



# 2024

## Summary of Benefits

Oregon

**Wellcare Dual Select (HMO D-SNP)**

H2174 | 001

**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 Select (HMO 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/trilliumOR](http://www.wellcare.com/trilliumOR). 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 Lane County in Oregon.

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

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

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

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/trilliumOR](http://www.wellcare.com/trilliumOR).

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:

### **H2174001000 Wellcare Dual Select (HMO 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 Oregon 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 Oregon 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 Select (HMO D-SNP) H2174, Plan 001	
<b>Monthly plan premium</b> (includes both medical and drugs)	\$0 or \$37.60 If you qualify for Extra Help, your plan premium is paid on your behalf. If you no longer qualify for Extra Help, you may be charged a premium.  You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.
<b>Deductible</b>	\$0 or The Part B deductible was \$226 for select Part B services. This is the 2023 cost sharing amount and may change in 2024. Wellcare Dual Select (HMO D-SNP) will provide updated rates at <a href="http://www.wellcare.com/trilliumor">www.wellcare.com/trilliumor</a> as soon as they are released.
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	\$8,850 in-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
<b>Inpatient Hospital coverage</b>	For each admission, you pay: \$0 or \$1,625 copay per stay for days 1 through 90 If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
<b>Outpatient Hospital coverage</b> Outpatient hospital services	\$0 copay for diagnostic colonoscopy. \$0 or 20% coinsurance for all other outpatient services. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *

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

## Benefits

<b>Wellcare Dual Select (HMO D-SNP) H2174, Plan 001</b>	
Outpatient hospital observation services	\$0 or \$100 copay for outpatient observation services when you enter observation status through an emergency room. \$0 or 20% coinsurance for outpatient observation services when you enter observation status through an outpatient facility. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount.
<b>Ambulatory surgical center (ASC) services</b>	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
<b>Doctor Visits</b>	
Primary Care Providers	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount.
Specialists	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *

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## Benefits

Wellcare Dual Select (HMO D-SNP) H2174, Plan 001	
<b>Preventive Care</b> (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	\$0 copay
<b>Emergency care</b>	\$0 or \$100 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide emergency coverage	\$100 copay  Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.
<b>Urgently needed services</b>	\$0 or \$55 copay If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. Copay is waived if you are admitted to a hospital within 24 hours.

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Wellcare Dual Select (HMO D-SNP) H2174, Plan 001	
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>
<b>Diagnostic Services/Labs/Imaging</b> Lab services	<p>\$0 copay for all other labs.            \$0 or \$50 copay for genetic testing.            If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount.            *</p>
Diagnostic tests and procedures	<p>\$0 copay for each Medicare-covered spirometry test and specified testing-related services.            \$0 or 20% coinsurance for all other Medicare-covered diagnostic procedures and tests.            If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount.            *</p>
Outpatient X-rays	<p>\$0 copay            *</p>
Diagnostic radiology services (e.g. MRI, CAT Scan)	<p>\$0 copay for a diagnostic mammogram.            \$0 or 20% coinsurance for all other diagnostic radiology services.            If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount.            *</p>

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## Benefits

Wellcare Dual Select (HMO D-SNP) H2174, Plan 001	
Therapeutic Radiology	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
<b>Hearing services</b>	
Hearing Exam Medicare Covered	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Routine hearing exam	\$0 copay *  1 exam every year
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	\$0 copay *  1 fitting(s) / evaluation(s) every year
Hearing aid allowance	Up to a \$1,000 allowance per ear every year for hearing aids.
All types	\$0 copay *  Limited to 2 hearing aid(s) every year

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**Benefits**

Wellcare Dual Select (HMO D-SNP) H2174, Plan 001	
Additional Hearing Information	<p><b>What you should know</b>                      Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.</p>
<b>Dental services</b>	
Preventive services	<p>\$0 copay *</p> <p>Cleanings 2 every year                      Dental x-rays 1 every 12 to 36 months depending on type of service                      Oral exams 2 every year</p>
Fluoride Treatment	<p>\$0 copay *</p> <p>1 every year</p>
Comprehensive services Medicare-covered	<p>\$0 or 20% coinsurance for each Medicare-covered service. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
Comprehensive services Diagnostic Services	<p>\$0 copay *</p>
Restorative Services	<p>\$0 copay *</p>

