



# 2022 Summary of Benefits

## Pennsylvania

### **Wellcare Dual Access (HMO D-SNP)**

H2915 | 002

### **Wellcare Dual Access (HMO D-SNP)**

H2915 | 007

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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 (HMO D-SNP) and Wellcare Dual Access (HMO 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/allwellpa](http://www.wellcare.com/allwellpa). 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 plans and service areas:**

**H2915002000 Wellcare Dual Access (HMO D-SNP)** includes these counties in Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Blair, Bucks, Butler, Cambria, Cameron, Chester, Clarion, Clearfield, Crawford, Delaware, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Montgomery, Philadelphia, Potter, Somerset, Venango, Warren, Washington, and Westmoreland.

**H2915007000 Wellcare Dual Access (HMO D-SNP)** includes these counties in Pennsylvania: Adams, Berks, Bradford, Carbon, Centre, Clinton, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Northampton, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, and York.

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 Pennsylvania 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 Pennsylvania 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

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healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage. Beneficiaries must meet certain income and resource requirements with eligibility and scope of benefits offered determined by the state where the plan is offered.

### Medicare Savings Program (MSP) Levels

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

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

### What is “Extra Help?”

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

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

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

**Health Maintenance Organizations (HMOs)** are health care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to select a primary care provider (PCP) to coordinate care and if you need a specialist, the PCP will choose one who is also in our network.

Our plans give you access to our network of highly skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit [www.wellcare.com/allwellpa](http://www.wellcare.com/allwellpa). (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

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plan will be responsible for the costs.)

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

Which doctors, hospitals and pharmacies can I use? Wellcare Dual Access (HMO D-SNP) and Wellcare Dual Access (HMO D-SNP) have 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/allwellpa](http://www.wellcare.com/allwellpa).

For more information, please call us at 1-866-277-6583 (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/allwellPA](http://www.wellcare.com/allwellPA).

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 (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
<b>Service Area</b>	<p><b>Our plans and service areas:</b>  <b>H2915002000 Wellcare Dual Access (HMO D-SNP)</b> includes these counties in Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Blair, Bucks, Butler, Cambria, Cameron, Chester, Clarion, Clearfield, Crawford, Delaware, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Montgomery, Philadelphia, Potter, Somerset, Venango, Warren, Washington, and Westmoreland.</p> <p><b>H2915007000 Wellcare Dual Access (HMO D-SNP)</b> includes these counties in Pennsylvania: Adams, Berks, Bradford, Carbon, Centre, Clinton, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Northampton, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, and York.</p>	
<b>Special Needs Plans Eligibility Criteria</b>	<p>H2915002000 includes (FBDE, QMB, QMB+) and H2915007000 includes (FBDE, QMB, QMB+).</p> <p>Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document</p>	
<p>Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive</p>		
<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	\$0
<b>Deductible</b>	No deductible	No deductible

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

**Benefits**

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
<b>Maximum out-of-Pocket Responsibility</b> (does not include prescription drugs)	\$3,450 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	\$3,450 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
<b>Inpatient Hospital coverage</b>	Days 1-90: \$0 copay per stay *	Days 1-90: \$0 copay per stay *
<b>Outpatient Hospital coverage</b> Outpatient hospital services	\$0 copay for surgical and non-surgical services *	\$0 copay for surgical and non-surgical services *
Outpatient hospital observation services	\$0 copay *	\$0 copay *
<b>Ambulatory surgical center (ASC)</b>	\$0 copay *	\$0 copay *
<b>Doctor Visits</b> Primary Care Providers	\$0 copay	\$0 copay
Specialists	\$0 copay	\$0 copay

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**Benefits**

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
<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))	\$0 copay	\$0 copay
<b>Emergency care</b>	\$0 copay	\$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.	\$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	\$0 copay

