



2024 Summary of Benefits

Arkansas

Wellcare Dual Liberty (HMO-POS D-SNP)

H1416 | 043

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

This is a summary of drug and health services covered by Wellcare Dual Liberty (HMO-POS D-SNP) from January 1, 2024 to December 31, 2024.

This booklet will provide you with a summary of what we cover and the cost-sharing responsibilities. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at www.wellcare.com/medicare. To request a copy, please call 1-844-917-0175 (TTY 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Who can join?

To enroll in one of our plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. To be eligible, the beneficiary must also be a United States citizen or lawfully present in the United States.

Our service area includes these counties in Arkansas: Arkansas, Ashley, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Drew, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Jefferson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, and Yell.

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

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

Health Maintenance Organizations-Point of Service (HMO-POS) plans are HMOs which, under certain circumstances, allow members to get care out-of-network, often at a higher cost-share than those provided from in-network providers. 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 Plan Members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Our plans give you access to our network of highly skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit www.wellcare.com/medicare (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor our plan will be responsible for the costs.)

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

Which doctors, hospitals and pharmacies can I use? Wellcare Dual Liberty (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. With some plans, if you use providers that are not in our network, your share of the costs for covered services may be higher.

You can see our plan's provider and pharmacy directory, and for plans with prescription drug coverage, our complete plan Formulary (list of Part D prescription drugs) on our website at www.wellcare.com/medicare.

For more information, please call us at 1-844-917-0175 (TTY users should call 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones). Visit us at www.wellcare.com/medicare.

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

To be eligible

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

To be eligible for this plan you must meet the following special needs criteria:

H1416043000 Wellcare Dual Liberty (HMO-POS D-SNP) - FBDE, QMB+, SLMB+

Refer to "Medicare Savings Program (MSP) Levels" section below for a description of all MSP levels. Premiums, copayments, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive.

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

You must also be enrolled in the Arkansas 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 Arkansas for full-dual enrollees. Please contact the plan for further details.

Understanding Dual Eligibility

Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Medicaid benefits are valuable because the state provides additional healthcare coverage and financial support based on your Medicare Savings Program (MSP) aid level. Medicaid coverage varies depending on the state and the type of Medicaid you have. What you pay for covered services may depend on your level of Medicaid eligibility. Some people with Medicaid get help paying for their Medicare premiums and other costs. Other people may also get coverage for additional services and drugs that are covered under Medicaid but not by Medicare.

Medicare Savings Program (MSP) Levels

- **Full-Benefit Dual Eligible (FBDE):** Medicaid may pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. Eligible beneficiaries also receive full Medicaid benefits.
- **Qualified Medicare Beneficiary (QMB):** Medicaid will pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. Some people with QMB are also eligible for full Medicaid benefits (QMB+)

- ***Specified Low-Income Medicare Beneficiary (SLMB)***: Medicaid will absorb the cost of your Medicare Part B Premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+)
- ***Qualified Individual (QI)***: Medicaid will pay costs associated with Medicare Part B
- ***Qualified Disabled Working Individual (QDWI)***: Medicaid will pay costs associated with Medicare Part A

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

What is “Extra Help?”

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

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

Benefits

Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
Monthly plan premium (includes both medical and drugs)	\$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.
Deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$8,850 in-network annually \$8,850 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.
Inpatient Hospital coverage	<p>In-Network Days 1-90: \$0 copay per admission *</p> <p>Out-of-Network Days 1-90: \$0 or 40% coinsurance per admission, depending on your Medicaid eligibility category. *</p>

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

Benefits

Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
Outpatient Hospital coverage Outpatient hospital services	<p>In-Network \$0 copay for surgical and non-surgical services (includes diagnostic colonoscopy). *</p> <p>Out-of-Network \$0 or 40% coinsurance for surgical and non-surgical services (includes diagnostic colonoscopy), depending on your Medicaid eligibility category. *</p>
Outpatient hospital observation services	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.</p>
Ambulatory surgical center (ASC) services	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>

