

Wellcare Dual Liberty (HMO D-SNP)

2025 Summary of Benefits

New Jersey

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Introduction

This document is a brief summary of the benefits and services covered by Wellcare Dual Liberty (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 Wellcare Dual Liberty (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 Wellcare Dual Liberty (HMO D-SNP) for 2025. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. You can find the *Evidence of Coverage* on our website at <u>www.wellcare.com/medicare</u>. To request a copy, please call 1-866-892-8340 (TTY: 711). Hours are Monday – Sunday, 8 am – 8 pm (all time zones).

- Wellcare Dual Liberty (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Wellcare Dual Liberty depends on contract renewal.
- This information is not a complete description of benefits. Contact the plan for more information. Limitations and restrictions may apply. Benefits may change on January 1 of each year.
- Your Part B premium is covered by Medicaid.
- This plan is available to those who have both Medicare and full Medicaid benefits.
- Wellcare uses a formulary.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-892-8340 (TTY: 711), between October 1 and March 31, representatives are available Monday – Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free.



- Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al 1-866-892-8340 (TTY: 711). Alguien que hable español puede ayudarlo. Este es un servicio gratuito.
- ◆ 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 1-866-892-8340 (TTY : 711)。您将获得中文普通话口译员的帮助。这是一项免费服务。
- ◆ 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 1-866-892-8340 (TTY: 711)。會說廣東話的人員可以幫助您。此為免費服務。
- 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 1-866-892-8340 (TTY: 711). May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.
- Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au 1-866-892-8340 (TTY : 711). Un interlocuteur francophone pourra vous aider. Ce service est gratuit.
- Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số 1-866-892-8340 (TTY: 711). Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.
- Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: 1-866-892-8340 (TTY: 711). Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

- ◆ 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다.
 통역사가 필요한 경우, 1-866-892-8340(TTY: 711)번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.
- 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 номеру 1-866-892-8340 (ТТҮ: 711). Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

نوفّر 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 الرقم 892-894-1866 (TTT: 1117). يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

- रू हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें 1-866-892-8340 (TTY: 711) पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक नि:शुल्क सेवा है।
- 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 il 1-866-892-8340 (TTY: 711). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.
- 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 do número 1-866-892-8340 (TTY: 711). Um falante de português poderá ajudá-lo. Este serviço é gratuito.
- Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan 1-866-892-8340 (TTY: 711). Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

- 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 numer 1-866-892-8340 (TTY: 711). Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.
- ◆ 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、1-866-892-8340(TTY: 711)にお電話ください。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。



- This document is available in languages other than English. For additional information, call us at 1-866-892-8340 (TTY 711).
 - To always get this document and other material in another language or format, now and in the future, please call Member Services at the bottom of this page. We will document your choice. This is called a "standing request".
 - If you later want to change the language and/or format choice, please call Member Services at the phone number on the bottom of this
 page.
- Please contact Wellcare for details.

You can read the Medicare & You handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (<u>www.medicare.gov</u>) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)?	A NJ Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is a managed health care option for NJ FamilyCare members with Medicare. A NJ FIDE SNP covers all of your Medicare, NJ FamilyCare (Medicaid) and prescription drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one Member Identification (ID) Card, and no copays for medical services or prescription drugs. A FIDE SNP coordinates all of your care. If you join a FIDE SNP, you do not lose any of your NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with NJ FamilyCare and Medicare is still available, along with access to some additional services. To be eligible to enroll in a FIDE SNP in New Jersey, you must be entitled to Medicare Parts A and B and eligible for full NJ FamilyCare benefits. You must also live in the plan's "service area" (the counties where that plan is offered). The counties that make up Wellcare Dual Liberty (HMO D-SNP)'s service area are listed on page 6 of this document.
Will I get the same Medicare and NJ FamilyCare benefits in Wellcare Dual Liberty (HMO D-SNP) that I get now?	If you are coming to Wellcare Dual Liberty (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and NJ FamilyCare benefits directly from Wellcare Dual Liberty (HMO D- SNP). When you enroll in Wellcare Dual Liberty (HMO D-SNP), you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that Wellcare Dual Liberty (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 Wellcare Dual Liberty (HMO D-SNP) to cover your drug if medically necessary.

