Summary of Benefits

Thank you for your interest in our Medicare Advantage plans

Wellpoint offers benefits to help you stay healthy while protecting you from unexpected costs. This plan includes your hospital, medical, and drug benefits in one plan.

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2024

Texas

Austin, Bexar, Dallas, El Paso, Harris, other Texas counties. Full service area on page 2, Summary of Benefits.

Wellpoint Dual Advantage 2 (HMO D-SNP)

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Wellpoint Dual Advantage 2 (HMO D-SNP)

Wellpoint Dual Advantage 2 (HMO D-SNP)
Our service area includes these counties in TX: Archer, Atascosa, Austin, Bailey, Bandera, Bastrop, Bexar, Blanco, Briscoe, Burnet, Caldwell, Castro, Chambers, Clay, Cochran, Collin, Colorado, Comal, Cooke, Crosby, Dallas, Delta, Denton, Dickens, El Paso, Floyd, Fort Bend, Galveston, Garza, Gonzales, Grayson, Grimes, Guadalupe, Hale, Hamilton, Hardin, Harris, Hays, Henderson, Hockley, Hudspeth, Hunt, Jack, Jasper, Jefferson, Johnson, Kendall, La Salle, Lamb, Lampasas, Lee, Liberty, Lubbock, Lynn, Mason, Matagorda, Medina, Mills, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Real, Rockwall, San Jacinto, San Saba, Swisher, Tarrant, Terry, Throckmorton, Travis, Van Zandt, Walker, Waller, Wharton, Williamson, Wilson, Wise, Zavala.

Do you have questions?

You can learn more on our website, **https://shop.wellpoint.com/medicare**. Please call us toll-free **1-877-470-4131** (TTY: **711**).Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

The *Summary of Benefits* does not include every service, limit, or exclusion, but the *Evidence of Coverage* does. Just give us a call to request a copy.

Wellpoint Dual Advantage 2 (HMO D-SNP)

This is a Dual Eligible Special Needs Plan (D-SNP)

Wellpoint Dual Advantage 2 (HMO D-SNP) is a Medicare Advantage plan. To join this plan, the following must apply to you[1]:

- ☐ You're entitled to Medicare Part A.
- ☐ You're enrolled in Medicare Part B and Texas Medicaid & CHIP (the state's Medicaid program).
- ☐ You live in our service area.

Eligibility

To be enrolled in this plan, you must also receive some level of Medical Assistance from Texas Medicaid & CHIP (the state Medicaid program) as described below:

Wellpoint Dual Advantage 2 (HMO D-SNP)
☐ If you have **Full Medicaid coverage (Full Benefit Dual Eligible [FBDE])** status, you are eligible for the Texas Medicaid & CHIP program. This may cover your share of Medicare costs, such as premiums for Part A and Part B, deductibles, coinsurance and copayments.
☐ If you have **Qualified Disabled Working Individual (QDWI)** status, you are eligible for the Texas Medicaid & CHIP program, which pays your Medicare Part A premium.
☐ If you have **Qualified Medicare Beneficiary (QMB)** status, you are eligible for the Texas Medicaid & CHIP program, which pays your Medicare premiums, deductibles, and cost sharing.

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

- If you have **Qualified Medicare Beneficiary Plus (QMB+)** status, you are eligible for the Texas Medicaid & CHIP program, which pays your Medicare premiums, deductibles, and cost sharing. You are also eligible to receive full Medicaid benefits.

- If you have **Specified Low-Income Medicare Beneficiary (SLMB)** status, you are eligible for the Texas Medicaid & CHIP program. This pays your Medicare Part B premium.

- If you have **Specified Low-Income Medicare Beneficiary Plus (SLMB+)** status, you receive help paying your Part B premiums. You are also eligible for full Medicaid benefits. In some situations, you may receive assistance from your state Medicaid program to help pay your Medicare cost share. If the service is covered by both Medicare and Medicaid, your cost share could be $0. There may be times when you are responsible for cost sharing if a service or benefit is not covered by Medicaid.

