State of Delaware

Benefits worth flocking to.

HIGHMARK DELAWARE

2019-2020 Benefit Guide
Effective July 1, 2019
Customer Service: 1-844-459-6452
Delaware State Employees and Pensioners,

We know choosing coverage is about more than just your health care. It’s about peace of mind. That’s why when you choose PPO BlueSM from Highmark Blue Cross Blue Shield Delaware, you get a plan that’s simple to understand, easy to use, and easy to love.

With Highmark, you get access to personalized wellness programs, handy online tools, and 24/7 support for any questions you might have along the way. And, as always, you get a complete local network with eight hospitals and over 4,000 doctors and specialists, right here in Delaware.

We look forward to making it easier for you to feel your best.

Nick Moriello
President, Highmark Blue Cross Blue Shield Delaware

Three ways Highmark makes it simple.

1. Nationwide access to providers through the BlueCard® program.
   With your coverage, you get access to 96% of hospitals and 95% of doctors from coast to coast. And when you travel, you’re covered in 190 countries. When we say big, we mean BIG.

2. Total support, day or night.
   Whether it’s 24/7 answers from registered nurses, access to video chat services for prescriptions or a diagnosis, or just some help booking your doctor visits, when you need us, we’re there.

3. Easy access to top-performing specialists.
   Thousands of our network doctors and hospitals have Blue Distinction status for their exceptional safety and results. That means great specialty care for you, across the board. Easy-peasy.

There’s the short version.
For more details on what makes the choice even simpler, turn the page.
What’s new for Blue Hens this year?

Here’s a short list of the updates to our PPO Blue plans, starting July 1, 2019.

All PPO Plans
- We’ve added a new diabetes management program called Livongo.
- For wellness, we’ve added Sharecare® to give you personalized guidance that makes it simpler to live healthier.
- If you use our teledmedicine program through Doctor On Demand or Amwell, there’s no cost to you.

Comprehensive PPO Only
- For lab services, you’ll only pay $10 if you have them done at a non-hospital facility. If you get them done at a hospital facility, you’ll pay $50.
- For basic imaging (i.e., X-rays), there’s no extra charge if you have them done at a non-hospital facility. If you get them done at a hospital facility, you’ll pay $50.
- For MRIs, MRAs, CTs, CTAs, and PET scans, there’s no charge to you if you have them done at a freestanding facility. If you have them done at a hospital facility, you’ll pay $75.
- For emergency services, if you get them at a hospital Emergency Room, you’ll pay $200.

That’s it. We told you it’d be a short list.

Up next, plan highlights.
How easy is it for you to find care and get care?

Almost too easy.

Your appointments, booked for you.

It’s as simple as calling 1-844-459-6452. We’ll help you find the in-network doctor you need and reserve some space on their calendar for a checkup. Which means less on-hold music for you.

No referrals, no red tape.

Lose the timewasting of going to an appointment just to get another appointment. See whichever in-network doctors you want to see. Or call 1-844-459-6452, and we’ll find a specialist for you. No hoops, no hoopla.

See specialists who get better results.

Only doctors who consistently deliver safe, effective treatments make our Blue Distinction list. When you use our Find a Doctor tool, a special logo will be by their name, so you can cherry-pick a top-performing specialist for any care you need.

Face-to-face with a doctor, 24/7.

Need to see a doctor but don’t want to leave your couch? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. Just call 844-459-6452. That’s laid-back-in-a-recliner easy.
How simple is it for you to get answers and reach your goals?

Super simple.

BLUES ON CALL℠

Answers from a health pro, 24/7.

Medical concerns during off hours? Just call 1-888-BLUE-428 to get support from a registered nurse or a health coach any time and put your worries to bed.

ONLINE TOOLS & MEMBER WEBSITE

Your entire plan at your fingertips.

No more searching for old files or waiting on snail mail. Your digital ID card, Find a Doc tool, deductible progress, and claims status are all available online at highmarkbcbsde.com.

COST ESTIMATOR

See what care might cost you.

Before making an appointment for a test, scan, or procedure, Cost Estimator helps you avoid a surprise on your bill after the fact.

