

2022

Medicare AssuredSM Enrollment Kit

Coverage to support
the whole health of people
with both Medicare
and Medicaid.



HIGHMARK 
WHOLECARE





Contact Highmark Wholecare

1-877-428-3929 (TTY 711)



Find a Provider or Pharmacy

HighmarkWholecare.com



Hours of Operation

From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m.

From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

Welcome to a new, more caring kind of health care.

Welcome to Highmark Wholecare.

Being healthy is about more than doctors appointments and prescriptions. It's looking at your *whole* health — your mind, spirit, AND body. It's what sets Highmark Wholecare apart. We're here to help you feel good and be healthy, including choosing the right Medicare Advantage plan.

Thank you for your interest in Highmark Wholecare.

We're here to answer your questions and help you feel better about your health and future.





In this kit

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Welcome to Highmark Wholecare.

Highmark Wholecare. A wholehearted commitment to your whole health.

For more than 25 years, we've been offering health plans that support the whole health of the communities we serve. We are so excited to continue our commitment by offering Highmark Wholecare.

Today, across Pennsylvania, our standout network includes:



32,000+
physicians and
health care providers



170+
hospitals



2,900+
pharmacies

Highmark Wholecare is more than just a health plan. We are your neighbors and friends. We see the whole you, and we are here to help you be your best self.

A better approach to Medicare health plans.

We look at your whole health. So we know that you need more options, benefits and ways to stay well. That's exactly what our Medicare Advantage plans provide.



Helping you understand Medicare.

Finding the right Medicare plan can be confusing. That's why we've created this enrollment kit. The more you understand about Medicare, the easier it will be to find the right plan for you.

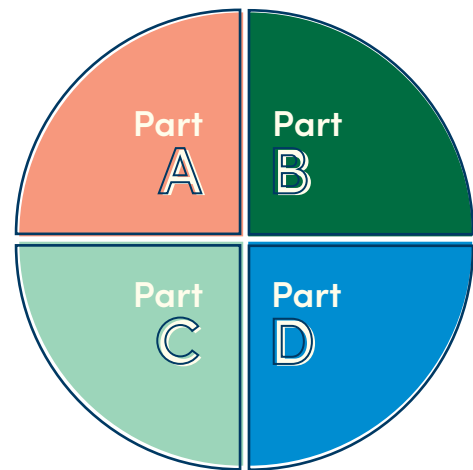
To start, Medicare provides health care coverage for people who are:

- 65 or older
- Younger than 65 with certain disabilities
- Any age with permanent kidney failure where dialysis or a kidney transplant is needed (end-stage renal failure)

Here's how Medicare parts make a whole.

Parts A and B are Original Medicare, which is run by the government. While these cover a lot, they don't cover everything. Most people supplement Parts A and B with more coverage through Parts C or D. That way, you can have the coverage you need and stay on budget.

Parts C and D are offered by private health plans, like Highmark Wholecare. These parts work in addition to Original Medicare by filling in the gaps and providing additional services.



By combining the parts of Medicare, we can help you create more complete coverage for the whole you.

A

Original Medicare

Hospital Insurance

Medicare Part A covers:

- Inpatient hospital and rehabilitation facility care, including X-rays, surgeries and radiation treatments
- Skilled nursing facility, hospice and some home health care

Most people won't pay a premium for Part A.

B

Original Medicare

Medical Insurance

Medicare Part B covers:

- Outpatient hospital and some home health care
- Ambulance and doctor services
- Preventive services, including a yearly wellness exam

Part B requires a monthly premium, which is taken out of your Social Security check. If you are enrolled in a Medicare Savings Plan your Part B premium may be paid by the government.

C

Medicare Advantage

Making Original Medicare Better

Medicare Part C covers everything included in Medicare Parts A and B, but also offers additional benefits, which may include:

- Prescription drugs
- Vision or dental coverage
- Fitness membership
- Capping your out-of-pocket spend to protect your finances

You may pay a monthly premium for Part C. You must keep paying your Part B premium, too.

D

Medicare Prescription Drug Plan

Medicare Part D covers your prescription drugs.

This benefit is often included in Medicare Advantage plans. If you don't have Part C, you can purchase a stand-alone Part D plan to go with Original Medicare.

What is a Dual Eligible Special Needs Plan?

If you are eligible for both Medicare and Medicaid (Medical Assistance from the State), you can join a Dual Eligible Special Needs Plan (DSNP). DSNPs are approved by Medicare but are run by private companies.

When you enroll in a DSNP, you get your hospital, medical and prescription drug coverage through one plan. Most DSNPs also have extra benefits that Original Medicare doesn't. Highmark Wholecare's DSNPs create an opportunity to get more complete, affordable health care coverage for the whole you.

Key points about DSNPs:

1. You get hospital, medical and prescription drug coverage through one plan.
2. You will have a large network of providers to choose from.
3. All medically necessary and preventive services offered under Parts A and B are covered, in addition to prescription drug coverage under Part D.
4. Many DSNPs offer more benefits than Original Medicare, including:
 - \$0 to low monthly premiums
 - Prescription drug coverage
 - Dental, vision, and hearing allowances
 - Transportation to and from appointments
 - Allowance to buy over-the-counter products such as aspirin, toothpaste and antacids
 - Personal Emergency Response Devices
 - And more



Here's when you can enroll.

You might be confused by Medicare enrollment dates, and that's okay. Here are the key dates to help you ensure your coverage and health won't miss a beat.

October 1, 2021:

You'll start receiving communications for 2022 Medicare Advantage and Part D plans.

October 15 - December 7, 2021:

This is the Annual Enrollment Period (AEP). This is when you can enroll in or switch to a Medicare Advantage or Part D plan for the next year.

January 1, 2022:

Your newly selected Medicare Advantage or Medicare Part D plan becomes effective.

January 1 - March 31, 2022:

If you're a member of a Medicare Advantage plan and want to disenroll and return to Original Medicare and select a Medicare Part D plan, you can do so during this time.



January 1 - September 1, 2022:

Special Election Periods (SEPs). Those who are eligible for a DSNP can change their coverage between these dates. However, you are only allowed to switch once per quarter for the first nine months of the year.

Other Special Election Periods (SEPs) may be available due to special circumstances, like if you move or lose other insurance coverage. Contact Highmark Wholecare for more details.

Tips and insights for choosing your health plan.



Understand your options if you have Medicare and Medicaid.

If you have both Medicare and Medicaid, you can join a DSNP or Dual Eligible Special Needs Plan. You can get more benefits than Original Medicare by joining a DSNP and save money on premiums and out-of-pocket costs.



Dig deeper into out-of-pocket details.

Learn about all of your out-of-pocket costs, including copayments for your most regularly used services. Look at the deductible as well as coinsurance for services.



Watch your deadlines.

To ensure you have the coverage you need, make sure you enroll in a Medicare Advantage plan at the right time.

Health care words to keep you in the know.

Medicare and health plans come with lots of unfamiliar and even confusing terms. We understand how these terms can cause frustration, stress, even distrust. Here are some words you should know.

Claim: A request for payment that you or your health care provider submits to your health insurer when you get items or services that you think are covered.

Coinsurance: An amount you may be required to pay as your share of the cost of services or prescription drugs. Coinsurance is usually a percentage of the total cost (for example, 20%).

Copayment: An amount you may be required to pay for your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or a prescription drug. A copayment is a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.

Deductible: The amount you must pay for health care or prescriptions before the plan begins to pay.

Dual Eligible Individual: A person who qualifies for Medicare and Medicaid coverage.

Low Income Subsidy (LIS): Otherwise known as "Extra Help." A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles and coinsurance.

Maximum Out-of-Pocket Amount: The most that you pay out-of-pocket during the calendar year for covered Part A and Part B services. Amounts you pay for your plan premiums, Medicare Part A and Part B premiums and prescription drugs do not count toward the maximum out-of-pocket amount. If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. (Note: Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.)

Medicaid (or Medical Assistance): A joint Federal and State program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medicare: The Federal health insurance program for people 65 years of age or older, some people under age 65 with certain disabilities and people with End-Stage Renal Disease (generally those with permanent kidney failure who need dialysis or a kidney transplant). People with Medicare can get their Medicare health coverage through Original Medicare, a PACE plan or a Medicare Advantage Plan.

