



2024 Summary of Benefits

Michigan

Wellcare Dual Access (HMO-POS D-SNP)

H5475 | 001

Wellcare All Dual Assure (HMO D-SNP)

H5475 | 039

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 (HMO-POS D-SNP) and Wellcare All Dual Assure (HMO D-SNP) from January 1, 2024 to December 31, 2024.

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

Who can join?

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

Our plans and service areas:

H5475001000 Wellcare Dual Access (HMO-POS D-SNP) includes these counties in Michigan: Allegan, Arenac, Barry, Bay, Branch, Calhoun, Cass, Crawford, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Livingston, Macomb, Mecosta, Missaukee, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford.

H5475039000 Wellcare All Dual Assure (HMO D-SNP) includes these counties in Michigan: Allegan, Arenac, Barry, Bay, Branch, Calhoun, Cass, Crawford, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Livingston, Macomb, Mecosta, Missaukee, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, and Wexford.

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.

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.

Health Maintenance Organizations-Point of Service (HMO-POS) plans are HMOs which, under certain circumstances, allow members to get care out-of-network, often at a higher cost-share than those provided from in-network providers. Out-of-network providers may choose not to bill

our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made. Out-of-network/non-contracted providers are under no obligation to treat Plan Members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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/medicare (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor our plan will be responsible for the costs.)

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

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

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

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

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

To be eligible

These plans are available to anyone who has both Medical Assistance from the State and Medicare.

To be eligible for these plans you must meet the following special needs criteria:

H5475001000 Wellcare Dual Access (HMO-POS D-SNP) - FBDE, QMB, QMB+, SLMB+

H5475039000 Wellcare All Dual Assure (HMO D-SNP) - FBDE, QMB, QMB+, SLMB, SLMB+, QI, QDWI

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

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

You must also be enrolled in the Michigan 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 Michigan 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.

Medicare Savings Program (MSP) Levels

- **Full-Benefit Dual Eligible (FBDE):** Medicaid may pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. Eligible beneficiaries also receive full Medicaid benefits.
- **Qualified Medicare Beneficiary (QMB):** Medicaid will pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. Some people with QMB are also eligible for full Medicaid benefits (QMB+)

- ***Specified Low-Income Medicare Beneficiary (SLMB)***: Medicaid will absorb the cost of your Medicare Part B Premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+)
- ***Qualified Individual (QI)***: Medicaid will pay costs associated with Medicare Part B
- ***Qualified Disabled Working Individual (QDWI)***: Medicaid will pay costs associated with Medicare Part A

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

What is “Extra Help?”

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

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

Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Monthly plan premium (includes both medical and drugs)	\$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.	\$0 or \$20.50 If you qualify for Extra Help, your plan premium is paid on your behalf. If you no longer qualify for Extra Help, you may be charged a premium. You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$8,850 in-network annually \$8,850 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.	\$5,000 in-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.

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Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Inpatient Hospital coverage	<p>In-Network Days 1-90: \$0 copay per admission *</p> <p>Out-of-Network Days 1-90: \$0 or 20% coinsurance per admission, depending on your Medicaid eligibility category. *</p>	<p>In-Network For each admission, you pay:</p> <ul style="list-style-type: none"> • \$0 or \$300 copay per day for days 1 through 6 • \$0 copay per day for days 7 through 90 <p>If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>

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	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
<p>Outpatient Hospital coverage Outpatient hospital services</p>	<p>In-Network \$0 copay for surgical and non-surgical services (includes diagnostic colonoscopy). *</p> <p>Out-of-Network \$0 or 20% coinsurance for surgical and non-surgical services (includes diagnostic colonoscopy), depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 copay for diagnostic colonoscopy. \$0 or \$225 copay for all other outpatient services. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
<p>Outpatient hospital observation services</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$120 copay for outpatient observation services when you enter observation status through an emergency room. \$0 or \$225 copay for outpatient observation services when you enter observation status through an outpatient facility. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>

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Ambulatory surgical center (ASC) services	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$125 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
Doctor Visits Primary Care Providers	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>	<p>In-Network \$0 copay</p>
Specialists	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$30 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>