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Benefits

Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
Doctor Visits Primary Care Providers	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.</p>
Specialists	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.</p>
Emergency care	\$0 copay

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Worldwide emergency coverage	<p>\$100 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.</p>
Urgently needed services	<p>\$0 copay</p>
Worldwide urgent care coverage	<p>\$100 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.</p>
Diagnostic Services/Labs/Imaging Lab services	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance , depending on your Medicaid eligibility category. *</p>

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Diagnostic tests and procedures	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Outpatient X-rays	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Diagnostic radiology services (e.g. MRI, CAT Scan)	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance for Medicare-covered diagnostic radiological services, depending on your Medicaid eligibility category. *</p>

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Therapeutic Radiology	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
<p>Hearing services</p> <p>Hearing Exam Medicare Covered</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Routine hearing exam	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not covered</u></p> <p>1 exam every year</p>

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Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not covered</u></p> <p>1 fitting(s) / evaluation(s) every year</p>
Hearing aid allowance	Up to a \$1,500 allowance per ear every year for hearing aids.
All types	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not covered</u></p> <p>Limited to 2 hearing aid(s) every year</p>
Additional Hearing Information	<p>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.</p>

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Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
Comprehensive services Diagnostic Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not</u> covered</p>
Restorative Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not</u> covered</p>
Endodontics/ Periodontics/ Extractions	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not</u> covered</p>
Non-routine services	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not</u> covered</p>

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Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not</u> covered</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.</p>
Additional Dental Information	<p>What you should know: This plan includes coverage of comprehensive services up to \$2,000 per plan year.</p>
<p>Vision Services</p> <p>Eye Exam Medicare Covered</p>	<p>In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>

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Routine eye exam (Refraction)	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not covered</u></p> <p>1 exam every year</p>
Glaucoma screening	<p>In-Network \$0 copay for each Medicare-covered service.</p> <p>Out-of-Network \$0 or 40% coinsurance for each Medicare-covered service, depending on your Medicaid eligibility category.</p>
Eyewear Medicare Covered	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not covered</u></p>

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Eyewear allowance	Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services	
Inpatient visit	<p>In-Network Days 1-90: \$0 copay per admission *</p> <p>Out-of-Network Days 1-90: \$0 or 40% coinsurance per admission, depending on your Medicaid eligibility category. *</p>
Outpatient individual therapy visit	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Outpatient group therapy visit	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>

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Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
Skilled nursing facility (SNF)	<p>In-Network Days 1-100: \$0 copay per benefit period *</p> <p>Out-of-Network Days 1-100: \$0 or 40% coinsurance per benefit period, depending on your Medicaid eligibility category. *</p>
Therapy and Rehabilitation Services Physical Therapy	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Outpatient rehabilitation services provided by an occupational therapist	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>

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Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
Pulmonary rehabilitation services	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.</p>
<p>Ambulance Ground Ambulance</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Air Ambulance	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Transportation Services	<p>Unlimited rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day).</p> <p>In-Network \$0 copay (per one-way trip) *</p>

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	<p>Out-of-Network Not covered</p> <p>What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p>
Medicare Part B Drugs	
Chemotherapy and Other Part B Drugs	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</p> <p>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.</p>
Insulin	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or \$35 copay (maximum per month), depending on your Medicaid eligibility category. *</p>

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Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
Allergy Antigen	<p>In-Network \$0 copay *</p> <p>Out-of-Network 0% coinsurance *</p>

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Prescription Drug Coverage	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Annual Prescription Deductible	\$0
30-day/up to a 100-day supply from retail network pharmacy	
All Covered Drugs	\$0 copay Some covered drugs limited to a 30-day supply

Additional Benefits

Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
Chiropractic Services Medicare-covered	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Acupuncture Medicare-covered	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Podiatry Services (Foot Care) Medicare Covered	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>

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Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
Routine Podiatry Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not</u> covered</p> <p>12 visit(s) every year</p>
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. For more information, or to schedule an appointment, call Teladoc at 1-800-835-2362 (TTY: 711) 24 hours a day, 7 days a week.</p>
Home health agency care	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>

