



2022 Summary of Benefits

Rhode Island

Wellcare Dual Liberty Open (PPO D-SNP)

H4699 | 005

Wellcare Dual Access Open (PPO D-SNP)

H4699 | 003

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 Open (PPO D-SNP) and 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. 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:

H4699005000 Wellcare Dual Liberty Open (PPO D-SNP) includes these counties in Rhode Island: Bristol, Kent, Newport, Providence, and Washington.

H4699003000 Wellcare Dual Access Open (PPO D-SNP) includes these counties in Rhode Island: Bristol, Kent, Newport, Providence, and Washington.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

Medicare Savings Program (MSP) Levels

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

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

What is "Extra Help?"

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

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

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

Our plans 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 Open (PPO D-SNP) and Wellcare Dual Access Open (PPO 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/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.

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

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Service Area	<p>Our plans and service areas: H4699005000 Wellcare Dual Liberty Open (PPO D-SNP) includes these counties in Rhode Island: Bristol, Kent, Newport, Providence, and Washington.</p> <p>H4699003000 Wellcare Dual Access Open (PPO D-SNP) includes these counties in Rhode Island: Bristol, Kent, Newport, Providence, and Washington.</p>	
PPO plans do not require a prior authorization or referral for out-of-network services.		
Special Needs Plans Eligibility Criteria	H4699005000 includes (FBDE, QMB+, SLMB+) and H4699003000 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		
Monthly plan premium You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.	\$0	\$0
Deductible	No deductible	No deductible
Maximum out-of-Pocket Responsibility (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.	\$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

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Inpatient Hospital coverage	<p>In-Network Days 1-90: \$0 copay per day *</p> <p>Out-of-Network Days 1-90: \$0 copay per stay</p>	<p>In-Network Days 1-90: \$0 copay per day *</p> <p>Out-of-Network Days 1-90: \$0 copay per stay</p>
Outpatient Hospital coverage Outpatient hospital services	<p>In-Network \$0 copay for surgical and non-surgical services *</p> <p>Out-of-Network \$0 copay for surgical and non-surgical services</p>	<p>In-Network \$0 copay for surgical and non-surgical services *</p> <p>Out-of-Network \$0 copay for surgical and non-surgical services</p>
Outpatient hospital observation services	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>
Ambulatory surgical center (ASC)	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Doctor Visits		
Primary Care Providers	In-Network \$0 copay Out-of-Network \$0 copay	In-Network \$0 copay Out-of-Network \$0 copay
Specialists	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu shots, Hepatitis B shots, Pneumococcal shots))	In-Network \$0 copay Out-of-Network \$0 copay	In-Network \$0 copay Out-of-Network \$0 copay
Emergency care	\$0 copay	\$0 copay

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
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.
Urgently needed services	\$0 copay	\$0 copay
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.
Diagnostic Services/Labs/Imaging	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	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Diagnostic tests and procedures	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Outpatient X-rays	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Diagnostic radiology services (e.g. MRI, CAT Scan)	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Therapeutic Radiology	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Hearing services Hearing Exam Medicare Covered	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay

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

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Routine hearing exam	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 exam every year</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 exam every year</p>
Hearing Aids		
Hearing Aid Fitting/Evaluation(s)	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 fitting(s) / evaluation(s) every year</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 fitting(s) / evaluation(s) every year</p>
Hearing aid allowance	Up to a \$3,000 allowance for both ears combined every year for hearing aids.	Up to a \$2,000 allowance for both ears combined every year for hearing aids.
All types	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>Limited to 2 hearing aid(s) every year</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>Limited to 2 hearing aid(s) every year</p>

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

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Additional Hearing Information	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
Dental services		
Preventive services	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
	Cleanings 2 every year	Cleanings 2 every year
	Dental x-rays 1 every 12 to 36 months	Dental x-rays 1 every 12 to 36 months
	Oral exams 2 every year	Oral exams 2 every year
Fluoride Treatment	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
	1 every year	1 every year

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

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Comprehensive services Medicare Covered	In-Network \$0 copay for each Medicare-covered service *	In-Network \$0 copay for each Medicare-covered service *
	Out-of-Network \$0 copay for each Medicare-covered service	Out-of-Network \$0 copay for each Medicare-covered service
Diagnostic Services	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
	1 diagnostic service(s) every year	1 diagnostic service(s) every year
Restorative Services	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
	1 restorative service(s) every 12 to 84 months	1 restorative service(s) every 12 to 84 months.

