



2024 Summary of Benefits

Texas

Wellcare Dual Access Open (PPO D-SNP)

H7323 | 005

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 Access Open (PPO D-SNP) from January 1, 2024 to December 31, 2024.

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/medicare. 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 lawfully present in the United States.

Our service area includes these counties in Texas: Atascosa, Austin, Bandera, Bastrop, Bexar, Blanco, Brazoria, Brooks, Burleson, Burnet, Caldwell, Cameron, Chambers, Collin, Colorado, Comal, Cooke, Dallas, Denton, El Paso, Ellis, Fannin, Fayette, Fort Bend, Frio, Galveston, Goliad, Gonzales, Grimes, Guadalupe, Hamilton, Hardin, Harris, Hays, Hidalgo, Hill, Hood, Jack, Jefferson, Jim Hogg, Johnson, Kendall, Kenedy, Lampasas, Lee, Liberty, Llano, Lubbock, Mason, Matagorda, McMullen, Medina, Milam, Mills, Montgomery, Orange, Parker, Polk, Refugio, Rockwall, San Jacinto, San Saba, Somervell, Starr, Tarrant, Travis, Trinity, Walker, Waller, Webb, Wharton, Willacy, Williamson, Wilson, and Wise.

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.

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 Access Open (PPO D-SNP) has 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/medicare.

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/medicare.

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.

To be eligible

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

To be eligible for this plan you must meet the following special needs criteria:

H7323005000 Wellcare Dual Access Open (PPO D-SNP) - QMB, QMB+, SLMB+

Refer to "Medicare Savings Program (MSP) Levels" section below for a description of all MSP levels. Premiums, copayments, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive.

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.

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.

Preferred Provider Organizations (PPOs) offer coverage through a network of providers, but you are allowed to access out-of-network care for covered services, usually for a higher cost. You do not need to choose a primary care provider (PCP) with a PPO, and usually you do not need a referral to see a specialist. PPO plans do not require a prior authorization or referral for out-of-network services.

Which doctors, hospitals and pharmacies can I use?

Wellcare Dual Access Open (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. You can save money by using providers in the plan's network. If you use providers that are not in our network, your share of the costs for covered services may be higher.

Out-of-network providers may choose not to bill our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made. 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.

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.

Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|--|
| 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. |
| Deductible | No deductible |
| Maximum Out-of-Pocket Responsibility (does not include prescription drugs) | \$8,850 in-network annually \$13,300 combined in and out-of-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 | <p>In-Network Days 1-90: \$0 copay per admission *</p> <p>Out-of-Network Days 1-90: \$0 or 20% coinsurance per admission, depending on your Medicaid eligibility category.</p> |

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

Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|---|--|
| Outpatient Hospital coverage Outpatient hospital services | <p>In-Network \$0 copay for surgical and non-surgical services (includes diagnostic colonoscopy). *</p> <p>Out-of-Network \$0 or 20% coinsurance for surgical and non-surgical services (includes diagnostic colonoscopy), depending on your Medicaid eligibility category.</p> |
| Outpatient hospital observation services | <p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Ambulatory surgical center (ASC) services | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Doctor Visits Primary Care Providers | <p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |

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

Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|---|--|
| Specialists | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| <p>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, COVID shots))</p> | <p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> |
| Emergency care | \$0 copay |
| Worldwide emergency coverage | <p>\$100 copay</p> <p>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.</p> |

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

Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|---|
| Urgently needed services | \$0 copay |
| Worldwide urgent care coverage | <p>\$100 copay</p> <p>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.</p> |
| Diagnostic Services/Labs/Imaging | |
| Lab services | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Diagnostic tests and procedures | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |

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

Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|--|
| Outpatient X-rays | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Diagnostic radiology services (e.g. MRI, CAT Scan) | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance for Medicare-covered diagnostic radiological services, depending on your Medicaid eligibility category.</p> |
| Therapeutic Radiology | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Hearing services Hearing Exam Medicare Covered | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |

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

Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|---|
| Routine hearing exam | <p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 exam every year</p> |
| Hearing Aids Hearing Aid Fitting/Evaluation(s) | <p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 fitting(s) / evaluation(s) every year</p> |
| Hearing aid allowance All types | <p>Up to a \$1,000 allowance per ear every year for hearing aids.</p> <p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>Limited to 2 hearing aid(s) every year</p> |