WELLNESS

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Get guidance based on your lifestyle, trackers to measure your progress, and resources like Sharecare® to make healthy choices and keep you motivated. Once you’re enrolled, visit mycare.sharecare.com.
Extra perks with Highmark?

For you, absolutely.

Extra perks with Highmark?

For you, absolutely.

DR. MATCH

Start a healthier doctor-patient relationship.

Answer a few quick questions at DrMatchQuiz.com so we know what care style you prefer. Based on your results, we’ll show you local doctors who practice the way you like for a more personal connection.

BLUE365

Discounts to help you stay healthy and active.

From workout gear to personal wellness to healthy meal services, we’ll take a little off the top while you’re taking a little off your middle. Member-only deals are at blue365deals.com.

LIVONGO

Diabetes management, made simple.

This program includes a free blood glucose meter, testing supplies, and lifestyle support from a Certified Diabetes Educator. Plus, a powerful digital tool will help you keep track of it all.

VIRTUAL MEDICINE

Convenient care that’s just a click away.

Visit amwell.com or doctoronDemand.com, register, and download the mobile app. You can use either or both services, depending on availability in your area.

COMPLEX CASE MANAGEMENT

Help staying on track with treatments.

Our case managers are experts in making complex health situations simpler. They’ll help you make a plan, and stick to it.

SHARECARE

One-stop digital platform for wellness

Find out your RealAge®, track your health habits, and monitor sleep, stress, and fitness — in real time. Once you’re enrolled, get started at mycare.sharecare.com.

DISEASE MANAGEMENT PROGRAMS

Help managing chronic conditions.

Receive one-on-one nurse support for conditions like asthma, diabetes, heart disease, and other chronic conditions.

DIABETES PREVENTION PROGRAM

Tips on how to avoid diabetes.

Lower your risk with simple, effective, real-world strategies.

Find out more about these benefits by logging in to your member website, highmarkbcbsde.com.
First State Basic Plan

This summary of benefits is intended to briefly highlight the health plans available. All percentages listed refer to Highmark Blue Cross Blue Shield Delaware’s allowable charges.

### Description of Benefit

<table>
<thead>
<tr>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles-Plan Year</td>
<td>$500 Individual, $1,000 Family</td>
</tr>
<tr>
<td>Total Maximum Out-of-Pocket Expenses (TMOOP) Plan Year (includes deductibles, copays and coinsurance)</td>
<td>$2,000 Individual, $4,000 Family</td>
</tr>
<tr>
<td>Inpatient Room and Board</td>
<td>90% covered*</td>
</tr>
<tr>
<td>Inpatient Physician and Surgeon</td>
<td>90% covered*</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>See footnote 1,4</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>90% covered*</td>
</tr>
<tr>
<td>Home Care Services</td>
<td>90% covered 240 visits per plan year*</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>90% covered 2,5</td>
</tr>
<tr>
<td>Urgent Care Services</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Mental Health Care/ Substance Abuse Treatment</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Care and Partial/Intensive Outpatient Care</td>
<td>90% covered*</td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>90% covered*</td>
</tr>
<tr>
<td>Telemedicine Services</td>
<td>90% after deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable Medical Equipment</td>
<td>90% covered*</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>90% covered 120-day limit (renewable after 180 days)*</td>
</tr>
<tr>
<td>Emergency Ambulance</td>
<td>90% covered</td>
</tr>
<tr>
<td>Physician Home/Office Visits (sick)</td>
<td>90% covered*</td>
</tr>
<tr>
<td>Specialist Care</td>
<td>90% covered*</td>
</tr>
<tr>
<td>Allergy Testing and Allergy Treatment</td>
<td>90% covered</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$500 Individual, $1,000 Family</td>
</tr>
<tr>
<td>MRI, MRAs, CTs, CTAs</td>
<td>90% covered (Prior auth. required)*</td>
</tr>
<tr>
<td>PET Scans and Imaging Studies</td>
<td>90% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity)</td>
</tr>
<tr>
<td>Short-Term Therapies: Physical, Speech, Occupational</td>
<td>90% covered</td>
</tr>
<tr>
<td>Annual PAP Smear and Gym Exam</td>
<td>100% covered</td>
</tr>
<tr>
<td>Periodic Physical Exams, Immunizations</td>
<td>100% covered</td>
</tr>
<tr>
<td>Mammograms - Routine</td>
<td>100% covered</td>
</tr>
<tr>
<td>Hearing Aids - Routine</td>
<td>90% covered up to the age of 24</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>90% covered 3/10 visits per plan year2</td>
</tr>
<tr>
<td>All Infertility Services</td>
<td>75% covered 1/$10,000 lifetime max1</td>
</tr>
</tbody>
</table>

