



Washington State Health Care Authority

Design Standards

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Antihyperlipidemics – Proprotein Convertase Subtilisin Kexin type 9 (PCSK-9) Inhibitors

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Provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. Without this information, we may deny the request in seven (7) working days.

1 Chart notes are required with this request

General information

Date of request _____ Reference # _____ MAS _____
 Patient _____ Date of birth _____ ProviderOne ID _____
 Pharmacy name _____ Pharmacy NPI _____
 Pharmacy Telephone number _____ Pharmacy Fax number _____
 Prescriber name _____ Prescriber NPI _____
 Prescriber Telephone number _____ Prescriber Fax number _____
 Medication and strength _____ Directions for use _____ Qty/Days supply _____

2

Patient information

1. Indicate the diagnosis for your patient (check all that apply):

- Heterozygous Familial Hypercholesterolemia (HeFH) Yes No
- Secondary Prophylaxis in Adults with Established Cardiovascular Disease (CVD) Yes No
- Is patient very high risk, defined as multiple major ASCVD events or major ASCVD event and multiple high-risk conditions?
- Homozygous Familial Hypercholesterolemia (HoFH)
- Other. Specify: _____ mg/dL

2. What was the baseline LDL prior to any treatment: _____ mg/dL

3. What is the current LDL: _____ mg/dL

4. What is the patient specific LDL goal: _____ mg/dL

5. Please indicate which applies to your patient and answer the corresponding questions:
- Patient completed at least 6 weeks of the highest tolerated statin regimen with ezetimibe
 - What is the current statin regimen (name and strength): _____ mg/dL Yes No
 - What was the patient's LDL after at least 8 weeks? _____
 - Did patient achieve at least a 50% reduction from baseline? _____
 - What other statin regimens (name and strength) were attempted? _____

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- Patient is statin intolerant.
 - What statin regimens (name and strength) were attempted? _____
 - What were the reasons leading to discontinuation? _____ Yes No
- 6. Will patient be continuing on the statin listed on question #5 while on the PCSK9 inhibitor? Yes No
- 7. Will this be used in combination with another proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitor? Yes No
- 8. Is the prescriber a cardiologist or endocrinologist? Yes No
 - If No, has there been a consultation with a provider specializing in lipid management (e.g. cardiologist, endocrinologist or lipid specialist)? Yes No
 - If Yes, please provide consultation note. _____

3 For re-authorization requests only

Chart notes and labs documenting clinical benefit in continuing a PCSK9 inhibitor is required for re-authorization.

- 9. What is the current LDL: _____ mg/dL
- 10. What is the patient specific LDL goal: _____ mg/dL Yes No
- 11. Has patient had at least a 30% reduction in LDL or an achievement of a patient specific goal since initiation of a PCSK9 inhibitor? Yes No

4 Prescriber Signature

Prescriber signature _____ Prescriber specialty _____ Date _____

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The Health Care Authority Brand

The Washington State Health Care Authority (HCA) brand is more than just a logo: our brand is how we present ourselves to the people we serve, and to each other. It encompasses things we can easily see, like color and type, and things that are less obvious but even more powerful, like tone and style. Our brand embodies our values, and is one of the tools we use to achieve our vision of a healthier Washington.

The HCA brand is precise and approachable, and exudes competence and openness with an authentic, upbeat tone. **We are here to help**, and we are unified in our dedication to service and our commitment to the health and well-being of the people of Washington.

The HCA brand is built around three core concepts: **unity, accessibility, and excellence.**

Unity: We are one HCA, and we speak with one voice. We are members of the communities we serve, and we are partners—with each other and the public—to achieve a healthier Washington.

Accessibility: Our work is available to all who need it, regardless of disability, language fluency, race, ethnicity, religion, sexual orientation, gender, or gender identity. We are transparent in our processes and we are accountable to the public we serve.

Excellence: We are committed to doing our best work, and we seek constantly to improve ourselves. We embrace best practices, and we use data and evidence to reflect on and improve our work. We continuously seek to be worthy stewards of the public trust.

Use this guide to help make your communications as effective as possible, so the excellence of your work, and our agency as a whole, can shine through.



The Health Care Authority Brand (continued)

How (and why) to use this guide

As an agency employee, you are an ambassador for HCA. You help to tell HCA's story of purchasing high-quality, accessible health care for more than 3 million Washington residents. **By using these design standards, you can:**

- Support** a recognizable identity for HCA.
- Ensure** we are telling the same story through our words and images.
- Connect** information about HCA's work with our mission, vision, and values.
- Align** HCA's messaging and images across programs and services, while allowing for flexibility and creativity when needed.

This guide contains the tools you'll need to do this. Here, you'll find comprehensive guidance on how to use our logo, colors, fonts, and templates to share HCA's work across multiple media and formats.

Who should use this guide

Any HCA employee can use this guide to help create a consistent experience with the HCA brand—whether it's a meeting agenda or an 80-page report. Staff more directly involved in developing external communications and marketing materials, and planning events, will want to be familiar with the elements of the HCA brand and our visual identity tools, and keep this guide handy.

Tone and voice

The tone we use when communicating about HCA is almost as important as what we say. Whether you are speaking directly with a customer, presenting to a legislative committee, or writing a letter or fact sheet, HCA's tone should be:

Empathetic: We care about the people we serve, and we believe that all Washington residents deserve access to high-quality, affordable health care.

Open: We have years of experience and knowledge we are eager to share, and we are open to new ideas and ways to improve.

Customer-focused: We always remember that we are here to serve the people of Washington.

The voice we want to use is human, not bureaucratic—and that means talking to people, not at them. Use “we” or “our” to refer to your program or HCA. Use “you” for the reader. If you are using a Q&A format, use “I” in the questions and “you” in the answers. The goal is always to speak plainly and directly to the people we serve. For more information, refer to the **HCA Style Guide (10-278)**.

Audience awareness

Knowing your audience also helps with communication, voice, and tone. When you know your audience, you can more easily decide what to say, how to say it, and the vocabulary to use. HCA's **personas** are a resource: a written description—a portrait if you will—of a document or website's typical user. See **"Resources" on page 54** for links to HCA's web personas and information on Plain Talk.

Key messages

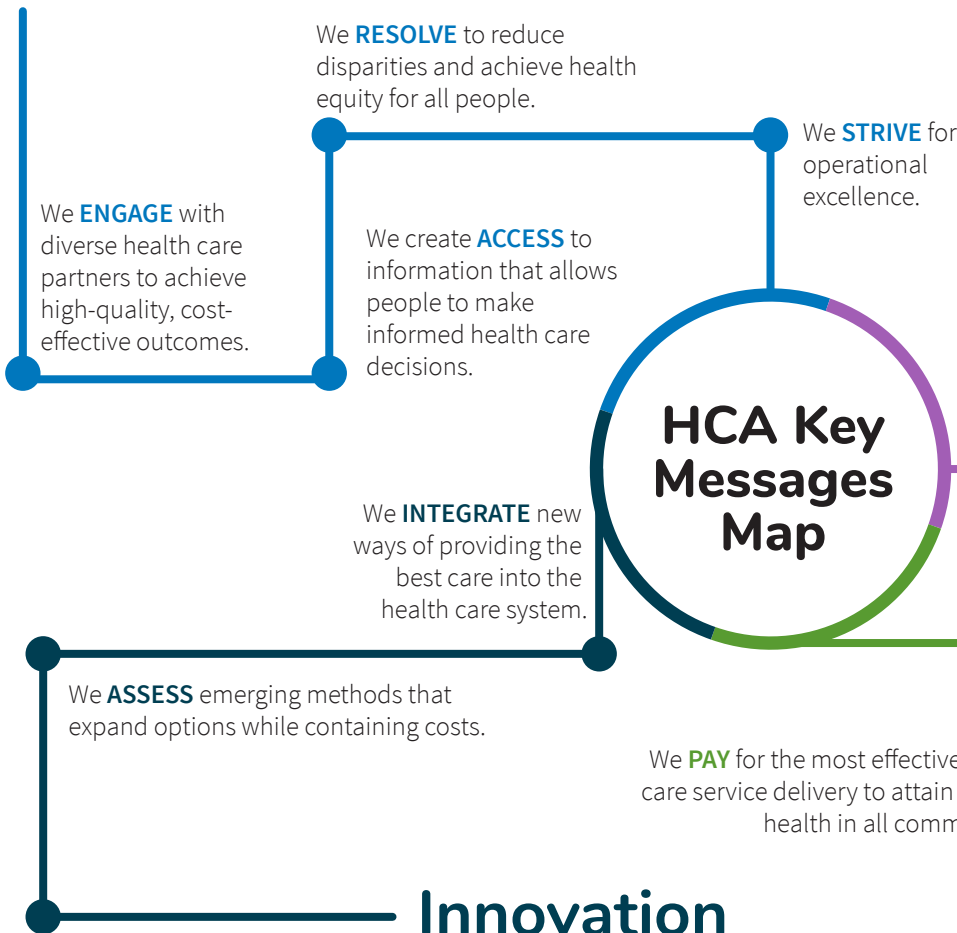
When telling our story, we start with the **why**. Why does HCA exist, and why do we add value to Washington? We answer those questions through our agency Key Messages Map. This map is a framework, with key words, reinforcing messages, and proof points.

They are not meant to be cut and pasted word-for-word into documents or recited verbatim in presentations. Rather, they are a tool to help us build awareness of HCA in all our communications and connect our work—what we do—with why we do it.

You can infuse key messages into the content and talking points of presentations for external audiences by choosing images visually that convey them. Look for opportunities to address “why we do this work” in publications.

Stewardship

Act as the trusted steward of public funds to ensure Washingtonians receive the best care.



Stability

Create reliability in today's unpredictable and complex health care environment



Innovation

Lead our state's work to adopt new, sustainable advancements in health care.

We **MONITOR** advancements in science, technology and delivery.

Transformation

Accelerate the modernization and efficacy of our health care system.

Washington State
Health Care Authority

The Health Care Authority Logo

The **Washington State Health Care Authority** logo is the name of the agency set in a customized version of the font Tahoma with a swash “A”. In most uses, the name of the agency is vibrant blue, and the “A” in “Authority” is bright green. The logo can also be black (on a white background) or white (on a color background).

Our logo is the most visible and universal part of our brand. It should appear on the cover and the first page of every document we produce. Where appropriate, it can also be used as an element of the header or footer of a document, or as a standalone graphic element.

There are three configurations of the logo: one with the full name of the agency; one with the full name of the agency, plus a flag underneath denoting a program of the agency (called the “**sub-identity logo**”); and one consisting of the stylized letters “HCA” for use in social media or other approved contexts (called the “**bug**”).

Sub-identity logos should be used sparingly. By using the single, unified agency logo, we enhance our credibility. However, it is sometimes necessary to make a distinction between the different parts of our agency, particularly when speaking to audiences within HCA. Ask the Communications Division if a sub-identity logo is the right choice for your project.

The **bug** is a version of the logo meant for use in very low-fidelity applications, like social media posts. We only use the bug in very specific circumstances, since many members of the public do not know us by our initials. If you believe your communication might benefit from use of the bug, please contact the Communications Division.



The Health Care Authority Logo (continued)

✔ How to use the logo

We use our logo on every publication, form, poster, memo, social media post, and piece of marketing collateral we produce. (We're like a five-year-old with ketchup: we put it on **everything**.) In publications and forms, the logo should appear in one of the top corners of the first page of the document and should be at least 1½" wide. On presentation slides, it should appear in one of the bottom corners of each slide and should be at least 2" wide. On other materials, it can appear wherever it works best, and must be at least 2" wide.

When placing it on a dark or colorful background, use the white version of the logo. Use the full color version of the logo on a white background. Use the black version of the logo when the document has no color other than black.

Always give the logo lots of space. It should be surrounded on all sides by enough empty space to ensure it is distinct from everything else on the page. Usually, the amount of clear space should be the same or larger than the height of the capital "A" in "Authority."

⊘ How not to use the logo

Our logo is like the face of our agency: it is the most visible and unique part of our identity. As such, it is important to treat the logo with respect. Do not stretch or distort the logo, do not change the colors of the logo, and do not attempt to re-create the logo.

Don't distract from the logo. Keep it away from other logos, and avoid placing it on a busy background. Making sure the logo is readable, consistent, and stands out from the surroundings is one way we clearly identify HCA as the author of a document and take responsibility for our words.



Do not distort the HCA logo by stretching it.



Do not place the HCA logo on a competing background, such as a pattern or photo that would obscure it.



Do not copy the HCA logo from the website for use in a document, such as a Word or Excel file. Logos taken from the web won't reproduce clearly, especially in documents that could be printed.



Do not change the HCA logo—never modify the colors, typefaces, or size of any part of the HCA logo, or add visual effects such as drop shadows.



Do not try to re-create or match the original artwork.



Do not add text or visuals directly below the HCA logo.

The Health Care Authority Logo (continued)

✔ How to use the sub-identity logos

A sub-identity treatment of HCA's logo shows the relationship between HCA and a program within HCA. On this page you'll find the programs that have been approved for a sub-identity treatment. The banner below the HCA logo is only used with the HCA logo, not separately. We do not have sub-identity logos for divisions or units within HCA.

Use these logos sparingly. If members of your audience are unlikely to work with other programs at HCA, then the sub-identity may cause more confusion than it resolves. We always strive to think, act, and appear as a single, cohesive organization, working together to achieve our shared vision of a healthier Washington.



The Health Care Authority Logo (continued)

Product logos

In addition to our programs and services, HCA manages several products. An HCA product is one that we market to customers, and that merits its own logo. When we use a product logo, we also include supporting information in the footer or elsewhere in the material to help ensure it is clear that HCA offers the product. Several products here are governed by their own branding guidelines which you can find later in this manual. If a product does not have its own brand guide, use HCA's.

Our product logos are:

- Uniform Medical Plan and UMP Plus**
- SmartHealth**
- Apple Health**
- COFA Islander Health/Dental Care**
- ProviderOne**
- Athena Forum**
- WISe**
- Washington State Prescription Drug Program**

Uniform Medical Plan and UMP Plus

The **Uniform Medical Plan** logo is used on all UMP printed materials and is approved for use in the banner of the UMP section of HCA's website. The **UMP Plus** logo is used on all UMP Plus printed materials, but does not appear in the website banner. Neither the HCA logo nor the PEBB sub-identity logo appears on UMP or UMP Plus printed materials. **See Chapter X: Uniform Medical Plan for more information.**

This statement appears on all UMP and UMP Plus materials that HCA creates: *UMP is administered by Regence BlueShield and Washington State Rx Services under contract with the Washington State Health Care Authority.*

SmartHealth

SmartHealth is a product offered to eligible PEBB and SEBB members. The SmartHealth logo is used on all SmartHealth materials. These materials do not carry the HCA logo or the program sub-identity logo treatment. However, the following language needs to appear somewhere on all SmartHealth materials: *SmartHealth is administered by the Washington State Health Care Authority.* **See Chapter X: SmartHealth for more information.**



The Health Care Authority Logo (continued)

Washington Apple Health (Medicaid)

Use the **Washington Apple Health (Medicaid)** logo only on materials for clients. All other materials, such as provider manuals or reports about Apple Health, use the HCA logo. All Apple Health materials include the following statement: *HCA administers Washington Apple Health (Medicaid)*. See **"Washington Apple Health Brand Guide" on page <?> for more information.**



COFA Islander Health Care and COFA Islander Dental Care Compact of Free Association (COFA) Islander Health Care and COFA Islander Dental Care

are sponsorship programs to help COFA islanders in Washington State pay for their insurance premiums and out-of-pocket expenses for qualified plans purchased through the Health Benefit Exchange. Only use the COFA Islander Health Care and COFA Islander Dental Care logos on materials for clients. All other materials, such as provider manuals or reports about COFA Islander Health Care, use the HCA logo.



ProviderOne

ProviderOne is our Medicaid information system. Its functions include claims payment and certain client communications. The ProviderOne logo only ever appears in context of that system, and a few limited print applications.



Athena Forum

The **Athena Forum** is an informational resource for prevention workers around the state. The logo is used in the Athena Forum website and may be used to promote the website in other contexts. It is never used on its own outside of the website.



WISe

Wraparound with Intensive Services, or **WISe**, is a program offering intensive mental and behavioral health care to Medicaid-eligible children, youth, and their families. The WISe logo appears on all of their publications and promotional material.



Washington Prescription Drug Program

The Washington Prescription Drug Program (WPDP) provides prescription information and assistance for Washingtonians. The WPDP logo appears on all WPDP publications and materials.



The Health Care Authority Logo (continued)

Event Logos

HCA presents or sponsors a number of conferences, symposia, classes, workshops, and other events. Each of these events can have its own logo and branding, developed in concert with the Communications Division. If you're planning an HCA-sponsored event, ask your communications contact if you need an event brand. The marketing experts in the Communications Division will work with your team to develop the most effective branding for your event.

Old logos

Unless discussed in this brand guide, other logos used at HCA in the past are not approved for ongoing use. If you have questions, please reach out to your **communications contact**. We want to know if we've overlooked a logo you're still using and we want to discuss it with you before making any changes.

Sometimes third-party vendors use old logos or modify our logo in ways not permitted by this manual. If you come across materials in print or online using old or unapproved logos, please drop us an email at DesignServices@hca.wa.gov so we can update or correct the materials.

Marketing and promotional items

HCA sometimes purchases agency-branded items—like pens, notebooks, garments, or even umbrellas(!)—to promote our work and our mission. These items help us expand public awareness of HCA and reinforce our identity as a single, cohesive organization.

HCA-branded items should only use the agency's logo, one of our approved sub-brands, or the HCA bug. The agency website may also appear on such items. To prevent the impression that public or member funds are used to buy rewards for agency staff, the names of individuals, teams, programs, and divisions should never appear on HCA promotional items without prior approval from the Chief Communication Officer.

Items for our product brands like Apple Health or SmartHealth should include the product logo, and may also include the product website and contact information.

Co-branding

HCA maintains partnerships with a number of other agencies and organizations, and we regularly sponsor events and conferences. In these cases, we will **co-brand** our communications, using both our logo and the logo for the partner(s) or event. We have a few principles which guide how we co-brand our communications:

Responsibility: We use co-branding to indicate who is responsible for a message or event. If we are responsible for the message or event, our logo should be larger than other logos and should come first. If we are supporting the work of others, then our logo should be smaller and appear later, if at all.

Clarity: Would using someone else's logo in combination with ours cause confusion about who is responsible for the message? If so, only one logo should be used.

Reputation: Other organizations may try to use our logo to boost their credibility or imply our endorsement of their work. We should be very careful in allowing other organizations to use our logo.

