



# **2022**

# **Summary of Benefits**

Michigan

**Wellcare Dual Access Open (PPO D-SNP)**

H2117 | 002

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

This is a summary of drug and health services covered by Wellcare Dual Access Open (PPO D-SNP) from January 1, 2022 to December 31, 2022.

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](http://www.wellcare.com/medicare). Or, you may call us to ask for a copy at the phone number listed on the back cover.

**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.

Our service area includes these counties in Michigan: Barry, Bay, Branch, Calhoun, Cass, Genesee, Hillsdale, Kalamazoo, Kent, Livingston, Macomb, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, Sanilac, St. Joseph, Tuscola, Van Buren, Washtenaw, and Wayne.

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](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You must also be enrolled in the 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.

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

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

### Which doctors, hospitals and pharmacies can I use?

Wellcare Dual Access Open (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. You can save money by using providers in the plan's network. If you use providers that are not in our network, your share of the costs for covered services may be higher. Out-of-network providers may choose not to bill our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made. Out-of-network/non-contracted providers are under no obligation to treat Wellcare Dual Access Open (PPO D-SNP) plan members, except in emergency situations. Please call our member services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. You can see our plan's provider and pharmacy directory at our website: [www.wellcare.com/medicare](http://www.wellcare.com/medicare). Or, call us and we'll send you a copy.

### Medicare Savings Program (MSP) Levels

- **Full-Benefit Dual Eligible (FBDE):** Medicaid may pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. Eligible beneficiaries also receive full Medicaid benefits.
- **Qualified Medicare Beneficiary (QMB):** Medicaid will pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. (Some people with QMB are also eligible for full Medicaid benefits (QMB+))
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid will absorb the cost of your Medicare Part B Premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+)
- **Qualified Individual (QI):** Medicaid will pay costs associated with Medicare Part B
- **Qualified Disabled Working Individual (QDWI):** Medicaid will pay costs associated with Medicare Part A

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

### What is "Extra Help?"

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

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

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

Our plans 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

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for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit [www.wellcare.com/medicare](http://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 Open (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. You can save money by using our preferred mail-order pharmacy and by using providers in the plan's network. 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](http://www.wellcare.com/medicare).

For more information, please call us at 1-844-917-0175 (TTY users should call 711). Hours are Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. Visit us at [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

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

**Benefits**

	<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>
<b>Service Area</b>	Our service area includes these counties in Michigan: Barry, Bay, Branch, Calhoun, Cass, Genesee, Hillsdale, Kalamazoo, Kent, Livingston, Macomb, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, Sanilac, St. Joseph, Tuscola, Van Buren, Washtenaw, and Wayne.
<b>PPO plans do not require a prior authorization or referral for out-of-network services.</b>	
<b>Special Needs Plans Eligibility Criteria</b>	This plan includes (FBDE, QMB, QMB+, SLMB+). Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document
Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive	
<b>Monthly plan premium</b> You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.	\$0
<b>Deductible</b>	No deductible
<b>Maximum out-of-Pocket Responsibility</b> (does not include prescription drugs)	\$3,450 in-network annually \$5,100 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.

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

**Benefits**

	<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>
<b>Inpatient Hospital coverage</b>	<p><b>In-Network</b> Days 1-90: \$0 copay per day *</p> <p><b>Out-of-Network</b> Days 1-90: \$0 copay per stay</p>
<b>Outpatient Hospital coverage</b> Outpatient hospital services	<p><b>In-Network</b> \$0 copay for surgical and non-surgical services *</p> <p><b>Out-of-Network</b> \$0 copay for surgical and non-surgical services</p>
Outpatient hospital observation services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 copay</p>
<b>Ambulatory surgical center (ASC)</b>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 copay</p>

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**Benefits**

<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>	
<b>Doctor Visits</b> Primary Care Providers	<b>In-Network</b> \$0 copay  <b>Out-of-Network</b> \$0 copay
Specialists	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay
<b>Preventive Care</b> (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))	<b>In-Network</b> \$0 copay  <b>Out-of-Network</b> \$0 copay
<b>Emergency care</b>	\$0 copay
Worldwide emergency coverage	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for Worldwide Emergency Services.
<b>Urgently needed services</b>	\$0 copay

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**Benefits**

	<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>
Worldwide urgent care coverage	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for Worldwide Urgently Needed Services.
<b>Diagnostic Services/Labs/Imaging</b>	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay
Diagnostic tests and procedures	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay
Outpatient X-rays	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay
Diagnostic radiology services (e.g. MRI, CAT Scan)	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay

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**Benefits**

	<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>
Therapeutic Radiology	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 copay</p>
<p><b>Hearing services</b> Hearing Exam Medicare Covered</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 copay</p>
Routine hearing exam	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p>1 exam every year</p>
<p>Hearing Aids Hearing Aid Fitting/Evaluation(s)</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p>1 fitting(s) / evaluation(s) every year</p>

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**Benefits**

<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>	
Comprehensive services Medicare Covered	<p><b>In-Network</b> \$0 copay for each Medicare-covered service *</p>
Diagnostic Services	<p><b>Out-of-Network</b> \$0 copay for each Medicare-covered service</p> <p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>1 diagnostic service(s) every year</p>
Restorative Services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>1 restorative service(s) every 12 to 84 months</p>
Endodontics/ Periodontics/ Extractions	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth</p>

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

**Benefits**

<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>	
Non-routine services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>1 non-routine service(s) every day to 60 months</p>
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>1 Prosthodontic procedure every 12 to 84 months 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime 1 Other service every 6 to 60 months</p>
Additional Dental Information	<p><b>What you should know:</b> This plan includes coverage of preventive and comprehensive services up to \$3,000.</p>
<p><b>Vision Services</b> Eye Exam Medicare Covered</p>	<p><b>In-Network</b> \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *</p> <p><b>Out-of-Network</b> \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams)</p>

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**Benefits**

	<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>
Routine eye exam (Refraction)	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p>1 exam every year</p>
Glaucoma screening	<p><b>In-Network</b> \$0 copay for each Medicare-covered service.</p> <p><b>Out-of-Network</b> \$0 copay for each Medicare-covered service.</p>
Eyewear Medicare Covered	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 copay</p>
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	<p><b>In-Network</b> \$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year *</p> <p><b>Out-of-Network</b> 40% coinsurance</p>
Eyewear allowance	Up to a \$300 combined allowance every year.

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**Benefits**

<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>	
<b>Mental Health Services</b>	
Inpatient visit	<p><b>In-Network</b> Days 1-90: \$0 copay per day *</p> <p><b>Out-of-Network</b> Days 1-90: \$0 copay per stay</p>
Outpatient individual therapy visit	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 copay</p>
Outpatient group therapy visit	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 copay</p>
<b>Skilled nursing facility (SNF)</b>	<p><b>In-Network</b> Days 1-100: \$0 copay per benefit period. *</p> <p><b>Out-of-Network</b> Days 1-100: \$0 copay per benefit period.</p>

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

**Benefits**

<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>	
<b>Therapy and Rehabilitation Services</b>	
Physical Therapy	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay
Outpatient rehabilitation services provided by an occupational therapist	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay
Pulmonary rehabilitation services	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay
<b>Ambulance</b>	
Ground Ambulance	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay
Air Ambulance	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay

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

**Benefits**

<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>	
<b>Transportation Services</b>	<p>Up to 24 one-way trips every year to plan-approved health-related locations. Mileage limits may apply.</p> <p><b>In-Network</b> \$0 copay (per one-way trip) *</p> <p><b>Out-of-Network</b> 75% coinsurance</p> <p><b>What you should know:</b> The first step to staying healthy is getting to your doctor. That's why we cover these shared trips to plan approved health care providers. We want to make sure you get the care you need, when you need it. Call Customer Service 72 hours in advance to reserve a ride for your appointment. Mileage limitations may apply.</p>
<b>Medicare Part B Drugs</b> Chemotherapy drugs	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 copay</p>
Other Part B drugs	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 copay</p>

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

<b>Prescription Drug Coverage</b>	<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>
<b>Stage 1: Annual Prescription Deductible</b>	
<b>Deductible</b>	This plan has no deductible for Part D covered drugs, this payment stage doesn't apply.
<b>Stage 2: Initial Coverage (after you pay your deductible, if applicable)</b>	
You pay the following until your total yearly drug costs reach \$4,430. The cost share you pay depends on your level of "Extra Help". Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap.	
<b>Standard Retail cost-sharing (30-day/90-day supply)</b>	
	<b>Standard</b>
<b>Tier 1</b> (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 copay
<b>Tier 2</b> (Generic Drugs - includes generic drugs and may include some brand drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 3</b> (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 4</b> (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%

