

If you have questions about your benefits, call Member Services at 1-844-325-6251.

Extra Benefits from Highmark Health Options	Details
Benefits for expecting and new mothers	<ul style="list-style-type: none"> Mom Options wellness program for expecting moms who attend prenatal exams to qualify for a reward. Rewards include choice of infant car seat, stroller, Pack 'n Play, or Baby Shower in a Box. In partnership with DMMA: weekly (up to 8 weeks) delivery of free food, diapers, and wipes for new mothers.
Diabetes prevention program	Age 18 and older: Covers free year-long wellness program for people who do not have diabetes. Sponsored by Highmark Health Options and the YMCA of Delaware.
Digital bathroom scale	Age 20 and older: Covered for adults with specific heart conditions enrolled in the Cardiac Rehab Lifestyle Management program.
Eyeglasses and contacts lenses	Age 21 and older: Covers choice of select frames or contact lenses. (See Standard Benefits, below, for age 20 and younger.)
GED program	Age 18 and older: Covers the cost of GED testing and retesting through a voucher program.
Healthy weight management program	Covers free wellness program sponsored by Highmark Health Options for those who qualify: <ul style="list-style-type: none"> Ages 3 through 18, with a body mass index (BMI) in the 85th to 95th percentile. Age 19 and older, with a BMI over 25 and one or more risk factors for heart disease. Age 19 and older, with a BMI over 30.
Hearing aids	Age 21 and older: Covers one hearing aid per ear every two years, and batteries for one year. (See Standard Benefits, below, for age 20 and younger.)
Rewards for healthy activities	Opportunity to earn gift cards for qualifying activities.

LTSS Benefits	Details
Adult day services *	Community-based supervised and personal care during the day.
Attendant care *	Help with activities of daily living.
Cognitive services *	Counseling and therapy for members and their families. Limited to 20 visits per year plus an assessment.
Community-based residential alternatives	Homelike residential setting that offers support services, and social and recreational programs.
Day habilitation	Help with learning and development skills to aid in independence inside and outside the home.
Home-delivered meals *	Two meals delivered per day.
Independent activities of daily living *	Help with cooking, cleaning, shopping, and more.

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Minor home modification *	Changes to the home to help independence. Limits per project, per year, and per lifetime.
Nursing facility	Includes skilled nursing, rehabilitation, and health care.
Nutritional supplements for HIV/AIDS *	Oral supplements for those with weight loss and malnutrition.
Personal emergency response system *	Personal electronic device that provides 24-hour access in case of emergency.
Respite care	Personal care at home, an assisted living facility, or nursing home so caregiver may rest. Limited to 14 days per year.
Self-directed attendant care service	Support for individual authority over decision-making for care services.
Specialized medical equipment	Helpful items, such as grabbers. Only for items not covered under the State plan.
Nursing facility transition services and workshops	Help with relocation costs up to \$2,500.

* Not offered to persons living in assisted living or nursing facilities.

Standard Medicaid Benefits	Details
Allergy testing	Covered
Ambulance services	Covered
Behavioral health (mental health) and substance use treatment, outpatient care	<ul style="list-style-type: none"> Age 18 and older: Covered Age 17 and younger: Covered for 30 outpatient hours per year. Additional outpatient hours are covered through the Department of Services for Children, Youth, and Their Families (DSCYF). Note: For those participating in PROMISE, services are covered through the State.
Behavioral health (mental health) and substance use treatment, inpatient care	<ul style="list-style-type: none"> Age 18 and older: Covered Age 17 and younger: Covered through the Department of Services for Children, Youth, and Their Families (DSCYF).
Blood and plasma products	Covered
Bone density screening	Covered
Cancer screening	Covers screenings for: <ul style="list-style-type: none"> Breast cancer (mammogram) Cervical cancer (Pap test) Colorectal cancer (colonoscopy) Prostate cancer
Care coordination services and care management	Covered
Chemotherapy and radiation	Covered