Medicare Health Plan: A Medicare health plan is offered by a private company that contracts with Medicare to provide Part A and Part B benefits to people with Medicare who enroll in the plan. This term includes all Medicare Advantage Plans, Medicare Cost Plans, Demonstration/Pilot Programs and Programs of All-inclusive Care for the Elderly (PACE).

Medicare Part D (Medicare Prescription Drug Coverage):

Insurance to help pay for outpatient prescription drugs, vaccines, biologicals and some supplies not covered by Medicare Part A or Part B.

Medicare Savings Program:

A federally funded program administered by each individual state. These programs are for people with limited income and resources and help pay some or all of their Medicare premiums, deductibles, copayments and coinsurance. There are five Medicare Savings Programs:

- Full Benefit Dual Eligible (FBDE)
- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Qualifying Individual (QI or QI-1)
- Qualified Disabled & Working Individuals (QDWI)

Network Provider: “Provider” is the general term we use for doctors, other health care professionals, hospitals and other health care facilities that are licensed or certified by Medicare and by the State to provide health care services. We call them “network providers” when they have an agreement with our plan to accept our payment (plus the patient’s cost-sharing, such as the deductible, copay or coinsurance) as payment in full and in some cases to coordinate, as well as provide, covered services to members of our plan.

Primary Care Provider (PCP): Your primary care provider is the doctor or other provider you see first for most health problems. He or she makes sure you get the care you need to keep you healthy. He or she may also talk with other doctors and health care providers about your care and refer you to them.

Premium: The periodic payment to Medicare, an insurance company or a health care plan for health or prescription drug coverage.

Special Needs Plan: A special type of Medicare Advantage Plan that provides more focused health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home or who have certain chronic medical conditions.

Supplemental Benefits: Medicare Advantage plans have long been allowed to offer extra benefits that traditional Medicare does not cover—called “supplemental benefits” (e.g. dental services, gym membership, vision benefits).

We have an entire section on our website dedicated to words you may hear often when it comes to health care and their definitions. Just visit <https://www.highmarkwholecare.com/glossary>. After all, the more you know, the better you feel.





Benefits for the whole you.

2022 Summary of Benefits

January 1 – December 31, 2022

Highmark Wholecare
Medicare Assured
DiamondSM

Highmark Wholecare
Medicare Assured
RubySM

The benefit information provides a summary of what we cover and what you pay.

It does not list every benefit, limit or exclusion. To get a complete list of benefits we cover, go to **HighmarkWholecare.com** where you can view or download the Evidence of Coverage. Or you can call 1-877-428-3929 (TTY 711) and request one be mailed to you.

Our hours of operation are 8 a.m. to 8 p.m.,
seven days a week from October 1 to March 31.
From April 1 to September 30, you can
call us Monday through Friday from
8 a.m. to 8 p.m.



Pennsylvania Service Area

To join Highmark Wholecare Medicare Assured Diamond or Highmark Wholecare Medicare Assured Ruby, you must live in our service area, which includes the following counties.



• Bucks • Chester • Delaware • Montgomery • Philadelphia

Highmark Wholecare Medicare Advantage Plans

Dual Eligible Special Needs (DSNP) Plan Highlights

| | Highmark Wholecare Medicare Assured Diamond SM (HMO SNP) [†] | | Highmark Wholecare Medicare Assured Ruby SM (HMO SNP) ^{††} |
|----------------------------------|--|----------------------------------|--|
| Monthly Plan Premium | \$0 | Monthly Plan Premium | \$0* |
| Primary Care Visits | \$0 | Primary Care Visits | \$0 |
| Deductible | \$0 | Deductible | \$0 |
| Preventive Care | \$0 | Preventive Care | \$0 |
| Urgent & Emergency Care | In- and out-of-network | Urgent & Emergency Care | In- and out-of-network |
| Diagnostic Services/Labs/Imaging | \$0 | Diagnostic Services/Labs/Imaging | as low as \$0 |
| Generic Prescriptions | as low as \$0 | Generic Prescriptions | as low as \$0 |

[†] To be eligible for the Diamond plan, you must have Medicare Parts A and B and Medical Assistance (FBDE, QMB+, SLMB+ or QMB) and you must live in our service area.

^{††} To be eligible for the Ruby plan, you must have Medicare Parts A and B and Medical Assistance (SLMB or QI) and you must live in our service area.

* \$0-\$40.70 depending on your level of Medicaid eligibility and/or level of Extra Help.

GUIDE TO ACRONYMS:

(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."

(QI) Qualifying Individual: Helps pay Part B premium but is limited to a first-come, first-served basis.

(SLMB) Specified Low-Income Medicare Beneficiary: Helps pay Part B premium.

| Premiums and Benefits | Highmark Wholecare Medicare Assured Diamond SM (HMO SNP) | Highmark Wholecare Medicare Assured Ruby SM (HMO SNP) |
|--|--|--|
| Monthly Plan Premium | You pay \$0 | You pay \$0* |
| Deductible | No deductible | No deductible |
| Maximum Out-of-Pocket Responsibility (does not include prescription drugs) | You pay no more than \$3,450 annually for in-network Medicare-covered services | You pay no more than \$6,700 annually for in-network Medicare-covered services |
| Inpatient Hospital [^] | You pay \$0 per day for days 1-90 | You pay \$275 per day for days 1-5 You pay \$0 per day for days 6-90 |
| Outpatient Hospital [^] | You pay \$0 | Depending on the service provided, you pay between \$0 copay and 20% coinsurance |
| Ambulatory Surgery Center | You pay \$0 | You pay \$200 |
| Doctor Visits | | |
| • Primary care | You pay \$0 | You pay \$0 |
| • Specialists | You pay \$0 | You pay \$25 |
| Preventive Care (e.g., flu vaccine, cancer screenings) | You pay \$0 | You pay \$0 |
| Emergency Care | You pay \$0 | You pay \$90+ |
| Urgently Needed Services | You pay \$0 | You pay \$45 [#] |
| Diagnostic Services/ Labs/Imaging [^] | | |
| • Diagnostic tests and procedures | You pay \$0 | You pay \$0 |
| • Lab services | You pay \$0 | You pay \$0 |
| • MRI, CAT scan | You pay \$0 | You pay \$175 |
| • X-rays | You pay \$0 | You pay \$35 |

*\$0-\$40.70 depending on your level of Medicaid eligibility and/or level of Extra Help

[^]Prior authorization may be required

[#]Copay will not be waived if admitted to the hospital and cannot be applied toward deductible

⁺Copay will be waived if admitted to the hospital within 24 hours

| Premiums and Benefits | Highmark Wholecare Medicare Assured Diamond SM (HMO SNP) | Highmark Wholecare Medicare Assured Ruby SM (HMO SNP) |
|--|--|---|
| Hearing Services <ul style="list-style-type: none"> Routine hearing exam Hearing aid allowance | <p>You pay \$0</p> <p>You pay \$0 copay for one TruHearing aid per ear every two years</p> | <p>You pay \$0</p> <p>You pay \$0 copay for one TruHearing aid every two years</p> |
| Dental Services <ul style="list-style-type: none"> Preventive dental services Comprehensive dental services Dentures Annual allowance | <p>You pay \$0 for one cleaning, one oral exam, one X-ray every six months and one panoramic X-ray every five years</p> <p>You pay \$0 for fillings, simple extractions, two root canals, two crowns and periodontal maintenance every year</p> <p>You pay \$0 for dentures every year (applies to the \$5,000 comprehensive allowance)</p> <p>\$5,000 allowance for comprehensive services every year</p> | <p>You pay \$0 for one cleaning, one oral exam, one X-ray every six months and one panoramic X-ray every five years</p> <p>You pay \$0 for fillings, simple extractions, one root canal, one crown and periodontal maintenance every year</p> <p>You pay \$0 for dentures every five years (does not apply to the \$2,500 comprehensive allowance)</p> <p>\$2,500 allowance for comprehensive services every year</p> |
| Vision Services (Davis Vision Network) <ul style="list-style-type: none"> Routine eye exam Eyewear | <p>You pay \$0 for an annual exam</p> <p>You get one pair of glasses or contact lenses per year. Choose from the Davis Vision Collection of frames/contacts or use your \$600 allowance toward your choice of frames/contacts. Standard lenses are covered in full. Limited upgraded lens options are covered in full.</p> | <p>You pay \$0 for an annual exam</p> <p>You get one pair of glasses or contact lenses per year. Choose from the Davis Vision Collection of frames/contacts or use your \$200 allowance toward your choice of frames/contacts. Standard lenses covered in full.</p> |
| Mental Health Services <ul style="list-style-type: none"> Outpatient group therapy/individual therapy visit | <p>You pay \$0</p> | <p>You pay \$25</p> |

