



2023 Summary of Benefits

Texas

Wellcare Dual Liberty Nurture (HMO D-SNP)

H5294 | 010

Wellcare Dual Access Harmony (HMO D-SNP)

H5294 | 015

We know how important it is to have a health plan you can count on.

This is a summary of drug and health services covered by Wellcare Dual Liberty Nurture (HMO D-SNP) and Wellcare Dual Access Harmony (HMO D-SNP) from January 1, 2023 to December 31, 2023.

This booklet will provide you with a summary of what we cover and the cost-sharing responsibilities. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at www.wellcare.com/allwellTX. To request a copy, please call 1-844-917-0175 (TTY 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Who can join?

To enroll in one of our plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. To be eligible, the beneficiary must also be a United States citizen or are lawfully present in the United States.

Our plans and service areas:

H5294010000 Wellcare Dual Liberty Nurture (HMO D-SNP) includes these counties in Texas: Aransas, Armstrong, Atascosa, Bailey, Bandera, Bee, Bexar, Borden, Bosque, Briscoe, Brooks, Calhoun, Cameron, Castro, Cochran, Coke, Collin, Colorado, Comal, Crosby, Dallas, Denton, DeWitt, Dickens, Dimmit, Donley, Duval, Ector, El Paso, Ellis, Erath, Fayette, Fisher, Floyd, Garza, Gillespie, Glasscock, Goliad, Gonzales, Grayson, Grimes, Guadalupe, Hale, Hamilton, Hidalgo, Hill, Hockley, Hood, Hunt, Irion, Jack, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kent, Kimble, Kleberg, La Salle, Lamb, Leon, Limestone, Lubbock, Lynn, Martin, Mason, Maverick, McCulloch, McMullen, Medina, Mills, Mitchell, Navarro, Nolan, Nueces, Palo Pinto, Parker, Potter, Randall, Real, Refugio, Rockwall, San Patricio, San Saba, Shackelford, Smith, Somervell, Starr, Sterling, Swisher, Tarrant, Terry, Throckmorton, Uvalde, Van Zandt, Victoria, Webb, Willacy, Wilson, Wise, Zapata, and Zavala.

H5294015000 Wellcare Dual Access Harmony (HMO D-SNP) includes these counties in Texas: Aransas, Armstrong, Atascosa, Bailey, Bandera, Bastrop, Bee, Bexar, Blanco, Borden, Bosque, Briscoe, Brooks, Burnet, Caldwell, Calhoun, Cameron, Castro, Cochran, Coke, Collin, Colorado, Comal, Crosby, Dallas, Denton, DeWitt, Dickens, Dimmit, Donley, Duval, Ector, El Paso, Ellis, Erath, Fayette, Fisher, Floyd, Garza, Gillespie, Glasscock, Goliad, Gonzales, Grayson, Grimes, Guadalupe, Hale, Hamilton, Hays, Hidalgo, Hill, Hockley, Hood, Hunt, Irion, Jack, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kent, Kimble, Kleberg, La Salle, Lamb, Lee, Leon, Limestone, Lubbock, Lynn, Martin, Mason, Maverick, McCulloch, McMullen, Medina, Milam, Mills, Mitchell, Navarro, Nolan, Nueces, Palo Pinto, Parker, Potter, Randall, Real, Refugio, Rockwall, San Patricio, San Saba, Shackelford, Smith, Somervell, Starr, Sterling, Swisher, Tarrant, Terry, Throckmorton, Uvalde, Van Zandt, Victoria, Webb, Willacy, Williamson, Wilson, Wise, Zapata, and Zavala.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You must also be enrolled in the Texas Medicaid plan. Premiums, copayments, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive. Your Part B premium is paid by the State of Texas for full-dual enrollees. Please contact the plan for further details.

Understanding Dual Eligibility

Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Medicaid benefits are valuable because the state provides additional healthcare coverage and financial support based on your Medicare Savings Program (MSP) aid level. Medicaid coverage varies depending on the state and the type of Medicaid you have. What you pay for covered services may depend on your level of Medicaid eligibility. Some people with Medicaid get help paying for their Medicare premiums and other costs. Other people may also get coverage for additional services and drugs that are covered under Medicaid but not by Medicare.

Dual Eligible Special Needs Plan (DSNPs) are specialized Medicare Advantage plans that provide healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage. Beneficiaries must meet certain income and resource requirements with eligibility and scope of benefits offered determined by the state where the plan is offered.

Medicare Savings Program (MSP) Levels

- **Full-Benefit Dual Eligible (FBDE):** Medicaid may pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. Eligible beneficiaries also receive full Medicaid benefits.
- **Qualified Medicare Beneficiary (QMB):** Medicaid will pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. (Some people with QMB are also eligible for full Medicaid benefits (QMB+))
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid will absorb the cost of your Medicare Part B Premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+)
- **Qualified Individual (QI):** Medicaid will pay costs associated with Medicare Part B
- **Qualified Disabled Working Individual (QDWI):** Medicaid will pay costs associated with Medicare Part A

Note: Some MSP levels automatically qualify for “Extra Help” for Medicare prescription drug coverage assistance. Some states do not cover Parts A & B cost sharing.