<b>Prescription Drug Coverage</b>	<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>
	<b>Standard</b>
<p><b>Tier 5</b> (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)</p>	<p>Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply</p>
<p><b>Tier 6</b> (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)</p>	<p>Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%</p>

Prescription Drug Coverage	Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002	
Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)		
Mail-order cost-sharing (30-day/90-day supply)		
	Preferred	Standard
<b>Tier 1</b> (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 copay	\$0 copay
<b>Tier 2</b> (Generic Drugs - includes generic drugs and may include some brand drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 3</b> (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 4</b> (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 5</b> (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply

Prescription Drug Coverage	Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002	
	Preferred	Standard
<b>Tier 6</b> (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Stage 3: Coverage Gap</b>		
	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay your "Extra Help" cost share or no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	
<b>Stage 4: Catastrophic Coverage</b>		
	After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail order) reach \$7,050, depending on your level of "Extra Help" you pay nothing or: <ul style="list-style-type: none"> <li>• \$3.95 copay for generics (including brand drugs treated as generic), or</li> <li>• \$9.85 copay for all other drugs</li> </ul>	

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or whether the prescription is a short-term (30-day supply) or long term (90-day supply).

#### Excluded Drugs:

This plan includes enhanced drug coverage of certain excluded drugs. Generic only Sildenafil and Vardenafil on Tier 1 have a quantity limit of six pills every 30 days.

Because these drugs are excluded from Part D coverage under Medicare, they are not covered by Extra Help. Also, the amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.

Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.

## Additional Benefits

	<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>
<b>Chiropractic Services</b> Medicare-covered	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay
<b>Acupuncture</b> Medicare-covered	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay
<b>Podiatry Services (Foot Care)</b> Medicare Covered	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay
Routine Podiatry Services	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> 20% coinsurance  6 visit(s) every year

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

## Additional Benefits

	<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>
	<p><b>What you should know:</b> Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.</p>
<b>Virtual Visits</b>	<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.</p>
<b>Home health agency care</b>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 copay</p>
<b>Meals</b>	
Post-Acute Meals	<p>\$0 copay for each post-acute meal</p> <p><b>What you should know:</b> You pay nothing for post-acute meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days.</p>
Chronic Meals	<p>\$0 copay for each chronic meal</p> <p><b>What you should know:</b> You pay nothing for home delivered meals as part of a supervised program designed to transition members with chronic conditions to lifestyle modifications. Members receive 3 meals per day for up to 28 days per month, for a maximum of 84 meals. The benefit can be received for up to 3 months.</p>

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

## Additional Benefits

	<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>
<b>Medical Equipment/Supplies</b> Durable Medical Equipment (DME)	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay
Prosthetics	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay
Diabetic supplies	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay
Diabetic therapeutic shoes or inserts	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 copay

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

## Additional Benefits

	<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>
<b>Opioid treatment program services</b>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 copay</p>
<b>Over-the-Counter (OTC) Items</b>	<p>\$0 copay The maximum total benefit is \$300 every three months</p> <p><b>What you should know:</b> Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.</p>
<b>Wellness Programs</b>  Fitness	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay Coverage includes: Activity Tracker and Physical Fitness</p> <p><b>What you should know:</b> 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 Fitbit or Garmin fitness tracker may be selected as part of a home fitness kit.</p>
Additional sessions of smoking and tobacco cessation counseling	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 copay</p> <p>Limited to 5 visit(s) every year</p>
24-Hour Nurse Advice Line	\$0 copay

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

## Additional Benefits

	<b>Wellcare Dual Access Open (PPO D-SNP) H2117, Plan 002</b>
Personal emergency medical response device (PERS)	\$0 copay
<p><b>Special Supplemental Benefits for Chronically Ill (SSBCI)</b> To qualify for these benefits you must meet specific criteria, including having a qualifying chronic condition and determined to be eligible for high-risk care management. For a complete list of eligibility criteria, please see the Evidence of Coverage.</p>	<p>Grocery Delivery: You pay \$0 copay Plan covers up to \$50 per month to use on plan-approved grocery items. Limitations apply.</p> <p>Utility Flex Card: You pay \$0 copay Plan covers up to \$50 per month to help cover the cost of utilities for your home. Limitations apply.</p> <p>Referral may be required *</p>
<b>Flex Card</b>	<p>\$1,000 yearly benefit</p> <p><b>What you should know:</b> The Flex Card benefit is a debit card that may be used to reduce out of pocket costs at a dental, vision or hearing providers that accepts the card carrier.</p>
<b>In-home support services</b>	<p>\$0 copay for each in-home support services visit. Up to 24 visits every year.</p> <p><b>What you should know:</b> You can receive Chore and Personal Care Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a license plan provider. Services are provided in four hour increments.</p>