| Premiums and Benefits | Highmark Wholecare Medicare Assured Diamond SM (HMO SNP) | Highmark Wholecare Medicare Assured Ruby SM (HMO SNP) |
|--|--|--|
| Skilled Nursing Facility [^] | You pay \$0 per day for days 1-100 | You pay \$0 per day for days 1-20 You pay \$184 per day for days 21-100 |
| Outpatient Therapy [^] (Physical, Occupational and Speech) | You pay \$0 | You pay \$25 |
| Ambulance [^] | You pay \$0 each way for ground and air ambulance Authorization required for non-emergency services | You pay \$200 each way for ground and air ambulance Authorization required for non-emergency services |
| Transportation | You pay \$0 for 100 one-way trips each year (within a 60-mile radius) to plan-approved, non-emergency health-related locations, such as doctor offices, pharmacies or fitness locations | You pay \$0 for 30 one-way trips each year (within a 60-mile radius) to plan-approved, non-emergency health-related locations, such as doctor offices, pharmacies or fitness locations |
| Medicare Part B Drugs [^] | You pay \$0 | You pay a 20% coinsurance of the total cost |
| Over-the-Counter Allowance | \$0 copay for OTC items. Up to \$375 allowance per quarter. Unused allowance amounts expire at the end of each quarter. All unused amounts expire at the end of the calendar year. | \$0 copay for OTC items. Up to \$125 allowance per quarter. Unused allowance amounts expire at the end of each quarter. All unused amounts expire at the end of the calendar year. |
| Home-Delivered Meals | You pay a \$0 copay for home-delivered meals. Limit of up to 28 meals (two per day) for 14 days. | You pay a \$0 copay for home-delivered meals. Limit of up to 14 meals (two per day) for seven days. |
| 24/7 Nurse Line | There is no coinsurance, copayment or deductible for the toll-free Nurse Line. Provides telephonic coaching and nurse advice from trained clinicians, 24 hours a day, seven days a week. | There is no coinsurance, copayment or deductible for the toll-free Nurse Line. Provides telephonic coaching and nurse advice from trained clinicians, 24 hours a day, seven days a week. |
| Home Safety Items | \$0 copay for home and bathroom safety devices Limited to six items per year | \$0 copay for home and bathroom safety devices Limited to two items per year |

[^]Prior authorization may be required

| Premiums and Benefits | Highmark Wholecare Medicare Assured Diamond SM (HMO SNP) | Highmark Wholecare Medicare Assured Ruby SM (HMO SNP) |
|------------------------------------|--|--|
| Personal Emergency Response System | You pay a \$0 copay for one personal emergency response system device per lifetime | You pay a \$0 copay for one personal emergency response system device per lifetime |
| Fitness Benefit | Provides membership at participating network fitness centers at no cost. Includes at-home fitness packs and access to virtual fitness classes. | Provides membership at participating network fitness centers at no cost. Includes at-home fitness packs and access to virtual fitness classes. |

Part D drugs on next page



| Premiums and Benefits | Highmark Wholecare Medicare Assured Diamond SM (HMO SNP) | Highmark Wholecare Medicare Assured Ruby SM (HMO SNP) |
|-------------------------------|---|--|
| Outpatient Prescription Drugs | | |
| Part D Deductible | You pay \$0 | You pay \$0 or \$99* |
| Initial Coverage Stage | | |
| Tier 1: Preferred Generic | You pay \$0 | You pay \$0 |
| Tier 2: Generic | You pay \$0, \$1.35 or \$3.95* | You pay \$0, \$1.35 or \$3.95 or 15% of the total cost* |
| Tier 3: Preferred Brand | You pay \$0, \$1.35 or \$3.95, \$4.00 or \$9.85* | You pay \$0, \$1.35 or \$3.95, \$4.00 or \$9.85, or 15% of the total cost* |
| Tier 4: Non-Preferred | You pay \$0, \$1.35 or \$3.95, \$4.00 or \$9.85* | You pay \$0, \$1.35 or \$3.95, \$4.00 or \$9.85, or 15% of the total cost* |
| Tier 5: Specialty | You pay \$0, \$1.35 or \$3.95, \$4.00 or \$9.85* | You pay \$0, \$1.35 or \$3.95, \$4.00 or \$9.85, or 15% of the total cost* |
| Coverage Gap Stage | For Tiers 1, 2, 3, 4 and 5 drugs you will pay your LIS level cost-sharing | For Tiers 1, 2, 3, 4 and 5 drugs you will pay your LIS level cost-sharing |
| Catastrophic Coverage Stage | During this stage, the plan will pay all of the costs for your drugs | <p>During this stage, your share of the cost for a covered drug will be either: \$0, or a coinsurance or a copayment, whichever is the larger amount:</p> <p>– <i>either</i> – Coinsurance of 5% of the cost of the drug</p> <p>– <i>or</i> – \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs.</p> <p>Our plan pays the rest of the cost.</p> |

*Depending on your level of Medicaid eligibility and/or level of Extra Help

Some drugs may require prior authorization.

If you want to know more about the cost and coverage of Original Medicare, look in your current “Medicare & You” handbook. You can view it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. (TTY **1-877-486-2048**)



Summary of Medicaid-Covered Benefits

The benefits described below are covered by Medicaid. For each benefit listed below, you can see what Pennsylvania Medical Assistance (Medicaid) covers. What you pay for covered services may depend on your level of Medicaid eligibility.

This information is a summary of covered benefits. For additional information on the benefits covered by **Pennsylvania Medical Assistance (Medicaid)**, please contact them at 1-800-692-7462 (TTY users call 1-800-451-5886), or visit their website at <http://www.dhs.pa.gov>

| Benefits | What You Pay Under Medicaid |
|--|---|
| Inpatient Hospital Coverage | \$3 Copay per day up to \$21 per admission Includes general hospitals, rehabilitation hospitals, drug and alcohol and private psychiatric hospitals |
| Doctor Visits (Primary Care and Specialists) | \$0-\$3.80 Copay for Medicaid-covered services Physician (Medical Doctor), Certified Registered Nurse Practitioner and Rural Health Clinic |
| Emergency Care | \$0 Copay for Emergency Services |
| Urgently Needed Services | \$0-\$3.80 Copay for Medicaid-covered services |
| Diagnostic Services/ Labs/ Imaging | \$0 Copay (laboratory); \$1 Copay (portable x-ray) \$1 Copay for each x-ray or \$0 for other medical diagnostic test or for treatment by nuclear medicine or radiation therapy |
| Dental Services | \$0-\$3.80 Copay for Medicaid-covered services <ul style="list-style-type: none">Diagnostic, preventive, restorative, surgical dental procedures prosthodontics and sedationKey Limitations: Dentures: 1 per lifetime; Exams/prophylaxis: 1 per 180 days; Crowns, periodontics and endodontics: only via approved benefit limit exception |
| Vision Services | \$0-\$3.80 Copay for Medicaid-covered services <ul style="list-style-type: none">Optometrist (Eye Doctor)2 exams per calendar yearEyeglass lenses, frames and contact lenses are limited to individuals with aphakia; 4 eyeglass lenses per calendar year; 2 eyeglass frames per calendar year; and 4 contact lenses per calendar |
| Skilled Nursing Facility (SNF) | \$0-\$3.80 Copay for Medicaid-covered services Nursing Facilities |
| Ambulance (Emergency) | \$0-\$3.80 Copay for Medicaid-covered services |
| Transportation | \$0 Copay for Medicaid-covered services Contact Medical Assistance Transportation (MATP) for information |
| Foot Care | \$0-\$3.80 Copay for Medicaid-covered services |
| Medical Equipment/Supplies | \$0-\$3.80 Copay for Medicaid-covered services |