Frequently Asked Questions (FAQ)	Answers
Can I use the same health care provider I use now?	That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Wellcare Dual Liberty (HMO D-SNP) and have a contract with us, you can keep using them.
	 Providers with an agreement with us are "in-network." You must use the providers in Wellcare Dual Liberty (HMO D-SNP)'s network.
	 If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Wellcare Dual Liberty (HMO D-SNP)'s network.
	To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Wellcare Dual Liberty (HMO D-SNP)'s <i>Provider and Pharmacy Directory</i> . You can also visit our website at www.wellcare.com/medicare for the most current listing.
	If Wellcare Dual Liberty (HMO D-SNP) is new for you, we will work with you to develop an individualized Plan of Care to address your needs. You can keep using the providers you use now for 90 days or until your individualized Plan of Care is completed.
What is a Care Manager?	A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.
What are Managed Long Term Services and Supports (MLTSS)?	Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.
What happens if I need a service but no one in Wellcare Dual Liberty (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, Wellcare Dual Liberty (HMO D-SNP) will cover services provided by an out-of-network provider.

If you have questions, call Wellcare Dual Liberty (HMO D-SNP) Member Services at 1-866-892-8340, TTY 711, between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit <u>www.wellcare.com/medicare.</u>

Frequently Asked Questions (FAQ)	Answers
Where is Wellcare Dual Liberty (HMO D-SNP) available?	The service areas for this plan includes: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, and Warren Counties, New Jersey. You must live in one of these areas to join the plan.
What is prior authorization?	Prior authorization means that you must get approval from Wellcare Dual Liberty (HMO D- SNP) before Wellcare Dual Liberty (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. Wellcare Dual Liberty (HMO D-SNP) may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of- area dialysis services, you don't need to get approval first. Wellcare Dual Liberty (HMO D- SNP) can provide you with a list of services or procedures that require you to get prior authorization from Wellcare Dual Liberty (HMO D-SNP) before the service is provided. 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.
What is a referral?	A referral means that your primary care provider (PCP) must give you approval before you can use specialists or other providers in the plan's network. If you don't get approval, Wellcare Dual Liberty (HMO D-SNP) may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists.
	Wellcare Dual Liberty (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. For more information on when a referral is needed, call Member Services at the numbers listed at the bottom of this page or refer to Chapter 3 of the <i>Evidence of Coverage</i> .
Do I pay a monthly amount (also called a premium) under Wellcare Dual Liberty (HMO D-SNP)?	No. You will not pay any monthly premiums to Wellcare Dual Liberty (HMO D-SNP) for your health coverage.
	Additionally, Medicaid will pay your Medicare Part B premium for you.

Frequently Asked Questions (FAQ)	Answers
Do I pay a deductible as a member of Wellcare Dual Liberty (HMO D-SNP)?	No. You do not pay deductibles in Wellcare Dual Liberty (HMO D-SNP).
What is the maximum out-of-pocket amount that I will pay for medical services as a member of Wellcare Dual Liberty (HMO D- SNP)?	There is no cost sharing for medical services in Wellcare Dual Liberty (HMO D-SNP), so your annual out-of-pocket costs will be \$0.



C. Overview of services

The following chart is a quick overview of what services you may need and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	Services may require prior authorization.
	Ambulatory surgical center (ASC) services	\$0	Services may require prior authorization.
You want to use a health care provider	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	Services may require prior authorization.
	Visits to treat an injury or illness	\$0	Services may require prior authorization.
	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0	
	Wellness visits, such as a physical	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency care	\$0	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. Worldwide emergency services outside the United States are covered for up to \$50,000 every year. Contact the plan for details.
	Urgently needed services	\$0	Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network. Worldwide Urgent care services outside the United States are covered for up to \$50,000 every year. Contact the plan for details.
You need medical tests	Lab tests, such as blood work	\$0	Services may require prior authorization.
	X-rays or other pictures, such as CAT scans	\$0	Services may require prior authorization.
	Screenings, such as tests to check for cancer	\$0	Services may require prior authorization.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	Services may require prior authorization.
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	Services may require prior authorization.
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	Services may require prior authorization.



Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Vision services (including annual eye exams)	\$0	Services may require prior authorization.
	Glasses or contact lenses	\$0	Services may require prior authorization.
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Services may require prior authorization.
You have a mental health condition (This service is continued on the next page)	Inpatient mental health care (long- term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital)	\$0	All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment. Services may require prior authorization.
	Outpatient mental health care (including, but not limited to, adult mental health rehabilitation in supervised group homes and apartments, clinic and hospital services, partial care, and medication management)	\$0	Services may be provided by a state- licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition (continued)	(Note: This is not a complete list of the plan's expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)		allowed under applicable state laws. Services may require prior authorization.
You have a substance use disorder	Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment) (Note: This is not a complete list of the plan's expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)	\$0	Services may require prior authorization.

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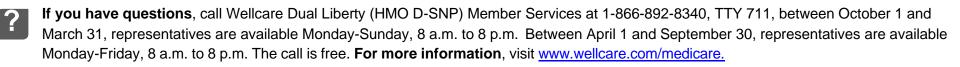
Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	Services may require prior authorization.
	Nursing home care	\$0	
	Custodial care (long-term care in a Nursing Facility)	\$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Services may require prior authorization.
You need help getting to health services	Ambulance services	\$0	Services may require prior authorization.
nealth services	Emergency transportation	\$0	Services may require prior authorization.
You need drugs to treat your illness or condition (This service is continued on the next page)	Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	Read the <i>Evidence of Coverage</i> for more information on these drugs. Services may require prior authorization.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued) (This service is continued on the next page)	Medicare Part D prescription drugs Generic and brand name drugs	\$0	 There may be limitations on the types of drugs covered. Refer to Wellcare Dual Liberty (HMO D-SNP)'s <i>List of Covered Drugs</i> at www.wellcare.com/medicare for more information. Wellcare Dual Liberty (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Wellcare Dual Liberty (HMO D-SNP) for certain drugs. You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website <i>List of Covered Drugs</i>, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plancompare. In some cases, an extended day supply is available up to 100 days. Read the

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			Evidence of Coverage for more information on these drugs.
	Diabetes medications	\$0	You can find these medications listed in the plan's <i>List of Covered Drugs</i> (Formulary).
You need foot care	Podiatry services (including routine exams)	\$0	Services may require prior authorization.
	Orthotic services	\$0	Services may require prior authorization.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) or supplies	 Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This is not a complete list of covered DME or supplies. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.) 	\$0	Services may require prior authorization.
You need interpreter services	Spoken language interpreter	\$0	Our plan has free interpreter services available to answer questions from non- English speaking members.
	Sign language interpreter	\$0	Our plan has free interpreter services available to answer questions from non- English speaking members.



Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (This service is continued on the next page)	Acupuncture	\$0	Services may require a referral from your doctor.
	Care coordination	\$0	
	Chiropractic services	\$0	Services may require prior authorization.
	Diabetic supplies	\$0 For more information, limitations and exclusions, please see your Evidence of Coverage.	Services may require prior authorization.



Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued) (This service is continued on the next page)	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0	EPSDT is for members under 21 years of age.
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0	
	Mammograms	\$0	Services may require prior authorization.
	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home- delivered meals; residential modifications (such as the installation of ramps or grab bars); vehicle modifications; social adult day care; and non-medical transportation)	\$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting. MLTSS is available to members who meet certain clinical requirements.

If you have questions, call Wellcare Dual Liberty (HMO D-SNP) Member Services at 1-866-892-8340, TTY 711, between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit <u>www.wellcare.com/medicare.</u>

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.
	Personal Care Assistance (PCA) (including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	\$0	
	Prosthetic services	\$0	Services may require prior authorization.
	Services to help manage your disease	\$0	

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read Wellcare Dual Liberty (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Wellcare Dual Liberty (HMO D-SNP) Member Services at the numbers in the footer of this document.