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Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
Meals Post-Acute Meals	\$0 copay ▪ What you should know: You pay nothing for home delivered meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.
Medical Equipment/Supplies Durable Medical Equipment (DME)	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *
Prosthetics	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *

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Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
Diabetic supplies	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>
Diabetic therapeutic shoes or inserts	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Opioid treatment program services	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Wellness Programs	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.
Fitness	\$0 copay

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Additional Benefits

Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
	<p>What you should know:</p> <p>This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A fitness tracker may be selected as part of a home fitness kit.</p>
Additional sessions of smoking and tobacco cessation counseling	<p>In-Network \$0 copay</p> <p>Out-of-Network <u>Not</u> covered</p> <p>Limited to 5 visit(s) every year</p>
Annual Physical Exam	<p>In-Network \$0 copay</p> <p>Out-of-Network <u>Not</u> covered</p> <p>What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>
24-Hour Nurse Advice Line	\$0 copay
Personal emergency medical response device (PERS)	\$0 copay
Over-the-Counter (OTC) Items	Please see the Wellcare Spendables™ section for more information about the over-the-counter (OTC) benefit.

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Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
Wellcare Spendables™	<p>You will receive \$160 monthly (\$1,920 per year) preloaded on your Wellcare Spendables™ card. Your monthly allowance rolls over to the following month if unused and expires at end of the plan year.</p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> • Over-the-Counter items (OTC) - Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. • Dental, Vision, and Hearing - You may use your card to help reduce your out-of-pocket expenses for any dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly. <p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> • Healthy Food - You can use your card to pay for healthy foods and produce at participating retailers. Prepared meals are available for order via online portal. • Gas pay-at-pump - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. • Utility Assistance - You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet. • Rent Assistance - You can use your card to help with the cost of rent for your home.

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	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
	For more information, limitations and exclusions, please see your Evidence of Coverage.

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Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Wellcare Dual Liberty (HMO-POS D-SNP). For each benefit listed, you can see what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. Coverage of the benefits described in this Summary of Benefits depends upon your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Arkansas Medicaid toll-free at 1-800-482-5431 (TTY: 711).

For the most current Arkansas Medicaid coverage information, please visit <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/> or call Member Services for assistance.

Benefit Category	Arkansas Medicaid
<p>Doctor Visits For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p>	<p>This includes visits to your primary care physician and specialists \$0 co-pay for Medicaid-covered services. Under age 21: No limit to covered service. Over age 21: Covers limited visits to your PCP. Referral is required for visit to specialist. Covers limited visits with a nurse practitioner. Referral may be required. A co-pay is required by ARKids First-B.</p>
<p>Preventive Care These services are provided to help screen for and prevent or diagnose a health problem.</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services. Bone Mass Measurement (for people with Medicare who are at risk) Colorectal Screening Exams (for people with Medicare age 50 and older) Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine) Mammograms (Annual Screening) (for women with Medicare age 40 and older) Pap Smears and Pelvic Exams (for women with Medicare) Prostate Cancer Screening Exams (for men with Medicare age 50 and older) Health/Wellness Education</p>

Benefit Category	Arkansas Medicaid
	<p>(written health education materials, including newsletters, Nutritional Training, Additional Smoking Cessation, and Other Wellness Benefits Welcome to Medicare; and Annual Wellness Visit</p> <p>Under age 21: Covers shots to prevent diseases and regular check-ups under well-child services. No co-pay required.</p> <p>Over age 21: Covers limited number of doctor's visits per year. Pelvic exams, pap tests and mammography are covered for women of all ages. No referral needed at a doctor's office.</p>
<p>Hearing Services This includes information on coverage of hearing exams and aids</p> <ul style="list-style-type: none"> • Under age 21: Covers hearing tests and hearing aids if enrolled in the Child Health Services (EPSDT) Program. Must be prescribed by a doctor. If the child needs a hearing aid, three follow-up visits to the hearing aid dealer are covered to make sure it works properly. Hearing aids are not covered by ARKids First-B. Only the examination used to test the condition of the middle ear, called tympanometry, is covered for ARKids First-B • Over age 21: Not covered 	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p>
<p>Dental Services</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>Under age 21: Covers dental care. Orthodontic care (braces) if needed for medical reasons. Prior approval required. Orthodontic care not covered by ARKids First-B.</p>

