



Delaware

Highmark Health Options Duals (HMO SNP)

Summary of Benefits

January 1, 2026 to December 31, 2026

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

Kent, New Castle, Sussex

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/health-options-de/duals 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 **1-844-722-5837** (TTY 711). We're available October 1 – March 31, 8 a.m. to 8 p.m., April 1 – September 30 8 a.m. to 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.

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.

	Highmark Health Options Duals Select (HMO SNP)
Premium	\$0
Deductible	CMS Maximum
Max Out-Of-Pocket	\$9,250
Inpatient Hospital Stay*	CMS Maximum copay per admit IN
Outpatient Hospital Coverage*	ASC ¹ : 20% coinsurance Facility: 20% coinsurance
Doctor Office Visit	PCP: 20% coinsurance Specialist: 20% coinsurance
Preventive/Screening	Covered in Full
Emergency Room	\$115 coinsurance
Urgently Needed Services	\$40 coinsurance
Lab* & Diagnostic Tests*	Office /Lab: 20% coinsurance; Outpatient: 20%
X-Rays*/ Advanced Imaging*	X-ray: 20% coinsurance Advanced Imaging: 20% coinsurance
Hearing Services	Medicare Covered: 20% coinsurance. Routine: \$0 coinsurance (1 Per Year). TruHearing Advanced: \$0 copay (2 Aids every 3 years)
Dental Services	Medicare Covered: 20% coinsurance.* Routine Office Visit: \$0 coinsurance (1 per six months). Routine X-rays: \$0 coinsurance (1 per six months). Comprehensive: 0% coinsurance with a maximum \$1,500 (per year). See the EOC for full benefits.
Vision Services	Medicare Covered: 20% coinsurance Routine: \$0 coinsurance for one routine eye exam per calendar year. \$150 eye wear allowance towards the purchase of frames or contact lenses. \$0 copay for standard lenses.
Mental Health Services	Inpatient: CMS Maximum coinsurance per admit*; Outpatient: 20% copay
Skilled Nursing Facility*	\$0 coinsurance/day (days 1-20), CMS Maximum coinsurance/day (days 21-100)
Physical Therapy*	20% coinsurance
Ambulance (per one-way trip)*	Emergent/Non-Emergent: 20% coinsurance
Transportation	Not Covered
Medicare Part B Drugs* [†]	20% coinsurance
OTC	Included in Flex Card allowance
Flex Card	SSBCI Qualified Members receive \$250 per quarter combined allowance for OTC, Home/Bathroom Safety, Food (SSBCI) and Utility (SSBCI). Members can use the \$250 per quarter allowance to pay plan approved utility expenses or to purchase healthy foods or OTC at select retail locations, online, or via catalog; or Home/Bathroom Safety items via online catalog. Unused allowances expire at the end of the quarter. Fees and plan restrictions apply. Non-SSBCI Members receive \$50 per quarter combined allowance for OTC and Home/Bathroom Safety. Members can use the \$50 per quarter allowance to pay plan approved expenses for OTC items at select retail stores, online, or via catalog; or Home/Bathroom Safety items via online catalog. Unused allowances expire at the end of the quarter. Fees and plan restrictions apply.
Durable Medical Equipment*	20% coinsurance
Eligibility Requirements	<ul style="list-style-type: none"> • Must have Medicare Parts A and B • Must be enrolled in one of the following Medicaid Savings Programs offered by Medicaid to individuals with limited income including QMB, SLMB, and QI. • Live within our service area

Highmark Health Options Duals Select (HMO SNP)

Formulary

Covered

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.

ASC¹=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.

Highmark Health Options Duals Select (HMO SNP)	
D R U G	Deductible
	\$615 If you're in a program that helps pay for your drugs (Extra Help) you do not pay a deductible.
	Initial Coverage
	You will pay your assigned LIS copays for generic and brand drugs. <ul style="list-style-type: none"> LIS Level 3 (Institutionalized/Home Based Care): \$0 copays Generic and Brand LIS Level 2 (Non-Institutionalize): \$1.60 Generics / \$4.90 Brand LIS Level 3 (Other): \$5.10 Generics / \$12.65 Brand
	Catastrophic Coverage
	Once your cumulative yearly out-of-pocket expenses for covered medications (Part D drugs) reach \$2,100 , you will enter the catastrophic coverage stage. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

This information is not a complete description of benefits. Call 1-855-401-8251 (TTY users may call 711), October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week; April 1 – September 30, 8 a.m. to 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.

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.



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.

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

Delaware

Summary of Medicaid-covered Benefits

January 1, 2026 – December 31, 2026

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 benefits, call **1-800-996-9969** (TTY: 711) or visit the Delaware ASSIST website at **assist.dhss.delaware.gov**.