**Please note:** Existing contracts and laws supersede any discrepancies with this brief benefits overview.

1. In-network benefits are subject to a plan year deductible of $500 per person ($1,000 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that year until the total maximum out-of-pocket total ($2,000 per person, $4,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.
2. Out-of-network benefits are subject to a plan year deductible of $1,000 per person ($2,000 per family). Two individuals must meet the deductible for the family deductible to be met. Benefits are then covered at the indicated percentage for that year until the total maximum out-of-pocket total ($4,000 per person, $8,000 per family). Two individuals must meet the total maximum out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the family members.
3. Facility, charges and professional services for bariatric surgery performed at other Distinction Center for Bariatric Surgery (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating, but non-BDCBS facilities, all charges and services are subject to a 45% coinsurance which does not accumulate toward any total maximum out-of-pocket limit. Members must meet eligibility criteria regardless of place of service.
4. Coinsurance does not apply toward the total maximum out-of-pocket expense limit on infertility services.
5. * Not subject to deductible.
6. ** Year-end health benefit for chiropractic services includes visit limitations. The maximum number of visits allowed for a specific diagnosis is determined by medical necessity as provided to Highmark Delaware by your treating physician. In addition, services are not covered for health promotion purposes of medical necessity except for visits for the purpose of treating back pain.
7. Prior authorization or precertification is required. The list of applicable services is subject to change.*
8. Co-sharing is the responsibility of all the member for any deductible or coinsurance.
9. * To receive in-network benefits, be sure to use your designated lab facility.
10. This plan is subject to certain limitations and exclusions. See your Benefit Booklet and Summary of Benefits and Coverage for details.
### Description of Benefit

<table>
<thead>
<tr>
<th>Description of Benefit</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible—Plan Year</td>
<td>None</td>
<td>$300 Individual, $600 Family</td>
</tr>
<tr>
<td>Total Maximum Out-of-Pocket Expense</td>
<td>$4,500 Individual, $9,000 Family</td>
<td>$7,500 Individual, $15,000 Family</td>
</tr>
<tr>
<td>Limit Plan Year (includes copays and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>coinsurance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Room and Board*</td>
<td>$100 copay per day for first 2 days of</td>
<td>80% covered*</td>
</tr>
<tr>
<td>admission then covered at 100%*</td>
<td>admission then covered at 100%*</td>
<td></td>
</tr>
<tr>
<td>Inpatient Physician and Surgeon Services</td>
<td>100% covered1</td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>Ambulatory Center: $10 copay</td>
<td>80% covered1</td>
</tr>
<tr>
<td></td>
<td>Outpatient Dept. Hosp.: $10 copay</td>
<td></td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>See footnote3</td>
<td>See footnote3,1,3</td>
</tr>
<tr>
<td>Hospice</td>
<td>100% covered*</td>
<td>80% covered*</td>
</tr>
<tr>
<td>Home Care Services</td>
<td>100% covered for up to 240 visits per</td>
<td>80% covered for up to 240 visits per</td>
</tr>
<tr>
<td></td>
<td>plan year*</td>
<td>plan year*</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Facility: $200 copay, waived if admitted</td>
<td>Facility: $200 copay, waived if admitted</td>
</tr>
<tr>
<td>Urgent Care Services</td>
<td>$20 copay</td>
<td>80% covered1</td>
</tr>
<tr>
<td>Teledicine Services</td>
<td>100% covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Mental Health Care/ Substance Abuse Treatment