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

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Endodontics/ Periodontics/ Extractions	<p>In-Network \$0 copay *</p> <p>Out-of-Network 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>	<p>In-Network \$0 copay *</p> <p>Out-of-Network 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>
Non-routine services	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> <p>1 non-routine service(s) every day to 60 months</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> <p>1 non-routine service(s) every day to 24 months</p>
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network 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>	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> <p>1 Prosthodontic procedure every 12 to 84 months 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime</p>

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

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Additional Dental Information	What you should know: This plan includes coverage of preventive and comprehensive services up to \$3,000.	What you should know: This plan includes coverage of preventive and comprehensive services up to \$2,000.
Vision Services Eye Exam Medicare Covered	In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) * Out-of-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams)	In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) * Out-of-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams)
Routine eye exam (Refraction)	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 exam every year	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 exam every year
Glaucoma screening	In-Network \$0 copay for each Medicare-covered service. Out-of-Network \$0 copay for each Medicare-covered service.	In-Network \$0 copay for each Medicare-covered service. Out-of-Network \$0 copay for each Medicare-covered service.

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

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Eyewear Medicare Covered	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	In-Network \$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Out-of-Network 40% coinsurance Up to a \$300 combined allowance every year.	In-Network \$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Out-of-Network 40% coinsurance Up to a \$300 combined allowance every year
Mental Health Services Inpatient visit	In-Network Days 1-90: \$0 copay per day * Out-of-Network Days 1-90: \$0 copay per stay	In-Network Days 1-90: \$0 copay per day * Out-of-Network Days 1-90: \$0 copay per stay

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

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Outpatient individual therapy visit	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Outpatient group therapy visit	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Skilled nursing facility (SNF)	In-Network Days 1-100: \$0 copay per benefit period. * Out-of-Network Days 1-100: \$0 copay per benefit period.	In-Network Days 1-100: \$0 copay per benefit period. * Out-of-Network Days 1-100: \$0 copay per benefit period.
Therapy and Rehabilitation Services Physical Therapy	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay

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

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Outpatient rehabilitation services provided by an occupational therapist	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Pulmonary rehabilitation services	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Ambulance Ground Ambulance	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Air Ambulance	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Transportation Services	Up to 24 one-way trips every year to plan-approved health-related locations. Mileage limits may apply. In-Network \$0 copay (per one-way trip) *	Up to 24 one-way trips every year to plan-approved health-related locations. Mileage limits may apply. In-Network \$0 copay (per one-way trip) *

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

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
	<p>Out-of-Network 75% coinsurance</p> <p>What you should know: 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>Out-of-Network 75% coinsurance</p> <p>What you should know: 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>
Medicare Part B Drugs Chemotherapy drugs	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>
Other Part B drugs	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>

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

Prescription Drug Coverage	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Stage 1: Annual Prescription Deductible		
Deductible	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.
Stage 2: Initial Coverage (after you pay your deductible, if applicable)		
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.		
Standard Retail cost-sharing (30-day/90-day supply)		
	Standard	Standard
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 copay	\$0 copay
Tier 2 (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%
Tier 3 (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%
Tier 4 (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 Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
	Standard	Standard
Tier 5 (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
Tier 6 (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%

Prescription Drug Coverage	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005		Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003	
Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)				
Mail-order cost-sharing (30-day/90-day supply)				
	Preferred	Standard	Preferred	Standard
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 (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%
Tier 3 (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%
Tier 4 (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 Liberty Open (PPO D-SNP) H4699, Plan 005		Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003	
	Preferred	Standard	Preferred	Standard
Tier 5 (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
Tier 6 (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%
Stage 3: 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.		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 Liberty Open (PPO D-SNP) H4699, Plan 005		Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003	
	Preferred	Standard	Preferred	Standard
Stage 4: Catastrophic Coverage				
	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"> • \$3.95 copay for generics (including brand drugs treated as generic), or • \$9.85 copay for all other drugs 		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"> • \$3.95 copay for generics (including brand drugs treated as generic), or • \$9.85 copay for all other drugs 	

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

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Chiropractic Services Medicare-covered	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Acupuncture Medicare-covered	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Podiatry Services (Foot Care) Medicare Covered	In-Network \$0 copay * Out-of-Network \$0 copay What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.	In-Network \$0 copay * Out-of-Network \$0 copay What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.