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Chiropractic care	Covers diagnostic imaging and manipulation of the spine to reduce neck, back, pelvis, and sacrum pain.
Dental care	<ul style="list-style-type: none"> Age 21 and older: Covers preventive and corrective dental care with \$1,000 limit, excluding removal of bony impacted wisdom teeth. Additional \$1,500 may be approved for emergency care. Age 20 and younger: Covered by the State, excluding removal of bony impacted wisdom teeth. Removal of bony impacted wisdom teeth is covered under the Highmark Health Options medical benefit.
Diabetes care	Covers education, equipment, and supplies, including blood sugar monitors and strips.
Dialysis	Covered
Durable medical equipment and supplies	Covers equipment and supplies ordered by a doctor, including bed liners and diapers for those age 4 and older.
Emergency department care	Covered
Eye exam, routine visit	Covers one routine exam each year.
Eye exam, sick visit	Covers sick visits for conditions such as diabetic retinopathy, glaucoma, and infections.
Eyeglasses and contact lenses	Age 20 and younger: One pair of eyeglasses or contact lens per year, limitations apply. (See Extra Benefits, above, for age 21 and older.)
Family planning services	<ul style="list-style-type: none"> Covers network or out-of-network services for DSHP members. Covers services from network providers for DHCP members. Does not cover services from out-of-network providers for DHCP members.
Genetic testing	Covered
Glaucoma screening	Covered
Gynecology visit	Covers pelvic exam and Pap test.
Hearing aids and batteries	Age 20 and younger: Covered (See Extra Benefits, above, for age 21 and older.)
Hearing exams	Covered
HIV/AIDS testing	Covered
Home health care	Covered
Hospice care	Covers hospice care in a facility or at home.

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Hospital care	Covers inpatient care, including inpatient rehabilitation, and outpatient care. Note: As described in the behavioral care inpatient entry above, services for those age 17 and younger are covered through the Department of Services for Children, Youth, and Their Families (DSCYF).
Imaging services	Covers diagnostic imaging services: X-rays; CT, PET, MR, and SPECT scans; and nuclear studies.
Infusion therapy	Covers inpatient and outpatient services.
Lab services	Covers diagnostic tests, such as blood tests.
Maternity care	Covers care before, during, and following birth. Also covers childbirth and parenting education.
Nonemergency transportation	<ul style="list-style-type: none"> • DSHP: Covered by the State for transportation to health care visits via ModivCare. • Not covered for DHCP.
Nursing home care	Covered up to 30 days per year; additional days are considered long-term care. Apply to the Delaware Medical Assistance Program for long-term care.
Observation	Covered
Online medical visits	Covers virtual visits at HHO on the Go website or app. Available 24/7. <ul style="list-style-type: none"> • All ages: urgent care. • Age 18 and older: therapy and psychiatry.
Opioid addiction treatment	Covers medication-assisted therapy.
Organ transplant	Covers transplant and evaluation before transplant.
Orthopedic shoes	Covered*
Outpatient surgery	Covers same-day and ambulatory surgery.
Pain management	Covered
Personal care	Covers services provided by aides in the home.
Physical, speech, and occupational therapy	Covers outpatient services.
Podiatry care	Covers routine podiatry care for people with diabetes or blood flow problems in the legs.
Prescription drugs	Covers medicine prescribed by a doctor. New: A 90-day supply is available for some medicines.

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Primary care physician visits	Covers doctor office visits, checkups, and sick visits.
Private-duty nursing	Covered with prior authorization.
Prosthetics and orthotics	Covered*
Second opinion	Covers advice from a second doctor to compare with the advice of another doctor.
Skilled nursing facility	Covers nursing home care up to 30 days per year.
Sleep apnea study	Covered
Specialist visits	Covers care from a doctor who has special training for a specific condition or illness.
Stop-smoking help	Covered by Quitline .
Surgery	Covers inpatient and outpatient surgery.
Urgent care/Walk-in care	Covers care or medical treatment needed within 48 hours. Not an emergency.
Well-baby and well-child visits, vaccinations	Covers care for children with Medicaid coverage through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.
Wheelchair rental	Requires prior authorization.

