | 30% after ded. | Member savings site: 30% after ded. All others: 50% after ded. | Member savings site: 30% after ded. All others: 50% after ded. | Member savings site: 30% after ded. All others: 50% after ded. | \$3/\$40/\$80/\$125/20%/30% |
| Silver | PPO Blue Qualified Embedded \$4250 100/80 Silver | \$4,250 | \$8,500 | 100% | 80% | \$7,500 | \$15,000 | \$0 after ded. | \$0 after ded. | \$0 after ded. | \$0 after ded. | \$0 after ded. | \$0 after ded. | Member savings site: \$0 after ded. All other network providers: 20% after ded. | Member savings site: \$0 after ded. All other network providers: 20% after ded. | Member savings site: \$0 after ded. All others: 20% after ded. | \$3/\$40/\$75/\$150/20%/30% |
| Silver | PPO Blue PPO \$4500 100/80 Silver | \$4,500 | \$9,000 | 100% | 80% | \$9,100 | \$18,200 | \$40 | \$70 | \$80 | \$200 after ded. | \$0 after ded. | \$355 after ded. | Member savings site: \$70 All others: \$140 | Member savings site: \$70 All others: \$140 | Member savings site: \$300 after ded. All others: \$600 after ded. | \$3/\$40/\$80/\$125/20%/30% |
| Bronze | PPO Blue Qualified Embedded \$7350 100/80 Bronze | \$7,350 | \$14,700 | 100% | 80% | \$7,350 | \$14,700 | \$0 after ded. | \$0 after ded. | \$0 after ded. | \$0 after ded. | \$0 after ded. | \$0 after ded. | Member savings site: \$0 after ded. All others: 20% after ded. | Member savings site: \$0 after ded. All others: 20% after ded. | Member savings site: \$0 after ded. All others: 20% after ded. | \$0 after ded. |

* Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting.

** PremierBlue Shield Preferred Professional Provider Network and the Highmark Blue Shield Participating Facility Provider Network.

Please refer to page 16 for footnotes.

To view the full benefit grid, click on the product name above or contact your local broker.

† Plans offered by Highmark Health Insurance Company.



Extra resources you won't find in other plans

BLUECARD AND BLUE CROSS BLUE SHIELD GLOBAL® CORE PROGRAM

Coverage that goes where your employees go.

Around town or coast to coast, your employees get access to 1.8 million providers and 97% of hospitals, and they're even covered in 190 countries.

WELL360 VIRTUAL HEALTH

Personalized care where and when employees need it.

No more waiting rooms, no more waiting to schedule. Your employees can get care from wherever they are with a board-certified doctor, 24/7. They can register with well360virtualhealth.com or log in if they are already using the Amwell® site.

BLUE DISTINCTION®

See specialists who get results.

Only doctors who consistently deliver safe, effective treatments make our Blue Distinction list. When your employees use our Find a Doctor tool, a special logo will appear by the provider's name.

BLUES ON CALL™

Answers from a health pro, 24/7.

For medical concerns after hours, your employees can get guidance at any time from a registered nurse or a health coach.

DIABETES MANAGEMENT POWERED BY ONDUO

Personalized support to control diabetes.

Tools to help your employees track their blood sugar and manage diabetes from wherever they are.

COPAY ARMOR POWERED BY PILLARRX

Help your employees save on medications.

This copay assistance program reduces or completely covers the cost of certain high-cost specialty medications.

*According to the Blue Cross Blue Shield Association, an association of Blue Cross and Blue Shield plans.



Endless support to help your employees on their journey to better health

HEALTH COACHES

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? A wellness coach can create a personalized plan for your employees, right over the phone, on their schedule. Sessions are confidential and there is no additional cost.

BLUE365SM

Discounts to help your employees stay healthy and active.

From workout gear to personal wellness to healthy meal services, we'll take a little off the top while they're taking a little off their middle. Member-only deals are at blue365deals.com.

VIRTUAL PHYSICAL CARE PROGRAM POWERED BY SWORD

Virtual physical care, anytime, anywhere you happen to be.

Sword puts technology and the expertise of a physical therapist at your fingertips to help you overcome joint and muscle pain.