<table>
<thead>
<tr>
<th>Description of Benefit</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital Care and Partial/Intensive Outpatient Care</td>
<td>$100 copay per day for the first 2 days per admission then covered at 100%* (Partial / Intensive outpatient care are not subject to the $100 copay)</td>
<td>80% covered1</td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>$20 copay per visit</td>
<td></td>
</tr>
<tr>
<td>Other Services</td>
<td>100% covered</td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>100% covered</td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>100% covered for up to 120 days, renewable after 180 days without care*</td>
<td>80% covered for up to 120 days, renewable after 180 days without care*</td>
</tr>
<tr>
<td>Emergency Ambulance</td>
<td>100% covered</td>
<td></td>
</tr>
</tbody>
</table>

### In-Network Benefits

- **Physician Home/Office Visits (sick):** $20 copay
- **Specialist Care:** $30 copay
- **Allergy Testing and Allergy Treatment:**
  - Testing: $30 copay per visit
  - Treatment: $5 copay per visit
- **Lab** and **X-Ray:**
  - Lab: $30 copay at Non-Hospital Affiliated Freestanding Facility/$50 copay at Hospital Affiliated Facility
  - X-Ray: 100% if done at a Non-Hospital Affiliated Freestanding Facility ($50 copay at Hospital Affiliated Facility)
- **MRI, MRAs, CTs, CTAs and PET Scans:**
  - 100% if done at a Non-Hospital Affiliated Freestanding Facility
  - $75 copay per visit at Hospital Affiliated Facility (Prior auth. required)
- **Short-Term Therapies:**
  - Physical, Speech, Occupational: 85% covered (The maximum number of visits allowed for a specific diagnosis is determined by medical necessity)
- **Annual Pap Smear and Gyn Exam:** 100% covered
- **Periodic Physical Exams, Immunizations:** 100% covered
- **Mammograms:** 100% covered
- **Hearing Tests:** 100% covered
- **Hearing Aids:** 100% covered up to the age of 24
- **Chiropractic:**
  - 85% covered (30 visits per plan year) 80% covered/30 visits per plan year 1
- **All Infertility Services:**
  - 75% covered ($10,000 lifetime max) 1
  - 55% covered ($30,000 lifetime max) 1

* Please note: Existing contracts and laws supersede any discrepancies with this brief benefits overview.

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1. Out-of-network benefits are subject to a plan year deductible of $600 per person ($900 per family). Two individuals meeting the deductible for the family deductible for the year. Benefits are then covered at the indicated percentage for the year until the total maximum out-of-pocket limit ($7,500 per person ($15,000 per family)). Two individuals meeting the in-network out-of-pocket expense limit for benefits to be paid at 100% of the allowable charge for the rest of the calendar year. The maximum annual out-of-pocket expense limit is $4,500 for an individual and $9,000 for a family.

2. Facility charges and professional services for bariatric surgery performed at a Blue Distinction Center for Bariatric Surgery (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating but non-BDCBS facilities, all facility charges and professional services are subject to a 45% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

3. Facility charges, professional services for bariatric surgery performed at a Blue Distinction Center for Bariatric Surgery (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating but non-BDCBS facilities, all facility charges and professional services are subject to a 45% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

4. Facility charges, professional services for bariatric surgery performed at a Blue Distinction Center for Bariatric Surgery (BDCBS) are covered at the in-network facility benefit level. For bariatric surgery performed at participating but non-BDCBS facilities, all facility charges and professional services are subject to a 45% coinsurance, which does not accumulate toward any total maximum out-of-pocket expense limit. Members must meet eligibility criteria regardless of place of service.

5. Cost-sharing does not apply toward the total maximum out-of-pocket expense limit on infertility services.

6. Out-of-network benefits are subject to the total maximum out-of-pocket expense limit on infertility services.

7. Your health plan benefit for chiropractic services includes visit limitations. The maximum number of visits allowed for a specific diagnosis is determined by medical necessity as prescribed by your treating physician. In addition, services are limited to 30 days per plan year regardless of medical necessity except for visits for the purpose of treating back pain.

8. Prior authorization or precertification is required. The list of applicable services is subject to change.

9. PPO Plan

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### Summary

This summary of benefits is intended to briefly highlight the health plans available. All percentages listed refer to Highmark Blue Cross Blue Shield Delaware’s allowable charges.
Summary of Benefits Medicare Supplement Plan

State of Delaware Pensioners, spouses, and dependents who are enrolled in Medicare Part A and Part B for primary medical coverage and also eligible for or enrolled in the Highmark Delaware Special Medfill Medicare Supplement plan, DO NOT make changes in Special Medfill coverage until a separate Open Enrollment period available in October 2019 for calendar year 2020. This plan supplements Medicare. Unless otherwise indicated on the Benefit Highlights pages included in this booklet, benefits will be paid as noted only after Medicare pays its full amount.