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**Benefits**

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</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.	\$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.	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	\$0 copay *	\$0 copay *
Diagnostic tests and procedures	\$0 copay *	\$0 copay *
Outpatient X-rays	\$0 copay *	\$0 copay *
Diagnostic radiology services (e.g. MRI, CAT Scan)	\$0 copay *	\$0 copay *
Therapeutic Radiology	\$0 copay *	\$0 copay *
<b>Hearing services</b>		
Hearing Exam Medicare Covered	\$0 copay *	\$0 copay *
Routine hearing exam	\$0 copay *  1 exam every year	\$0 copay *  1 exam every year

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**Benefits**

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
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
Hearing aid allowance	Up to a \$4,000 allowance for both ears combined every year for hearing aids.	Up to a \$3,000 allowance for both ears combined every year for hearing aids.
All types	\$0 copay *  Limited to 2 hearing aid(s) every year	\$0 copay *  Limited to 2 hearing aid(s) every year
Additional Hearing Information	<b>What you should know</b> 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.	<b>What you should know</b> Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.

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**Benefits**

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
<b>Dental services</b>		
Preventive services	\$0 copay *	\$0 copay *
	Cleanings 2 every year Dental x-rays 1 every 12 to 36 months Oral exams 2 every year	Cleanings 2 every year Dental x-rays 1 every 12 to 36 months Oral exams 2 every year
Fluoride Treatment	\$0 copay *  1 every year	\$0 copay *  1 every year
Comprehensive services Medicare Covered	\$0 copay for each Medicare-covered service *	\$0 copay for each Medicare-covered service *
Diagnostic Services	\$0 copay *  1 diagnostic service(s) every year	\$0 copay *  1 diagnostic service(s) every year
Restorative Services	\$0 copay *  1 restorative service(s) every 12 to 84 months	\$0 copay *  1 restorative service(s) every 12 to 84 months.

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**Benefits**

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
Endodontics/ Periodontics/ Extractions	\$0 copay *  1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth	\$0 copay *  1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth
Non-routine services	\$0 copay *  1 non-routine service(s) every day to 60 months	\$0 copay *  1 non-routine service(s) every day to 60 months
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	\$0 copay *  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	\$0 copay *  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
Additional Dental Information	<b>What you should know:</b> This plan includes coverage of preventive and comprehensive services up to \$4,000.	<b>What you should know:</b> This plan includes coverage of preventive and comprehensive services up to \$4,000.
<b>Vision Services</b> 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 copay (all other Medicare-covered eye exams) *

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**Benefits**

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
Routine eye exam (Refraction)	\$0 copay *  1 exam every year	\$0 copay *  1 exam every year
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 Unlimited contacts every year  Unlimited glasses (lenses and/or frames) every year *  Up to a \$500 combined allowance every year.	\$0 copay Unlimited contacts every year  Unlimited glasses (lenses and/or frames) every year *  Up to a \$300 combined allowance every year
<b>Mental Health Services</b>		
Inpatient visit	Days 1-90: \$0 copay per stay *	Days 1-90: \$0 copay per stay *
Outpatient individual therapy visit	\$0 copay	\$0 copay
Outpatient group therapy visit	\$0 copay	\$0 copay

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**Benefits**

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
<b>Skilled nursing facility (SNF)</b>	Days 1-100: \$0 copay per benefit period. *	Days 1-100: \$0 copay per benefit period. *
<b>Therapy and Rehabilitation Services</b>		
Physical Therapy	\$0 copay *	\$0 copay *
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay *	\$0 copay *
Pulmonary rehabilitation services	\$0 copay	\$0 copay
<b>Ambulance</b>		
Ground Ambulance	\$0 copay *	\$0 copay *
Air Ambulance	\$0 copay *	\$0 copay *
<b>Transportation Services</b>	Unlimited routine transportation trips to plan-approved health-related locations.  \$0 copay (per one-way trip) *	Up to 36 one-way trips every year to plan-approved health-related locations. Mileage limits may apply. \$0 copay (per one-way trip) *

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**Benefits**

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
	<p><b>What you should know:</b></p> <p>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>	<p><b>What you should know:</b></p> <p>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	\$0 copay *	\$0 copay *
Other Part B drugs	\$0 copay *	\$0 copay *

