2023
Summary of Benefits

New York

Wellcare Dual Access Open (PPO D-SNP)

H2775 | 112

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, 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/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 are lawfully present in the United States.

Our service area includes these counties in New York: Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, and Yates.

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 New York 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 New York 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.

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.

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 Wellcare Dual Access Open (PPO D-SNP) plan members, except in emergency situations. Please call our member services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. You can see our plan's provider and pharmacy directory at our website: www.wellcare.com/medicare. Or, call us and we'll send you a copy.

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.

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.

Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Service Area	Our service area includes these counties in New York: Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, and Yates.
PPO plans do not require a prior authorization or referral for out-of-network services.	
Special Needs Plans Eligibility Criteria	This plan includes (FBDE, QMB, QMB+). 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 $12,450 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.

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) H2775, Plan 112
Inpatient Hospital coverage	**In-Network** Days 1-120: $0 copay per admission. * **Out-of-Network** Days 1-120: $0 copay per admission.
Outpatient Hospital coverage Outpatient hospital services	**In-Network** $0 copay for surgical and non-surgical services * **Out-of-Network** $0 copay for surgical and non-surgical services
Outpatient hospital observation services	**In-Network** $0 copay * **Out-of-Network** $0 copay
Ambulatory surgical center (ASC) services	**In-Network** $0 copay * **Out-of-Network** $0 copay

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Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Doctor Visits Primary Care Providers	**In-Network** $0 copay **Out-of-Network** $0 copay
Specialists	**In-Network** $0 copay * **Out-of-Network** $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))	**In-Network** $0 copay **Out-of-Network** $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.

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Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
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.
Diagnostic Services/Labs/Imaging	COVID-19 testing and specified testing-related services at any location are $0.
Lab services	**In-Network** $0 copay * **Out-of-Network** $0 copay
Diagnostic tests and procedures	**In-Network** $0 copay * **Out-of-Network** $0 copay
Outpatient X-rays	**In-Network** $0 copay * **Out-of-Network** $0 copay

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Benefits

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Diagnostic radiology services (e.g. MRI, CAT Scan)	**In-Network** $0 copay * **Out-of-Network** $0 copay
Therapeutic Radiology	**In-Network** $0 copay * **Out-of-Network** $0 copay
Hearing services Hearing Exam Medicare Covered	**In-Network** $0 copay * **Out-of-Network** $0 copay
Routine hearing exam	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 exam every year

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Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 fitting(s) / evaluation(s) every year
Hearing aid allowance	Up to a $1,000 allowance per ear every year for hearing aids.
All types	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 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.

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Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Dental services	
Preventive services	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year
Fluoride Treatment	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 every year
Comprehensive services Medicare-covered	**In-Network** $0 copay for each Medicare-covered service * **Out-of-Network** $0 copay for each Medicare-covered service

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Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Diagnostic Services	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 diagnostic service(s) every year
Restorative Services	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 restorative service(s) every 12 to 84 months depending on type of service
Endodontics/ Periodontics/ Extractions	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 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

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Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Non-routine services	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 non-routine service(s) every date of service to 60 months depending on type of service
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 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.
Additional Dental Information	**What you should know:** This plan includes coverage of comprehensive services up to $4,000 per plan year.

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Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Vision Services Eye Exam Medicare Covered	**In-Network** $0 copay (Medicare-covered diabetic retinopathy screening) $0 copay (all other Medicare-covered eye exams) * **Out-of-Network** $0 copay (Medicare-covered diabetic retinopathy screening) $0 copay (all other Medicare-covered eye exams)
Routine eye exam (Refraction)	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 exam every year
Glaucoma screening	**In-Network** $0 copay for each Medicare-covered service. **Out-of-Network** $0 copay for each Medicare-covered service.
Eyewear Medicare Covered	**In-Network** $0 copay * **Out-of-Network** $0 copay

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Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Routine eyewear	
Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance
Eyewear allowance	Up to a $200 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services	
Inpatient visit	**In-Network** Days 1-90: $0 copay per admission. * **Out-of-Network** Days 1-90: $0 copay per admission.
Outpatient individual therapy visit	**In-Network** $0 copay * **Out-of-Network** $0 copay

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Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Outpatient group therapy visit	**In-Network** $0 copay * **Out-of-Network** $0 copay
Skilled nursing facility (SNF)	**In-Network** Days 1-100: $0 copay per benefit period. * **Out-of-Network** Days 1-100: $0 copay per benefit period.
Therapy and Rehabilitation Services Physical Therapy	**In-Network** $0 copay * **Out-of-Network** $0 copay
Outpatient rehabilitation services provided by an occupational therapist	**In-Network** $0 copay * **Out-of-Network** $0 copay

