September 2021

Dear <Member First Name>,

Our records show that you purchased a Continuous Positive Airway Pressure (CPAP) or a Bi-level Positive Airway Pressure (BiPAP) machine, or supplies for these machines, within the past five years.

We’re writing you to make sure you’ve heard about the Philips Respironics recall of some sleep and respiratory care machines. We encourage you to find out if your device is included in the recall, and what to do, by visiting philips.com/SRC-update or by calling 877-907-7508.

What you need to know

On the website, you’ll see that Philips Respironics learned that a sound-reduction foam used in some of their machines could degrade into small particles or give off certain chemicals. They issued a voluntary recall of these machines in June 2021.

What you need to do

If you currently use a machine that has been recalled, we urge you to talk to your health care provider about alternative treatments.

Questions about the recall should be directed to Philips Respironics. If you have any questions about your benefits, call Highmark Member Service at 1-800-633-2563 or at the phone number on the back of your member ID card.

Sincerely,

Member Service
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, F.O. Box 22602, Pittsburgh, PA 15222, Phone: 1-866-286-8205, 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 filling 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 380E, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7667 (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).

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).

注意：如果您说中文，可向您提供免费语言协助服务。
请拨打的身份卡背面的号码（TTY：711）。

Chữ: Nếu quý vị nói tiếng Việt, chúng tôi cũng cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin quý vị điện thoại 017 số thứ hai ID của quý vị (TTY: 711).

注：中文使用者可提供免费语言协助服务。
请拨打的身份卡背面的号码（TTY：711）。

ATENSIUN: Kung nagasalita ka ng Tagalog, may makakahina kang mga libreng serbisyo ng tulungan sa wika. Tawag ang numero sa likod ng iyong ID card (TTY: 711).

ВИФАЙНІСЕ: Якщо ви говорите по-українсько, ви можете використовуватись безплатними послугами вікової підтримки. Назвіть нам номер, указану на обороті вашої ідентифікаційної карточки (номер для текст-телефонних устройств (TTY: 711)).