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Prescription Drug Coverage	Wellcare Dual Access (HMO D-SNP) H2915, Plan 002	Wellcare Dual Access (HMO D-SNP) H2915, Plan 007
<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.	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>Standard</b>
<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%

Prescription Drug Coverage	Wellcare Dual Access (HMO D-SNP) H2915, Plan 002	Wellcare Dual Access (HMO D-SNP) H2915, Plan 007
	<b>Standard</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>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>	<p>Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%</p>

Prescription Drug Coverage	Wellcare Dual Access (HMO D-SNP) H2915, Plan 002		Wellcare Dual Access (HMO D-SNP) H2915, Plan 007	
<b>Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)</b>				
<b>Mail-order cost-sharing (30-day/90-day supply)</b>				
	Preferred	Standard	Preferred	Standard
<b>Tier 1</b> (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 copay	\$0 copay	\$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%	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%	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%	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%

Prescription Drug Coverage	Wellcare Dual Access (HMO D-SNP) H2915, Plan 002		Wellcare Dual Access (HMO D-SNP) H2915, Plan 007	
	Preferred	Standard	Preferred	Standard
<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	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
<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%	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.		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.	

Prescription Drug Coverage	Wellcare Dual Access (HMO D-SNP) H2915, Plan 002		Wellcare Dual Access (HMO D-SNP) H2915, Plan 007	
	Preferred	Standard	Preferred	Standard
<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>		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 (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
<b>Chiropractic Services</b> Medicare-covered	\$0 copay *	\$0 copay *
<b>Acupuncture</b> Medicare-covered	\$0 copay *	\$0 copay *
<b>Podiatry Services (Foot Care)</b> Medicare Covered	\$0 copay  <b>What you should know:</b> Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.	\$0 copay  <b>What you should know:</b> Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.
<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>	\$0 copay *	\$0 copay *

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

## Additional Benefits

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
<b>Meals</b>		
Post-Acute Meals	<p>\$0 copay for each post-acute meal</p> <ul style="list-style-type: none"> <li>▪ <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.</li> </ul>	<p>\$0 copay for each post-acute meal</p> <ul style="list-style-type: none"> <li>▪ <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.</li> </ul>
<b>Medical Equipment/Supplies</b>		
Durable Medical Equipment (DME)	\$0 copay *	\$0 copay *
Prosthetics	\$0 copay *	\$0 copay *
Diabetic supplies	\$0 copay *	\$0 copay *
Diabetic therapeutic shoes or inserts	\$0 copay *	\$0 copay *
<b>Opioid treatment program services</b>	\$0 copay	\$0 copay

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

## Additional Benefits

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
<b>Over-the-Counter (OTC) Items</b>	<p>\$0 copay The maximum total benefit is \$365 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>	<p>\$0 copay The maximum total benefit is \$465 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>	<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>

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

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

## Additional Benefits

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
Additional sessions of smoking and tobacco cessation counseling	\$0 copay Limited to 5 visit(s) every year	\$0 copay Limited to 5 visit(s) every year
24-Hour Nurse Advice Line	\$0 copay	\$0 copay
Personal emergency medical response device (PERS)	\$0 copay	\$0 copay
<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.	Non-Medical Transportation: You pay a \$0 copay for up to 24 non-medical one-way trips every year  Referral may be required *	Non-Medical Transportation: You pay a \$0 copay for up to 60 non-medical one-way trips every year  Utility Flex Card: You pay \$0 copay Plan covers up to \$125 per month to help cover the cost of utilities for your home. Limitations apply.  Referral may be required *
<b>Flex Card</b>	\$1,000 yearly benefit  <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.	\$500 yearly benefit  <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.

*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 Medicare Advantage plan. 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 (HMO D-SNP) will cover the benefits described in the Premium and Benefit section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Pennsylvania Medical Assistance toll free at 1-800-692-7462 (TTY: 711).

