

Summary of Benefits



Medicare Advantage and Part D

Plan year: January 1 – December 31, 2025

Tennessee

All counties in Tennessee

Wellpoint Full Dual Advantage Support (HMO D-SNP)

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Introduction

This document is a brief summary of the benefits and services covered by Wellpoint Full Dual Advantage Support (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Wellpoint Full Dual Advantage Support (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers

This is a summary of health services covered by Wellpoint Full Dual Advantage Support (HMO D-SNP) for January 1 – December 31, 2025. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. You may contact Member Services at the phone number listed below to request your *Evidence of Coverage*. You can also access your *Evidence of Coverage* at the plan's website listed on the bottom of this page.

- Wellpoint Tennessee, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in Wellpoint Tennessee, Inc. depends on contract renewal. Wellpoint Tennessee, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in Wellpoint Tennessee, Inc. depends on contract renewal. Services provided by Wellpoint Tennessee, Inc.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections, and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or 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.
- For more information about TennCare you can check the Members/Applicant section of the TennCare website at www.tn.gov/TennCare or call 1-800-342-3145. For people who have both Medicare and TennCare you can contact TennCare Connect at 1-855-259-0701 or 1-800-848-0298 TTY, Monday – Friday 7 a.m. to 6 p.m. CST. Or use the free TennCare Connect member portal at: www.tenncareconnect.tn.gov.
- You can get this document for free in other formats, such as large print, accessible electronic documents, language translations or audio. Call **1-833-713-1074** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday

to Friday (except holidays) from April 1 through September 30. The call is free.

- We have free translation services for your member materials, like if you need a letter from us in a different language. Member materials are available at a minimum in Spanish and Arabic.
- If you don't understand a letter from us or your services, call your Care Coordinator. They can talk to you about your problems and try to help you with your issues. This is a free service to you.
- TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits.
- If you call us to request a change to your preferred language or format preference, let us know if you want this to be a standing order. That means we will send the same documents in your requested format and language every year. You can also call us to change or cancel a standing order. You can also find your documents online at <https://shop.wellpoint.com/medicare>.
- Contact Wellpoint Full Dual Advantage Support (HMO D-SNP) at the phone number listed at the bottom of this page if there are any changes in your personal information, such as your address or phone number.

B. Frequently asked questions

The following table lists frequently asked questions.

Frequently Asked Questions (FAQs)	Answers
What is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)?	<p>Wellpoint Full Dual Advantage Support (HMO D-SNP) is a Medicare Advantage plan. This is a Fully Integrated Dual Eligible Special needs plan (FIDE D-SNP), which means it coordinates all of your Medicare, Medicaid, and prescription drug benefits – including extra benefits and services – in one plan.</p> <p>To be eligible to enroll in a FIDE SNP in Tennessee, you must be entitled to Medicare Parts A and enrolled in Medicare Part B, TennCare (the state’s Medicaid program) and you must also be enrolled in CHOICES Groups 1, 2, and 3 with Wellpoint. You must live in the plan’s service area.</p> <p>Because you get assistance from TennCare, you pay nothing for your covered services as long as you follow our plan’s rules. Refer to Chapter 3 of your <i>Evidence of Coverage</i> for details about the plan’s rules.</p> <p>Our plan combines your Medicaid home care and long-term care services and your Medicare services. It also has care coordinators to help you manage all of your providers and services and supports. They all work together to provide the care you need.</p>

Frequently Asked Questions (FAQs)

Answers

Will I get the same Medicare and TennCare benefits in Wellpoint Full Dual Advantage Support (HMO D-SNP) that I get now?

You will get most of your covered Medicare and TennCare benefits directly from Wellpoint Full Dual Advantage Support (HMO D-SNP). You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services.

When you enroll in Wellpoint Full Dual Advantage Support (HMO D-SNP), you and your care team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs, reflecting your personal preferences and goals.

If you are taking any Medicare Part D prescription drugs that Wellpoint Full Dual Advantage Support (HMO D-SNP) does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Wellpoint Full Dual Advantage Support (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

Frequently Asked Questions (FAQs)

Answers

Can I go to the same doctors I use now?

This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Wellpoint Full Dual Advantage Support (HMO D-SNP) and have a contract with us, you can keep going to them.

- Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Wellpoint Full Dual Advantage Support (HMO D-SNP)’s network.** If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.
- If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Wellpoint Full Dual Advantage Support (HMO D-SNP)’s plan.
- If you are currently under treatment with a provider that is out of Wellpoint Full Dual Advantage Support (HMO D-SNP)’s network and have an established relationship with a provider that is out of Wellpoint Full Dual Advantage Support (HMO D-SNP)’s network, call Member Services to check about staying connected and ask for continuity of care. You can continue with the doctors you use now for up to 12 months for Medicare-covered services and up to 30 days for TennCare covered services. You will be notified within 30 calendar days before the end of your continuity of care period to transition you care to an in-network provider. Contact Member Services to request “Continuity of Care” at the number listed at the bottom of this page.

To find out if your providers are in the plan’s network, call Member Services at the number at the bottom of this page or read Wellpoint Full Dual Advantage Support (HMO D-SNP)’s *Provider and Pharmacy Directory* on the plan’s website at <https://shop.wellpoint.com/medicare>.

Frequently Asked Questions (FAQs)	Answers
	If Wellpoint Full Dual Advantage Support (HMO D-SNP) is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.
What is a Wellpoint Full Dual Advantage Support (HMO D-SNP) care coordinator?	A Wellpoint Full Dual Advantage Support (HMO D-SNP) care coordinator is one main person for you to contact. This person helps to manage all of your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long Term Services and Support (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
What happens if I need a service but no one in Wellpoint Full Dual Advantage Support (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Wellpoint Full Dual Advantage Support (HMO D-SNP) will pay for the cost of an out-of-network provider.

Frequently Asked Questions (FAQs)	Answers
<p>Where is Wellpoint Full Dual Advantage Support (HMO D-SNP) available?</p>	<p>The service area for this plan includes:</p> <p>Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson counties, Tennessee.</p> <p>You must live in one of these areas to join the plan.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means an approval from Wellpoint Full Dual Advantage Support (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Wellpoint Full Dual Advantage Support (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Wellpoint Full Dual Advantage Support (HMO D-SNP) can provide you or your provider a list of services or procedures that require you to get prior authorization from Wellpoint Full Dual Advantage Support (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3 of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the number listed at the bottom of this page for help.</p>

Frequently Asked Questions (FAQs)	Answers
Do I pay a monthly amount (also called a premium) under Wellpoint Full Dual Advantage Support (HMO D-SNP)?	No. Because you have Medical Assistance (Medicaid), you will not pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.
Do I pay a deductible as a member of Wellpoint Full Dual Advantage Support (HMO D-SNP)?	No. You do not pay deductibles in Wellpoint Full Dual Advantage Support (HMO D-SNP).
What is the maximum out-of-pocket amount that I will pay for medical services as a member of Wellpoint Full Dual Advantage Support (HMO D-SNP)?	There is no cost sharing for medical services in Wellpoint Full Dual Advantage Support (HMO D-SNP), so your annual out-of-pocket costs will be \$0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra

If you have questions, please call Wellpoint Full Dual Advantage Support (HMO D-SNP) at **1-877-470-4131** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.wellpoint.com/medicare>.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>Except in an emergency, your health care provider must tell the plan of your hospital admission.</p> <p>Prior authorization may be required.</p>
	Outpatient hospital services, including observation	\$0	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be required.
	Doctor or surgeon care	\$0	Prior authorization may be required.
You want a doctor	Visits to treat an injury or illness	\$0	Prior authorization may be required.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare”	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	(preventive visit one time only)		
	Specialist care	\$0	Prior authorization may be required.
You need emergency care	Emergency room services	\$0	<p>You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network.</p> <p>In addition to the Medicare-covered emergency room services, this plan offers worldwide emergency care services when traveling outside of the United States and its territories for less than six months. Coverage is limited to \$100,000 per year for worldwide emergency services and urgent care. Contact the plan for details.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Urgent care	\$0	<p>Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network.</p> <p>In addition to the Medicare-covered urgent care services, this plan offers urgently needed services when traveling outside of the United States and its territories for less than six months. Coverage is limited to \$100,000 per year for worldwide emergency services and urgent care. Contact the plan for details.</p>
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization may be required.
	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization may be required.
You need hearing/auditory services	Hearing screenings	\$0	<p>In addition to the Medicare-covered hearing evaluation services, this plan covers one (1) supplemental routine hearing exam every year.</p> <p>Prior authorization may be required.</p>
	Hearing aids	\$0	This plan offers up to \$3,000 toward the purchase of one (1) pair of supplemental prescribed hearing