D. Additional services Wellcare Dual Liberty (HMO D-SNP) covers

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* to find out about other covered services.

Additional services Wellcare Dual Liberty (HMO D-SNP) covers	Your costs
Value-Based Insurance Design (VBID) Model	\$0
Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables [™] allowance towards any of the benefits shown below. This allowance is combined with your OTC benefit. See the Wellcare Spendables section in this chart for more information about the Wellcare Spendables card.	
• Gas pay-at-pump - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount.	
• 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.	
• Home Improvement and Safety Items - You can use your card to help with the cost of home improvement and safety items. Log into your member portal to purchase accepted items.	
• Rent Assistance - You can use your card to help with the cost of rent for your home.	
• 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.	
For more information, limitations, and exclusions, please see your Evidence of Coverage.	



Additional services Wellcare Dual Liberty (HMO D-SNP) covers	Your costs
Wellcare Spendables™	\$0
You will receive \$184 monthly 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 .	
Your card allowance can be used towards:	
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.	
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:	
Gas pay-at-pump	
Healthy Food	
Home Improvement and Safety Items	
Rent Assistance	
Utility Assistance	
Refer to Value-Based Insurance Design (VBID) Model in this chart for more information on these benefits.	
For more information, limitations, and exclusions, please see your Evidence of Coverage.	

If you have questions, call Wellcare Dual Liberty (HMO D-SNP) Member Services at 1-866-892-8340, TTY 711, between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit <u>www.wellcare.com/medicare.</u>

Additional services Wellcare Dual Liberty (HMO D-SNP) covers	Your costs
Social Support Platform	\$0
Our plan provides an online social support platform to support your overall well-being. You have access to community, therapeutic activities, and plan-sponsored resources to help manage stress and anxiety. The Twill platform makes it easy for you to join and stay involved to maintain a healthy behavioral health journey. It is available online 24/7, so you can use it whenever you want. For more information on how to access the platform please see your Evidence of Coverage.	



E. Benefits covered outside of Wellcare Dual Liberty (HMO D-SNP)

This is not a complete list. Call Member Services at the numbers in the footer of this document to find out about other services not covered by Wellcare Dual Liberty (HMO D-SNP) but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs)); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage)	\$0
Targeted case management (chronic mental illness)	\$0
Behavioral Health Home (Care Management)	\$0
PACT (Program in Assertive Community Treatment)	\$0
CSS (Community Support Services)	\$0
Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)	\$0

F. Services not covered by Wellcare Dual Liberty (HMO D-SNP) (exclusions)

The following services are not covered by our plan. This is not a complete list. Call Member Services at the numbers in the footer of this document to find out about other excluded services.

Services not covered by Wellcare Dual Liberty (HMO D-SNP) (exclusions)

Services not considered "reasonable and necessary" according to standards of Medicare and NJ FamilyCare

Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study

Surgical treatment for morbid obesity except when medically necessary

Elective or voluntary enhancement procedures

Services not covered by Wellcare Dual Liberty (HMO D-SNP) (exclusions)

Cosmetic surgery or other cosmetic work unless required criteria are met

LASIK surgery

G. Your rights and responsibilities as a member of the plan

As a member of Wellcare Dual Liberty (HMO D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused medically necessary treatment. You can 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, 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 race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
 - o Ask for and get information in other formats (for example, large print, braille, audio) free of charge
 - o Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way Wellcare Dual Liberty (HMO D-SNP) or your provider treats you



- You have the right to get information about your health care. This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - Wellcare Dual Liberty (HMO D-SNP)
 - \circ $\,$ The services we cover
 - o How to get services
 - How much services will cost you
 - o Names of health care providers and Care Managers
 - Your rights and responsibilities
- 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. You can call 1-866-892-8340 if you want to change your PCP.
 - o Use a women's health care provider without a referral
 - o Get your covered services and drugs quickly
 - \circ Know about all treatment options, no matter what they cost or whether they are covered
 - \circ $\;$ Refuse treatment as far as the law allows, even if your health care provider advises against it
 - \circ Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. Wellcare Dual Liberty (HMO D-SNP) will pay for the cost of your second opinion visit.
 - \circ $\,$ 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:
 - o 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 doctors, other providers, and your health plan. Call 1-866-892-8340 if you need help with this service
 - Have your *Evidence of Coverage* and any printed materials from Wellcare Dual Liberty (HMO D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- You have the right to use emergency and urgent care when you need it. This means you have the right to:
 - o Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - o 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. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment



- You have the right to make complaints about your covered services or care. This includes the right to:
 - o Access an easy process to voice your concerns, and to expect follow-up by Wellcare Dual Liberty (HMO D-SNP)
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
 - \circ $\,$ Ask for a State Fair Hearing $\,$
 - $\circ~$ Get a detailed reason why services were denied

Your responsibilities include, but are not limited to, the following:

- You have a responsibility to treat others with respect, fairness, and dignity. You should:
 - o Treat your health care providers with dignity and respect
 - o Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- You have the responsibility to give information about you and your health. You should:
 - o Tell your health care provider your health complaints clearly and provide as much information as possible
 - o Tell your health care provider about yourself and your health history
 - o Tell your health care provider that you are a Wellcare Dual Liberty (HMO D-SNP) member
 - Talk to your PCP, Care Manager, or other appropriate person about using the services of a specialist before you go to a hospital (except in cases of emergency)
 - o Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
 - Notify Wellcare Dual Liberty (HMO D-SNP) Member Services if there are any changes in your personal information, such as your address or phone number
- You have the responsibility to make decisions about your care, including refusing treatment. You should:
 - o Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
 - o Partner with your Care Team and work out treatment plans and goals together
 - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health

- You have the responsibility to obtain your services from Wellcare Dual Liberty (HMO D-SNP). You should:
 - Get all your health care from Wellcare Dual Liberty (HMO D-SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless Wellcare Dual Liberty (HMO D-SNP) provides a prior authorization for out-of-network care
 - Not allow anyone else to use your Wellcare Dual Liberty (HMO D-SNP) Member ID Card to obtain healthcare services
 - Notify Wellcare Dual Liberty (HMO D-SNP) when you believe that someone has purposely misused Wellcare Dual Liberty (HMO D-SNP) benefits or services

For more information about your rights, you can read Wellcare Dual Liberty (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Wellcare Dual Liberty (HMO D-SNP) Member Services at the numbers in the footer of this document.



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

If you have a complaint or think Wellcare Dual Liberty (HMO D-SNP) should cover something we denied, call Wellcare Dual Liberty (HMO D-SNP) at 1-866-892-8340 (TTY 711). You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of Wellcare Dual Liberty (HMO D-SNP)'s *Evidence of Coverage*. You can also call Wellcare Dual Liberty (HMO D-SNP) Member Services at the numbers in the footer of this document.

I. 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 Wellcare Dual Liberty (HMO D-SNP) Member Services at the numbers in the footer 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.
- You can also contact New Jersey's Medicaid Fraud Division (of the Office of the State Comptroller) by calling 1-609-292-1272. Calls to this number are free.



If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call Wellcare Dual Liberty (HMO D-SNP) Member Services:

1-866-892-8340

Calls to this number are free. Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m.

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. Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m.

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 the 24-Hour Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Examples: convenience care, urgent care, emergency room). The numbers for the 24-Hour Nurse Advice Line are:

1-800-581-9952

Calls to this number are free. 24 hours a day, 7 days a week. Wellcare Dual Liberty (HMO D-SNP) 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. 24 hours a day, 7 days a week.

If you need immediate behavioral health care, call the NJ FamilyCare 24-Hour Behavioral Health Crisis Line:

1-888-453-2534

Calls to this number are free. 24 hours a day, 7 days a week.

Wellcare Dual Liberty (HMO D-SNP) 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. 24 hours a day, 7 days a week.

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 1-800-225-8017 (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 and benefits before you enroll. Visit <u>www.wellcare.com/medicare</u> or call 1-800-225-8017 (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

- Benefits may change on January 1, 2026.
- 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.
- □ 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.