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Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Pulmonary rehabilitation services	**In-Network** $0 copay **Out-of-Network** $0 copay
Ambulance Ground Ambulance	**In-Network** $0 copay * **Out-of-Network** $0 copay
Air Ambulance	**In-Network** $0 copay * **Out-of-Network** $0 copay
Transportation Services	Up to 12 one-way trips every year to plan-approved health-related locations. **In-Network** $0 copay (per one-way trip) * **Out-of-Network** 75% coinsurance (per one-way trip) **What you should know:** Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.

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Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Medicare Part B Drugs	
Chemotherapy drugs	**In-Network** $0 copay * **Out-of-Network** $0 copay
Other Part B drugs	**In-Network** $0 copay * **Out-of-Network** $0 copay

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Prescription Drug Coverage	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
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 Dual Access Open (PPO D-SNP) H2775, Plan 112
Chiropractic Services Medicare-covered	**In-Network** $0 copay * **Out-of-Network** $0 copay
Acupuncture Medicare-covered	**In-Network** $0 copay * **Out-of-Network** $0 copay
Podiatry Services (Foot Care) Medicare Covered	**In-Network** $0 copay * **Out-of-Network** $0 copay

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Additional Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Virtual Visits	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. 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.
Home health agency care	**In-Network** $0 copay * **Out-of-Network** $0 copay
Medical Equipment/Supplies Durable Medical Equipment (DME)	**In-Network** $0 copay * **Out-of-Network** $0 copay
Prosthetics	**In-Network** $0 copay * **Out-of-Network** $0 copay

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Additional Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Diabetic supplies	**In-Network** $0 copay * **Out-of-Network** $0 copay Limitations may apply
Diabetic therapeutic shoes or inserts	**In-Network** $0 copay * **Out-of-Network** $0 copay
Opioid treatment program services	**In-Network** $0 copay * **Out-of-Network** $0 copay
Over-the-Counter (OTC) Items	$0 copay Maximum benefit is $261 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.

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Additional Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
	What you should know: You can purchase eligible OTC items from participating CVS retail locations with your plan's Member ID Card or from the catalog by phone or online for home delivery. - To place an order over the phone call: 1-866-819-2516, (TTY 711) - Order via the catalog online at www.cvs.com/otchs/wellcare
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	**In-Network** $0 copay **Out-of-Network** $0 copay Limited to 5 visit(s) every year
24-Hour Nurse Advice Line	$0 copay

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Additional Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Personal emergency medical response device (PERS)	$0 copay
Special Supplemental Benefits for Chronically Ill (SSBCI) These supplemental benefits are only available to high-risk, chronically ill members who meet additional criteria for eligibility including: having documentation of an active diagnosis for one or more specific health conditions that is life threatening or significantly limits overall health or function AND being at high risk for hospitalization AND requiring intensive care management. Additional information, including qualifying conditions can be found in the Evidence of Coverage or by calling Member Services.	Utility Flex Card: You pay $0 copay Plan covers up to $50 per month to help cover the cost of utilities for your home. Limitations apply. ▪ * **What you should know:** Benefits mentioned may be part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify.
Flex Card	$1,000 yearly benefit **What you should know:** 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.

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Additional Benefits

	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Healthy Foods Card 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.	You receive an allowance of $25 every month to spend on eligible grocery products at participating retailers. This allowance does not carry over to the next month.
In-home support services	$0 copay for each in-home support services visit. Up to 6 visits every year. **What you should know:** You can receive Chore Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a licensed plan provider. Services are provided in two hour increments.

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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 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. No matter what your level of Medicaid eligibility is, Wellcare Dual Access Open (PPO 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 New York Medicaid toll-free at 1-800-541-2831 (TTY: 711).

Our source of information for Medicaid benefits is https://www.health.ny.gov/health_care/medicaid/. All Medicaid covered services are subject to change at any time. For the most current New York Medicaid coverage information, please visit https://www.health.ny.gov/health_care/medicaid/ or call Member Services for assistance. A detailed explanation of New York Medicaid benefits can be found in the New York Summary of Services online at https://www.health.ny.gov/health_care/medicaid/.

