



2024 Summary of Benefits

Georgia

Wellcare Dual Liberty (HMO D-SNP)

H1112 | 033

Wellcare All Dual (HMO D-SNP)

H1112 | 006

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

This is a summary of drug and health services covered by Wellcare Dual Liberty (HMO D-SNP) and Wellcare All Dual (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:

H1112033000 Wellcare Dual Liberty (HMO D-SNP) includes these counties in Georgia: Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, and Worth.

H1112006000 Wellcare All Dual (HMO D-SNP) includes these counties in Georgia: Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones,

Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, and Worth.

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.

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 Liberty (HMO D-SNP) and Wellcare All Dual (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:

H1112033000 Wellcare Dual Liberty (HMO D-SNP) - FBDE, QMB+, SLMB+

H1112006000 Wellcare All Dual (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 Georgia 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 Georgia 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 Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Monthly plan premium (includes both medical and drugs)	<p>\$0</p> <p>You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.</p>	<p>\$0 or \$44.10</p> <p>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.</p> <p>You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.</p>
Deductible	No deductible	<p>\$0 or The Part B deductible was \$226 for select Part B services. This is the 2023 cost sharing amount and may change in 2024.</p> <p>Wellcare All Dual (HMO D-SNP) will provide updated rates at www.wellcare.com/medicare as soon as they are released. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay \$0.</p>

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$8,850 in-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	\$8,850 in-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	Days 1-90: \$0 copay per admission *	For each admission, you pay: <ul style="list-style-type: none"> \$0 or \$1,610 copay per stay for days 1 through 90 If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Outpatient Hospital coverage Outpatient hospital services	\$0 copay for surgical and non-surgical services (includes diagnostic colonoscopy). *	\$0 copay for diagnostic colonoscopy. \$0 or 20% coinsurance for all other outpatient services. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Outpatient hospital observation services	\$0 copay	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount.
Ambulatory surgical center (ASC) services	\$0 copay *	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Doctor Visits		
Primary Care Providers	\$0 copay	\$0 copay
Specialists	\$0 copay *	\$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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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
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))	\$0 copay	\$0 copay
Emergency care	\$0 copay	\$0 or \$100 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.

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
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>\$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>
Urgently needed services	<p>\$0 copay</p>	<p>\$0 or \$55 copay</p> <p>If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p>Copay is waived if you are admitted to a hospital within 24 hours.</p>

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
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>\$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>Diagnostic Services/Labs/Imaging</p> <p>Lab services</p>	<p>\$0 copay *</p>	<p>\$0 copay for all other labs. \$0 or \$50 copay for genetic testing.</p> <p>If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p>*</p>

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Diagnostic tests and procedures	\$0 copay *	\$0 copay for each Medicare-covered spirometry test and specified testing-related services. \$0 or 20% coinsurance 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. *
Outpatient X-rays	\$0 copay *	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Diagnostic radiology services (e.g. MRI, CAT Scan)	\$0 copay *	\$0 copay for a diagnostic mammogram. \$0 or 20% coinsurance for all other diagnostic radiology services. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Therapeutic Radiology	\$0 copay *	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Hearing services		
Hearing Exam Medicare Covered	\$0 copay *	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Routine hearing exam	\$0 copay * 1 exam every year	\$0 copay * 1 exam every year
Hearing Aids		
Hearing Aid Fitting/Evaluation(s)	\$0 copay * 1 fitting(s) / evaluation(s) every year	\$0 copay * 1 fitting(s) / evaluation(s) every year

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Hearing aid allowance All types	Up to a \$2,500 allowance per ear every year for hearing aids. \$0 copay * Limited to 2 hearing aid(s) every year	Up to a \$2,000 allowance per ear every year for hearing aids. \$0 copay * Limited to 2 hearing aid(s) every year
Additional Hearing Information	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
Dental services Preventive services Fluoride Treatment	\$0 copay * Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year \$0 copay * 1 every year	\$0 copay * Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year \$0 copay * 1 every year

