2027 Highmark Health Options Duals (HMO D-SNP) Summary of Benefits

January 1, 2027, to December 31, 2027

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

Kent, New Castle, or Sussex.

HIGHMARK

Because Life.™

H7710_26_7175_M

2027 Highmark Health Options Duals (HMO D-SNP) Summary of Benefits

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 **www.Highmark.com/HHODuals/DE** 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 **1-855-401-8251** (TTY: 711).
We're available October 1–March 31, seven days a week, 8 a.m.–8 p.m.,
April 1– September 30, Monday – Friday, 8 a.m.–8 p.m.

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, seven days a week. TTY: 1-877-486-2048.

Introduction

This document is a brief summary of the benefits and services covered by Highmark Health Options Duals. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Highmark Health Options Duals. Key terms and their definitions appear in alphabetical order in the last chapter of the Evidence of Coverage (EOC).

Table of Contents

A. Disclaimers **2**

B. Frequently asked questions (FAQ) **3**

C. List of covered services **7**

D. Benefits covered outside of Highmark Health Options Duals **14**

E. Services that Highmark Health Options Duals, Medicare, and Diamond State Health Plan don't cover **15**

F. Your rights as a member of the plan **16**

G. How to file a complaint or appeal a denied service **18**

H. What to do if you suspect fraud **18**

A. Disclaimers

This is a summary of health services covered by Highmark Health Options Duals for 2027. This is only a summary. Please read the Evidence of Coverage for the full list of benefits. To receive a copy of the Highmark Health Options Duals Evidence of Coverage, please call 1-855-401-8251, TTY users may call 711, 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. Or visit **www.Highmark.com/HHODuals/DE**.

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 blues company.

Out-of-network/non-contracted providers are under no obligation to treat Plan members except in emergency situations.

This information is not a complete description of benefits. Call 1-888-567-0914 (TTY users may call 711), 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, 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.

- For more information about Medicare, you can read the "Medicare & You" handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.
- You can get this document for free in other formats, such as large print, Braille, or audio. This document is available for free in Spanish. Call 1-855-401-8251, TTY users should call 711, 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. The call is free.
- Members can also ask for a standing request to receive this document to be mailed to them each year by calling 1-855-401-8251. TTY users should call 711.
- For more information about Highmark Health Options Duals, you can check the Division of Medicaid and Medical Assistance website at **dhss.delaware.gov/dmma/dsnp** or by phone at 302-571-4900, Monday – Friday, 8 a.m. - 4:30 p.m. You can also call the special ombudsman for people who have both Medicare and Medicaid at 1-855-773-1002, Monday - Friday, 8 a.m. - 4:30 p.m.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently asked questions	Answers
What's a HIDE SNP?	Our Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) plan combines your Medicare and Diamond State Health Plan Plus (DSHP Plus) services. It combines your doctors, hospital, pharmacies, home healthcare, nursing home care, and other healthcare providers into one coordinated care system. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need. Our plan is called the Highmark Health Options Duals.
Will I get the same Medicare and Medicaid benefits in Highmark Health Options Duals that I get now?	You will get most of your covered Medicare and Medicaid benefits through Highmark Health Options Duals. After you enroll, you will work with a care coordinator and your providers to understand your health and support needs. Together, you will create an Individualized Plan of Care based on your needs, preferences, and goals. Some services you receive today may stay the same. Others may change if your care team determines a different service or support would better meet your needs. Some benefits may still be provided outside of Highmark Health Options Duals, directly through the Division of Medicaid and Medical Assistance, the same way they are today. If you take a Medicare Part D drug that Highmark Health Options Duals does not normally cover, you may be able to get a temporary supply. We will also help you transition to another covered drug or request an exception if the drug is medically necessary. For questions, call Member Service at the number listed in the footer of this document.

Frequently asked questions	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other healthcare providers) work with Highmark Health Options Duals and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in the Highmark Health Options Duals network. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you see a provider that is not in the network, Highmark Health Options Duals will authorize you to continue seeing this provider for 90 days while we work to get you transitioned to a network provider. If there is not a provider in the network that can provide the services you are receiving from the provider that is not in the network, Highmark Health Options Duals will continue authorizing the out-of-network services as long as the services are medically necessary. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the Highmark Health Options Duals plan. • Our Medicaid and Medicare networks overlap by at least 80% for most provider types, making it easier to find and keep your providers. To see if your providers are in network, call Member Service* or check the Highmark Health Options Duals Provider Directory at **www.Highmark.com/HHODuals/DE**. • If Highmark Health Options Duals is new for you, we'll work with you to develop Care Plans to address your needs.
What's a Highmark Health Options Duals care coordinator?	A Highmark Health Options Duals care coordinator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need.

*__If you have questions__, please call Highmark Health Options Duals at 1-855-401-8251, 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. The call is free.