What is “Extra Help?”

A Low Income Subsidy (LIS), also referred to as “Extra Help,” may be available to help you with Part D out-of-pocket expenses such as premiums, deductibles, coinsurance, or copayments. Many people qualify for the “Extra Help” Program and don’t even know it. Keep in mind that assistance may also depend on your Medicare Savings Program (MSP) level and your dual eligible status.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the number listed on the back cover of this document.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Health Maintenance Organizations (HMOs) are health care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to select a primary care provider (PCP) to coordinate care and if you need a specialist, the PCP will choose one who is also in our network.

Our plans give you access to our network of highly skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit www.wellcare.com/allwellTX. (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor our plan will be responsible for the costs.)

Our plans also include prescription drug coverage and access to our large network of pharmacies. Our plans use a formulary. Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand name drugs.

Which doctors, hospitals and pharmacies can I use? Wellcare Dual Liberty Nurture (HMO D-SNP) and Wellcare Dual Access Harmony (HMO D-SNP) have a network of doctors, hospitals, pharmacies, and other providers. With some plans if you use providers that are not in our network, your share of the costs for covered services may be higher.

You can see our plan's provider and pharmacy directory and for plans with prescription drug coverage, our complete plan Formulary (list of Part D prescription drugs) on our website at www.wellcare.com/allwellTX.

For more information, please call us at 1-844-917-0175 (TTY users should call 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones). Visit us at www.wellcare.com/allwellTX.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.

Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Service Area	<p>Our plans and service areas:</p> <p>H5294010000 Wellcare Dual Liberty Nurture (HMO D-SNP) includes these counties in Texas: Aransas, Armstrong, Atascosa, Bailey, Bandera, Bee, Bexar, Borden, Bosque, Briscoe, Brooks, Calhoun, Cameron, Castro, Cochran, Coke, Collin, Colorado, Comal, Crosby, Dallas, Denton, DeWitt, Dickens, Dimmit, Donley, Duval, Ector, El Paso, Ellis, Erath, Fayette, Fisher, Floyd, Garza, Gillespie, Glasscock, Goliad, Gonzales, Grayson, Grimes, Guadalupe, Hale, Hamilton, Hidalgo, Hill, Hockley, Hood, Hunt, Irion, Jack, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kent, Kimble, Kleberg, La Salle, Lamb, Leon, Limestone, Lubbock, Lynn, Martin, Mason, Maverick, McCulloch, McMullen, Medina, Mills, Mitchell, Navarro, Nolan, Nueces, Palo Pinto, Parker, Potter, Randall, Real, Refugio, Rockwall, San Patricio, San Saba, Shackelford, Smith, Somervell, Starr, Sterling, Swisher, Tarrant, Terry, Throckmorton, Uvalde, Van Zandt, Victoria, Webb, Willacy, Wilson, Wise, Zapata, and Zavala.</p> <p>H5294015000 Wellcare Dual Access Harmony (HMO D-SNP) includes these counties in Texas: Aransas, Armstrong, Atascosa, Bailey, Bandera, Bastrop, Bee, Bexar, Blanco, Borden, Bosque, Briscoe, Brooks, Burnet, Caldwell, Calhoun, Cameron, Castro, Cochran, Coke, Collin, Colorado, Comal, Crosby, Dallas, Denton, DeWitt, Dickens, Dimmit, Donley, Duval, Ector, El Paso, Ellis, Erath, Fayette, Fisher, Floyd, Garza, Gillespie, Glasscock, Goliad, Gonzales, Grayson, Grimes, Guadalupe, Hale, Hamilton, Hays, Hidalgo, Hill, Hockley, Hood, Hunt, Irion, Jack, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kent, Kimble, Kleberg, La Salle, Lamb, Lee, Leon, Limestone, Lubbock, Lynn, Martin, Mason, Maverick, McCulloch, McMullen, Medina, Milam, Mills, Mitchell, Navarro, Nolan, Nueces, Palo Pinto, Parker, Potter, Randall, Real, Refugio, Rockwall, San Patricio, San Saba, Shackelford, Smith, Somervell, Starr, Sterling, Swisher, Tarrant, Terry, Throckmorton, Uvalde, Van Zandt,</p>	

Services with an asterisk () may require prior authorization.
Services with a square (■) means a referral may be required.*

Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
	Victoria, Webb, Willacy, Williamson, Wilson, Wise, Zapata, and Zavala.	
Special Needs Plans Eligibility Criteria	H5294010000 includes (QMB+, SLMB+) and H5294015000 includes (QMB, QMB+, SLMB+). Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document	
Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive		
Monthly plan premium (includes both medical and drugs)	\$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.	\$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$8,300 in-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	\$8,300 in-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	Days 1-90: \$0 copay per admission. *	Days 1-90: \$0 copay per admission. *
Outpatient Hospital coverage Outpatient hospital services	\$0 copay for surgical and non-surgical services *	\$0 copay for surgical and non-surgical services *

