




2024 Highmark Wholecare Plan Highlights



Featured Plan Options	
Highmark Wholecare Medically Assured Diamond	
Highmark Wholecare Medically Assured Ruby	



Agent Training Only: Not Approved Marketing Collateral

FEATURED PRODUCTS

Benefits	Highmark Wholecare Medically Assured Diamond	Highmark Wholecare Medically Assured Ruby
Monthly Premium	\$0	\$0
Out-of-Pocket Max	\$8,850 OOP Max	\$6,700 OOP Max
PCP Office Visit	\$0 Copay	\$0 Copay
Specialist Office Visit	\$0 Copay	\$25 Copay
Lab/Diagnostic Tests	Office/Lab: \$0 Copay and Authorization required Outpatient: \$0 Copay and Authorization required	Office/Lab: \$0 Copay and Authorization required Outpatient: \$0 Copay and Authorization required
X-Rays	\$0 Copay and Authorization required	\$20 Copay and Authorization required
Radiation Therapy	\$0 Copay and Authorization required	\$195 Copay IN; \$325 Copay OON
Routine Dental Services	1 oral exam every six months; 4 cleanings every year; panoramic and full mouth x-rays once every five years; bitewing, periapical and occlusal x-rays once every 6 months	
Comprehensive Dental Services	Fillings; simple extractions; crowns; scaling and root planing; full mouth debridement one per year; routine prophylaxis and periodontal maintenance; dentures (limits on services may apply)	
Dental Allowance	\$8,000 (combined routine and comprehensive)	\$3,500 (combined routine and comprehensive)
Routine Hearing	\$0 Copay; 2 Hearing Aids Every year; TruHearing Advanced - \$0 Copay	\$0 Copay; 2 Hearing Aids Every 3 years; TruHearing Advanced - \$0 Copay
Routine Chiropractic	\$0 Copay and Authorization required	\$15 Copay and Authorization required
Routine Podiatry	\$0 Copay	\$25 Copay
Routine Vision	\$0 Copay; 1 visit per year. \$600 every year limited to one (1) pair of frames or contact lenses each year. Member options include vendor frames or standard contact lenses at no cost per calendar year when purchased from vendor vision collection, or \$600 toward non-vendor frames or non-vendor contact lenses per calendar year. Standard lenses covered in full for either option. Limited upgrades available for either option. Plan restrictions apply.	\$0 Copay; 1 visit per year. \$300 every year limited to one (1) pair of frames or contact lenses each year. Member options include vendor frames or standard contact lenses at no cost per calendar year when purchased from vendor vision collection, or \$200 toward non-vendor frames or non-vendor contact lenses per calendar year. Standard lenses covered in full for either option. Plan restrictions apply.
Fitness	Provides membership at participating network fitness centers at no cost	Provides membership at participating network fitness centers at no cost
Over-the-Counter	\$320 every three months; allowance will not carry forward to following quarter. There is no proration on the quarterly allowance, so a new member will receive the full allowance regardless of when they join in the quarter.	\$140 Every three months; allowance will not carry forward to following quarter. There is no proration on the quarterly allowance, so a new member will receive the full allowance regardless of when they join in the quarter.
Home and Bathroom Safety Devices and Modifications	Benefit coordinated through Highmark Wholecare Case Management Department. Limited to 6 Bathroom Safety devices per year.	Benefit coordinated through Highmark Wholecare Case Management Department. Limited to 2 Bathroom Safety devices per year.
Transportation	Transportation for medical needs and for non-medical needs are a combined limit of 100 one-way trips to plan approved locations. Trip limit of 60 mile radius one way.	30 one way trips to plan approved health related locations. Trip limit of 60 mile radius one way with prior approval for extra mileage based on plan limits.
Personal Emergency Response System (PERS)	Benefit coordinated through Highmark Wholecare Health Case Management Department. Limited to one PERS device per member per lifetime.	Benefit coordinated through Highmark Wholecare Health Case Management Department. Limited to one PERS device per member per lifetime.
General Supports for Living	\$175 every month for Healthy Benefits. Members can use the allowance to pay plan approved utility expenses or to purchase healthy foods at select retail locations, online, or via catalog.	\$35 every month for Healthy Benefits. Members can use the allowance to pay plan approved utility expenses or to purchase healthy foods at select retail locations, online, or via catalog.
PART D DRUGS		
Part D Reduced Cost Sharing	\$0 Copay on all tiers (1-5)	\$0 Copay on all tiers (1-5)

Why Buy Blue?

- 4 additional counties added to the service area
- Plans now include BlueCard access for prior authorization care in Blues plan service areas outside of Pennsylvania
- Generous supplemental benefits to support healthy lifestyles available on both Diamond and Ruby plans
- \$0 Rx costs for all members, all tiers, all phases
- Highmark Wholecare has the most generous allowances for OTC, food & utility and non-health related transportation benefits

Diamond (Full Dual)

Over \$20,000 in Added Benefits Annually

- \$0 copay on medical benefits including X-rays, PT/OT, and Labs
- \$8,000/year comprehensive dental coverage includes periodontal prophylaxis
- Over \$3,200 in supplemental cash-like benefits including Healthy Food and Utility benefits

Ruby (Partial Dual)

- Designed for individuals who don't qualify for full medical benefits through the state Medicaid program, but still qualify for partial help and assistance
- In most cases Ruby is a richer product than regular \$0 MAPD products
- Plan now includes flexible Utility Support and Healthy Food allowance
- Affordable medical copays including \$0 Labs

Building High-Performing Provider Networks

As a member of the Blue Cross Blue Shield Association, Highmark's network is truly unique because of our balance of broad scale and market depth, combined with new value-based programs that align provider incentives to improve quality and control costs.

Highmark Wholecare's provider network includes, but is not limited to, facilities in the following health systems:

- Allegheny Health Network
- Heritage Valley Health System
- Independence Health System
- Lehigh Valley Health Network
- Penn Medicine
- Penn State Health
- St. Luke's University Health Network
- Temple University Health System
- Tower Health
- UPMC/UPMC Pinnacle/UPMC
Susquehanna
- WellSpan Health



Emergency care is always covered at the in-network benefit level at any hospital.