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

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Benefits That Are Not Covered	
Acupuncture	
Care from Christian Science providers and sanitariums	
Cosmetic services	
<u>DESI</u> drugs	
Infertility treatments	
Sterilization for those age 20 and younger	



Discrimination Is Against the Law

Highmark Health Options complies with applicable Federal civil rights laws and regulations and does not discriminate on the basis of race, color, national origin, age, disability, health status, sex, sexual orientation or gender identity. Highmark Health Options does not exclude people or treat them differently because of race, color, national origin, age, disability, health status, sex, sexual orientation or gender identity.

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201
 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Help in Your Language

Highmark Health Options provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, Braille, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, se encuentran disponibles servicios de asistencia con el idioma sin costo alguno para usted. Llame al número que figura al dorso de su tarjeta de identificación (TTY: 711).

Si w pale kreyòl ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou do kat idantifikasyon w lan (TTY: 711).

注意：如果您讲中文，可以免费为您提供语言协助服务。拨打您的卡背面的号码（听障人士专用号码：(TTY: 711)）。

注：英語を話す場合は、無料の言語支援サービスを利用できます。あなたのIDカードの裏面（：711 TTY）の番号を呼び出します。

ध्यान आपरो: जो तमे गुजराती बोल्ता होव तो, तमारा माटे भाषा सहायता सेवाओ मुक्तमा उपलब्ध छे. तमारा आइडी कार्ड-नी पाछा आपेवा नांबर पर फोन करो (TTY: 711).

ATTENTION: Si vous parlez français, des services d'assistance linguistique vous sont offerts gratuitement. Veuillez appeler le numéro qui se trouve au verso de votre carte d'identification (TTY : 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 카드 뒷면의 번호로 전화하십시오 (TTY: 711).

ATTENZIONE: Se parla italiano, per Lei sono disponibili servizi di assistenza linguistica gratuiti. Chiami il numero presente sul retro della Sua carta di identificazione (TTY: 711).

LU'U Y': Nếu quý vị nói Tiếng Việt, luôn có các dịch vụ hỗ trợ ngôn ngữ được cung cấp miễn phí cho quý vị. Vui lòng gọi số điện thoại trên mặt sau của thẻ nhận dạng của quý vị (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen kostenlose Unterstützung in Ihrer Sprache zur Verfügung. Wählen Sie hierfür bitte die Nummer auf der Rückseite Ihrer Ausweiskarte (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, may maaari kang kuning mga libreng serbisyo ng tulong sa wika. Tawagan ang numero sa likod ng iyong card (TTY: 711).

कृपया ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए नशुल्क उपलब्ध हैं। अपने पहचान कार्ड के पीछे दिये गए नंबर पर कॉल करें (TTY: 711)।

ئەگەر ئۇيغۇرچە سۆزلىسەن، ئۆزىڭنىڭ تىلىڭنى ئۆزگەرتىشكە بولىدۇ. ئۆزىڭنىڭ ئىشلىتىش كارتىڭنىڭ ئارقا كۆرىشىدە ئۆزىڭنىڭ تىلىڭنى ئۆزگەرتىشكە بولىدىغان نۇمۇرنى چاقىرىشقا ئۇچرىغۇن (TTY: 711).

تەنھەرىكەت ئۆزگەرتىش كارتىڭنىڭ ئارقا كۆرىشىدە ئۆزىڭنىڭ تىلىڭنى ئۆزگەرتىشكە بولىدىغان نۇمۇرنى چاقىرىشقا ئۇچرىغۇن (TTY: 711).

గమనక: మరు లుగు మాట లాడ వారైతే, భాషా సహాయక సేవలు, ఖరీదు లకుండా, మరు లభింక తున నాయ. ము ఐడి కార్డుకు (TTY: 711) వనుక వైపు ఉన న నంబర క్ ఫోన్ చేయండి.