Services with an asterisk () may require prior authorization.
Services with a square (▪) means a referral may be required.*

Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Outpatient hospital observation services	\$0 copay *	\$0 copay *
Ambulatory surgical center (ASC) services	\$0 copay *	\$0 copay *
Doctor Visits		
Primary Care Providers	\$0 copay	\$0 copay
Specialists	\$0 copay *	\$0 copay *
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu shots, Hepatitis B shots, Pneumococcal shots))	\$0 copay	\$0 copay
Emergency care	\$0 copay	\$0 copay

Services with an asterisk () may require prior authorization.
Services with a square (▪) means a referral may be required.*

Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Worldwide emergency coverage	\$95 copay Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.	\$95 copay Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.
Urgently needed services	\$0 copay	\$0 copay
Worldwide urgent care coverage	\$95 copay Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.	\$95 copay Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.
Diagnostic Services/Labs/Imaging	COVID-19 testing and specified testing-related services at any location are \$0.	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	\$0 copay *	\$0 copay *
Diagnostic tests and procedures	\$0 copay *	\$0 copay *

Services with an asterisk () may require prior authorization.
Services with a square (■) means a referral may be required.*

Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Outpatient X-rays	\$0 copay *	\$0 copay *
Diagnostic radiology services (e.g. MRI, CAT Scan)	\$0 copay *	\$0 copay *
Therapeutic Radiology	\$0 copay *	\$0 copay *
Hearing services Hearing Exam Medicare Covered	\$0 copay ▪ *	\$0 copay ▪ *
Routine hearing exam	\$0 copay ▪ * 1 exam every year	\$0 copay ▪ * 1 exam every year
Hearing Aids Hearing Aid Fitting/Evaluation(s)	\$0 copay ▪ * 1 fitting(s) / evaluation(s) every year	\$0 copay ▪ * 1 fitting(s) / evaluation(s) every year

Services with an asterisk () may require prior authorization.*

Services with a square (▪) means a referral may be required.

Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Hearing aid allowance All types	Up to a \$1,500 allowance per ear every year for hearing aids. \$0 copay ▪ * Limited to 2 hearing aid(s) every year	Up to a \$1,000 allowance per ear every year for hearing aids. \$0 copay ▪ * Limited to 2 hearing aid(s) every year
Additional Hearing Information	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
Dental services Preventive services Fluoride Treatment	\$0 copay * Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year \$0 copay * 1 every year	\$0 copay * Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year \$0 copay * 1 every year

Services with an asterisk () may require prior authorization.
Services with a square (▪) means a referral may be required.*

Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Comprehensive services Medicare-covered	\$0 copay for each Medicare-covered service *	\$0 copay for each Medicare-covered service *
Diagnostic Services	\$0 copay *	\$0 copay *
	1 diagnostic service(s) every year	1 diagnostic service(s) every year
Restorative Services	\$0 copay *	\$0 copay *
	3 restorative service(s) every 12 to 84 months depending on type of service	1 restorative service(s) every 12 to 84 months depending on type of service
Endodontics/ Periodontics/ Extractions	\$0 copay *	\$0 copay *
	1 endodontic service(s) per tooth 8 periodontic service(s) every 6 to 36 months depending on type of service 8 extraction(s) every 12 months	1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months depending on type of service 1 extraction(s) per tooth
Non-routine services	\$0 copay *	\$0 copay *
	1 non-routine service(s) every date of service to 60 months depending on type of service	1 non-routine service(s) every date of service to 60 months depending on type of service

Services with an asterisk () may require prior authorization.*

Services with a square (■) means a referral may be required.

Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	<p>\$0 copay *</p> <p>Prosthodontics - every 12 to 84 months depending on type of service. Oral/maxillofacial surgery - every 12 to 60 months or per lifetime depending on type of service. Dental implants - 2 implants (and related services) every 12 to 84 months depending on type of service. Other services - every 6 to 60 months depending on type of service.</p>	<p>\$0 copay *</p> <p>Prosthodontics - every 12 to 84 months depending on type of service Oral/maxillofacial surgery - every 12 to 60 months or per lifetime depending on type of service Other services - every 6 to 60 months depending on type of service</p>
Additional Dental Information	<p>What you should know: This plan provides dental services with no annual maximum allowance.</p>	<p>What you should know: This plan includes coverage of comprehensive services up to \$5,000 per plan year.</p>
<p>Vision Services Eye Exam Medicare Covered</p>	<p>\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams)</p> <p>▪ *</p>	<p>\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams)</p> <p>▪ *</p>
Routine eye exam (Refraction)	<p>\$0 copay</p> <p>▪ *</p> <p>1 exam every year</p>	<p>\$0 copay</p> <p>▪ *</p> <p>1 exam every year</p>

Services with an asterisk () may require prior authorization.
Services with a square (▪) means a referral may be required.*

Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Glaucoma screening	\$0 copay for each Medicare-covered service.	\$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	\$0 copay ▪ *	\$0 copay ▪ *
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	\$0 copay ▪ * Up to a \$600 combined allowance towards contacts and glasses (lenses and/or frames) every year.	\$0 copay ▪ * Up to a \$500 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services		
Inpatient visit	Days 1-90: \$0 copay per admission. *	Days 1-90: \$0 copay per admission. *
Outpatient individual therapy visit	\$0 copay *	\$0 copay *
Outpatient group therapy visit	\$0 copay *	\$0 copay *
Skilled nursing facility (SNF)	Days 1-100: \$0 copay per admission. *	Days 1-100: \$0 copay per admission. *

Services with an asterisk () may require prior authorization.*

Services with a square (▪) means a referral may be required.

Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Therapy and Rehabilitation Services		
Physical Therapy	\$0 copay *	\$0 copay *
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay *	\$0 copay *
Pulmonary rehabilitation services	\$0 copay	\$0 copay
Ambulance		
Ground Ambulance	\$0 copay *	\$0 copay *
Air Ambulance	\$0 copay *	\$0 copay *
Transportation Services	<p>Unlimited routine transportation trips to plan-approved health-related locations.</p> <p>\$0 copay (per one-way trip) *</p> <p>What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p>	<p>Unlimited routine transportation trips to plan-approved health-related locations.</p> <p>\$0 copay (per one-way trip) *</p> <p>What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p>

Services with an asterisk () may require prior authorization.*

Services with a square (■) means a referral may be required.

Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Medicare Part B Drugs		
Chemotherapy drugs	\$0 copay *	\$0 copay *
Other Part B drugs	\$0 copay *	\$0 copay *

Services with an asterisk () may require prior authorization.*

Services with a square (▪) means a referral may be required.

Prescription Drug Coverage	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Annual Prescription Deductible	\$0	
30-day or 90-day supply from retail network pharmacy		
All Covered Drugs	\$0 copay Some covered drugs limited to a 30-day supply	

Medicare approved Wellcare by Allwell to provide these benefits and/or lower copayments/co-insurance as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. If you have questions or need help understanding these benefits please call the number listed on the back cover of this Summary of Benefits.

Additional Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Chiropractic Services Medicare-covered	\$0 copay *	\$0 copay *
Acupuncture Medicare-covered	\$0 copay *	\$0 copay *
Podiatry Services (Foot Care) Medicare Covered	\$0 copay *	\$0 copay *
Routine Podiatry Services	\$0 copay * Unlimited visit(s) every year	\$0 copay * Unlimited visit(s) every year
Virtual Visits	<p>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.</p> <p>A virtual visit (also known as a telehealth consult) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device. For more information, or to schedule an appointment, call Teladoc at 1-800-835-2362 (TTY: 711) 24 hours a day, 7 days a week.</p>	
Home health agency care	\$0 copay *	\$0 copay *

Services with an asterisk () may require prior authorization.*

Services with a square (▪) means a referral may be required.

Additional Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Meals Post-Acute Meals	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ What you should know: You pay nothing for meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year. 	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ What you should know: You pay nothing for meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.
Chronic Meals	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ What you should know: You pay nothing for home delivered meals as part of a supervised program designed to transition members with specific chronic conditions to lifestyle modifications. Members receive 3 meals per day for up to 28 days, for a maximum of 84 meals per month. The benefit can be received for up to 3 months. 	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ What you should know: You pay nothing for home delivered meals as part of a supervised program designed to transition members with specific chronic conditions to lifestyle modifications. Members receive 3 meals per day for up to 28 days, for a maximum of 84 meals per month. The benefit can be received for up to 3 months.
Medical Equipment/Supplies Durable Medical Equipment (DME)	<p>\$0 copay</p> <p>*</p>	<p>\$0 copay</p> <p>*</p>

Services with an asterisk () may require prior authorization.*

Services with a square (▪) means a referral may be required.

Additional Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Prosthetics	\$0 copay *	\$0 copay *
Diabetic supplies	\$0 copay * Limitations may apply	\$0 copay * Limitations may apply
Diabetic therapeutic shoes or inserts	\$0 copay *	\$0 copay *
Opioid treatment program services	\$0 copay *	\$0 copay *
Over-the-Counter (OTC) Items	\$0 copay Maximum benefit is \$350 every three months to spend on plan-approved OTC items. Limitations may apply. At the end of each benefit period, any unused benefit dollars will expire.	\$0 copay Maximum benefit is \$325 every three months to spend on plan-approved OTC items. Limitations may apply. At the end of each benefit period, any unused benefit dollars will expire.

Services with an asterisk () may require prior authorization.*

Services with a square (▪) means a referral may be required.