The following chart provides a Summary of Benefits for the 2019 Highmark Delaware Special Medfill Medicare Supplement plan offered through the State of Delaware Group Health Insurance Program for Medicare participants. This Summary of Benefits is intended as a highlight of the Special Medfill Medicare Supplement plan available. A Summary Plan Booklet is available to view online at dc.gov/statewidebenefits.

<table>
<thead>
<tr>
<th>Description of Benefit</th>
<th>Medicare</th>
<th>Special Medfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital Days 1 thru 60</td>
<td>Pays all but the Part A deductible for each benefit period</td>
<td>Covers the Part A deductible</td>
</tr>
<tr>
<td>Inpatient Hospital Days 61 thru 90</td>
<td>Pays all but a specified dollar amount of coinsurance per day for each benefit period</td>
<td>Covers the specified dollar amount of coinsurance</td>
</tr>
<tr>
<td>Inpatient Hospital Days 91 thru 120</td>
<td>Pays nothing*</td>
<td>Covers care in a general hospital (except mental &amp; nervous). Those days may be used before Medicare’s 60 lifetime reserve days. If lifetime reserve days are used, the Plan covers.</td>
</tr>
<tr>
<td>Inpatient Hospital Days 121 thru 365</td>
<td>Pays all for hospice care. Pays 95% of the Medicare-approved amount for up to 5 days of inpatient respite care. You must receive care from a Medicare certified hospice.</td>
<td>Covers 5% coinsurance for up to 5 days of inpatient respite care</td>
</tr>
<tr>
<td>Hospice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Pays all but a specified copayment for the hospital emergency room visit. Pays 80% of the Medicare-approved amount for the doctor’s services, and the Part B deductible applies. Costs may be different if admitted to the hospital</td>
<td>Covers specified copayment for emergency room visit. Covers Part B deductible and 20% of the Medicare-approved amount for doctor’s services</td>
</tr>
<tr>
<td>Prosthetics and Durable Medical Equipment</td>
<td>Pays 80% of the Medicare-approved amount after the Medicare Part B deductible</td>
<td>Covers Part B deductible and 20% of the Medicare-approved amount</td>
</tr>
<tr>
<td>Physician Home and Office Visits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Medicare’s 60 Lifetime Reserve Days may be used only once; they are not renewable.