- If you have **Qualifying Individual (QI)** status, you are eligible for the Texas Medicaid & CHIP program. This pays your Medicare Part B premium.

Medicare coverage that goes beyond Original Medicare

- Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.
- Medicare Advantage Prescription Drug Plans cover Medicare Part D drugs and Part B drugs.
- If Medicaid eligibility changes, your cost may also change. You must recertify your Medicaid enrollment to keep receiving your Medicare cost-sharing coverage.

Is your PCP in our plan's network of doctors?

If you need to change your Primary Care Physician (PCP), give us a call and we'll help. Doctors can join or leave the network at any time, so check if they're in network with our Find a Doctor tool online. Just follow the steps below.

How to find a doctor/PCP in our plan:

- Go to **https://shop.wellpoint.com/medicare**
  1. Select **Useful Tools** and choose **Find a Doctor**.
  2. Enter your ZIP code, county and the date you want your coverage to begin.
  3. Fill in the details (city, doctor's name, distance, etc.).
  4. Be sure to check that the doctor is listed as "In-Network" for this plan.
- Or you can ask us for the *Provider Directory*. The phone number is on page 2.

Find a pharmacy

Our plans include the majority of pharmacies in America, so you're likely to find one near you. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in the plan (or find a new one) see the *Pharmacy Directory* on our website at **https://shop.wellpoint.com/medicare**. Under **Useful Tools**, choose **Find a Pharmacy** to enter your location and search details. Or you can give us a call and we'll send you the directory.

How to check if your prescriptions (or an acceptable alternative) are covered and what they'll cost:

- Visit **https://shop.wellpoint.com/medicare**
    1. Select **Useful Tools** and choose **Find Your Covered Drugs**.
    2. Enter your ZIP code, county and beginning coverage date.
    3. Enter your drug name, dosage, quantity and refill frequency, and select **Add Drug** or **Next**.
    4. Select your pharmacy, and then select **View All Plans**.
    5. Choose **Plan Details** and then **Drug Cost** to view the drug's tier, specific cost, and coverage details.
- You can also call us at the number on page 2 for a copy of the *Formulary*.

For more information about Medicare, you can read the Medicare & You handbook. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or request 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.

Summary of 2024 medical benefits

Wellpoint Dual Advantage 2 (HMO D-SNP)

How much is my premium (monthly payment)?

$0.00 - **$21.10** per month

Your Part B premium may be covered by your state's Medicaid agency for D-SNP enrollees.

If you receive Extra Help, your monthly plan premium will be adjusted by the amount of help you receive.

How much is my deductible?

This plan does not have a medical deductible.

The Part D deductible does not apply to you.

Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)

$8,850.00 per year from doctors and facilities in our plan

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Services you receive from doctors or facilities in our plan go toward your yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year.

Inpatient Hospital[1]

Facilities in our plan: **$0.00** copay - Medicare-defined cost share

In 2024, the Medicare-defined cost share amounts for each benefit period are:

- **$1,632** deductible for days 1 through 60.
- **$408** copay per day for days 61 through 90.
- **$816** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.

These amounts may change for 2025. We will provide updated cost share amounts at the website found on page 2 as soon as Medicare releases them.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Your cost-share may vary by level of Medicaid eligibility.

Outpatient Hospital[1,2]

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Ambulatory Surgical Center[1,2]

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Wellpoint Dual Advantage 2 (HMO D-SNP)

Doctor's Office Visits

Primary care physician (PCP) visit:

PCPs in our plan: **$0.00** copay

Specialist visit: [1,2]

Doctors in our plan: **$0.00** copay

Preventive Care Screenings and Annual Physical Exams

Preventive care screenings:

Doctors in our plan: **$0.00** copay

Annual physical exam:

Doctors in our plan: **$0.00** copay

Preventive Care Screenings and Annual Physical Exams

Covered preventive care screenings:

- ☐ Abdominal aortic aneurysm screening
- ☐ Annual "wellness" visit
- ☐ Bone mass measurement
- ☐ Breast cancer screening (mammogram)
- ☐ Cardiovascular disease (behavioral therapy)
- ☐ Cardiovascular screening
- ☐ Cervical and vaginal cancer screening
- ☐ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- ☐ Depression screening
- ☐ Diabetes prevention program
- ☐ Diabetes screenings and monitoring
- ☐ Hepatitis C Screening
- ☐ High Intensity Behavioral Counseling
- ☐ HIV screening
- ☐ Lung cancer screenings
- ☐ Medical nutrition therapy services
- ☐ Obesity screenings and counseling
- ☐ Prostate cancer screenings (PSA)
- ☐ Sexually transmitted infections screenings and counseling
- ☐ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- ☐ Vaccines, including flu, hepatitis B, pneumococcal, and COVID-19 shots
- ☐ "Welcome to Medicare" preventive visit (one-time)

Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in our plan, **100%** of the cost of preventive care screenings and annual physical exams is covered.

Wellpoint Dual Advantage 2 (HMO D-SNP)

Emergency Care

$0.00 copay -**$90.00** copay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.

Emergency and Urgent Care Worldwide Coverage

$0.00 copay

This plan covers urgent care and emergency services when traveling outside of the United States for less than six months. This benefit is limited to **$100,000.00** per year.

Your cost-share may vary by level of Medicaid eligibility.

Urgently Needed Services

$0.00 copay - **$55.00** copay

Your cost-share may vary by level of Medicaid eligibility.

Diagnostic Services, Labs, and Imaging[1,2]

Diagnostic Radiology Services (such as MRIs, CT scans)	
Doctors' offices in our plan:	$0.00 copay - 20% coinsurance
Outpatient facilities in our plan:	$0.00 copay - 20% coinsurance
Diagnostic Tests and Procedures	
Doctors' offices in our plan:	$0.00 copay - 20% coinsurance
Outpatient facilities in our plan:	$0.00 copay - 20% coinsurance

Diagnostic Services, Labs, and Imaging[1,2]

Lab Services	
Doctors' offices in our plan:	$0.00 copay - 20% coinsurance
Outpatient facilities in our plan:	$0.00 copay - 20% coinsurance
Outpatient X-rays	
Doctors' offices in our plan:	$0.00 copay - 20% coinsurance
Outpatient hospitals or facilities in our plan:	$0.00 copay - 20% coinsurance
Freestanding facility or at-home portable x-ray services in our plan:	$0.00 copay - 20% coinsurance
Therapeutic Radiology Services (such as radiation treatment for cancer)	
Doctors and facilities in our plan:	$0.00 copay - 20% coinsurance

What you pay for these services may vary based on your level of Medicaid eligibility.

Hearing Services

Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues): [1,2]

Doctors in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Routine hearing services: [1]

This plan covers 1 routine hearing exam every year. **$300.00** maximum plan benefit for over-the-counter hearing aids OR 1 routine hearing aid fitting evaluation and a **$1,500.00** maximum plan benefit for prescribed hearing aids every year.

Doctors in our plan: **$0.00** copay for routine hearing exam(s). **$0.00** copay for hearing aids up to the maximum plan benefit amount.

Dental Services

Medicare-covered dental services (this does not include services for care, treatment, filling, removal or replacement of teeth): [1]

Doctors and dentists in our plan: **$0.00** copay - **20%** coinsurance

Dental Services

Preventive and Comprehensive[1] Dental Combined Allowance

This plan covers up to **$2,000** for covered preventive and comprehensive dental services every year.

We cover more dental care than what Original Medicare covers. You can use our coverage for these services and more: exams, cleanings, fluoride treatments, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges, implants, and dentures.

Any amount not used at the end of the calendar year will expire.

Preventive dental services:

Dentists in our plan: **$0.00** copay

Comprehensive dental services:

Doctors and dentists in our plan: **$0.00** copay

To find a dental provider in our plan, follow the same steps as the "How to find a doctor/ PCP in our plan" box at the beginning of this booklet. Then select **Dental Provider** under **Provider Type**.