Additional Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
	<p>What you should know:</p> <p>You can purchase eligible OTC items from participating CVS retail locations with your plan's Member ID Card or from the catalog by phone or online for home delivery.</p> <ul style="list-style-type: none"> - To place an order over the phone call: 1-866-528-4679, (TTY 711) - Order via the catalog online at www.cvs.com/otchs/allwell 	<p>What you should know:</p> <p>You can purchase eligible OTC items from participating CVS retail locations with your plan's Member ID Card or from the catalog by phone or online for home delivery.</p> <ul style="list-style-type: none"> - To place an order over the phone call: 1-866-528-4679, (TTY 711) - Order via the catalog online at www.cvs.com/otchs/allwell
<p>Wellness Programs</p> <p>Fitness</p>	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay Coverage includes: Activity Tracker and Physical Fitness</p> <p>What you should know:</p> <p>This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A fitness tracker may be selected as part of a home fitness kit.</p>	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay Coverage includes: Activity Tracker and Physical Fitness</p> <p>What you should know:</p> <p>This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A fitness tracker may be selected as part of a home fitness kit.</p>

Services with an asterisk () may require prior authorization.
Services with a square (■) means a referral may be required.*

Additional Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Additional sessions of smoking and tobacco cessation counseling	\$0 copay Limited to 5 visit(s) every year	\$0 copay Limited to 5 visit(s) every year
24-Hour Nurse Advice Line	\$0 copay	\$0 copay
Personal emergency medical response device (PERS)	\$0 copay	\$0 copay
<p>Special Supplemental Benefits for Chronically Ill (SSBCI) These supplemental benefits are only available to high-risk, chronically ill members who meet additional criteria for eligibility including: having documentation of an active diagnosis for one or more specific health conditions that is life threatening or significantly limits overall health or function AND being at high risk for hospitalization AND requiring intensive care management. Additional information, including qualifying conditions can be found in the Evidence of Coverage or by calling Member Services.</p>	<p>Non-Medical Transportation: You pay a \$0 copay for up to 36 non-medical one-way trips every year. Limitations apply.</p> <p>Helper Bees Care Concierge: You pay \$0 copay Provides a monthly allowance of 100 credits for plan-approved services. Limitations apply.</p> <p>Utility Flex Card: You pay \$0 copay Plan covers up to \$125 per month to help cover the cost of utilities for your home. Limitations apply.</p> <p>▪ *</p> <p>What you should know: Benefits mentioned may be part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify.</p>	<p>Non-Medical Transportation: You pay a \$0 copay for up to 36 non-medical one-way trips every year. Limitations apply.</p> <p>Helper Bees Care Concierge: You pay \$0 copay Provides a monthly allowance of 100 credits for plan-approved services. Limitations apply.</p> <p>Utility Flex Card: You pay \$0 copay Plan covers up to \$100 per month to help cover the cost of utilities for your home. Limitations apply.</p> <p>▪ *</p> <p>What you should know: Benefits mentioned may be part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify.</p>

Services with an asterisk () may require prior authorization.*

Services with a square (▪) means a referral may be required.

Additional Benefits

	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294, Plan 010	Wellcare Dual Access Harmony (HMO D-SNP) H5294, Plan 015
Flex Card	<p>\$1,000 yearly benefit</p> <p>What you should know:</p> <p>The flex card benefit is a debit card that may be used to cover out of pocket dental, vision or hearing costs. The flex card has a limit of \$250 for vision services. The remaining balance may be spent between dental and hearing services as you see fit.</p>	<p>\$750 yearly benefit</p> <p>What you should know:</p> <p>The flex card benefit is a debit card that may be used to cover out of pocket dental, vision or hearing costs. The flex card has a limit of \$250 for vision services. The remaining balance may be spent between dental and hearing services as you see fit.</p>
<p>Healthy Foods Card</p> <p>Medicare approved Wellcare to provide these benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. If you have questions or need help understanding these benefits please call the number listed on the back cover of this Summary of Benefits.</p>	<p>You receive an allowance of \$50 every month to spend on eligible grocery products at participating retailers.</p> <p>This allowance does not carry over to the next month.</p>	<p>You receive an allowance of \$25 every month to spend on eligible grocery products at participating retailers.</p> <p>This allowance does not carry over to the next month.</p>

Services with an asterisk () may require prior authorization.*

Services with a square (▪) means a referral may be required.

Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Wellcare Dual Liberty Nurture (HMO D-SNP) and Wellcare Dual Access Harmony (HMO D-SNP). For each benefit listed, you can see what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. Coverage of the benefits described in this Summary of Benefits depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Wellcare Dual Liberty Nurture (HMO D-SNP) and Wellcare Dual Access Harmony (HMO D-SNP) will cover the benefits described in the Premium and Benefit section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Texas Department of Health and Human Services toll-free at 1-512-424-6500 (TTY: 1-512-424-6597).

Our source of information for Medicaid benefits is <https://hhs.texas.gov/services/health/medicaid-chip>. All Medicaid covered services are subject to change at any time. For the most current Texas Medicaid coverage information, please visit <https://hhs.texas.gov/services/health/medicaid-chip> or call Member Services for assistance. A detailed explanation of Texas Medicaid benefits can be found in the Texas Summary of Services online at <https://hhs.texas.gov/services/health/medicaid-chip>.

