

## Highmark Wholecare Medicare Assured (HMO SNP)

# Summary of Benefits

January 1, 2025 to December 31, 2025

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

Bucks, Chester, Delaware, Montgomery, Philadelphia

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 [highmark.com/wholecare/medicare](https://highmark.com/wholecare/medicare) 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 **1-800-685-5209 (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 Wholecare offers HMO plans with a Medicare contract. Enrollment in these plans depends on contract renewal.

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association ("Highmark Wholecare").

	Highmark Wholecare Medicare Assured Diamond	Highmark Wholecare Medicare Assured Ruby
Premium	\$0	\$0
Deductible	\$0	\$0
Max Out-Of-Pocket	\$9,350	\$6,700
Inpatient Hospital Stay*	\$0 copay per admit	Days 1-6; \$250 copay per day per admit & days 7-90 \$0 copay per admit
Outpatient Hospital Coverage*	ASC <sup>1</sup> : \$0 copay Facility: \$0 copay	ASC <sup>1</sup> : \$200 copay Facility: \$200 copay
Doctor Office Visit	PCP: \$0 copay Specialist: \$0 copay	PCP: \$0 copay Specialist: \$25 copay
Preventive/Screening	Covered in Full	Covered in Full
Emergency Room	\$0 copay	\$125 copay
Urgently Needed Services	\$0 copay	\$25 copay
Lab & Diagnostic Tests	Office/Lab: \$0 copay; Outpatient: \$0 copay*	Office/Lab: \$0 copay; Outpatient: \$0 copay*
X-Rays/Advanced Imaging*	X-ray: \$0 copay Advanced Imaging: \$0 copay	X-ray: \$20 copay Advanced Imaging: \$175 copay
Hearing Services	Medicare Covered: \$0 copay. Routine: \$0 copay (1 Per Year). TruHearing Advanced: \$0 copay (2 Aids Every Year)	Medicare Covered: \$25 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 \$8,000 allowance (preventive and comprehensive combined) (per year). See the EOC for full benefits.	Medicare Covered: \$25 copay. Routine Office Visit: \$0 copay (1 per six months). Routine X-rays: \$0 copay (1 per year). Comprehensive*: 0% coinsurance with a maximum \$3,500 allowance (comprehensive services) (per year). See the EOC for full benefits.
Vision Services	\$0 copay for one routine eye exam per calendar year. \$600 eye wear allowance towards the purchase of frames or contact lenses. \$0 copay for standard lenses. \$0 copay limited lens upgrades. Plan restrictions apply.	\$0 copay for one routine eye exam per calendar year. \$200 eye wear allowance towards the purchase of frames or contact lenses. \$0 copay for standard lenses.
Mental Health Services	Inpatient: \$0 copay per admit*; Outpatient: \$0 copay	Inpatient: Days 1-6; \$250 copay per day per admit & days 7-90 \$0 copay per admit*; Outpatient: \$25 copay
Skilled Nursing Facility*	\$0 copay/day (days 1-20), \$0 copay/day (days 21-100)	\$0 copay/day (days 1-20), \$214 copay/day (days 21-100)
Physical Therapy*	\$0 copay	\$20 copay
Ambulance (per one-way trip)*	Emergent/Non-Emergent: \$0 copay	Emergent/Non-Emergent: \$250 copay
Transportation	\$0 copay, 76 one-way health-related trips to plan approved locations. Option to use 24 of 76 trips for non-health related services	\$0 copay, 30 one-way health-related trips to plan approved locations
Medicare Part B Drugs <sup>†*</sup>	0% coinsurance	\$35 for Part B Insulin. 20% coinsurance of the total cost for chemotherapy and other Part B prescription drugs.
OTC	Included in Flex Card allowance	Included in Flex Card allowance
Flex Card	\$263 combined allowance per month for healthy groceries, utilities, OTC and home & bathroom safety items	\$82 combined allowance per month for healthy groceries, utilities, OTC and home & bathroom safety items
Durable Medical Equipment*	0% coinsurance	\$0 copay for diabetic supplies and diabetic shoes or inserts. 20% coinsurance for all other DME.
Eligibility Requirements	<ul style="list-style-type: none"> <li>• Must have Medicare Parts A and B</li> <li>• 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</li> <li>• Live within our service area</li> </ul>	<ul style="list-style-type: none"> <li>• Must have Medicare Parts A and B</li> <li>• Must be enrolled in one of the following Medicare Savings Programs offered by Medicaid for individuals with limited income and resources SLMB or QI</li> <li>• Live within our service area</li> </ul>
Formulary	Covered	Covered

## Highmark Wholecare Medicare Assured Diamond

**D  
R  
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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.

## Highmark Wholecare Medicare Assured Ruby

**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 1-800-685-5209 (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.