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>aid(s) or up to \$300 towards the purchase of one (1) pair of over-the-counter hearing aid(s) and one (1) supplemental hearing aid fitting/evaluation every year.</p> <p>Prior authorization may be required.</p> <p>Additional services may be covered in accordance with your Medicaid benefits and guidelines.</p>
<p>You need dental care</p>	<p>Dental check-ups and preventive care</p>	<p>\$0</p>	<p>In addition to the Medicare-covered dental services, this plan offers up to \$6,000 for covered supplemental preventive and comprehensive dental services every year. Any amount not used at the end of the calendar year will expire.</p> <p>You can use our coverage for these supplemental services: exams, cleanings, fluoride treatments, X-rays. Please refer to the <i>Evidence of Coverage</i> for a full list of the dental benefits, limitations, and exclusions.</p> <p>TennCare’s dental health plan is DentaQuest. DentaQuest manages the dental benefits for all TennCare members. To find a DentaQuest dentist, go to http://www.dentaquest.com/state-plans/regions/tennessee/. Then click Find a Dentist. Or you can call them at 1-855-418-1622.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Restorative and emergency dental care	\$0	<p>In addition to the Medicare-covered dental services, this plan offers up to \$6,000 for covered supplemental preventive and comprehensive dental services every year. Any amount not used at the end of the calendar year will expire.</p> <p>You can use our coverage for these supplemental services: fillings and repairs, root canals (endodontics), dental crowns (caps), bridges, implants, and dentures. Please note that dental crown and implant services require prior authorization. Please refer to the <i>Evidence of Coverage</i> for a full list of the dental benefits, limitations, and exclusions.</p> <p>TennCare’s dental health plan is DentaQuest. DentaQuest manages the dental benefits for all TennCare members. To find a DentaQuest dentist, go to http://www.dentaquest.com/state-plans/regions/tennessee/. Then click Find a Dentist. Or you can call them at 1-855-418-1622.</p>
You need eye care	Eye exams	\$0	<p>In addition to the Medicare-covered exam to treat an eye condition, this plan covers one (1) routine eye exam every year.</p> <p>Prior authorization may be required.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Glasses or contact lenses	\$0	In addition to Medicare-covered eye wear, this plan covers up to \$650 for supplemental eyeglasses or contact lenses every year.
	Other vision care	\$0	Please refer to your <i>Evidence of Coverage</i> for details.
You need behavioral health services	Behavioral Health Care (Mental health services)	\$0	<p>You do not need to see your PCP before getting Behavioral Health services. But, you will need to get your care from someone who is in our network. If you're getting care now, ask your provider if they take Wellpoint. A Community Mental Health Agency (CMHA) is one place you can go for mental health or substance use disorder services. Most CMHAs take TennCare.</p> <p>If you need help finding, or have questions about, mental health and substance use disorder services, call us at 1-833-731-2153 (TRS 711). It's a free call.</p> <p>Prior authorization may be required. Services may need to be ordered by a treating Physician.</p> <p>Please refer to your <i>Evidence of Coverage</i> for details.</p>
	Inpatient and outpatient care and community-based services for	\$0	You do not need to see your PCP before getting Behavioral Health services. But, you will need to get your care from someone who is in our