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

Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|--|
| Comprehensive services Medicare-covered | <p>In-Network \$0 copay for each Medicare-covered service *</p> <p>Out-of-Network \$0 or 20% coinsurance for each Medicare-covered service, depending on your Medicaid eligibility category.</p> |
| Comprehensive services Diagnostic Services | <p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> |
| Restorative Services | <p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> |
| Endodontics/ Periodontics/ Extractions | <p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> |

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

Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|---|
| Non-routine services | <p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> |
| Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services | <p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.</p> |
| Additional Dental Information | <p>What you should know: This plan includes coverage of comprehensive services up to \$2,000 per plan year.</p> |

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

Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|--|
| <p>Vision Services</p> <p>Eye Exam Medicare Covered</p> | <p>In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *</p> <p>Out-of-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 or 20% coinsurance (all other Medicare-covered eye exams), depending on your Medicaid eligibility category.</p> |
| <p>Routine eye exam (Refraction)</p> | <p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 exam every year</p> |
| <p>Glaucoma screening</p> | <p>In-Network \$0 copay for each Medicare-covered service.</p> <p>Out-of-Network \$0 or 20% coinsurance for each Medicare-covered service, depending on your Medicaid eligibility category.</p> |

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

Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|--|
| Eyewear Medicare Covered | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames | <p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> |
| Eyewear allowance | Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year. |
| Mental Health Services | |
| Inpatient visit | <p>In-Network Days 1-90: \$0 copay per admission *</p> <p>Out-of-Network Days 1-90: \$0 or 20% coinsurance per admission, depending on your Medicaid eligibility category.</p> |

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

Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|--|
| Outpatient individual therapy visit | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Outpatient group therapy visit | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Skilled nursing facility (SNF) | <p>In-Network Days 1-100: \$0 copay per benefit period *</p> <p>Out-of-Network Days 1-100: \$0 or 20% coinsurance per benefit period, depending on your Medicaid eligibility category.</p> |

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

Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|--|
| Therapy and Rehabilitation Services Physical Therapy | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Outpatient rehabilitation services provided by an occupational therapist | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Pulmonary rehabilitation services | <p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |

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

Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|--|
| Ambulance Ground Ambulance | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Air Ambulance | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Transportation Services | <p>Up to 48 rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day).</p> <p>In-Network \$0 copay (per one-way trip) *</p> <p>Out-of-Network 75% coinsurance (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 Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|---|
| Medicare Part B Drugs | |
| Chemotherapy and Other Part B Drugs | <p>In-Network \$0 copay *</p> <p>Out-of-Network 0% - 20% coinsurance, depending on your Medicaid eligibility category.</p> <p>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.</p> |
| Insulin | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or \$35 copay (maximum per month), depending on your Medicaid eligibility category.</p> |
| Allergy Antigen | <p>In-Network \$0 copay *</p> <p>Out-of-Network 0% coinsurance</p> |

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

| | |
|---|--|
| Prescription Drug Coverage | Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 |
| Annual Prescription Deductible | \$0 |
| 30-day/up to a 100-day supply from retail network pharmacy | |
| All Covered Drugs | \$0 copay Some covered drugs limited to a 30-day supply |

Additional Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|--|
| <p>Chiropractic Services Medicare-covered</p> | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| <p>Acupuncture Medicare-covered</p> | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance for Medicare-covered Acupuncture received in a PCP office, depending on your Medicaid eligibility category. \$0 or 20% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office, depending on your Medicaid eligibility category. \$0 or 20% coinsurance for Medicare-covered Acupuncture received in a Specialist office, depending on your Medicaid eligibility category.</p> |
| <p>Podiatry Services (Foot Care) Medicare Covered</p> | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |

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

Additional Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|--|
| 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 | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Meals Post-Acute Meals | <p>\$0 copay ▪</p> <p>What you should know: You pay nothing for home delivered 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> |

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

Additional Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|--|
| 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. |
| Medical Equipment/Supplies Durable Medical Equipment (DME) | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Prosthetics | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |

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

Additional Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|---|
| Diabetic supplies | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p> |
| Diabetic therapeutic shoes or inserts | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Opioid treatment program services | <p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p> |
| Wellness Programs | For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage. |
| Fitness | \$0 copay |

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

Additional Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|---|---|
| | <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> |
| Additional sessions of smoking and tobacco cessation counseling | <p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> <p>Limited to 5 visit(s) every year</p> |
| Annual Physical Exam | <p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> <p>What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p> |
| 24-Hour Nurse Advice Line | \$0 copay |
| Over-the-Counter (OTC) Items | Please see the Wellcare Spendables™ section for more information about the over-the-counter (OTC) benefit. |

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

Additional Benefits

| Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 | |
|--|---|
| Wellcare Spendables™ | <p>You will receive \$71 monthly (\$852 per year) preloaded on your Wellcare Spendables™ card. Your monthly allowance rolls over to the following month if unused and expires at end of the plan year.</p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> • Over-the-Counter items (OTC) - Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. • Dental, Vision, and Hearing - You may use your card to help reduce your out-of-pocket expenses for any dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly. <p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> • Healthy Food - You can use your card to pay for healthy foods and produce at participating retailers. Prepared meals are available for order via online portal. • Gas pay-at-pump - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. • Utility Assistance - You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet. • Rent Assistance - You can use your card to help with the cost of rent for your home. |

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

Additional Benefits

| | |
|--|---|
| | Wellcare Dual Access Open (PPO D-SNP) H7323, Plan 005 |
| | For more information, limitations and exclusions, please see your Evidence of Coverage. |

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 Access Open (PPO 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. 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 1-877-541-7905 (TTY: 711).

For the most current Texas Medicaid coverage information, please visit <https://hhs.texas.gov/services/health/medicaid-chip> or call Member Services for assistance.

| 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 |
| Chiropractic Services Chiropractic manipulative treatment (CMT) performed by a chiropractor licensed by the | 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 |
|--|---|
| Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid. | |
| Colorectal Screening Exams (for people aged 50 and older) | 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 |
| Dental Services (for people who are 20 years of age or younger; or 21 years of age or older in an ICF-IID) | 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 |
| Diabetic Supplies (includes coverage for test strips, lancets and screening tests) | |
| Diagnostic Tests, X-Rays, Lab Services, and Radiology Services (includes coverage for test strips, lancets, and screening tests) | 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 |
| Doctor and Hospital Choice | Members should follow Medicare guidelines related to hospital and doctor choice. |
| Doctor Office Visits | 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 |
| Durable Medical Equipment (includes wheelchairs, oxygen) | 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 |
| 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. |

| Benefit Category | Texas Department of Health and Human Services |
|--|--|
| | \$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 | <p>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.</p> <p>\$0 co-pay for Medicaid-covered services</p> |
| Inpatient Mental Health Care | <p>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.</p> <p>\$0 co-pay for Medicaid-covered services</p> |
| Mammograms (Annual Screening) | <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> |
| Monthly Premium | <p>Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility.</p> |
| Outpatient Mental Health Care | <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> |

| Benefit Category | Texas Department of Health and Human 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 |
| 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 |

| Benefit Category | Texas Department of Health and Human 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 |
| Vision 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 Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses. |
| Community Living Assistance and Support Services (CLASS) Waiver | 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 . For additional information, contact the Texas Health and Human Services Commission (HHSC). |
| Deaf Blind with Multiple Disabilities Waiver (DBMD) | 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 For additional information, contact the Texas Health and Human Services Commission (HHSC). |

| Benefit Category | Texas Department of Health and Human Services |
|--|--|
| 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. For additional information, contact the Texas Health and Human Services Commission (HHSC). https://www.hhs.texas.gov/providers/long-term-care-providers/medically-dependent-children-program-mdcp</p> |
| STAR+PLUS Program (operating under the Texas Healthcare Transformation and Quality Improvement Program 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-members/starplus</p> <p>. For additional information, contact the Texas Health and Human Services Commission (HHSC).</p> |
| Texas Home Living Waiver (TxHmL) | <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-txhml</p> |

| Benefit Category | Texas Department of Health and Human Services |
|------------------|--|
| | . For additional information, contact the Texas Health and Human Services Commission (HHSC). |