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Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>	<p>In-Network \$0 copay</p>
Emergency care	\$0 copay	<p>\$0 or \$120 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. Copay is waived if you are admitted to a hospital within 24 hours.</p>

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	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Worldwide emergency coverage	<p>\$100 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.</p>	<p>\$120 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.</p>
Urgently needed services	\$0 copay	\$0 copay
Worldwide urgent care coverage	<p>\$100 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.</p>	<p>\$120 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.</p>

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Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
<p>Diagnostic Services/Labs/Imaging</p> <p>Lab services</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance , depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 copay for all other labs. \$0 or \$50 copay for genetic testing. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
<p>Diagnostic tests and procedures</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 copay for each Medicare-covered spirometry test and specified testing-related services. \$0 or \$50 copay for all other Medicare-covered diagnostic procedures and tests. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>

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	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Outpatient X-rays	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 copay *</p>
Diagnostic radiology services (e.g. MRI, CAT Scan)	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance for Medicare-covered diagnostic radiological services, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 copay for a diagnostic mammogram. \$0 or \$225 copay for all other diagnostic radiology services received in an outpatient setting. \$0 or \$100 copay for all other services received in all other locations. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>

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Therapeutic Radiology	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
<p>Hearing services</p> <p>Hearing Exam Medicare Covered</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$30 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
Routine hearing exam	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not covered</u></p> <p>1 exam every year</p>	<p>In-Network \$0 copay *</p> <p>1 exam every year</p>

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	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Hearing Aids		
Hearing Aid Fitting/Evaluation(s)	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not</u> covered</p> <p>1 fitting(s) / evaluation(s) every year</p>	<p>In-Network \$0 copay *</p> <p>1 fitting(s) / evaluation(s) every year</p>
Hearing aid allowance	Up to a \$1,500 allowance per ear every year for hearing aids.	Up to a \$1,500 allowance per ear every year for hearing aids.
All types	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not</u> covered</p> <p>Limited to 2 hearing aid(s) every year</p>	<p>In-Network \$0 copay *</p> <p>Limited to 2 hearing aid(s) every year</p>

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Additional Hearing Information	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
Dental services		
Preventive services	In-Network \$0 copay * Out-of-Network <u>Not</u> covered Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year	In-Network \$0 copay * Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year
Fluoride Treatment	In-Network \$0 copay * Out-of-Network <u>Not</u> covered 1 every year	In-Network \$0 copay * 1 every year

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	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Comprehensive services Medicare-covered	<p>In-Network \$0 copay for each Medicare-covered service *</p> <p>Out-of-Network \$0 or 20% coinsurance for each Medicare-covered service, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$30 copay for each Medicare-covered service. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
Comprehensive services Diagnostic Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not</u> covered</p>	<p>In-Network \$0 copay *</p>
Restorative Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not</u> covered</p>	<p>In-Network \$0 copay *</p>

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	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Endodontics/ Periodontics/ Extractions	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network <u>Not</u> covered	
Non-routine services	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network <u>Not</u> covered	
Prostodontics, Other Oral/Maxillofacial Surgery, Other Services	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network <u>Not</u> covered	
	For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.	For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.

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Additional Dental Information	What you should know: This plan includes coverage of comprehensive services up to \$5,000 per plan year.	What you should know: This plan includes coverage of comprehensive services up to \$4,000 per plan year.
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 or 20% coinsurance, depending on your Medicaid eligibility category. *	In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 or \$30 copay (all other Medicare-covered eye exams) If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Routine eye exam (Refraction)	In-Network \$0 copay * Out-of-Network <u>Not covered</u> 1 exam every year	In-Network \$0 copay * 1 exam every year

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Glaucoma screening	<p>In-Network \$0 copay for each Medicare-covered service.</p> <p>Out-of-Network \$0 or 20% coinsurance for each Medicare-covered service, depending on your Medicaid eligibility category.</p>	<p>In-Network \$0 copay for each Medicare-covered service.</p>
Eyewear Medicare Covered	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 copay *</p>
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not covered</u></p>	<p>In-Network \$0 copay *</p>