Benefit Category	Arkansas Medicaid
	<p>Over age 21: Covers up to \$500 a year for most dental care, from July 1 to June 30. Includes one office visit, one cleaning, one set of x-rays and one fluoride treatment. If your dentist says you need it.</p> <p>Medicaid will pay for simple tooth pulling, surgical tooth pulling (if approved by Medicaid first), fillings, and one set per lifetime of dentures (if approved by Medicaid first). Dental Lab fees and tooth-pulling do not count toward the \$500 limit. However, you can only get one set of dentures or partial dentures in your lifetime. It's up to you to make sure Medicaid will pay for other dental care if you need it.</p> <p>ConnectCare services include dental coordinated care. Dental care coordinators are available from 8 a.m. to 4:30 p.m. Monday through Friday to help with:</p> <ul style="list-style-type: none"> Dental information Finding a Medicaid dentist in your area Scheduling dental appointments Scheduling needed transportation (Medicaid and ARKids First-A only). ARKids First-B beneficiaries cannot use the Non-Emergency Transportation (NET) Program. Reminding you of your dental appointment Rescheduling missed dental appointments <p>To find out more, call 1-800-322-5580 (TDD: 1-800-285-1131).</p>
<p>Vision Services This includes information on coverage of vision exams and eyewear</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>Under age 21: Covers limited eye exams and eyeglasses. No co-pay required.</p>

Benefit Category	Arkansas Medicaid
	Over age 21: Covers limited eye exams and eyeglasses. Co-pay is required.
<p>Mental Health Services This includes the following:</p> <ul style="list-style-type: none"> • Inpatient visits • Outpatient group or individual therapy visits 	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services. \$0 co-pay for Medicaid-covered services. Covers licensed mental health practitioner services in an Immediate Care Facility for mentally retarded. Referral from a doctor and prior authorization required.
<p>Transportation</p>	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services. Non-emergency transportation services covers trips to and from doctor appointments and other covered Medicaid services if you have no other type of transportation. No limits on number of trips or miles. NET will only take you to and from Medicaid-covered services. Not covered by ARKids First-B.
<p>Wellness Programs Fitness</p> <ul style="list-style-type: none"> • Personal Emergency Response System (PERS) • Additional routine annual physical • Nurse Advice Line - 24 hours 	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services. \$0 co-pay for Medicaid-covered services.
<p>Prescription Drugs</p>	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services. Covers most generic prescription drugs. Prior approval may be required for some drugs. Brand name drugs not covered. Under age 21: No limit to the number of prescriptions per month.

Benefit Category	Arkansas Medicaid
	<p>Over age 21: Covers a limited number of prescriptions per month.</p> <p>*A co-pay is required by members 18 and older.</p> <p>*A co-pay is required by ARKids First-B.</p>
OTC	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p>
Long-term Care	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>Over age 65, or over age 21 and disabled: Living Choices Assisted Living covers apartment-style housing for those who need extra care and supervision. Based on medical necessity and other requirements.</p>
Autism Waiver	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>The purpose of the autism waiver is to provide one-on-one, intensive early intervention treatment for beneficiaries ages 18 months through 6 years with a diagnosis of autism. Participants must meet both medical and financial criteria. Medical criteria include meeting the ICF/IID level of care and having a diagnosis of autism.</p> <p>The community-based services offered through the autism waiver are as follows:</p> <ul style="list-style-type: none"> Individual assessment/treatment development Provision of therapeutic aides and behavioral reinforcers Plan implementation and monitoring of intervention effectiveness