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

<b>Pennsylvania's Current Medicaid State Plan Benefits and Home and Community Based Services</b>	
<b>Adult Benefit Package*</b>	
<b>Services</b>	<b>Adult Benefit Package</b>
<b>Category 1: Ambulatory Services</b>	
<b>Primary Care Provider</b>	No limits
<b>Physician Services and Medical and Surgical Services provided by a Dentist</b>	No limits
<b>Certified Registered Nurse Practitioner</b>	No limits
<b>Federally Qualified Health Center/Rural Health Clinic</b>	No limits except for Dental Care Services as described below
<b>Independent Clinic</b>	No limits
<b>Outpatient Hospital Clinic</b>	No limits
<b>Podiatrist Services</b>	No limits
<b>Chiropractic Services</b>	No limits
<b>Optometrist Services</b>	2 visits (exams) per calendar year
<b>Hospice Care</b>	The only key limitation is related to respite care, which may not exceed a total of 5 consecutive days in a 60-day certification period.
<b>Radiology (For example: X-Rays, MRIs, and CTs)</b>	No limits

<b>Dental Care Services</b>	<p>Diagnostic, preventive, restorative, surgical dental procedures, prosthodontics and sedation.</p> <p><b>Key Limitations:</b></p> <p>Dentures – 1 upper arch (complete or partial) and 1 lower arch (complete or partial) per lifetime.</p> <p>Denture relines – either full or partial, limited to 1 arch every 2 calendar years.</p> <p>Oral exams – 1 per 180 days Dental prophylaxis – 1 per 180 days</p> <p>Panoramic maxilla or mandible single film Is limited to 1 per 5 calendar years.</p> <p>Crowns, Periodontics and Endodontics only via approved benefit limit exception.</p>
<b>Outpatient Hospital Short Procedure Unit (SPU)</b>	No limits
<b>Outpatient Ambulatory Surgical Center (ASC)</b>	No limits
<b>Non-Emergency Medical Transport</b>	Only to and from Medicaid covered services.
<b>Family Planning Clinic, Services and Supplies</b>	No limits
<b>Renal Dialysis</b>	<p>Initial training for home dialysis is limited to 24 sessions per patient per calendar year.</p> <p>Backup visits to the facility limited to no more than 75 per calendar year.</p>
<b>Category 2: Emergency Services</b>	
<b>Emergency Room</b>	No limits
<b>Ambulance</b>	No limits
<b>Category 3: Hospitalization</b>	
<b>Inpatient Acute Hospital</b>	No limits
<b>Inpatient Rehab Hospital</b>	No limits
<b>Inpatient Psychiatric Hospital</b>	No limits
<b>Inpatient Drug &amp; Alcohol</b>	No limits
<b>Category 4: Maternity and Newborn</b>	
<b>Maternity – Physician, Certified Nurse Midwives, Birth Centers</b>	No limits

<b>Category 5: Mental Health and Substance Abuse (Behavioral Health)</b>	
<b>Outpatient Psychiatric Clinic</b>	No limits
<b>Mobile Mental Health Treatment</b>	No limits
<b>Outpatient Drug And Alcohol Treatment</b>	No limits
<b>Methadone Maintenance</b>	No limits
<b>Clozapine</b>	No limits
<b>Psychiatric Partial Hospital</b>	No limits
<b>Peer Support</b>	No limits
<b>Crisis</b>	No limits
<b>Targeted Case Management – other than Behavioral Health</b>	Limited to Individuals Identified in the target group (No limits).
<b>Targeted Case Management – Behavioral Health Only</b>	Limited to individuals with Serious Mental illness (SMI) only (No limits).
<b>Category 6: Prescription Drugs</b>	
<b>Prescription Drugs</b>	No limits
<b>Nutritional Supplements</b>	No limits
<b>Category 7: Rehabilitation and Habilitation Services and Devices</b>	
<b>Skilled Nursing Facility</b>	365 days per calendar year
<b>Home Health Care includes nursing, aide and therapy services.</b>	Unlimited for the first 28 days; limited to 15 days every month thereafter.
<b>ICF/IID and ICF/ORC</b>	Requires and institutional level of care (No limits).
<b>Durable Medical Equipment</b>	No limits
<b>Prosthetics and Orthotics</b>	<p>Orthopedic Shoes and Hearing Aids are not covered.</p> <p>Coverage of molded shoes is limited to molded shoes for severe foot and ankle conditions and deformities of such a degree that the beneficiary is unable to wear ordinary shoes without corrections and modifications.</p> <p>Coverage of modifications to orthopedic shoes are molded shoes is limited to only modifications necessary for the application of a brace or splint.</p> <p>Coverage for low vision aids and eye prostheses is limited to 1 per 2 calendar years.</p> <p>Coverage for an eye ocular is limited to 1 per calendar year.</p>

