

Quick Guide to Your Medicaid Benefits

Medical | Dental | Hearing | Vision | Prescription Drug | Behavioral Health | And More



Diamond State Health Plan Plus Long-Term Services and Supports (LTSS)



Because Life.™



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

[HighmarkHealthOptions.com](https://www.HighmarkHealthOptions.com)

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Learn About Your Benefits.

This Quick Guide includes a list of all your benefits and helpful details about how to get the most out of them.

Find full benefit details online in the Member Handbook.



Thank You for Choosing Highmark Health Options

Look to us for Medicaid coverage and managed care—plus so much more, even when you’re not sick.

Our coverage goes beyond the basics so you can live your best life. The basics include care for your physical and mental well-being—all from the doctors, hospitals, and pharmacies you need.

Some of the benefits that Highmark Health Options covers are “extra” benefits. This means they are not the standard benefits that all Medicaid plans cover.

With Highmark Health Options, you can:

- **Have more adult coverage:** For eyeglasses or contact lenses and hearing aids.
- **Earn rewards:** By having certain exams and health screenings, and by completing wellness classes and healthy activities.
- **Connect with us:** With a free smartphone (one per household). Your calls and texts to us are always free and won’t affect your plan balance.
- **Get where you need to go:** With free transportation to the pharmacy, grocery store, community events, health and wellness activities, and more. This is in addition to the transportation benefit that supplies rides to doctor visits.
- **And more:** See the list of extra benefits.



Ask for a Care Coordinator to learn how Highmark Health Options can work for you. Start by calling Member Services.

If you cannot see or read information that Highmark Health Options sends you, call Member Services. We can send you information in a different way, including large print, audio, or Braille. We can also give you information in a different language. These services are free.

Si usted no puede ver o leer las cartas que le envía Highmark Health Options, llámenos servicios a los miembros. También podemos darle información en español o en otro idioma. Highmark Health Options puede enviarle cartas de una manera diferente, incluyendo letra grande, audio o Braille. Estos servicios son gratuitos.

Here for You

Call when you need help or information. We're here for you.



Call Us

If you have questions about your benefits, call Member Services at **1-844-325-6251**, Monday–Friday, 8 a.m.–8 p.m.

- TTY callers should dial **711** or **1-800-232-5460**.
- Para asistencia en español llame al **1-844-325-6251**.
- For free language translation services, call **1-844-325-6251**.



Visit Us Online

Here are some of the things you can do at [HighmarkHealthOptions.com](https://www.highmarkhealthoptions.com):

- Find a new doctor or pharmacy. In the upper right corner of the homepage, click Find Care in Your Area to reach the Provider Directory.
- Sign in to myHHO, which is all about you. You can use myHHO to schedule an online visit with a care provider, look up your claims information, fill out forms, update your contact information, and much more. Use the login button on the homepage to enter myHHO.
- See the full Member Handbook as well as all Here for You newsletters.
- Search the Health Library to learn more about your health conditions.
- File an appeal or grievance.
- Plus much more.



Look for Us

We plan and attend community events. And we do so much more to provide what you need, right where you live. With the Food Bank of Delaware, we organize food distribution events in your county. With the YMCA, we provide wellness classes for diabetes prevention and healthy weight.



[Watch this short video](#) to find out about Highmark Health Options in Delaware.

Follow us on Facebook to learn what we'll be doing in your neighborhood.

Get Started

Your Highmark Health Options ID card and primary care provider (PCP) are important.

Your ID Card

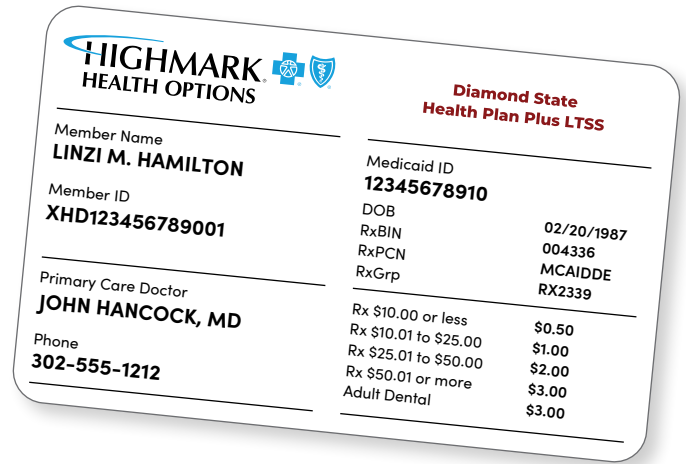
Your ID card was mailed to you. Call Member Services if you did not get it. Every member of your family enrolled with Highmark Health Options will have an ID card.