| Benefits | What You Pay Under Medicaid |
|---|---|
| Prescription Drugs | \$1-\$3 Copay for Medicaid-covered prescriptions <ul style="list-style-type: none"> • \$1 for each prescription and prescription refill of a generic drug • \$3 for each prescription and prescription refill of a brand name drug • Nutritional supplements |
| Outpatient Surgery | \$0-\$3.80 Copay for Medicaid-covered services Ambulatory Surgery Center (ASC) and Same Day Surgery (SPU); Independent Medical/Surgical Clinic |
| Chiropractic Care | \$0-\$3.80 Copay for Medicaid-covered services |
| Drug and Alcohol Clinic Services | \$0-\$3.80 Copay for Medicaid-covered services <ul style="list-style-type: none"> • Includes methadone maintenance and clozapine • Refer to your Behavioral Health Managed Care Organization for details |
| Psychiatric Clinic | \$0.50 per unit copay for Medicaid-covered services <ul style="list-style-type: none"> • Includes mobile mental health treatment • Refer to your Behavioral Health Managed Care Organization for details |
| Psychiatric Partial Hospitalization Facility | \$0 per unit copay for Medicaid-covered services Refer to your Behavioral Health Managed Care Organization for details |
| Psychiatric Rehabilitation | \$0-\$3.80 Copay for Medicaid-covered services Refer to your Behavioral Health Managed Care Organization for details |
| Federally Qualified Health Center | \$0-\$3.80 Copay for Medicaid-covered services |
| Home Health Services | \$0 Copay for Medicaid-covered services Includes nursing, aide and therapy services. Unlimited for the first 28 days; limited to 15 days every month thereafter. |
| Hospice Care | \$0-\$3.80 Copay for Medicaid-covered services Respite care may not exceed a total of 5 days in a 60-day certification period |
| Long-Term Nursing Facility | \$0-\$3.80 Copay for Medicaid-covered services In order to receive Long-term Nursing Facility or Home and Community-Based Waiver Services, individuals must meet clinical criteria to be considered Nursing Facility Clinically Eligible (NFCE) |
| Home and Community Based Waiver Services | \$0 Copay for Medicaid-covered services For more information, contact your Community HealthChoices MCO or the Office of Long-term Living |
| Renal Dialysis | \$0-\$3.80 Copay for Medicaid-covered services Renal Dialysis Center; initial training for home dialysis is limited to 24 sessions per patient per calendar year. Backup visits to the facility are limited to 75 per calendar year. |
| Therapy (Physical, Occupational, Speech) | \$0-\$3.80 Copay for Medicaid-covered services Only when provided by a hospital, outpatient clinic or home health provider |
| Prosthetics and Orthotics | \$0-\$3.80 Copay for Medicaid-covered services Orthopedic shoes and hearing aids are not covered. Coverage for low-vision aids is limited to 1 per 2 calendar years. Coverage for an eye ocular is limited to 1 per calendar year. |

Top 200 Prescription Drug List

Your drug coverage is important to your health and peace of mind. We get it. That's why we've provided a list of the most commonly used drugs covered by your Highmark Wholecare Medicare AssuredSM plan.

Here's how to view our full drug list (formulary).

There are two ways to view the full list of drugs covered by Highmark Wholecare Medicare Assured. If you don't see your prescription, that doesn't mean it's not covered.



Visit HighmarkWholecare.com/DrugList to find out if your drug is covered, and how much it will cost. There you can search or download the Medicare-approved list.



Call **1-800-685-5209 (TTY 711)** to request a copy of the drug list by mail.

Member Services representatives are available to assist you between 8 a.m. and 8 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, our representatives are available 8 a.m. to 8 p.m., Monday through Friday.

The list is available to view or request beginning October 15, 2021.



List of Top 200 Drugs

ANTI-HISTAMINE DRUGS

ANTI-HISTAMINE DRUGS

levocetirizine dihydrochloride

ANTI-INFECTIVE AGENTS

ANTIBACTERIALS, MISCELLANEOUS

clindamycin hcl

ANTIFUNGALS

fluconazole

nystatin

ANTIMALARIALS

hydroxychloroquine sulfate

ANTI-PROTOZOALS, MISCELLANEOUS

metronidazole

ANTIVIRALS

valacyclovir hcl

CEPHALOSPORINS

cefdinir

cefuroxime axetil

cephalexin

MACROLIDES

azithromycin

PENICILLINS

amoxicillin

amoxicillin-potassium
clavulanate

penicillin v potassium

QUINOLONES

ciprofloxacin hcl

levofloxacin

SULFONAMIDES (SYSTEMIC)

sulfamethoxazole-
trimethoprim

TETRACYCLINES

doxycycline hyclate

doxycycline monohydrate

URINARY ANTI-INFECTIVES

nitrofurantoin monohydrate

AUTONOMIC DRUGS

ANTIMUSCARINIC/ ANTISPASMODICS

dicyclomine hcl

BETA-ADRENERGIC AGONISTS

albuterol sulfate

albuterol sulfate HFA

COMBIVENT RESPIMAT

ipratropium bromide/
albuterol

PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)

donepezil hcl

SKELETAL MUSCLE RELAXANTS

cyclobenzaprine hcl

methocarbamol

tizanidine hcl

SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS

tamsulosin hcl

BLOOD FORMATION, COAGULATION AND THROMBOSIS

ANTICOAGULANTS

ELIQUIS

warfarin sodium

XARELTO

PLATELET-AGGREGATION INHIBITORS

clopidogrel

CARDIOVASCULAR DRUGS

ALPHA-ADRENERGIC BLOCKING AGENTS

prazosin hcl

ANTILIPEMIC AGENTS

atorvastatin calcium

ezetimibe

fenofibrate

lovastatin

omega-3-acid ethyl esters

pravastatin sodium

rosuvastatin calcium

simvastatin

BETA-ADRENERGIC BLOCKING AGENTS

atenolol

carvedilol

metoprolol succinate er

metoprolol tartrate

propranolol hcl

CALCIUM-CHANNEL BLOCKING AGENTS

amlodipine besylate

diltiazem hcl er

nifedipine er

List of Top 200 Drugs (Continued)

CARDIAC DRUGS, MISCELLANEOUS

ENTRESTO

HYPOTENSIVE AGENTS

clonidine hcl

hydralazine hcl

RENIN-ANGIOTENSIN- ALDOSTERONE SYSTEM IN

enalapril maleate

irbesartan

lisinopril

lisinopril-hydrochlorothiazide

losartan potassium

losartan potassium-
hydrochlorothiazide

spironolactone

valsartan

VASODILATING AGENTS

isosorbide mononitrate er

nitroglycerin

CENTRAL NERVOUS SYSTEM AGENTS

ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS

amphetamine-
dextroamphetamine

ANTICONVULSANTS

carbamazepine

clonazepam

diazepam

divalproex sodium dr

divalproex sodium er

gabapentin

lamotrigine

levetiracetam

oxcarbazepine

pregabalin

topiramate

ANTIDEPRESSANTS

amitriptyline hcl

bupropion hcl er

citalopram hydrobromide

doxepin hcl

duloxetine hcl

escitalopram oxalate

fluoxetine hcl

mirtazapine

paroxetine hcl

sertraline hcl

trazodone hcl

venlafaxine hcl er

ANTIMIGRAINE AGENTS

sumatriptan succinate

ANTIPARKINSONIAN AGENTS

benztropine mesylate

pramipexole
dihydrochloride

ropinirole hcl

ANTIPSYCHOTICS

aripiprazole

clozapine

haloperidol

LATUDA

olanzapine

quetiapine fumarate

risperidone

ziprasidone hcl

ANXIOLYTICS, SEDATIVES AND HYPNOTICS, MISC.

buspirone hcl

hydroxyzine hcl

hydroxyzine pamoate

zolpidem tartrate

BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/ HYPNOTICS)

alprazolam

lorazepam

CENTRAL NERVOUS SYSTEM AGENTS, MISC.

lithium carbonate

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

celecoxib

diclofenac sodium dr

ibuprofen

meloxicam

naproxen

If you don't see your prescription on our "Most Common" list, that doesn't mean it's not covered.

