

Highmark Health Options Duals (HMO SNP)

Summary of Benefits

January 1, 2025 to December 31, 2025

To enroll in the following plan(s), you need to live in one of these counties:

Kent, New Castle, Sussex

This summary of benefits doesn't list every service, limitation, or special circumstance. Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directories.)

Visit us at HighmarkHealthOptions.com/Duals to get more benefit information including:

- **Evidence of Coverage** (*full list of benefits*)
- **Provider and Pharmacy Directories**
- **Formulary** (*full Part D prescription drug list*)

If you need printed copies, call us at **1-855-401-8251 (TTY: 711)**. We're available October 1–March 31, 8 a.m.–8 p.m., seven days a week. April 1–September 30, 8 a.m.–8 p.m., Monday–Friday.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [Medicare.gov](https://www.Medicare.gov) or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY **1-877-486-2048**.

Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield offers HMO plans with a Medicare contract. Enrollment in these plans depends on contract renewal.

Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. Highmark Health Options Duals is offered by Highmark Blue Cross Blue Shield.

Highmark Health Options Duals	
Premium	\$0
Deductible	\$0
Max Out-Of-Pocket	\$9,350
Inpatient Hospital Stay*	\$0 copay per admit
Outpatient Hospital Coverage*	ASC ¹ : \$0 copay Facility: \$0 copay
Doctor Office Visit	PCP: \$0 copay Specialist: \$0 copay
Preventive/Screening	Covered in Full
Emergency Room	\$0 copay
Urgently Needed Services	\$0 copay
Lab & Diagnostic Tests	Office/Lab: \$0 copay; Outpatient: \$0 copay*
X-Rays/Advanced Imaging*	X-ray: \$0 copay Advanced Imaging: \$0 copay
Hearing Services	Medicare Covered: \$0 copay. Routine: \$0 copay (1 Per Year). TruHearing Advanced: \$0 copay (2 Aids every 3 years)
Dental Services	Medicare Covered: \$0 copay. Routine Office Visit: \$0 copay (1 per six months). Routine X-rays: \$0 copay (1 per year). Comprehensive*: 0% coinsurance with a maximum \$3,000 allowance (preventive and comprehensive combined) (per year). See the EOC for full benefits.
Vision Services	\$0 copay for one routine eye exam per calendar year. \$400 eye wear allowance toward the purchase of frames or contact lenses. \$0 copay for standard lenses. \$0 copay limited lens upgrades. Plan restrictions apply.
Mental Health Services	Inpatient: \$0 copay per admit*; Outpatient: \$0 copay
Skilled Nursing Facility*	\$0 copay/day (days 1-20), \$0 copay/day (days 21-100)
Physical Therapy*	\$0 copay
Ambulance (per one-way trip)*	Emergent/Non-Emergent: \$0 copay
Transportation	\$0 copay, 36 one-way health-related trips to plan approved locations
Medicare Part B Drugs ^{†*}	0% coinsurance
OTC	Included in Flex Card allowance
Flex Card	\$208 combined allowance per month for healthy groceries, utilities, OTC and home & bathroom safety items
Durable Medical Equipment*	0% coinsurance
Eligibility Requirements	<ul style="list-style-type: none"> • Must have Medicare Parts A and B • Enrolled in the state Medicaid program • Live within our service area
Formulary	Covered

*Indicates a service that requires prior authorization.

**Indicates a service that requires prior authorization for non-emergent trips.

ASC¹=Ambulatory Surgery Center

†Certain rebatable drugs may be subject to a lower coinsurance. Insulin cost sharing is subject to a coinsurance cap of \$35 for a one-month's supply of insulin.

Highmark Health Options Duals

D R U G	Deductible	\$0
	Initial Coverage	You pay \$0 per prescription
	Catastrophic Coverage	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.

This information is not a complete description of benefits. Call 1-888-567-0905 (TTY users may call 711), October 1–March 31, 8 a.m.–8 p.m., 7 days a week; April 1–September 30, 8 a.m.–8 p.m., Monday–Friday for more information.

TruHearing is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing-aid benefit.

Delaware

Summary of Medicaid-covered Benefits

January 1, 2025–December 31, 2025

The enclosed benefits are covered by Medicaid. Your services are paid first by your Medicare plan, and then by Medicaid. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. Note that for Medicaid covered benefits there may be requirements for medical need or prior authorization.

