

Highmark Health Options Duals	
Premium	\$0
Deductible	\$0
Max Out-Of-Pocket	\$9,350
Inpatient Hospital Stay*	\$0 copay per admit
Outpatient Hospital Coverage*	ASC <sup>1</sup> : \$0 copay Facility: \$0 copay
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 copay*
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 year). Comprehensive*: 0% coinsurance with a maximum \$3,000 allowance (preventive and comprehensive combined) (per year). See the EOC for full benefits.
Vision Services	\$0 copay for one routine eye exam per calendar year. \$400 eye wear allowance toward the purchase of frames or contact lenses. \$0 copay for standard lenses. \$0 copay limited lens upgrades. Plan restrictions apply.
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	\$0 copay, 36 one-way health-related trips to plan approved locations
Medicare Part B Drugs <sup>†*</sup>	0% coinsurance
OTC	Included in Flex Card allowance
Flex Card	\$208 combined allowance per month for healthy groceries, utilities, OTC and home & bathroom safety items
Durable Medical Equipment*	0% coinsurance
Eligibility Requirements	<ul style="list-style-type: none"> <li>• Must have Medicare Parts A and B</li> <li>• Enrolled in the state Medicaid program</li> <li>• Live within our service area</li> </ul>
Formulary	Covered

\*Indicates a service that requires prior authorization.

\*\*Indicates a service that requires prior authorization for non-emergent trips.

ASC<sup>1</sup>=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

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Deductible	\$0
Initial Coverage	You pay \$0 per prescription
Catastrophic Coverage	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.**

This information is not a complete description of benefits. Please visit [highmarkhealthoptions.com/duals](https://highmarkhealthoptions.com/duals) 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.

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.

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