Benefits	Details
Allergy testing	Covered
Ambulance services	Covered
Ambulatory surgical centers	Covered
Behavioral health (mental health) and substance use treatment, outpatient care	Covered
Behavioral health (mental health) and substance use treatment, inpatient care	Covered
Blood and plasma products	Covered
Bone density screening	Covered
Cancer screening	Covered with limitations
Care coordination services and care management	Covered
Chemotherapy and radiation	Covered
Chiropractic care	Covered with limitations
Dental care	Covered with limitations
Diabetes care	Covered
Dialysis	Covered
Doula care	Covered
Durable medical equipment and supplies	Covered
Emergency department care	Covered
Eye exam, routine visit	Covered
Eye exam, sick visit	Covered with limitations
Eyeglasses and contact lenses	Covered with limitations
Family planning services	Covered with limitations
Federally qualified health centers	Covered
Genetic testing	Covered
Glaucoma screening	Covered
Gynecology visit	Covered
Hearing aids and batteries	Covered
Hearing exams	Covered
HIV/AIDS testing	Covered
Home health care	Covered

Benefits	Details
Hospice care	Covered
Hospital care	Covered
Imaging services	Covered
Infusion therapy	Covered
Lab services	Covered
Long-term services and supports	Covered with limitations
Maternity care	Covered
Nonemergency transportation	Covered
Nursing home care	Covered
Observation	Covered
Online medical visits	Covered
Opioid addiction treatment	Covered
Organ transplant	Covered
Orthopedic shoes	Covered*
Outpatient surgery	Covered
Pain management	Covered
Personal care	Covered
Physical, speech, and occupational therapy	Covered
Podiatry care	Covered
Prescription drugs	Covered
Primary care provider visits	Covered
Private-duty nursing	Covered with limitations
Prosthetics and orthotics	Covered*
Respite care (pediatric)	Covered with limitations
School-based wellness centers	Covered
Second opinion	Covered
Self-directed attendant care	Covered with limitations
Skilled nursing facility	Covered with limitations
Sleep apnea study	Covered
Specialist visits	Covered
Stop-smoking help	Covered
Surgery	Covered

Benefits	Details
Urgent care/walk-in care clinics	Covered
Well-baby and well-child visits, vaccinations	Covered with limitations
Wheelchair rental	Covered with limitations

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



Highmark Health Options Duals complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation. Highmark Health Options Duals does not exclude people or treat them differently because of their race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

Highmark Health Options Duals provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in a different way, including large print, audio, and Braille.

Highmark Health Options Duals provides free language services to people whose primary language is not English, such as:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact Highmark Health Options Duals Member Services at 1-855-401-8251 (TTY: 711 or 1-800-232-5460), Monday – Friday, 8 a.m. – 8 p.m.

If you believe that Highmark Health Options Duals has failed to provide these services or discriminated against you in another way because of your race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation, you can file a complaint with Highmark Health Options Duals or the Delaware Division of Human and Civil Rights by mail, phone, or web form.

Highmark Health Options Duals
Attn: Appeals and Grievances
P.O. Box 890416
Camp Hill, PA 17089-0416
1-855-401-8251

Division of Human and Civil Rights
861 Silver Lake Blvd., Suite 145
Dover, DE 19904
302-739-4567
hho.fyi/ea-intake

If you need help filing a complaint, Highmark Health Options Duals and the Division of Human and Civil Rights are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights online at OCRPortal.hhs.gov, and by mail, phone, or email:

U.S. Department of Health and Human Services
200 Independence Avenue SW
HHH Building Room 509F
Washington, DC 20201
1-800-368-1019 (TTY: 1-800-537-7697)
OCRMail@hhs.gov

A printable version of the complaint form is available at hho.fyi/complaint-form.

ATTENTION: If you speak English, free language translation and interpretation services are available to you. Appropriate auxiliary aids and services (such as large print, audio, and Braille) to provide information in accessible formats are also available free of charge. Call the number on the back of your ID card (TTY: 711) for help.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de traducción e interpretación de idiomas. También hay disponibles ayudas y servicios auxiliares adecuados (como letra grande, audio y Braille) para proporcionar información en formatos accesibles sin cargo. Llame al número que figura al dorso de su tarjeta de identificación (TTY: 711) si necesita ayuda.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Übersetzungs- und Dolmetscherdienste zur Verfügung. Außerdem sind kostenlos entsprechende Hilfsmittel und Dienstleistungen (wie Großdruck, Audio und Blindenschrift) zur Bereitstellung von Informationen in barrierefreien Formaten erhältlich. Wählen Sie hierfür bitte die Nummer auf der Rückseite Ihrer Ausweiskarte (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis tradiksyon ak entèpretasyon aladispozisyon w gratis nan lang ou pale a. Èd ak sèvis siplemantè apwopriye (tèlke gwo lèt, odyo, Braille) pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nimewo ki sou do Kat ID w lan (TTY: 711) pou jwenn èd.

ВНИМАНИЕ: Если Вы говорите на русском языке, Вам доступны бесплатные услуги перевода на другой язык. Также предоставляется дополнительная бесплатная помощь и услуги отображения информации в доступных форматах (например, крупным шрифтом, шрифтом Брайля или в виде аудиозаписи). Для получения помощи позвоните по номеру, указанному на обратной стороне вашей идентификационной карты (TTY: 711).

