January 1, 2027 to December 31, 2027

Highmark Health Options Duals Select (HMO D-SNP)

Summary of Benefits

Delaware

This summary of benefits doesn't list every service, limitation, or special circumstance. Visit **www.highmark.com/hhoduals/de** 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.

QMB Medicaid status individuals receive assistance in paying for any medical deductibles, medical copays and coinsurance, and will not pay the CMS max copays for Duals Select medical benefits.

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: Kent, New Castle, or Sussex.
- Must be enrolled in one of the following Medicare Savings Programs offered by Medicaid for individuals with limited income and resources: QMB, SLMB, or QI.



Highmark Health Options Duals Select (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	QMB Status	SLMB/QI status
Inpatient hospital admit stays*		
Per admit	$0	CMS Max copay
Outpatient hospital visits*	$0	20%
Ambulatory surgical center (ASC)*	$0	20%
Office visits		
Primary care physician (PCP)	$0	20%
Specialist	$0	20%
Preventive Screenings	$0	$0
Emergency room visit	$0	$115
Urgent care visit	$0	$40
Diagnostics and laboratory tests*		
Freestanding labs*	$0	20%
Physician office*	$0	20%
Outpatient facility*	$0	20%
X-rays/advanced imaging*		
X-rays*	$0	20%
Advanced imaging*	$0	20%
Hearing		
Medicare-covered services	$0	20%
Yearly routine exam	$10	$10
TruHearing™ (1 aid per ear every three years)	$0	$0
Dental*		
Medicare-covered services*	$0	20%
Bi-annual routine cleaning and exam	$10	$10
Yearly routine X-rays	$0	$0
Combined max yearly allowance	$1,500	$1,500
Vision		
Medicare-covered services	$0	20%
Medicare-covered diabetic retinal eye exam	$0	$0
Yearly routine exam	$10	$10
Combined yearly routine eyewear allowance	$150	$150
Mental health*		
Inpatient stays		
Per admit	$0	CMS Max copay
Outpatient visits	$0	20%

Additional Covered Benefits	QMB Status	SLMB/QI status
Skilled nursing facility (SNF) admit stays*		
Per admit	$0	CMS Max copay
Physical therapy*	$0	20%
One-way emergency/non-emergency ambulance trip*	$0	20%
Medicare Part B drugs^*	$0	0 - 20%

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 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.*

[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

$198 Quarterly SSBCI[+] Allowance for healthy groceries, utilities, OTC, home & bathroom safety items.

$51 Quarterly 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 **1-844-722-5837** (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 **1-888-567-0914** (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 Health Options Duals 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.

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.

File a complaint with the Division of Medicaid and Medical Assistance at 302-571-4900. The Highmark Health Options Duals Select (HMO D-SNP) website www.highmark.com/health-options-de/duals has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online. You can also call the Medicaid Office of the Ombudsperson at 1-855-773-1002, Monday-Friday 8:00 a.m.-4:30 p.m.

+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.