Benefit Category	New York Medicaid
Inpatient Mental Health Over 190-Day Lifetime Limit	All inpatient mental health services, including voluntary or involuntary admissions for mental health services, over the Medicare 190-Day Lifetime Limit. The Contractor may provide the covered benefit for medically necessary mental health impatient services through hospitals licensed pursuant to Article 28 of the New York State P.H.L. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Non-Medicare Covered Care in Skilled Nursing Facility	Skilled nursing facility days provided by a licensed facility as specified in Chapter V, 10 NYCRR, in excess of the first 100 days in the Medicare Advantage benefit period. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Non-Medicare Covered Home Health Services	Medicaid covered home health services include the provision of skilled services not covered by Medicare (e.g. physical therapist to supervise maintenance program for patients who have reached their maximum restorative potential or nurse to pre-fill syringes for disabled individuals with diabetes) and /or home health aide services as required by an approved plan of care. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.

Benefit Category	New York Medicaid
Non-Medicare Covered Durable Medical Equipment	Medicare and Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula, and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period of time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Personal Care Services	Personal care services (PCS) are the provision of some or total assistance with such activities as personal hygiene dressing and feeding; and nutritional and environmental support function tasks (meal preparation and housekeeping). Such services must be essential to the maintenance of the Member's health and safety in his or her own home. Personal care must be medically necessary ordered by the Member's physician and provided by a qualified person as defined in Part 700.2(b)(14) of 10 NYCRR in accordance with a plan of care. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Dental Services	Dental services include, but shall not be limited to, preventive, prophylactic and other dental care, services, supplies, routine exams, prophylaxis, oral surgery (when not covered by Medicare), and dental prosthetic and orthotic appliances required to alleviate a serious health condition, including one which affects employability. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.

Benefit Category	New York Medicaid
Non-Emergency Transportation	Transportation expenses are covered when transportation is essential in order for a Member to obtain necessary medical care and services which are covered under the Medicaid program. Transportation services means transportation by ambulance, ambulette, fixed wing or airplane transport, invalid coach, taxicab, livery, public transportation, or other means appropriate to the Member's medical condition; and a transportation attendant to accompany the Member, if necessary. Such services may include the transportation attendant's transportation, meals, lodging and salary; however, no salary will be paid to a transportation attendant who is a member of the Member's family. Depending on level of Medicaid eligibility, $0 copay for Medicaid services. For Members with disabilities, the method of transportation must reasonably accommodate their needs, taking into account the severity and nature of the disability.

Benefit Category	New York Medicaid
Medical and Surgical Supplies, Enteral and Parenteral Formula and Hearing Aid Batteries	These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of fee-for-service Medicaid. Coverage of enteral formula and nutritional supplements are limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding. Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.

Benefit Category	New York Medicaid
Nutrition	Nutrition services includes the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual's physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs. In addition, these services may include the assessment of nutritional status and food preferences, planning for provision of appropriate dietary intake within the patient's home environment and cultural considerations, nutritional education regarding therapeutic diets as part of the treatment milieu, development of a nutritional treatment plan, regular evaluation and revision of nutritional plans, provision of in-service education to health agency staff as well as consultation on specific dietary problems of patients and nutrition teaching to patients and families. These services must be provided by a qualified nutritionist as defined in Part 700.2(b)(5), 10 NYCRR. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Medical Social Services	Medical social services include assessing the need for, arranging for and providing aid for social problems related to the maintenance of a patient in the home where such services are performed by a qualified social worker and provided within a plan of care. These services must be provided by a qualified social worker as defined in Section 700.2(b)(24) 10 NYCRR. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Social and Environmental Supports	Social and environmental supports are services and items that support the medical needs of the Members and are included in a Member's plan of care. These services and items include but are not limited to the following: home maintenance tasks, homemaker/chore services, housing improvement, and respite care. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.

Benefit Category	New York Medicaid
Adult Day Health Care	Adult day health care is care and services provided in a residential health care facility or approved extension site under the medical direction of a physician to a person who is functionally impaired, not homebound, and who requires certain preventive, diagnostic, therapeutic, rehabilitative or palliative items or services. Adult day health care includes the following services: medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities which are a planned program of diverse meaningful activities, dental, pharmaceutical, and other ancillary services. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Social Day Care	Social day care is a structured, comprehensive program which provides functionally impaired individuals with socialization; supervision and monitoring; personal care; and nutrition in a protective setting during any part of the day, but for less than a 24 hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, care giver assistance and case coordination and assistance. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Personal Emergency Response Services	Personal Emergency Response Services (PERS) is an electronic device which enables certain high-risk patients to secure help in the event of a physical emotional or environmental emergency. A variety of electronic alert systems now exist which employ different signaling devices. Such systems are usually connected to a patient's phone and signal a response center once a ""help"" button is activated. In the event of an emergency the signal is received and appropriately acted upon by a response center. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.

