



2023 Summary of Benefits

Hawaii

Wellcare 'Ohana Dual Liberty (HMO D-SNP)

H2491 | 004

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 'Ohana Dual Liberty (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/ohana. 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 service area includes these counties in Hawaii: Hawaii, Honolulu, Kauai, and Maui.

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 Hawaii 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 Hawaii 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/ohana. (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 'Ohana Dual Liberty (HMO 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/ohana.

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/ohana.

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 'Ohana Dual Liberty (HMO D-SNP) H2491, Plan 004
Service Area	Our service area includes these counties in Hawaii: Hawaii, Honolulu, Kauai, and Maui.
Special Needs Plans Eligibility Criteria	This plan includes (FBDE, 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.
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.
Inpatient Hospital coverage	Days 1-90: \$0 copay per admission. *
Outpatient Hospital coverage Outpatient hospital services	\$0 copay for surgical and non-surgical services *
Outpatient hospital observation services	\$0 copay *
Ambulatory surgical center (ASC) services	\$0 copay *

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

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

Benefits

	Wellcare 'Ohana Dual Liberty (HMO D-SNP) H2491, Plan 004
Doctor Visits	
Primary Care Providers	\$0 copay
Specialists	\$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
Emergency care	\$0 copay
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.
Urgently needed services	\$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.

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Benefits

	Wellcare 'Ohana Dual Liberty (HMO D-SNP) H2491, Plan 004
Diagnostic Services/Labs/Imaging	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	\$0 copay *
Diagnostic tests and procedures	\$0 copay *
Outpatient X-rays	\$0 copay *
Diagnostic radiology services (e.g. MRI, CAT Scan)	\$0 copay *
Therapeutic Radiology	\$0 copay *
Hearing services Hearing Exam Medicare Covered	\$0 copay ▪ *
Routine hearing exam	\$0 copay ▪ * 1 exam every year

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Benefits

	Wellcare 'Ohana Dual Liberty (HMO D-SNP) H2491, Plan 004
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	\$0 copay ■ * 1 fitting(s) / evaluation(s) every year
Hearing aid allowance All types	Up to a \$350 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.
Dental services	
Comprehensive services Medicare-covered	\$0 copay for each Medicare-covered service *
Diagnostic Services	\$0 copay * 1 diagnostic service(s) every year

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Benefits

	Wellcare 'Ohana Dual Liberty (HMO D-SNP) H2491, Plan 004
Restorative Services	<p>\$0 copay *</p> <p>1 restorative service(s) every 12 to 84 months depending on type of service</p>
Endodontics/ Periodontics/ Extractions	<p>\$0 copay *</p> <p>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</p>
Non-routine services	<p>\$0 copay *</p> <p>1 non-routine service(s) every date of service to 60 months depending on type of service</p>
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. Other services - every 6 to 60 months depending on type of service.</p>
Additional Dental Information	<p>What you should know: This plan includes coverage of comprehensive services up to \$3,000 per plan year.</p>

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Benefits

	Wellcare 'Ohana Dual Liberty (HMO D-SNP) H2491, Plan 004
Vision Services	
Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) ▪ *
Routine eye exam (Refraction)	\$0 copay ▪ * 1 exam every year
Glaucoma screening	\$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	\$0 copay ▪ *
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	\$0 copay ▪ * Up to a \$100 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services	
Inpatient visit	Days 1-90: \$0 copay per admission. *
Outpatient individual therapy visit	\$0 copay *
Outpatient group therapy visit	\$0 copay *

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Benefits

	Wellcare 'Ohana Dual Liberty (HMO D-SNP) H2491, Plan 004
Skilled nursing facility (SNF)	Days 1-100: \$0 copay per benefit period. *
Therapy and Rehabilitation Services	
Physical Therapy	\$0 copay *
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay *
Pulmonary rehabilitation services	\$0 copay
Ambulance	
Ground Ambulance	\$0 copay *
Air Ambulance	\$0 copay *
Transportation Services	<u>Not</u> covered
Medicare Part B Drugs	
Chemotherapy drugs	\$0 copay *
Other Part B drugs	\$0 copay *

