**January 1, 2027 to December 31, 2027**

# Highmark Wholecare Medicare Assured Diamond (HMO D-SNP)

# Summary of Benefits

## SW NW NE Central Pennsylvania Counties

This summary of benefits doesn't list every service, limitation, or special circumstance. Visit **highmark.com/wholecare/medicare** to view the plan's Evidence of Coverage (EOC), which includes a complete list of covered services. Premium, deductible and limits are the amounts you pay for covered services.

Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance.

For more information about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY 1-877-486-2048.

### You can enroll in this plan if you:

- Have Medicare Part A
- Are enrolled in Medicare Part B
- Live in one of the following counties: Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lancaster, Lawrence, Lebanon, Lehigh, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Perry, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, or York.
- Must be enrolled in one of the following Medicare Savings Programs offered by Medicaid for individuals with limited income and resources: FDBE, QMB+, SLMB+, or QMB.

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| Highmark Wholecare Medicare Assured Diamond (HMO D-SNP) | |
|---|---|
| Monthly plan premium | $0 |
| Part B premium reduction | $0 |
| Medical deductible | $0 |
| Maximum out-of-pocket for in-network services | $9,850 |

| Covered Medical and Hospital Benefits | In-Network | Out-of-Network |
|---|---|---|
| **Inpatient hospital admit stays*** | | |
| Per admit | $0 | Not covered |
| **Outpatient hospital visits*** | $0 | Not covered |
| **Ambulatory surgical center (ASC)*** | $0 | Not covered |
| **Office visits** | | |
| Primary care physician (PCP) | $0 | Not covered |
| Specialist | $0 | Not covered |
| **Preventive Screenings** | $0 | Not covered |
| **Emergency room visit** | $0 | Not covered |
| **Urgent care visit** | $0 | Not covered |
| **Diagnostics and laboratory tests*** | | |
| Freestanding labs* | $0 | Not covered |
| Physician office* | $0 | Not covered |
| Outpatient facility* | $0 | Not covered |
| **X-rays/advanced imaging*** | | |
| X-rays* | $0 | Not covered |
| Advanced imaging* | $0 | Not covered |
| **Hearing** | | |
| Medicare-covered services | $0 | Not covered |
| Yearly routine exam | $0 | Not covered |
| TruHearing™ (1 aid per ear every three years) | $0 | Not covered |
| **Dental*** | | |
| Medicare-covered services* | $0 | Not covered |
| Bi-annual routine cleaning and exam | $0 | Not covered |
| Yearly routine X-rays | $0 | Not covered |
| Combined max yearly allowance | $3,000 | Not covered |
| **Vision** | | |
| Medicare-covered services | $0 | Not covered |
| Medicare-covered diabetic retinal eye exam | $0 | Not covered |
| Yearly routine exam | $0 | Not covered |
| Combined yearly routine eyewear allowance | $600 | Not covered |
| **Mental health*** | | |
| Inpatient stays | | |
| Per admit | $0 | Not covered |
| Outpatient visits | $0 | Not covered |

| Additional Covered Benefits | In-Network | Out-of-Network |
|---|---|---|
| **Skilled nursing facility (SNF) admit stays*** | | |
| Per admit | $0 | Not covered |
| **Physical therapy*** | $0 | Not covered |
| **One-way emergency/non-emergency ambulance trip*** | $0 | Not covered |
| **Transportation (up to 24 One-way health-related trips)** | $0 | Not covered |
| **Medicare Part B drugs^*** | $0 | Not covered |

## Formulary Benefits

**Deductible:** Tier 1: $0, Tier 2, Tier 3, Tier 4 and Tier 5: $700

If you receive LIS, you do not pay a deductible. You pay the following until your total yearly drug costs reach $2,400. Total yearly drug costs are the total drug costs paid by both you and your Part D plan.

| DRUGS | Initial Coverage | Retail | | | Mail | | |
|---|---|---|---|---|---|---|---|
| | **Days Supply** | **30** | **60** | **100** | **30** | **60** | **100** |
| | **Tier 1** | $0 | $0 | $0 | $0 | $0 | $0 |
| | **Tier 2** | 25% | 25% | 25% | 25% | 25% | 25% |
| | **Tier 3** | 25% | 25% | 25% | 25% | 25% | 25% |
| | **Tier 4** | 25% | - | - | - | - | - |
| | **Tier 5** | 25% | - | - | - | - | - |

| INSULIN | Initial Coverage | Retail | | | Mail | | |
|---|---|---|---|---|---|---|---|
| | **Days Supply** | **30** | **60** | **100** | **30** | **60** | **100** |
| | **Tier 3** | $35 | $70 | $105 | $35 | $70 | $105 |
| | **Tier 4** | $35 | - | - | - | - | - |
| | **Tier 5** | $35 | - | - | - | - | - |

| | |
|---|---|
| You will pay your assigned LIS copays for Tier 2, Tier 3, Tier 4 and Tier 5. | LIS Level 3: $0 copays Generic and Brand<br>LIS Level 2: $1.65 Generics/$5.00 Brand<br>LIS Level 1: $5.80 Generics/$14.40 Brand |
| Catastrophic coverage | During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. |

**Service requires prior authorization.*

*[Δ]Certain rebatable drugs may have a lower coinsurance. Insulin has a copayment cap of $35 for one-month's supply.*

*Certain procedures, services, and drugs may need advance approval or prior authorization. Please refer to your EOC.*

## Flex Card Benefit

### Flex Card

**$300 Monthly** SSBCI[+] Allowance for healthy groceries, utilities, gas, everyday essentials, OTC, home & bathroom safety items.

**$100 Monthly** Non-SSBCI for OTC and home & bathroom safety items.

SSBCI = Special Supplemental Benefits for the Chronically Ill

OTC = Over-the-counter

**Questions? We're here to help!**

**Already a member or need a copy of the EOC?**
Call us at **1-800-685-5209** (TTY: 711),
**October 1 – March 31:** 8 a.m. to 8 p.m. ET, 7 days a week
**April 1 – September 30:** 8 a.m. to 8 p.m. ET, Monday–Friday

**Looking to enroll for the first time?**

Talk with a local **Licensed Highmark Medicare advisor,** visit a **Highmark Direct store or Medicare center,** or call **1-877-428-3929** (TTY: 711)

**October 1 – March 31:** 8 a.m. to 8 p.m. ET, 7 days a week
**April 1 – September 30:** 8 a.m. to 8 p.m. ET, Monday–Friday

Highmark Wholecare offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.

Gateway Health Plan, Inc. d/b/a Highmark Wholecare is an independent licensee of the Blue Cross Blue Shield Association.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

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

+Special supplemental benefits are for people who are chronically ill with long-term conditions like diabetes, asthma, obesity, etc. Highmark will help determine if you qualify for these benefits and may ask other qualifying questions. Not all may qualify.

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