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	<p>people who need Mental Health Services</p>		<p>network. If you're getting care now, ask your provider if they take Wellpoint. A Community Mental Health Agency (CMHA) is one place you can go for mental health or substance use disorder services. Most CMHAs take TennCare.</p> <p>If you need help finding, or have questions about, mental health and substance use disorder services, call us at 1-833-731-2153 (TRS 711). It's a free call.</p> <p>Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>Prior authorization may be required. Services may need to be ordered by a treating Physician. Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need a substance use disorder services</p>	<p>Substance use disorder services</p>	<p>\$0</p>	<p>You do not need to see your PCP before getting Behavioral Health services. But, you will need to get your care from someone who is in our network. If you're getting care now, ask your provider if they take Wellpoint. A Community Mental Health Agency (CMHA) is one place you can go for mental health or substance use disorder services. Most CMHAs take TennCare.</p> <p>If you need help finding, or have questions about, mental health and substance use disorder services, call us at 1-833-731-2153 (TRS 711). It's a free call.</p> <p>Prior authorization may be required. Services may need to be ordered by a treating Physician.</p> <p>Please see your <i>Evidence of Coverage</i> for more information.</p>
<p>You need a place to live with people available to help you</p>	<p>Skilled nursing care</p>	<p>\$0</p>	<p>This plan covers up to 100 days in a Skilled Nursing Facility (SNF).</p> <p>Prior authorization may be required.</p> <p>Additional services may be covered in accordance with your Medicaid benefits and guidelines.</p>
	<p>Nursing home care</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			Please refer to your <i>Evidence of Coverage</i> for details.
	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization may be required. Please refer to your <i>Evidence of Coverage</i> for details.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be required.
You need help getting to health services	Emergency transportation	\$0	Prior authorization required for non-emergency ambulance transport services.
	Transportation to medical appointments and services (Non-Emergency transportation services or NEMT)	\$0	<p>This plan offers unlimited one-way routine health or non-health related transportation every year.</p> <p>Trips are limited to 60 miles.</p> <p>Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends).</p> <p>Additional services may be covered in accordance with your Medicaid benefits and guidelines.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition</p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment.</p> <p>Read the <i>Evidence of Coverage</i> for more information on these drugs.</p> <p>Prior authorization may be required.</p>
	<p>Medicare Part D prescription drugs</p> <p>Generic and/or Brand name drugs</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Refer to Wellpoint Full Dual Advantage Support (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Extended day supplies are available through retail and/or mail order.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to Wellpoint Full Dual Advantage Support (HMO D-SNP)'s <i>List of Covered Drugs (Drug List or Formulary)</i> for more information.</p> <p>This plan offers a supplemental Over-the-counter (OTC) benefit through a combined monthly spending allowance. Please refer to the Everyday Options Allowance benefit later in this document for more information.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization may be required.
	Medical equipment for home care	\$0	Prior authorization may be required.
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	In addition to the Medicare-covered podiatry services, this plan covers unlimited supplemental foot care visits every year. Prior authorization may be required.
	Orthotic services	\$0	Prior authorization may be required.
You need durable medical equipment (DME) Note: This is not a complete list, contact Member Services or refer to Chapter 4 of the <i>Evidence of Coverage</i> .	Wheelchairs, crutches, and walker	\$0	Wellpoint Full Dual Advantage Support (HMO D-SNP) provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items. DME coverage is based on medical necessity and has no maximum benefit limits. Prior authorization may be required.
	Nebulizers	\$0	Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Oxygen equipment and supplies	\$0	Prior authorization may be required.
You need help living at home	Home health services	\$0	Prior authorization may be required.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	<p>For home modifications such as grab bars: This plan offers a supplemental Home and Bathroom safety devices benefit through a combined monthly spending allowance. Please refer to the Everyday Options Allowance benefit later in this document for more information.</p> <p>For in-home services: please contact your care coordinator to get information on how to access these services.</p> <p>Additional services may be covered in accordance with your Medicaid benefits and guidelines.</p> <p>Prior authorization may be required.</p>
	Adult day health Community Based Adult Services (CBAS), or other support services	\$0	For Adult day health, and Community Based Adult Services (CBAS): please contact your care coordinator to get information on how to access these services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>For other support services: please refer to your <i>Evidence of Coverage</i> for details.</p> <p>Prior authorization may be required.</p>
	Day habilitation services	\$0	<p>Prior authorization may be required.</p> <p>These services are covered under CBAS (above).</p> <p>Please refer to your <i>Evidence of Coverage</i> for details.</p>
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	
Additional services	Chiropractic services	\$0	<p>In addition to the Medicare-covered chiropractic services, this plan covers unlimited supplemental chiropractor visits every year.</p> <p>Prior authorization may be required.</p>
	Diabetic supplies and services	\$0	Prior authorization may be required.
	Prosthetic services	\$0	Prior authorization may be required.
	Radiation therapy	\$0	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Services to help manage your disease	\$0	Please refer to your <i>Evidence of Coverage</i> for details.
	24/7 NurseLine	\$0	24-hour access to a nurse helpline, 7 days a week, 365 days a year: 1-855-658-9249.
	Everyday Options Allowance	\$0	<p>This plan offers a combined monthly spending allowance of \$310 on your Benefits Mastercard® Prepaid Card. You have the flexibility to choose how you want to spend your allowance on any of the following benefits:</p> <ul style="list-style-type: none"> □ Assistive and safety devices like ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more. □ Food items like fresh meats, seafood, fruits, vegetables, dairy products, pantry staples, and more. □ Over-the-counter (OTC) items like vitamins, first aid supplies, pain-relievers, and more. □ Utilities including gas for your home, electric, water, cable, internet, or cell phone services. <p>Unused amounts expire at the end of the month.</p>
	Healthy Meals-Post Discharge	\$0	This plan offers up to 2 meals a day for 21 days following your discharge from the hospital or skilled nursing facility (SNF).

