



2024 Summary of Benefits

Rhode Island

Wellcare Dual Liberty Open (PPO D-SNP)

H4699 | 005

Wellcare Dual Access Open (PPO D-SNP)

H4699 | 003

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

This is a summary of drug and health services covered by Wellcare Dual Liberty Open (PPO D-SNP) and Wellcare Dual Access Open (PPO D-SNP) from January 1, 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 plans and service areas:

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

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

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

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

Which doctors, hospitals and pharmacies can I use? Wellcare Dual Liberty Open (PPO D-SNP) and Wellcare Dual Access Open (PPO D-SNP) have a network of doctors, hospitals, pharmacies, and other providers. 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

These plans are available to anyone who has both Medical Assistance from the State and Medicare.

To be eligible for these plans you must meet the following special needs criteria:

H4699005000 Wellcare Dual Liberty Open (PPO D-SNP) - FBDE, QMB+, SLMB+

H4699003000 Wellcare Dual Access Open (PPO D-SNP) - FBDE, QMB, 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 Rhode Island Medicaid plan. Premiums, copayments, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive. Your Part B premium is paid by the State of Rhode Island for full-dual enrollees. Please contact the plan for further details.

Understanding Dual Eligibility

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

Preferred Provider Organizations (PPOs) offer coverage through a network of providers, but you are allowed to access out-of-network care for covered services, usually for a higher cost. You do not need to choose a primary care provider (PCP) with a PPO, and usually you do not need a referral to see a specialist. PPO plans do not require a prior authorization or referral for out-of-network services.

Which doctors, hospitals and pharmacies can I use?

Wellcare Dual Liberty Open (PPO D-SNP) and Wellcare Dual Access Open (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. You can save money by using

providers in the plan's network. If you use providers that are not in our network, your share of the costs for covered services may be higher. Out-of-network providers may choose not to bill our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made. Out-of-network/non-contracted providers are under no obligation to treat 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.

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 Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Monthly plan premium (includes both medical and drugs)	<p>\$0</p> <p>You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.</p>	<p>\$0</p> <p>You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.</p>
Deductible	<p>\$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 Liberty Open (PPO D-SNP) will provide updated rates at www.wellcare.com/medicare as soon as they are released. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay \$0. However, out-of-network providers that are not enrolled in your state Medicaid may charge the deductible amount depending on your Medicaid eligibility category.</p>	<p>\$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 Access Open (PPO D-SNP) will provide updated rates at www.wellcare.com/medicare as soon as they are released. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay \$0. However, out-of-network providers that are not enrolled in your state Medicaid may charge the deductible amount depending on your Medicaid eligibility category.</p>

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$8,850 in-network annually \$13,300 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.	\$8,850 in-network annually \$13,300 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 For each admission, you pay: \$0 or \$1,825 copay per stay for days 1 through 90, depending on your Medicaid eligibility category.</p>	<p>In-Network Days 1-90: \$0 copay per admission *</p> <p>Out-of-Network \$0 or \$1,630 copay per admission, depending on your Medicaid eligibility category.</p>

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Outpatient Hospital coverage Outpatient hospital services	In-Network \$0 copay for surgical and non-surgical services (includes diagnostic colonoscopy). * Out-of-Network \$0 or 40% coinsurance for surgical and non-surgical services (includes diagnostic colonoscopy), depending on your Medicaid eligibility category.	In-Network \$0 copay for surgical and non-surgical services (includes diagnostic colonoscopy). * Out-of-Network \$0 or 40% coinsurance for surgical and non-surgical services (includes diagnostic colonoscopy), depending on your Medicaid eligibility category.
Outpatient hospital observation services	In-Network \$0 copay Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Ambulatory surgical center (ASC) services	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.
Doctor Visits Primary Care Providers	In-Network \$0 copay Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.
Specialists	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
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))	In-Network \$0 copay Out-of-Network \$0 copay	In-Network \$0 copay Out-of-Network \$0 copay
Emergency care	\$0 copay	\$0 copay
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.	\$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.