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

### Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Wellcare Dual Access Open (PPO D-SNP). For each benefit listed, you can see what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. Coverage of the benefits described in this Summary of Benefits depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Wellcare Dual Access Open (PPO D-SNP) will cover the benefits described in the Premium and Benefit section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Michigan Medicaid toll-free at 1-800-642-3195 (TTY: 1-800-649-3777).

Our source of information for Medicaid benefits is [http://www.michigan.gov/mdhhs/0,5885,7-339-71547\\_4860---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860---,00.html). All Medicaid covered services are subject to change at any time. For the most current Michigan Medicaid coverage information, please visit [http://www.michigan.gov/mdhhs/0,5885,7-339-71547\\_4860---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860---,00.html) or call member services for assistance. A detailed explanation of Michigan Medicaid benefits can be found in the Michigan Summary of Services online at [http://www.michigan.gov/mdhhs/0,5885,7-339-71547\\_4860---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860---,00.html).

Benefit Category	Michigan Medicaid
<p><b>Doctor Visits</b> 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><b>Preventive Care</b> 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><b>Hearing Services</b> 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. Hearing aid delivery, repair and modifications, replacement ear-molds, supplies and accessories batteries as of 9/1/2018. \$0 co-pay for Medicaid-covered services.</p>
<p><b>Dental Services</b></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><b>Vision Services</b> 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: 2 replacements per year and two contact lens replacement in a year for each eye. One eye exam \$0 co-pay for Medicaid-covered services.</p>
<p><b>Mental Health Services</b> This includes the following: Inpatient visits</p> <ul style="list-style-type: none"> <li>• Outpatient group or individual therapy visits</li> </ul>	<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><b>Transportation</b></p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services. Medical transportation through DHS with no limits. Medicaid Health Plans cover NEMT for transportation to obtain medical services. \$0 co-pay for Medicaid-covered services.</p>

Benefit Category	Michigan Medicaid
<p><b>Wellness Programs</b> This includes the following:</p> <ul style="list-style-type: none"> <li>• Fitness</li> <li>• Personal Emergency Response System (PERS)     Additional routine annual physical</li> <li>• Nurse Advice Line – 24 hours</li> </ul>	<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><b>Prescription Drugs</b></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><b>OTC</b></p>	<p>Benzodiazepines, Barbiturates, select OTCs, select vitamins and agents used to promote smoking cessation.</p>

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al 1-877-374-4056 (TTY: 711).

注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-877-374-4056 (TTY：711)。

Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí dành cho quý vị. Hãy gọi số 1-877-374-4056 (TTY: 711).

주의사항: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 1-877-374-4056 (TTY: 711) 번으로 연락해 주십시오.

Atensyon: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa 1-877-374-4056 (TTY: 711).

Dumngeg: No agsasau ka iti Ilokano, dagiti tulong nga serbisio, a libre, ket available para kaniam. Awagan ti 1-877-374-4056 (TTY: 711).

La Silafia: Afai e te tautala i le gagana Sāmoa, gagana 'au'aunaga fesoasoani, fai fua leai se totogi, o lo'o avanoa ia te 'oe. Vala'au le 1-877-374-4056 (TTY: 711).

Maliu: Inā 'ōlelo Hawai'i 'oe, he lawelawe māhele 'ōlelo, manuahi, i lako iā 'oe. E kelepona iā 1-877-374-4056 (TTY: 711).

## 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). Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m.

## Understanding the Benefits

- Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. Visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare) or call 1-844-917-0175 (TTY: 711) to view a copy of the EOC.
- 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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- For plans with a plan premium (Does not apply to plans with zero plan premium):** 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, 2023.
- For HMO plans only:** 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).
- For PPO and PFFS plans only:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- For C-SNP plans only:** This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- For D-SNP plans only:** This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

## Contact Us

For more information, please contact us:

### By phone

Toll-free at 1-844-917-0175 (TTY 711). Your call may be answered by a licensed agent.

### Hours of Operation

Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m.

**Online** [www.wellcare.com/medicare](http://www.wellcare.com/medicare)

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

Centene, Inc. is 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.