Some of our product brands (e.g., UMP) have much more restrictive rules around co-branding. Whenever you're considering a co-branding opportunity, please talk with your communications contact about whether co-branding is the right choice, and how to best do it.

Employee resource groups

Our agency is home to several employee resource groups, or ERGs. ERGs bring together groups of employees and their allies who have a common interest or characteristic. ERG members bring their unique knowledge and perspectives, making them an asset to agency business needs, such as recruitment and retention.

Because these groups are employee-led and are not responsible for agency activities, each ERG's branding is governed by its charter and leadership. HCA ERGs are not bound by the HCA design standards.



Washington State
Health Care Authority

Our Brand Design Elements

The Health Care Authority brand is much more than our logo. Every decision we make about how we present ourselves—the colors we choose, the fonts we use, even the way we sign our emails—is part of our brand, because it's part of how we present ourselves to the public.

It can be helpful to think of these elements as a sort of design DNA: these are the fundamental pieces out of which our brand is grown. Individual documents will look different from each other (just like individual people!) but they will all share a certain 'family resemblance' that lets the reader know the message comes from us.

Many of our agency templates will have these design elements built into them, so you can focus on the content instead of the form. If you want to create something beyond the scope of the agency templates, reach out to your communications contact. They'll work with our design team to develop a product that meets your needs.

Our design elements fall into five broad categories: color, typography, photography, iconography, and decoration. In each of these categories, we've chosen elements that advance some aspect of our brand values, whether it's choosing type for its readability or a particular photo to emphasize our engagement with our community. Feel free to use anything you see in this guide, or to contact our visual communication team for other options that align with our brand.

Our Brand Design Elements (continued)

Color

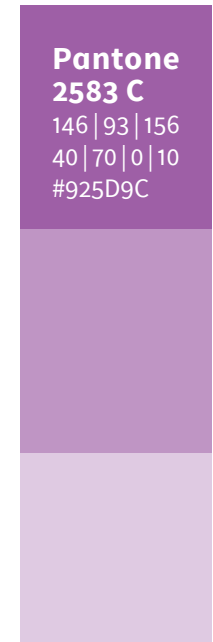
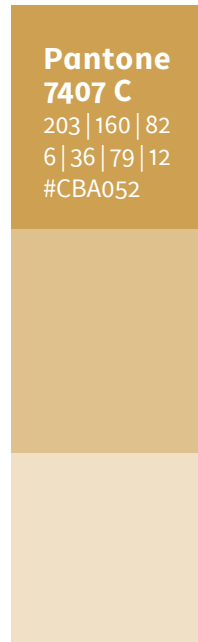
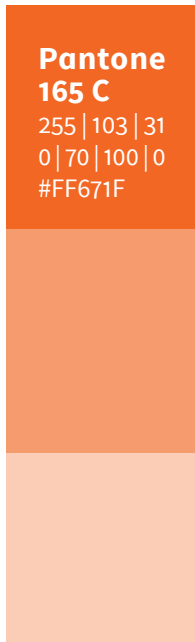
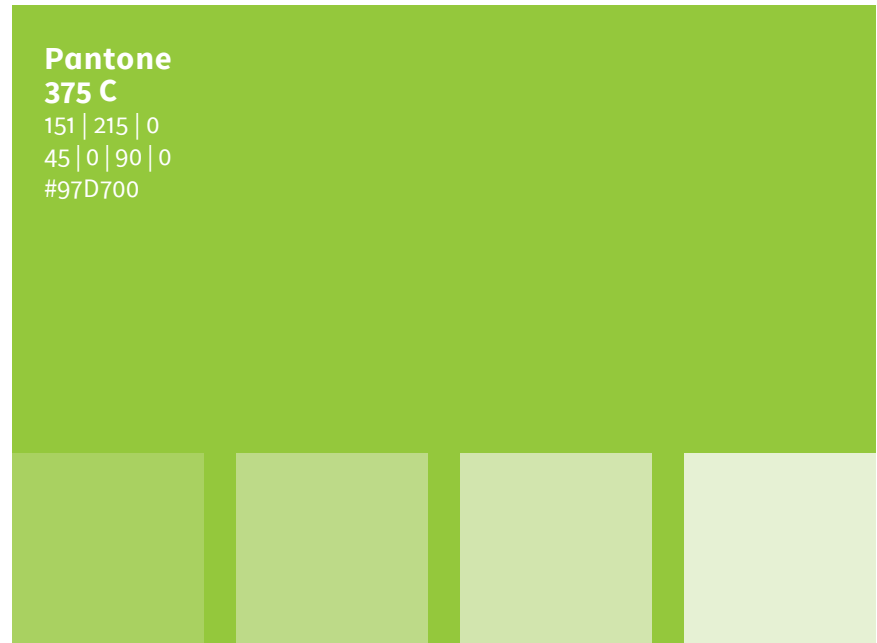
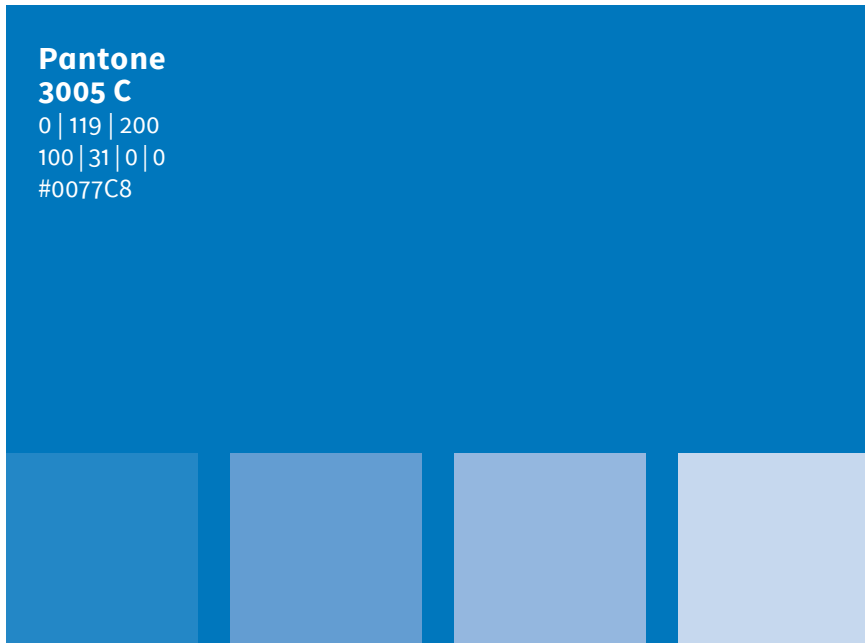
For many people, color can have powerful emotional and cultural connotations. Color is an integral part of our brand, and is one of our best tools for telling the HCA story.

Our color palette is divided into two categories: primary and secondary colors. One or both of our primary colors—the colors in our logo—should appear on every color document we produce. Our secondary colors can be used to add emphasis or interest to our communications.

Product brands may use the same colors slightly differently than the HCA brand—for example, the prominent red in our Apple Health logo. Later in this manual we'll discuss the brand standards, including color guidance, for our different products.

To learn about making sure your color designs are accessible, see **"Accessibility" on page 27**.





Our Brand Design Elements (continued)

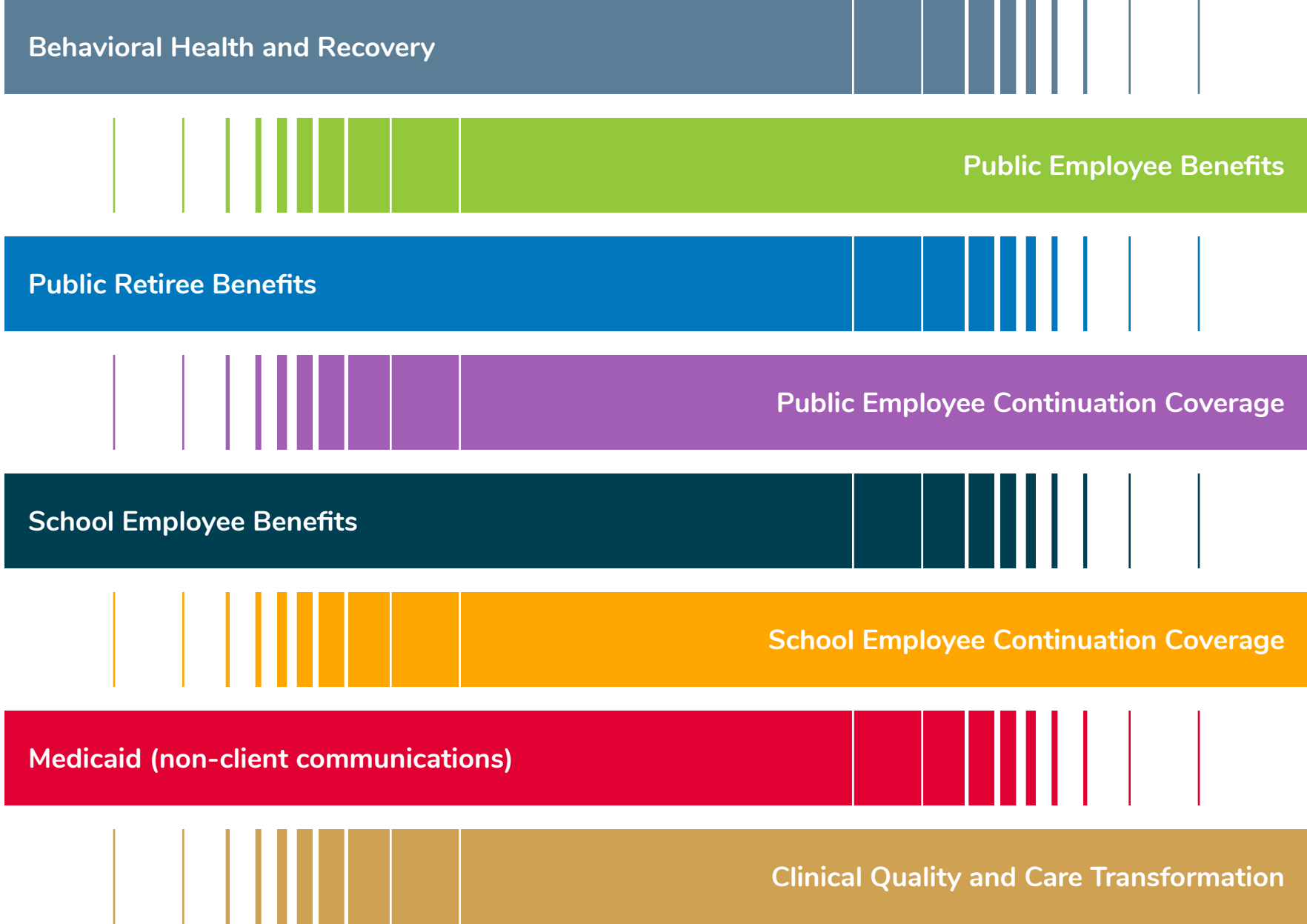
Colorways

To aid our customers, colleagues, and the public in navigating the wide variety of forms and publications we create, many of our programs have their own **colorways**—a specific emphasis of one or two colors from our palette to help distinguish them from other programs.

Colorways are different from brands: they use the colors already in our brand palette to identify different programs within HCA. There are no unique logos, and no color “belongs” to any program. Instead, we emphasize one of the brand colors to help a program stand out.

For instance, a SEBB enrollment guide might use Pantone 3035 to set it apart from the PEBB enrollment guide. Or a DBHR form might use Pantone 5415 to distinguish it from an ERB form. This is helpful not only for our customers, but for our staff as well, who have a quick visual shorthand to help them sort through our forms and publications.

Not all programs have colorways, and using a colorway is always optional—all our programs can always use any of our colors. These are just a fun, creative way to enhance our work.



Our Brand Design Elements (continued)

Typography

We use a small number of fonts across all our platforms so no matter where the reader finds us, we always look the same. We chose our brand fonts to emphasize our core brand values of unity, accessibility, and excellence.

Unity: Our fonts are available on all platforms, so we look the same in print, on the web, or on your mobile device.

Accessibility: These fonts display excellent readability characteristics, making it easier for all readers to access our work.

Excellence: Our fonts convey our professionalism and approachability by being clean, open, and friendly.

Some of our product brands use different fonts than our primary brand. We outline those differences in the various product brand guidelines later in this manual.

	Approved	Alternate
Headings	Nunito	Arial Rounded
Body	Source Sans Pro	Segoe UI

What about my old fonts?

Our older documents might use Calibri, Cambria, Tahoma, Fienstar, Times New Roman, or Arial. Though not everyone can identify the differences between these fonts, the inconsistency still leaves an impression on readers. Over time, we'd like to phase out these older fonts.

As documents are regularly revised, we have an opportunity to update the appearance of them as well as the content. Updating the design of these documents, even when we've made only minor changes to the content, signals to the public that we regularly review our work.

How to get our brand fonts

You can download these fonts from Inside HCA under Communication Tools. If you need help installing them, put in a service request with the help desk by sending an email to ServiceDesk@hca.wa.gov.

Using type effectively

Sticking to a few simple guidelines can help you create documents that are easy to navigate and accessible to readers of all abilities, all while looking clean and professional.

Headings: Headings should always be larger and/or bolder than the body text. While most of our tools and templates can accommodate more, it's best to limit yourself to three or fewer levels of headings (heading, sub-heading, sub-sub-heading). Never rely on color alone to indicate a heading.

Bold type: Use bold type to **emphasize a short passage** of text or (along with blue text) to indicate a **hyperlink**. In documents destined for print, always type out the full URL of a hyperlink, e.g., hca.wa.gov.

Italics: Use italic or oblique type to denote references, titles of published works, or words in a different language than the rest of the document ("Schools may act *in loco parentis* for youth in crisis").

Underlining: Avoid underlining. Use bold or italics instead, depending on the context.

	Approved	Alternate
Headings	Nunito	Arial Rounded
Body	Source Sans Pro	Segoe UI

Fonts

ight

24-point Nunito 300

Heading 1

10-point Source Sans Pro 400 for body text. Nam quam quibus. Modit dem. Sed ent.

14-point Nunito 800 Heading 2

10-point Source Sans Pro 400 for body text. Harum restem id et arume vult ipsanduntius mos voluptatur a coriatur aliscusam, se litae consequosim eturibu stissit, veliquibus magni laborum sitin repelit aquatur aliquis et eos sinus rae con eatur, quia aut ipsanderum lab ipiciet illaborenis alis et late consernam, con consequame perio magni sundelic tem explaut et eum et min coratumqui repe consedi psuntias comniss imincipid molleni maiorio iusam, vendandunt que voles aut lanto et volutae volo doluptat aut entusae ritatii ssuscias ex esequam et, cullore stempero volessunt magnimi, abor sitatur, simus, numquam fugiae vel expeles tiam abo.

12-point Nunito 600 Heading 3

10-point Source Sans Pro 400 for body text. Nam quatem intorrum deriste exerore audiasimaxim conem quis et labor remoluptas expliti numetur? Qui repre sum dita que is nectotas entia quat venitiis re, ad qui optatur sum quis mod molor aut iur sequo molupiendis elictatem simusdae nos essequias andersperia verferum, te esendeliqui ipsa venitusae re veri consequae in cus minciis qui a dent iumque molupti orecaepudit quis miliquis vellupici illabores cus ulpa nia nient id etus, quodis asperae viditas ellabore corepti nversped molorum faccus eaquo volo totatecae. Ovid ut lacerem acerspi ciendeles atur?

Em aut hillectur? Quiaem que volorro et rerument inimendi odi blacestemquo beario qui dolupti dolupta spient aua auo conecto imaanim illiauasiti dolutem apero

lar

bold

bold

&

200 Extrali

300 Light

400 Regul

600 Semik

700 Bold

800 Extra

900 Black

Our Brand Design Elements (continued)

Photography

Photography is one of our most powerful tools for connecting to our audience and telling the HCA story. In ways that words alone cannot, photography allows people to see themselves—in all their diversity—in our work. It's an easy way to bring color, vibrance, and life to our communication.

It's also easy to use photography in ways that diminish our connection to our audience or undermine our credibility. Consider this list of **Photography Dos and Don'ts** when choosing photos:

Do:

- ✔ **Be natural and spontaneous.** Choose pictures of real people doing actual things. Images that are spontaneous will resonate with your audience.
- ✔ **Keep it clear.** Pick photos that focus on just one or a few subjects doing a single thing. Pay close attention to what the subjects are wearing or holding.
- ✔ **Embrace diversity.** When you choose an image, consider the identities of the people in the last picture you used, and pick something different. It will go a long way toward making people feel seen and included.

Don't:

- ✘ **Be static or staged.** As a rule, women don't sit alone in their kitchens laughing at salad. Avoid images that seem posed or unnatural.
- ✘ **Clutter your image or confuse your message.** Images that are busy—that have too many people or things in them—can distract and even confuse the reader.
- ✘ **Rely on clichés.** When you choose a picture, always ask yourself if you've seen something like it before, and consider whether something more unique (and authentic) might do the trick.






Our Brand Design Elements (continued)

Iconography

At HCA, we use icons in our publications and on our website to indicate different processes and categories of information. Think of them like road signs: icons make it easier for people to quickly and easily find the information they need. Together, the icons we use form a sort of simple visual language meant to help people navigate the sometimes complex information we give them.

Icons are different from other types of symbols. **Logos** represent organizations or products—proper nouns; icons only represent common nouns, like objects, processes, or ideas. **Map symbols** usually need a key to decode; the meaning of an icon should be implicit in its form.

It's important that we use icons consistently at HCA: each icon should mean the same thing every time we use it. This helps our audience better understand the information they're receiving. For instance,  always means *medical care*, while  always means *health care provider*. It's also important for us to use icons consistently with the wider world: for example,  means *accessibility* everywhere you see it.

On the next page you'll see some of the icons we use at HCA along with their meanings. If you'd like to use iconography in your document or presentation, please let your communications contact know. They'll be happy to provide you with artwork and instructions for using icons at HCA.



Our Brand Design Elements (continued)

Decoration

You may have noticed that this manual is pretty sparsely decorated: a color line here, an icon there, but otherwise, not a lot of ornamentation on the pages. That's intentional.