<b>Eyeglass Lenses</b>	Limited to individuals diagnosed with aphakia – 4 lenses per calendar year.
<b>Eyeglass Frames</b>	Limited to individuals diagnosed with aphakia – 2 frames per calendar year. Deluxe frames not included.
<b>Contact Lenses</b>	Limited to individuals diagnosed with aphakia – 4 lenses per calendar year.
<b>Medical Supplies</b>	No limits
<b>Therapy (Physical, occupational, speech) – Rehabilitative</b>	Only when provided by a hospital, outpatient clinic or home health provider.
<b>Therapy (Physical, occupational, speech) – Habilitative</b>	Only when provided by a hospital, outpatient clinic or home health provider.
<b>Category 8: Laboratory Services</b>	
<b>Laboratory</b>	No limits
<b>Category 9: Preventive/Wellness Services and Chronic Care</b>	
<b>Tobacco Cessation**</b>	70, 15-minute units per calendar year

All units of service, age, gender, diagnosis, and other procedure code related limits still apply as indicated on the Medical Assistance Fee Schedule.

\*Children’s benefit plan will include all medically necessary services without limitation.

\*\*Tobacco cessation is one of the preventive services as recommended by the US Preventive Services Task Force. For a full listing of preventive services beyond tobacco cessation, please contact your MCO.

<b>Home and Community-Based Services (HCBS)</b>	
<b>Services</b>	<b>Limits</b>
<ul style="list-style-type: none"> <li>• Adult Daily Living Services</li> <li>• Assistive Technology</li> <li>• Behavior Therapy</li> <li>• Benefits Counseling</li> <li>• Career Assessment</li> <li>• Cognitive Rehabilitation Therapy</li> <li>• Community Integration</li> <li>• Community Transition Services</li> <li>• Counseling</li> <li>• Employment Skills Development</li> <li>• Home Adaptations</li> <li>• Home Delivered Meals</li> <li>• Home Health Aide</li> </ul>	<p><b>Under Community Integration:</b> Each distinct goal may not be more than twenty-six (26) weeks.</p> <p>No more than 32 units per week for one goal will be approved. If the participant has multiple goals, no more than 48 units per week will be approved.</p> <p>However, the Office of Long Term Living retains the discretion to authorize more than 48 units (12 hours) of Community Integration In one week for up to 21 hours per week and for periods longer than 26 weeks.</p> <p>Community Transition Services are limited to an aggregate of \$4,000 per participant, per lifetime, as pre-authorized by the State Medicaid Agency program office.</p>