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Eyewear allowance	Up to a \$400 combined allowance towards contacts and glasses (lenses and/or frames) every year.	Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services		
Inpatient visit	<p>In-Network Days 1-90: \$0 copay per admission *</p> <p>Out-of-Network Days 1-90: \$0 or 20% coinsurance per admission, depending on your Medicaid eligibility category. *</p>	<p>In-Network For each admission, you pay:</p> <ul style="list-style-type: none"> • \$0 or \$300 copay per day for days 1 through 6 • \$0 copay per day for days 7 through 90 <p>If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
Outpatient individual therapy visit	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$40 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>

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Outpatient group therapy visit	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$40 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
Skilled nursing facility (SNF)	<p>In-Network Days 1-100: \$0 copay per benefit period *</p>	<p>In-Network For each benefit period, you pay:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$0 or \$203 copay per day for days 21 through 50 • \$0 copay per day for days 51 through 100 <p>If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>

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	<p>Out-of-Network Days 1-100: \$0 or 20% coinsurance per benefit period, depending on your Medicaid eligibility category. *</p>	
<p>Therapy and Rehabilitation Services</p> <p>Physical Therapy</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$30 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
<p>Outpatient rehabilitation services provided by an occupational therapist</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$30 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>

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Pulmonary rehabilitation services	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>	<p>In-Network \$0 or \$15 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
<p>Ambulance Ground Ambulance</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$270 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
Air Ambulance	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$270 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>

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Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Transportation Services	<p>Up to 24 rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day).</p> <p>In-Network \$0 copay (per one-way trip) *</p> <p>Out-of-Network <u>Not</u> covered</p> <p>What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p>	<p>Up to 24 rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day).</p> <p>In-Network \$0 copay (per one-way trip) *</p> <p>What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p>
Medicare Part B Drugs		
Chemotherapy and Other Part B Drugs	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network 0% - 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p> <p>Certain Part B rebatable drugs may be subject to a</p>

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Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
	Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.	lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.
Insulin	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or \$35 copay (maximum per month), depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$35 copay (maximum per month) If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
Allergy Antigen	<p>In-Network \$0 copay *</p> <p>Out-of-Network 0% coinsurance *</p>	<p>In-Network 0% coinsurance *</p>

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Prescription Drug Coverage	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Annual Prescription Deductible	\$0	
30-day/up to a 100-day supply from retail network pharmacy		
All Covered Drugs	\$0 copay Some covered drugs limited to a 30-day supply	

Additional Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Chiropractic Services Medicare-covered	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$20 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>

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Additional Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
<p>Acupuncture</p> <p>Medicare-covered</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$0 or \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. \$0 or \$30 copay for Medicare-covered Acupuncture received in a Specialist office. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>

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Additional Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
<p>Podiatry Services (Foot Care) Medicare Covered</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$30 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
<p>Virtual Visits</p>	<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 Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Home health agency care	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 copay *</p>
<p>Meals</p> <p>Post-Acute Meals</p>	<p>\$0 copay</p> <p>▪ What you should know: You pay nothing for home delivered meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.</p>	<p>\$0 copay</p> <p>▪ What you should know: You pay nothing for home delivered meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.</p>

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Additional Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Chronic Meals	<u>Not</u> covered	\$0 copay <ul style="list-style-type: none"> ▪ What you should know: You pay nothing for home delivered meals as part of a supervised program designed to transition members with specific chronic conditions to lifestyle modifications. Members receive 3 meals per day for up to 28 days, for a maximum of 84 meals per month. The benefit can be received for up to 3 months.
Medical Equipment/Supplies Durable Medical Equipment (DME)	In-Network \$0 copay * Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *	In-Network \$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *

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Additional Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Prosthetics	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
Diabetic supplies	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>	<p>In-Network \$0 copay *</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>
Diabetic therapeutic shoes or inserts	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>

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Additional Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Opioid treatment program services	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p>	<p>In-Network \$0 or \$30 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
<p>Wellness Programs</p> <p>Fitness</p>	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay</p> <p>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.</p>	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay</p> <p>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.</p>