List of Top 200 Drugs (Continued)

OPIATE ANTAGONISTS

NARCAN

ELECTROLYTIC, CALORIC AND WATER BALANCE

AMMONIA DETOXICANTS

lactulose

DIURETICS

bumetanide

chlorthalidone

furosemide

hydrochlorothiazide

triamterene/
hydrochlorothiazide

REPLACEMENT PREPARATIONS

potassium chloride er

EYE, EAR, NOSE AND THROAT (EENT) PREPARATIONS

ANTIALLERGIC AGENTS

azelastine hcl

olopatadine hcl

ANTIGLAUCOMA AGENTS

latanoprost

ANTI-INFECTIVES (EENT)

chlorhexidine
gluconate

ofloxacin

ANTI-INFLAMMATORY AGENTS (EENT)

fluticasone propionate

ketorolac tromethamine

prednisolone acetate

RESTASIS

GASTROINTESTINAL DRUGS

ANTIDIARRHEA AGENTS

loperamide hcl

ANTIEMETICS

meclizine hcl

ondansetron hcl

ondansetron odt

prochlorperazine maleate

ANTIULCER AGENTS AND ACID SUPPRESSANTS

famotidine

lansoprazole

omeprazole

pantoprazole sodium

sucralfate

GI DRUGS, MISCELLANEOUS

LINZESS

HORMONES AND SYNTHETIC SUBSTITUTES

ADRENALS

dexamethasone

methylprednisolone

prednisone

ANTIDIABETIC AGENTS

glimepiride

glipizide

glipizide er

INSULIN ASPART FLEXPEN

JANUVIA

JARDIANCE

LANTUS

LANTUS SOLOSTAR

LEVEMIR FLEXTOUCH

metformin hcl

metformin hcl er

NOVOLOG

NOVOLOG FLEXPEN

OZEMPIC

TOUJEO SOLOSTAR

TRADJENTA

TRESIBA FLEXTOUCH

TRULICITY

VICTOZA

PROGESTINS

medroxyprogesterone
acetate

THYROID AND ANTITHYROID AGENTS

LEVOTHYROXINE SODIUM

SYNTHROID

MISCELLANEOUS THERAPEUTIC AGENTS

5-ALPHA-REDUCTASE INHIBITORS

finasteride

List of Top 200 Drugs (Continued)

MISCELLANEOUS THERAPEUTIC AGENTS

alendronate sodium
allopurinol
baclofen
colchicine

RESPIRATORY TRACT AGENTS

CORTICOSTEROIDS (RESPIRATORY TRACT)

ADVAIR DISKUS
ADVAIR HFA
BREO ELLIPTA
FLOVENT HFA
SYMBICORT

LEUKOTRIENE MODIFIERS

montelukast sodium

RESPIRATORY TRACT AGENTS, MISCELLANEOUS

epinephrine
INCRUSE ELLIPTA
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
TRELEGY ELLIPTA

SERUMS, TOXOIDS AND VACCINES

VACCINES

SHINGRIX

SKIN AND MUCOUS MEMBRANE AGENTS

ANTIBACTERIALS (SKIN AND MUCOUS MEMBRANE)

erythromycin
mupirocin

ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)

clotrimazole
clotrimazole/betamethasone
ketoconazole
NYAMYC
nystatin

ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS)

clobetasol propionate
hydrocortisone
triamcinolone acetonide

SKIN AND MUCOUS MEMBRANE AGENTS, MISC.

ammonium lactate
diclofenac sodium
lidocaine

SMOOTH MUSCLE RELAXANTS

GENITOURINARY SMOOTH MUSCLE RELAXANTS

MYRBETRIQ
oxybutynin chloride
oxybutynin chloride er

If you don't see your prescription on our "Most Common" list, that doesn't mean it's not covered.

Important information for those receiving Extra Help.

Highmark Wholecare
Medicare Assured
DiamondSM

Highmark Wholecare
Medicare Assured
RubySM



Monthly Plan Premium for People Who Get Extra Help from Medicare to Help Pay for Their Prescription Drug Costs

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help you get will determine your total monthly plan premium as a member of our plan.

This table shows you what your monthly plan premium will be if you get Extra Help.

| Your level of Extra Help | Highmark Wholecare Medicare Assured Diamond SM (HMO SNP) | Highmark Wholecare Medicare Assured Ruby SM (HMO SNP) |
|--------------------------|---|--|
| 100% | \$0 | \$0 |
| 75% | Does not apply | \$10.20 |
| 50% | Does not apply | \$20.30 |
| 25% | Does not apply | \$30.50 |

The amounts above do not include any Medicare Part B premium you may have to pay.

Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby premiums include coverage for both medical services and prescription drug coverage.

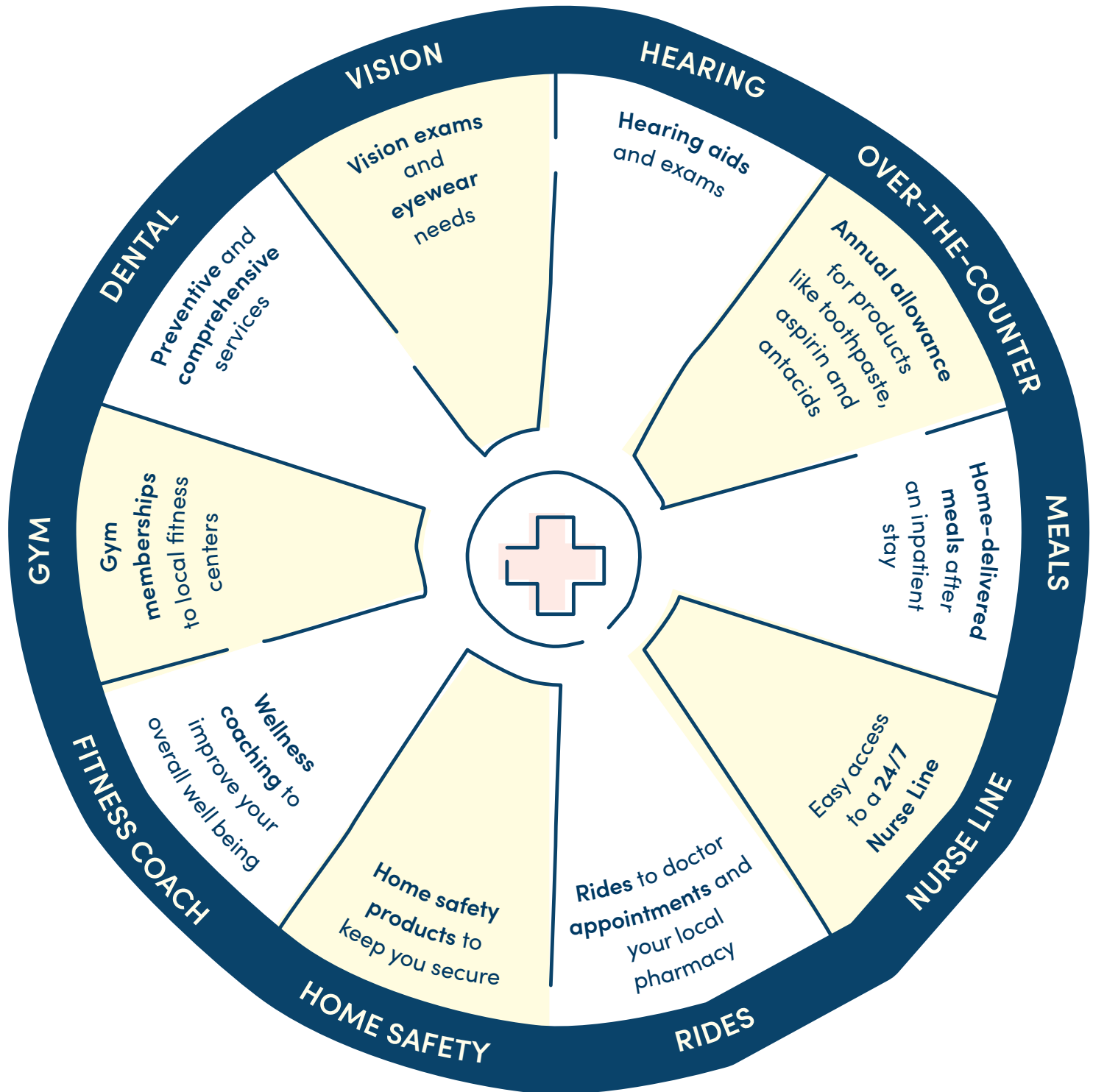
If you aren't getting Extra Help, you can see if you qualify by calling one of the following:

- 1-800-Medicare (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.
- Pennsylvania Medical Assistance (Medicaid) at 1-800-692-7462 between 8:30 a.m. and 4:45 p.m., Monday through Friday. TTY users should call 1-800-451-5886 or 711.
- Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778.