### MEDICARE SAVINGS PROGRAMS DEFINITIONS:

(FBDE) Full Benefit Dual Eligible: An individual is medically needy or in certain special income levels for institutionalized or home- and community-based waivers.

(QMB+) Qualified Medicare Beneficiary Plus: Helps pay Medicare Part A and Part B premiums and other cost-sharing (like deductibles, coinsurance, and copayments). People with QMB+ also have “full Medicaid benefits.”

(QMB) Qualified Medicare Beneficiary: Helps pay Medicare Part A and Part B premiums and other cost-sharing like deductibles, coinsurance, and copayments.

(SLMB+) Specified Low-Income Medicare Beneficiary Plus: Helps pay Part B premium, as well as all “full Medicaid benefits.”

(SLMB) Specified Low-Income Medicare Beneficiary: Helps pay Part B premium.

(QI) Qualifying Individual: Helps pay Part B premium but is limited to a first-come, first-served basis.

\*Indicates a service that requires prior authorization.

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

ASC<sup>1</sup>=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.

## Pennsylvania

# 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.

If you have questions about your Medicaid eligibility and which benefits you are entitled to, call Pennsylvania Department of Human Services, **1-800-692-7462** (TTY users call **1-800-451-5886**), or visit their website at [www.dhs.pa.gov](http://www.dhs.pa.gov).

Benefits	What you pay under Medicaid
<b>Inpatient Hospital Coverage</b>	\$3 copay per day up to \$21 per admission Includes general hospitals, rehabilitation hospitals, drug and alcohol and private psychiatric hospitals
<b>Doctor Visits</b> (Primary Care and Specialists)	\$0-\$3.80 copay for Medicaid-covered services Physician (Medical Doctor), Certified Registered Nurse Practitioner and Rural Health Clinic
<b>Emergency Care</b>	\$0 copay for Emergency Services
<b>Urgently Needed Services</b>	\$0-\$3.80 copay for Medicaid-covered services
<b>Diagnostic Services/Labs/Imaging</b>	\$0 copay (laboratory); \$1 copay (portable x-ray) \$1 copay for each x-ray or \$0 for other medical diagnostic test or for treatment by nuclear medicine or radiation therapy
<b>Dental Services</b>	\$0-\$3.80 copay for Medicaid-covered services • Diagnostic, preventive, restorative, surgical dental procedures, prosthodontics, and sedation • Key Limitations: Dentures: one per lifetime; Exams/prophylaxis: one per 180 days; Crowns, periodontics and endodontics: only via approved benefit limit exception
<b>Vision Services</b>	Under age 21: Wholcare covers all medically necessary vision services from in-network providers Age 21 and over: \$0-\$3.80 copay for Medicaid-covered services • Optometrist (Eye Doctor) • Two exams per calendar year • Eyeglass lenses, frames and contact lenses are limited to individuals with aphakia; four eyeglass lenses per calendar year; two eyeglass frames per calendar year; and four contact lenses per calendar
<b>Skilled Nursing Facility (SNF)</b>	\$0-\$3.80 copay for Medicaid-covered services Nursing Facilities
<b>Ambulance (Emergency)</b>	\$0-\$3.80 copay for Medicaid-covered services
<b>Transportation</b>	\$0 copay for Medicaid-covered services Contact Medical Assistance Transportation (MATP) for information
<b>Foot Care</b>	\$0-\$3.80 copay for Medicaid-covered services
<b>Medical Equipment/Supplies</b>	\$0-\$3.80 copay for Medicaid-covered services
<b>Podiatrist Services</b>	\$0
<b>Family Planning Services</b>	\$0
<b>Maternity Care</b>	\$0
<b>Tobacco Cessation</b>	\$0