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Urgently needed services	\$0 copay	\$0 copay
Worldwide urgent care coverage	\$100 copay Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.	\$100 copay Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.
Diagnostic Services/Labs/Imaging Lab services	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Diagnostic tests and procedures	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.
Outpatient X-rays	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.
Diagnostic radiology services (e.g. MRI, CAT Scan)	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance for Medicare-covered diagnostic radiological services, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance for Medicare-covered diagnostic radiological services, depending on your Medicaid eligibility category.

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Therapeutic Radiology	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.
Hearing services Hearing Exam Medicare Covered	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.
Routine hearing exam	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 exam every year	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 exam every year

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Hearing Aids		
Hearing Aid Fitting/Evaluation(s)	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 fitting(s) / evaluation(s) every year	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 fitting(s) / evaluation(s) every year
Hearing aid allowance	Up to a \$1,500 allowance per ear every year for hearing aids.	Up to a \$1,000 allowance per ear every year for hearing aids.
All types	In-Network \$0 copay * Out-of-Network 40% coinsurance Limited to 2 hearing aid(s) every year	In-Network \$0 copay * Out-of-Network 40% coinsurance Limited to 2 hearing aid(s) every year

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Benefits

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

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Comprehensive services Medicare-covered	In-Network \$0 copay for each Medicare-covered service *	In-Network \$0 copay for each Medicare-covered service *
Comprehensive services Diagnostic Services	Out-of-Network \$0 or 40% coinsurance for each Medicare-covered service, depending on your Medicaid eligibility category.	Out-of-Network \$0 or 40% coinsurance for each Medicare-covered service., depending on your Medicaid eligibility category.
Restorative Services	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Endodontics/ Periodontics/ Extractions	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
Non-routine services	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
	For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.	For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Additional Dental Information	What you should know: This plan includes coverage of comprehensive services up to \$3,000 per plan year.	What you should know: This plan includes coverage of comprehensive services up to \$2,000 per plan year.
Vision Services Eye Exam Medicare Covered	<p>In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *</p> <p>Out-of-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 or 40% coinsurance (all other Medicare-covered eye exams), depending on your Medicaid eligibility category.</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 copay (Medicare-covered diabetic retinopathy screening) \$0 or 40% coinsurance (all other Medicare-covered eye exams), depending on your Medicaid eligibility category.</p>

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Routine eye exam (Refraction)	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 exam every year	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 exam every year
Glaucoma screening	In-Network \$0 copay for each Medicare-covered service. Out-of-Network \$0 copay for each Medicare-covered service.	In-Network \$0 copay for each Medicare-covered service. Out-of-Network \$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.

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Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	In-Network \$0 copay * Out-of-Network 40% coinsurance	In-Network \$0 copay * Out-of-Network 40% coinsurance
Eyewear allowance	Up to a \$500 combined allowance towards contacts and glasses (lenses and/or frames) every year.	Up to a \$400 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services		
Inpatient visit	In-Network Days 1-90: \$0 copay per admission * Out-of-Network For each admission, you pay: \$0 or \$1,660 copay per stay for days 1 through 90, depending on your Medicaid eligibility category.	In-Network Days 1-90: \$0 copay per admission. * Out-of-Network For each admission, you pay: \$0 or \$1,660 copay per stay for days 1 through 90, depending on your Medicaid eligibility category.

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	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Outpatient individual therapy visit	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.
Outpatient group therapy visit	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.
Skilled nursing facility (SNF)	In-Network Days 1-100: \$0 copay per benefit period *	In-Network Days 1-100: \$0 copay per benefit period. *

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	Out-of-Network For each benefit period, you pay: <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$0 or \$203 copay per day, for days 21 to 100, depending on your Medicaid eligibility category. 	Out-of-Network For each benefit period, you pay: <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$0 or \$203 copay per day for days 21 through 100, depending on your Medicaid eligibility category.
Therapy and Rehabilitation Services Physical Therapy	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.
Outpatient rehabilitation services provided by an occupational therapist	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.

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Pulmonary rehabilitation services	In-Network \$0 copay Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.
Ambulance Ground Ambulance	In-Network \$0 copay * Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.
Air Ambulance	In-Network \$0 copay * Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.