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Description of Benefit | Medicare | Special Medfill |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Care / Chiropractic Care</td>
<td>Pays 80% of the Medicare-approved amount after the Medicare Part B deductible for specialist care and chiropractic manipulations. Pays nothing for any other services or tests ordered by a chiropractor</td>
<td>Covers Part B deductible and 20% of the Medicare-approved amount for specialist care and chiropractic manipulations. Covers nothing for any other services or tests ordered by a chiropractor</td>
</tr>
<tr>
<td>Emergency Ambulance</td>
<td>Pays 80% of the Medicare-approved amount after the Medicare Part B deductible</td>
<td>Covers Part B deductible and 20% of the Medicare-approved amount</td>
</tr>
<tr>
<td>X-Ray, Lab and Other Diagnostic Services, Radiation Therapy</td>
<td>Generally pays 80% of the Medicare-approved amount after the Medicare Part B deductible. Pays all for certain blood tests, urinalysis and some screening tests</td>
<td>Covers Part B deductible and 20% of the Medicare-approved amount. Covers nothing for services for which Medicare pays all</td>
</tr>
<tr>
<td>Outpatient Rehabilitation Services, Occupational Therapy, Physical Therapy, Speech Therapy</td>
<td>Pays 80% of the Medicare-approved amount after the Medicare Part B deductible</td>
<td>Covers Part B deductible and 20% of the Medicare-approved amount</td>
</tr>
<tr>
<td>Routine Gyn Exam, Pap Smear, Mammogram</td>
<td>Pays all for the lab Pap test, Pap test specimen collection, pelvic exam or the mammogram if the provider accepts assignment. Pap tests and pelvic exams generally covered once every 24 months. Screening mammograms covered once every 12 months for women age 40 and older, plus one baseline mammogram covered for women between 35–38.</td>
<td>When covered by Medicare, this Plan covers nothing. When Pap smear is not covered by Medicare, covers 100% of the Medicare-approved amount for a Pap smear every 12 months</td>
</tr>
<tr>
<td>Prostate Cancer Screening Exams (age 50 and over)</td>
<td>Pays all for the PSA test. For the digital rectal exam, pays 80% of the Medicare-approved amount after the Part B deductible. PSA and digital rectal exam covered once every 12 months</td>
<td>Covers nothing for PSA test. For digital rectal exam, covers Part B deductible and 20% of the Medicare-approved amount</td>
</tr>
<tr>
<td>Periodic Physicals</td>
<td>Pays all for the “Welcome to Medicare” preventive visit or the “Yearly Wellness Visit,” if the provider accepts assignment. Yearly Wellness Visit covered once every 12 months.</td>
<td>Covers nothing for “Welcome to Medicare” preventive visit or “Yearly Wellness Visit”</td>
</tr>
<tr>
<td>Flu and Pneumonia Vaccines</td>
<td>Pays all if the provider accepts assignment</td>
<td>Covers nothing for flu and pneumonia vaccines</td>
</tr>
<tr>
<td>Routine Vision Exams</td>
<td>Not Covered</td>
<td>Not covered; however, discounts are available through your eyewear discount program administered by Davis Vision</td>
</tr>
</tbody>
</table>

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*Medicare’s 60 Lifetime Reserve Days may be used only once; they are not renewable.
Phew, that’s a lot of good stuff. And somehow it just takes a tiny card with your name on it to get it all. Talk about simple.

Let’s (en)roll with Highmark.

Health care lingo, translated.

When you’re choosing a plan, you’re bound to see certain terms over and over. Here’s a cheat-sheet for a few of the most important ones. (If you want the complete glossary, check your benefit booklet.)

**PREMIUM**
The monthly amount you or your employer pay so you have health coverage.

**DEDUCTIBLE**
The set amount you pay for a health service before your plan starts paying.

**COPAY**
The set amount you pay for a covered service, for example: $20 for a doctor visit or $30 for a specialist.

**COINSURANCE**
The percentage you owe, after your deductible. For example, if your plan pays 80%, you pay 20%.

**PLAN ALLOWANCE**
The set amount your plan will pay for a health service, even if your provider bills for more.

**IN-NETWORK PROVIDER**
A doctor or hospital that accepts your plan allowance and cost-sharing as full payment. They won’t bill you extra, but you could still have to pay your copays.

**MAXIMUM OUT-OF-POCKET**
The most you’d pay for covered care. If you hit this amount, your plan pays 100% after that.

One-to-one help, right in your neighborhood.

Throughout the month, we send our Customer Care Advocates to local community centers. If you prefer getting answers face-to-face, here’s where and when to find them in your neck of the woods.*

**NEW CASTLE COUNTY**
Newark Senior Center
200 Whitechapel Drive
Newark, DE
302-737-2336
Second Tuesday of each month, 9 am to Noon

**SUSSEX COUNTY**
Leaves Senior Center
310A Nassau Park Road
Lewes, DE 19958
Fourth Friday of each month, 10 am to Noon

**KENT COUNTY**
Mamie Warren Senior Center
1775 Wheatleys Pond Road
Smyrna, DE
302-653-4078
First Wednesday of each month, 9:30 am to Noon

**Modern Maturity Center**
1121 Forest Ave, Route 8
Dover, DE
302-734-1200
First Thursday of each month, 9 am to 2 pm

*Sometimes things happen, so these dates might change if there’s a holiday or really bad weather. Just to be sure, call Customer Service at 844-459-6452 before you head out.
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, sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude, deny coverage, or limit attendance to any health service based on race, color, national origin, age, disability, sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not discriminate on the basis of transgender identity.

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)
- Information written in other languages
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, sex, or sex stereotypes and gender identity, you can file a grievance with:
City and County of Denver pursuant to the terms of the applicable benefit agreement.