



# WHOLE HEALTH BALANCE PROGRAM

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## Benefits User Guide

Highmark Blue Cross Blue Shield West Virginia is an independent licensee of the Blue Cross and Blue Shield Association

# Welcome!

As a Medigap Blue **WHOLE HEALTH BALANCE PROGRAM** enrollee, you get a lot from your plan. It's very important that you're able to access all of the benefits, information, resources and help you deserve. We've designed this User Guide with one thing in mind: getting you the information on the services you need - simply. Since health care can be a confusing topic, we've broken this guide into easy to understand sections, which are listed on the next page. Thank you for being our member, and for choosing **WHOLE HEALTH BALANCE PROGRAM** for your hearing, vision, dental and fitness needs.

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# Hearing Benefits (what is covered and what you pay)

Services that are covered for you	What you must pay when you get these services
<p><b>Hearing services</b> Covered services include:</p> <ul style="list-style-type: none"> <li>• 1 routine hearing exam per calendar year</li> </ul> <p><b>Hearing Aids:</b></p> <ul style="list-style-type: none"> <li>• Up to two TruHearing hearing aids every calendar year. Benefit is limited to the TruHearing Advanced and Premium hearing aids, which come in various styles and colors.</li> </ul> <p>You must see a TruHearing provider to use this benefit. Call 1-855-544-7171 Monday through Friday, 9:00 a.m. to 9:00 p.m., Eastern Time to schedule an appointment.</p> <p><b>Hearing aid purchases includes:</b></p> <ul style="list-style-type: none"> <li>• 3 provider visits within first year of hearing aid purchase</li> <li>• 45 day trial period</li> <li>• 3 year extended warranty</li> <li>• 48 batteries per aid</li> </ul> <p><b>Benefit does not include or cover any of the following:</b></p> <ul style="list-style-type: none"> <li>• Ear molds</li> <li>• Hearing aid accessories</li> <li>• Additional provider visits</li> <li>• Extra batteries</li> <li>• Hearing aids that are not TruHearing Advanced or Premium</li> <li>• Costs associated with loss &amp; damage warranty claims</li> </ul> <p>Costs associated with excluded items are the responsibility of the member and not covered by the plan.</p> <p>Hearing benefits are offered through TruHearing. Please contact 1-855-544-7171 Monday through Friday, 9:00 a.m. to 9:00 p.m. Eastern Time to schedule an appointment.</p>	<p>\$40 copay per annual routine hearing exam</p> <p>\$699 copay per aid for TruHearing Advanced</p> <p>\$999 copay per aid for TruHearing Premium</p>

# Vision Benefits Chart (what is covered and what you pay)

Services that are covered for you	What you must pay when you get these services
<p><b>Vision Care</b></p> <p>Covered services include:</p> <p>One routine eye exam every calendar year, inclusive of dilation (when professionally indicated), performed in a specialist physician setting at any participating Davis Vision network provider location.</p> <ul style="list-style-type: none"> <li>• One routine eye examination, including refraction, every calendar year.</li> <li>• One pair of standard eyeglass frames and standard plastic eyeglasses lenses per calendar year, or select contact lenses* per calendar year.</li> <li>• This benefit cannot be combined with other special offers.</li> </ul>	<p>\$0 copay per annual routine eye exam</p> <p>\$0 copay per annual contact lens exam and fitting</p> <p>Davis Vision Fashion Collection eyeglass frames and standard plastic eyeglass lenses or select contacts* are covered in full.</p> <p>A \$100 benefit maximum is available towards non-Davis Vision Fashion Collection eyeglass frames, standard eyeglass lenses, and contact lenses.</p>

TYPE	FREQUENCY	BRAND	MANUFACTURER
<p><b>PLANNED REPLACEMENT</b></p> <p>Includes 2 or 4 boxes, Depending upon plan design (Provides up to 6 or 12 month supply, depending upon the provider-recommended wearing schedule)</p>	Planned Replacement	Proclear® Compatibles	CooperVision®
	Planned Replacement	Purevision® 2	Bausch + Lomb®
<p><b>DISPOSABLE</b></p> <p>Includes 4 or 8 boxes Depending upon plan design (Provides up to 6 or 12 month supply, depending upon the provider-recommended wearing schedule)</p>	(2 Week)	Avaira® Vitality™	CooperVision®
	(2 Week)	ACUVUE® 2	Vistakon®
	(2 Week)	SofLens® 38	Bausch + Lomb®
	(Daily)	ClearSight™ 1-Day	CooperVision®

\*The contact lenses listed here are part of the Davis Vision formulary of products, which is subject to change.

Routine vision benefits are offered through Davis Vision. Please contact Customer Service for a list of participating Davis Vision providers at 1-800-345-7808 Monday through Friday 8:00 a.m. to 4:30 p.m., or visit [www.davisvision.com](http://www.davisvision.com) to find a provider near you. Paper provider directories available by request.