Benefit Category	Texas Department of Health and Human Services
Ambulance Services	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Assistive Communication Devices (also known as Augmentative Communication Device (ACD) System)	For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Bone Mass Measurement (for people who are at risk)	Bone density screening is a benefit of Texas Medicaid. For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Cardiac Rehabilitation	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services

Benefit Category	Texas Department of Health and Human Services
<p>Chiropractic Services Chiropractic manipulative treatment (CMT) performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid.</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services</p>
<p>Colorectal Screening Exams (for people aged 50 and older)</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services</p>
<p>Dental Services (for people who are 20 years of age or younger; or 21 years of age or older in an ICF-IID)</p>	<p>For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services</p>
<p>Diabetic Supplies (includes coverage for test strips, lancets and screening tests)</p>	
<p>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services (includes coverage for test strips, lancets, and screening tests)</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services</p>
<p>Doctor and Hospital Choice</p>	<p>Members should follow Medicare guidelines related to hospital and doctor choice.</p>
<p>Doctor Office Visits</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services</p>
<p>Durable Medical Equipment (includes wheelchairs, oxygen)</p>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services</p>

Benefit Category	Texas Department of Health and Human Services
Emergency Care (any emergency room visit if the member reasonably believes he or she needs emergency care)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
End-Stage Renal Disease	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Health/Wellness Education (nutritional counseling for children, smoking cessation for pregnant women, and adult annual exam)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Hearing Services	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing services and personal care services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Hospice	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services Note: When adult members elect hospice services, they waive their rights to all other Medicaid services related to their terminal illness. They do not waive their rights to Medicaid services unrelated to their terminal illness.
Immunizations	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services

Benefit Category	Texas Department of Health and Human Services
Inpatient Hospital Care	Inpatient hospital stays are a covered benefit. Medicaid pays coinsurance, co-payments, and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice. \$0 co-pay for Medicaid-covered services
Inpatient Mental Health Care	Inpatient psychiatric hospital stays are a covered benefit for Members under the age 21, and Members 65 years of age and older. Inpatient acute care hospital stays for psychiatric treatment are a covered benefit for Members 21 through 64 years of age, in accordance with 42 CFR section 438.6(e), although Medicaid MCOs may choose to cover stays at psychiatric facilities in lieu of acute care hospitals. Medicaid pays coinsurance, co-payments, and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice. \$0 co-pay for Medicaid-covered services
Mammograms (Annual Screening)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Monthly Premium	Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility.
Outpatient Mental Health Care	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Outpatient Services/Surgery	Medicaid pays for certain surgical services if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Outpatient Substance Use Disorder (assessment, ambulatory treatment/ detox, and MAT)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services

Benefit Category	Texas Department of Health and Human Services
Pap Smears and Pelvic Exams (for women)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Podiatry Services	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Prescription Drugs	Medicaid pays for this service if it is not covered by Medicare. Medicaid will not cover any Medicare Part D drug.
Prostate Cancer Screening Exams	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Skilled Nursing Facility (SNF) (in a Medicare-certified Skilled Nursing Facility)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Telemedicine Services	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Transportation (routine)	The Medicaid Medical Transportation Program (MTP) provides non-emergency transportation, if it is not covered by Medicare. \$0 co-pay for Medicaid-covered services
Urgently Needed Care (this is NOT emergency care, and in most cases, is out of the service area)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services

Benefit Category	Texas Department of Health and Human Services
Vision Services	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services</p> <p>Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses.</p>
Community Living Assistance and Support Services (CLASS) Waiver	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://www.hhs.texas.gov/providers/long-term-care-providers/community-living-assistance-support-services-class</p> <p>. For additional information, contact the Texas Health and Human Services Commission (HHSC).</p>
Deaf Blind with Multiple Disabilities Waiver (DBMD)	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://www.hhs.texas.gov/providers/long-term-care-providers/deaf-blind-multiple-disabilities-dbmd</p> <p>For additional information, contact the Texas Health and Human Services Commission (HHSC).</p>
Home and Community Services (HCS) Waiver	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-programs-services/home-community-based-services</p> <p>For additional information, contact the Texas Health and Human Services Commission (HHSC).</p>
Medically Dependent Children Program (MDCP)	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage.</p> <p>For additional information, contact the Texas Health and Human Services Commission (HHSC).</p> <p>https://www.hhs.texas.gov/providers/long-term-care-providers/medically-dependent-children-program-mdcp</p>

Benefit Category	Texas Department of Health and Human Services
<p>STAR+PLUS Program (operating under the Texas Healthcare Transformation and Quality Improvement Program Waiver)</p>	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus . For additional information, contact the Texas Health and Human Services Commission (HHSC).</p>
<p>Texas Home Living Waiver (TxHmL)</p>	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. https://www.hhs.texas.gov/providers/long-term-care-providers/texas-home-living-txhtml . For additional information, contact the Texas Health and Human Services Commission (HHSC).</p>

Multi-Language Insert

Multi-Language Interpreter Services

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que hable español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们有免费的口译服务来回答您就我们的健康或药物计划提出的任何问题。如需口译员，只需拨打以下页面上的计划号码致电联系我们。会说中文普通话的人员可以协助您。此为免费服务。

Chinese Cantonese: 我們有免費的口譯服務來回答您就我們的健康或藥物計劃提出的任何問題。如需口譯員，只需撥打以下頁面上的計劃號碼致電聯絡我們。會說粵語的人員可以協助您。此為免費服務。