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

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Virtual Visits	<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>	
Home health agency care	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>
Meals Post-Acute Meals	<p>\$0 copay for each post-acute meal</p> <p>What you should know: 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>	<p>\$0 copay for each post-acute meal</p> <p>What you should know: 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>

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

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Chronic Meals	<p>\$0 copay for each chronic meal</p> <p>What you should know: 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>	<p>\$0 copay for each chronic meal</p> <p>What you should know: 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>
Medical Equipment/Supplies Durable Medical Equipment (DME)	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>
Prosthetics	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>

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

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Diabetic supplies	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Diabetic therapeutic shoes or inserts	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Opioid treatment program services	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Over-the-Counter (OTC) Items	\$0 copay The maximum total benefit is \$375 every three months What you should know: Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.	\$0 copay The maximum total benefit is \$325 every three months What you should know: Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.

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

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Wellness Programs 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>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 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>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 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>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> <p>Limited to 5 visit(s) every year</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> <p>Limited to 5 visit(s) every year</p>
24-Hour Nurse Advice Line	\$0 copay	\$0 copay

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

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Personal emergency medical response device (PERS)	\$0 copay	\$0 copay
<p>Special Supplemental Benefits for Chronically Ill (SSBCI) 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>Non-Medical Transportation: You pay a \$0 copay for up to 24 non-medical one-way trips every year</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 \$75 per month to help cover the cost of utilities for your home. Limitations apply.</p> <p>Referral may be required *</p>	<p>Non-Medical Transportation: You pay a \$0 copay for up to 12 non-medical one-way trips every year</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>
Flex Card	<p>\$2,000 yearly benefit</p> <p>What you should know: 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>	<p>\$1,500 yearly benefit</p> <p>What you should know: 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>

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

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
In-home support services	<p>\$0 copay for each in-home support services visit. Up to 24 visits every year.</p> <p>What you should know: 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>	<p>\$0 copay for each in-home support services visit. Up to 24 visits every year.</p> <p>What you should know: 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 Liberty Open (PPO D-SNP), 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 Liberty Open (PPO D-SNP), 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 Rhode Island Medicaid toll-free at 1-855-697-4347 (TTY: 711).

Our source of information for Medicaid benefits is <http://www.eohhs.ri.gov/Consumer/ConsumerInformation.aspx>. All Medicaid covered services are subject to change at any time. For the most current Rhode Island Medicaid coverage information, please visit <http://www.eohhs.ri.gov/Consumer/ConsumerInformation.aspx> or call member services for assistance. A detailed explanation of Rhode Island Medicaid benefits can be found in the Rhode Island Summary of Services online at <http://www.eohhs.ri.gov/Consumer/ConsumerInformation.aspx>.

Benefit Category	Rhode Island Medicaid
Therapies	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Covered as medically necessary, includes physical therapy, occupational therapy, speech therapy, hearing therapy, respiratory therapy and other related therapies
Physician/Provider Services	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Covered as needed, based on medical necessity, including primary care, specialty care, obstetric and newborn care. Up to one (1) annual and five (5) gynecology visits annually to a network Health Care Professional for Family planning is covered without a PCP referral.
Prescription Drugs	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Covered when prescribed by a Health Care Professional. Limited to non-prescription drugs.

Benefit Category	Rhode Island Medicaid
Non-Prescription Drugs	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Covered when prescribed by a Health Care Professional. Limited to non-prescription drugs.</p> <p>Includes nicotine cessation supplies ordered by a Health Plan physician.</p> <p>Includes medically necessary nutritional supplements ordered by a Health Plan physician.</p>
Mental Health and Substance Use Disorder Treatment-Outpatient/Inpatient	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Covered as needed for all members. Covered services include a full continuum of Mental Health and Substance Use Disorder (MH/SUD) treatment, including but not limited to: community-based narcotic treatment, methadone, and community- or hospital-based detox.</p> <p>Covered residential treatment includes therapeutic services but does not include room and board, except in a facility accredited by the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO"). Also includes, MH/SUD residential treatment (including minimum 6 month SSTAR birth residential services), Mental Health Psychiatric Rehabilitative Residence (MHPRR), psychiatric rehabilitation day programs; Assertive Community Treatment (ACT).</p>