Your PCP is your family doctor. Make sure the PCP listed on your ID card is the one you want. Call Member Services if the PCP on your ID card is not the PCP you want. Check other information on the ID card to make sure it is right, too.

Call Member Services right away if:

- Your ID card gets lost or stolen.
- You have not received your ID card.
- Any of the information on your ID card is wrong.

Call the phone numbers on the back of your ID card when you need help or information.



Important: Always keep your Highmark Health Options ID card and Delaware Medicaid card with you. Show both cards every time you need health care services.



Your PCP

Your PCP is your family doctor. You must choose a PCP. You can have the same PCP for your whole family, or you can have a different PCP for each person in your family. The choice is yours. To schedule a PCP visit, call the PCP phone number on the front of your ID card.

Your PCP is usually the first person you call when you need health care. You can call your PCP 24 hours a day, seven days a week. After office hours, your call will go to an answering service. You can leave your name and phone number. Your PCP or an on-call doctor will call you back.

Your PCP knows the most about you and will:





- Provide office visits when you're sick and routine care to help you stay well. Routine care includes wellness exams, screenings, vaccinations, and prescription drug refills and changes.
- Manage other kinds of care and hospital stays. If you need care that your PCP does not provide, your PCP may schedule a visit with a specialist. This is called a referral. A specialist focuses on a specific health issue. For example, a heart doctor, skin doctor, or someone who does surgery.
- Ask for prior authorization for some services. We will look at all the medical facts given to us to decide if a requested service is the best care for you.



You can request a new PCP anytime. Call Member Services if you want to change your PCP.

Know Where to Get Care

This care chart will walk you through your options. Here's where to go based on symptoms, location, and hours of operation.

<h2>Online Doctor Visits</h2>  <p>Get care online for at-home treatment of common symptoms:</p> <p>Cold and flu</p> <p>Earaches</p> <p>Sinus infections</p> <p>Mental health: Talk therapy and psychiatry</p> <p>Access 24/7 with HHOontheGo.com</p>	<h2>Doctor's Office</h2>  <p>Get in-person care for routine checkups and chronic conditions:</p> <p>Ear, throat, and urinary tract infections</p> <p>Stomach issues</p> <p>Diabetes</p> <p>Mental health: Talk therapy and psychiatry</p> <p>Monday–Friday, 9 a.m.–5 p.m.</p>	<h2>Urgent Care</h2>  <p>Get in-person care for urgent conditions that are not life-threatening:</p> <p>Sprains and strains</p> <p>Asthma/breathing conditions</p> <p>Flu or cold with fever</p> <p>Moderate allergic reactions and rashes</p> <p>Mornings, evenings, and weekends</p>	<h2>Emergency Room (ER)</h2>  <p>Get in-person care for serious or life-threatening problems:</p> <p>Difficulty breathing</p> <p>Uncontrolled bleeding</p> <p>Severe injury</p> <p>Mental health: Severe depression and suicidal thoughts</p> <p>Open 24/7</p>
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Ask a nurse about the kind of care you need. Call the 24-Hour Nurse Line at **1-844-325-6251 (TTY: 711 or 1-800-232-5460)**.

If you're having a medical emergency, call **911**.

If you're having a mental health emergency, call **988**.



Online Care

If you can't get to your doctor's office or need help before you can get an appointment, use the HHO on the Go app, wherever you are. It's available 24/7. Talk to a provider right away for urgent medical care. Or schedule time for mental health care.

Sign up now so you're all set when you need help. Get the app on the Apple App Store or Google Play. Register on the app or register online at [HHOontheGo.com](https://www.hhoonthego.com).