ATTENZIONE: se parla italiano, sono disponibili servizi gratuiti di traduzione e interpretariato. Sono inoltre disponibili gratuitamente adeguati supporti e servizi ausiliari (ad esempio caratteri grandi, audio e Braille) per fornire informazioni in formati accessibili. Per assistenza, chiami il numero riportato sul retro della Sua tessera di identificazione (TTY: 711).

ATTENTION : si vous parlez français, des services de traduction et d'interprétation gratuits sont à votre disposition. Vous pouvez aussi bénéficier gratuitement de l'accès à des outils et services auxiliaires appropriés (affichage en gros caractères, audio et le braille) dans des formats accessibles. Veuillez appeler le numéro qui se trouve au verso de votre carte d'identification (TTY : 711) pour obtenir de l'aide.

ÀKÍYÉSÍ: Tí o bá nsọ èdè Yorùbá, àwọn iṣẹ̀ itumọ̀ ati ògbufọ̀ èdè wà ní àrọwọ̀tọ̀ lófẹ́fẹ́ fún ọ. Àwọn iṣẹ̀ itọ́jú ati irànlọ́wọ̀ tó yẹ (bíi titẹwé nla, gbígbo ohùn, ati iwé afọ́jú) lati pèsè iwífúnni ní àwọn ọ̀na irááyè sì wà pẹ̀lu lófẹ́fẹ́. Pẹ̀ nọmba tó wà lẹ́hin kaádí idánimọ̀ rẹ̀ (TTY: 711) fún irànlọ́wọ̀.

אכטונג: אויב איר רעדט אידיש, קענט איר באקומען שפראך איבערזעצונג און דאלמעטשונג סערוויסעס פריי פון אפצאל. געהעריגע הילפסמיטלען און סערוויסעס (אזוויי גרויסע דרוק, אודיא און ברעיל) צו צושטעלן אינפארמאציע אין צוגענגליכע פארמאטן זענען אויך דא צו באקומען פריי פון אפצאל. רופט דעם נומער אויף די אנדערע זייט פון אייער אידענטיטעט קארטל (TTY: 711) פאר הילף.

تنبيه: إذا كنت تتحدث اللغة العربية، فستوفر لك خدمات الترجمة التحريرية والترجمة الفورية مجانًا. تتوفر أيضًا الوسائل والخدمات المساعدة المناسبة (مثل الطباعة الكبيرة، والوسائل الصوتية، وطريقة برايل) لتقديم المعلومات بتنسيقات يمكن الوصول إليها من دون أي تكلفة. اتصل على الرقم المدون على ظهر بطاقة هويتك (TTY: 711) للحصول على المساعدة.

注意：如果您说中文，我们将为您提供免费的语言翻译和口译服务。此外，我们还免费提供相应的辅助工具和服务（如大字体、音频和盲文），以便您获取无障碍格式的信息。如需帮助，请拨打您的 ID 卡背面的号码（听障人士专用号码：711）。

ધ્યાન આપશો: જો તમે ગુજરાતી બોલતા હોવ, તો તમારા માટે નિ:શુલ્ક ભાષા અનુવાદ અને ઇન્ટરપ્રિટેશન સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે ચોક્કસ સહાયક સાધનસામગ્રી અને સેવાઓ (જમ કે મોટી પ્રિન્ટ, ઓડિયો અને બ્રેઇલ) પણ નિ:શુલ્ક ઉપલબ્ધ છે. મદદ માટે તમારા આઇડી કાર્ડની પાછળ આપેલા નંબર (TTY: 711) પર કોલ કરો.

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ biên dịch và phiên dịch ngôn ngữ miễn phí dành cho quý vị. Chúng tôi cũng cung cấp miễn phí các dịch vụ và hỗ trợ bổ sung thích hợp (như chữ in lớn, tệp âm thanh và chữ nổi) để cung cấp thông tin ở các định dạng dễ tiếp cận. Vui lòng gọi số điện thoại trên mặt sau của thẻ nhận dạng của quý vị (TTY: 711) để được trợ giúp.

ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंलाई नि:शुल्क भाषा अनुवाद र दोभासे सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक प्रविधि र सेवाहरू (जस्तै ठूलो प्रिन्ट, अडियो र ब्रेल) पनि नि:शुल्क उपलब्ध छन्। मद्दतको लागि तपाईंको ID कार्डको पछाडिको नम्बरमा कल गर्नुहोस् (TTY: 711)।

कृपया ध्यान दें: यदि आप हिंदी भाषा बोलते हैं, तो आपके लिए मुफ्त भाषा अनुवाद और व्याख्या संबंधी सेवाएं उपलब्ध हैं। एक्सेस करने योग्य फॉर्मेट में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक सामग्री और सेवाएं (जैसे बड़े प्रिंट, ऑडियो और ब्रेल) भी नि:शुल्क उपलब्ध हैं। सहायता के लिए अपने पहचान कार्ड के पीछे लिखे नंबर (TTY: 711) पर कॉल करें।

주의: 한국어를 사용하는 경우 무료 언어 번역 및 통역 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공받을 수 있는 적절한 보조 수단 및 서비스(예: 큰 활자, 오디오, 점자)도 무료로 이용할 수 있습니다. 도움이 필요하시면 ID 카드 뒷면에 있는 번호로 전화하십시오(TTY: 711).