HIGHMARK

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** 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.

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	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 copay
Urgently Needed Services	$40 copay
Lab* & Diagnostic Tests*	Office /Lab: 20% coinsurance; Outpatient: 20% coinsurance
X-Rays*/ Advanced Imaging*	X-ray: 20% coinsurance Advanced Imaging: 20% coinsurance
Hearing Services	Medicare Covered: 20% coinsurance. Routine: $0 copay (1 Per Year). TruHearing Advanced: $0 copay (2 Aids every 3 years)
Dental Services	Medicare Covered: 20% coinsurance.* Routine Office Visit: $0 copay (1 per six months). Routine X-rays: $0 copay (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 copay 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 copay per admit*; Outpatient: 20% coinsurance
Skilled Nursing Facility*	$0 copay/day (days 1-20), CMS Maximum copay/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*†	$35 copay for Medicare Part B Insulin. 20% coinsurance of the total cost for chemotherapy and other Medicare Part B prescription drugs.
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	• 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. ASC[1]=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)

DRUG

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. • 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 1 (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.

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.