Vision Services

Medicare-covered vision services:

Exam to diagnose and treat diseases and conditions of the eye[1]

Doctors in our plan: **$0.00** copay - **20%** coinsurance

Vision Services

Eyeglasses or contact lenses after cataract surgery

Doctors in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Routine vision services:

Routine vision exam[1]

This plan covers 1 routine eye exam(s) every year.
Doctors in our plan: **$0.00** copay

Routine eyewear (lenses and frames)

This plan covers up to **$150.00** for eyeglasses or contact lenses every year.
Doctors in our plan: **$0.00** copay

To find a vision provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Vision Provider** under **Provider Type**.

Mental Health Care

Inpatient visit: [1]

Doctors and facilities in our plan: **$0.00** copay - Medicare-defined cost share

In 2024, the Medicare-defined Cost Share amounts for each benefit period are:

- **$1,632** deductible for days 1 through 60.
- **$408** copay per day for days 61 through 90.
- **$816** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.

These amounts may change for 2025. We will provide updated cost share amounts at the website found on page 2 as soon as Medicare releases them.

Your cost-share may vary by level of Medicaid eligibility.

Outpatient individual and group therapy services: [1,2]

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Skilled Nursing Facility (SNF)[1]

Doctors and facilities in our plan: **$0.00** copay - Medicare-defined cost share

In 2024, the Medicare-defined cost share amounts for each benefit period are:

- **$0.00** copay per day for days 1 through 20.
- **$204.00** copay per day for days 21 through 100.

These amounts may change for 2025. We will provide updated cost share amounts at the website found on page 2 as soon as Medicare releases them.

Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).

Your cost-share may vary by level of Medicaid eligibility.

Physical Therapy[1,2]

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Ambulance[1]

Ground/Water Ambulance:

Emergency transportation services in our plan: **$0.00** copay - **20%** coinsurance per trip

Air Ambulance:

Emergency transportation services in our plan: **$0.00** copay - **20%** coinsurance per trip

Your cost-share may vary by level of Medicaid eligibility.

Transportation

$0.00 copay. This plan offers coverage for 48, one-way, routine transportation services every year. Trips are limited to 60 miles.

Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends).

Medicare Part B Drugs

Insulin furnished through an insulin pump:

Drugs obtained from doctors and facilities in our plan: **$0.00** copay - **$35.00** copay

Other Part B Drugs:[1]

Drugs obtained from doctors and facilities in our plan: **0%** coinsurance - **20%** coinsurance

Chemotherapy drugs:[1]

Drugs obtained from doctors and facilities in our plan: **0%** coinsurance - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Additional benefits

Wellpoint Dual Advantage 2 (HMO D-SNP)

Acupuncture[1]

Providers in our plan: **$0.00** copay per visit. This plan offers coverage for 24 visits every year.

Chiropractic Care[1,2]

Medicare-covered chiropractic services:

Providers in our plan: **$0.00** copay - **20%** coinsurance

Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).
Your cost-share may vary by level of Medicaid eligibility.

Everyday Options Allowance for Assistive Devices, Groceries, Over-the-Counter (OTC), and Utilities

This benefit provides a combined spending allowance of **$50.00** each month for assistive devices, eligible food items, over-the-counter (OTC) health and wellness products, and utilities.
You have a variety of convenient ways to use the benefit:

- Shop in-store at participating retailers near you (Groceries and OTC only).
- Shop online on the approved vendor website.
- Shop on the approved vendor mobile app.
- Call to place an order.
- Order by mail (OTC and Assistive Devices only).
- With your utility provider.

Summary of Benefits

Foot Care (podiatry services)[1,2]

Medicare-covered podiatry:

Doctors in our plan: **$0.00** copay - **20%** coinsurance

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.
You pay nothing for Medicare-covered *routine* podiatry services. For all other Medicare-covered podiatry services, you pay the higher amount shown above.

Routine foot care:

Doctors in our plan: **$0.00** copay

This plan covers: Unlimited routine foot care visits each year.

Health and fitness tracker

This benefit provides a fitness tracking device (every other year) to help you achieve your physical fitness goals.

Healthy Meals - Chronic Condition[1]

$0.00 copay for up to 2 meals a day for 90 days to support your chronic condition nutritional needs.

You must use network providers.

