

	Highmark Wholecare Medicare Assured Diamond	Highmark Wholecare Medicare Assured Ruby
Premium	\$0	\$0
Deductible	\$0	\$0
Max Out-Of-Pocket	\$9,350	\$6,700
Inpatient Hospital Stay*	\$0 copay per admit	Days 1-6; \$250 copay per day per admit & days 7-90 \$0 copay per admit
Outpatient Hospital Coverage*	ASC ¹ : \$0 copay Facility: \$0 copay	ASC ¹ : \$200 copay Facility: \$200 copay
Doctor Office Visit	PCP: \$0 copay Specialist: \$0 copay	PCP: \$0 copay Specialist: \$25 copay
Preventive/Screening	Covered in Full	Covered in Full
Emergency Room	\$0 copay	\$125 copay
Urgently Needed Services	\$0 copay	\$25 copay
Lab & Diagnostic Tests	Office/Lab: \$0 copay; Outpatient: \$0 copay*	Office/Lab: \$0 copay; Outpatient: \$0 copay*
X-Rays/Advanced Imaging*	X-ray: \$0 copay Advanced Imaging: \$0 copay	X-ray: \$20 copay Advanced Imaging: \$175 copay
Hearing Services	Medicare Covered: \$0 copay. Routine: \$0 copay (1 Per Year). TruHearing Advanced: \$0 copay (2 Aids Every Year)	Medicare Covered: \$25 copay. Routine: \$0 copay (1 Per Year). TruHearing Advanced: \$0 copay (2 Aids every 3 years)
Dental Services	Medicare Covered: \$0 copay. Routine Office Visit: \$0 copay (1 per six months). Routine X-rays: \$0 copay (1 per year). Comprehensive*: 0% coinsurance with a maximum \$8,000 allowance (preventive and comprehensive combined) (per year). See the EOC for full benefits.	Medicare Covered: \$25 copay. Routine Office Visit: \$0 copay (1 per six months). Routine X-rays: \$0 copay (1 per year). Comprehensive*: 0% coinsurance with a maximum \$3,500 allowance (comprehensive services) (per year). See the EOC for full benefits.
Vision Services	\$0 copay for one routine eye exam per calendar year. \$600 eye wear allowance towards the purchase of frames or contact lenses. \$0 copay for standard lenses. \$0 copay limited lens upgrades. Plan restrictions apply.	\$0 copay for one routine eye exam per calendar year. \$200 eye wear allowance towards the purchase of frames or contact lenses. \$0 copay for standard lenses.
Mental Health Services	Inpatient: \$0 copay per admit*; Outpatient: \$0 copay	Inpatient: Days 1-6; \$250 copay per day per admit & days 7-90 \$0 copay per admit*; Outpatient: \$25 copay
Skilled Nursing Facility*	\$0 copay/day (days 1-20), \$0 copay/day (days 21-100)	\$0 copay/day (days 1-20), \$214 copay/day (days 21-100)
Physical Therapy*	\$0 copay	\$20 copay
Ambulance (per one-way trip)*	Emergent/Non-Emergent: \$0 copay	Emergent/Non-Emergent: \$250 copay
Transportation	\$0 copay, 76 one-way health-related trips to plan approved locations. Option to use 24 of 76 trips for non-health related services	\$0 copay, 30 one-way health-related trips to plan approved locations
Medicare Part B Drugs ^{†*}	0% coinsurance	\$35 for Part B Insulin. 20% coinsurance of the total cost for chemotherapy and other Part B prescription drugs.
OTC	Included in Flex Card allowance	Included in Flex Card allowance
Flex Card	\$263 combined allowance per month for healthy groceries, utilities, OTC and home & bathroom safety items	\$82 combined allowance per month for healthy groceries, utilities, OTC and home & bathroom safety items
Durable Medical Equipment*	0% coinsurance	\$0 copay for diabetic supplies and diabetic shoes or inserts. 20% coinsurance for all other DME.
Eligibility Requirements	<ul style="list-style-type: none"> • Must have Medicare Parts A and B • Must be enrolled in one of the following Medicare Savings Programs offered by Medicaid for individuals with limited income and resources FDBE, QMB+, SLMB+, or QMB • Live within our service area 	<ul style="list-style-type: none"> • Must have Medicare Parts A and B • Must be enrolled in one of the following Medicare Savings Programs offered by Medicaid for individuals with limited income and resources SLMB or QI • Live within our service area
Formulary	Covered	Covered

Highmark Wholecare Medicare Assured Diamond		
D R U G	Deductible	\$0
	Initial Coverage	You pay \$0 per prescription
	Catastrophic Coverage	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Highmark Wholecare Medicare Assured Ruby		
D R U G	Deductible	\$0
	Initial Coverage	You pay \$0 per prescription
	Catastrophic Coverage	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.

- *Indicates a service that requires prior authorization.
- **Indicates a service that requires prior authorization for non-emergent trips. ASC¹=Ambulatory Surgery Center
- †Certain rebatable drugs may be subject to a lower coinsurance. Insulin cost sharing is subject to a coinsurance cap of \$35 for a one-month's supply of insulin.

This information is not a complete description of benefits. Please visit highmark.com/wholecare/medicare for a full listing of our 2025 Medicare benefits.

TruHearing is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing-aid benefit.

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 Whoolecare").

This document is to be used for physicians and provider purposes only and is not approved for distribution to patients or members.