If you have questions, please call Wellpoint Full Dual Advantage Support (HMO D-SNP) at **1-877-470-4131** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.wellpoint.com/medicare>.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	LiveHealth Online	\$0	<p>Lets you talk to a board-certified doctor, or licensed psychiatrist, psychologist or therapist, by live, two-way video on a computer, smartphone or tablet.</p> <p>LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.</p>
	Medicare Community Resource Support	\$0	<p>We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs.</p> <p>For more details, call Member Services at the number listed on the bottom of the page and ask for the Medicare Community Resource Support team.</p>
	Personal Emergency Response System (PERS)	\$0	<p>Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. For more details, please call the Member Services phone number listed at the bottom of this page.</p>
	SilverSneakers® Fitness program	\$0	<p>When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to</p>

If you have questions, please call Wellpoint Full Dual Advantage Support (HMO D-SNP) at **1-877-470-4131** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.wellpoint.com/medicare>.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>www.silversneakers.com or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET.</p> <p>* SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.</p>
	Transportation (non-health related)	\$0	This plan offers unlimited one-way, non-health related, plan approved transportation trips every year. The number of trips are combined with the medical transportation trips listed under "You need help getting to health services".

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Wellpoint Full Dual Advantage Support (HMO D-SNP)'s *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Wellpoint Full Dual Advantage Support (HMO D-SNP) Member Services at the number at the bottom of this page to get one. If you have questions, you can also call Member Services or visit <https://shop.wellpoint.com/medicare>.

D. Benefits covered outside of Wellpoint Full Dual Advantage Support (HMO D-SNP)

There are some services that you can get that are not covered by Wellpoint Full Dual Advantage Support (HMO D-SNP) but are covered by Medicare, TennCare, or a State or county agency. This is not a complete list. Call Member Services at the number at the bottom of this page to find out about these services.

In addition to the Medicare services described in the "Additional benefits" section on the previous pages, Wellpoint provides the following Medicaid benefits based on the level of your Medicaid coverage. For eligibility rules and additional information about these services, please visit <https://www.benefits.gov/benefit/1346>.

There may be instances when the Medicaid limit is greater than the Medicare limit. In those instances where the Medicare limit has been exhausted, the Plan will cover the difference for those eligible recipients.

Other services covered by Medicare, TennCare, or a State Agency	Your costs
Community health services	\$0
Dental services	\$0
Durable medical equipment	\$0
Early and periodic screening, diagnosis, and treatment (EPSDT) services for TennCare Medicaid-eligible children under age 21; preventive, diagnostic, and treatment services for TennCare Standard-eligible children under age 21	\$0
Emergency air and group transportation services	\$0
Home health care	\$0
Hospice care - certain hospice care services covered outside of Wellpoint Full Dual Advantage Support (HMO D-SNP)	\$0
Inpatient and outpatient substance abuse benefits	\$0
Inpatient hospital services	\$0
Lab and x-ray services	\$0

Other services covered by Medicare, TennCare, or a State Agency	Your costs
Medical supplies	\$0
Mental health case management	\$0
Mental health crisis services	\$0
Non-emergency transportation services	\$0
Occupational therapy	\$0
Organ and tissue transplant services and donor organ/tissue procurement services	\$0
Outpatient hospital services	\$0
Outpatient mental health services	\$0
Pharmacy services	\$0
Physical therapy services	\$0
Physician services	\$0
Private duty nursing services	\$0
Psychiatric inpatient facility services	\$0
Psychosocial rehabilitation	\$0
Reconstructive breast surgery	\$0
Renal dialysis clinic services	\$0
Rest home room and board	\$0
Speech therapy services	\$0
Targeted case management	\$0
Vision services (for children under age 21)	\$0

If you have questions, please call Wellpoint Full Dual Advantage Support (HMO D-SNP) at **1-877-470-4131** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.wellpoint.com/medicare>.

E. Services that Wellpoint Full Dual Advantage Support (HMO D-SNP), Medicare, and TennCare do not cover.

This is not a complete list. Call Member Services at the number listed at the bottom of this page to find out about other excluded services.

