



2025 Summary of Benefits

Georgia

Wellcare Dual Liberty (HMO-POS D-SNP)

H1112 | 033

Wellcare Dual Access (HMO-POS D-SNP)

H1112 | 006

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

This is a summary of drug and health services covered by Wellcare Dual Liberty (HMO-POS D-SNP) and Wellcare Dual Access (HMO-POS D-SNP) from January 1, 2025 to December 31, 2025.

This booklet will provide you with a summary of what we cover and the cost-sharing responsibilities. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at www.wellcare.com/medicare. To request a copy, please call 1-800-225-8017 (TTY 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Who can join?

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

We cover the services and items in this document and the Evidence of Coverage if they are medically necessary.

Our plans and service areas:

H1112033000 Wellcare Dual Liberty (HMO-POS D-SNP) includes these counties in Georgia: Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, and Worth.

H1112006000 Wellcare Dual Access (HMO-POS D-SNP) includes these counties in Georgia: Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia,

Cook, Coweta, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, and Worth.

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

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

Health Maintenance Organizations-Point of Service (HMO-POS) plans are HMOs with the Point-of-Service (POS) benefit. The POS benefit allows members to get care from out-of-network providers for routine dental services as shown in the “Benefits” section of this document. Your out-of-pocket costs may be higher if you use out-of-network providers. You don't need a referral to go out-of-network for your POS benefit. However, before getting services from out-of-network providers, you may want to confirm with us that the services are covered by us. If we later determine that the services are not covered, we may deny coverage and you will have to pay the costs. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Our plans give you access to our network of skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit www.2025wellcaredirectories.com. **Please note** that, if you go elsewhere without proper authorization, you will have to pay in full. Neither Medicare nor our plan will be responsible for the costs. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which Wellcare Dual Liberty (HMO-POS D-SNP) and Wellcare Dual Access (HMO-POS D-SNP) authorizes use of out-of-network providers.

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

Which doctors, hospitals and pharmacies can I use? Wellcare Dual Liberty (HMO-POS D-SNP) and Wellcare Dual Access (HMO-POS D-SNP) have a network of doctors, hospitals, pharmacies, and other providers. You may use out-of-network providers for routine dental services. For all other services, you must use providers that are within our network, or the plan may not pay for the service.

You can see our plan's provider and pharmacy directory at www.2025wellcaredirectories.com. For plans with prescription drug coverage, our complete plan Formulary (list of Part D prescription drugs) is on our website at www.wellcare.com/medicare.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). For more information, or to request information in an alternate format, please call us at 1-800-225-8017 (TTY users should call 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

To be eligible

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

To enroll in these plans you must be eligible for the following Medicare Savings Program:

H1112033000 Wellcare Dual Liberty (HMO-POS D-SNP) - FBDE, QMB+, SLMB+

H1112006000 Wellcare Dual Access (HMO-POS D-SNP) - FBDE, QMB, QMB+, SLMB+

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

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

You must also be enrolled in the Georgia Medicaid plan. Your Part B premium is paid by the State of Georgia for full-dual enrollees. Please contact the plan for further details.

Understanding Dual Eligibility

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

Medicare Savings Program (MSP) Levels

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

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

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

What is “Extra Help?”

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

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

There are services that are not covered by our plan but are available through Georgia Medicaid. Refer to the Summary of Medicaid-Covered Benefits section later in this document for more information.

Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|--|---|---|
| <i>Note: Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.</i> | | |
| Monthly plan premium (includes both medical and drugs) | \$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party. | \$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party. |
| Deductible | No deductible | No deductible |
| Maximum Out-of-Pocket Responsibility (does not include prescription drugs) | \$9,350 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year. | \$9,350 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year. |
| Inpatient Hospital coverage | <ul style="list-style-type: none"> \$0 copay for each Medicare-covered hospital stay. * | <ul style="list-style-type: none"> \$0 copay for each Medicare-covered hospital stay. * |
| Outpatient Hospital coverage Outpatient hospital services | \$0 copay for surgical and non-surgical services (includes Medicare-covered diagnostic colonoscopy). * | \$0 copay for surgical and non-surgical services (includes Medicare-covered diagnostic colonoscopy). * |

Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|--|---|---|
| Outpatient hospital observation services | \$0 copay | \$0 copay |
| Ambulatory Surgical Center (ASC) services | \$0 copay for each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy. * | \$0 copay for each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy. * |
| Doctor Visits | | |
| Primary Care Providers | \$0 copay | \$0 copay |
| Specialists | \$0 copay * | \$0 copay * |
| Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots)) | \$0 copay | \$0 copay |
| Emergency care | \$0 copay | \$0 copay |

Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|---|---|---|
| Worldwide Emergency Coverage | <p>\$110 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is <u>not</u> waived if admitted to the hospital for worldwide emergency services.</p> | <p>\$110 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is <u>not</u> waived if admitted to the hospital for worldwide emergency services.</p> |
| Urgently needed services | \$0 copay | \$0 copay |
| Worldwide Urgent Care Coverage | <p>\$110 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is <u>not</u> waived if admitted to the hospital for worldwide urgently needed services.</p> | <p>\$110 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is <u>not</u> waived if admitted to the hospital for worldwide urgently needed services.</p> |
| Diagnostic Services/Labs/Imaging Lab services | <p>\$0 copay</p> <p>*</p> | <p>\$0 copay</p> <p>*</p> |

Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|--|--|---|
| Diagnostic Tests and Procedures | \$0 copay * | \$0 copay * |
| Outpatient X-rays | \$0 copay * | \$0 copay * |
| Diagnostic radiology services (e.g. MRI, CAT Scan) | \$0 copay * | \$0 copay * |
| Therapeutic Radiology | \$0 copay * | \$0 copay * |
| Hearing services | | |
| Hearing Exam Medicare-Covered | \$0 copay * | \$0 copay * |
| Routine hearing exam | \$0 copay * 1 exam(s) every year | \$0 copay * 1 exam(s) every year |
| Hearing Aids Hearing Aid Fitting/Evaluation(s) | \$0 copay * 1 fitting(s) / evaluation(s) every year | \$0 copay * 1 fitting(s) / evaluation(s) every year |

Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|--|---|---|
| Hearing aid allowance All types | Up to a \$2,500 allowance per ear every year for hearing aids. \$0 copay * Limited to 2 hearing aid(s) every year | Up to a \$2,000 allowance per ear every year for hearing aids. \$0 copay * Limited to 2 hearing aid(s) every year |
| Additional Hearing Information | What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment. | What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment. |
| Dental services Comprehensive services Medicare-covered | \$0 copay for each Medicare-covered service * | \$0 copay for each Medicare-covered service * |
| Routine Diagnostic and Preventive Services | In-Network \$0 copay * Out-of-Network 25% coinsurance * Cleanings 2 every year Dental x-rays 1 set(s) every date of service to 36 months depending on type of service Oral exams 2 every year | In-Network \$0 copay * Out-of-Network 25% coinsurance * Cleanings 2 every year Dental x-rays 1 set(s) every date of service to 36 months depending on type of service Oral exams 2 every year |

Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|----------------------------------|--|--|
| Fluoride Treatment | <p>In-Network \$0 copay *</p> <p>Out-of-Network 25% coinsurance *</p> <p>1 every year</p> | <p>In-Network \$0 copay *</p> <p>Out-of-Network 25% coinsurance *</p> <p>1 every year</p> |
| Other Diagnostic Dental services | <p>In-Network \$0 copay *</p> <p>Out-of-Network 25% coinsurance *</p> <p>1 every date of service to 36 months depending on type of service</p> | <p>In-Network \$0 copay *</p> <p>Out-of-Network 25% coinsurance *</p> <p>1 every date of service to 36 months depending on type of service</p> |
| Other Preventive Dental services | <p>In-Network \$0 copay *</p> <p>Out-of-Network 25% coinsurance *</p> <p>1 every date of service to 36 months depending on type of service</p> | <p>In-Network \$0 copay *</p> <p>Out-of-Network 25% coinsurance *</p> <p>1 every date of service to 36 months depending on type of service</p> |

Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|--------------------------------|--|---|
| Routine Comprehensive services | | |
| Restorative Services | In-Network \$0 copay * | In-Network \$0 copay * |
| | Out-of-Network 25% coinsurance * | Out-of-Network 25% coinsurance * |
| Endodontics/Periodontics | In-Network \$0 copay * | In-Network \$0 copay * |
| | Out-of-Network 25% coinsurance * | Out-of-Network 25% coinsurance * |
| Oral/Maxillofacial Surgery | In-Network \$0 copay * | In-Network \$0 copay * |
| | Out-of-Network 25% coinsurance * | Out-of-Network 25% coinsurance * |
| Prosthodontics - fixed | In-Network \$0 copay * | In-Network \$0 copay * |
| | Out-of-Network 25% coinsurance * | Out-of-Network 25% coinsurance * |

Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|-------------------------------|---|---|
| Prosthodontics - removable | In-Network \$0 copay * | In-Network \$0 copay * |
| | Out-of-Network 25% coinsurance * | Out-of-Network 25% coinsurance * |
| Adjunctive General Services | In-Network \$0 copay * | In-Network \$0 copay * |
| | Out-of-Network 25% coinsurance * | Out-of-Network 25% coinsurance * |
| | For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply. | For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply. |
| Additional Dental Information | What you should know: This plan includes coverage up to \$5,000 per plan year for all in-network and out-of-network covered routine comprehensive dental services. You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). Your out-of-pocket costs may be higher if you | What you should know: This plan includes coverage up to \$4,000 per plan year for all in-network and out-of-network covered routine comprehensive dental services. You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). Your out-of-pocket costs may be higher if you |

Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|--|---|---|
| | use out-of-network providers. Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays. | use out-of-network providers. Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays. |
| Vision Services | | |
| Eye Exam Medicare Covered | \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) * | \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) * |
| Routine eye exam (Refraction) | \$0 copay * 1 exam(s) every year | \$0 copay * 1 exam(s) every year |
| Glaucoma screening | \$0 copay for each Medicare-covered service. | \$0 copay for each Medicare-covered service. |
| Eyewear Medicare Covered | \$0 copay * | \$0 copay * |
| Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames | \$0 copay * | \$0 copay * |

Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|--|--|--|
| Eyewear allowance | Up to a \$600 combined allowance towards contacts and glasses (lenses and/or frames) every year. | Up to a \$400 combined allowance towards contacts and glasses (lenses and/or frames) every year. |
| Mental Health Services | | |
| Inpatient visit | <ul style="list-style-type: none"> \$0 copay for each Medicare-covered hospital stay. * | <ul style="list-style-type: none"> \$0 copay for each Medicare-covered hospital stay. * |
| Outpatient individual therapy visit | \$0 copay * | \$0 copay * |
| Outpatient group therapy visit | \$0 copay * | \$0 copay * |
| Skilled nursing facility (SNF) | Days 1-100: \$0 copay per benefit period * | Days 1-100: \$0 copay per benefit period. * |
| Therapy and Rehabilitation Services | | |
| Physical Therapy | \$0 copay * | \$0 copay * |
| Outpatient rehabilitation services provided by an occupational therapist | \$0 copay * | \$0 copay * |
| Pulmonary rehabilitation services | \$0 copay | \$0 copay |

Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|---|--|--|
| Ambulance | | |
| Ground Ambulance | \$0 copay * | \$0 copay * |
| Air Ambulance | \$0 copay * | \$0 copay * |
| Transportation Services | <p>Up to 48 rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day).</p> <p>\$0 copay (per one-way trip) *</p> <p>What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p> | <p>Up to 36 rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day).</p> <p>\$0 copay (per one-way trip) *</p> <p>What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p> |
| Medicare Part B Drugs | | |
| Chemotherapy Drugs and Other Part B Drugs | \$0 copay * | \$0 copay * |
| Insulin | \$0 copay (maximum per month) * | \$0 copay (maximum per month) * |
| Allergy Antigen | \$0 copay * | \$0 copay * |

| Part D Prescription Drug Coverage | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|---|--|--|
| Yearly Deductible Stage | \$0 | |
| 30-day/up to a 100-day supply from a retail or mail order network pharmacy | | |
| All Covered Drugs | \$0 copay Some covered drugs limited to a 30-day supply | |