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Comprehensive services Medicare-covered	\$0 copay for each Medicare-covered service *	\$0 or 20% coinsurance for each Medicare-covered service. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Comprehensive services		
Diagnostic Services	\$0 copay *	\$0 copay *
Restorative Services	\$0 copay *	\$0 copay *
Endodontics/ Periodontics/ Extractions	\$0 copay *	\$0 copay *
Non-routine services	\$0 copay *	\$0 copay *
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	\$0 copay *	\$0 copay *

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
	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.
Additional Dental Information	What you should know: This plan provides dental services with no annual maximum allowance.	What you should know: This plan provides dental services with no annual maximum allowance.
Vision Services Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 or 20% coinsurance (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)	\$0 copay * 1 exam every year	\$0 copay * 1 exam every year

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Glaucoma screening	\$0 copay for each Medicare-covered service.	\$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	\$0 copay *	\$0 copay *
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	\$0 copay * Up to a \$600 combined allowance towards contacts and glasses (lenses and/or frames) every year.	\$0 copay * Up to a \$400 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services		
Inpatient visit	Days 1-90: \$0 copay per admission *	For each admission, you pay: <ul style="list-style-type: none"> • \$0 or \$781 copay per day for days 1 through 2 • \$0 copay per day for days 3 through 90 If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Outpatient individual therapy visit	\$0 copay *	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Outpatient group therapy visit	\$0 copay *	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Skilled nursing facility (SNF)	Days 1-100: \$0 copay per benefit period *	For each benefit period, you pay: <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 100 If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Therapy and Rehabilitation Services		
Physical Therapy	\$0 copay *	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay *	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Pulmonary rehabilitation services	\$0 copay	\$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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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Ambulance Ground Ambulance	\$0 copay *	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Air Ambulance	\$0 copay *	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Transportation Services	<p>Unlimited rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day).</p> <p>\$0 copay (per one-way trip) *</p> <p>What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p>	<p>Up to 48 rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day).</p> <p>\$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>

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	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Medicare Part B Drugs		
Chemotherapy and Other Part B Drugs	<p>\$0 copay *</p> <p>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.</p>	<p>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 lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.</p>
Insulin	<p>\$0 copay *</p>	<p>\$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>

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Allergy Antigen	\$0 copay *	0% coinsurance *

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Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
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 Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Chiropractic Services		
Medicare-covered	\$0 copay *	\$0 copay *
Routine chiropractic services	\$0 copay * 12 visit(s) every year	\$0 copay * 12 visit(s) every year
Acupuncture		
Medicare-covered	\$0 copay *	\$0 copay for Medicare-covered Acupuncture received in a PCP office. \$0 copay for Medicare-covered Acupuncture received in a Chiropractor office. \$0 or 20% coinsurance 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. *
Routine acupuncture services	\$0 copay * Limited to 12 visit(s) every year.	\$0 copay * Limited to 12 visit(s) every year

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Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Podiatry Services (Foot Care) Medicare Covered	\$0 copay *	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
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	\$0 copay *	\$0 copay *

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Meals Post-Acute Meals	\$0 copay ■ 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.	\$0 copay ■ 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.
Medical Equipment/Supplies Durable Medical Equipment (DME)	\$0 copay *	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Prosthetics	\$0 copay *	\$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 Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Diabetic supplies	\$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.	\$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic therapeutic shoes or inserts	\$0 copay *	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Opioid treatment program services	\$0 copay *	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Wellness Programs	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.
Fitness	\$0 copay	\$0 copay

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

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
	<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>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>
Additional sessions of smoking and tobacco cessation counseling	<p>\$0 copay Limited to 5 visit(s) every year</p>	<p>\$0 copay Limited to 5 visit(s) every year</p>
Annual Physical Exam	<p>\$0 copay What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>	<p>\$0 copay What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>
24-Hour Nurse Advice Line	<p>\$0 copay</p>	<p>\$0 copay</p>

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

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
Personal emergency medical response device (PERS)	\$0 copay	\$0 copay
In-home support services	<u>Not</u> covered	<p>\$0 copay for each in-home support services visit. Up to 12 visits every year.</p> <p>What you should know:</p> <p>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>
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 \$140 monthly (\$1,680 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 \$84 monthly (\$1,008 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>

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

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
	<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

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

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
	<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.