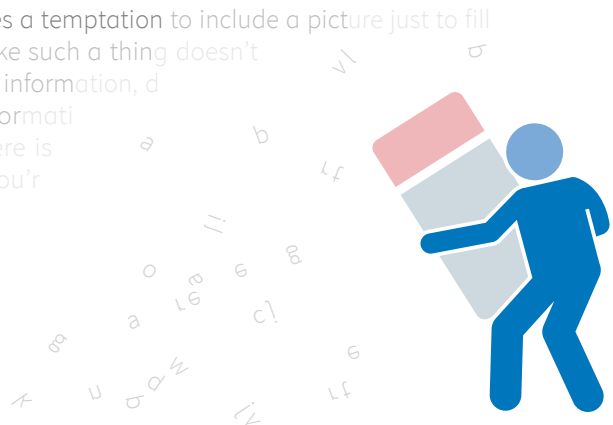
Because much of what people find appealing is a matter of taste, we've chosen to focus on design elements that do a specific job: for example, the color bars at the beginning of each chapter tell readers when a new subject is under discussion while also making a visual connection to other HCA documents; a grid of color tiles communicates the brand palette while also demonstrating the relationships the colors have to each other.

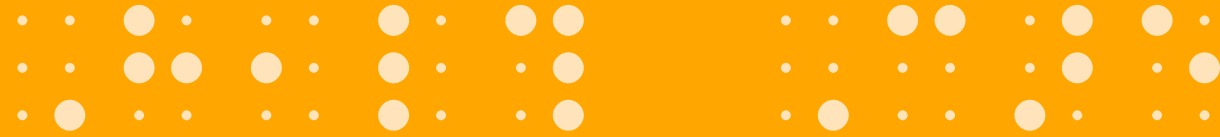
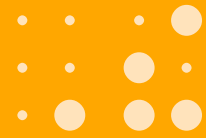
There are some things we want to see included on every document: the color bars, for example, or our logo, which help reinforce our brand. Otherwise, the best way to decorate a document is to **remove** anything that doesn't have a specific job to do. Is that clip art saying something you already said in the text? Get rid of it. Is that photo there just because you had some extra space? Delete it.

But what can I keep, you ask? Charts, graphs, and tables, when thoughtfully designed, both convey vital information and create visual interest. Cover photos can set the tone for a book. Pictograms can demonstrate behavior or ideas. That's all work that needs doing, and can be done beautifully.

The most important thing to remember is the public comes to us looking for reliable, understandable information about some of the most important decisions they will ever make. Anything that furthers that goal is good, and anything that doesn't, we can do without.

For example, there is sometimes a temptation to include a picture just to fill up space. It may seem, at first, like such a thing doesn't truth it pulls the reader out of the information, and potentially contradictory information or clip art, consider whether there is depth and context to the point you're omitted altogether.





Accessibility

Accessibility is a core value that we embrace as an agency, as a brand, and as people who care. It means that our work can be read, understood, and used by anyone who needs it. Disability, language fluency, education, and income should not be barriers to accessing health care.

As we do this work, remember that accessibility is a **value**, not an **achievement**: there's no point at which we will be done; we will always strive to be more accessible than we were before.

When we make information accessible to people with specific barriers, we also make it easier for everyone to use. This is why we've chosen an "accessibility-first" approach to all our materials.

Some of this information is about principles and best practices; some of it is about technical tools and standards we use. Not everyone needs to know everything in this chapter, but being familiar with it will help everyone whose work is seen or used by other people—basically, everyone at HCA.

Principles of accessibility

A handful of principles guide our efforts to make our work more accessible:

Every Washingtonian has the right to read and understand our work. We work for the people of Washington and are accountable to them.

We have a positive obligation to make our work accessible. We must "meet people where they are" and do our best to be accessible to everyone.

Reducing barriers to access benefits everyone. When we improve access to our publications, they are easier for everyone to read and understand, even those without significant barriers to access.

Barriers to access

A lot of things can prevent a person from getting access to the information they need: physical, sensory, and cognitive disabilities; limited fluency in English; limited access to education; behavioral disorders and trauma; and lived experience of discrimination can all interfere with a person's ability to read, understand, and use the information we provide.

We are directed by principle, policy, and law to lower those barriers wherever we can. The **Americans with Disabilities Act of 1990** (ADA) protects people with disabilities from discrimination and guarantees them equal access to all public accommodations. The **Civil Rights Act of 1964** protects people from discrimination on the basis of race, color, religion, sex, or national origin, and guarantees them equal access to all public accommodations. These rights are mirrored and expanded by the 1995 Washington state **Law Against Discrimination**, which also prohibits discrimination on the basis of sexual orientation, marital status, age, whether a family has children, and veteran or military status. HCA is committed to providing equal access to all of our services.

In our publications and documents, barriers to access can take many forms: documents that are only available in English, that are only available online, or that are incompatible with tools used to assist reading, are all barriers that we can, and are required to, alleviate.

Accessibility (continued)

Accessibility first

Publications and forms that were not designed with accessibility in mind can be very difficult to alter or reorganize so they are accessible to all readers (a process called *remediation*): it can involve hours of coding and adjustment using specialized tools, and even then the document may not be fully accessible. It's better to think about accessibility when you begin developing a publication or form; it'll save you a lot of time down the road.

Whenever you start work on any document that will be shared outside of your team, whether it's publicly or just inside the agency, reach out to your communications contact and ask about making sure your publication is accessible. Always start your project by downloading the latest document templates from Inside HCA. These will always be as accessible as possible. If you're revising an existing document, consider transferring it to a new template—this will make it easier to remediate now and into the future.

Accessibility starts with content

Washingtonians access our documents in a wide variety of ways: in addition to reading them in print or online, many may need our publications in a different format (braille, for example, or large print) or a different language. Some may use assistive technology, like a screen reader, to help them navigate our publications.

It's always easier to use a document that is written simply. For many people, a difficult reading experience is the first and highest barrier to access. This is why **Executive Order 05-03** requires us to use plain language when communicating with residents and businesses. The order requires us to use:

- clear, common language;
- short sentences written in active voice; and
- layouts that help the reader understand on the first try.

Readers need plain language even more when we talk about health care and health care coverage. Technical language, jargon, and complicated writing can prevent people of any background from accessing our services, and disproportionately affect people with other barriers to access. When we use plain talk, we improve people's lives.

Accessible templates

The easiest way to make sure your documents are accessible is to take the **Accessibility for Word and PowerPoint** training and use the agency's templates, available on Inside HCA. These templates have the most important accessibility features built into them, and using them correctly will help you create fully accessible documents. No template can create a perfectly accessible document, but using our templates will minimize the amount of work (and time) it takes to make your document ready for the public.

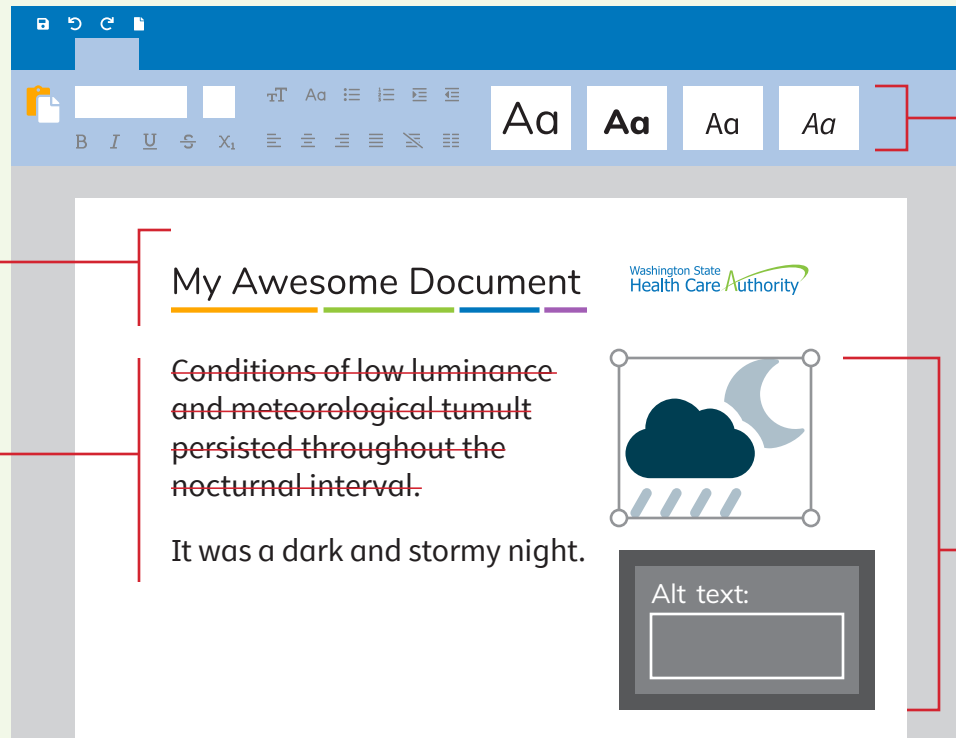
We crafted these templates according to agency brand standards, and made them to take full advantage of assistive technology for reading. The fonts, styles, and layouts have all been chosen based on the best available research regarding reading and accessibility. Some of Word's features are turned off in the templates because they do not work well with screen readers—for example, we've turned off the "bold" and "italic" buttons. Don't worry, you'll still be able to achieve those effects in an accessible way using the template's built-in styles.

Start with accessibility

Start with an agency-approved template.

If you're revising an old document, move it over to a new template.

Write plainly and directly to your audience.



Use the paragraph styles and character styles to ensure your text will make sense when read with assistive technology.

Add alt text to your images and tables.

Send your file to your **communications contact** for remediation, transcription, and translation.

Accessibility (continued)

Making print documents accessible

There are a number of reasons a person might have difficulty reading a printed document: they may have a visual disability, like color blindness, or they may have a reading disability, like dyslexia. Or they may have simply mislaid their glasses. We employ a number of strategies to ensure that everyone who needs to read our work, can.

Fonts

We chose our approved fonts because they are excellent for readers with low vision or reading disabilities. The lower-case letters are big and open, and the letter shapes are simple and distinctive. Many common fonts, like Times New Roman and Calibri, can be much more difficult to read. Font style can also make text more difficult to read: italic or oblique text, for example, can be very challenging, and should be used sparingly. For more about fonts, see ["Typography" on page 18](#).

Layouts

Open, logical layouts with lots of white space are generally easier for people to read. Research has repeatedly demonstrated that a column of text is easiest to read when it's about 35-55 characters wide, or about 3½" to 5½" wide. That's why all of our accessible templates have wide margins and text columns about 4½" wide.

When laying out your document, avoid clutter. Omit unnecessary illustrations and try to maintain a clear left-to-right, top-to-bottom reading order.

Tables

Tables work best when used for comparing complex information sets, like statistical information or benefit comparisons. Embrace the use of tables for conveying numerical information, and avoid using them to organize information that's just text.

Border lines are often unnecessary in tables; the spaces between columns and rows can guide the reader's eye without the need for additional marks. Lightly shading alternate rows can add clarity to a table without distracting a reader, as can using bold or color text to highlight specific data points.

Color

Color influences the accessibility of a document in two ways: color choice and contrast. About one in twelve people experience some form of color blindness, and for all people the ability to perceive color decreases with age. Color blindness typically takes one of three forms: red-green color blindness, blue-yellow color blindness, or a total inability to perceive color. People experiencing color blindness are able to perceive the relative lightness or darkness of a color, but have difficulty distinguishing particular hues.

For this reason, avoid using red to contrast with green, or blue to contrast with yellow, and never use color as the sole signifier of meaning. For example, if you have a chart comparing things that are good with things that are bad, mark them in blue and red, respectively, rather than green and red, and use different shapes to distinguish them. (See ["Photography" on page 20](#) for an example of this.)

Only ever put dark text on a light background, and vice-versa; when in doubt, black text on a white background always works. If you're unsure about a particular color combination, the visual communication team has tools to measure contrast and help you make effective choices.

Large print

For some readers, it will still be necessary to use larger-than-standard print. Such documents fall into two categories: **enhanced print**, which uses 14-17 point type; and **large print**, which uses 18 point type and larger. Enhanced print typically doubles the page count of a document; large print typically triples it.

Because of the complexities around laying out enhanced and large print documents, these should always be handled by our visual communication team. If you need enhanced or large print versions of your publication, talk to your communications contact.

Braille

Braille documents typically have four or five times as many pages as print documents, so if you expect your document to be transcribed into braille, try to keep your writing short and to-the-point. Braille printing is handled by your communications contact.

Accessibility (continued)

Making digital documents accessible

Assistive technology has made it easier than ever before for individuals with disabilities to access our work. We want to make sure our publications, forms, and other documents are compatible with one of the most common kinds: the **screen reader**.

Screen readers use synthesized speech to "read" the text in a file or a web page out loud. They may be built into the operating system or software that the user has installed. For a screen reader to be useful, it must read **all** of the text on the screen, including menus, page information, document numbers, footnotes, and directories—things that a sighted user will usually ignore—in a logical order. It must also describe any images, charts, or graphs, to ensure the user of the screen reader gets the same information a sighted reader would.

Styles & Tags

Of course, most of us don't need all of the information on a page: we might want to skip to a certain section, or just scan the document for information. To ensure the user of a screen reader isn't mired in a bunch of information they don't need, we need to organize the text on the page using **styles**.

Most word processing software, like Microsoft Word, uses ready-made sets of formatting instructions called styles. You can see them up at the top of the application window, next to the controls for the font, type size, etc. You would use the "Heading 1" style for your main headings, the "Body Text" style for your paragraphs, and so on. The real power of styles is that, invisibly to the user, they apply **tags** to the text in the underlying code of the document.

Tags are little snippets of metadata (information about information) that a computer can use to organize and search a document. In this context, a tag can distinguish between a heading and body text, or identify a list or a hyperlink. They are invisible to the sighted reader, but invaluable to a computer-assisted reader. Tags also enable a bunch of software features, like automatic tables of contents, that are useful to anyone creating documents.

Tagging is why our accessible Word templates disable features like the "bold" button (called "local formatting"): while screen readers can detect the formatting, they can't determine the context. Was that text bold because it was a heading, or because it was emphasized? Were those words italicized because they were a title, or because they were French? Styles and tags help the screen reader make meaningful inferences about the structure of the text.

Alt text

The other type of metadata that requires special attention is **alt text**. When there is something on a page that isn't just letters or numbers, like a picture or a form field, alt text describes that page element. For a picture, it might be a description of the image; for a form field, it might be instructions for the user on what information to enter. We must enter alt text for every image, chart, graph, table, and form field in a document.

We also have to apply alt text to any hyperlinks in a document. When a screen reader comes across something like <https://bit.ly/3hvlEsN>, it just sounds like nonsense. When a link is paired with meaningful text and appropriate alt text, it becomes much easier for the reader to, say, visit our website at hca.wa.gov.

Compatibility

Not all files can be read by all screen readers. For example, most screen readers cannot navigate a form built in Microsoft Word, because they cannot read the locked portion. The accessibility experts in the Communications Division will help you choose the right file format for the job.

Remediation

So, you've finished working on your document: you used an agency template, everything is correctly styled and tagged, and you went through and added alt text to every picture, table, graph and hyperlink. Is it done and ready to distribute?

Well yes, but actually no.

No single tool available to the agency can make all of our documents 100% accessible. Using styles, tags, and alt text in your Word document will get it most of the way there, but it will still need help.

The Communications Division has special software tools that allow us to adjust the underlying structure of the document so that it's easier to navigate with a screen reader. If you have a document you plan to share with audiences beyond your team, talk to your communications contact about the best way to make it accessible to all readers.

Technical standards

All websites, web pages, and web apps should be remediated according to the Web Content Accessibility Guidelines (WCAG) 2.0 (ISO/IEC 40500:2012). All PDF documents should be remediated according to the PDF/UA (ISO 14289-1) standard.

Accessibility (continued)

Making documents in multiple languages

HCA translates our publications and forms into many languages, depending on the program and the audience. Your communications contact works with translators, vendors, community members and other agencies to ensure that language is never a barrier to receiving care.

We want our publications to look, feel, and work just as well in Spanish or Korean as they do in English. To do that, we need to prepare the document for translation as soon as we start writing it.

When creating a document destined for translation, follow all of the steps you normally would to create an accessible document. Pay particular attention to using plain talk, since jargon and technical language can be very difficult to translate accurately.

Translation

Translation describes turning **text** from one language to another. (**Interpretation** is the same thing for speech and sign language.) Our translation services are governed by a contract negotiated on behalf of several agencies by DES. Translation services typically take at least two weeks.

While we welcome community input on our translated materials, we rarely use community members to translate our communications. We never use ‘machine translation’ services like Google Translate.

If you have a publication or form you expect to translate, your communications contact will work with the language access coordinator and the visual communication team to prepare and translate your document. If you need to translate a letter, email, social media message, or web page, work directly with the language access coordinator.

Disability access for non-English documents

Just like any other document HCA produces, all of our translated communications must be accessible to readers using assistive technology. In addition to the standards outlined earlier in this chapter, translated documents must also adhere to certain international standards for how the text is handled. These include using ISO language tags and Unicode fonts. Your communications contact will make sure your document meets these standards.

It’s important to note that any document translated before 2017 probably doesn’t meet these standards and cannot be made accessible. Prioritize these publications for re-translation at the earliest opportunity.