Additional Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|---|---|--|
| <p>Note: Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.</p> | | |
| Chiropractic Services | | |
| Medicare-covered | \$0 copay * | \$0 copay * |
| Routine chiropractic services | \$0 copay * 12 visit(s) every year | \$0 copay * 12 visit(s) every year |
| Acupuncture | | |
| Medicare-covered | \$0 copay * | \$0 copay * |
| Routine acupuncture services | \$0 copay * Limited to 12 visit(s) every year | \$0 copay * Limited to 12 visit(s) every year |
| Podiatry Services (Foot Care) | | |
| Medicare Covered | \$0 copay * | \$0 copay * |

Additional Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|------------------------------|---|--|
| <p>Virtual Visits</p> | <p>\$0 copay for virtual visit services performed through Teladoc or MDLIVE.</p> <p>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc or MDLIVE to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.</p> <p>A virtual visit (also known as a telehealth consult) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device. For more information, or to schedule an appointment, call Teladoc at 1-800-835-2362 (TTY: 711) 24 hours a day, 7 days a week.</p> <p>Or:</p> <p>MDLIVE at 1-888-995-9042 (TTY: 1-800-770-5531) 24 hours a day, 7 days a week.</p> <p>What you should know:</p> <p>The \$0 copay above only applies when services are received from Teladoc or MDLIVE. If you receive telemedicine services from a network provider and not the virtual visit vendor, you will pay the cost shares listed for those providers, as outlined within the Evidence of Coverage (e.g., if you receive telehealth services from your PCP, you will pay the PCP cost share).</p> <p>*</p> | |

Additional Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|--------------------------------|---|---|
| Social Support Platform | <p>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.</p> <p>For more information on how to access the platform please see your Evidence of Coverage.</p> <p>\$0 copay</p> | <p>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.</p> <p>For more information on how to access the platform please see your Evidence of Coverage.</p> <p>\$0 copay</p> |
| Home health agency care | <p>\$0 copay *</p> | <p>\$0 copay *</p> |

Additional Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|---------------------------------------|--|--|
| Meals | | |
| Post-Acute Meals | <p>\$0 copay</p> <ul style="list-style-type: none"> ▪ <p>What you should know: You pay nothing for home delivered meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.</p> | <p>\$0 copay</p> <ul style="list-style-type: none"> ▪ <p>What you should know: You pay nothing for home delivered meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.</p> |
| Medical Equipment/Supplies | | |
| Durable Medical Equipment (DME) | \$0 copay * | \$0 copay * |
| Prosthetics | \$0 copay * | \$0 copay * |
| Diabetic Supplies | <p>\$0 copay</p> <p>*</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p> | <p>\$0 copay</p> <p>*</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p> |
| Diabetic therapeutic shoes or inserts | \$0 copay * | \$0 copay * |

Additional Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|--|---|---|
| Opioid treatment program services | \$0 copay * | \$0 copay * |
| Health and Wellness Education Programs Fitness | <p>For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay</p> <p>What you should know: To help support an active and healthy lifestyle your plan provides a fitness program that offers access to fitness locations nationwide.</p> <p>Members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits (including a wearable fitness tracker).</p> | <p>For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay</p> <p>What you should know: To help support an active and healthy lifestyle your plan provides a fitness program that offers access to fitness locations nationwide.</p> <p>Members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits (including a wearable fitness tracker).</p> |
| Personal emergency response system (PERS) | \$0 copay | <u>Not</u> covered |
| 24-Hour Nurse Advice Line | \$0 copay | \$0 copay |

Additional Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|--|--|--|
| Annual Routine Physical Exam | <p>\$0 copay</p> <p>What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p> | <p>\$0 copay</p> <p>What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p> |
| Value-Based Insurance Design (VBID) Model | <p>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 Over-the-Counter (OTC) benefit. See the Wellcare Spendables™ section in this chart for more information about the Wellcare Spendables™ card.</p> <ul style="list-style-type: none"> • 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 | <p>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 Over-the-Counter (OTC) benefit. See the Wellcare Spendables™ section in this chart for more information about the Wellcare Spendables™ card.</p> <ul style="list-style-type: none"> • 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 |