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Transportation Services	<p>Up to 24 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> <p>Out-of-Network 75% coinsurance (per one-way trip)</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>	<p>Up to 24 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> <p>Out-of-Network 75% coinsurance (per one-way trip)</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% - 40% coinsurance, depending on your Medicaid eligibility category.</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network 0% - 40% coinsurance, depending on your Medicaid eligibility category.</p>

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	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.	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.
Insulin	In-Network \$0 copay * Out-of-Network \$0 or \$35 copay (maximum per month), depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or \$35 copay (maximum per month), depending on your Medicaid eligibility category.
Allergy Antigen	In-Network \$0 copay * Out-of-Network 0% coinsurance	In-Network \$0 copay * Out-of-Network 0% coinsurance

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Prescription Drug Coverage	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
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 Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Chiropractic Services Medicare-covered	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.
Acupuncture Medicare-covered	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance for Medicare-covered Acupuncture received in a PCP office, depending on your Medicaid eligibility category. \$0 or 40% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office, depending on your Medicaid eligibility category. \$0 or 40% coinsurance for Medicare-covered Acupuncture received in a Specialist office, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance for Medicare-covered Acupuncture received in a PCP office, depending on your Medicaid eligibility category. \$0 or 40% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office, depending on your Medicaid eligibility category. \$0 or 40% coinsurance for Medicare-covered Acupuncture received in a Specialist office, depending on your Medicaid eligibility category.

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

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Podiatry Services (Foot Care) Medicare Covered	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.
Virtual Visits	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.	
Home health agency care	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.

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Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
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.	\$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.
Chronic Meals	\$0 copay ■ What you should know: You pay nothing for home delivered meals as part of a supervised program designed to transition members with specific chronic conditions to lifestyle modifications. Members receive 3 meals per day for up to 28 days, for a maximum of 84 meals per month. The benefit can be received for up to 3 months.	\$0 copay ■ What you should know: You pay nothing for home delivered meals as part of a supervised program designed to transition members with specific chronic conditions to lifestyle modifications. Members receive 3 meals per day for up to 28 days, for a maximum of 84 meals per month. The benefit can be received for up to 3 months.

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Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Medical Equipment/Supplies Durable Medical Equipment (DME)	In-Network \$0 copay * Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.
Prosthetics	In-Network \$0 copay * Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.
Diabetic supplies	In-Network \$0 copay * Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. For more information, limitations and exclusions, please see your Evidence of Coverage.	In-Network \$0 copay * Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category. For more information, limitations and exclusions, please see your Evidence of Coverage.

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Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Diabetic therapeutic shoes or inserts	In-Network \$0 copay * Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.
Opioid treatment program services	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.	In-Network \$0 copay * Out-of-Network \$0 or 40% coinsurance, depending on your Medicaid eligibility category.
Wellness Programs Fitness	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage. \$0 copay	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 Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
	<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>	<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 \$0 copay</p> <p>Limited to 5 visit(s) every year</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> <p>Limited to 5 visit(s) every year</p>

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Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Annual Physical Exam	In-Network \$0 copay Out-of-Network \$0 copay What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.	In-Network \$0 copay Out-of-Network \$0 copay What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.
24-Hour Nurse Advice Line	\$0 copay	\$0 copay
Personal emergency medical response device (PERS)	\$0 copay	\$0 copay
In-home support services	\$0 copay for each in-home support services visit. Up to 24 visits every year. What you should know: You can receive Chore and Personal Care Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a licensed plan provider. Services are provided in four hour increments.	\$0 copay for each in-home support services visit. Up to 24 visits every year. What you should know: You can receive Chore and Personal Care Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a licensed plan provider. Services are provided in four hour increments.

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Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
Over-the-Counter (OTC) Items	Please see the Wellcare Spendables™ section for more information about the over-the-counter (OTC) benefit.	Please see the Wellcare Spendables™ section for more information about the over-the-counter (OTC) benefit.
Wellcare Spendables™	<p>You will receive \$158 monthly (\$1,896 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. 	<p>You will receive \$66 monthly (\$792 per year) preloaded on your Wellcare Spendables™ card. Your monthly allowance rolls over to the following month if unused and expires at the 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.