Added benefits to cover the whole you.

Highmark Wholecare provides hospital, medical and pharmacy benefits because we know that there are more benefits you need for your whole health.



Dental

Something to smile about.

Our plans give you preventive dental care at no cost and up to a \$5,000 allowance for comprehensive care, including coverage in full for **dentures annually**.

Preventive benefits include:

- An oral exam, cleaning and one x-ray every six months
- One panoramic x-ray every five years

Comprehensive benefits include:

- Fillings
- Simple extractions
- Denture repairs
- Crowns
- Root canals
- And more

Benefits may vary by plan.

Vision

Better vision and eye health.

Your ability to see impacts your life, health and well-being. We understand, and we make sure every Highmark Wholecare plan includes complete vision coverage, including:

- Annual routine eye exam

and either

- Free glasses or contacts from the Davis Vision Collection each year **OR** up to \$600 toward your choice of eyewear

Limited upgrades available, including bifocals, trifocals, scratch resistance, transition lenses and more.

Benefits may vary by plan.



Hearing

Hear clearly and stay sharp.

We know hearing issues can lead to confusion and loneliness. To make sure you're sharp and tuning in, we offer generous hearing benefits.

- Up to two TruHearing-branded Select Advanced hearing aids every two years
- \$0 copay for routine hearing exams and hearing aid fitting

Benefits may vary by plan.



Over-the-Counter (OTC) Allowance

An allowance of up to \$1,500 each year to buy products you need.

Health and wellness products may not require a prescription, but they're still important to feeling good every day.

Our OTC allowance covers things like:

- | | | |
|-----------------------------|-------------------------|-------------------|
| • Cold and allergy medicine | • First-aid supplies | • Pain medication |
| • Dental/denture hygiene | • Ointments | • And more |
| • Vitamins | • Incontinence products | |

Benefits may vary by plan.

Transportation

A ride to the doctor.

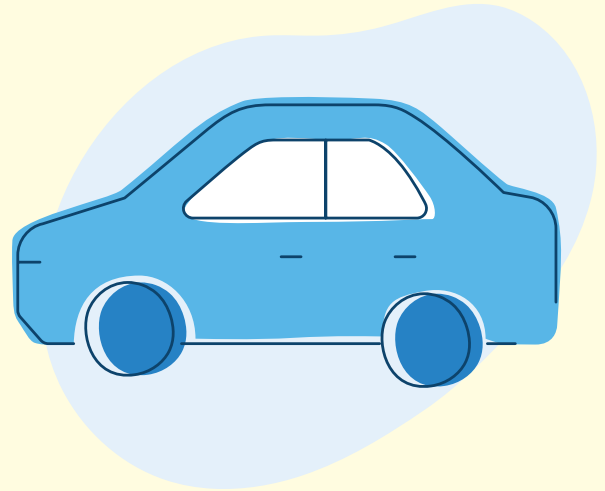
You want great healthcare. We want to get you there. That's why we provide free transportation to non-emergency medical appointments as part of every plan.

Each year, get up to 100 free rides within a 60-mile radius to:

- Your doctor's office or other medical-related appointments
- Your neighborhood pharmacy
- Your local fitness center
- Other non-emergency medical appointments

If you prefer, you could be reimbursed for using a personal vehicle.

Benefits may vary by plan.



Bathroom/Home Safety Items

A healthy, safe home.

To help you stay safe and feel better at home, many of our plans include bathroom and home safety items.

Get up to six of the following safety items each year:

- | | | |
|-----------------------------|--|----------------|
| • Toilet seat riser | • Rug anchors | • Reaching aid |
| • Toilet safety arm support | • Tub and shower anti-slip treads (sets of four) | • And more |
| • Tub grab bars | • Bath seat | |

Benefits may vary by plan.

Meals

A healthy meal at your door.

We've seen it before. You are sent home from a hospital or inpatient care facility, and you don't know how you're going to get to the store in order to have a healthy meal. We know that a healthy meal is important to your recovery, which is why we found a solution.

Highmark Wholecare solution: Up to 28 free meals delivered to your door.

Our meal benefit gives you:

- Up to 28 prepared, frozen meals delivered directly to your door (two meals each day for up to 14 days)
- Meals include lunch and/or dinner
- Meals can be placed directly in the freezer or refrigerator, and used when needed

Benefits may vary by plan.



24/7 Nurse Line

Around-the-clock, whole-hearted support, advice and comfort.

If you have a medical concern or question, don't wait or worry. Call our toll-free, 24/7 Nurse Line. A registered nurse is available for you day and night, ready to address topics like:

- A recent diagnosis, treatment options or surgery
- Current symptoms
- Medication dosage or side effects
- Self-care home treatments
- When to go to the doctor
- When to go to the urgent care center or emergency room

Personal Emergency Response System

A Lifeline when you need help.

In case of an emergency, we want to make sure you get the help you need, and fast. That's why we provide a Personal Emergency Response System (PERS) benefit which includes:

- A personal help button and home communicator to use in the event of an emergency
- Free, professional installation in your home
- Periodic system tests

You also have access to a Lifeline response center contact who can:

- Answer 24/7 to provide help in an emergency
- Access your personal profile and consider your situation
- Contact a neighbor, loved one or emergency service based on your preference

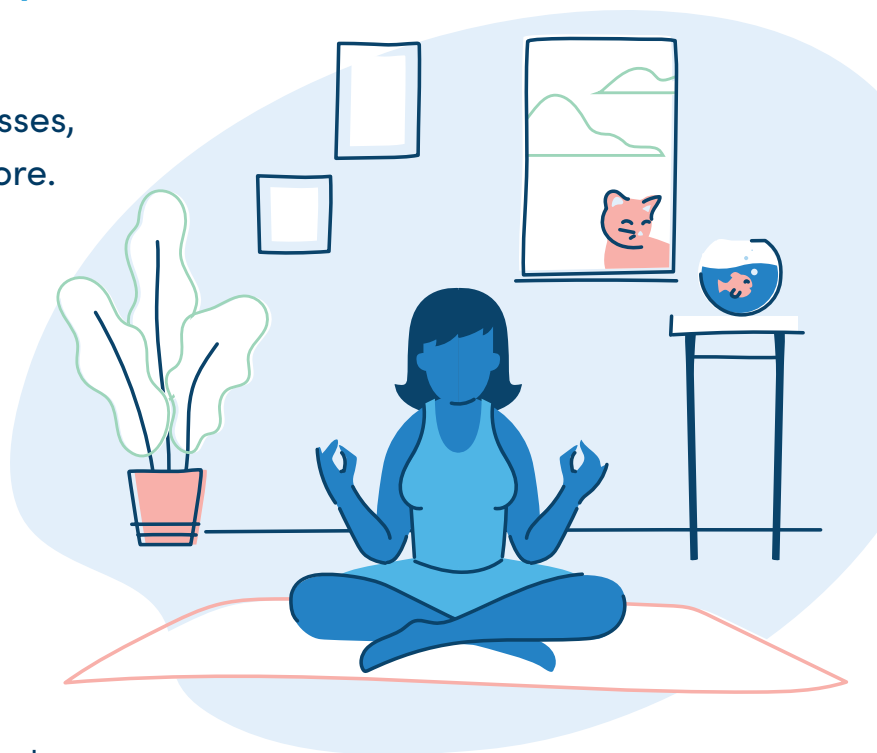


SilverSneakers

Health for your body, mind and spirit.

Through the SilverSneakers fitness program, you can enjoy access to classes, pools, free weights, treadmills and more. By supporting your fitness journey, this program can help you:

- Reach and maintain a healthy body weight
- Expand your circle of friends and social activities
- Increase muscle strength and bone density
- Prevent, delay or treat certain medical conditions
- Be more flexible and have better balance
- Improve your memory and think more clearly



At-home fitness packs

You don't have to leave your home to reach your fitness goals! We will send you a quick start guide and you can order one of our four at-home packs.