Note: The HHO on the Go doctor is not the same as your PCP. Some PCPs also offer online care. Call your PCP to ask.

Out-of-Network Care

If you need care from an out-of-network provider, your PCP can call us to request out-of-network coverage. If we find a provider or hospital in the network, we will let your PCP know. If network care is not available, Highmark Health Options will cover out-of-network care for as long as you cannot get network services.

Care Outside Your Area

If you're out of the service area and have a medical emergency, such as a heart attack or car accident, go to the nearest emergency department. Call your PCP as soon as possible.

No Coverage Outside the U.S.

If you're outside the U.S. and need medical care, Highmark Health Options will not cover any services you receive. Medicaid cannot pay for any health care services you get outside the U.S.

Extra Benefits from Highmark Health Options

Extra Medicaid Benefits	Details
Benefits for expecting and new moms	<ul style="list-style-type: none"> • MOM Options program for expecting moms who have regular exams before baby’s birth. Rewards include choice of infant car seat, stroller, Pack ‘n Play, or Baby Shower in a Box. • Essentials diaper bag packed with diapers and more for the new baby. The bag is also a changing pad. Provided by Care Coordination. • Free use of the Pacify app for video visits and calls, 24/7. No appointment needed. Experts answer in 5 minutes or less. Users can ask about breastfeeding, formula feeding, pumping, weaning, adding solid foods, crying and colic, and teething. Plus look up these topics on the app. • Free maternity classes in the community.
Diabetes Prevention Program	Age 18 and older: A one-year program from Highmark Health Options and the YMCA of Delaware for members who qualify. Can be done in person or online.
Digital bathroom scale	Age 20 and older: Covered for adults with specific heart conditions enrolled in the Disease Management program for chronic conditions.
Eyeglasses and contact lenses	Age 21 and older: Covers choice of select eyeglass frames or contact lenses. (See Standard Benefits for age 20 and younger.)
GED Voucher Program	Age 18 and older: Covers the cost of GED testing through a voucher program.
Healthy Rewards Program	Provides the chance to earn rewards of \$10–\$25 for activities like wellness visits and screenings. Rewards are put on a Healthy Rewards card that can be used like a credit card. And rewards add up. Sign up online.
Healthy Transitions meal delivery	Provides free meal delivery to the home for qualified members who have had a recent hospital stay.
Hearing aids	Age 21 and older: Covers one hearing aid per ear every two years, and batteries for one year. (See Standard Benefits for age 20 and younger.)
LEAN Program	Age 18 and older: A 12-week program from Highmark Health Options and the YMCA of Delaware to help members eat healthier, move more, and lose weight.
SafeLink Smartphone Program	Provides a free smartphone to members who qualify. Includes free minutes to call Highmark Health Options.
Transportation services (provided by American Logistics)	Provides free rides for adults and children who qualify to the grocery store, food bank, pharmacy, employment centers, and more. (Free rides to health care visits are provided by Modivcare. See Standard Benefits, nonemergency transportation.)

LTSS Benefits

LTSS Benefits	Details
Adult day services*	Community-based supervised and personal care during the day.
Attendant care*	Help with activities of daily living.
Cognitive services*	Counseling and therapy for members and their families. Limited to 20 visits per year plus an assessment.
Community-based residential alternatives	Homelike residential setting that offers support services, and social and recreational programs.
Day habilitation	Help with learning and development skills to aid in independence inside and outside the home.
Home-delivered meals*	Two meals delivered per day.
Independent activities of daily living*	Help with cooking, cleaning, shopping, and more.
Minor home modification*	Changes to the home to help independence. Limits are per project, per year, and per lifetime.
Nursing facility	Includes skilled nursing, rehabilitation, and health care.
Nutritional supplements for HIV/AIDS*	Oral supplements for those with weight loss and malnutrition.
Personal emergency response system*	Personal electronic device that provides 24-hour access in case of emergency.
Respite care	Personal care at home, an assisted living facility, or nursing home so a caregiver may rest. Limited to 14 days per year.
Self-directed attendant care	Support for individual authority over decision-making for care services.
Specialized medical equipment	Helpful items, such as grabbers. Only for items not covered under the State plan.
Nursing facility transition services and workshops	Help with relocation costs up to \$2,500.