For more information, visit **www.Highmark.com/HHODuals/DE**.

Frequently asked questions	Answers
What are Long-Term Services and Supports (LTSS)?	The Diamond State Health Plan Plus (DSHP Plus) provides coverage for long-term services and supports — sometimes called LTSS. Long-term services and support are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency. You can find more information on LTSS by visiting **www.highmark.com/Health-Options-DE/Medicaid/Benefits-Programs/LTSS-Benefits.**
What happens if I need a service but no one in the Highmark Health Options Duals network can provide it?	Our Medicaid and Medicare networks share many of the same providers, making it easier for you to find and keep your doctors. If you need medically necessary care that isn't available in network, your plan will cover an out-of-network provider.
Where's the Highmark Health Options Duals available?	The plan's service area includes Kent, New Castle, and Sussex counties in Delaware. You must live in one of these counties to join the plan.
What's prior authorization?	Prior authorization means an approval from the Highmark Health Options Duals to seek services both in network and outside of our network or to get services not routinely covered by our network before you get the services. The Highmark Health Options Duals may not cover the service, procedure, item, or drug if you don't get prior authorization when prior authorization is required for the service. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. The Highmark Health Options Duals can provide you or your provider with a list of services or procedures that require you to get prior authorization from the Highmark Health Options Duals before the service is provided.

Frequently asked questions	Answers
What's prior authorization? *continued*	Refer to Chapter 3 of the Evidence of Coverage to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Evidence of Coverage to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Service* at the numbers in the footer of this document for help.
Do I pay a monthly amount (also called a premium) under the Highmark Health Options Duals?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of the Highmark Health Options Duals?	No. You don't pay deductibles in the Highmark Health Options Duals.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of the Highmark Health Options Duals?	There's no cost sharing for medical services in the Highmark Health Options Duals, so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Prior Authorization required.
	Outpatient hospital services, including observation	$0	Prior Authorization may be required.
	Ambulatory surgical center (ASC) services	$0	Prior Authorization required.
	Doctor or surgeon care	$0	Prior Authorization required.
You want to visit a doctor	Visits to treat an injury or illness	$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	Wellness visits, such as a physical	$0	
	"Welcome to Medicare" (preventive visit, one time only)	$0	
	Specialist care	$0	

Continued on the next page

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need emergency care	Emergency room services	$0	Emergency room care services are provided in and out of network without Prior Authorization requirements.
	Urgent care	$0	Urgent Care services are provided in and out of network without Prior Authorization requirements.
You need medical tests	Basic and Advanced Imaging (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior Authorization required.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior Authorization required.
You need hearing/ auditory services	Hearing screenings	$0	
	Hearing aids	$0	Members are eligible for one hearing aid per ear every three years.

Continued on the next page

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need dental care	Dental checkups and preventive care	Combined $3,000 yearly allowance	For more information about dental benefits and providers, please visit **www.Highmark.com/HHODuals/DE**.
	Restorative care	$0	For more information about dental benefits and providers, please visit **www.Highmark.com/HHODuals/DE.**
You need eye care	Yearly eye exams	$0	
	Glasses or contact lenses	$0	$400 yearly allowance toward frames or contacts
You need behavioral health services	Inpatient and outpatient care and community-based services for people who need mental health services	$0	There is no benefit limit for mental health services and drug and alcohol treatment when medically necessary. Contact Member Service or care coordination for additional details.
You need substance use disorder services	Substance use disorder services	$0	There is no benefit limit for mental health services and drug and alcohol treatment when medically necessary. Contact Member Service or care coordination for additional details.

Continued on the next page

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	$0	Prior Authorization required.
	Nursing home care	$0	Prior Authorization required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior Authorization required.
You need help getting to health services	Ambulance services	$0	Prior Authorization may be required.
	Emergency care	$0	
You need medication to treat your illness or condition	Medicare Part B drugs	$0	Prior Authorization required. Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the **Evidence of Coverage** for more information on these drugs.

Continued on the next page

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need medication to treat your illness or condition *continued*	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier	Your Part D deductible is $700. **If you're in a program that helps pay for your drugs (Extra Help), you do not pay a deductible.** You pay $0 for Tier 1 drugs. Tiers 2 – 5 drugs are LIS/Extra Help drug copays ranging from $0 – $5.80 for generic medications and $0 – $14.40 brand/non-preferred medications. Copays for drugs may vary based on the level of Extra Help (LIS) you get. Please contact the plan for more details. If you do not receive Extra Help (LIS), prescription costs are $0 for Tier 1, then 25% coinsurance per fill of medication for Tier 2 - 5. *Note that insulin being used for a pump may have a copay up to $35 for a one-month supply.	There may be limitations on the types of drugs covered. Please refer to the Highmark Health Options Duals List of Covered Drugs (Formulary Drug List) for more information. Once your cumulative yearly out-of-pocket expenses for covered medications (Part D drugs) reach $2,400, you will enter the catastrophic coverage stage, where you will have significantly reduced cost-sharing (copays/coinsurance) for your covered Part D drugs for the remainder of the plan year. Read the Evidence of Coverage for more information on this stage. For many medications, you can get a supply of up to 100 days at a retail or mail-order pharmacy for the cost of one copay.
You need medication to treat your illness or condition	Over-the-counter (OTC) drugs	$0	See Flex Card under Additional Services on page 13 for additional information.