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Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

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Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H4699, Plan 005	Wellcare Dual Access Open (PPO D-SNP) H4699, Plan 003
	<p>to the available allowance amount.</p> <ul style="list-style-type: none"> • 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. <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>	<p>to the available allowance amount.</p> <ul style="list-style-type: none"> • 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. <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>

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

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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 Open (PPO D-SNP) and Wellcare Dual Access Open (PPO D-SNP). For each benefit listed, you can see what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. Coverage of the benefits described in this Summary of Benefits depends upon your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Rhode Island Medicaid toll-free at 1-855-697-4347 (TTY: 711).

For the most current Rhode Island Medicaid coverage information, please visit <http://www.eohhs.ri.gov/Consumer/ConsumerInformation.aspx> or call Member Services for assistance.

Benefit Category	Rhode Island Medicaid
Therapies	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Includes physical therapy, occupational therapy, speech therapy, hearing therapy, respiratory therapy, and other related therapies.</p> <p>All therapy services must be prescribed by a physician and Speech Therapy performed by a licensed therapist. Therapy services must be Services directly related to an active plan of care designed by the prescribing physician and of such a level of complexity and sophistication that the judgment, knowledge, and skills of a qualified therapist are required. All therapies must be medically necessary under accepted standards of medical practice to the treatment of the patient's condition.</p>
Physician Services	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Covered as needed, based on medical necessity, including primary care, specialty care, obstetric and newborn care.</p>

Benefit Category	Rhode Island Medicaid
	Up to one (1) annual and five (5) gynecology visits annually to a network Health Care Professional for Family planning is covered without a PCP referral.
Provider Services	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Covered as needed, based on medical necessity, including primary care, specialty care, obstetric and newborn care. Up to one (1) annual and five (5) gynecology visits annually to a network Health Care Professional for Family planning is covered without a PCP referral.
Non- Part D Prescription Drugs	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Covered when prescribed by a Health Care Professional. Limited to non-prescription drugs.
Non-Prescription Drugs	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Covered when prescribed by a Health Care Professional. Limited to non-prescription drugs. Includes nicotine cessation supplies ordered by a Health Plan physician. Includes medically necessary nutritional supplements ordered by a Health Plan physician.
Behavioral Health (Outpatient&Inpatient)	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.

Benefit Category	Rhode Island Medicaid
	<p>\$0 co-pay for Medicaid-covered services. Covered as needed for all members. Covered services include a full continuum of Mental Health and Substance Use Disorder (MH/SUD) treatment, including but not limited to: community-based narcotic treatment, methadone and community detox.</p>
Home Care Services	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Home Care services include laboratory services and private duty nursing for a patient whose medical condition requires more skilled nursing than intermittent visiting nursing care, Home Care services include personal care services, such as assisting the client with personal hygiene, dressing, feeding, transfer and ambulatory needs, Home Care services also include homemaking services that are incidental to the client's health needs such as making the client's bed, cleaning the client's living areas such as bedroom and bathroom, and doing the client's laundry and shopping. Home care services do not include respite care, relief care or day care.</p>
Preventive Services	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Preventive services are services provided to individuals who require minimal assistance with ADL's/IADL's. Individuals are Medicaid Eligible but do not need to meet LTC eligibility requirements. Individuals must meet the preventive level of care.</p>

Benefit Category	Rhode Island Medicaid
	Includes homemaker services, minor environmental modifications, physical therapy evaluation and services, and personal care services.
Emergency Room Service and Emergency Transportation Services	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Covered both in- and out-of-State, for Emergency Services.
Services of Other Practitioners	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Includes practitioners certified and licensed by the State of Rhode Island including nurse practitioners, physicians' assistants, social workers, licensed dietitians, psychologists, and licensed nurse midwives.
Court-Ordered Mental Health and Substance Use Services - Criminal Court	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Treatment must be provided in totality, as directed by the Court or other State official or body (i.e., a Probation Officer, The Rhode Island State Parole Board). The following are examples of Criminal Court-Ordered Benefits that must be provided in totality as an in-plan benefit: Bail ordered: Treatment is prescribed as a condition of bail/bond by the court. Condition of Parole: Treatment is prescribed as a condition of parole by the Parole Board.