Services that Wellpoint Full Dual Advantage Support (HMO D-SNP), Medicare, and TennCare do not cover
Services considered not “reasonable and medically necessary”, according to Medicare and TennCare standards
Experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them.
Any medical or behavioral health (mental health, alcohol or substance use disorder) treatment outside of the United States.
Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it
A private room in a hospital, except when medically necessary
Personal items in your room at a hospital or a nursing facility, such as a telephone or television
Full-time nursing care in your home
Fees charged by your immediate relatives or members of your household
Elective or voluntary enhancement procedures or services
Cosmetic surgery or other cosmetic work
Routine foot care, except as described in Podiatry services
Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease
Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease
Radial keratotomy, LASIK surgery, and other low-vision aids
Reversal of sterilization procedures and non-prescription contraceptive supplies
Naturopath services (the use of natural or alternative treatments)

F. Your rights as a member of the plan

As a member of Wellpoint Full Dual Advantage Support (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, public assistance, or other groups protected by the civil rights laws. You have a right to report or file a written complaint if you think you have been treated differently. Being treated differently means you've been discriminated against. If you complain, you have the right to keep getting care without fear of bad treatment from Wellpoint Full Dual Advantage Support (HMO D-SNP), providers, or TennCare. To file a complaint or learn more about your rights visit: www.tn.gov/tenncare/members-applicants/civil-rights-compliance
 - Get information in other languages and formats (for example, large print, accessible electronic documents, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care coordinator

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year.
 - Use a women’s health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. Wellpoint Full Dual Advantage Support (HMO D-SNP) will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider’s office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your health care providers and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected

- Have your personal health information kept private
- Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - File a complaint with TennCare at 1-800-878-3192 or 1-866-771-7043 TTY. The Wellpoint Full Dual Advantage Support (HMO D-SNP) website <https://shop.wellpoint.com/medicare> has complaint forms and instructions available online.
 - Ask for an Independent Medical Review (IMR) of TennCare services or items that are medical in nature.
 - Appeal certain decisions made by State Department of Managed Health Care or our providers
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can also call Wellpoint Full Dual Advantage Support (HMO D-SNP) Member Services at the number listed at the bottom of this page.

You can also call TennCare Connect for people who have Medicare and TennCare at 1-800-259-0701.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Wellpoint Full Dual Advantage Support (HMO D-SNP) should cover something we denied, call Member Services at **1-833-713-1074** (TTY: **711**) or at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call Member Services at **1-833-713-1074** (TTY: **711**).

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Wellpoint Full Dual Advantage Support (HMO D-SNP) Member Services. The phone number is listed in the footer of each page of this document.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- TennCare's Office of Program Integrity (OPI), call the toll-free hotline 1-800-433-3982 or TTY users may call 1-877-779-3103.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Wellpoint Full Dual Advantage Support (HMO D-SNP) Member Services:

CALL: 1-833-713-1074

Calls to this number are free.

8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Wellpoint Full Dual Advantage Support (HMO D-SNP)'s 24/7 NurseLine at **1-866-805-4589** (TTY: **711**). A nurse will listen to your problem and tell you how to get care.
- Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
- Wellpoint Full Dual Advantage Support (HMO D-SNP) also has free language interpreter service available for non-English speakers.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Wellpoint Full Dual Advantage Support (HMO D-SNP) Member Services:

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

Multi-Language Insert Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-833-713-1074** (TTY: **711**). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-833-713-1074** (TTY: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任 何疑问。如果您需要此翻译服务，请致电 **1-833-713-1074** (TTY: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有 疑問，為此我們提供免費的 翻譯服務。如需翻譯服務，請致 **1-833-713-1074** (TTY: **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-833-713-1074** (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-833-713-1074** (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-833-713-1074** (TTY: **711**) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-833-713-1074** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제 공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-833-713-1074** (TTY: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-833-713-1074** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

:Arabic إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم، فوري ليس عليك سوى الاتصال بنا على **1-833-713-1074** (TTY: **711**). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-833-713-1074** (TTY: **711**) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-833-713-1074** (TTY: **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-833-713-1074** (TTY: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-833-713-1074** (TTY: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-833-713-1074** (TTY: **711**). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-833-713-1074** (TTY: **711**) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Wellpoint - H5828

For 2024, Wellpoint - H5828 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★

Drug Services Rating: ★★★★★

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

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

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

Star Ratings are based on factors that include:

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

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

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

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

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

Current members please call 1-833-713-1074 (toll-free) or 711 (TTY).

This plan is available to anyone who has both Medical Assistance from the State and Medicare. Wellpoint Tennessee, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in Wellpoint Tennessee, Inc. depends on contract renewal.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-877-470-4131** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit <https://shop.wellpoint.com/medicare> or call **1-877-470-4131** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- 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.