Continued on the next page

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	$0	Prior Authorization required.
	Medical equipment for home care	$0	Prior Authorization required.
	Dialysis services	$0	
You need foot care	Podiatry services	$0	
	Orthotic services	$0	For covered services.
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Service or refer to Chapter 4 of the Evidence of Coverage.	Wheelchairs, crutches, and walkers	$0	Prior Authorization required.
	Nebulizers	$0	Prior Authorization required for covered services.
	Oxygen equipment and supplies	$0	Prior Authorization required for covered services.
You need help living at home	Home health services	$0	Prior Authorization required.

Continued on the next page

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services	Flex Card	$0	$212 monthly SSBCI* qualified allowance to spend on healthy food, utilities, everyday essentials, pay-at-the-pump gasoline, otc and home/bathroom safety items. $33/month non-SSBCI qualified allowance to spend on OTC and home/bathroom safety items. All funds expire at the end of the month. See EOC for details.
	Fitness Benefit	$0	The plan offers a SilverSneakers fitness program membership. See EOC for additional details.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Highmark Health Options Duals Evidence of Coverage. If you don't have an Evidence of Coverage, call Highmark Health Options Duals Member Service* to get one. If you have questions, you can also call Member Service or visit **www.highmark.com/HHODuals/DE**.

*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 quality.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2025 Tivity Health Inc. All rights reserved. Tivity Health Inc. is a separate company that administers the SilverSneakers program.

D. Benefits covered outside of Highmark Health Options Duals

There are some services that you can get that aren't covered by Highmark Health Options Duals but are covered by Medicare, Medicaid, or a state or county agency. This isn't a complete list. Call Member Service* to ask if you might qualify for any of these services.

Other services covered by Medicare, Diamond State Health Plan, or a State Agency	Your costs
Certain hospice care services covered outside of Highmark Health Options Duals.	$0
Adult day health, Home- and Community-Based Services (HCBS), or other support services.	$0
Home services, such as cleaning or housekeeping, or home modifications such as grab bars.	$0
Nonemergency Medical Transportation.	$0
Day habilitation services.	$0
Services to help you live on your own (home healthcare services or personal care attendant services).	$0
Adult foster care and group adult foster care.	$0

*__If you have questions__, please call Highmark Health Options Duals at 1-855-401-8251, 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. The call is free.

For more information, visit **www.Highmark.com/HHODuals/DE**.

E. Services that Highmark Health Options Duals, Medicare, and Diamond State Health Plan don't cover.

This isn't a complete list. Call Member Service* to find out about other excluded services.

Services that Highmark Health Options Duals, Medicare, and Diamond State Health Plan don't cover.
Services not considered "reasonable and necessary" according to standards of Medicare and Medical Assistance.
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under Medicare-approved clinical study.
Surgical treatment for morbid obesity except when medically necessary.
Elective or voluntary enhancement procedures.
Cosmetic surgery or other cosmetic work unless criteria are met.
Lasik surgery.

*__If you have questions__, please call Highmark Health Options Duals at 1-855-401-8251, 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. The call is free.

For more information, visit **www.Highmark.com/HHODuals/DE**.

F. Your rights as a member of the plan

As a member of Highmark Health Options Duals, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your healthcare services. We'll tell you about your rights at least once a year. For more information on your rights, please read the Evidence of Coverage. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.**
  This includes the right to:
  - 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, national origin, race, color, religion, creed, or public assistance.
  - Get information in other languages and formats (for example, large print, Braille, or audio) free of charge.
  - Be free from any form of physical restraint or seclusion.
- **You have the right to get information about your healthcare.**
  This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Descriptions of the services we cover.
  - How to get services.
  - How much services will cost you.
  - Names of healthcare providers and care coordinators.
- **You have the right to make decisions about your care, including refusing treatment.**
  This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's healthcare provider without a referral .
  - Get your covered services and drugs quickly.
  - Know about all treatment options, no matter what they cost or whether they're covered.
  - Refuse treatment, even if your healthcare provider advises against it.
  - Stop taking medicine, even if your healthcare provider advises against it.
  - Ask for a second opinion. Highmark Health Options Duals will pay for the cost of your second opinion visit.
  - Make your healthcare wishes known in an advance directive

F. Your rights as a member of the plan continued

- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care.
  - Get in and out of a healthcare provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
  - Have interpreters to help with communication with your healthcare providers and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency.
  - Use an out-of-network urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
  - Have your personal health information kept private.
  - Have privacy during treatment.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers.
  - File a complaint with the Division of Medicaid and Medical Assistance at 302-571-4900 or the Highmark Health Options Duals website. **www.highmark.com/Health-Options-DE/Legal/DSNP-Appeals-Grievances**.
  - Appeal certain decisions made by the State Department of Managed Healthcare or our providers.
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied.