Multi-Language Insert
Multi-language Interpreter Services

Form Approved
OMB# 0938-1421

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at the plan numbers on the following pages. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que habla español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打以下页面上的计划号码联系我们。您将获得讲汉语普通话的译员的帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電下頁的計劃電話號碼。會說廣東話的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa mga sumusunod na pahina. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, il suffit de nous appeler aux numéros figurant sur les pages suivantes. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi chúng tôi theo số điện thoại chương trình ở các trang sau. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie eine der Telefonnummern auf den folgenden Seiten an. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련하여 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 다음 페이지에 있는 플랜 번호로 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номерам, представленным на следующих страницах. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوَقِّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على أرقام الخطة التي تظهر في الصفحات التالية. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें अगले पेज पर दिए गए प्लान नंबर पर कॉल करें। हिन्दी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare i numeri del piano riportati nelle pagine seguenti. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através dos números do plano nas páginas seguintes. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon tradiktè nan bouch, annik rele nimewo yo pou plan an ki make sou paj ki annapre yo. Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod podany na kolejnych stronach numer odnoszący się do planu. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、次からのページに記載されている弊社の計画担当の電話番号にお問い合わせください。日本語の通訳担当者が対応します。これは無料のサービスです。

ALABAMA

HMO, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

ARIZONA

PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

ARKANSAS

HMO, HMO-POS, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO-POS D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

CALIFORNIA

HMO

1-866-999-3945 (TTY: 711)
wellcare.com/medicare

CONNECTICUT

HMO, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

FLORIDA

HMO, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

GEORGIA

HMO, HMO-POS, HMO D-SNP, PPO,
PPO D-SNP

1-866-892-8340 (TTY: 711)
wellcare.com/medicare

HAWAII

HMO, PPO, HMO D-SNP

1-877-457-7621 (TTY: 711)
wellcare.com/ohana

ILLINOIS

Wellcare Assist Compass (HMO),
Wellcare Giveback Open (PPO),
Wellcare No Premium (HMO-POS),
Wellcare No Premium Open (PPO),
Wellcare No Premium Value (HMO-POS)

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

Wellcare No Premium Essential (HMO),
Wellcare No Premium Essential Value (HMO),
Wellcare No Premium Exclusive (HMO)

1-866-892-8340 (TTY: 711)
wellcare.com/medicare

KENTUCKY

HMO, HMO-POS, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

LOUISIANA

HMO, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

MAINE

HMO, PPO, PFFS

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

MASSACHUSETTS

HMO, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

MICHIGAN

HMO, HMO-POS, PPO, HMO D-SNP,
HMO-POS D-SNP, PPO D-SNP

1-866-892-8340 (TTY: 711)
wellcare.com/medicare

MISSOURI

HMO, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

MISSISSIPPI

HMO, HMO-POS, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

NEW HAMPSHIRE

HMO, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

NEW JERSEY

HMO, HMO-POS, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

NEW YORK

HMO, PPO, PFFS

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

NORTH CAROLINA

HMO, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

OHIO

HMO, HMO-POS, HMO D-SNP,
HMO-POS D-SNP

1-866-892-8340 (TTY: 711)
wellcare.com/medicare

RHODE ISLAND

HMO, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

PPO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

SOUTH CAROLINA

HMO, HMO-POS, PPO, HMO D-SNP,
PPO D-SNP

1-866-892-8340 (TTY: 711)
wellcare.com/medicare

TENNESSEE

HMO, HMO-POS, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

TEXAS

HMO, HMO-POS, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

VERMONT

HMO, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

WASHINGTON

HMO, PPO

1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)
wellcare.com/medicare

.....

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 Customer Service 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/medicare 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, 2025.
- ❑ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ❑ **For PPO and PFFS plans:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ❑ 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.

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.

Wellcare (HMO and HMO SNP) includes products that are underwritten by WellCare of Texas, Inc., WellCare National Health Insurance Company, and SelectCare of Texas, Inc.

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.

This page intentionally left blank

This page intentionally left blank

This page intentionally left blank

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/medicare