MENTAL WELL-BEING

Give your members care that meets them where they are.

Mental Well-Being is a solution that provides mental health support tailored to each individual member. And it's available on our app and website.



The fundamentals of coverage

Any health plan you choose should include resources that help your employees manage their health. Ours make the process seamless.

MEMBER SERVICE

Total support, day or night.

Whether it's 24/7 answers from registered nurses, a diagnosis or prescription via video visit, or just some help booking their doctor visits, when they need us, we're there.

CARE COST ESTIMATOR

Employees can know what they'll owe for care.

Before making an appointment for a test, scan, or procedure, your employees can use our Care Cost Estimator to estimate their bill.

MEMBER APP AND WEBSITE

My Highmark helps your employees take care of their health.

It's the one-stop digital experience that makes it easier for them to manage their health, with programs tailored to their interests and needs. Employees can visit **myhighmark.com** to learn more.

IMPORTANT PLAN DETAILS:

- 1 Out-of-pocket maximum calculation includes deductible, copayment, and coinsurance.
- 2 Specialist cost-sharing amounts also apply to outpatient: mental health, behavioral health, substance abuse, chiropractic, physical therapy, and speech therapy office visits.
- 3 Rx information displayed: Retail up to 31-day supply. NOTE: Member's maximum coinsurance payment for a retail Specialty Rx is \$350 Formulary/\$500 Non-Formulary.
- 4 Integrated Rx plans include all medical and prescription claims accumulating toward one overall deductible.

EMBEDDED PLANS:

In this approach, an individual family member can be eligible for payment of benefits upon meeting the individual deductible amount (even if the rest of the family has not met the family deductible amount). Additionally, an individual family member's out-of-pocket (OOP) maximum will be the same as that of a member purchasing individual coverage for the specified health plan.

A health savings account (HSA) is available to employees. Employer contributions in amounts that exceed annual federally mandated maximum(s) may result in actuarial value changes that may impact compliance as a qualified health plan.

NON-EMBEDDED PLANS:

In this approach, the entire family deductible must be met before any family member is eligible for payment of benefits. Additionally, the entire family out-of-pocket (maximum) must be met before the plan begins paying 100%. One family member may satisfy the entire family deductible and/or OOP.

This is not a contract. This benefits summary presents plan highlights only. Contract limitations and exclusions apply. Please refer to the benefits booklet for complete information.

To determine the availability of services under your health plan, please review your contract for details on benefits, conditions, and exclusions or call the number on the back of your member ID card.

Information above presents in-network plan highlights only. PPO plans also provide benefits for many out-of-network services, generally with higher member cost sharing. Please see plan materials for information.

Notes

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

There’s a whole lot of legalese around these plans. We put it all in one place for you.

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company.

Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.

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.

Sword Health, Inc. does not provide health care services. Sword Health, Inc. is an independent company that provides wellness services for your health plan.

Sword Health Professionals provides its services through a group of independently owned professional practices consisting of Sword Health Care Providers, P.A., Sword Health Care Providers of NJ, P.C., and Sword Health Care Physical Therapy Providers of CA, P.C.

The Sword virtual physical care program is made available with support from Sword Health.

Amwell is an independent company that provide telemedicine services. Amwell does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its telemedicine services.

Onduo is a separate company that provides a virtual diabetes care program for Highmark members.

Highmark has contracted with PillarRx, an independent company, to secure manufacturer discounts for select prescription medications. Savings for Highmark members will vary based on drug, member copay, and program requirements. The member will never pay more than the Plan copay.

Blue Cross Blue Shield Global® Core is a registered mark of the Blue Cross Blue Shield Association.

Blue 365, Blue Distinction, BlueCard, Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association.

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

Blue365 is a registered mark of the Blue Cross Blue Shield Association.

Blue Distinction® Specialty Care is a registered mark of the Blue Cross Blue Shield Association. 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 health care. 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. 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 non-covered charges or other losses or damages resulting from Blue Distinction, Total Care, or other provider finder information or care received from Blue Distinction, Total Care, or other providers.

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 serbisyong 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 المعاونة 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 .



Because Life.™