SilverSneakers FLEX classes

From community centers to nearby parks, instructor-led SilverSneakers FLEX® classes are offered at a variety of locations. Through them, you'll have access to more than 80 types of classes like outdoor walking groups and nutrition workshops, as well as online resources for healthy recipes, inspiration and a FLEX class-lookup tool.

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Here's how to find a doctor.

Our online provider directory, an important health resource.

Whether you need a primary care physician, specialist, vision provider, hospital, pharmacy or therapist, we have two ways to help you find the right provider.

1. Visit HighmarkWholecare.com

- a. Click on "Find a Doctor"
- b. Follow steps 1-4
- c. Find the doctor

2. Call 1-877-428-3929 (TTY 711)

for assistance or to have
a provider directory
mailed to you.





IMPORTANT INFORMATION:

2022 Medicare Star Ratings

Highmark Wholecare Medicare Assured - H5932



For 2022, Highmark Wholecare Medicare Assured - H5932 received the following Star Ratings from Medicare:

| | |
|-------------------------|-------|
| Overall Star Rating: | ★★★★★ |
| Health Services Rating: | ★★★★★ |
| Drug Services Rating: | ★★★★★ |

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

| | |
|-------|---------------|
| ★★★★★ | EXCELLENT |
| ★★★★☆ | ABOVE AVERAGE |
| ★★★☆☆ | AVERAGE |
| ★★☆☆☆ | BELOW AVERAGE |
| ★☆☆☆☆ | POOR |

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Highmark Wholecare Medicare Assured 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 877-935-2168 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 800-685-5209 (toll-free) or 711 (TTY).



Enrollment information you need.



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, we're here to help. To speak to a customer service representative, call 1-800-685-5209 (TTY 711).

Understanding the benefits:

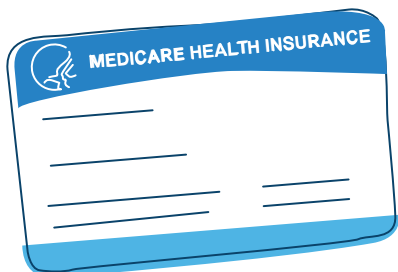
- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [HighmarkWholesale.com](https://www.HighmarkWholesale.com) or call 1-800-685-5209 (TTY 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules:

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. Depending on your level of Extra Help, part or all of this premium could be paid by Medicare. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a Dual Eligible Special Needs Plan (DSNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and Medical Assistance from a state plan under Medicaid. Other restrictions may apply.

Enrollment Process

Important things for you to remember.



1. Have your Medicare card available.

To make the enrollment process go faster, have your Medicare card in front of you for quick reference.

2. Select a primary care physician.

If you don't already have an established primary care physician, you can visit our online provider directory at **HighmarkWholesale.com** and click on "Find a Doctor."

3. If you have a premium, select your premium payment method.

We offer two payment methods for your convenience.

What happens after I enroll?

- **Look for your ID card and welcome kit in the mail.** After you receive your confirmation of enrollment letter, we'll mail your member identification card and new member welcome kit to you. Please keep your card in a safe place and use it anytime you are purchasing prescription medications or visiting a network provider.

- **Complete a brief health risk assessment.**

You'll receive a health risk assessment in the mail. We use this information to create a customized care plan and help notice potential risk factors. Please be open and honest when answering the questionnaire. Your answers will be kept confidential and will NOT impact your benefits in any way.

Thank you for your interest in Highmark Wholesale. If you would like more information, or have questions about the enrollment process, please call 1-877-428-3929 (TTY 711).

| | |
|--|---|
| HIGHMARK WHOLECARE Coverage by Gateway Health Plan | Medicare Assured RubySM (HMO SNP) |
| Member Name John H Smith Member ID 12345678 | Effective: 01/01/2021 |
| RXBIN: 004336 Issuer: 80840 RXPCN: MEDDADV RXGRP: RX2342 | Copay: PCP \$0 Specialist \$25 PCP: George Street C Family First PCP Phone: (123) 456-7891 |
| CMS-H5932 013 | MedicareRx Prescription Drug Coverage |

Highmark Wholecare Scope of Appointment

Confirmation Form

Highmark Wholecare offers individuals the following products:

Medicare Special Needs Plans (HMO SNP)

For individuals entitled to Medicare Part A, enrolled in Medicare Part B, who live in the service area and receive Medicaid Assistance from the State.

Please indicate how you wish to be contacted:

- ☐ I would like an agent to call me.
- ☐ I would like an agent to meet with me in person.



Beneficiary information:

Name: _____

Address: _____

Phone Number: _____

In the space provided below, please initial the type of Medicare Advantage product(s) you want the agent to discuss:

_____ Medicare Special Needs Plans (HMO SNP)

Please remember to sign and date this form on the back side of this page.

Highmark Wholecare Scope of Appointment

Confirmation Form *(continued)*

Beneficiary or Authorized Representative Signature and Signature Date

Signature: _____ Date: _____

If you are the authorized representative, please sign above and print below:

Name: _____

Relationship to beneficiary: _____

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. The person does not work directly for the Federal Government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment or enroll you in a Medicare plan.

To be Completed by Agent

| | |
|--|---|
| Name: | Phone: |
| Initial method of contact: (Please indicate if beneficiary was a walk-in) | |
| Signature: | Plan(s) represented during the meeting: |
| Date appointment completed: | |
| [Plan use only] | |

**Scope of Appointment documentation is subject to CMS record retention requirements*
Agent, if the form was signed by the beneficiary at time of appointment, please provide explanation why SOA was not documented prior to meeting.*



2022 Highmark Wholecare Enrollment Form

Highmark Wholecare
Medicare Assured
DiamondSM

Highmark Wholecare
Medicare Assured
RubySM

Need help to enroll?

- Contact your local sales agent to help you choose the best plan for you and complete this individual enrollment form.

- OR -

- Call Highmark Wholecare to help you enroll over the phone. Toll-free: 1-877-428-3929 (TTY 711), From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

You may also complete the enrollment form, sign and date it, and mail or fax the enrollment copy to:

Highmark Wholecare
Attn: Enrollment
444 Liberty Avenue, Suite 2100
Pittsburgh, PA 15222
Fax: 1-888-551-9101 (toll-free)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional—you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Highmark Wholecare
Attn: Enrollment
444 Liberty Avenue, Suite 2100
Pittsburgh, PA 15222

Fax: 1-888-551-9101 (toll-free)

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Highmark Wholecare at 1-877-428-3929. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Highmark Wholecare al 1-877-428-3929/TTY o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individual Enrollment Request Form

Section 1. Required Information (unless marked optional)

Please check which plan you want to enroll in:

- ☐ Highmark Wholecare Medicare Assured DiamondSM (HMO SNP)
\$0 premium per month
- ☐ Highmark Wholecare Medicare Assured RubySM (HMO SNP)
\$0 – \$40.70 premium per month*

* Your premium will be determined by the amount of Extra Help you may receive

| | | | | | |
|--|---|------------------------------|-----------|------------------------------|--|
| FIRST Name: | | LAST Name: | | Middle Initial: | |
| Birth Date: (____ / ____ / ____) (MM/DD/YYYY) | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Home Phone Number: () | | Alt. Phone Number: () | |
| I Wish to Receive Text Notifications (Optional): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Mobile Phone Number: () | | | | | |
| <small>These text messages may include sensitive health information specific to your needs. If you opt in to receive texts, there is a chance that these texts may be diverted and read by an unauthorized third party. By opting in, you understand and accept this risk. Standard text message rates could apply.</small> | | | | | |
| Social Security Number (Optional): | | | | | |
| Permanent Residence Street Address (P.O. Box is not allowed): | | | | | |
| City: | County: | State: | ZIP Code: | | |
| Mailing Address (only if different from your Permanent Residence Address, P.O. Box allowed): | | | | | |
| Street Address: | | | | | |
| City: | | State: | | ZIP Code: | |
| If you wish to receive emails from Highmark Wholecare, please provide your e-mail (Optional). | | | | | |
| E-mail Address: _____ | | | | | |
| <small>These emails may include sensitive health information specific to your needs. If you opt in to receive emails, there is a chance that emails sent to you could be monitored, intercepted, read, and/or changed by an unauthorized third party before reaching your email inbox, and that it is possible that information intended for you could go to the wrong person or that your electronic accounts could be hacked. By opting in, you understand and accept these risks.</small> | | | | | |

Individual Enrollment Request Form

Section 1. Required Information (unless marked optional), continued

Your Medicare Information:

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.
- OR -
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Medicare Number:

_____ - _____ - _____

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Important Questions:

1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to Medicare Assured Diamond or Medicare Assured Ruby? ☐ Yes ☐ No

If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: _____

ID # for this coverage: _____

Group # for this coverage: _____

2. Please review and select an election period from the list on the following page to verify your eligibility to enroll in a plan at this time.