Text expansion

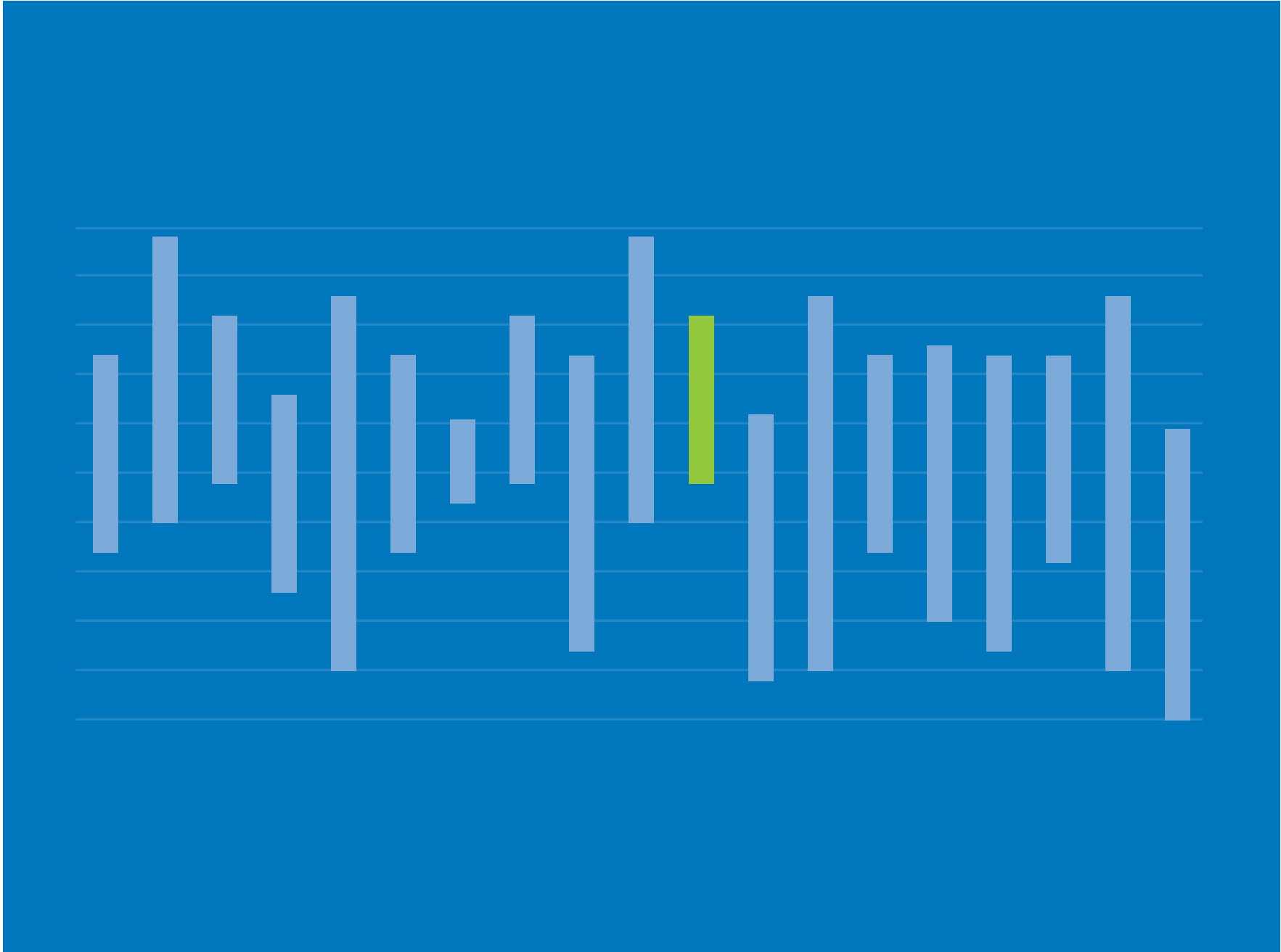
If you’re creating a document where space and layout matter, like a newsletter or an enrollment form, be sure to leave lots of extra space on the page. This is because a passage of text will often become longer when translated into another language (linguists call this process *foisonnement*). For example, when we translate a typical passage of non-technical English into Spanish, the word count will increase by 20-30%. Using large margins and leaving lots of blank space on the page not only makes a document more accessible for English-fluent readers, it also ensures readers in other languages don’t have to navigate unreadably small or crowded text.

The table below shows how much a passage of text might expand (or contract!) when it’s translated outside of English:

Language	Expansion	Language	Expansion
Arabic	+20% to +25%	Romanian	+15%
Amharic	+10%	Russian	+20%
Burmese	+15%	Somali	+15%
Chinese	varies	Spanish	+15% to +30%
Khmer (Cambodian)	+15%	Swahili	+10%
Korean	-10% to -15%	Tagalog	+25%
Lao	+15%	Tigrigna	+20%
Oromo	+20%	Ukrainian	+15%
Persian	+20%	Vietnamese	+20%
Punjabi	+10%		

Design standards for translated documents

All of HCA’s design standards apply to our translated documents, with one addendum: for languages using non-Latin, non-Cyrillic alphabets, our brand font is **Noto Sans**. Condensed versions of Noto Sans may also be used in contexts where text expansion would require substantial redesign of a given document.



Infographics and Data Visualization

Data is a big part of our work at HCA: we use it to inform our policy decisions, our care decisions, and our process improvement work. We even used data to help us choose our brand colors! We are a data-driven organization. And because data is so important to our work, we must take special care when we communicate that data to the public.

We work with two kinds of data: quantitative and qualitative. **Quantitative data** is information that can be represented in numbers: how many procedures were performed, how much did each of them cost, etc. **Qualitative data** is information that can be described but not necessarily counted: how did having access to health care improve a person's life? Both types of data are an important part of how we tell the HCA story.

Quantitative data is usually presented using tables, charts, and graphs, collectively called **data visualizations**. These can be very effective tools for presenting a large amount of information in a small space. Because of the density of information in them, these tools can be difficult to read and even unintentionally deceptive, so it's important to adhere to the industry best practices when presenting this kind of data.

Qualitative data is usually shared by telling a story. It may be a story about one person's experience, or a story about how a system or process works. We usually use words alone to tell these stories, but illustrations and diagrams can help us bring clarity and even joy to complex and confusing information. This type of story is called an **infographic**.

This chapter covers tips and best practices for creating appealing and on-brand data visualizations and infographics.

Infographics and Data Visualization (continued)

Data visualization

How to accurately and effectively convey large sets of data is a huge and complex topic. People spend their entire careers studying just this question. We won't ask that of you (but if you're into that, we support it).

Instead, let's look at the different kinds of charts and graphs you might use, and how you might use them well.

Remove to improve

Like we mentioned in the section about decoration, the easiest way to improve a chart or a graph is to remove everything that doesn't have a specific job to do. For example, a bar chart might have axis labels, grid lines, and data labels, all of which are trying to do the same thing: show the reader the values of the bars. Since data labels do that most effectively, you can just get rid of the other two.

Sometimes, people will add textures or 3-d effects to their charts, usually out of a fear that the data looks "boring." These things can distract from your data, and even distort it. Remember that your work is interesting, and the people reading it sought it out—it doesn't need any decoration, it just needs to be itself.

Ask an expert

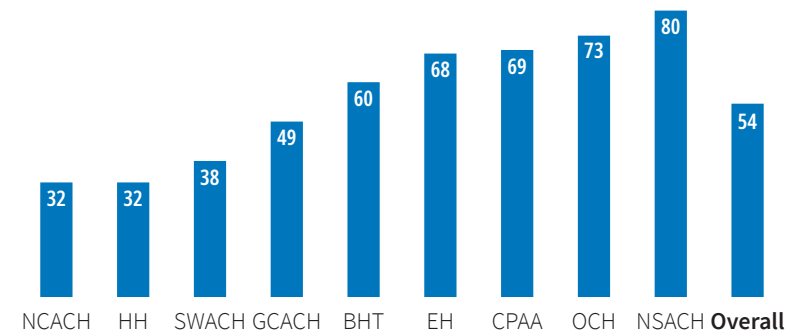
At HCA, we're very lucky to have a team of data experts we can consult for our work. If the data set you're working with is large, or if it needs to show specialized kinds of statistical information—like error ranges or mean values—your communications contact can work with the data and design teams to create beautiful and effective data visualizations for you.

Bar charts

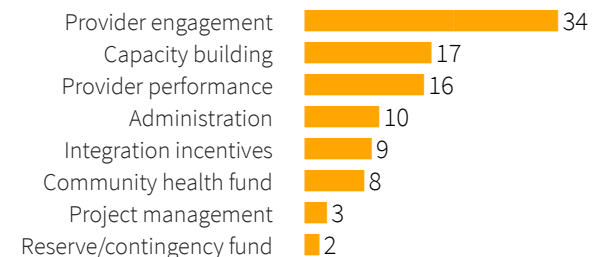
Bar charts are probably the most common type of chart we use. They are best used to compare **categorical data** (data points that are not in a series): for example, enrollment rates in different counties, or member preferences for different services.

Bar charts work best when they use data labels and omit the y-axis labels and grid lines. Use only a single color for the bars in your chart, unless you need to highlight a particular data point.

Percentage of incentive funds distributed, by ACH



Percent distribution by use category, overall

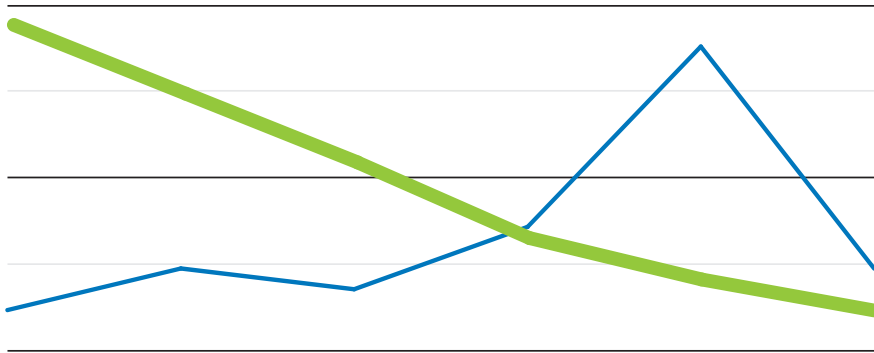


Infographics and Data Visualization (continued)

Line charts

We use line charts to compare data points in a series, usually over time. Line charts are great for showing and comparing trends. Avoid using them for data that aren't compared over time, or for data with inconsistent reporting periods.

Line charts can use y-axis labels and grid lines, or direct data labels, whichever provides the clearer result. Avoid showing more than two or three trends in a single chart. If you have multiple trend lines in a single chart, make sure the lines contrast with each other in at least a couple ways: color and lightness/darkness, say, or dashed lines versus solid lines. Never rely on color as the sole signifier of meaning.



Pie charts

Pie charts are used for showing proportion: for example, how much of a budget is used for a particular activity. Because of the odd, nearly-triangular shapes used in pie charts, it can be difficult for readers to make meaningful distinctions between different “slices” of the pie. (This led one data visualization theorist to declare, “Every pie chart is a lie.”) If your pie chart has more than three or four slices, or if those slices are similar in size, consider using a different chart that may be easier to read.

One trick that can make a pie chart more readable is to make it a “donut!” By knocking out the center of the chart, all of those almost-triangles become almost-rectangles, which are much easier for readers to understand.

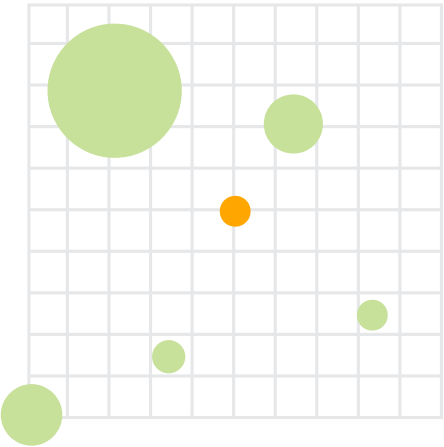
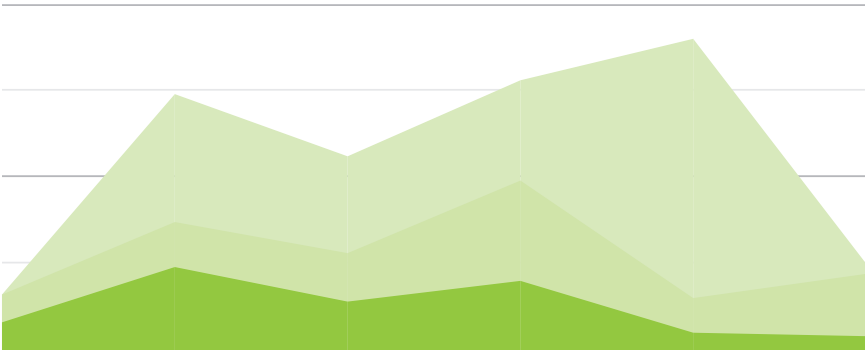
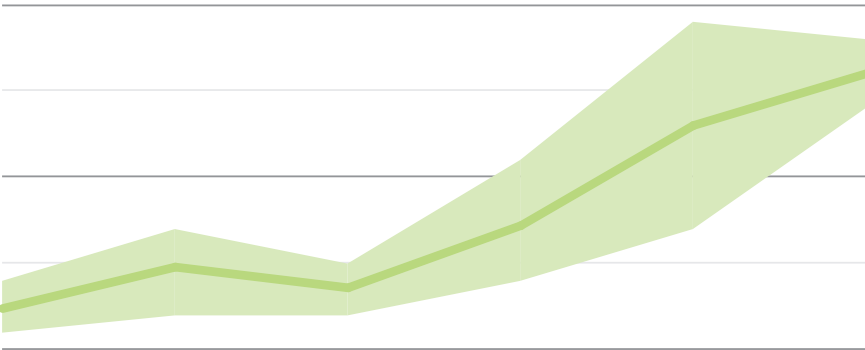


Infographics and Data Visualization (continued)

Other data graphics

There are hundreds of other kinds of charts we might use: histograms, area charts, scatter plots, bubble charts, box plots, and more, each designed to convey certain kinds of data. While complicated to create, these can be powerful tools to tell the story of your work.

Talk to your communications contact about developing the right data visualizations to tell your story.

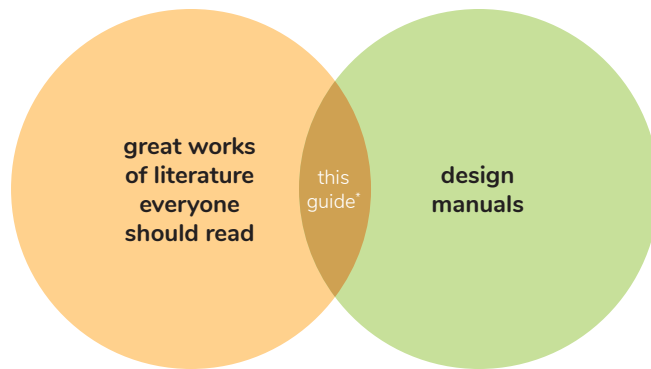


Infographics and Data Visualization (continued)

Infographics

Infographics use charts, graphs, icons and other visual tools to convey knowledge. Where a chart can only convey quantitative information, infographics can also convey qualitative information, like relationships, processes, and even personal stories. Many of the illustrations in this manual could be considered infographics.

Where data visualizations aim to convey facts, infographics contextualize those facts to prompt understanding. They may or may not include charts and graphs; they might also use pictograms (to demonstrate behavior), icons (to connect abstract concepts), and even text. Infographics always tell a story, even if it's a very simple one:



Infographics work best when they use a consistent visual language: we use a library of icons and pictograms along with a carefully curated palette in our designs. Because each infographic poses unique design and accessibility challenges, they should always be created in concert with your communications contact and the visual communication team.

*and maybe one or two others.

COVID-19 (Coronavirus)

Helping kids to wear cloth face coverings

Here are ways that you can help your child adjust to wearing a cloth face covering.

Start small.

Have your child "help" you by holding their face covering. Over the next few days, gradually move to wearing it hooked around their ears and worn below their chin, then on their face. Have them wear it for longer stretches, during activities they enjoy.



Offer praise

Give high-fives, hugs, treats, or an extra book at bedtime as a reward.



Model the behavior

Wear your mask while doing simple tasks so that it becomes normal.



Making face coverings at home? Let kids help!

Have them pick the fabric or use non-toxic markers to decorate it.

Explain why it is important.

Share the good things that face coverings can do, rather than the bad things a virus can do.

Spread the Facts

coronavirus.wa.gov

Infographics and Data Visualization (continued)

Maps

Maps represent a special category of infographic, both because we use them frequently, and because they are capable of conveying a wide range of information. Our maps are unusual in that they are never meant for navigation: people have many more accurate resources for that information than us. Instead, we use maps to contextualize information, allowing us to use a greater variety of maps than we otherwise might.

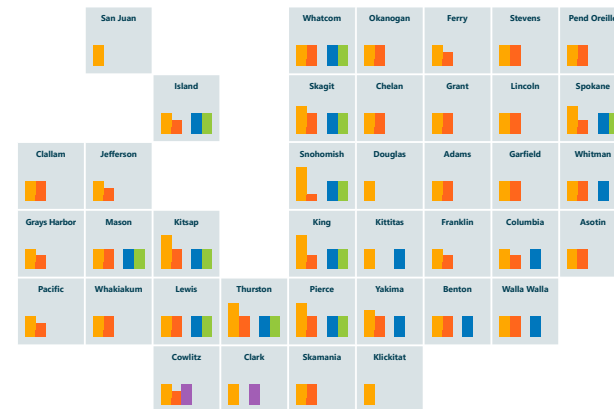
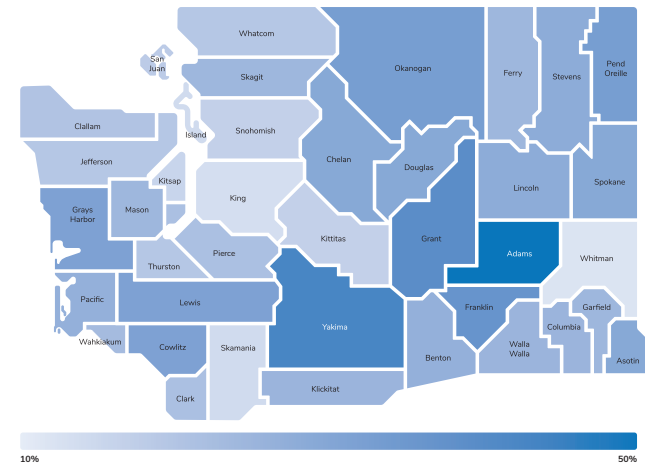
Choropleth maps

Choropleth maps, sometimes called “heat maps,” use geography and color to convey information. We use them frequently to display regional variation in a single variable, like network adequacy by county. Choropleth maps are most effective when they use shades of a single color (for gradient data), or two or three closely coordinated colors (for making distinctions between a small number of values).

Tile grid maps

Using maps to convey some kinds of data can actually distort the information: because large counties can have small populations and vice versa, conventional maps can over- or understate data.