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Prescription Drug Coverage	Wellcare 'Ohana Dual Liberty (HMO D-SNP) H2491, Plan 004
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 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 'Ohana Dual Liberty (HMO D-SNP) H2491, Plan 004
Chiropractic Services Medicare-covered	\$0 copay *
Routine chiropractic services	\$0 copay * 12 visit(s) every year
Acupuncture Medicare-covered	\$0 copay *
Routine acupuncture services	\$0 copay * Limited to 24 visit(s) every year.
Podiatry Services (Foot Care) Medicare Covered	\$0 copay *
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>

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Additional Benefits

	Wellcare 'Ohana Dual Liberty (HMO D-SNP) H2491, Plan 004
Home health agency care	\$0 copay *
Meals	
Post-Acute Meals	\$0 copay ▪ 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	\$0 copay ▪ 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)	\$0 copay *
Prosthetics	\$0 copay *
Diabetic supplies	\$0 copay * Limitations may apply
Diabetic therapeutic shoes or inserts	\$0 copay *

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Additional Benefits

	Wellcare 'Ohana Dual Liberty (HMO D-SNP) H2491, Plan 004
Opioid treatment program services	\$0 copay *
Over-the-Counter (OTC) Items	\$0 copay Maximum benefit is \$275 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. What you should know: You can purchase eligible OTC items from the catalog by phone or online for home delivery. - To place an order over the phone call: 1-866-819-2516, (TTY 711) - Order via the catalog online at www.cvs.com/otchs/ohana
Wellness Programs Fitness	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage. \$0 copay Coverage includes: Activity Tracker and Physical Fitness What you should know: 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.
Additional sessions of smoking and tobacco cessation counseling	\$0 copay Limited to 5 visit(s) every year

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Additional Benefits

	Wellcare 'Ohana Dual Liberty (HMO D-SNP) H2491, Plan 004
24-Hour Nurse Advice Line	\$0 copay
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>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 \$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>

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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 'Ohana Dual Liberty (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 'Ohana Dual Liberty (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 Hawaii Med-QUEST Integration Program (Medicaid) toll-free at 1-800-316-8005 (TTY: 1-800-603-1201 or 711).

Our source of information for Medicaid benefits is <https://medquest.hawaii.gov/en.html>. All Medicaid covered services are subject to change at any time. For the most current Hawaii Medicaid coverage information, please visit <https://medquest.hawaii.gov/en.html> or call Member Services for assistance. A detailed explanation of Hawaii Medicaid benefits can be found in the Hawaii Summary of Services online at <https://medquest.hawaii.gov/en.html>.

Benefit Category	Hawaii Med-QUEST Integration Program (Medicaid)
<p>Doctor Visits This includes visits to your primary care physician and specialists</p>	<p>Services include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Initial and interval histories <input type="checkbox"/> Comprehensive physical examinations (including developmental services) <input type="checkbox"/> Immunizations <input type="checkbox"/> Family planning <input type="checkbox"/> Diagnostic and screening laboratory <input type="checkbox"/> X-ray services (including screening for tuberculosis) <input type="checkbox"/> Physicians' offices <input type="checkbox"/> Clinics <input type="checkbox"/> Private homes <input type="checkbox"/> Licensed hospitals <input type="checkbox"/> Licensed skilled nursing facility <input type="checkbox"/> Intermediate care facility <input type="checkbox"/> Licensed or certified residential setting <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	Hawaii Med-QUEST Integration Program (Medicaid)
<p>Preventive Care These services are provided to help screen for and prevent or diagnose a health problem.</p>	<p>Bone Mass Measurement (for people with Medicare who are at risk) Colorectal Screening Exams (for people with Medicare age 50 and older) Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine) Mammograms (Annual Screening) (for women with Medicare age 40 and older) Pap Smears and Pelvic Exams (for women with Medicare) Prostate Cancer Screening Exams (for men with Medicare age 50 and older) Welcome to Medicare; and Annual Wellness Visits: <input type="checkbox"/> Written health education materials, including Newsletters <input type="checkbox"/> Nutritional Training <input type="checkbox"/> Additional Smoking Cessation <input type="checkbox"/> Other Wellness Benefits Health Education and Counseling Substance use (including Alcohol) Diet and exercise Injury prevention Sexual behavior Dental health Family violence Depression Results and implications of screening listed above. \$0 co-pay for Medicaid-covered services.</p>