Healthy Meals - Post Discharge

$0.00 copay for up to 2 meals a day for 6 days following your discharge from the hospital or skilled nursing facility (SNF).

You must use network providers.

Wellpoint Dual Advantage 2 (HMO D-SNP)

Home Health Care[1,2]

Doctors and facilities in our plan: **$0.00** copay

LiveHealth® Online

Lets you talk to a board-certified doctor or licensed psychiatrist, psychologist, or therapist by live, two-way video on a computer, smartphone, or tablet.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of our plan.

Medical Equipment/Supplies

Durable Medical Equipment (wheelchairs, oxygen, etc.):[1]

Suppliers in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Medical supplies and prosthetic devices (braces, artificial limbs, etc.):[1]

Suppliers in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Diabetic supplies and services:

Suppliers in our plan: **$0.00** copay

Covered diabetic supplies include: glucose monitors, test strips, and lancets. See your *Evidence of Coverage* for all supplies covered.

Medicare Community Resource Support

We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs. Call us at the number listed on your plan ID card and ask for the Medicare Community Resource Support team for more details.

Outpatient Rehabilitation

Cardiac (heart) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):[1]

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):[1]

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Occupational therapy visit:[1,2]

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Outpatient Substance Abuse[1,2]

Individual & Group therapy visit:

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Wellpoint Dual Advantage 2 (HMO D-SNP)

Personal Emergency Response System (PERS) coverage
Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

Renal Dialysis
Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance Your cost-share may vary by level of Medicaid eligibility.

SilverSneakers®† Fitness program
When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET. †The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.

24/7 Nurseline
24-hour access to a nurse line, seven days a week, 365 days a year

Services with a 1 may need prior authorization (preapproval) from the plan.

Services with a 2 may need a referral from your doctor or Primary Care Physician (PCP).

Summary of Medicaid-covered benefits

Services available through Texas Health and Human Services:

The following services are not covered or may not be fully covered by Wellpoint Dual Advantage 2 (HMO D-SNP) but are available through Medicaid.

- Ambulance services (medically necessary ambulance services)
- Assistive communication devices (also known as Augmentative Communication Device (ACD) System)
- Bone mass measurement
- Cardiac rehabilitation
- Chiropractic services
- Colorectal screening exams (for people aged 45 and older)
- Dental services (for people who are 20 years of age or younger; or 21 years of age or older in an ICF-IID)
- Diabetic supplies (includes coverage for test strips, lancets, and screening tests)
- Diagnostic tests, x-rays, lab services, and radiology services
- Doctor and Hospital Choice
- Doctor office visits
- Durable medical equipment (includes wheelchairs, oxygen)
- Emergency care (any emergency room visit if the member reasonably believes he or she needs emergency care)
- End-stage renal disease
- Health/wellness education (nutritional counseling for children, smoking cessation for pregnant women, and adult annual exam)
- Hearing services

- ☐ Home health care (includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing services, and personal care services)
- ☐ Home and Community Services (HCS) waiver
- ☐ Hospice
- ☐ Immunizations
- ☐ Inpatient hospital care
- ☐ Inpatient mental health care
- ☐ Mammograms (annual screening)
- ☐ Monthly premium
- ☐ Orthotic and prosthetic devices (includes braces, artificial limbs and eyes, etc.)
- ☐ Outpatient mental health care
- ☐ Outpatient rehabilitation services
- ☐ Outpatient services/surgery
- ☐ Outpatient substance use disorder (assessment, ambulatory treatment/detox, and MAT)
- ☐ Pap smears and pelvic exams (for women)
- ☐ Podiatry services
- ☐ Prescription drugs
- ☐ Prostate cancer screening exams
- ☐ Skilled nursing facility (SNF) (in a Medicare-certified skilled nursing facility)
- ☐ Telemedicine services
- ☐ Transportation (routine)
- ☐ Urgently needed care (this is NOT emergency care, and in most cases, is out of the service area)
- ☐ Vision services

Cost sharing and cost-sharing protections for all members

You may pay the cost sharing for the Medicare-covered benefits or be eligible to receive assistance through Medicaid. You will have no copays for prescriptions covered under the Medicare Part D drug benefit.