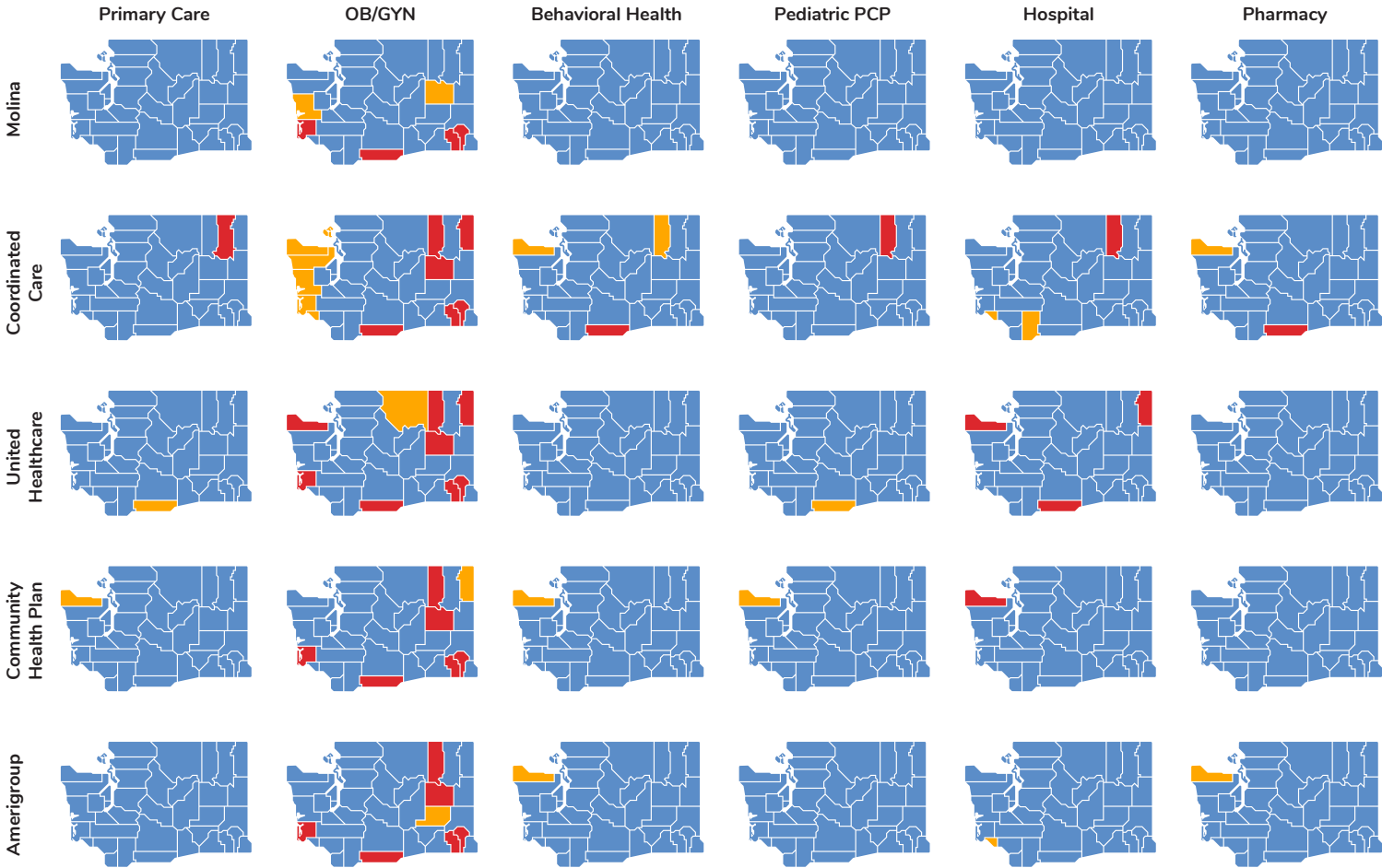
Tile grid maps address the potential distortions of geography by dispensing with it altogether: areas (in this case, counties) are replaced by identical shapes arranged roughly according to their real-world placement. This allows the map to convey other types of data without distortion. The trade-off, of course, is that the resulting map doesn’t look much like the real thing. It’s not the right solution for every problem, but for some kinds of data visualization, it’s just the thing.



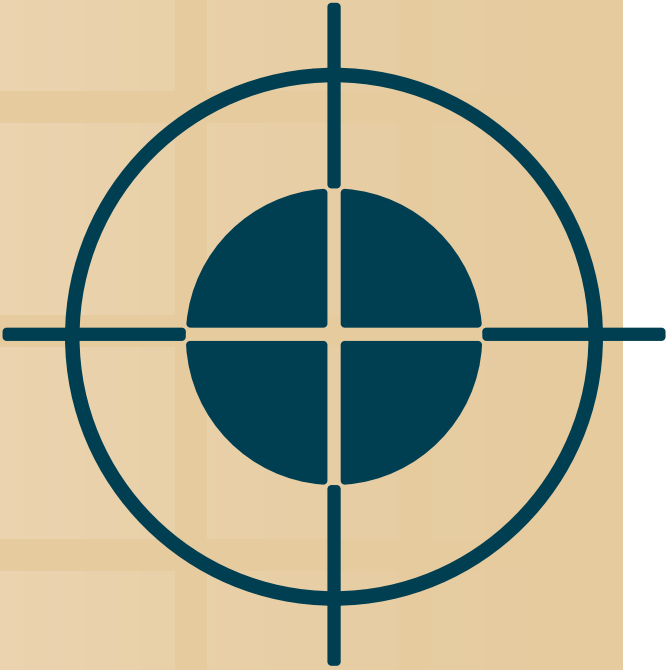
Infographics and Data Visualization (continued)

Small multiples

Because most graphs and charts can be read even at very small sizes, repeating a graphic several times can allow you to show variation of an additional variable. This allows an at-a-glance presentation of complex data sets. Plus, it just looks pretty cool.



Washington State
Health Care Authority



Templates & Specifications

So far, this guide has contained a lot of ideas and context, but not a lot of direction. We believe that knowing the principles behind our brand standards will help you design beautiful documents, presentations, and web pages, while allowing you to express your creativity. We realize that doesn't offer a lot of clarity. You might say to yourself, "This is all well and good, but what am I supposed to **do**? What am I not allowed to do?"

This chapter contains all of that information: it's a quick run-down of minimum standards for all our documents, as well as examples of how to use them. If you have an idea not covered by these examples, bring it to your communications contact. They'll help you figure out how to make it work, while staying accessible and on-brand.

These templates and specifications are for HCA-branded documents. Apple Health, UMP, and our other product brands follow their independent brand standards. Regardless of branding, all of our documents adhere to our accessibility standards.

File format

For accessibility reasons, HCA only distributes documents to the public in PDF format. Word documents (.doc, .docx), Excel spreadsheets (.xls, .xlsx), and other formats are not fully accessible. The Web Content Manager will approve any exceptions to our accessibility standards.

Branding

All external communications created by the agency must have the agency logo on the first page and the cover. The logo must be no smaller than 1½" wide. All external communications, except for letters, emails, web pages, and one-time products like event posters, must have an agency document number. The document number must appear in the lower left-hand corner of the first page and the cover, and can be no smaller than 9 points.

The Washington State Health Care Authority is the author of all documents produced by the agency, and must be identified as such in the document metadata and in the indicia. Except for letters and emails, individual employees of HCA are not identified as authors of any of our communications.

Type

Documents in English or other languages that use the Roman alphabet will use Source Sans Pro for body text and Nunito for headings. If those typefaces are unavailable, you may use Segoe UI for body text and Arial Rounded for headings. Documents in non-Roman alphabets will use Noto Sans for body text and headings. No other fonts may be used in our publications.

Type sizes

Normal documents will use 10-point type for body text, and sizes ranging from 12 to 24 points for headings. Large-print documents will use 18-point type for body text, and sizes ranging from 20 points to 32 points for headings.

All publications will be single-spaced. Each paragraph after the first in a section should be indented. Do not double-space between paragraphs.

General document layouts

Most printable documents will be designed for 8½" × 11" paper; any other sizes must be approved by your communications contact. Text columns must be no wider than 6½", and whenever possible should be 4½". Top and bottom margins on any printable document should be 1" (minimum ¾"). Avoid side margins of less than 1". Documents may be either portrait or landscape orientation.

Footnotes and endnotes

Footnotes and endnotes will be set in 9-point type in normal documents and 14-point type in large-print documents. Footnotes may appear at the bottom of the page or in the right-hand margin if the margin is larger than 2½". Endnotes appear after the primary content of the chapter or document, but before any succeeding chapters or appendices.

Footnotes and endnotes both use numerical references; do not use asterisks, hashes, or other symbols to indicate footnotes. For accessibility, no numerical reference may appear more than once in the body of a page; if multiple references must refer to the same note, they should be "stacked" before the note. See page XX for an example.

Templates & Specifications (continued)

Tables of contents, indexes, and glossaries

All publications longer than 10 pages must have a table of contents after the title page or cover and before the beginning of the primary content. Tables of contents should use the appropriate styles from the template; all other standards apply. For any publication posted to the web, the table of contents must be interactive.

Indexes are never required but may be useful in documents longer than 80 pages. Indexes of less than one page should use 10-point type; indexes of more than one page may use 9-point type. For any publication posted to the web, indexes must be interactive.

Glossaries are never required but may be useful in reports intended for non-expert audiences, including legislative audiences and the general public. Glossaries must adhere to all type and layout standards.

Tables of contents, indexes, and glossaries may all use narrower column widths to allow for two or three columns on a page.

Covers

Document covers must have the HCA logo and the publication number with the date of the latest revision. Covers may only use our brand fonts. Cover images may use photography or illustrations; cover designs must be approved by the visual communication team.

If a publication has a back cover, the HCA logo or the HCA bug must appear somewhere on the back cover.

Page numbers

Documents of more than four pages must have numbered pages. In printed documents, page numbers should appear on the bottom corner of the page away from the binding. In web documents, page numbers should appear in the bottom right-hand corner. Page numbers should be set in 9-point type.

Tables

Tables should not use internal or external borders, except where absolutely necessary. If white space is insufficient to distinguish between table rows or columns, alternating fills may be used. Table text should be no smaller than 9 points.

Tables must use consistent precision: dollar figures should either be in whole dollars (\$96) or dollars and cents (\$96.14), but never both. Numerical information is

always right-aligned in tables, and textual information is always left aligned. Align column headings to match data. Tables may have up to three column headings and up to three row headings.

Lists

Use ordered lists for any list in which sequence matters; use bullet lists when sequence doesn't matter. Lists always have at least two items. No list item should be longer than one or two sentences. Indent each list level consistently from the level before it. Do not hyphenate or justify list items.

Image use

We must have the express permission of the copyright holder to use an image in any document or presentation. So-called "fair use" exemptions to copyright law are extremely rare; assume that you cannot use any image you find online unless the owner tells you that you may. When re-using images from other publications or presentations, check with the visual communications team: the agency's license to use that image may have expired.

Do not stretch, distort, or manipulate any images in your documents or presentations. Do not use low-resolution or pixellated images. Image resolution should be at least 96 ppi for presentations and 300 ppi for print documents.

Logo use

The agency logo must appear on all external communications, with the following exceptions:

- Correspondence bearing the state seal.
- Social media posts bearing the agency social media icon.
- Communications from one of our product brands: Apple Health, UMP, UMP Plus, WPDP, COFA Islander Health and Dental Care, and ProviderOne. Other product brands should always be co-branded with HCA.

Logos of other Washington State executive branch agencies may only be used with the written permission of that agency. Logos for judicial agencies, legislative agencies, agencies of other states or the federal government, nonprofit organizations, businesses, or other groups may only be used with permission from the Visual Communication Manager.

Templates & Specifications (continued)

Short publication standards

Logo: The agency logo will appear in the top right or top left corner of the first page of all publications.

Title: Put the full title of the document at the top of the first page of the document.

Color bars: The color bars should always appear on the first page of the document under the title.

Publication number and date: The publication number and date of the most recent revision will appear in the bottom left corner of the first page or cover of all publications in the following format: **HCA XX-XXXX (mm/yy)**, where XX-XXXX represents the publication number and mm/yy represents the month and year of the most recent revision.

Page numbers: Where required, page numbers should appear on the bottom right-hand corner (web only documents) or the bottom outside corner (printed documents).


Margins: Document margins should be no less than 1" on all sides. Wherever possible, to achieve optimal column width use 2" side margins or asymmetrical 1"/3" side margins. Document and page numbers may appear in the margins, at least 3/8" from the nearest edge.

Headings: Headings should follow typographical conventions set out earlier in this guide. Headings must be nested in a logical sequence: a level 3 heading may follow a level 2 heading, but may not follow a level 1 heading.

Body text: Text should follow typographical conventions set out earlier in this guide.

Example:

Tribal Land Acknowledgment Guidance



What is a Tribal Land Acknowledgement?

A tribal land acknowledgement is a modern-day recognition that Indigenous people have been stewards of lands and waters on this continent for tens of thousands of years. Tribal land acknowledgments are an opportunity to learn the stories of the people who, since 1492, survived colonization, genocide, land theft, and other atrocities to continue to thrive as political entities we call "tribes." Tribal land acknowledgments show respect for the true history and lived experience of Native American communities.

Why should I use a Tribal Land Acknowledgement?

The employees of the State of Washington are guided by the Centennial Accord and chapter 43.376 RCW – respecting and affirming tribal sovereignty and working with our tribal governments throughout the state in government-to-government partnership. A tribal land acknowledgement shows, as public health partners, we honor Native American history, culture, their sovereignty, and their resilience. It is a way to show respect to them as our allies.

How do I make a Tribal Land Acknowledgement?

There is no one right way to do a land acknowledgement. They should be humble and heartfelt. The more you do them, the more comfortable you will be doing them. Start by stating where you are in terms of geography. State the relationship you have to the original and modern-day people of the land/water. Thank and honor the ancestors and leaders who are stewards of the land/water. For example:

*I am in Tacoma as a guest at this meeting of community members.
This is the traditional home of the tribe we know today as the
Puyallup Indians. I honor and thank their ancestors and leaders
who have been stewards of these land and waters since Time
Immemorial.*

Where can I get more information about Tribal Land Acknowledgments?

- Honor Native Land: A Guide and Call to Acknowledgement (Available at <https://usdac.us/nativeland>)

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Templates & Specifications (continued)

Long publication standards (cover)

Note: These standards apply only to HCA publications. Documents developed in collaboration with outside partners should be designed according to the standards of the lead agency, or according to the relevant cobranding agreement.

Title: The full title of the publication must appear on the cover, and must be the largest text on the cover.

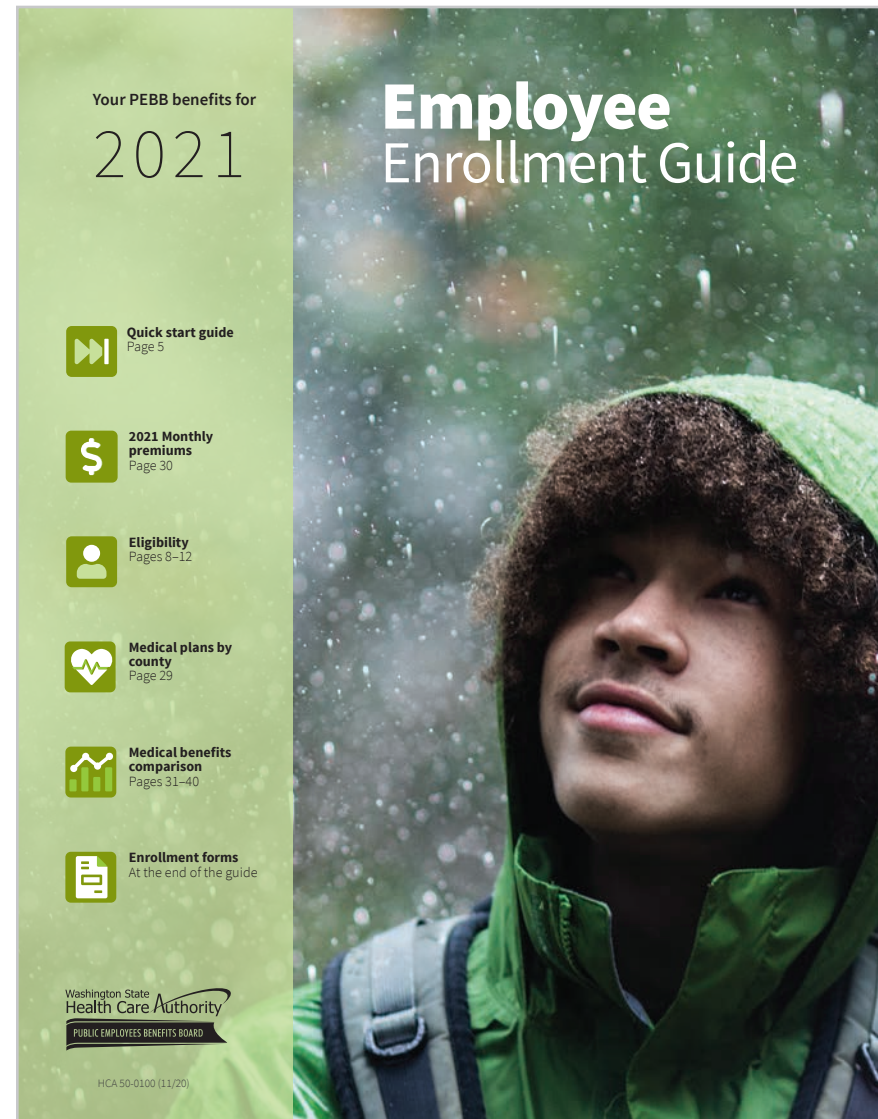
Logo: The agency logo should appear on the cover of the document and be no smaller than 1½”.

Publication number and date: The publication number and date of the most recent revision will appear in the bottom left corner of the first page or cover of all publications in the following format: **HCA XX-XXXX (mm/yy)**, where XX-XXXX represents the publication number and mm/yy represents the month and year of the most recent revision.

Imagery: Covers may use either photographic or abstract imagery. A single strong image is preferable to a collage. All covers for numbered publications must be approved by your communications contact.

Colorway: Whenever possible, the left 2½” of the cover should be a color rectangle in the appropriate program colorway. Any document navigation information should appear here.

Example:



Templates & Specifications (continued)

Long publication standards (interior)

Note: These standards apply only to HCA publications of 10 or more pages. Documents developed in collaboration with outside partners should be designed according to the standards of the lead agency, or according to the relevant cobranding agreement.

Margins: Top and bottom margins should be at least 1". Side margins should be at least $\frac{3}{4}$ ".

Headings: Section headings should begin the page on which they appear. All headings, regardless of level, should be larger and bolder than the body text.

Layout: Text should be arranged in two columns with a minimum $\frac{1}{4}$ " gap or gutter between them. Text may have a ragged or justified right margin.

Color: Color elements, like table shading, callout boxes, and hyperlink and URL text should appear in the appropriate colorway for that program. Tints of only one color should be used in a publication.

Footnotes: Footnotes are marked with superscript numbers. Footnote text appears at the bottom of the page under a 1" rule. Any footnote marker may appear only once in the body text of that page.

Page numbers: Page numbers appear on the outside bottom corner of each page.

Example:

Paying for benefits

What does my employer pay?

If you are eligible for PEBB benefits, your employer will pay the premiums for dental coverage (if your employer offers it) for you and your dependents.

Your employer also pays the premiums for basic life insurance, basic AD&D insurance, and basic LTD insurance (if your employer offers it). You pay nothing for these basic benefits.

Exception: Employees who work for a city, tribal government, county, port, water district, hospital, educational service district, etc., must contact their payroll or benefits office to get their monthly premiums, as information described above may be different.

How much will my monthly premiums be?