# Dental Benefits (what is covered and what you pay)

Services that are covered for you	What you must pay when you get these services
<p><b>Dental services</b> Preventive dental services (such as cleaning, routine dental exams, and dental x-rays) not covered by Original Medicare.</p> <p>We cover:</p> <ul style="list-style-type: none"> <li>• 1 oral exam and cleaning every 6 months</li> <li>• 1 set of bitewing x-rays every calendar year; full mouth x-rays every 5 years</li> </ul> <p>Routine dental services are covered when you receive services from a United Concordia Advantage Plus network provider. Please contact Customer Service for a list of participating providers at 1-800-345-7808 Monday through Friday 8:00 a.m. to 4:30 p.m., or visit <a href="http://www.unitedconcordia.com">www.unitedconcordia.com</a> to find a provider near you. Paper provider directories available by request.</p>	<p>\$30 copay for oral exam and cleaning</p> <p>\$25 copay for x-rays</p>

# Fitness Benefits (what is covered and what you pay)

Services that are covered for you	What you must pay when you get these services
<p>Tivity, Inc. SilverSneakers® Fitness program is the nation’s leading wellness program designed exclusively for Medicare beneficiaries. Eligible members receive a fitness membership with access to all basic amenities plus fitness classes including the signature SilverSneakers classes designed to improve muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination. SilverSneakers also offers FLEX™ classes including tai chi, yoga and dance in neighborhood locations such as medical campuses, older-adult living communities and parks. SilverSneakers Steps®, which includes various kits for members to use at home or when they travel, is an available alternative for members who cannot get to a SilverSneakers fitness location.</p> <p>For more information, to find SilverSneakers fitness locations and FLEX classes, or to get started with SilverSneakers Steps, eligible members should visit <a href="http://silversneakers.com">silversneakers.com</a> or call 1-888-423-4632 (TTY: 711 National Relay Service), Monday through Friday, 8:00 a.m. to 8:00 p.m., Eastern Time.</p>	<p>There are no additional charges for the SilverSneakers® Fitness program and classes.</p>

# General Provisions

## 1. Using Your Coverage

You will receive an identification card shortly after enrolling in the WHOLE HEALTH BALANCE PROGRAM, which will indicate you are a Medigap Blue member with these additional benefits by displaying "Hearing/Vision/Dental/Fitness" on the front of your card. Present your card at the time of service to receive your hearing, vision, dental or fitness benefits. You do not need to present your Medicare card for these services. Call the Customer Service number, which is located at the end of this User Guide, if any information on your card is not correct, or if your card becomes lost, damaged or stolen. Refer to pages 4-8 of this User Guide for information on locating providers in your area.

## 2. Paying Your Subscription Fee

Your subscription fee for WHOLE HEALTH BALANCE PROGRAM will be added into your Medigap Blue premium. You are responsible for paying your premium in full by the date due on your premium invoice in order to keep your coverage current and active. Premiums may change upon notice and with the approval of the state insurance department.

## 3. Claims for Benefits

When you use WHOLE HEALTH BALANCE PROGRAM participating service providers to receive covered hearing, vision, dental or fitness care, all of your claims for Program benefits will be billed to us automatically on your behalf. If you receive a bill for charges you do not understand, please call a Customer Service Representative at the phone/TTY numbers printed on the back of your identification card, or at the end of this document. You will only be expected to pay the service providers any required copayment or other program required amounts. In the event you disagree with a charge or payment that was made or not made in connection with a claim, you may have that charge or payment decision reviewed by contacting Customer Service.

## 4. Minimum Enrollment Term

By electing to enroll in the WHOLE HEALTH BALANCE PROGRAM coverage, you have agreed to maintain your enrollment for a minimum of six (6) consecutive months from your initial Program coverage effective date.

## 5. Cancelling Your WHOLE HEALTH BALANCE PROGRAM Coverage

You may cancel your enrollment in the Program at any time after the six (6) month minimum enrollment period by submitting a signed written request to disenroll from the Program to the following address:

Medigap Blue Enrollment Dept.  
P.O Box 535049  
Pittsburgh, PA 15253-5049

Or you may fax your request to: 717-635-4609.





## Questions?

Contact Customer Service at:

1-800-345-7808

Monday – Friday

8:00a.m. – 4:30p.m.

Or write us at:

Medigap Blue Whole Health Balance Program

Customer Service

P.O. Box 890052

Camp Hill, PA 17089-0052

TTY Users may call 711

Monday – Friday from 8:00a.m. – 4:30p.m.

## Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- 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 the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is 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 electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY: 711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه : اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود ( TTY: 711 ) تماس بگیرید.