Benefit Category	New York Medicaid
Hearing Services	Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, earmolds, special fittings and replacement parts. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.

Benefit Category	New York Medicaid
Vision Services	Services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and poly-carbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed. If the Contractor does not provide upgraded eyeglass frames or additional features (such as scratch coating, progressive lenses or photo-gray lenses) as part of its covered vision benefit, the Contractor cannot apply the cost of its covered eyeglass benefit to the total cost of the eyeglasses the Enrollee wants and bill only the difference to the Enrollee. For example, if the Contractor covers only standard bifocal lenses and the Enrollee wants no-line bifocal lenses, the Enrollee must choose between taking the standard bifocal or paying the full price of the no-line bifocal lenses (not just the difference between the cost of the bifocal lenses and the no-line lenses). However, the Enrollee may pay for upgraded lenses as a private customer and have the Contractor pay for the frames or pay for upgraded frames as a private customer and have the Contractor pay for the lenses. The Enrollee must be informed of this fact by the vision care provider at the time that the glasses are ordered. Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Medicaid Pharmacy Benefits	as allowed by State Law (select drug categories excluded from the Medicare Part D benefit). Depending on level of Medicaid eligibility, $0 copay for Medicaid services.

Benefit Category	New York Medicaid
Methadone Maintenance Treatment Programs	Medicaid coverage provided Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Certain Mental Health Services	Medicaid coverage includes: Intensive Psychiatric Rehabilitation Treatment Programs Day Treatment Continuing Day Treatment Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units) Partial Hospitalizations Assertive Community Treatment (ACT) Personalized Recovery Oriented Services (PROS) Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Office for People with Developmental Disabilities (OPWDD) Services	Medicaid coverage provided Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Comprehensive Medicaid Case Management	Medicaid coverage provided Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Home and Community Based Waiver Program Services	Medicaid coverage provided Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Directly Observed Therapy for Tuberculosis Disease	Medicaid coverage provided Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
AIDS Adult Day Health Care	Medicaid coverage provided Depending on level of Medicaid eligibility, $0 copay for Medicaid services.
Assisted Living Program	Medicaid coverage provided Depending on level of Medicaid eligibility, $0 copay for Medicaid services.

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. Matutulungan 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 بمكنه 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 ʻōlelo manuahi e pane i nā ʻano nīnau āu no ka mākou papahana mālama olakino a hoʻolako lāʻau. No ka ʻimi i mea māhele ʻōlelo, e kelepona wale mai iā mākou ma nā helu kelepona e waiho nei ma kēia mau ʻaoʻao e koe nei. Na kekahi māhele ʻōlelo Hawaiʻi e kōkua iā ʻoe. 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 faʼaliliu upu fua e tali ai soʻo se fesili e te ono iai e uiga i la matou fuafuaga faʼalesoifua maloloina poʻo vailaʼau. Mo le mauaina o se faʼaliliu upu, naʻo le valaʼau mai i numera o fuafuaga o loʻo i itulau nei. E mafai e se tasi e tautala i le gagana Samoa ona fesoasoani ia te oe. Ose auaunaga e leai se totogi.

We're Just a **Phone Call Away**

CALIFORNIA

- HMO, HMO D-SNP
- **1-866-999-3945**

HAWAII

- HMO, PPO, HMO D-SNP
- **1-877-457-7621**

ILLINOIS*

- HMO, HMO-POS, HMO C-SNP, PPO
- **1-833-444-9088**

GEORGIA, ILLINOIS**, INDIANA, MICHIGAN, OHIO AND SOUTH CAROLINA

- HMO, HMO C-SNP, HMO D-SNP, HMO-POS, HMO-POS C-SNP, HMO-POS D-SNP, PPO, PPO D-SNP
- **1-866-892-8340**

ALL OTHER STATES

- HMO, HMO C-SNP, HMO-POS, HMO-POS C-SNP, PFFS, PPO
- **1-833-444-9088**
- HMO D-SNP, HMO-POS D-SNP, PPO D-SNP
- **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/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, 2024.
- ☐ **For PPO, PFFS and POS plans:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situations, 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.

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

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

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

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