Benefit Category	Arkansas Medicaid
	<p>Lead therapy intervention Line therapy intervention</p> <p>Consultative clinical and therapeutic services</p> <p>The waiver program is operated by the Partners for Inclusive Communities (also known as Partners) under the administrative authority of the Division of Medical Services.</p>
<p>Community Health Centers</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>You may choose one of these health centers as your PCP instead of choosing a doctor. Otherwise, you will need a referral from your PCP if you need to go to an FQHC.</p>
<p>Community and Employment Supports Waiver</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>CES services are for people who have a developmental disability and need special care, no matter how old they are. The person must have cerebral palsy, epilepsy, spina bifida, down syndrome, autism spectrum disorder, have been declared intellectually disabled before they are 22 years old, or have another other closely related conditions.</p> <p>CES services is provided in the person's home or community, after the individual has been deemed eligible, undergone an independent assessment and been enrolled in a Provider-led Arkansas Shared Savings Entity (PASSE) The purpose of the CES Waiver is to provide care in a home setting rather than an institutional setting.</p>

Benefit Category	Arkansas Medicaid
Nurse Practitioners	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.
Nurse-Midwife (Certified)	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services. \$0 co-pay for Medicaid-covered services. A co-pay is required by ARKids First-B.
Inpatient Psychiatric Services for Under Age 21	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services. Referral from a doctor and prior authorization required. Medicaid must approve these services in advance, except in an emergency. The patient will also require a certificate of need in order for Medicaid to pay. The doctor who refers the patient should provide this document. A co-pay is required by ARKids First-B. The amount of the co-pay depends on the first days hospital bill.
Rehabilitative Services for Persons with Physical Disabilities (RSPD)	For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services. Medicaid pays for rehabilitation services for children under age 21 with physical disabilities, if the services are recommended by a doctor or other licensed medical worker. To qualify for RSPD services, the child must have had a severe brain injury, or a spinal cord disorder or injury. (Spinal cord disorders or injuries are only eligible for rehab services in a state-operated extended rehabilitative hospital.)

Benefit Category	Arkansas Medicaid
	ARKids First-B (CHIP Title XXI funded) does not cover RSPD.
Rehabilitative Services for Youth and Children (RSYC)	Medicaid will pay for rehab services for children under age 21 who are in the Child Health Services EPSDT Program and in the custody or care of the Arkansas Division of Youth Services (DYS). These services are for children who have been abused or neglected, to help them deal with any psychological or emotional problems they may have. Not covered for ARKids First-B.

Multi-Language Insert
Multi-language Interpreter Services

Form Approved
OMB# 0938-1421

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at the plan numbers on the following pages. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que habla español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打以下页面上的计划号码联系我们。您将获得讲汉语普通话的译员的帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電下頁的計劃電話號碼。會說廣東話的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa mga sumusunod na pahina. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, il suffit de nous appeler aux numéros figurant sur les pages suivantes. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi chúng tôi theo số điện thoại chương trình ở các trang sau. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie eine der Telefonnummern auf den folgenden Seiten an. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Form CMS-10802

(Expires 12/31/25)

Y0020_WCM_125093M_FINAL_W_C Internal Approved 07122023

NA4WCMINS29344M_WMPB

Updated: 06/01/2023

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

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

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

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

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

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

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

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

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

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Wellcare No Premium Essential Value (HMO),
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HMO D-SNP, PPO D-SNP

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HMO, PPO

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MICHIGAN

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

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HMO-POS D-SNP

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SOUTH CAROLINA

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PPO D-SNP

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-844-917-0175 (TTY: 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Understanding the Benefits

- ❑ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.wellcare.com/medicare or call 1-844-917-0175 (TTY: 711) to view a copy of the EOC. Hours are Monday - Sunday, 8 am - 8 pm (all time zones).
- ❑ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ❑ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ❑ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ❑ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ❑ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- ❑ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ❑ **For POS plans:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ❑ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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Contact Us

For more information, please contact us:



By phone

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



Hours of Operation

Monday - Sunday, 8 am - 8 pm (all time zones)



Online

www.wellcare.com/medicare