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## Benefits

Wellcare Dual Select (HMO D-SNP) H2174, Plan 001	
Endodontics/ Periodontics/ Extractions	\$0 copay *
Non-routine services	\$0 copay *
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	\$0 copay *  <b>For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.</b>
Additional Dental Information	<b>What you should know:</b> This plan includes coverage of comprehensive services up to \$5,000 per plan year.
<b>Vision Services</b>  Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 or 20% coinsurance (all other Medicare-covered eye exams) If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Routine eye exam (Refraction)	\$0 copay *  1 exam every year

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<b>Wellcare Dual Select (HMO D-SNP) H2174, Plan 001</b>	
Glaucoma screening	\$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	\$0 copay *
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	\$0 copay *  Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.
<b>Mental Health Services</b>	
Inpatient visit	For each admission, you pay: <ul style="list-style-type: none"> <li>• \$0 or \$1,800 copay per stay for days 1 through 90</li> </ul> If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Outpatient individual therapy visit	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Outpatient group therapy visit	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *

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<b>Wellcare Dual Select (HMO D-SNP) H2174, Plan 001</b>	
<b>Skilled nursing facility (SNF)</b>	<p>For each admission, you pay:</p> <ul style="list-style-type: none"> <li>• \$0 copay per day for days 1 through 20</li> <li>• \$0 or \$203 copay per day for days 21 through 100</li> </ul> <p>If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
<b>Therapy and Rehabilitation Services</b>	
Physical Therapy	<p>\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
Outpatient rehabilitation services provided by an occupational therapist	<p>\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
Pulmonary rehabilitation services	<p>\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
<b>Ambulance</b>	
Ground Ambulance	<p>\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
Air Ambulance	<p>\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>

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<b>Transportation Services</b>	<p>Up to 12 rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day).</p> <p>\$0 copay (per one-way trip) *</p> <p><b>What you should know:</b></p> <p>Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p>
<b>Medicare Part B Drugs</b>	
Chemotherapy and Other Part B Drugs	<p>0% - 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</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 &amp; Medicaid Services (CMS) and may change quarterly.</p>
Insulin	<p>\$0 or \$35 copay (maximum per month) If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
Allergy Antigen	<p>0% coinsurance *</p>

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<b>Prescription Drug Coverage</b>	<b>Wellcare Dual Select (HMO D-SNP) H2174, Plan 001</b>
<b>Annual Prescription Deductible</b>	\$0
<b>30-day/up to a 100-day supply from retail network pharmacy</b>	
<b>All Covered Drugs</b>	\$0 copay Some covered drugs limited to a 30-day supply



## Additional Benefits

Wellcare Dual Select (HMO D-SNP) H2174, Plan 001	
<b>Chiropractic Services</b> Medicare-covered	\$0 copay *
Routine chiropractic services	See Combined Benefits for Pain Management below
<b>Acupuncture</b> Medicare-covered	\$0 or 20% coinsurance for Medicare-covered Acupuncture received in a PCP office. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. \$0 copay for Medicare-covered Acupuncture received in a Chiropractor office. \$0 or 20% coinsurance for Medicare-covered Acupuncture received in a Specialist office. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Routine acupuncture services	See Combined Benefits for Pain Management below
<b>Combined Benefits for Pain Management</b>	\$0 copay for alternative pain treatment therapies. *  <b>What you should know:</b> This plan provides 24 visits combined for services including naturopathy, routine chiropractor and/or acupuncture.

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## Additional Benefits

Wellcare Dual Select (HMO D-SNP) H2174, Plan 001	
<b>Podiatry Services (Foot Care)</b> Medicare Covered	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
<b>Virtual Visits</b>	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.  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.
<b>Home health agency care</b>	\$0 copay *
<b>Meals</b>  Post-Acute Meals	\$0 copay ■ <b>What you should know:</b> 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.