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

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H1112, Plan 033	Wellcare All Dual (HMO D-SNP) H1112, Plan 006
	For more information, limitations and exclusions, please see your Evidence of Coverage.	For more information, limitations and exclusions, please see your Evidence of Coverage.

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

Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Wellcare Dual Liberty (HMO D-SNP) and Wellcare All Dual (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 Georgia Medicaid toll-free at 1-404-657-5468 (TTY: 711).

For the most current Georgia Medicaid coverage information, please visit <https://medicaid.georgia.gov/> or call Member Services for assistance.

Georgia Medicaid Summary of Benefits*	
*This Summary of Benefits is Current as of 6/30/20 and is subject to change by DHC.	Note: Numbers in the Co-Payment column refer to the sections following this table.
Benefit	Co-Payment ¹
Doctor and nurse office visits (when you visit a doctor or nurse for checkups, lab tests, exams, or treatment)	\$0 Co-pay
Nurse visits in the home after delivery of the baby	\$0 Co-pay
Nursing facilities (nursing homes)	\$0 Co-pay
Emergency ambulance services	\$0 Co-pay
Preventive dental care, fillings and oral surgery for children	\$0 Co-pay
Certain emergency dental care for adults	\$0 Co-pay

Non-emergency transportation (to get to and from medical appointments)	\$0 Co-pay
Exams, immunizations (shots), and treatments for children	\$0 Co-pay
Family planning services (such as exams, drugs, treatment and counseling)	\$0 Co-pay
Hospice care services provided by a Medicaid hospice provider	\$0 Co-pay
Hearing services for children	\$0 Co-pay
Diagnostic, screening and preventive services	\$0 Co-pay
Laboratory services	\$0 Co-pay
Mental health clinic services	\$0 Co-pay
Nurse midwife and nurse practitioner services	\$0 Co-pay
Psychological services (for people under the age of 21)	\$0 Co-pay
Therapy services (physical, occupational and speech)	\$0 Co-pay
Rural Health Clinic and Federally Qualified Health Center services	\$0 Co-pay
Childbirth education classes	\$0 Co-pay

Birthing center services	\$0 Co-pay
Dialysis and services for end-stage renal (kidney) disease	\$0 Co-pay
Vision services	\$0 Co-pay ²
Durable medical equipment, medical equipment and supplies prescribed by a doctor for use in your home (such as wheelchairs, crutches or walkers)	\$0 Co-pay ³
Home health services ordered by a doctor and received in your home (such as part- time nursing, physical therapy or home health aides)	\$0 Co-pay ⁴
Outpatient hospital services you receive in a hospital even though you do not stay in the hospital overnight	\$0 Co-pay ⁵
Inpatient hospital services (room and board, drugs, lab tests and other services when you have to stay in the hospital)	\$0 Co-pay ⁶
Prescription drugs	\$0 Co-pay ⁷

Applicable Co-Payments

1. The co-payment does not apply to the following services:

- Dialysis
- Emergency services
- Family Planning services (must bill with medical diagnosis)
- July 1, 2018 Physician Services Manual Q-2
- Waiver Services

2. The Division of Medical Assistance implemented a tiered member co-payment scale as described in 42 C.F.R. § 447.54 on all evaluation and management procedure codes (99201 - 99499), including the ophthalmologic services procedure codes (92002 - 92014) used by physicians or physicians' assistants.

The tiered co-payment amounts are as follows:

State's payment for the service	Maximum co-payment chargeable to recipient
\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.01 or more	\$3.00

3. Durable Medical Equipment ("DME")

For members 21 years of age and older, a \$3.00 co-payment will be applied to all DME services with the modifier NU, except for DME supply procedure codes ("A" codes). Procedure codes, E0441 and E0442, are exempt from co-payment. A \$3.00 co-payment will be applied to the following rental procedure codes: E1390 RR, E1391 RR, E0424 RR, E0431 RR, E0434 RR, E0439 RR, E0439 QE, E0439 QF, E0465 RR, E0466 RR, E0470RR and E0784 RR. A \$1.00 co-payment will be applied to all other procedure codes that have a modifier RR.