<ul style="list-style-type: none"> <li>• Home Health -Nursing</li> <li>• Home Health -Occupational Therapy</li> <li>• Home Health -Physical Therapy</li> <li>• Home Health -Speech and Language Therapy</li> <li>• Job Coaching</li> <li>• Job Finding</li> <li>• Non-Medical Transportation</li> <li>• Nutritional Counseling</li> <li>• Participant-Directed Community Supports</li> <li>• Participant-Directed Goods and Services</li> <li>• Personal Assistance Services</li> <li>• Personal Emergency Response System (PERS)</li> <li>• Pest Eradication</li> <li>• Residential Habilitation</li> <li>• Respite</li> <li>• Service Coordination</li> <li>• Specialized Medical Equipment and Supplies</li> <li>• Structured Day Habilitation</li> <li>• Telecare</li> <li>• Vehicle Modifications</li> </ul>	<p>Total combined hours for Employment Skills Development, or Job Coaching services are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must obtain prior approval.</p> <p><b>Under Specialized Medical Equipment and Supplies non-covered Items include:</b></p> <p>All prescription and over-the-counter medications, compounds and solutions (except wipes and barrier cream)</p> <p>Items covered under third party payer liability</p> <p>Items that do not provide direct medical or remedial benefit to the participant and/or are not directly related to a participant's disability</p> <p>Food, food supplements, food substitutes (including formulas), and thickening agents</p> <p>Eyeglasses, frames, and lenses</p> <p>Dentures</p> <p>Any Item labeled as experimental that has been denied by Medicare and/or Medicaid</p> <p>Recreational or exercise equipment and adaptive devices for such</p>
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For all HCBS services that are also offered under the State Plan, the State Plan benefit must be exhausted before HCBS services can be accessed. Additionally, Medicare and other third party resources such as private Insurance limitations must also have been exhausted. Lastly, some HCBS services may not be accessed at the same time.

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al número de Servicios para Miembros que se indica para su estado en la página siguiente.

注意：如果您說中文，您可以免費獲得語言援助服務。請撥打針對您所在州列示於下一頁的會員服務部電話號碼。

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 điện thoại của bộ phận Dịch Vụ Thành Viên thuộc bang của quý vị ở trang tiếp theo.

주의사항: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 다음 페이지에서 가입자의 주에 해당하는 목록 내 가입자 서비스부 번호로 전화해 주십시오.

Atensyon: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa numero ng Mga Serbisyo para sa Miyembro na nakalista para sa iyong estado sa susunod na page.

Dumngeg: No agsasau ka iti Ilokano, dagiti tulong nga serbisio, a libre, ket available para kaniam. Awagam iti numero dagiti serbisio iti Miembro a nakalista para iti estadom iti sumaruno a panid.

La Silafia: Afai e te tautala i le gagana Samoa, o lo’o avanoa ia te oe ‘au’aunaga fesoasoani i le gagana, e leai se totogi. Vala’au le Member Services numeru lisiina mo lou setete i le isi itulau.

Maliu: Ke wala’au Hawai’i ‘oe, loa’a ke kōkua ma ka unuhi ‘ōlelo me ke kākī ‘ole. E kelepona i ka helu kelepona o ka Māhele Kōkua Hoa i hō’ike ‘ia no kou moku’āina ma kēia ‘ao’ao a’e.

# We're Just a Phone Call Away

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## ARKANSAS

+ HMO, HMO D-SNP

☎ 1-855-565-9518

📄 Or visit [www.wellcare.com/allwellAR](http://www.wellcare.com/allwellAR)

## ARIZONA

+ HMO, HMO C-SNP , HMO D-SNP

☎ 1-800-977-7522

📄 Or visit [www.wellcare.com/allwellAZ](http://www.wellcare.com/allwellAZ)

## CALIFORNIA

+ HMO, HMO C-SNP, HMO D-SNP, PPO

☎ 1-800-275-4737

📄 Or visit [www.wellcare.com/healthnetCA](http://www.wellcare.com/healthnetCA)

## FLORIDA

+ HMO D-SNP

☎ 1-877-935-8022

📄 Or visit [www.wellcare.com/allwellFL](http://www.wellcare.com/allwellFL)

## GEORGIA

+ HMO

☎ 1-844-890-2326

+ HMO D-SNP

☎ 1-877-725-7748

📄 Or visit [www.wellcare.com/allwellGA](http://www.wellcare.com/allwellGA)

## INDIANA

+ HMO, PPO

☎ 1-855-766-1541

+ HMO D-SNP

☎ 1-833-202-4704

📄 Or visit [www.wellcare.com/allwellIN](http://www.wellcare.com/allwellIN)

## KANSAS

+ HMO, PPO

☎ 1-855-565-9519

+ HMO D-SNP

☎ 1-833-402-6707

📄 Or visit [www.wellcare.com/allwellKS](http://www.wellcare.com/allwellKS)