*Not offered to people living in assisted living or nursing facilities.

Standard Benefits from Highmark Health Options

Standard Medicaid Benefits	Details
Allergy testing	Covered
Ambulance services	Covered
Ambulatory surgical centers	Covered
Behavioral health (mental health) and substance use treatment, outpatient care	<ul style="list-style-type: none"> • Age 18 and older: Covered • Age 17 and younger: Covered for 30 outpatient hours per year. Additional outpatient hours are covered through the Department of Services for Children, Youth, and Their Families (DSCYF). • Note: For those participating in PROMISE, services are covered through the State.
Behavioral health (mental health) and substance use treatment, inpatient care	<ul style="list-style-type: none"> • Age 18 and older: Covered • Age 17 and younger: Covered through the Department of Services for Children, Youth, & Their Families (DSCYF).
Blood and plasma products	Covered
Bone density screening	Covered
Cancer screening	Covers screenings for: <ul style="list-style-type: none"> • Breast cancer (mammogram) • Cervical cancer (Pap test) • Colorectal cancer (colonoscopy) • Prostate cancer
Care coordination services and care management	Covered
Chemotherapy and radiation	Covered
Chiropractic care	Covers diagnostic imaging and manipulation of the spine to reduce neck, back, pelvis, and sacrum pain. Also covers services to reduce pain and help healing, such as acupuncture and massage.
Dental care	<ul style="list-style-type: none"> • Age 21 and older: Covers preventive and corrective dental care with \$1,000 limit, excluding removal of bony impacted wisdom teeth. Additional \$1,500 may be approved for emergency care. \$3 copay. • Age 20 and younger: Covers preventive and corrective dental care with no yearly limit, excluding removal of bony impacted wisdom teeth. Includes braces and retainers. \$0 copay. <p>Note: Removal of bony impacted wisdom teeth is covered under the Highmark Health Options medical benefit.</p>

Diabetes care	Covers education, equipment, and supplies, including blood glucose monitors and strips.
Dialysis	Covered
Doula care	Covers all aspects of pregnancy, including prenatal care, childbirth, postpartum care, and pregnancy losses like miscarriage and stillbirth.
Durable medical equipment and supplies	Covers equipment and supplies ordered by a doctor, including bed liners and diapers for those age 4 and older.
Emergency department care	Covered
Eye exam, routine visit	Covers one routine exam each year.
Eye exam, sick visit	Covers sick visits for conditions such as diabetic retinopathy, glaucoma, and infections.
Eyeglasses and contact lenses	Age 20 and younger: One pair of eyeglasses or contact lenses per year, limitations apply. (See Extra Benefits, above, for age 21 and older.)
Family planning services	<ul style="list-style-type: none"> • Covers network or out-of-network services for DSHP members. • Covers services from network providers for DHCP members. Does not cover services from out-of-network providers for DHCP members.
Federally qualified health centers	Covered
Genetic testing	Covered
Glaucoma screening	Covered
Gynecology visit	Covers pelvic exam and Pap test.
Hearing aids and batteries	Age 20 and younger: Covered (See Extra Benefits, above, for age 21 and older.)
Hearing exams	Covered
HIV/AIDS testing	Covered
Home health care	Covered
Hospice care	Covers hospice care in a facility or at home.
Hospital care	<p>Covers inpatient care, including inpatient rehabilitation, and outpatient care.</p> <p>Note: As described in the behavioral care inpatient entry, services for those age 17 and younger are covered through the Department of Services for Children, Youth, & Their Families (DSCYF).</p>
Imaging services	Covers diagnostic imaging services: X-rays; CT, PET, MRI, and SPECT scans; and nuclear studies.

