



West Virginia

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:

Cabell, Clay, Doddridge, Fayette, Greenbrier, Hardy, Kanawha, Lincoln, Marshall, Mason, McDowell, Mingo, Nicholas, Ohio, Putnam, Raleigh, Wayne, Wood

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-wv/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 **1-833-957-0025** (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.

	Highmark Health Options Duals (HMO SNP)
Premium	\$0
Deductible	\$0
Max Out-Of-Pocket	\$9,250
Inpatient Hospital Stay*	\$0 copay per admit IN
Outpatient Hospital Coverage*	ASC ¹ : 0% coinsurance Facility: 0% coinsurance
Doctor Office Visit	PCP: \$0 copay Specialist: \$0 copay
Preventive/Screening	Covered in Full
Emergency Room	\$0 copay
Urgently Needed Services	\$0 copay
Lab* & Diagnostic Tests*	Office /Lab: \$0 copay; Outpatient: \$0
X-Rays*/ Advanced Imaging*	X-ray: \$0 copay Advanced Imaging: \$0 copay
Hearing Services	Medicare Covered: \$0 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 six months). Comprehensive/Preventive: 0% coinsurance with a maximum \$2,500 (per year). See the EOC for full benefits.
Vision Services	Medicare Covered: \$0 copay Routine: \$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
Skilled Nursing Facility*	\$0 copay/day (days 1-20), \$0 copay/day (days 21-100)
Physical Therapy*	\$0 copay
Ambulance (per one-way trip)*	Emergent/Non-Emergent: \$0 copay
Transportation	You pay a \$0 copay. Up to 24 one-way health related trips up to a 60 mile radius.
Medicare Part B Drugs* [†]	\$35 for Medicare Part B Insulin. 20% Coinsurance. As you are enrolled in a DSNP (Medicare) and Medicaid plan, your secondary coverage, Medicaid, covers the 20% coinsurance. Providing your pharmacy with both identification numbers for Medicare and Medicaid will help ensure the lowest out of pocket costs.
OTC	Included in Flex Card allowance
Flex Card	SSBCI Member receive \$235 per month combined allowance for OTC, Home/Bathroom Safety, Food (SSBCI), Utility (SSBCI), and Pay-at-the-Pump gas (SSBCI). Members can use the \$235 per month 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. Pay-at-the-Pump Gas requires card balance of at least \$50 and a hold will be placed on the card until payment clears. Members may not pay for gas inside a store. Unused allowances expire at the end of the month. Fees and plan restrictions apply. Non-SSBCI Members receive \$50 per month combined allowance for OTC and Home/Bathroom Safety. Members can use the \$50 per month 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 month. Fees and plan restrictions apply.
Durable Medical Equipment*	0% copay

Highmark Health Options Duals (HMO SNP)

Eligibility Requirements	<ul style="list-style-type: none">• Must have Medicare Parts A and B• 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• Live within our service area
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.

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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 1-844-278-8453 (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 Health Options West Virginia 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.

West Virginia

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 which benefits you are entitled to, call West Virginia Bureau for Medical Services, **1-304-558-1700** (TTY users call **1-833-957-0025**), or visit their website at **dhhr.wv.gov/bms/**.

Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what West Virginia Bureau for Medical Services covers and what our plan covers.

Coverage of the benefits depends on your level of Medicaid eligibility. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. In some situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call West Virginia Bureau for Medical Services, 1-304-558-1700.

Benefits	Medicaid	Highmark Health Options Duals
Inpatient Hospital Care	Covered	Covered
Doctor Office Visits	Covered	Covered
Preventive Care	Covered	Covered
Emergency Care	Covered	Covered
Urgently Needed Services	Covered	Covered
Diagnostic Tests Lab and Radiology Services and X-Rays	Covered	Covered
Hearing Services	Covered	Covered
Dental Services	Covered	Covered
Vision Services	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Ambulance	Covered	Covered
Transportation (Routine)	Covered	Covered
Prescription Drug Benefits	Covered	Covered
Chiropractic Care	Covered	Covered with limitations
Diabetes Supplies and Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Foot Care	Covered	Covered
Home Health Care	Covered	Covered
Hospice	Covered	Covered

Benefits	Medicaid	Highmark Health Options Duals
Outpatient Hospital Services	Covered	Covered
Renal Dialysis	Covered	Covered
Prosthetic Devices	Covered	Covered



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 1-833-957-0025 (TTY: 711), Monday – Friday, 8 a.m. – 5 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 WV Human Rights Commission by mail, phone, or fax.

Highmark Health Options Duals
Attn: Appeals and Grievances
P.O. Box 890416
Camp Hill, PA 17089-0416
1-855-430-9852 (TTY: 711)
Fax: 1-833-560-1828

WV Human Rights Commission
1321 Plaza East, Room 108A
Charleston, WV 25301
304-558-2616
Fax: 304-558-0085
hho.fyi/wv-hrc

If you need help filing a complaint, Highmark Health Options Duals and the WV Human Rights Commission 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.

ÀKÍYÈSÍ: Tí o bá nsò èdè Yorùbá, àwọn iṣẹ́ ìtumọ́ ati ògbufọ́ èdè wà ní àrọwọ́tọ́ lófẹ́fẹ́ fún ọ. Àwọn iṣẹ́ ìtọ́jù ati ìrànlọ́wọ́ tó yẹ (bíi títẹ̀wé nla, gbígbo ohùn, ati iwé afọ́jú) lati pèsè iwífúnni ní àwọn ọ̀na irááyè sì wà pẹ̀lu lófẹ́fẹ́. Pẹ̀ nọmba tó wà lẹhin kaádí idánimọ́ rẹ́ (TTY: 711) fún ìrànlọ́wọ́.

אכטונג: אויב איר רעדט אידיש, קענט איר באקומען שפראך איבערזעצונג און דאלמעטשונג סערוויסעס פריי פון אפצאל. געהעריגע הילפסמיטלען און סערוויסעס (אזויווי 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، فستتوفر 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 المذكور 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 (જેમ 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).