Tagalog: Meron kaming libreng serbisyo ng interpreter para sagutin anumang tanong na meron ka tungkol sa aming plano ng kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa sumusunod na mga pahina. Matutulongan ka ng sinumang nagsasalita ng Tagalog. Libreng serbisyo ito.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser au sujet de notre régime de soins médicaux ou de notre régime d'assurance-médicaments. Pour bénéficier des services d'un interprète, il suffit de nous appeler aux numéros de régime indiqués dans les pages suivantes. Quelqu'un qui parle français peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi cung cấp dịch vụ phiên dịch viên miễn phí để trả lời bất kỳ câu hỏi nào quý vị có về chương trình y tế hoặc thuốc của chúng tôi. Để nhận được dịch vụ phiên dịch, chỉ cần gọi cho chúng tôi theo số điện thoại của chương trình trong các trang sau. Người nào đó nói tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetscherdienst, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Um einen Dolmetscher zu finden, rufen Sie uns einfach unter den auf den folgenden Seiten angegebenen Plan-Nummern an. Jemand, der Deutsch spricht, kann Ihnen helfen. Dieser Service ist für Sie kostenlos.

Korean: 저희의 건강 또는 약품 플랜에 대한 질문에 답해 드릴 수 있는 무료 통역 서비스를 제공합니다. 통역사에게 연결하려면 다음 페이지에 있는 플랜 번호로 전화하시기 바랍니다. 한국어를 하는 분이 도와드릴 수 있습니다. 이 통화는 무료 서비스입니다.

Russian: Мы предоставляем бесплатные услуги устного перевода, чтобы ответить на любые вопросы, которые могут возникнуть у вас о нашем плане медицинского страхования или страхового покрытия лекарственных препаратов. Чтобы получить устного переводчика, просто позвоните нам по номерам планов, указанным на следующих страницах. Вам поможет тот, кто говорит по-русски. Эта услуга предоставляется бесплатно.

Arabic: نوفر خدمات مترجم فوري للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للاستعانة بمترجم، ما عليك سوى الاتصال بنا على أرقام الخطة في الصفحات التالية. شخص يتحدث العربية يمكنه مساعدتك. هذه الخدمة تقدم مجانًا.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके होने वाले किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया प्राप्त करने के लिए, हमें निम्नलिखित पृष्ठों पर दिए गए प्लान नंबरों पर कॉल करें। कोई हिंदी भाषी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Disponiamo di servizi di interpretariato gratuiti per rispondere ad eventuali domande in merito al nostro piano sanitario o farmaceutico. Per ottenere un interprete, chiami i recapiti del piano disponibili nelle pagine successive. Qualcuno che parla italiano Le sarà d'aiuto. Si tratta di un servizio gratuito.

Portugués: Temos serviços de intérprete gratuitos para responder quaisquer perguntas que você possa ter sobre nossos planos de saúde ou de medicamentos. Para solicitar um intérprete, ligue para nós através dos números do plano nas páginas a seguir. Um funcionário que fala português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou ka genyen konsènan plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan nimewo plan yo ki sou paj annapre yo. Yon moun ki pale Kreyòl Franse kapab ede ou. Se yon sèvis gratis li ye.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe w przypadku pytań dotyczących naszego planu zdrowotnego i lekowego. Aby skorzystać z tłumacza, prosimy zadzwonić do nas pod numery podane na kolejnych stronach. Pomocą posłużą osoby mówiące po polsku. Usługa jest bezpłatna.

Japanese: 当社の医療プランまたは処方薬プランについての質問にお答えする無料の通訳サービスをご利用いただけます。通訳サービスをご利用になるには、以降のページにおけるプランの番号までお電話ください。日本語を話すスタッフが対応いたします。これは無料のサービスです。

Hawaiian: Aia iā mākou he mau lawelawe māhele 'ōlelo manuahi e pane i nā 'ano nīnau āu no ka mākou papahana mālama olakino a ho'olako lā'au. No ka 'imi i mea māhele 'ōlelo, e kelepona wale mai iā mākou ma nā helu kelepona e waiho nei ma kēia mau 'ao'ao e koe nei. Na kekahi māhele 'ōlelo Hawai'i e kōkua iā 'oe. He lawelawe manuahi kēia.

Ilocano: Addaankami kadagiti libre a serbisio ti panagipatarus tapno masungbatan dagiti aniaman a saludsodmo maipapan iti salun-at wenno plano iti agas. Tapno makaala iti tagaipatarus, tawagannakami laeng kadagiti numero ti plano kadagiti sumaganad a panid. Matulongannaka ti maysa a tao nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

Samoan: E iai a matou auaunaga fa'aliliu upu fua e tali ai so'o se fesili e te ono iai e uiga i la matou fuafuaga fa'alesoifua maloloina po'o vaila'au. Mo le mauaina o se fa'aliliu upu, na'o le vala'au mai i numeraga o fuafuaga o lo'o i itulau nei. E mafai e se tasi e tautala i le gagana Samoa ona fesoasoani ia te oe. Ose auaunaga e leai se totagi.