If you have questions about your Medicaid eligibility and benefits, call **1-800-996-9969 (TTY: 711)** or visit the Delaware ASSIST website at **assist.dhss.delaware.gov**.

Benefit	Details
Allergy testing	Covered
Ambulance services	Covered
Behavioral health (mental health) and substance use treatment, outpatient care	Covered
Behavioral health (mental health) and substance use treatment, inpatient care	Covered
Blood and plasma products	Covered
Bone density screening	Covered
Cancer screening	Covered with limitations
Care coordination services and care management	Covered
Chemotherapy and radiation	Covered
Chiropractic care	Covered with limitations
Dental care	Covered with limitations
Diabetes care	Covered
Dialysis	Covered
Doula care	Covered

Benefit	Details
Durable medical equipment and supplies	Covered
Emergency department care	Covered
Eye exam, routine visit	Covered
Eye exam, sick visit	Covered with limitations
Eyeglasses and contact lenses	Covered with limitations
Family planning services	Covered with limitations
Federally qualified health centers	Covered
Genetic testing	Covered
Glaucoma screening	Covered
Gynecology visit	Covered
Hearing aids and batteries	Covered
Hearing exams	Covered
HIV/AIDS testing	Covered
Home health care	Covered
Hospice care	Covered
Hospital care	Covered

Benefit	Details
Imaging services	Covered
Infusion therapy	Covered
Lab services	Covered
Long-term services and supports	Covered with limitations
Maternity care	Covered
Nonemergency medical transportation	Covered
Nursing home care	Covered
Observation	Covered
Online medical visits	Covered
Opioid addiction treatment	Covered
Organ transplant	Covered
Orthopedic shoes	Covered*
Outpatient surgery	Covered
Pain management	Covered
Personal care	Covered
Physical, speech, and occupational therapy	Covered
Podiatry care	Covered

Benefit	Details
Prescription drugs	Covered
Primary care provider visits	Covered
Private-duty nursing	Covered with limitations
Prosthetics and orthotics	Covered*
Respite care (pediatric)	Covered with limitations
School-based wellness centers	Covered
Second opinion	Covered
Self-directed attendant care	Covered with limitations
Skilled nursing facility	Covered with limitations
Sleep apnea study	Covered
Specialist visits	Covered
Stop-smoking help	Covered
Surgery	Covered
Urgent care/walk-in care clinics	Covered
Well-baby and well-child visits, vaccinations	Covered with limitations
Wheelchair rental	Covered with limitations

*Requires prior authorization if cost is more than \$500.



Highmark Health Options Duals complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation. Highmark Health Options Duals does not exclude people or treat them differently because of their race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

Highmark Health Options Duals provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in a different way, including large print, audio, and Braille.

Highmark Health Options Duals provides free language services to people whose primary language is not English, such as:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact Highmark Health Options Duals Member Services at 1-855-401-8251 (TTY: 711 or 1-800-232-5460), Monday – Friday, 8 a.m. – 8 p.m.

If you believe that Highmark Health Options Duals has failed to provide these services or discriminated against you in another way because of your race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation, you can file a complaint with Highmark Health Options Duals or the Delaware Division of Human and Civil Rights by mail, phone, or web form.

Highmark Health Options Duals
Attn: Appeals and Grievances
P.O. Box 890416
Camp Hill, PA 17089-0416
1-855-401-8251

Division of Human and Civil Rights
861 Silver Lake Blvd., Suite 145
Dover, DE 19904
302-739-4567
hho.fyi/ea-intake

If you need help filing a complaint, Highmark Health Options Duals and the Division of Human and Civil Rights are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights online at OCRPortal.hhs.gov, and by mail, phone, or email:

U.S. Department of Health and Human Services
200 Independence Avenue SW
HHH Building Room 509F
Washington, DC 20201
1-800-368-1019 (TTY: 1-800-537-7697)
OCRMail@hhs.gov

A printable version of the complaint form is available at hho.fyi/complaint-form.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-401-8251 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-401-8251. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-401-8251。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-401-8251。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-401-8251. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-401-8251. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-401-8251 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-401-8251. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-401-8251번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-401-8251. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-401-8251. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-401-8251 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-401-8251. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-401-8251. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-401-8251. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-401-8251. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-401-8251にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。