Infusion therapy	Covers inpatient and outpatient services.
Lab services	Covers diagnostic tests, such as blood tests.
Long-term services and supports	Covered for DSHP Plus LTSS.
Maternity care	Covers care before, during, and following birth. Also covers childbirth and parenting education.
Nonemergency transportation	Covered by the State for rides to health care visits via Modivcare.
Nursing home care	Covered up to 30 days per year; additional days are considered long-term care. Apply to the Delaware Medical Assistance Program for long-term care.
Observation	Covered
Online medical visits	Covers virtual visits at HHO on the Go website or app. Available 24/7. <ul style="list-style-type: none"> • All ages: Urgent care. • Age 18 and older: Therapy and psychiatry.
Opioid addiction treatment	Covers medication-assisted therapy.
Organ transplant	Covers transplant and evaluation before transplant.
Orthopedic shoes	Covered*
Outpatient surgery	Covers same-day and ambulatory surgery.
Pain management	Covered
Personal care	Covers services provided by aides in the home.
Physical, speech, and occupational therapy	Covers outpatient services.
Podiatry care	Covers routine podiatry care for people with diabetes or blood flow problems in the legs.
Prescription drugs	Covers medicine prescribed by a doctor. A 90-day supply is available for some medicines for chronic conditions.
Primary care provider visits	Covers doctor office visits, checkups, and sick visits.
Private duty nursing	Covered with prior authorization.
Prosthetics and orthotics	Covered*
Respite care (pediatric)	Age 20 and younger: Covers short-term services so a child's regular unpaid caregiver can take time away. The covered benefit is for a total of 285 hours or 15 days per year. Respite care can either be at home or outside the home (for example, at a center). Emergency respite is a maximum of six 72-hour episodes per year. Note: This benefit is no longer provided by the Department of Education.

School-based wellness centers	Covered
Second opinion	Covers advice from a second doctor to compare with the advice of another doctor.
Self-directed attendant care	Age 20 and younger: Covered for children who receive personal care services. Includes help with activities of daily living, as directed by a parent or other adult. Limit of 40 hours of care per week.
Skilled nursing facility	Covers nursing home care up to 30 days per year.
Sleep apnea study	Covered
Specialist visits	Covers care from a doctor who has special training for a specific condition or illness.
Stop-smoking help	Covered by Quitline. Available in person and online.
Surgery	Covers inpatient and outpatient surgery.
Urgent care/Walk-in care clinics	Covers care or medical treatment needed within 48 hours. Not an emergency.
Well-baby and well-child visits, vaccinations	Covers care for children with Medicaid coverage through the Early and Periodic Screening, Diagnostic, and Treatment program (EPSDT).
Wheelchair rental	Requires prior authorization.

*Requires prior authorization if cost is more than \$500.

Benefits That Are Not Covered

Benefits	Details
Abortion	Covered only in cases of incest, rape, or threat to the mother's life.
Acupuncture	Unless provided by a chiropractor.
Care from Christian Science providers and sanitariums	
Cosmetic services	
DESI drugs*	
Infertility treatments	
Sterilization for those age 20 and younger	

***Drug Efficacy Study Implementation (DESI):** A Food and Drug Administration (FDA) program that requires that all drugs be effective as well as safe. Drugs coded as DESI are not covered by the Medicaid program.



DSHP Plus LTSS Benefits

Your benefits cover long-term services and supports (LTSS).

This includes facility-based care and home- and community-based services. You will have a care plan that describes the services and care you need.

You Have Options

If you qualify for nursing home care, you can choose to be cared for:

- In a nursing home.
- In another place in the community (for example, assisted living).
- In your home with home- and community-based services if your needs can be met safely and effectively.
- With self-directed attendant care. This means hiring and managing your own caregiver. As the employer, you have more control over the employee who provides your care and how your care is given.
- With an unpaid Employer Representative. This is a family member, friend, or someone close to you who is dependable and can direct your care.

Your Case Manager

As part of your Highmark Health Options benefits, you will have a Case Manager. Your Case Manager is the first person you should go to if you have questions or concerns.

Your Case Manager will:

- Tell you about your benefits and answer your questions.
- Give information to help you make good choices about your health care.
- Help you get the right long-term services and supports in the right setting.
- Coordinate all your physical, mental, and long-term care service and support needs.
- Contact you when you are in the hospital and when you go home.
- Help solve issues you may have about your care.
- Make sure your care plan is followed and is working for you.
- Be aware of your changing needs and update your care plan.
- Talk with your doctors about your health needs and care.
- Talk with your doctors to arrange services.