If you receive care from a noncontracted provider, the provider may not understand the plan or these billing rules. If you receive a bill for Medicare-covered services, please call the Customer Service phone number listed on your plan ID card.

Have Questions?

What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, please call: **1-800-252-8263.**

Summary of 2024 prescription drug coverage

You pay nothing ($0) for Part D drugs for the entire year.

There may be limitations on the types of drugs covered.
See Wellpoint Dual Advantage 2 (HMO D-SNP)'s list of covered drugs (formulary), at **https://shop.wellpoint.com/medicare** for more information.

Ways we support your health

PremiumAssist℠

The PremiumAssist℠ program helps you find local discounts and services for things like home repair, nutrition, and assistance with copays. Plus, once you become a D-SNP plan member (dually eligible for Medicare and Medicaid), we will help you keep your Medicaid benefits.

Services this program provides:

- The Medicare Savings Complete program assists with eligibility, renewal, and enrollment for Medicaid benefits. An advocate will contact you or you can call us at **1-877-236-4471** (TTY: **711**).
- Recert Complete helps you meet the annual Medicaid enrollment deadline and advocates on your behalf to reenroll or maintain your Medicaid status.
- Community Connect puts you in touch with public and private benefits for which you may qualify.

Advance Directives Program

As a member of our plan, you will have access to an online advance care planning resource to create an advance directive where you can combine the elements of a:

- Living will.
- Medical power of attorney.
- Do not attempt resuscitation form.
- Organ donation form.

You can create your own digital care plan and even include video and audio files. If you already have these documents prepared, you can store them and ensure they are shared with your doctors and care providers 24 hours a day, seven days a week. You can add new information at any time as your health status or wishes change.

Hay disponibles servicios de traducción; póngase en contacto con el plan o su agente.

If you need emergency or urgent care, call 911 or go to the nearest doctor or facility that can help you. Most times, you must use doctors in our plan to receive covered medical care, except for emergencies and urgently needed care when doctors in our plan are not available or dialysis services when you are out of the service area. If you receive routine care from doctors outside our plan, neither Medicare nor Wellpoint will pay for it.

Some benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify.

Wellpoint Texas, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in Wellpoint Texas, Inc. depends on contract renewal.

Services provided by Wellpoint Texas, Inc.

Form Approved
OMB#0938-1421

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-765-5165** (TTY: **711**). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-844-765-5165** (TTY: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险計劃的任何疑 问。如果您需要此翻译服务，请致电 **1-844-765-5165** (TTY: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險計劃可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-844-765-5165** (TTY: **711**)。我們講粵語的工作人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-844-765-5165** (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-844-765-5165** (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi **1-844-765-5165** (TTY: **711**) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-765-5165** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Form CMS-10802
(Expires 12/31/25)

Form Approved
OMB# 0938-1421

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-844-765-5165** (TTY: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-844-765-5165 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة تتعلق بالخطة الصحية أو الأدوية. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-844-765-5165 (TTY: 711)** يمكن لشخص يتحدث الإنجليزية أن يساعدك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें**1-844-765-5165**(TTY: **711**) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-844-765-5165** (TTY: **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-844-765-5165** (TTY: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-844-765-5165** (TTY: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-844-765-5165** (TTY: **711**). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、**1-844-765-5165** (TTY: **711**) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

IMPORTANT INFORMATION:
2024 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Wellpoint - H2593

For 2024, Wellpoint - H2593 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★☆☆
Health Services Rating:	★★½☆☆
Drug Services Rating:	★★★☆☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at **medicare.gov/plan-compare.**

Questions about this plan?

Contact Wellpoint 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-877-470-4131 (toll-free) or 711 (TTY).
Current members please call 1-844-765-5165 (toll-free) or 711 (TTY).

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

Wellpoint Texas, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in Wellpoint Texas, Inc. depends on contract renewal.

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 **1-877-470-4131** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **https://shop.wellpoint.com/medicare** or call **1-877-470-4131** 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.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

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