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Additional Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
Additional sessions of smoking and tobacco cessation counseling	<p>In-Network \$0 copay</p> <p>Out-of-Network <u>Not</u> covered</p> <p>Limited to 5 visit(s) every year</p>	<p>In-Network \$0 copay</p> <p>Limited to 5 visit(s) every year</p>
Annual Physical Exam	<p>In-Network \$0 copay</p> <p>Out-of-Network <u>Not</u> covered</p> <p>What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>	<p>In-Network \$0 copay</p> <p>What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>
24-Hour Nurse Advice Line	\$0 copay	\$0 copay
Personal emergency medical response device (PERS)	\$0 copay	\$0 copay

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Additional Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
In-home support services	<p>\$0 copay for each in-home support services visit. Up to 12 visits every year.</p> <p>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.</p>	<u>Not</u> covered
Over-the-Counter (OTC) Items	Please see the Wellcare Spendables™ section for more information about the over-the-counter (OTC) benefit.	Please see the Wellcare Spendables™ section for more information about the over-the-counter (OTC) benefit.
Wellcare Spendables™	<p>You will receive \$134 monthly (\$1,608 per year) preloaded on your Wellcare Spendables™ card. Your monthly allowance rolls over to the following month if unused and expires at end of the plan year.</p> <p>Your card allowance can be used towards:</p>	<p>You will receive \$51 monthly (\$612 per year) preloaded on your Wellcare Spendables™ card. Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year.</p> <p>Your card allowance can be used towards:</p>

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Additional Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
	<ul style="list-style-type: none"> • Over-the-Counter items (OTC) - Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. • Dental, Vision, and Hearing - You may use your card to help reduce your out-of-pocket expenses for any dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly. <p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> • Healthy Food - You can use your card to pay for healthy foods and 	<ul style="list-style-type: none"> • Over-the-Counter items (OTC) - Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. • Dental, Vision, and Hearing - You may use your card to help reduce your out-of-pocket expenses for any dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly. <p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> • Healthy Food - You can use your card to pay for healthy foods and

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Additional Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
	<p>produce at participating retailers. Prepared meals are available for order via online portal.</p> <ul style="list-style-type: none"> • Gas pay-at-pump - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. • Utility Assistance - You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet. • Rent Assistance - You can use your card to help with the cost of rent for your home. 	<p>produce at participating retailers. Prepared meals are available for order via online portal.</p> <ul style="list-style-type: none"> • Gas pay-at-pump - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. • Utility Assistance - You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet. • Rent Assistance - You can use your card to help with the cost of rent for your home.

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Additional Benefits

	Wellcare Dual Access (HMO-POS D-SNP) H5475, Plan 001	Wellcare All Dual Assure (HMO D-SNP) H5475, Plan 039
	For more information, limitations and exclusions, please see your Evidence of Coverage.	For more information, limitations and exclusions, please see your Evidence of Coverage.

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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 (HMO-POS D-SNP) and Wellcare All Dual Assure (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. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Michigan Medicaid toll-free at 1-800-642-3195 (TTY: 1-800-649-3777).

For the most current Michigan Medicaid coverage information, please visit www.michigan.gov/medicaid or call Member Services for assistance.

Benefit Category	Michigan Medicaid
<p>Doctor Visits This includes visits to your primary care physician and specialists</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 co-pay for Medicaid-covered services.</p>
<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) Certain immunizations may require Prior Authorization Mammograms (Annual Screening) (for women with Medicare age 40 and older) Pap Smears and Pelvic Exams (for women with Medicare) Welcome to Medicare; and Annual Wellness Visit Health/Wellness Education Written health education materials, including Newsletters Nutritional Training Additional Smoking Cessation Other Wellness Benefits</p>

Benefit Category	Michigan Medicaid
<p>Hearing Services This includes information on coverage of hearing exams and aids</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. Up to 36 disposable hearing aid batteries per hearing aid every six months Ear molds Prior Authorization required \$0 co-pay for Medicaid-covered services.</p>
<p>Dental Services</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 co-pay for Medicaid-covered services.</p>
<p>Vision Services This includes information on coverage of vision exams and eyewear</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. May require Prior Authorization Under 21 years old each year you get: One eye exam One pair of glasses Over 21 years old every two years you get: One eye exam One pair of glasses Replacement of frames/lenses due to loss or breakage (if they cannot be repaired) is covered once every year for members age 21 and over and twice every year for members under age 21. \$0 co-pay for Medicaid-covered services.</p>
<p>Mental Health Services This includes the following:</p> <ul style="list-style-type: none"> • Inpatient visits • Outpatient group or individual therapy visits 	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 co-pay for Medicaid-covered services.</p>