For state agency and higher-education employees, see the "2021 Monthly premiums" on page 30. There are no employee premiums for dental coverage, basic life insurance, basic AD&D insurance, and basic LTD insurance.

Exception: Employees who work for a city, tribal government, county, port, water district, hospital, educational service district, etc., must contact their payroll or benefits office to get their monthly premiums.

Payroll deductions and taxes

If you are an eligible state agency or higher-education institution employee, monthly medical premiums and applicable premium surcharges are deducted from your paychecks before taxes are taken out under the premium payment plan, unless you request otherwise. If you are not a state agency or higher-education employee, ask your payroll or benefits office if they offer a pretax deduction benefit under their own Section 125 plan.

Exception: If you enroll a dependent who does not qualify as an IRC Section 125 dependent (i.e., state-registered domestic partner), your monthly medical premiums and applicable premium surcharges for these dependents will be deducted from your paycheck post-tax. However, you will be able to make premium payments for your own insurance coverage with pretax payroll deductions.

What do I pay?

Monthly premiums

You pay a monthly medical premium for yourself and any enrolled dependents on your account. Your medical premiums pay for a full calendar month of coverage. Your premiums cannot be prorated for any reason, including when a member dies before the end of the month.

Premium surcharges

In addition to your monthly medical premium, you may be charged a \$25-per-account tobacco use premium surcharge and/or a \$50 spouse or state-registered domestic partner coverage premium surcharge. See "Premium surcharges" on page 21 for details on whether the premium surcharges apply to you.

Out-of-pocket costs

You are responsible for paying any out-of-pocket costs for deductibles, coinsurance, or copayments for services under the medical, dental, and vision plans you choose. See "2021 Medical benefits comparison" on pages 31 through 40 for a side-by-side comparison of many common benefits and costs for services for each plan.

You can also buy supplemental life and supplemental AD&D insurance for yourself and your eligible dependents, and supplemental LTD insurance for yourself. See more about these benefits on pages 43 through 48.

Good to know!

Additional benefits you may like

Medical Flexible Spending Arrangements (FSA) and Dependent Care Assistance Program (DCAP) are benefits that may suit your financial needs. See page 49.

Why would I pay my monthly premiums with pretax dollars?

Paying your premiums pretax allows you to keep more money in your paycheck because the premium, applicable premium surcharges, and/or contributions are deducted before taxes are calculated. This reduces your taxable income, which lowers your taxes.

(continued)

Good to know!

Protect your income

If your employer offers them, consider buying supplemental life, supplemental accidental death and dismemberment (AD&D), and supplemental long-term disability (LTD) insurance. See how on pages 43 through 48.

Templates & Specifications (continued)

Form standards

HCA collects a wide variety of information using both electronic and real media. Our forms must adhere so strict standards to ensure timely and accurate collection of data.

High-volume forms

Our high-volume forms (forms that will be completed by more than 1,000 people) are scanned and processed by our imaging and data entry teams. Design of these forms must be consistent and robust enough to survive multiple modes of transmission, including mail, email, and fax.

Title: The full title of the publication must appear on the first page.

Logo: The agency logo should appear in one of the top corners of the form and be no smaller than 1½".

Publication number and date: The publication number and date of the most recent revision will appear in the bottom left corner of the first page of all forms in the following format: **HCA XX-XXXX (mm/yy)**, where XX-XXXX represents the publication number and mm/yy represents the month and year of the most recent revision.


Instructions: General instructions for forms should appear at the beginning of the form. Instructions for specific questions should appear as close as possible to the question.

Sections: Forms should be broken into numbered sections wherever possible to help users understand them and complete them accurately. The first section follows the instructions, and is usually information about the person completing the form.

Entry boxes: Also called "constrained character boxes," these shapes separate hand-written letters and numbers to ensure easy and accurate scanning. HCA forms may use outlined boxes or shaded boxes, provided the shading does not interfere with scanning or faxing the form. Shaded areas for text entry should have an LRV (light reflectance value) of no less than 87%.

Example:

2021 PEBB Employee Enrollment/Change



The information written on this form replaces all enrollment/change forms previously submitted. Therefore, you must complete the entire form, including the dependent section for any children you want to continue to cover. Inaccurate, incomplete, or illegible information may delay coverage. Type or print clearly in blue or black ink and use all capital lettering in the spaces provided. Example: **J O H N**

1 Remember to read and sign Section 6. To enroll children, complete Section 8 on pages 11 and 12.

1 Subscriber

Social Security number _____ Date of birth _____ / _____ / _____ Sex assigned at birth¹
 Male Female
Last name _____ Gender identity²
 Male Female X
First name _____ Middle initial _____ Suffix _____
Phone number _____ Alternate phone number _____
Street address _____
Address line 2 _____
City _____ State _____
ZIP/Postal code _____ County _____
Mailing address (if different) _____
Mailing address line 2 _____
City _____ State _____
ZIP/Postal code _____ County _____

Choose one box for each type of coverage.

Medical Coverage	Dental Coverage
<input type="checkbox"/> Cover	<input checked="" type="checkbox"/> Cover (Dental cannot be waived)
<input type="checkbox"/> Waive	

1 If you waive coverage, you cannot enroll your eligible dependents in medical. You can waive PEBB medical coverage if you are enrolled in other employer-based group medical, a TRICARE plan, or Medicare. However, you must enroll in PEBB dental, basic life, basic accidental death and dismemberment (AD&D) insurance, and basic long-term disability (LTD) insurance.

1 This field is required for health care services.
2 Gender X means a gender that is not exclusively male or female. This field is optional and will be kept private to the extent allowable by law. To learn more, visit HCA's website at hca.wa.gov/gender-x

HCA 50-0400 (10/20) **1** _____

Templates & Specifications (continued)

Faxable forms

Many of our low-volume forms are faxed to us and processed by hand. Design of these forms must be simple and open to ensure minimal data loss in faxing.

Title: The full title of the publication must appear on the first page.

Logo: The agency logo should appear in one of the top corners of the form and be no smaller than 1½".

Publication number and date: The publication number and date of the most recent revision will appear in the bottom left corner of the first page of all forms in the following format: **HCA XX-XXXX (mm/yy)**, where XX-XXXX represents the publication number and mm/yy represents the month and year of the most recent revision.

Color: Low-volume faxable forms are black and white. Never use color or gray areas on faxable forms.

Instructions: General instructions for forms should appear at the beginning of the form. Instructions for specific questions should appear as close as possible to the question.

Sections: Forms should be broken into numbered sections wherever possible to help users understand them and complete them accurately. The first section follows the instructions, and is usually information about the person completing the form.


Entry fields: Text entry fields should be indicated by a single underscore, no heavier than 1 pt. Check box entry fields have a 1 pt. border stroke.

Bar codes: Faxable forms that use bar codes should adhere to the bar code standards on [page 50](#).

Page numbers: Page numbers should be formatted as "Page X of Y" to ensure that when faxed the recipient knows they've received all pages.

Example:

Migraine Agents: CGRP Receptor Antagonists (Acute)



Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. **Without this information, we may deny the request in seven (7) working days.**

1 General information

Date of request _____	Reference # _____	MAS _____
Patient _____	Date of birth _____	ProviderOne ID _____
Pharmacy name _____	Pharmacy NPI _____	
Pharmacy Telephone number _____	Pharmacy Fax number _____	
Prescriber name _____	Prescriber NPI _____	
Prescriber Telephone number _____	Prescriber Fax number _____	
Medication and strength _____	Directions for use _____	Qty/Days supply _____

2 Patient information

1. Is this request for a continuation of existing therapy? Yes No
If yes, is there documentation of one of the following after CGRP antagonist administration?

Reduction in pain, or pain freedom

Reduction in migraine-associated symptoms (i.e. photophobia, phonophobia, and nausea)

2. Indicate the patient's diagnosis:

Migraine headache

Other. Specify: _____

3. Has prescriber ruled out medication overuse headache? Yes No

4. Is patient experiencing at least two migraine episodes with moderate to severe pain per month during the last 3 months? Yes No

HCA 13-0037 (2/21)

Page 1 of 3

Templates & Specifications (continued)

Barcodes

A barcode is an image that appears on many of our forms and letters and encodes information about that document: the publication number, for example, or information about the member. Barcodes come in two varieties: 1-dimensional (so called because they are scanned along one axis) or **linear barcodes**, and 2-dimensional or **matrix barcodes**.

Many of our documents and forms are returned to us in poor condition, either because of poor print quality, low-resolution fax machines, or physical damage to the document. Our scan codes must adhere to strict specifications to ensure the code can be scanned regardless of the condition of the document or the way it is returned to us.

Linear barcodes

Linear barcodes should be encoded according to the ISO/IEC 16388:2007 specification, often called **Code 39**. Code 39 barcodes can encode the numerals 0-9, upper case letters A-Z, and a small number of special characters. Our scanners require a 3:1 ratio between wide and narrow bars in the code. Codes must always begin and end with an asterisk (*) character. Many tools can create these codes; your communications contact can create barcodes for you if you need.

When we place linear barcodes on our documents, they must appear in the right-hand margin of the page, running from bottom to top. They should start 2½" from the bottom of the page and should be ½" from the right edge. Linear barcodes should be a minimum of 3/16" tall. If you are using more than one bar code, there must be at least ¼" between them.

Linear barcodes must always be printed in solid black, never in gray and never in color.

Your communications contact can help you test your bar codes with the HCA imaging team before distributing them.

Example:

Lorem ipsum dolor sit amet

Res est, temque peles aut eici del ipsam il et voluptam qui culliquatur? Qui quam ea non pelecot ipsuntis obore venis di ut lantur sa.

Alique lant. Uga. Dundia num sin et lacepudis diasi dolutem is niscimus maio quis et fuga. Nequae nimi, quam dolor rest, ut as voluptatum harcio suntorum que dolupta dolum nonsequi idestiis dolum aliamenes volorest, non corporum aut arcient verferf oviduci liquis quam nullese el mincte rem es delectat ibusamus sam consequi repel maximo placcae. Bo. Et od ma net eost am libus es earchil lorest liquam festiorest valoritate abo. Pudite nullabo remposam faccimet, as ut aditatem doles dis ma dolo molore offictur?

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*60-0004 * 1234567890*

Templates & Specifications (continued)

Matrix barcodes

Matrix barcodes are similar in concept to linear barcodes, but can represent more data in a given area. HCA matrix codes should be created according to the ISO/IEC 18004:2015 specification, usually called the **QR code**.

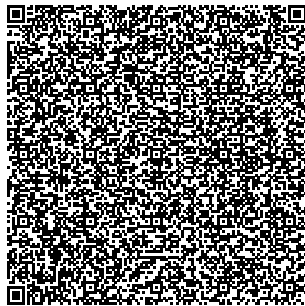
QR codes are generally preferable to barcodes for a variety of reasons. Because of the higher information density, they can encode a wider variety of information (lower case letters, for example). QR codes are also more “robust”: they have built-in error correction, meaning that a QR code can be heavily damaged without rendering it unreadable.

QR codes have four levels of error correction: L, M, Q, and H. We require QR codes to use at least level 'M' error correction.

Because the size of a QR code changes based on the amount of information it contains, our standard specifies the size of a single dot in the QR code, called the x-dimension. HCA QR codes should have an x-dimension of at least 0.0233”.

QR codes should have at least ¼” empty space around them. When they appear on our documents, they are placed in the bottom right-hand corner, ½” from the edges of the page.

Your communications contact can help you test your barcodes with the HCA imaging team before distributing them.



Example:

Lorem ipsum dolor sit amet

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Templates & Specifications (continued)

Icons

Please only use icons from this list, and only for the meaning specified. For other icons or uses, contact the visual communication team.

Concept	Icon	Category
accessibility		accessibility, technology
alert		information, warnings
ambulance services		services
ASL interpreting		contact, accessibility
audio descriptive service		accessibility, technology
bad/no/don't		actions
behavioral health		services
braille		accessibility
call center/phone support		contact
checklist		actions
choice		actions
closed captioning		accessibility, technology
color		communications
commute		operations, wellness
contact		contact
contract		documents
COVID-19		wellness
data		information, technology
dental care		services
dependent		members
disability		accessibility

Concept	Icon	Category
diversity		accessibility, wellness, operations
emergency services		services
equity		accessibility, wellness, operations
external link		technology
fax		contact
form		documents
good/yes/do		actions
health care provider		services
help		information
hospitals/clinics		services
housing supports		services, wellness
iconography		communications
information		information
in-person support		contact
insurance		services
invoice		documents, money
language interpreting		contact, accessibility
large type		accessibility
law & courts		governance
legislature/government		governance
location		information
medical care		services
medical record		documents
member		members

Templates & Specifications (continued)

Concept	Icon	Category
member group		members
mobile		contact, technology
nutrition		wellness
photography		communications
prescription services		services
privacy/security		information, technology
publication		documents
publication search		actions, technology
quick start		information
refusal/waiver		information, warnings
report		documents
retirement services		services
savings/investment		information, money
search		actions, technology
service animals		accessibility
signature		actions, documents
SmartHealth		services, wellness
social media		contact
staffing		operations
table		information
telemedicine		technology, services, wellness
telephone		contact
telework		operations
time-limited		information, warnings

Concept	Icon	Category
training		operations, wellness
transaction/finance/billing		information, money
translation		contact, accessibility
transportation		services
TTY		contact, accessibility
typography		communications
vision care		services
website/online		technology
welcome		information

Resources

Guides

HCA Style Guide: The [HCA Style Guide \(1/21\)](#) describes accepted agency style for all communications. It contains sections on Plain Talk, writing tips, and writing for the web. These helpful pieces lead into the main, A-to-Z listing of HCA-related terms, indicating proper spelling, punctuation, and usage. We've also called out a special section on punctuation, and a lengthy list of acronyms and their definitions.

HCA Correspondence Guidelines: The [HCA Correspondence Guidelines \(1/21\)](#) outline the agency's accepted style for letters, memorandums and envelopes, with a reference section on style and usage. If you have questions about the guide, contact Michelle Cleary, 725-1040.

Correspondence Guidelines can differ slightly from the general HCA Style Guide. For instance, two spaces after the period is the accepted rule for correspondence but not for general agency communications.

The Governor's Plain Talk Guidelines: Clear, easy-to-understand communication is essential to good customer service. And through this "plain talk," we strive to create messages that are clear, concise, and straightforward for the intended audience. The Governor's office offers [guidelines for writing to customers in plain talk](#).

Templates

HCA has dozens of templates to help you give your documents professional polish, save time, and build recognition of HCA's work. Our templates are all available on InsideHCA at inside.hca.wa.gov/tools-and-resources-communications-tools.

For publications, presentations, and policies scroll down to "Templates" under communication tools.

For letters and memos scroll down to "Correspondence Guidelines" under communication tools.

Communication planning

The Communications division is here to help you with communication needs, such as:

- Developing a communications plan
- Planning a new publication, form, or other project that may or may not require graphic design
- Planning a social media or outreach campaign, or requesting a blog post
- Requesting a communicator's review or edit

Each division has a communications contact who specializes in their work. Find your communications contact by visiting [the communications tools page on InsideHCA](#) or by emailing HCACommunications@hca.wa.gov.

Copy Services

Copy Services is our in-house digital print shop offering a number of services, including "mid-size" printing, copying and other services. Copy Services is in Room 111 of Cherry Street Plaza, just off the first floor elevator lobby. Hours are Monday-Friday, 7 a.m.-4 p.m. Visit [InsideHCA](#) or email CopyServices@hca.wa.gov to learn more.

Design support

HCA's visual communication team is here to help you tell the HCA story beautifully and professionally. Contact us with your questions or ideas at DesignServices@hca.wa.gov.



Washington Apple Health

Brand Guide



Washington State
Health Care Authority

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Washington Apple Health Brand Guide

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Reach out to the Apple Health communications team at ahcommunications@hca.wa.gov for questions about brand standards.

Apple Health identity

Background

The Washington Apple Health (Medicaid) program covers nearly 2.5 million Washington residents with comprehensive physical and behavioral health services. The Apple Health brand elements (logo, typography and color palette) are meant to convey a healthy, welcoming, Washington-centric look and feel.

Tone

The Apple Health brand evokes empathy and a sense of welcome. The pillars of tone throughout our Apple Health communications are:

Plain talked. We provide necessary information in an easily digestible way, avoiding jargon and unnecessary content.

Informative. We provide clear information to current and potential Apple Health clients to support their journey to better health.

Empathetic. We present information in a way that conveys we believe all Washington residents deserve access to high-quality, affordable health care.

Consistency

Templates are available for Apple Health fact sheets, posters, and FAQs. Consistent visual approach across Apple Health materials ensures clarity about the program and who it serves.

Logo usage

Client materials

Use the Washington Apple Health (Medicaid) logo only on materials for clients.

Contact ahcommunications@hca.wa.gov to request access to the Apple Health logo. The HCA logo can be placed in black and white in the footer of Apple Health client materials, along with this language: HCA administers Washington Apple Health (Medicaid).

Non-client materials

All other materials, such as provider manuals or reports about Apple Health, use the HCA logo at the beginning of the document. Elsewhere in the document, this language can be placed: *The Health Care Authority administers Washington Apple Health (Medicaid).*

Correct use

Clear space is the area around the Washington Apple Health logo that must be free of any other logos, graphics, borders, or text .25" above, below, and on both sides of the logo.

Use the black version of the Washington Apple Health logo if the document has no color other than black.



Clear space



Two color version



Black version



Blue version



Reverse version

Incorrect use

Do not copy the Washington Apple Health logo from the website for use in a document, such as a Word or Excel file.

Do not change the Washington Apple Health logo—never modify the colors, typefaces, or size of any part of the Washington Apple Health logo.

Do not distort the Washington Apple Health logo by stretching it.



Do not use the old Apple Health logo.



Do not copy the Apple Health logo from the website for use in a document, such as a Word or Excel file. Logos taken from the web won't reproduce clearly, especially in documents that could be printed.



Do not change the Apple Health logo—never modify the colors, typefaces, or size of any part of the HCA logo, or add visual effects such as drop shadows.



Do not try to re-create or match the original artwork.



Do not distort the Apple Health logo by stretching it.



Do not add text or visuals directly below the Apple Health logo.



Do not place the Apple Health logo on a competing background, such as a pattern or photo that would obscure it.

Language guidelines

Apple Health (Medicaid)

When referencing Washington Medicaid programs use “Washington Apple Health (Medicaid),” or “Apple Health (Medicaid),” the first instance followed by “Apple Health.”

Free or low-cost coverage

When referring directly to Apple Health coverage use the term “free or low-cost” and include a disclaimer or clarify that clients must meet the eligibility requirements to receive this coverage.