Benefit Category	Hawaii Med-QUEST Integration Program (Medicaid)
<p>Hearing Services This includes information on coverage of hearing exams and aids</p>	<p>Hearing/Audiology Services - \$0 co-pay Per visit for Medicaid-covered services. Hearing Evaluation - 1 Per year (Hearing Aid Suppliers will not be paid for a hearing evaluation) Hearing Services - Ear Plugs (Custom-made earplugs can be prescribed only by ENT specialists for individuals with recurrent middle ear infections) Hearing Aids - \$0 Per item prescribed by an ENT specialist Hearing aid examination and selection, monaural - 1 per 3 yrs. Hearing aid examination and selection, binaural 1 per 3 yrs. Hearing aid check; includes electroacoustic evaluation monaural 2 per 12 months Hearing aid check; includes electroacoustic evaluation binaural 4 per 12 months for Children ages 3 yrs. and under 2 per 12 months for children ages 4 yrs. and older Fitting/orientation/checking of hearing aid (to follow initial hearing aid exam and selection) 1 per 3 yrs. for adults 2 per 3 yrs. for children < 21 yrs. *Accessories and repairs of the hearing aids are only covered if the warranty does not cover.</p>
<p>Dental Services</p>	<p>Only covered for under 21: Dental Services related to a medical condition will be covered by the Plan when medically necessary. \$0 co-pay for medically related Medicaid-covered services. Dental services are coordinated through Community Case Management Corporation (CCMC). CCMC will help members:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Find a dentist <input type="checkbox"/> Make an appointment <input type="checkbox"/> Coordinate transportation and translation services. Call from Oahu 1-808-792-1070 or toll-free 1-888-792-1070. <p>The Plan is not responsible for services that are provided in private dental offices, government-sponsored or subsidized dental clinics and hospital-based outpatient dental clinics</p>

Benefit Category	Hawaii Med-QUEST Integration Program (Medicaid)
<p>Vision Services This includes information on coverage of vision exams and eyewear</p>	<p>The Plan provides eye and vision services for members:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Younger than 21-eye exam once per year <input type="checkbox"/> 21 and older-eye exam once every 2 years <p>More visits may be allowed, depending on the symptoms or medical condition.</p> <p>Covered services include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vision examinations <input type="checkbox"/> Prescription lenses <input type="checkbox"/> Cataract removal <input type="checkbox"/> Prosthetic eyes <input type="checkbox"/> Ophthalmologic exam with refraction <input type="checkbox"/> Visual aids (eyeglasses) <input type="checkbox"/> Contact lenses and miscellaneous vision supplies (if medically necessary) <p>This includes the costs for the lens, frames, or other parts of the glasses. Fittings and adjustments are also covered.</p> <p>Emergency eye care (no prior authorization needed)</p> <p>New lenses:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Younger than 21-once per year <input type="checkbox"/> 21 and older-once every 2 years <p>Replacement glasses and/or new glasses with major changes in prescription are covered within the benefit periods for both adults and children.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	Hawaii Med-QUEST Integration Program (Medicaid)
<p>Mental Health Services This includes the following: Inpatient visits</p> <ul style="list-style-type: none"> • Outpatient group or individual therapy visits 	<p>Covered services include all medically necessary behavioral health services for QUEST Integration adult and child members. These services include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ambulatory services, including 24-hours-a-day, 7-days-a-week crisis <input type="checkbox"/> 24-hour-a-day care for acute psychiatric illnesses, including: <ul style="list-style-type: none"> - Room and board - Nursing care - Medical supplies and equipment - Diagnostic services - Physician services - Other practitioner services, as needed - Other medically necessary services <p>*More Behavioral Health services may be provided by CCS and the Department of Health. \$0 co-pay for Medicaid-covered services.</p>
<p>Transportation</p>	<p>The Plan provides both emergency and nonemergency ground and air services to and from medically necessary medical appointments for members who:</p> <ul style="list-style-type: none"> Have no means of transportation Reside in areas not served by public transportation Cannot access public transportation due to their medical condition <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Wellness Programs This includes the following:</p> <ul style="list-style-type: none"> • Fitness • Personal Emergency Response System (PERS)] Additional routine annual physical • Nurse Advice Line - 24 hours 	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>