## LOUISIANA

+ HMO

☎ 1-855-766-1572

+ HMO D-SNP

☎ 1-833-541-0767

📄 Or visit [www.wellcare.com/allwellLA](http://www.wellcare.com/allwellLA)

## MISSOURI

+ HMO

☎ 1-855-766-1452

+ HMO D-SNP

☎ 1-833-298-3361

📄 Or visit [www.wellcare.com/allwellMO](http://www.wellcare.com/allwellMO)

## MISSISSIPPI

+ HMO  
☎ 1-844-786-7711

+ HMO D-SNP  
☎ 1-833-260-4124

📄 Or visit [www.wellcare.com/allwellMS](http://www.wellcare.com/allwellMS)

## NEBRASKA

+ HMO, PPO  
☎ 1-833-542-0693

+ HMO D-SNP, PPO D-SNP  
☎ 1-833-853-0864

📄 Or visit [www.wellcare.com/NE](http://www.wellcare.com/NE)

## NEVADA

+ HMO, HMO C-SNP, PPO  
☎ 1-833-854-4766

+ HMO D-SNP  
☎ 1-833-717-0806

📄 Or visit [www.wellcare.com/allwellNV](http://www.wellcare.com/allwellNV)

## NEW MEXICO

+ HMO, PPO  
☎ 1-833-543-0246

+ HMO D-SNP  
☎ 1-844-810-7965

📄 Or visit [www.wellcare.com/allwellNM](http://www.wellcare.com/allwellNM)

## NEW YORK

+ HMO, HMO-POS, HMO D-SNP  
☎ 1-800-247-1447

📄 Or visit [www.fideliscare.org/wellcaremedicare](http://www.fideliscare.org/wellcaremedicare)

## OHIO

+ HMO, PPO  
☎ 1-855-766-1851

+ HMO D-SNP  
☎ 1-866-389-7690

📄 Or visit [www.wellcare.com/allwellOH](http://www.wellcare.com/allwellOH)

## OKLAHOMA

+ HMO, PPO  
☎ 1-833-853-0865

+ HMO D-SNP  
☎ 1-833-853-0866

📄 Or visit [www.wellcare.com/OK](http://www.wellcare.com/OK)

## OREGON

+ HMO, PPO  
☎ 1-844-582-5177

📄 Or visit [www.wellcare.com/healthnetOR](http://www.wellcare.com/healthnetOR)

+ HMO D-SNP  
☎ 1-844-867-1156

📄 Or visit [www.wellcare.com/trilliumOR](http://www.wellcare.com/trilliumOR)

## PENNSYLVANIA

+ HMO, PPO  
☎ 1-855-766-1456

+ HMO D-SNP  
☎ 1-866-330-9368

📄 Or visit [www.wellcare.com/allwellPA](http://www.wellcare.com/allwellPA)

## SOUTH CAROLINA

+ HMO, HMO D-SNP  
☎ 1-855-766-1497

📄 Or visit [www.wellcare.com/allwellSC](http://www.wellcare.com/allwellSC)

## TEXAS

 HMO

 1-844-796-6811

 HMO D-SNP

 1-877-935-8023

 Or visit [www.wellcare.com/allwellTX](http://www.wellcare.com/allwellTX)

## WISCONSIN

 HMO D-SNP

 1-877-935-8024

 Or visit [www.wellcare.com/allwellWI](http://www.wellcare.com/allwellWI)

## WASHINGTON

 PPO

 1-844-582-5177

 Or visit [www.wellcare.com/healthnetOR](http://www.wellcare.com/healthnetOR)

**TTY FOR ALL STATES: 711**

## HOURS OF OPERATION

 **October 1 to March 31:** Monday–Sunday, 8 a.m. to 8 p.m.

 **April 1 to September 30:** Monday–Friday, 8 a.m. to 8 p.m.

## 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 1-866-277-6583 (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/allwellpa](http://www.wellcare.com/allwellpa) or call 1-866-277-6583 (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 1-866-277-6583 (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/allwellPA](http://www.wellcare.com/allwellPA)

**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.