HIGHMARK WHOLECARE

Southwest, Northwest, Northeast, Central Pennsylvania

Highmark Wholecare Medicare Assured (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:

Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lancaster, Lawrence, Lebanon, Lehigh, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Perry, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York

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** 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. 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.

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	Highmark Wholecare Medicare Assured Diamond (HMO SNP)	Highmark Wholecare Medicare Assured Ruby (HMO SNP)
Premium	$0	$0
Deductible	$0	$0
Max Out-Of-Pocket	$9,250	$8,000
Inpatient Hospital Stay*	$0 copay per admit IN	Days 1 - 6: $275 copay per day per admit & Days 7 - 90: $0 copay per admit IN
Outpatient Hospital Coverage*	ASC[1]: 0% coinsurance Facility: 0% coinsurance	ASC[1]: $225 copay Facility: $250 copay
Doctor Office Visit	PCP: $0 copay Specialist: $0 copay	PCP: $0 copay Specialist: $30 copay
Preventive/Screening	Covered in Full	Covered in Full
Emergency Room	$0 copay	$115 copay
Urgently Needed Services	$0 copay	$25 copay
Lab* & Diagnostic Tests*	Office /Lab: $0 copay; Outpatient: $0 copay	Office /Lab: $5 copay; Outpatient: $5 copay
X-Rays*/ Advanced Imaging*	X-ray: $0 copay Advanced Imaging: $0 copay	X-ray: $20 copay Advanced Imaging: 10% coinsurance
Hearing Services	Medicare Covered: $0 copay. Routine: $0 copay (1 Per Year). TruHearing Advanced: $0 copay (2 Aids every 3 years)	Medicare Covered: $30 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 $6,500 (per year). See the EOC for full benefits.	Medicare Covered: $30 copay.* Routine Office Visit: $0 copay (1 per six months). Routine X-rays: $0 copay (1 per six months). Comprehensive: 0% coinsurance with a maximum $2,000 (per year). See the EOC for full benefits.
Vision Services	Medicare Covered: $0 copay. Routine Office Visit: $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 limited lens upgrades. Plan restrictions apply.	Medicare Covered: $0-30 copay. Routine Office Visit: $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: $0 copay per admit*; Outpatient: $0 copay	Inpatient: Days 1 - 6: $275 copay per day per admit & Days 7 - 90: $0 copay per admit*; Outpatient: $10 copay
Skilled Nursing Facility*	$0 copay/day (days 1-20), $0 copay/day (days 21-100)	$0 copay/day (days 1-20), CMS Maximum copay/day (days 21-100)
Physical Therapy*	$0 copay	$25 copay
Ambulance (per one-way trip)*	Emergent/Non-Emergent: $0 copay	Emergent/Non-Emergent: $250 copay
Transportation	You pay a $0 copay. Up to 24 one-way health related trips up to a 60 mile radius. Beneficiary must call noted transportation vendor to receive service. Scheduling rules and plan restrictions apply.	Not Covered
Medicare Part B Drugs*†	$35 copay 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.	$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	Included in Flex Card allowance

	Highmark Wholecare Medicare Assured Diamond (HMO SNP)	Highmark Wholecare Medicare Assured Ruby (HMO SNP)
Flex Card	SSBCI Member receive $300 per month combined allowance for OTC, Home/Bathroom Safety, Food (SSBCI), Utility (SSBCI), and Pay-at-the-Pump gas (SSBCI). Members can use the $300 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 $100 per month combined allowance for OTC and Home/Bathroom Safety. Members can use the $100 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.	SSBCI Member receive $165 per quarter combined allowance for OTC, Home/Bathroom Safety, Food (SSBCI), Utility (SSBCI), and Pay-at-the-Pump gas (SSBCI). Members can use the $165 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. 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 $45 per quarter combined allowance for OTC and Home/Bathroom Safety. Members can use the $45 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 month. Fees and plan restrictions apply.
Durable Medical Equipment*	0% coinsurance	10% coinsurance for diabetic supplies and diabetic shoes or inserts. 20% coinsurance for all other DME.
Eligibility Requirements	• 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	• 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 QMB, SLMB or QI • Live within our service area
Formulary	Covered	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 Wholecare Medicare Assured Diamond (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.

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

Highmark Wholecare Medicare Assured Ruby (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 1-877-428-3929 (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.

Gateway Health Plan, Inc. d/b/a Highmark Wholecare is an independent licensee of the Blue Cross Blue Shield Association. Highmark Wholecare offers HMO plans with a Medicare Contract.

Enrollment in these plans depends on contract renewal.