Benefit Category	Rhode Island Medicaid
Home Care Services	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Covered services include those provided under a written plan of care authorized by a physician/provider including full-time, part-time or intermittent care by a licensed nurse or certified nursing assistant as well as; physical therapy, occupational therapy, respiratory therapy and speech therapy. Home Care services include laboratory services and private duty nursing for a patient whose medical condition requires more skilled nursing than intermittent visiting nursing care, Home Care services include personal care services, such as assisting the client with personal hygiene, dressing, feeding, transfer and ambulatory needs, Home Care services also include homemaking services that are incidental to the client's health needs such as making the client's bed, cleaning the client's living areas such as bedroom and bathroom, and doing the client's laundry and shopping. Home care services do not include respite care, relief care or day care.</p>
Preventive Services	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Covered when ordered by a health plan physician/provider, Services include homemaker services, minor environmental modifications, physical therapy evaluation and services, and personal care services,</p>
Emergency Room Service and Emergency Transportation Services	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Covered both in- and out-of-State, for Emergency Services, or when authorized by a Health Care Professional, or in order to assess whether a condition warrants treatment as an Emergency Service.</p>

Benefit Category	Rhode Island Medicaid
Services of Other Practitioners	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Covered if referred by a Health Care Professional. Practitioners certified and licensed by the State of Rhode Island including nurse practitioners, physicians' assistants, social workers, licensed dietitians, psychologists and licensed nurse midwives.</p>
Court-Ordered Mental Health and Substance Abuse Treatment – Criminal Court	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Covered for all members. Treatment must be provided in totality, as directed by the Court or other State official or body (i.e., a Probation Officer, The Rhode Island State Parole Board). If the length of stay is not prescribed on the court order, WellCare Health Plan of Rhode Island, Inc. may conduct utilization review on the length of stay.</p> <p>The following are examples of Criminal Court-Ordered Benefits that must be provided in totality as an in-plan benefit:</p> <p>Bail ordered: Treatment is prescribed as a condition of bail/bond by the court.</p> <p>Condition of Parole: Treatment is prescribed as a condition of parole by the Parole Board.</p> <p>Condition of Probation: Treatment is prescribed as a condition of probation</p> <p>Recommendation by a Probation State Official: Treatment is recommended by a State Official (Probation Officer, Clinical social worker, etc.).</p> <p>Condition of Medical Parole: Person is released to treatment as a condition of their parole, by the Parole Board.</p>

Benefit Category	Rhode Island Medicaid
Court-Ordered Mental Health and Substance Abuse Treatment – Civil Court	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>All Civil Mental Health Court Ordered Treatment must be provided in totality as an in-plan benefit.</p> <p>Civil Court Ordered Treatment can be from the result of:</p> <ul style="list-style-type: none"> Voluntary Admission Emergency Certification Civil Court Certification
Podiatry Services	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services. Covered as ordered by Health Care Professional</p>
Optometry Services	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Benefit is limited to examinations that include refractions and provision of eyeglasses if needed once every two (2) years. Eyeglass lenses are covered more than once in two (2) years only if medically necessary. Eyeglass frames are covered only every two (2) years.</p> <p>Annual eye exams are covered for members who have diabetes. Other medically necessary treatment visits for illness or injury to the eye are covered.</p>
Oral Health	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Covered as ordered by a Health Care Professional. Services limited to those covered by Medicare.</p>

Benefit Category	Rhode Island Medicaid
Adult Day Health	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Day programs for frail seniors and other adults who need supervision and health services during the daytime. Adult Day Health programs offer nursing care, therapies, personal care assistance, social and recreational activities, meals, and other services in a community group setting. Adult Day Health programs are for adults who return to their homes and caregivers at the end of the day.</p>
Nutrition Services	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Covered as delivered by a registered or licensed dietitian for certain medical conditions and as referred by a Health Care Professional</p>
Group/Individual Programs Education	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Including healthy lifestyles/weight management, wellness/ weight loss and tobacco cessation programs and services.</p>
Interpreter Services	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services. Covered as needed.</p>
Transplant Services	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Covered when ordered by a Health Care Professional.</p>

Benefit Category	Rhode Island Medicaid
<p>HIV/AIDS Non-Medical Targeted Case Management for People Living with HIV/AIDS (PLWH/As) and those at High Risk for acquiring HIV</p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. This program may be provided for people living with HIV/ AIDS and for those at high risk for acquiring HIV. These services provide a series of consistent and required ""steps"" such that all clients are provided with and Intake, Assessment, Care Plan. Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible.</p>
<p>AIDS Medical Case Management</p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Medical Care Management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services.</p>
<p>Treatment for Gender Dysphoria</p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Comprehensive benefit package.</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 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

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.