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## Additional Benefits

Wellcare Dual Select (HMO D-SNP) H2174, Plan 001	
<b>Medical Equipment/Supplies</b> Durable Medical Equipment (DME)	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Prosthetics	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
Diabetic supplies	\$0 copay *  For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic therapeutic shoes or inserts	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
<b>Opioid treatment program services</b>	\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *
<b>Wellness Programs</b>  Fitness	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.  \$0 copay

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## Additional Benefits

Wellcare Dual Select (HMO D-SNP) H2174, Plan 001	
	<p><b>What you should know:</b></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>\$0 copay</p> <p>Limited to 5 visit(s) every year</p>
Annual Physical Exam	<p>\$0 copay</p> <p><b>What you should know:</b></p> <p>The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>
24-Hour Nurse Advice Line	\$0 copay
<b>Over-the-Counter (OTC) Items</b>	Please see the Wellcare Spendables™ section for more information about the over-the-counter (OTC) benefit.
<b>Wellcare Spendables™</b>	<p>You will receive \$85 <b>monthly</b> (\$1,020 per year) preloaded on your Wellcare Spendables™ card. Your monthly allowance <b>rolls over to the following month if unused and expires at end of the plan year.</b></p> <p>Your card allowance can be used towards:</p>

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### Additional Benefits

Wellcare Dual Select (HMO D-SNP) H2174, Plan 001	
	<ul style="list-style-type: none"> <li>• <b>Over-the-Counter items (OTC)</b> - 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.</li> <li>• <b>Dental, Vision, and Hearing</b> - 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.</li> </ul> <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"> <li>• <b>Healthy Food</b> - You can use your card to pay for healthy foods and produce at participating retailers. Prepared meals are available for order via online portal.</li> <li>• <b>Gas pay-at-pump</b> - 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.</li> <li>• <b>Utility Assistance</b> - 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.</li> <li>• <b>Rent Assistance</b> - You can use your card to help with the cost of rent for your home.</li> </ul> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>

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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 Select (HMO 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 Oregon Health Plan (Medicaid) toll-free at 1-800-699-9075 (TTY: 711).

For the most current Oregon Medicaid coverage information, please visit <https://www.oregon.gov/OHA/HSD/OHP/Pages/index.aspx> or call Member Services for assistance.

#### The following service categories constitute the mandatory categories or Covered Services for Members eligible for the OHP Plus Benefit Package:

Dental Services

Diagnostic Services/Lab/X-Ray;

DMEPOS/Hearing Aids & Supplies;

Intensive Care Coordination;

Home Health/Private Duty Nursing/Hospice;

Inpatient Hospital - Basic includes Acute Detoxification;

Inpatient Hospital -Hysterectomy;

Inpatient Hospital -Family Planning;

Inpatient Hospital -Maternity;

Inpatient Hospital -Newborn;

Inpatient Hospital -Sterilization;

Intensive Outpatient Substance Use Disorder Treatment;

Pregnancy Management Services;

Mental Health-Acute Inpatient -Inpatient Psychiatric Treatment;

Mental Health-Outpatient Other - Outpatient hospital based;

Mental Health-Alternative to Inpatient -Inpatient sub-acute;

Mental Health-Assessment/Evaluation -Initial Mental Health Assessment or screening;

**The following service categories constitute the mandatory categories or Covered Services for Members eligible for the OHP Plus Benefit Package:**

Mental Health-Case Management-Outpatient Case Management by MH Providers of Mental Health Members;

Mental Health-Consultation -Mental Health Providers offering additional evaluation beyond assessment/screening;

Mental Health-Interpretation Services - Mental Health --supportive employment, ACT, Etc. special MH programs including WRAP services;

Mental Health-Intensive Treatment Services-:

Mental Health-Medical Management - Medication of Mental Health Members;

Mental Health-Outreach - Most all services done out in the Community setting;