We're Just a Phone Call Away

ARKANSAS

+ HMO, HMO D-SNP

📞 1-855-565-9518

💻 Or visit www.wellcare.com/allwellAR

ARIZONA

+ HMO, HMO C-SNP, HMO D-SNP

📞 1-800-977-7522

💻 Or visit www.wellcare.com/allwellAZ

CALIFORNIA

+ HMO, HMO C-SNP, PPO

📞 1-800-275-4737

+ HMO D-SNP

📞 1-800-431-9007

💻 Or visit www.wellcare.com/healthnetCA

FLORIDA

+ HMO D-SNP

📞 1-877-935-8022

💻 Or visit www.wellcare.com/allwellFL

GEORGIA

+ HMO

📞 1-844-890-2326

+ HMO D-SNP

📞 1-877-725-7748

💻 Or visit www.wellcare.com/allwellGA

INDIANA

+ HMO, PPO

📞 1-855-766-1541

+ HMO D-SNP, PPO D-SNP

📞 1-833-202-4704

💻 Or visit www.wellcare.com/allwellIN

KANSAS

+ HMO, PPO

📞 1-855-565-9519

+ HMO D-SNP, PPO D-SNP

📞 1-833-402-6707

💻 Or visit www.wellcare.com/allwellKS

LOUISIANA

+ HMO

📞 1-855-766-1572

+ HMO D-SNP

📞 1-833-541-0767

💻 Or visit www.wellcare.com/allwellLA

MISSOURI

+ HMO

📞 1-855-766-1452

+ HMO D-SNP

📞 1-833-298-3361

💻 Or visit www.wellcare.com/allwellMO

MISSISSIPPI

+ HMO

☎ 1-844-786-7711

+ HMO D-SNP

☎ 1-833-260-4124

📄 Or visit www.wellcare.com/allwellMS

NEBRASKA

+ HMO, PPO

☎ 1-833-542-0693

+ HMO D-SNP, PPO D-SNP

☎ 1-833-853-0864

📄 Or visit www.wellcare.com/NE

NEVADA

+ HMO, HMO C-SNP, PPO

☎ 1-833-854-4766

+ HMO D-SNP

☎ 1-833-717-0806

📄 Or visit www.wellcare.com/allwellNV

NEW MEXICO

+ HMO, PPO

☎ 1-833-543-0246

+ HMO D-SNP

☎ 1-844-810-7965

📄 Or visit www.wellcare.com/allwellNM

NEW YORK

+ HMO, HMO-POS, HMO D-SNP

☎ 1-800-247-1447

📄 Or visit

www.wellcare.com/fidelisNY

OHIO

+ HMO, PPO

☎ 1-855-766-1851

+ HMO D-SNP, PPO D-SNP

☎ 1-866-389-7690

📄 Or visit www.wellcare.com/allwellOH

OKLAHOMA

+ HMO, PPO

☎ 1-833-853-0865

+ HMO D-SNP, PPO D-SNP

☎ 1-833-853-0866

📄 Or visit www.wellcare.com/OK

OREGON

+ HMO, PPO

☎ 1-888-445-8913

📄 Or visit www.wellcare.com/healthnetOR

+ HMO D-SNP

☎ 1-844-867-1156

📄 Or visit www.wellcare.com/trilliumOR

PENNSYLVANIA

+ HMO, PPO

☎ 1-855-766-1456

+ HMO D-SNP, PPO D-SNP

☎ 1-866-330-9368

📄 Or visit www.wellcare.com/allwellPA

SOUTH CAROLINA

+ HMO, HMO D-SNP

☎ 1-855-766-1497

📄 Or visit www.wellcare.com/allwellSC

TEXAS

+ HMO

☎ 1-844-796-6811

+ HMO D-SNP

☎ 1-877-935-8023

🖥 Or visit www.wellcare.com/allwellTX

WISCONSIN

+ HMO D-SNP

☎ 1-877-935-8024

🖥 Or visit www.wellcare.com/allwellWI

WASHINGTON

+ PPO

☎ 1-888-445-8913

🖥 Or visit www.wellcare.com/healthnetOR

TTY FOR ALL STATES: 711

HOURS OF OPERATION

📅 October 1 to March 31: Monday–Sunday, 8 a.m. to 8 p.m.

📅 April 1 to September 30: Monday–Friday, 8 a.m. to 8 p.m.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services representative at 1-844-917-0175 (TTY: 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.wellcare.com/allwellTX or call 1-844-917-0175 (TTY: 711) to view a copy of the EOC. Hours are Monday - Sunday, 8 am - 8 pm (all time zones).
- 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.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- For HMO, CSNP and DSNP plans:** 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 (D-SNP). 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.

Contact Us

For more information, please contact us:

By phone

Toll-free at 1-844-917-0175 (TTY 711). Your call may be answered by a licensed agent.

Hours of Operation

Monday - Sunday, 8 am - 8 pm (all time zones)

Online www.wellcare.com/allwellTX

We're with our members every step of the way.

Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.