Election Period Checklist

Select which election period applies to you.

- ☐ I am making my annual enrollment period election (October 15 – December 7).
- ☐ I am new to Medicare.
- ☐ I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- ☐ I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) _____.
- ☐ In the last 12 months, I left a Medigap policy to join a Medicare Advantage Plan* for the first time (*Medicare Advantage plan with prescription drug coverage).
- ☐ I recently left a PACE (Program of All-Inclusive Care for the Elderly) program on (insert date) _____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- ☐ I am leaving employer or union coverage on (insert date) _____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a special needs plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- ☐ This is my first time for Part B Entitlement.
- ☐ I have been on Medicare but just turned 65 or will be turning 65 in the next three months.
- ☐ I am within the 4th to 7th month of my initial election period.
- ☐ I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, State or local government entity). One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on (insert date) _____.
- ☐ My current plan was placed into Receivership by CMS due to financial difficulties.
- ☐ My current plan has been identified as a Consistent Poor Performer by CMS.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Highmark Wholecare Medicare Assured Diamond or Highmark Wholecare Medicare Assured Ruby.
- By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that Highmark Wholecare will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary, However, failure to respond may affect enrollment in the plan. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Highmark Wholecare coverage begins, I must get all of my medical and prescription drug benefits from Highmark Wholecare. Benefits and services provided by Highmark Wholecare and contained in my Highmark Wholecare "Evidence of Coverage Document" (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Highmark Wholecare will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by the authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:

Today's Date:

If you are the authorized representative or caregiver, you must sign above and provide the following information:

Name: _____

Address: _____

Phone Number: (_____) _____ - _____

Relationship to Enrollee: _____ ☐ Authorized Rep. ☐ Caregiver

Office Use Only:

Name of staff member/agent/broker (if assisted in enrollment): _____

Agent Writing Number: _____

Date Application Received by Agent: _____

Plan ID#: _____

Effective Date of Coverage: _____

ICEP/IEP: _____ AEP: _____ SEP (type): _____ SEP Effective Date: _____

Individual Enrollment Request Form (Continued)

Section 2. Additional Information - all fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

1. Please check one of the boxes below if you would prefer us to send you information in a language other than English or in another format:

☐ Spanish

☐ Braille

☐ Large print

☐ Other language or format: _____

Spoken language preference other than English (i.e., Spanish): _____

Please contact Highmark Wholecare at 1-877-428-3929 if you need information in another format or language than what is listed above. From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

2. Do you or your spouse work? ☐ Yes ☐ No

3. Print the name and phone number of your primary care physician (PCP) or group practice.

Name: _____

Group Name: _____

Phone Number: (_____) _____ - _____

4. Are you enrolled in your State Medicaid program? ☐ Yes ☐ No

If yes, please provide your Medicaid number (optional): _____

Individual Enrollment Request Form (Continued)

Section 2. Additional Information - all fields on this page are optional (continued)

Paying your plan premiums

You can pay your monthly premium (including any late enrollment penalty that you currently have or may owe) by mail. You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

If you have to pay a Part-D Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Highmark Wholecare the Part D-IRMAA.

Please select a premium payment option:

☐ Get a bill monthly

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. We will send you a paper bill until Social Security or RRB accepts your request for automatic deduction. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



Highmark Wholecare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Highmark Wholecare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Highmark Wholecare:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- o 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:

- o Qualified interpreters
- o Information written in other languages

If you need these services, contact Member Services at 1-800-685-5209, 8 a.m. - 8 p.m., 7 days a week from October 1 through March 31. From April 1 through September 30 our business hours are 8 a.m. - 8 p.m., Monday through Friday. TTY users should call 711.

If you believe that Highmark Wholecare 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:

Appeals and Grievances

PO Box 22278

Pittsburgh, PA 15222

Phone: 1-844-207-0336

Fax: 1-412-255-4503

You can file a grievance by mail, or by fax. If you need help filing a grievance, Appeals and Grievances 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-685-5209 (TTY 711).

SPANISH

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-800-685-5209 (TTY 711).

CHINESE

小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨 1-800-685-5209 (TTY 711)。

VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-800-685-5209 (TTY 711).

KOREAN

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 1-800-685-5209 (TTY 711)로 연락주시기 바랍니다.

TAGALOG

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang 1-800-685-5209 (TTY 711).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону 1-800-685-5209 (телетайп 711).

ARABIC

لا م ح ط ة : ذ ا ا ك ن ت ت ح د ث الر ي ع ة ، ت و ت ر ف د م خ ا ت الم س ا ع د ة الل غ و ي ة م ج ا ن ا م ن ا ج ل ك . ا ت ص ل ب ا ل ر ق م 1-800-685-5209 (الهاتف النصي 711).

FRENCH CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-685-5209 (TTY 711).

FRENCH

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le 1-800-685-5209 (TTY 711).

POLISH

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 1-800-685-5209 (TTY 711).

PORTUGUESE

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-800-685-5209 (TTY 711).

ITALIAN

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 1-800-685-5209 (TTY 711).

JAPANESE

お知らせ: 日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。電話番号 1-800-685-5209 (TTY 711) までお問い合わせ下さい。

GERMAN

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer 1- 800-685-5209 (TTY 711) kostenlos zur Verfügung.

FARSI

توجه: چنانچه به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، به صورت رایگان، در اختیار شما قرار خواهد گرفت.
تماس بگیرید. یا شماره (TTY 711) 1-800-685-5209

SERBO-CROATIAN

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-685-5209 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom 711).

PENNSYLVANIA DUTCH

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-685-5209 (TTY 711).

NEPALI

१-८००-६८५-५२०९ (टोल फ्री ७११)।

OROMO

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-685-5209 (TTY 711).

BANTU

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-685-5209 (TTY 711).

CAMBODIAN

រូបយក៖ 100101បៀសចុះអក្សរ 10021, 100សជន 100ជក 100មន្ត្រីកណ្តាល គឺជនសហបរិច្ចាគ។
 ៣០ ទស្សន៍ 1-800-685-5209 (TTY 711)។

HMONG

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800- 685-5209 (TTY 711).

HINDI

६. यान द: यदद आप ह दा बालत हे ता आपक ललए मु त म भाषा सहायता सवाए उपलब्ध है। 1-800-685-5209 (TTY 711) पर कॉल करें।

LAO

ໂປດຊາບ: ຖ້າ ຂ້າ ນ ທ່ານ ເວົ້າ ພາສາ ລາວ, ການ ບໍລິການ ຊ່ວຍ ເຫຼືອ ດ້ານ ພາສາ, ໂດຍ ບໍ່ ເສັ້ນ
ຄ່າ, ແມ່ນ ມີ ອັນ ໃຫ້ ທ່ານ. ໂທ 1-800-685-5209 (TTY 711).

GUJARATI

સુચના: જો તમ ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-685-5209 (TTY 711).

DUTCH

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-685-5209 (TTY 711).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-685-5209 (телетайп 711).

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistentă lingvistică, gratuit. Sunați la 1-800-685-5209 (TTY 711).

NOTES:

Thank you for enrolling in Highmark Wholecare.

Keep an eye out for your New Member Welcome Kit.
We will be sending it to you shortly.

If you have any questions before you
get your Welcome Kit, please feel
free to contact us at
1-877-428-3929 (TTY 711).



Davis Vision is a separate company that administers the vision benefit(s) for Highmark Wholecare.

SilverSneakers is a registered trademark of Tivity, Inc. Tivity, Inc. is a separate company that administers the SilverSneakers Fitness Program.

TruHearing is a registered trademark of TruHearing, Inc. TruHearing is a separate company that administers the hearing aid benefit(s) for Highmark Wholecare.

Highmark Wholecare offers HMO plans with a Medicare contract. Enrollment in these plans depends on contract renewal. Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association ("Highmark Wholecare").