Mental Health-Physician Inpatient - Inpatient professional component while the client is in the Hospital;

Mental Health-Physician Outpatient - Outpatient Mental Health MD services in either Hospital or community settings;

Mental Health-Support Day Treatment - Day treatment services in Community settings;

Methadone dosing and dispensing;

Opioid Substitution Treatment;

Outpatient Hospital/ASC- Basic includes Emergency Department;

Outpatient Hospital/ ASC - Family Planning;

Outpatient Hospital/ ASC - Maternity;

Outpatient Hospital/ ASC - Sterilization;

Outpatient Hospital/ ASC - Hysterectomy;

Other Outpatient Treatment Services;

Physician- Basic includes Somatic Mental Health and Vaccines for Children;

Physician - Family Planning:

Physician - Hysterectomy;

**The following service categories constitute the mandatory categories or Covered Services for Members eligible for the OHP Plus Benefit Package:**

Physician - Maternity;

Physician - Newborn;

Physician - Other includes Dialysis, Hearing Services PT /OT Services, Speech/Language Pathology, etc.

Post Hospital Extended Care;

Prescription Drugs - Basic;

Prescription Drugs - Family Planning;

Residential Detoxification;

Substance Use Disorders Services;

Tobacco Cessation;

Transportation - Ambulance;

and Vision Exams, Therapy, Materials

Other services approved and implemented by Oregon HERC during the Agreement period as and as specified on the Health Evidence Review Commission Prioritized List for the calendar year of the Agreement period. <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>



## **Do you think Wellcare By Trillium Advantage has treated you unfairly?**

Wellcare By Trillium Advantage must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's:

- Age
- Gender identity
- Race
- Sexual orientation
- Color
- Marital status
- Religion
- Disability
- Health Status
- National Origin
- Sex

You have a right to enter, exit, and use buildings and services. You have the right to get information in a way you understand. Wellcare By Trillium Advantage will make reasonable changes to policies, practices, and procedures by talking with you about your needs.

To report concerns, get help filing a complaint or to get more information, please contact Member Services at **1-844-867-1156** (TTY: **711**). From October 1 - March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 - September 30, you can call us Monday - Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. The call is free.

If you believe you have been discriminated against, you may also contact:

**Levi Welbourne**, *Non-Discrimination Coordinator*

555 International Way, Building B

Springfield, OR 97477

Phone: **1-541-214-3948**

Toll-free: **1-844-867-1156** (TTY: **711**)

Email: **levi.p.welbourne@trilliumchp.com**

Web: **<https://wellcare.trilliumadvantage.com/legal/nondiscrimination-notice.html>**

You have a right to file a civil rights complaint with these organizations:

### **U.S. Department of Health and Human Services Office for Civil Rights (OCR)**

Web: **<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>**

Phone: **1-800-368-1019, 1-800-537-7697** (TDD)

Email: **OCRComplaint@hhs.gov**

Mail: Office for Civil Rights, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

### **Oregon Health Authority (OHA) Civil Rights**

Web: **[www.oregon.gov/OHA/OEI](http://www.oregon.gov/OHA/OEI)**

Phone: **1-844-882-7889**, (TTY: **711**)

Email: **OHA.PublicCivilRights@odhsoha.oregon.gov**

Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

### **Bureau of Labor and Industries Civil Rights Division**

Phone: **1-971-673-0764**, (TTY: **711**)

Email: **crdemail@boli.state.or.us**

Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 97232

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You can get this letter in another language, large print, or another way that is best for you. You can also have a language interpreter. This help is free. Call **1-844-867-1156** (TTY: **711**).

Puede obtener esta carta en otro idioma, en formato de letra grande o en otro formato que le acomode. También puede acceder a un intérprete. Esta asistencia es gratuita. Llame al **1-844-867-1156** (TTY: **711**).

### **English**

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-844-867-1156** (TTY: **711**).