Benefit Category	Hawaii Med-QUEST Integration Program (Medicaid)
Prescription Drugs	<p>Covers drugs listed on the Plan's Preferred Drug List (PDL).</p> <p>This list will also have drugs that may have limits such as prior authorization, quantity limits, step therapy, age limits or gender limits. Alternate drugs may be covered with a prior authorization. Medicare Part D copays are not covered by Medicaid.</p> <p>OTC drugs may be covered by the Plan when physician prescribed and medically necessary at \$0 co-pay.</p>
OTC	<p>Drugs on Hawaii OTC formulary: http://www.himed-questffs.org</p>
Other Practitioner Services	<p>Covered services include but are not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certified nurse midwife services <input type="checkbox"/> Licensed advanced practice registered nurse services (including family, pediatric, geriatric, psychiatric health specialists) <p>Other medically necessary practitioner services provided by a licensed or certified health care provider</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Cornea Transplants and Bone Graft Services	<p>Cornea transplants (keraplasty) and Bone graft</p> <p>Other transplants are covered under the State of Hawaii Organ and Tissue Transplant Program, not the QUEST Integration program (kidney transplants that are covered by Medicare does not apply).</p>
Outpatient Habilitation Services	<p>Covered services include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical and occupational therapy <input type="checkbox"/> Audiology and speech-language pathology <input type="checkbox"/> Vision Services (other than routine) <input type="checkbox"/> Devices associated with these services <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	Hawaii Med-QUEST Integration Program (Medicaid)
Personal Emergency Response Services (PERS)	<p>PERS are devices to help members who are at a high risk of having to go the hospital. They can get help in case of an emergency.</p> <ul style="list-style-type: none"> <input type="checkbox"/> PERS items include electronic devices or services designed for emergency assistance <p>PERS services are limited to those individuals:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Who live alone <input type="checkbox"/> Who are alone for significant parts of the day <input type="checkbox"/> Who have no regular caregiver for extended periods <input type="checkbox"/> Who would otherwise need extensive routine supervision <p>PERS services will only be offered to a member living in a non-licensed setting \$0 co-pay for Medicaid-covered services.</p>
Methadone maintenance Treatment Program (MMTP)	<p>Medication management, prescribed drugs, medical supplies, diagnostic tests, therapeutic services, (individual, family, group and after care), and other medically necessary services. Includes the provision of methadone or a suitable alternatives as well as outpatient counseling services \$0 co-pay for Medicaid-covered services.</p>
Out-of-State and Off-Island Coverage	<p>The Plan provides any medically necessary covered services that are prearranged when not available on your island or in Hawaii. This includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referrals to an out-of-state or off-island specialist or facility <input type="checkbox"/> Transportation to and from the referral destination <input type="checkbox"/> Lodging & Meals <p>Member attendant (if authorized) \$0 co-pay for Medicaid-covered services.</p>

Benefit Category	Hawaii Med-QUEST Integration Program (Medicaid)
Diabetes Supplies and Services	Covered services include: <ul style="list-style-type: none"> <input type="checkbox"/> Coverage for glucose monitors <input type="checkbox"/> Test strips <input type="checkbox"/> Lancets <input type="checkbox"/> Screening tests <input type="checkbox"/> Management Training \$0 co-pay for Medicaid-covered services.
Long-Term Care-Home and Community-Based Services	Based upon medical necessity as determined by the Department of Human Services, you may be eligible for these additional benefits.
Adult Day Care	Adult day care refers to regular supportive care provided to 4 or more disabled adult participants. Services include: <ul style="list-style-type: none"> <input type="checkbox"/> Observation and supervision by center staff <input type="checkbox"/> Coordination of behavioral, medical and social plans and implementation of the instructions as listed in the participant's care plan <input type="checkbox"/> Therapeutic, social, educational, recreational activities \$0 co-pay for Medicaid-covered services.
Adult Day Health	Adult day health services are organized day programs for therapeutic, social and health services provided to adults with physical or mental impairments, or both which requires nursing oversight or care. This also includes: <ul style="list-style-type: none"> <input type="checkbox"/> Emergency care <input type="checkbox"/> Dietetic services <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Physical therapy <input type="checkbox"/> Physician services <input type="checkbox"/> Pharmaceutical services <input type="checkbox"/> Psychiatric or psychological services <input type="checkbox"/> Recreational and social activities <input type="checkbox"/> Social services <input type="checkbox"/> Speech-language pathology <input type="checkbox"/> Transportation services \$0 co-pay for Medicaid-covered services.