If you have nursing home care, your Case Manager will:

- Work with the nursing home to be part of your care planning. This includes being part of the nursing facility care plan conferences.
- Find ways to help manage your health care plan using your Highmark Health Options benefits.
- Work with the nursing home when you need services the nursing home is not responsible for providing.
- Have face-to-face visits with you at least every 180 calendar days.
- Determine if you can move from the nursing home to the community.
- Help plan a safe move.

If you have home care or reside in an assisted living facility, your Case Manager will:

- Assess your needs and the best services for you.
- Work with you to make your care plan.
- Involve the right health care providers when making your care plan.
- Make sure your care plan is followed and working well for you.
- Help you find providers in our network.
- Make sure you're getting what you need and help fix any gaps in care.
- Give you information about community resources that might be helpful to you.
- Meet with you face-to-face at least every 90 calendar days.
- Check at least once per year to make sure you meet the criteria for LTSS services.

Help During and After a Hospital Stay

Your Case Manager can help when you're in the hospital and after you go home.

When you're in the hospital, your Case Manager will call you to:

- Answer questions you may have about going home.
- Remind you to ask about medicines before leaving the hospital.
- Remind you to schedule a follow-up doctor visit.



After you get home from the hospital, your Case Manager will call you to:

- Review your discharge orders with you.
- Talk about your medicines.
- Help you make a list of questions for your doctor.
- Help you arrange a ride to a follow-up doctor visit, if needed.

After your follow-up visit to your doctor, your Case Manager will call you to:

- Talk about the doctor's orders.
- Talk about your medicines.

Note: Covered LTSS services do not replace services that are paid for by Medicare or other insurance.



Dental, Hearing, and Vision Benefits

Highmark Health Options covers dental, hearing, and vision care for adults and children.



Dental Benefit

Adults (age 21 and older):

Your dental benefit includes \$1,000 coverage each year. More coverage (up to \$1,500) may be approved for emergency dental care. You have coverage for exams, cleanings, periodontics, preventive services, and denture repair. Your copay is \$3. Dentures are not covered as part of this benefit. Call Member Services or search the Provider Directory to find a dentist.

Children (age 20 and younger):

Your child's dental benefit does not have yearly limits for dental care. Your copay is \$0, and you don't need a referral to see a dentist. Coverage for children includes exams, cleanings, fillings, root canals, braces, and retainers.

Note: Removal of bony and impacted wisdom teeth is covered by your medical benefit.



Hearing Benefit

Adults (age 21 and older):

Your hearing benefit includes a routine exam and one hearing aid for each ear every two calendar years, as needed, with no copay. Select from six brands of hearing aids. Also included: ear molds and fittings, 60-day trial period, 1-year supply of batteries, and 3-year manufacturer's warranty for repairs and maintenance. Call **1-877-759-3272** to talk with a hearing consultant and schedule a visit.

Children (age 20 and younger):

Your child's hearing benefit includes hearing exams, hearing aids, and batteries.



Vision Benefit

Adults (age 21 and older):

Your vision benefit includes an annual eye exam with no copay. Coverage also includes disposable or extended-wear contact lenses or a choice of eyeglass frames with clear plastic prescription lenses. Call Member Services or search the Provider Directory to find an eye doctor.

Children (age 20 and younger):

Your child's vision benefit includes one pair of glasses or contact lenses per year. If your child's glasses are broken and need repair or replacement, take the glasses to the store where you bought them. The store will repair or replace your child's glasses.



Prescription Drug Benefits

Highmark Health Options uses a list of prescription drugs approved by Delaware Health and Social Services for people with Medicaid. This is called the preferred drug list. Other approved medicines appear on the supplemental drug list.

There are many pharmacies in the Highmark Health Options network. Always use a network pharmacy to fill and refill your prescriptions. You can call or visit any network pharmacy to request a refill. Call Member Services or search the Provider Directory to find a network pharmacy.