4. Home Health Services

A \$3 co-payment will be applied for each home health visit. The co-payment does not apply to the following members:

- Pregnant women
- Members under 21 years of age
- Hospice care members
- Women diagnosed with breast or cervical cancer and receiving Medicaid under the Women's health Medicaid Program, aid categories 245 and 800, only. This applies to all services rendered.

5. Hospital Outpatient Services

A \$3 member co-payment will be applied on all non-emergency outpatient hospital visits. The copayment does not apply for the following members:

- Pregnant women
- Members under 21 years of age
- Nursing facility members

- Women diagnosed with breast or cervical cancer who are receiving Medicaid under the Breast and Cervical Cancer (BCC) program or Presumptive Eligibility Aid Categories 245 and 800 only are not subject to the copayment.
- Hospice care participants

Persons who have both Medicare and Medicaid coverage are not subject to the co-payment.

6. Hospital Inpatient Services

A co-payment of \$12.50 will be applied for non-emergency inpatient hospital admissions.

7. Pharmacy Services

A \$0.50 co-payment will be applied for each preferred generic or preferred brand drug dispensed by the pharmacy as follows:

Category	Co-Payment
Preferred Generic	\$0.50
Preferred Brand	\$0.50
Non-Preferred Brand	Under \$10.00 = \$0.50
Or	\$10.01-\$25.00 = \$1.00
Non-Preferred Generic	\$25.01-\$50.00 = \$2.00
	\$50.01 or more = \$3.00

This co-payment does not apply to the following members:

- Pregnant women
- Members under age 21 years of age
- Institutionalized individuals
- Hospice care members
- Members enrolled in the Breast and Cervical Cancer eligibility groups

Emergency services and family planning services are also exempt from this co-payment.

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 libheng 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)

Y0020_WCM_125093M_FINAL_W_C Internal Approved 07122023

NA4WCMINS29344M_WMPB

Updated: 06/01/2023

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

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

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

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

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

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

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

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

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

ALABAMA

HMO, PPO

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

HMO D-SNP, PPO D-SNP

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

ARIZONA

PPO

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

ARKANSAS

HMO, HMO-POS, PPO

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

HMO-POS D-SNP, PPO D-SNP

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

CALIFORNIA

HMO

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

CONNECTICUT

HMO, PPO

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

HMO D-SNP, PPO D-SNP

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

FLORIDA

HMO, PPO

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

HMO D-SNP, PPO D-SNP

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

GEORGIA

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

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

HAWAII

HMO, PPO, HMO D-SNP

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

ILLINOIS

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

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

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

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

KENTUCKY

HMO, HMO-POS, PPO

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

HMO D-SNP, PPO D-SNP

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

LOUISIANA

HMO, PPO

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

HMO D-SNP

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

MAINE

HMO, PPO, PFFS

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

HMO D-SNP, PPO D-SNP

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

MASSACHUSETTS

HMO, PPO

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

MICHIGAN

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

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

MISSOURI

HMO, PPO

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

HMO D-SNP, PPO D-SNP

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

MISSISSIPPI

HMO, HMO-POS, PPO

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

HMO D-SNP, PPO D-SNP

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

NEW HAMPSHIRE

HMO, PPO

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

NEW JERSEY

HMO, HMO-POS, PPO

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

NEW YORK

HMO, PPO, PFFS

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

HMO D-SNP, PPO D-SNP

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

NORTH CAROLINA

HMO, PPO

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

HMO D-SNP, PPO D-SNP

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

OHIO

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

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

wellcare.com/medicare

RHODE ISLAND

HMO, PPO

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

wellcare.com/medicare

PPO D-SNP

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

wellcare.com/medicare

SOUTH CAROLINA

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

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

wellcare.com/medicare

TENNESSEE

HMO, HMO-POS, PPO

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

wellcare.com/medicare

HMO D-SNP

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

wellcare.com/medicare

TEXAS

HMO, HMO-POS, PPO

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

wellcare.com/medicare

HMO D-SNP, PPO D-SNP

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

wellcare.com/medicare

VERMONT

HMO, PPO

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

wellcare.com/medicare

WASHINGTON

HMO, PPO

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

wellcare.com/medicare

HMO D-SNP, PPO D-SNP

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

wellcare.com/medicare

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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 HMO, CSNP and DSNP plans:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ❑ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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