Benefit Category	Hawaii Med-QUEST Integration Program (Medicaid)
Assisted Living Services	<p>Assisted living services include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Personal care <input type="checkbox"/> Supportive care services (homemaker, chore, attendant services and meal preparation) <p>The health plan is not responsible for payment for room and board. \$0 co-pay for Medicaid-covered services.</p>
Community Care Management Agency (CCMA)	<p>Covered for members living in Community Care Foster Family Homes, Expanded Adult Residential Care Homes, Assisted Living Facilities and other community settings, as required. \$0 co-pay for Medicaid-covered services.</p>
Community Care Foster Family Home (CCFFH) Services	<p>Covered services include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Personal care <input type="checkbox"/> Supportive services <input type="checkbox"/> Homemaker services <input type="checkbox"/> Attendant care <input type="checkbox"/> Companion services <input type="checkbox"/> Local transportation <input type="checkbox"/> Day programming <input type="checkbox"/> Medication oversight (to the extent permitted under state law) <p>All services must be provided in a certified private home by a principal care provider who lives in the home. \$0 co-pay for Medicaid-covered services.</p>

Benefit Category	Hawaii Med-QUEST Integration Program (Medicaid)
Counseling and Training	<p>Counseling and training activities include the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Member care training for members <input type="checkbox"/> Family and caregivers regarding the nature of the disease and the disease process <input type="checkbox"/> Methods of transmission and infection control measures <input type="checkbox"/> Biological, psychological care and special treatment needs/regimens <input type="checkbox"/> Use of equipment specified in the service plan <input type="checkbox"/> Employer skills updates as necessary to safely maintain the individual at home <input type="checkbox"/> Crisis intervention <input type="checkbox"/> Supportive counseling <input type="checkbox"/> Family therapy <input type="checkbox"/> Suicide risk assessments and intervention <input type="checkbox"/> Death and dying counseling <input type="checkbox"/> Substance abuse counseling <input type="checkbox"/> Nutritional assessment and counseling <p>Counseling and training is a service provided to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Members <input type="checkbox"/> Families/caregivers on behalf of the member <input type="checkbox"/> Professional and paraprofessional caregivers on behalf of the member <p>\$0 co-pay for Medicaid-covered services.</p>
Environmental Accessibility Adaptations	<p>Physical changes to the member's home, required by the member's service plan.</p> <p>Covered services include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Installation of ramps and grab-bars <input type="checkbox"/> Widening of doorways <input type="checkbox"/> Modification of bathroom facilities <input type="checkbox"/> Installation of specialized electric and plumbing systems (must be necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual) <input type="checkbox"/> Window air conditioners (if necessary for the health and safety of member) <p>All services shall comply with state or local building codes.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	Hawaii Med-QUEST Integration Program (Medicaid)
Home Maintenance	<p>Home maintenance services are those services not included as a part of personal assistance and include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heavy-duty cleaning to bring a home up to acceptable standards of cleanliness at the start of service to a member <input type="checkbox"/> Minor repairs to essential appliances, limited to stoves, refrigerators and water heaters <input type="checkbox"/> Fumigation or extermination services <p>\$0 co-pay for Medicaid-covered services.</p>
Moving Assistance	<p>Help moving is offered when the Service Coordinator finds that a member needs to move to a new home in order to prevent their health from deteriorating. This includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unsafe home due to deterioration <input type="checkbox"/> The individual is wheelchair bound, living in a building with no elevator, multistory building with no elevator or where the client lives above the first floor <input type="checkbox"/> Home is unable to support member's additional needs for equipment <input type="checkbox"/> Member is evicted from his or her current home <input type="checkbox"/> Member can no longer afford the home due to a rent increase <p>Moving expenses include packing and moving of belongings. \$0 co-pay for Medicaid-covered services.</p>
Non-Medical Transportation	<p>This service helps members travel as specified by the member care plan. It helps members get to community services, activities and resources. Whenever possible, those who can offer this service without cost will be used. They include family, neighbors, friends or community agencies.</p> <p>Exclusion: Members living in a residential care setting or a CCFFH are not eligible for this service. \$0 co-pay for Medicaid-covered services.</p>