Benefit Category	Rhode Island Medicaid
	<p>Condition of Probation: Treatment is prescribed as a condition of probation</p> <p>Recommendation by a Probation State Official: Treatment is recommended by a State Official (Probation Officer, Clinical social worker, etc.).</p> <p>Condition of Medical Parole: Person is released to treatment as a condition of their parole, by the Parole Board.</p>
<p>Court-Ordered Mental Health and Substance Use Services- Civil Court</p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>All Civil Mental Health Court Ordered Treatment must be provided in totality.</p> <p>All regulations in the State of Rhode Island and Providence Plantations, Title 40.1, Behavioral Healthcare, Developmental Disabilities and Hospitals, Chapter 40.1- 5, Mental Health Law, Section 40.1-5.5 must be followed.</p> <p>Note the following are facilities where treatment may be ordered: The Eleanor Slater Hospital, Our Lady of Fatima Hospital, Rhode Island Hospital (including Hasbro), Landmark Medical Center, Newport Hospital, Roger Williams Medical Center, Butler Hospital (including the Kent Unit), Bradley Hospital, Community Mental Health Centers, Riverwood, and Fellowship.</p> <p>Civil Court Ordered Treatment can be from the result of:</p> <ul style="list-style-type: none"> a) Voluntary Admission b) Emergency Certification c) Civil Court Certification <p>Court ordered treatment is exempt from the 14-day prior authorization requirement for residential treatment.</p>

Benefit Category	Rhode Island Medicaid
Podiatry Services	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. The Medicaid Program covers routine foot care, such as debridement of nails and treatment for ingrown toenails.
Optometry Services	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Benefit is limited to examinations that include refractions and provision of eyeglasses if needed once every two (2) years. Eyeglass lenses are covered more than once in two (2) years only if medically necessary. Eyeglass frames are covered only every two (2) years. Annual eye exams are covered for members who have diabetes. Other medically necessary treatment visits for illness or injury to the eye are covered.
Dental Services	For Dual-eligible Members, Medicaid will only reimburse providers for medically necessary services. Services that are denied by Medicare because they are not medically necessary are not covered by Medicaid. \$0 co-pay for Medicaid-covered services.
Adult Day Health	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Day programs for frail seniors and other adults who need supervision and health services during the daytime. Adult Day Health programs

Benefit Category	Rhode Island Medicaid
	offer nursing care, therapies, personal care assistance, social and recreational activities, meals, and other services in a community group setting. Adult Day Health programs are for adults who return to their homes and caregivers at the end of the day
Nutrition Services	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Covered as delivered by a registered or licensed dietitian.
Tobacco Cessation Services	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Covers over the counter and prescription cessation products, as well as counseling. Prior Authorization may be required.
Interpreter Services	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. Reimbursement for Interpreter Services for Medicaid fee for service recipients is available for services provided during a one on one, face to face medically necessary office visit. Provider types eligible to seek reimbursement include physicians, podiatrists, optometrists, nurse practitioners, outpatient hospital clinics, and behavioral health providers.
AIDS Medical Case Management	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.

Benefit Category	Rhode Island Medicaid
	Includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other form of communication.
Treatment for Gender Dysphoria	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p> <p>Gender Nonconformity - extent to which a person's gender identity, role or expression differs from cultural norms prescribed for people of a particular sex and Gender Dysphoria - discomfort or distress that is caused by a discrepancy between the person's identity and that person's sex at birth.</p> <p>Covered services for members aged 18 and older:</p> <ol style="list-style-type: none"> 1. Behavioral Health 2. Hormonal therapy 3. Laboratory testing required to monitor hormonal therapy 4. Surgical procedures included in list below. <p>Non-reversible hormonal therapy. REQUIRES PRIOR AUTHORIZATION.</p>
Value Add Services	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p> <p>Services/equipment which are not in the State Plan but are cost effective, improve health, and clinically appropriate.</p>

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.

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: نوّقر 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 ouwa 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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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 PPO and PFFS plans:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for 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