January 1, 2027 to December 31, 2027

Highmark Wholecare Medicare Assured Diamond (HMO D-SNP)

Summary of Benefits

SE 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: Bucks, Chester, Delaware, Montgomery, or Philadelphia.
- 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	5%	5%	5%	5%	5%	5%
	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 LIS Level 2: $1.65 Generics/$5.00 Brand 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.*

ΔCertain 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

$293 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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