See below for examples of dos and don’ts when referring directly to Apple Health. Please note, these examples do not include references to no cost benefits and services.

Approved examples

- “Find out if you’re eligible for free or low-cost coverage”
- “You may be eligible for free or low-cost Apple Health coverage”
- “If you are eligible...”
- “Individuals who meet income free or low-cost and eligibility standards may qualify for free or low-cost health coverage through Washington Apple Health (Medicaid)”
- Add disclaimers/clarify:
 - “*find out if you qualify”
 - “*see if you’re eligible”

Not approved examples

- Occurrences of “Free” with no indication that you need to qualify for Apple Health (Medicaid)
- “Enroll in Free Health Care”
- “... free health care coverage”
- “no cost”
- “no cost or low cost”
- “zero cost”

Co-branding

Apple Health may occasionally co-brand with other programs or services. When we do this, the Apple Health logo should always appear larger than the partner logo, and should always appear above or to the left of the partner logo. The two logos should be sized such that the largest letter in the partner logo is smaller than the capital “A” in “Apple Health.”



COFA Islander Programs

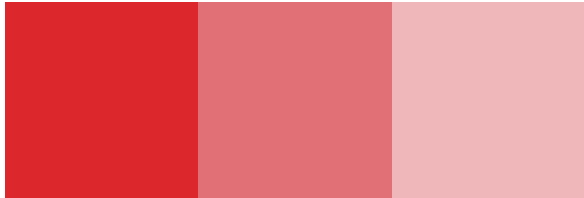
Compact of Free Association (COFA) Islander Programs include **COFA Islander Health Care** and **COFA Islander Dental Care**. Apple Health coverage is now available to individuals from the Federated States of Micronesia, the Republic of Palau, and the Republic of the Marshall Islands. During the transition to Apple Health, client products should be co-branded with both the Apple Health logo and the COFA Programs logo. Only use the COFA Islander Programs logo on Apple Health transition client materials. All other materials, such as provider manuals or reports about COFA Islander Programs, use the HCA logo.

Color usage

Color attracts consumers. They evoke emotions – feelings of warmth, security, excitement, curiosity or home. When a brand repeatedly markets with the same color, it strengthens brand awareness.

Our color palette is divided into two categories: primary and secondary colors. At least one of the colors below should appear on every color document we produce.

Primary

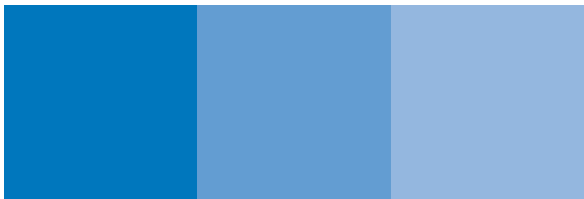


PMS 1795

CMYK C0 / M 96 / Y93 / K2

RGB R 210 / G 38 / B 48

HEX #d22630



PMS 3005

CMYK C100 / M 31 / Y0 / K0

RGB R 0 / G 119 / B 200

HEX #007dcc

Secondary

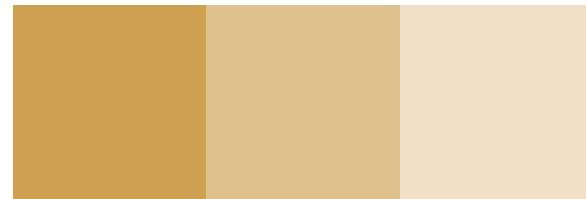


PMS 2766

CMYK C100/ M 96 / Y37 / K39

RGB R 17 / G 28 / B 78

HEX #111c4e



PMS 7407

CMYK C6/ M 36 / Y79 / K12

RGB R 203 / G 160 / B 82

HEX #cba052

Typefaces

Forms and publications

Segoe

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
123456789!@#%&^*()_

EXAMPLE:

A healthier Washington.

Light
AaBbCc123

Bold
AaBbCc123

Light Italic
AaBbCc123

Bold Italic
AaBbCc123

Regular
AaBbCc123

Black
AaBbCc123

Italic
AaBbCc123

Black Italic
AaBbCc123

Semibold
AaBbCc123

Semibold Italic
AaBbCc123

Myriad Pro

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
123456789!@#%&^*()_

EXAMPLE:

A healthier Washington.

Light
AaBbCc123

Bold
AaBbCc123

Light Italic
AaBbCc123

Bold Italic
AaBbCc123

Regular
AaBbCc123

Black
AaBbCc123

Italic
AaBbCc123

Black Italic
AaBbCc123

Semibold
AaBbCc123

Semibold Italic
AaBbCc123

Website and social media

Source Sans Pro

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
123456789!@#%&^*()_

EXAMPLE:

A healthier Washington.

Light
AaBbCc123

Bold
AaBbCc123

Light Italic
AaBbCc123

Bold Italic
AaBbCc123

Regular
AaBbCc123

Black
AaBbCc123

Italic
AaBbCc123

Black Italic
AaBbCc123

Semibold
AaBbCc123

Semibold Italic
AaBbCc123

Photography

Natural and spontaneous

Images that are spontaneous will resonate with your audience. Avoid photos that seem posed and unnatural.

Clutter free and attention to details

Avoid using photos that are over-complicated or cluttered. Keep an eye on what subjects are wearing or holding.

Color mode

To avoid any color distortion in your photos, set your images' color mode to CMYK for print pieces. For web, set all images' color mode to RGB.

Match photography style with audience

Consider who your audience is and what kind of content would fit their tastes and their style.

Photography should be used to complement that content as well as a tool to create an emotional connection to the piece.



Products

Apple Health strives to provide accurate, easy-to-understand information to clients about their health care coverage and policy changes.

We meet this goal by creating Apple Health products that:

- Position HCA employees as ambassadors for Apple Health.
- Use data to tell the story of managed care.
- Coordinate Apple Health messaging with key partners and contractors.
- Create a feedback loop with key partners and stakeholders to continuously improve our programs, services and communications

SHARE YOUR STORY
Are you one of the 1.9 million individuals positively affected by Washington Apple Health coverage?
We want to share your story to inspire others, without health insurance, to sign up for free or low-cost health coverage.

You will get a \$50 gift card if we use your story!
Submit your story at ahcommunications@hca.wa.gov

- Provide a summary of your story, your full name, and contact information.
- Your submission will be reviewed and you may be contacted for an interview.

Apple Health

Apple Health managed care
Service area map - January 2021

Integrated managed care regions

- Greater Columbia
- King
- North Sound
- Pierce
- Spokane
- Thurston-Mason
- Salish
- Great Rivers
- Southwest Washington
- North Central

Health plans offered

- AMG - Amerigroup Washington
- CCCF - Coordinated Care of Washington
- CHPW - Community Health Plan of Washington
- MHW - Molina Healthcare of Washington
- UHC - UnitedHealthcare Community Plan

Apple Health Foster Care (statewide)*

Who should get a well-child checkup?
Individuals under the age of 21 should see their doctor and dentist regularly, even if they aren't sick. Checkups are a time to ask your child's provider when they are not sick an opportunity to get guidance that may help you or your child.

What is EPSDT?
EPSDT (Early Periodic Screening, Diagnosis, and Treatment), also known as well-child checkups, are regular, complete health exams for children. These exams help your child's health care provider find and treat problems early.

When should a child get a checkup?
Call your health care provider to make an appointment and ask for an EPSDT exam. At minimum, your child should get a checkup the following ages:

- Ages 9 - 21 months: at two weeks, two months, four months, six months, nine months, 12 months, and 18 months
- Ages 2 - 6 years: once a year
- Ages 7 - 20 years: every two years

Your provider can help you find a schedule that works best for your child.

What happens during an EPSDT exam?
Your child or teen will have a complete physical exam checking for things not done during sick child visits, including:

- Family health history
- How your child is growing
- Shots or tests needed
- Hearing or vision screening
- Blood lead screening
- Eating or sleeping problems
- Oral health
- Behavioral health

Interpreter services
If you don't speak English well or you are Deaf, Deaf Blind, or Hard of Hearing, professional interpreters are available in many languages, including sign language at no cost to you. Let the receptionist know you need an interpreter when you schedule your appointment.
For more information visit hca.wa.gov/interpreter-services.

Speech or hearing disability, or mobility issues
If you have a speech or hearing disability or mobility issue, you should tell the receptionist when you make your appointment. The receptionist of your health care provider will help you make any necessary arrangements.

Transportation Services
You may be eligible for help with transportation to your health care appointment at no cost to you. The appointment must be for services covered by Apple Health. If you need help to find transportation or a doctor in your area, please call 1-800-562-3022.
For more information visit hca.wa.gov/transportation-help.

How to find a provider
Physical and Behavioral Health

- Call your managed care plan
- If you do not have a managed care plan call 1-800-562-3022

Dental

- DentistLink.org
- Insurekidsnow.gov/find-a-dentist/index.html
- fortress.wa.gov/hca/pl1/findaprovider/
- Call 1-800-562-3022

EPSDT Well-child checkups for your child or teen

Washington State Health Care Authority

HCA complies with all applicable federal and Washington state civil rights laws and is committed to providing equal access to our services. If you need an accommodation, or require documents in another format or language, please call 1-800-562-3022 (TDD, 711).

Apple Health

Icons

Icons are easily recognizable. If you use common icons in your designs, your audience will recognize them.

Icons save space. This benefit is especially important on mobile devices where using icons can save valuable real estate.

Icons are universal and aesthetically appealing.

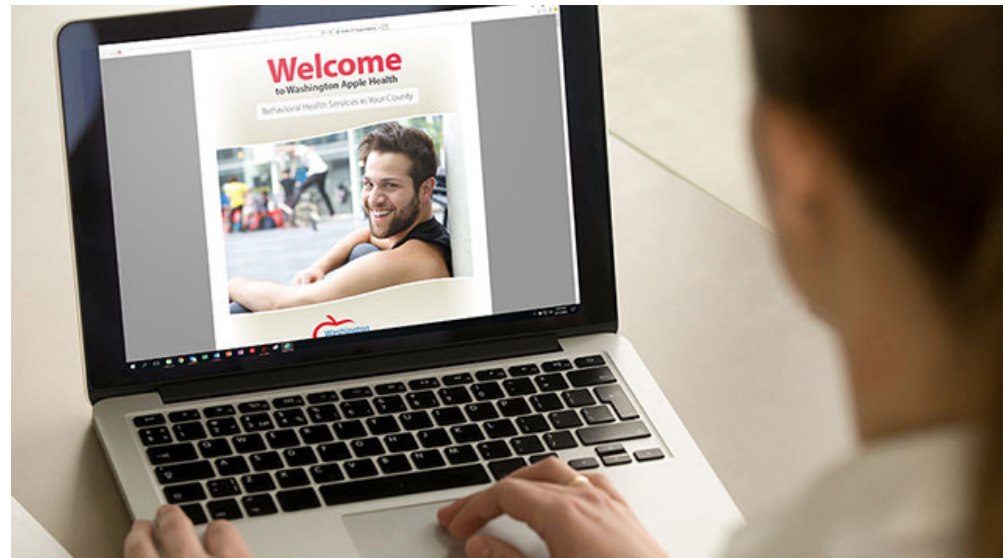
Infographics make one big point. Ideally, you should have a single, coherent message that the entire infographic serves to deliver.



Social media

HCA uses social media to achieve its communication goals. This includes the distribution of our Apple Health outreach and education campaigns.

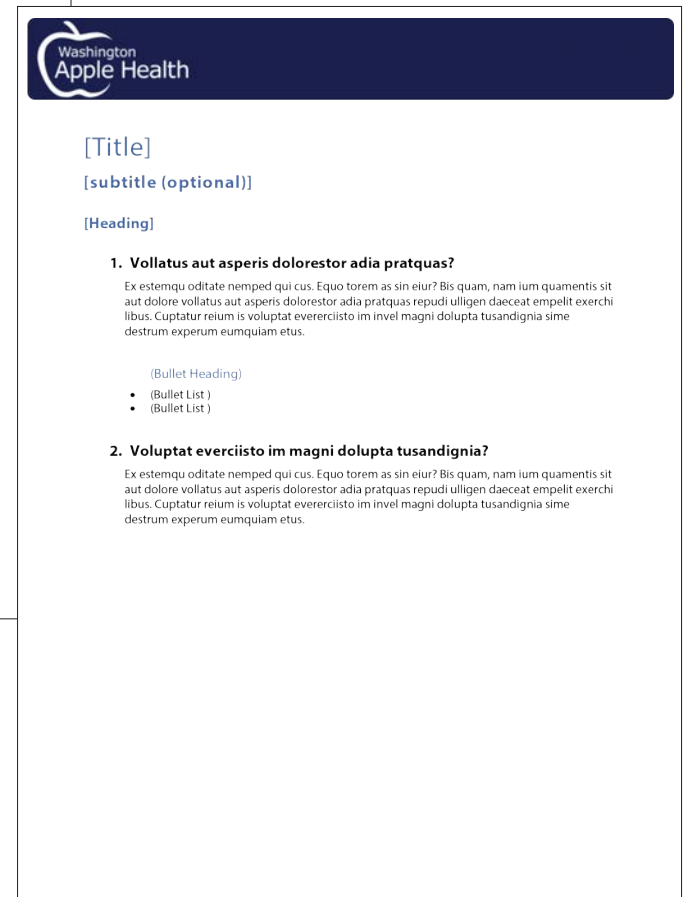
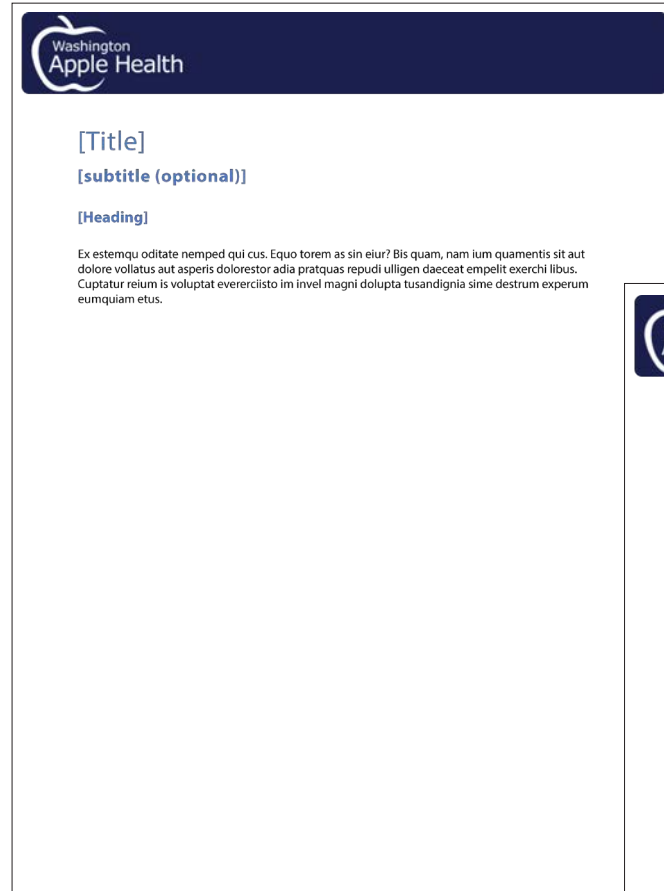
The Apple Health communications team works with the HCA social media manager to create posts for Facebook and Twitter that align with the Apple Health brand standards. These posts inform clients and stakeholders on program requirements, benefits and services, and how to apply for coverage.

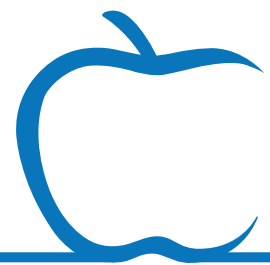


Templates

Using templates helps build visual recognition of Apple Health's work and saves time.

There are two Apple Health templates, one for fact sheets, and another for FAQs. If you are creating a new Apple Health fact sheet email ahcommunications@hca.wa.gov to request a template.







Washington State Health Care Authority

Uniform Medical Plan Logo Style Guide



Brand Identity

The Health Care Authority's Uniform Medical Plan (UMP) identity includes a two color icon and the words "Uniform Medical Plan."

Together, these elements combine to create a "look and feel" for UMP – a distinctive and recognizable brand. Used consistently, these elements will help create a coherent, professional style for UMP.

UMP Plus is a product of the Uniform Medical Plan. UMP Plus has its own logo, and shares the same typography, color palette, and logo use guidelines with the UMP visual identity.

This statement appears in the footer on the last page of all UMP and UMP Plus materials that HCA creates: *UMP is administered by Regence BlueShield and Washington State Rx Services under contract with the Washington State Health Care Authority.*

Please follow these guidelines and contact HCA Design Services at DesignServices@hca.wa.gov if you have any questions.

Logos

The entire logo consists of the visual mark (the blue and green flag with the "U" reversed out in white), plus the words "Uniform Medical Plan." The UMP Plus logo consists of the visual mark (the purple and orange flag with the "U" reversed out in white), plus the words "UMP Plus," with a superscript plus symbol.

For maximum flexibility, there are a number of acceptable logo variations to fit a variety of needs.

Three-color format: Use this version whenever possible.

Gray: Use this version whenever gray scale printing is used.

Reversed: Use the reversed logo on any other dark color or black field.



3-color

gray

reversed

Logo use

Use the UMP logo on all general UMP documents. When possible, use the full name (Uniform Medical Plan) on first reference with the acronym (UMP) immediately following in parentheses. If the full name is too long to include in text copy, you may use the acronym.

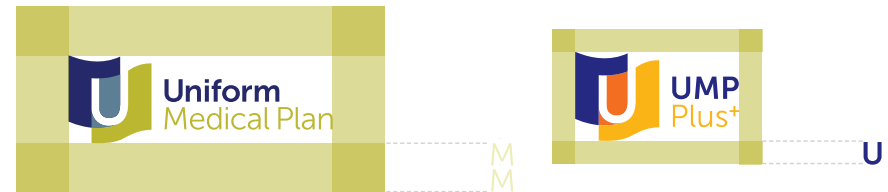
If a product is just for UMP Plus members, use the UMP Plus logo. Do not spell out "Uniform Medical Plan" when referring to UMP Plus, and do not use a "+" in place of "Plus."

The minimum size of the UMP and UMP Plus logos is 32px on screen, or 0.33in on print, measured by the height of the icon.



Clearspace

Clearspace equal to twice the height of the capital "M" in "Uniform Medical Plan" should be maintained around the UMP logo at all times. The UMP Plus logo should have a clearspace equal to the height of the capital "U" in "UMP." Clearspace for both logos will change depending on the size of the logo.



Misuse

Never modify the arrangement of "Uniform Medical Plan" and the visual mark.