Request a 90-Day Supply

Do you take a prescription drug for a long-term condition? You may be able to get a 90-day supply instead of a 30-day supply. This means you only need to refill your prescription four times a year. Go to our website to find the list of medicines that are covered for a 90-day supply.

Maternity Benefits

We're here for you before and after your baby is born.

It's very important to pay attention to your health during this time of change. Be sure you see your doctor within 14 days of becoming aware you are expecting. See your doctor regularly before and after your baby is born for prenatal and postnatal exams.

Maternity care is covered under your standard Medicaid benefits. In addition, Highmark Health Options provides extra benefits that are not standard Medicaid benefits.

Standard maternity benefits include:

- Office visits and tests before your baby is born.
- Your hospital stay and care when you have your baby.
- Office visits and tests after your baby is born.

Extra maternity benefits from Highmark Health Options include:

- MOM Options program for expecting moms who have regular exams before baby's birth. Rewards include choice of infant car seat, stroller, Pack 'n Play, or Baby Shower in a Box.
- Free use of the Pacify app for video visits and calls, 24/7, for expert help with breastfeeding, formula feeding, pumping, weaning, and more.
- Essentials diaper bag packed with diapers and more for your new baby.
- Free maternity classes in the community.

Note: Your benefit also includes family planning. See the list of standard benefits.



Depend on Your Care Coordinator

Your maternity benefit includes a Care Coordinator, one person you can talk to when you're expecting and after your baby is born. A Care Coordinator is a nurse or social worker who can answer your questions, help you plan doctor visits, find community services, and more. Ask your Care Coordinator to enroll you in the MOM Options Program.

Find Help Through Community Services

The Highmark Health Options Community Support online platform can connect you with local programs and resources based on your needs and location.

Our free, anonymous search feature can help you with:

- Food
- Goods
- Housing
- Work
- Education
- Transit
- Legal aid
- Financial assistance
- Care and support services



Start searching for resources by visiting **HMHealthOptions.FindHelp.com** and entering your ZIP code.

You Are Not Alone

Every day hundreds of people across Delaware turn to 211 for information and support—whether financial, domestic, health, or disaster-related. Get connected with 24/7 help by dialing **2-1-1**. Or text your ZIP code to **898-211**. Online chat is also available at **Delaware211.org**. A trained specialist will help you. 211 is free and confidential.

Earn Healthy Rewards

Healthy Rewards is one of your Highmark Health Options benefits. You can earn rewards when you complete certain healthy activities.

After you've signed up, you'll get a Healthy Rewards card in the mail. You can use your card like a credit card at most retail stores.

Reward activities can include:

Reward Activity	Amount
Lead screening (up to age 24 months)	\$5
Flu shot for babies (ages 6 months to 24 months)	\$5 per shot/2 shots total
Annual well-child visit (ages 3-20)	\$10
Annual wellness visit (age 21 and older)	\$10
Doctor visit after giving birth (up to 84 days after delivery)	\$10
Well-baby visits (through age 15 months)	\$10 per visit/up to 6 visits
Well-baby visits (age 15 months to 30 months)	\$10 per visit/up to 2 visits
Asthma controller medicine (age 18 and younger)	\$15 per fill/up to 6 fills
A1c test for people with diabetes	\$15
Retina exam for people with diabetes	\$15
Doctor visit after leaving the hospital (within 7 days)	\$20
Breast cancer screening	\$25
Cervical cancer screening	\$25
Colorectal cancer screening	\$25



To sign up and see the rewards you can earn, visit My.TheraPayRewards.com/HHO, call 1-866-469-7973 (TTY: 711), Monday–Friday, 8 a.m.–8 p.m., or scan the QR code.





Highmark Health Options complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation. Highmark Health Options does not exclude people or treat them differently because of their race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

Highmark Health Options provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in a different way, including large print, audio, and Braille.

Highmark Health Options provides free language services to people whose primary language is not English, such as:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact Highmark Health Options Member Services at 1-844-325-6251 (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m.