Benefit Category	Hawaii Med-QUEST Integration Program (Medicaid)
<p>Personal Assistance Services-Level 1</p>	<p>May be covered when authorized by the Service Coordinator as part of the care plan for members who are not living with their family and need help with key daily activities to prevent a decline in health status and maintain them in their home for up to ten (10) hours per week.</p> <p>Members may have more than ten (10) hours per week if medically necessary.</p> <p>Services may include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Meal preparation <input type="checkbox"/> Laundry <input type="checkbox"/> Shopping <input type="checkbox"/> Errands <input type="checkbox"/> Housekeeping tasks (sweeping, mopping, dusting, making beds, cleaning the toilet, shower or bathtub, taking out rubbish) <input type="checkbox"/> Light yard work, such as mowing the lawn <input type="checkbox"/> Simple home repairs, such as replacing light bulbs <input type="checkbox"/> Escort to health related appointments <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	Hawaii Med-QUEST Integration Program (Medicaid)
Personal Assistance Services-Level 2	<p>Covered for those who need help with moderate daily activities and keeping up their health. This level of service is to be provided by a Home Health Aide (HHA), Personal Care Aide (PCA), Certified Nurse Aide (CNA) or Nurse Aide (NA) with applicable skills.</p> <p>Some activities include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Personal hygiene and grooming, including bathing, skin care, oral hygiene, hair care and dressing <input type="checkbox"/> Help with bowel and bladder care <input type="checkbox"/> Help with mobility <input type="checkbox"/> Help with transfers <input type="checkbox"/> Help with medications <input type="checkbox"/> Help with routine or maintenance health care services by a personal care provider <input type="checkbox"/> Help with feeding, nutrition, meal preparation and other dietary activities <input type="checkbox"/> Help with exercise, positioning and range of motion <input type="checkbox"/> Taking and recording vital signs, including blood pressure <input type="checkbox"/> Measuring and recording intake and output, when ordered <input type="checkbox"/> Collecting and testing specimens as directed <p>\$0 co-pay for Medicaid-covered services.</p>
Licensed Residential Care	<p>Residential care is provided in a licensed private home by a principle care provider who lives in the home. He or she gives the following services to members:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Personal care services <input type="checkbox"/> Homemaker, chore, attendant care and companion services <input type="checkbox"/> Medication oversight (to the extent allowed by law) <input type="checkbox"/> Transportation to medical appointments <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	Hawaii Med-QUEST Integration Program (Medicaid)
Respite Care	<p>Respite care is short-term based care. It provides relief to caregivers. It may be provided hourly, daily and overnight.</p> <p>Respite care may be provided in the following locations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Member's home or place of residence <input type="checkbox"/> Foster home or expanded-care adult residential care home <input type="checkbox"/> Medicaid-certified nursing facility <input type="checkbox"/> Licensed respite day care facility <input type="checkbox"/> Other community care residential facility approved by the Plan <p>Respite care services are authorized by the member's PCP as part of the member's care plan. Respite services may be self-directed.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Specialized Medical Equipment Warranty and Supplies	<p>Refers to the purchase, rental, lease, Warranty and Supplies costs, installation, repairs and removal of devices, controls or appliances specified in the care plan.</p> <p>This also includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Items necessary for life support <input type="checkbox"/> Supplies and equipment needed for the proper functioning of such items <input type="checkbox"/> Durable and non-durable medical equipment not available under the Medicaid State Plan <p>Examples include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Specialized infant car seats <input type="checkbox"/> Modification of parent-owned motor vehicle to accommodate the child, i.e. wheelchair lifts <input type="checkbox"/> Intercoms for monitoring the child's room <input type="checkbox"/> Shower seat <input type="checkbox"/> Portable humidifiers <input type="checkbox"/> Electric bills specific to electrical life support devices (ventilator, oxygen concentrator) <input type="checkbox"/> Medical supplies <p>\$0 co-pay for Medicaid-covered services.</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 todogi.

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☎ 1-833-444-9089

TTY FOR ALL OF THE ABOVE: 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.

 Or visit www.wellcare.com/medicare or www.wellcare.com/ohana

*Wellcare Assist (HMO), Wellcare Assist Compass (HMO), Wellcare Giveback (HMO), Wellcare Giveback Dividend (HMO), Wellcare Giveback Open (PPO), Wellcare Low Premium (HMO-POS), Wellcare No Premium (HMO), Wellcare No Premium (HMO-POS), Wellcare No Premium Open (PPO), Wellcare No Premium Preferred (HMO), Wellcare No Premium Value (HMO), Wellcare Patriot Giveback (HMO-POS), Wellcare Patriot No Premium (HMO-POS)

**Wellcare Assist (HMO), Wellcare No Premium Essential (HMO), Wellcare No Premium Exclusive (HMO)

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/ohana 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/ohana

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

Ohana Health Plan, a plan offered by Wellcare Health Insurance of Arizona, Inc.

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.