Benefit Category	Michigan Medicaid
Transportation	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 co-pay for Medicaid-covered services.
Wellness Programs This includes the following: <ul style="list-style-type: none"> • Fitness • Personal Emergency Response System (PERS) • Additional routine annual physical • Nurse Advice Line 24 hours 	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 co-pay for Medicaid-covered services.
Prescription Drugs	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. \$0 co-pay for Medicaid-covered services.
OTC	Not Applicable

Multi-Language Insert
Multi-language Interpreter Services

Form Approved
OMB# 0938-1421

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

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

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

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

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

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

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

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

Form CMS-10802

(Expires 12/31/25)

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NA4WCMINS29344M_WMPB

Updated: 06/01/2023

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

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

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

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

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

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

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

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

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

ALABAMA

HMO, PPO

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

HMO D-SNP, PPO D-SNP

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

ARIZONA

PPO

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

ARKANSAS

HMO, HMO-POS, PPO

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

HMO-POS D-SNP, PPO D-SNP

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

CALIFORNIA

HMO

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

CONNECTICUT

HMO, PPO

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

HMO D-SNP, PPO D-SNP

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

FLORIDA

HMO, PPO

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

HMO D-SNP, PPO D-SNP

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

GEORGIA

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

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

HAWAII

HMO, PPO, HMO D-SNP

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

ILLINOIS

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

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

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

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

KENTUCKY

HMO, HMO-POS, PPO

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

HMO D-SNP, PPO D-SNP

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

LOUISIANA

HMO, PPO

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

HMO D-SNP

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

MAINE

HMO, PPO, PFFS

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

HMO D-SNP, PPO D-SNP

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

MASSACHUSETTS

HMO, PPO

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

MICHIGAN

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

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

MISSOURI

HMO, PPO

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

HMO D-SNP, PPO D-SNP

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

MISSISSIPPI

HMO, HMO-POS, PPO

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

HMO D-SNP, PPO D-SNP

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wellcare.com/medicare

NEW HAMPSHIRE

HMO, PPO

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

NEW JERSEY

HMO, HMO-POS, PPO

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

NEW YORK

HMO, PPO, PFFS

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

HMO D-SNP, PPO D-SNP

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

NORTH CAROLINA

HMO, PPO

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

HMO D-SNP, PPO D-SNP

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

OHIO

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

1-866-892-8340 (TTY: 711)

wellcare.com/medicare

RHODE ISLAND

HMO, PPO

1-833-444-9088 (TTY: 711)

wellcare.com/medicare

PPO D-SNP

1-833-444-9089 (TTY: 711)

wellcare.com/medicare

SOUTH CAROLINA

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

1-866-892-8340 (TTY: 711)

wellcare.com/medicare

TENNESSEE

HMO, HMO-POS, PPO

1-833-444-9088 (TTY: 711)

wellcare.com/medicare

HMO D-SNP

1-833-444-9089 (TTY: 711)

wellcare.com/medicare

TEXAS

HMO, HMO-POS, PPO

1-833-444-9088 (TTY: 711)

wellcare.com/medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)

wellcare.com/medicare

VERMONT

HMO, PPO

1-833-444-9088 (TTY: 711)

wellcare.com/medicare

WASHINGTON

HMO, PPO

1-833-444-9088 (TTY: 711)

wellcare.com/medicare

HMO D-SNP, PPO D-SNP

1-833-444-9089 (TTY: 711)

wellcare.com/medicare

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Pre-Enrollment Checklist

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

Understanding the Benefits

- ❑ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.wellcare.com/medicare or call 1-844-917-0175 (TTY: 711) to view a copy of the EOC. Hours are Monday - Sunday, 8 am - 8 pm (all time zones).
- ❑ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ❑ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ❑ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ❑ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ❑ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- ❑ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ❑ **For 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 situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ❑ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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

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.

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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