Never use the Uniform Medical Plan Typography without the symbol.

Do not alter the logo typeface or attempt to re-create the logo.

Do not stretch the logo horizontally or vertically. Always maintain the original proportions.

Do not modify the logo colors. Use only the approved color formats.



Cobranding

In addition to the UMP identity, there are a number of hierarchical and usage considerations due to the unique nature of the multiple stakeholders that work in and around UMP. Please take note of the following when using identities that describe or show these stakeholder and corporate identities:

The Washington State Health Care Authority (HCA) is the state agency responsible for – among other things – the administration and management of benefit plans. The HCA logo is at right. In most circumstances related to member communications, the HCA identity is not used in conjunction with UMP or other stakeholder identities. If it is necessary to use the HCA logo, it should be shown as the lead or dominant identity when compared to any of the employee benefit programs, projects, or insurance plans administered by the State.

Regence BlueShield is the company under contract with HCA to administer UMP medical benefits. In circumstances where the UMP logo is used in concert with the Regence graphic identity, the UMP logo – as the contracting agency and program – must be provided primary visual positioning.

This means that the graphic identity for UMP (or in the rare instances where the Health Care Authority logo is also used) should be more prominently featured on a pamphlet, brochure, or other marketing document – whether print or electronic.

The UMP logo should be substantially larger than the Regence logo, such that the capital 'R' in 'Regence' is the same height or smaller than the capital 'M' in the UMP logo, and the UMP logo should always appear to the left of or above the Regence logo. Additionally, when appearing with the UMP logo, the Regence logo should be preceded by the words "administered by."

Other stakeholders and corporate vendors cobranding with UMP should use the same standards described for Regence BlueShield whenever possible. If you have questions or want to discuss cobranding opportunities, please consult with HCA Design Services at DesignServices@hca.wa.gov. Design services will coordinate with the UMP lead writers on cobranding products.



When the HCA and UMP logos are shown together, the size, placement, and spacing should match the measurements below, relative to the height of the capital "M" in the UMP logo.



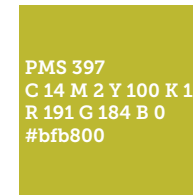
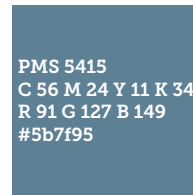
Regence BlueShield has its own graphic identity that should be used when appropriate.

Color

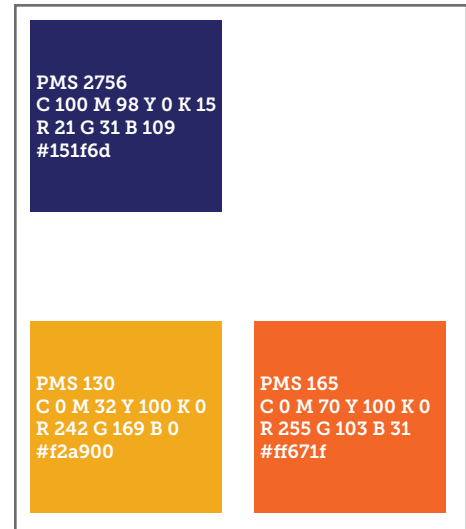
The UMP color palette is bold and vibrant, made up of the colors featured in the logo as well as secondary color options to provide warmth and variety to the visual identity of the UMP brand. The consistent use of these colors defines and reinforces the character of the UMP brand and should be used on all communication materials.

The three UMP Plus primary colors are found in the UMP color palette. The UMP Plus identity functions as a part of the larger UMP Program.

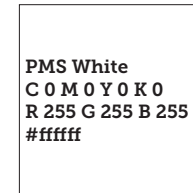
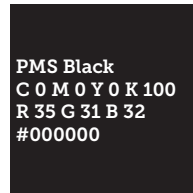
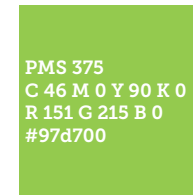
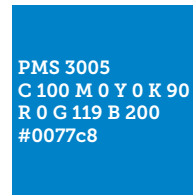
Primary colors



UMP Plus colors



Secondary colors



Typography

The HCA brand guide features an extensive list of acceptable typefaces to use within all branded HCA materials. The UMP brand complies with the HCA guidelines while maintaining variation within the recommended primary typeface, Museo Slab.

Approved Typefaces

	Approved	Alternate
Headings	Museo Slab	Segoe UI Black
Body	Museo Sans	Segoe UI light

Use Segoe UI when Museo Slab and Museo Sans are not available.

URLs and hyperlinks in documents should include both the target text and the URL. This should be formatted in semibold and, when the document is printed in color, filled with the secondary color PMS 3005. Example: Visit the HCA website at hca.wa.gov for more information.

Bold may be used within body text to create emphasis. Italics may be used within the text to denote titles of documents or tools.

Hierarchy of type

When used effectively, the UMP approved typefaces create a clear and unified approach to writing and designing documents within the brand standards. Below is the recommended use of the approved typography. If a template is provided, use the styles laid out in the template. Below is an example of possible combinations for headings and body text.

Heading 1 Museo Slab 900 at 24pts

Body text should generally be set in Museo Sans 300 at 10 points. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Suspendisse et venenatis quam. Integer bibendum, nisl in commodo mollis, risus massa elementum leo, et tempus enim quam erat.

Heading 2 Museo Slab 500 at 18pts

Curabitur condimentum sit amet orci non interdum. Mauris fringilla non orci vitae fringilla. Pellentesque vulputate, sapien et mattis volutpat, risus erat posuere ante, quis pellentesque lorem arcu nec nibh.

Heading 3 Museo Slab 300 at 14 pts

Nullam id tellus orci. Fusce laoreet aliquet sodales. Duis est tellus, elementum a aliquam eget, varius in lorem. Orci varius natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Sed a pretium nunc.



Smart  Health

Smart Health

Brand Guide

Washington State
Health Care Authority

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Reach out to the SmartHealth communications team at _____@hca.wa.gov for questions about brand standards.

SmartHealth Identity

Background

Tone

- **Plain talked.** We provide necessary information in an easily digestible way, avoiding jargon and unnecessary content.
- **Informative.** We provide clear information to current and potential SmartHealth clients to support their journey to better health.
- **Empathetic.** We present information in a way that conveys we believe all Washington residents deserve access to high-quality, affordable health care.

Consistency

SmartHealth members get messages about program events and activities from a variety of sources; for example, they may get an email from their employer, see an ad in a newsletter, or receive a notification from the SmartHealth website. Making sure our messages look the same no matter how they reach our members helps them know they can trust the information they're receiving.

Whenever possible, adhere to this guide to ensure your audience knows your message is coming from a trusted source: their partner in wellness at SmartHealth.

How to use the logo

We use our logo on every publication, form, poster, memo, and piece of marketing collateral we produce.

Two color version

Use the full color version of the logo on a white background.

Black version

Use the black version of the logo when the document has no color other than black.

Blue Version

Use the Blue version for one-color documents that utilize blue throughout instead of black.

Reverse Version

When placing it on a dark or colorful background, use the white version of the logo.

Clear Space

Always give the logo lots of space. It should be surrounded on all sides by enough empty space to ensure it is distinct from everything else on the page. Usually, the amount of clear space should be the same or larger than the height of the heart in the middle of the logo.



Two color version



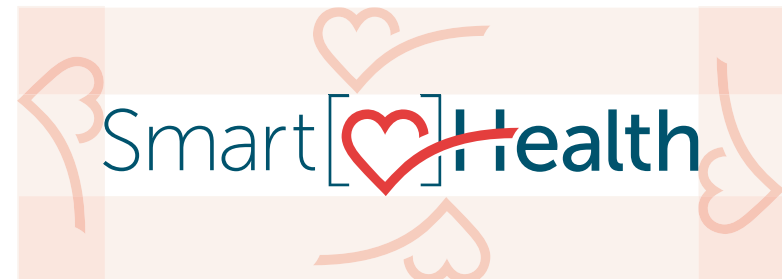
Black version



Blue version



Reverse version



Clear space

How not to use the logo

Our logo is like the face of the SmartHealth brand: it is the most visible and unique part of our identity. As such, it is important to treat the logo with respect. Do not stretch or distort the logo, do not change the colors of the logo, and do not attempt to re-create the logo. Don't distract from the logo. Keep it away from other logos, and avoid placing it on a busy background.

Making sure the logo is readable, consistent, and stands out from the surroundings is one way we clearly identify SmartHealth as the author of a document and take responsibility for our words.



Do not copy the SmartHealth logo from the website for use in a document, such as a Word or Excel file. Logos taken from the web won't reproduce clearly, especially in documents that could be printed.



Do not change the SmartHealth logo—never modify the colors, typefaces, or size of any part of the HCA logo, or add visual effects such as drop shadows.



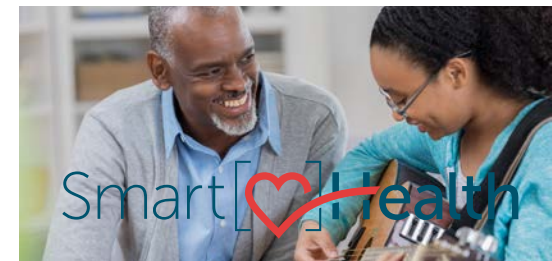
Do not try to re-create or match the original artwork.



Do not distort the SmartHealth logo by stretching it.



Do not add text or visuals directly below the SmartHealth logo.

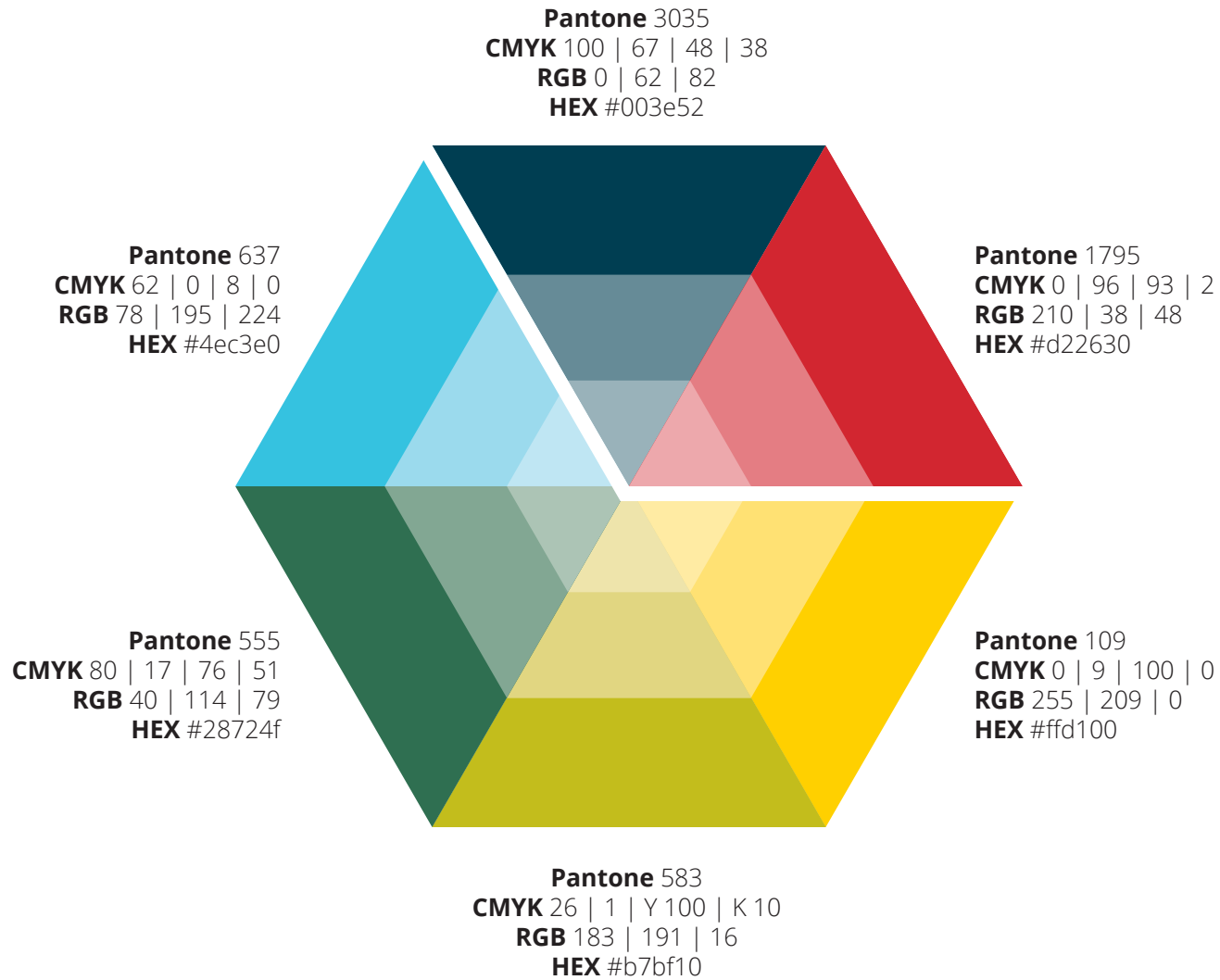


Do not place the SmartHealth logo on a competing background, such as a pattern or photo that would obscure it.

Color usage

Color attracts consumers and fosters consistency across our products. They evoke emotions – feelings of warmth, security, excitement, curiosity or home. When a brand repeatedly markets with the same color, it strengthens brand awareness.

Our color palette is based on two primary colors (the colors in our logo) and four secondary colors. At least one of the colors below should appear on every color document we produce.



Typefaces

Primary Headings

Montserrat

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
123456789!@#%^&*()_

EXAMPLE:

A healthier Washington.

Light AaBbCc123	Semibold Italic AaBbCc123
<i>Light Italic</i> AaBbCc123	Bold AaBbCc123
Regular AaBbCc123	Bold Italic AaBbCc123
<i>Italic</i> AaBbCc123	Black AaBbCc123
Semibold AaBbCc123	Black Italic AaBbCc123

Body

Open Sans

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
123456789!@#%^&*()_

EXAMPLE:

A healthier Washington.

Light AaBbCc123	Semibold Italic AaBbCc123
<i>Light Italic</i> AaBbCc123	Bold AaBbCc123
Regular AaBbCc123	Bold Italic AaBbCc123
<i>Italic</i> AaBbCc123	Extra Bold AaBbCc123
Semibold AaBbCc123	Extra Bold Italic AaBbCc123

Alternate Headings

Century Gothic

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
123456789!@#%^&*()_

EXAMPLE:

A healthier Washington.

Regular AaBbCc123	Bold AaBbCc123
<i>Italic</i> AaBbCc123	Bold Italic AaBbCc123

Photography

Natural and spontaneous

Images that are spontaneous will resonate with your audience. Choose pictures of real people doing actual things.

Clutter free and attention to details

Avoid using photos that are over-complicated or cluttered. Keep an eye on what subjects are wearing or holding.

Diversity

Consider the identities of the people in the last picture you used, and pick something different. Diverse representation will go a long way toward making people feel seen and included.

Illustrations

SmartHealth occasionally uses illustrations in our website's activity tiles. When choosing illustrations, bear the photography guidance above in mind, while also looking for high-quality illustrations that will look good at small sizes.



Icons

Icons are easily recognizable. If you use common icons in your designs, your audience will recognize them. Icons save space. This benefit is especially important on mobiles where using icons can save valuable real estate.

Icons are universal and aesthetically appealing.


Infographics make one big point. Ideally, you should have a single, coherent message that the entire infographic serves to deliver.



Templates

For the most common types of documents, like fact sheets and FAQs, you can find templates on InsideHCA. For other kinds of publications, like flyers and newsletters, talk to the SmartHealth communications contact.

Remember, documents that use agency templates should still be sent to your communications contact so we can add them to the agency's publication database.



FAQ

What if this FAQ does not answer my questions?

- Call SmartHealth toll free: 1-855-750-8866
- Email SmartHealth: support@limeade.com
- For questions about eligibility for the SmartHealth wellness incentive, visit:
 - PEBB subscribers: hca.wa.gov/employee-retiree-benefits/pebb-smarthealth
 - SEBB subscribers: hca.wa.gov/employee-retiree-benefits/sebb-smarthealth
- Or contact the following:
 - Employer personnel, payroll, or benefits office
 - PEBB and SEBB Benefits Services: 1-800-200-1004

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How is my information protected?

Can other users see my information?.....

Well-being Assessment:.....


SmartHealth activities:.....

Sign In Name:

SETTINGS

How do I log in?.....

Callout Heading



Fact Sheet

Heading 1

Subtitle

Heading 2

Normal body copy. Sit amet mauris commodo quis. Id neque aliquam vestibulum morbi blandit cursus. Amet justo donec enim diam vulputate ut. Nunc sed blandit libero volutpat sed. Id aliquet risus feugiat in ante metus dictum at tempor.

Heading 3

Lobortis elementum nibh tellus molestie nunc non blandit massa enim. Purus sit amet luctus venenatis lectus. Ut sem nulla pharetra diam sit amet nisl. Eu sem integer vitae justo eget. Arcu ac tortor dignissim convallis aenean et tortor.

Heading 1

Heading 2

Vivamus at augue eget arcu dictum varius duis at consectetur. Quis imperdiet massa tincidunt nunc pulvinar sapien. Pulvinar elementum integer enim neque volutpat. Est ultricies integer quis auctor elit sed. Nunc sed augue lacus viverra vitae congue eu. Aenean sed adipiscing diam donec adipiscing tristique risus nec feugiat. Facilisi etiam dignissim diam quis. Cursus in hac habitasse platea dictumst quisque sagittis.

Heading 2

Sapient eget mi proin sed libero enim sed. Tellus orci ac auctor augue mauris augue.

Massa ultricies mi quis hendrerit dolor magna eget est. Massa placerat duis ultricies lacus.

Heading 3

In metus vulputate eu scelerisque. Justo donec enim diam vulputate ut pharetra sit amet. Elementum nibh tellus molestie nunc non blandit.

Sagittis orci a scelerisque purus semper eget duis.

Duis ultricies lacus sed turpis tincidunt. Magna sit amet purus gravida quis blandit turpis cursus.

Velit egestas dui id.

- Asdsadf
 - Amet
 - Lobortis elementum
- Fasd
- Fa

Maecenas accumsan lacus vel facilisis volutpat. Urna et pharetra.

Callout Heading

Callout Body Semper feugiat nibh sed pulvinar proin gravida hendrerit lectus a. Placerat in egestas erat imperdiet. Leo urna molestie at elementum eu facilisis sed odio

Neque viverra justo nec ultrices dui sapien eget mi proin. Lacus vel facilisis volutpat est.