If you believe that Highmark Health Options has failed to provide these services or discriminated against you in another way because of your race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation, you can file a complaint with Highmark Health Options or the Delaware Division of Human and Civil Rights by mail, phone, or web form.

Highmark Health Options
Attn: Appeals and Grievances
P.O. Box 106004
Pittsburgh, PA 15230
1-844-325-6251

Division of Human and Civil Rights
861 Silver Lake Blvd., Suite 145
Dover, DE 19904
302-739-4567
hho.fyi/ea-intake

If you need help filing a complaint, Highmark Health Options and the Division of Human and Civil Rights are 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 online at OCRPortal.hhs.gov, and by mail, phone, or email:

U.S. Department of Health and Human Services
200 Independence Avenue SW
HHH Building Room 509F
Washington, DC 20201
1-800-368-1019 (TTY: 1-800-537-7697)
OCRMail@hhs.gov

A printable version of the complaint form is available at hho.fyi/complaint-form.

Attention: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

Atención: Si usted habla español, se encuentran disponibles servicios de asistencia con el idioma sin costo alguno para usted. Llame al número que figura al dorso de su tarjeta de identificación (TTY: 711).

注意：如果您会说英语，则可以免费获得语言协助服务。请拨打您身份证背面的号码（TTY：711）。

Atansyon: Si w pale anglè, sèvis asistans nan lang, gratis, disponib pou ou. Rele nimewo ki sou do kat idantite w la (TTY: 711).

Attention: Si vous parlez français, des services d'assistance linguistique vous sont offerts gratuitement. Veuillez appeler le numéro qui se trouve au verso de votre carte d'identification (TTY : 711).

ध्यान दें: यदि आप अंग्रेजी बोलते हैं, तो भाषा सहायता सेवाएँ आपके लिए निःशुल्क उपलब्ध हैं। अपने आईडी कार्ड के पीछे दिए गए नंबर (TTY: 711) पर कॉल करें।

Pansin: Kung nagsasalita ka ng Ingles, ang mga serbisyo ng tulong sa wika, na walang bayad, ay magagamit mo. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

פּמערקאַמאַקייט: אויב איר רעדן ענגליש, שפּראַך הילף באַדינונגס זענען באַרעכטיגט פֿאַר איר. רופן דעם נומער אויף די צוריק פּון (TTY: 711).

Akiyesi: Ti o ba so Geɛsi, awon işe iranlowo ede, laisi idiyele, wa fun o. Pe nomba ti o wa ni ehin kaadi ID re (TTY: 711).

ધ્યાન આપો: જો તમે અંગ્રેજી બોલો છો, તો ભાષા સહાય સેવાઓ, તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. તમારા ID કાર્ડની પાછળના નંબર પર કોલ કરો (TTY: 711).

(TTY: 711) تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل بالرقم الموجود على ظهر بطاقة الهوية الخاصة بك

கவனம்: நீங்கள் ஆங்கிலம் பேசினால், மொழி உதவி சேவைகள், உங்களுக்கு இலவசமாக கிடைக்கும். உங்கள் அடையாள அட்டையின் பின்புறத்தில் உள்ள எண்ணை அழைக்கவும் (TTY: 711).

Achtung: Wenn Sie Deutsch sprechen, steht Ihnen kostenlose Unterstützung in Ihrer Sprache zur Verfügung. Wählen Sie hierfür bitte die Nummer auf der Rückseite Ihrer Ausweiskarte (TYY: 711).

Makini: Ikiwa unazungumza Kiingereza, huduma za usaidizi wa lugha, bila malipo, zinapatikana kwako. Piga nambari iliyo nyuma ya kitambulisho chako (TTY: 711).

శ్రద్ధ: మీరు ఇంగ్లీష్ మాట్లాడితే, భాషా సహాయ సేవలు, ఉచితంగా, మీకు అందుబాటులో ఉంటాయి. మీ ID కార్డ్ వెనుక ఉన్న నంబర్కు కాల్ చేయండి (TTY: 711).

Chú ý: Nếu bạn nói tiếng Anh, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn có dành cho bạn. Gọi đến số ở mặt sau thẻ ID của bạn (TTY: 711).



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