### **Español (Spanish)**

ATENCIÓN: Si no habla inglés, tiene a su disposición servicios de asistencia lingüística sin costo alguno para usted. Llame al **1-844-867-1156** (TTY: **711**).

### **Tiếng Việt (Vietnamese)**

LƯU Ý: Nếu quý vị không nói được tiếng Anh thì luôn có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi đến số **1-844-867-1156** (TTY: **711**).

### **中文（粵語）(Cantonese)**

注意：如果您不會講英語，我們有提供免費的語言協助服務。請致電 **1-844-867-1156** (TTY: **711**)。

### **中文（普通话）(Mandarin)**

注意：如果您不会说英语，我们可以为您提供免费语言支持服务。请致电 **1-844-867-1156** (TTY: **711**)。

### **Русский (Russian)**

ВНИМАНИЕ: Если вы не говорите по-английски, вы можете бесплатно получить помощь переводчика. Позвоните по номеру **1-844-867-1156** (TTY: **711**).

### **한국어 (Korean)**

주의: 영어 외 다른 언어를 사용하시는 분은 무료로 언어 지원 서비스를 이용할 수 있습니다. **1-844-867-1156**(TTY: **711**)번으로 연락해 주십시오.

### **Українська (Ukrainian)**

УВАГА: Якщо ви не розмовляєте англійською, вам доступні безкоштовні мовні послуги. Щоб отримати їх, зателефонуйте: **1-844-867-1156** (TTY: **711**).

### **日本語 (Japanese)**

注意：英語を話さない方は、無料で言語支援サービスを利用できません。 **1-844-867-1156** (TTY: **711**) にお電話ください。

## العربية (Arabic)

انتباه: إذا كنت لا تجيد التحدث باللغة الإنجليزية، تتوفر لك خدمات مساعدة لغوية مجانية. اتصل على الرقم  
(TTY: 711) 1-844-867-1156.

## Română (Romanian)

ATENȚIE: Dacă nu vorbiți limba engleză, sunt disponibile pentru dumneavoastră servicii gratuite de asistență lingvistică. Apelați numărul de telefon **1-844-867-1156** (TTY: 711).

## ខ្មែរ (Cambodian)

ចំណាំ: ប្រសិនបើអ្នកមិនចេះនិយាយភាសាអង់គ្លេសទេនោះ សេវាជំនួយភាសាដោយឥតគិតថ្លៃមានសម្រាប់អ្នក។ សូមទូរសព្ទទៅលេខ **1-844-867-1156** (TTY: 711)។

## Oromo (Oromo)

XIYYEEFFANNOO: Afaan Ingiliffaa hin dubbattanu taanan, tajaajilootni gargaarsa afaanii, kan kaffaltiirraa bilisaa, isiniif ni kennamu. **1-844-867-1156** (TTY: 711) tti bilbilaa.

## Deutsch (German)

ACHTUNG: Wenn Sie kein Englisch sprechen, stehen Ihnen kostenlos Sprachdienstleistungen zur Verfügung. Rufen Sie dazu folgende Telefonnummer an: **1-844-867-1156** (TTY: 711).

## فارسی (Farsi)

توجه: اگر به زبان انگلیسی صحبت نمی‌کنید، خدمات دستیاز زبان ما، بدون دریافت هزینه، در دسترس شما قرار دارد. با شماره **1-844-867-1156** (TTY: 711) تماس بگیرید.

## Français (French)

ATTENTION : si vous ne parlez pas anglais, des services d'assistance linguistique gratuits sont disponibles. Appelez le **1-844-867-1156** (TTY: 711).

## ภาษาไทย (Thai)

โปรดทราบหากคุณไม่ได้พูดภาษาอังกฤษ เรามีบริการช่วยเหลือด้านภาษาแบบไม่เสียค่าใช้จ่ายพร้อมให้บริการแก่คุณ โทร **1-844-867-1156** (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). 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/trilliumOR](http://www.wellcare.com/trilliumOR) 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 HMO, CSNP and DSNP plans:** 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.

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/trilliumOR](http://www.wellcare.com/trilliumOR)