For more information about your rights, you can read the **Evidence of Coverage**. If you have questions, you can call Highmark Health Options Duals Member Service*.

You can also call the Medicaid Office of the Ombudsperson at **1-855-773-1002**, Monday – Friday 8 a.m. – 4:30 p.m.

*__If you have questions__, please call Highmark Health Options Duals at 1-855-401-8251, 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. The call is free. For more information, visit **www.Highmark.com/HHODuals/DE**.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Highmark Health Options Duals should cover something we denied, call Member Service at the numbers in the footer of this document. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Evidence of Coverage. You can also call Member Service at the number in the footer of this document.

For more information and help in handling a problem, you can contact your state Medicaid agency. You can contact the Division of Medicaid and Medical Assistance (DMMA) by calling **(302) 255-9500** or **1-800-372-2022** Monday – Friday 8:30 a.m. – 4:30 p.m.
TTY users should call 711.

You can also visit **dhss.delaware.gov/dhss/dmma**.

H. What to do if you suspect fraud

Most healthcare professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital, or pharmacy is doing something wrong, please contact us.

- Call us at Highmark Health Options Duals Member Service phone number.*
- Or, call the Medicaid Customer Service Center at **1-855-401-8251**. TTY users may call 711.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call Delaware Diamond State Health Plan's Fraud Reporting line at **1-800-372-2002** or email **SURreferrals@delaware.gov**.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Highmark Health Options Duals Member Service at 1-855-401-8251.
Calls to this number are free. 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. Member Service also has free language interpreter services available for non-English speakers.

TTY users should call 711. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. 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 have questions about your health, call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed. If your PCP's office is closed, you can also call the Highmark Health Options Duals Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: They may advise you to visit urgent care or the emergency room.)

The number for the Highmark Health Options Duals Nurse Line is 1-855-805-9420 (TTY users call 711). Calls to this number are free and the Nurse Line is available 24 hours a day, seven days a week. Highmark Health Options Duals also has free language interpreter services available for non-English speakers.

If you need immediate behavioral healthcare, please call the Highmark Health Options Duals Member Service number at 1-855-401-8251. Calls to this number are free and the Nurse Line is available 24 hours a day, seven days a week. Highmark Health Options Duals also has free language interpreter services available for non-English speakers.

HIGHMARK

Because Life.™

08/26 MX6965860

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.

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 BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.

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 nsọ èdè Yorùbá, àwọn iṣẹ ìtumọ ati òǵbufọ èdè wà ní àrọwọtó lọ́fẹ̀ẹ́ fún ọ. Awọn iṣẹ itójú ati ìrànlọ́wọ́ tó yẹ (bíi titẹwé nla, gbigbọ ohùn, ati ìwé afọ́jú) lati pèsè iwifúnni ni awọn ọna ìráàyè si wà pẹlu lọ́fẹ̀ẹ́. Pe nọmba tó wà lẹhin kaádì ìdánimọ rẹ (TTY: 711) fún iranlọwọ.

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 بتنسيقاتٍ يمكن الوصول إليها من دون أي تكلفة. اتصل على الرقم المدوّن 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 નિઃશુલ્ક ભાષા અનુવાદ અને ઇન્ટરપ્રિટેશન સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સાધનસામગ્રી અને સેવાઓ (જેમ કે મોટી પ્રિન્ટ, ઓડિયો અને બ્રેઇલ) પણ નિઃશુલ્ક ઉપલબ્ધ છે. મદદ માટે તમારા આઇડી કાર્ડની પાછળ આપેલા નંબર (TTY: 711) પર કૉલ 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 निःशुल्क भाषा अनुवाद र दोभासे सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक प्रविधि र सेवाहरू (जस्तै ठूलो प्रिन्ट, अडियो र ब्रेल) पनि निःशुल्क 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 मुफ़्त भाषा अनुवाद और व्याख्या संबंधी सेवाएं उपलब्ध हैं। एक्सेस करने योग्य फ़ॉर्मेट में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक सामग्री और सेवाएं (जैसे बड़े प्रिंट, ऑडियो और ब्रेल) भी निःशुल्क 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).