Benefits	What you pay under Medicaid
<b>Prescription Drugs</b>	\$1-\$3 copay for Medicaid-covered prescriptions <ul style="list-style-type: none"> <li>• \$1 for each prescription and prescription refill of a generic drug</li> <li>• \$3 for each prescription and prescription refill of a brand name drug</li> <li>• Nutritional supplements</li> </ul>
<b>Outpatient Surgery</b>	\$0-\$3.80 copay for Medicaid-covered services Ambulatory Surgery Center (ASC) and Same Day Surgery (SPU); Independent Medical/Surgical Clinic
<b>Chiropractic Care</b>	\$0-\$3.80 copay for Medicaid-covered services
<b>Drug and Alcohol Clinic Services</b>	\$0-\$3.80 copay for Medicaid-covered services <ul style="list-style-type: none"> <li>• Includes methadone maintenance and clozapine</li> <li>• Refer to your Behavioral Health Managed Care Organization for details</li> </ul>
<b>Psychiatric Clinic</b>	\$0.50 per unit copay for Medicaid-covered services <ul style="list-style-type: none"> <li>• Includes mobile mental health treatment</li> <li>• Refer to your Behavioral Health Managed Care Organization for details</li> </ul>
<b>Psychiatric Partial Hospitalization Facility</b>	\$0 per unit copay for Medicaid-covered services Refer to your Behavioral Health Managed Care Organization for details
<b>Psychiatric Rehabilitation</b>	\$0-\$3.80 copay for Medicaid-covered services Refer to your Behavioral Health Managed Care Organization for details
<b>Federally Qualified Health Center/Rural Health Center</b>	\$0-\$3.80 copay for Medicaid-covered services
<b>Home Health Services</b>	\$0 copay for Medicaid-covered services Includes nursing, aide, and therapy services. Unlimited for the first 28 days; limited to 15 days every month thereafter.
<b>Hospice Care</b>	\$0-\$3.80 copay for Medicaid-covered services Respite care may not exceed a total of five days in a 60-day certification period
<b>Long-Term Nursing Facility</b>	\$0-\$3.80 copay for Medicaid-covered services In order to receive Long-term Nursing Facility or Home and Community-Based Waiver Services, individuals must meet clinical criteria to be considered Nursing Facility Clinically Eligible (NFCE)
<b>Home and Community Based Waiver Services</b>	\$0-\$3.80 copay for Medicaid-covered services For more information, contact your Community HealthChoices MCO or the Office of Long-term Living
<b>Renal Dialysis</b>	\$0-\$3.80 copay for Medicaid-covered services Renal dialysis center; initial training for home dialysis is limited to 24 sessions per patient per calendar year. Backup visits to the facility are limited to 75 per calendar year.
<b>Therapy</b> (Physical, Occupational, Speech)	\$0-\$3.80 copay for Medicaid-covered services Only when provided by a hospital, outpatient clinic, or home health provider
<b>Prosthetics and Orthotics</b>	\$0-\$3.80 copay for Medicaid-covered services Orthopedic shoes and hearing aids are not covered. Coverage for low-vision aids is limited to one per two calendar years. Coverage for an eye ocular is limited to one per calendar year.

Highmark Wholecare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Highmark Wholecare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Highmark Wholecare:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- o Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- o Qualified interpreters
- o Information written in other languages

If you need these services, contact Member Services at 1-800-685-5209, 8 a.m. - 8 p.m., 7 days a week from October 1 through March 31. From April 1 through September 30 our business hours are 8 a.m. – 8 p.m., Monday through Friday. TTY users should call 711.

If you believe that Highmark Wholecare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Appeals and Grievances

Attention: 1557 Coordinator

PO Box 22278

Pittsburgh, PA 15222

Phone: 1-844-207-0336

Fax: 1-412-255-4503

You can file a grievance by mail, or by fax. If you need help filing a grievance, Appeals and Grievances is available to help you. Additional information can be found at [highmark.com/wholecare](http://highmark.com/wholecare).

You can also 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

**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 1-800-685-5209 (TTY 711). Someone who speaks English/Language 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 1-800-685-5209 (TTY 711). 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 1-800-685-5209 (TTY 711)。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 1-800-685-5209 (TTY 711)。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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-685-5209 (TTY 711). 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 1-800-685-5209 (TTY 711). 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 1-800-685-5209 (TTY 711) 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 1-800-685-5209 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-685-5209 (TTY 711) 번으로 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 1-800-685-5209 (TTY 711). 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، بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية (1-800-685-5209 (TTY 711) ليس عليك سوى الاتصال بنا على

**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 1-800-685-5209 (TTY 711) 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 1-800-685-5209 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** 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 1-800-685-5209 (TTY 711). 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 1-800-685-5209 (TTY 711). 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 1-800-685-5209 (TTY 711). 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、1-800-685-5209 (TTY 711) 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。