Additional Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|--|--|--|
| | <p>healthy foods and produce at participating retailers. Prepared meals are available for order via online portal.</p> <ul style="list-style-type: none"> • 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. <p>For more information, limitations, and exclusions, please see your Evidence of Coverage.</p> | <p>healthy foods and produce at participating retailers. Prepared meals are available for order via online portal.</p> <ul style="list-style-type: none"> • 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. <p>For more information, limitations, and exclusions, please see your Evidence of Coverage.</p> |

Additional Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|-----------------------------|---|--|
| Wellcare Spendables™ | <p>You will receive \$154 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.</p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> • Over-the-Counter items (OTC) - Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. <p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> • Gas pay-at-pump • Healthy Food • Home Improvement and Safety Items • Rent Assistance • Utility Assistance | <p>You will receive \$80 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.</p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> • Over-the-Counter items (OTC) - Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. <p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> • Gas pay-at-pump • Healthy Food • Home Improvement and Safety Items • Rent Assistance • Utility Assistance |

Additional Benefits

| | Wellcare Dual Liberty (HMO-POS D-SNP) H1112, Plan 033 | Wellcare Dual Access (HMO-POS D-SNP) H1112, Plan 006 |
|-----------------------------------|---|---|
| | <p>Refer to Value-Based Insurance Design (VBID) Model in this chart for more information on these benefits.</p> <p>For more information, limitations, and exclusions, please see your Evidence of Coverage.</p> | <p>Refer to Value-Based Insurance Design (VBID) Model in this chart for more information on these benefits.</p> <p>For more information, limitations, and exclusions, please see your Evidence of Coverage.</p> |
| <p>My Wellcare Rewards</p> | <p>With My Wellcare Rewards, you earn points for completing eligible healthy activities.</p> <p>Points can be redeemed for gift cards, up to \$75 per year, from your favorite stores like Walmart®, and more. You can start earning points just by registering. Some qualifying healthy actions include:</p> <ul style="list-style-type: none"> • Completing the Health Risk Assessment • Connecting a fitness device • Annual wellness visits • Annual flu vaccines • Cancer screenings • A1C testing <p>Gift card restrictions may apply.</p> | <p>With My Wellcare Rewards, you earn points for completing eligible healthy activities.</p> <p>Points can be redeemed for gift cards, up to \$75 per year, from your favorite stores like Walmart®, and more. You can start earning points just by registering. Some qualifying healthy actions include:</p> <ul style="list-style-type: none"> • Completing the Health Risk Assessment • Connecting a fitness device • Annual wellness visits • Annual flu vaccines • Cancer screenings • A1C testing <p>Gift card restrictions may apply.</p> |

Comprehensive Written Statement for Prospective Enrollees

The benefits described earlier in this Summary of Benefits are covered by our Wellcare Dual Liberty (HMO-POS D-SNP) and Wellcare Dual Access (HMO-POS D-SNP) plan. For each benefit listed, you can see what our plan covers. What you pay for covered services under our plan may depend on your level of Georgia Medicaid eligibility.

Summary of Medicaid-Covered Benefits

The following information is for people with Medicare and Georgia Medicaid. If a benefit is covered by both our plan and Georgia Medicaid, you must fully use our plan benefit coverage before the benefit is covered by Georgia Medicaid.

Coverage of the benefits may depend on your level of Georgia Medicaid eligibility.

If you have questions about your Georgia Medicaid eligibility, what benefits you are entitled to, or for the most current Georgia Medicaid information, see your Medicaid Member Handbook. You can also visit <https://medicaid.georgia.gov/>, or call Georgia Medicaid at 1-866-211-0950 TTY:711 8 a.m. - 5 p.m. ET, Monday - Friday.

| Georgia Medicaid |
|---|
| <ul style="list-style-type: none"> • Doctor and nurse office visits |
| <ul style="list-style-type: none"> • Nursing facilities (nursing homes) |
| <ul style="list-style-type: none"> • Emergency ambulance services |
| <ul style="list-style-type: none"> • Preventive dental care |
| <ul style="list-style-type: none"> • Certain emergency dental care for adults |
| <ul style="list-style-type: none"> • Non-emergency transportation |
| <ul style="list-style-type: none"> • Exams and immunizations |
| <ul style="list-style-type: none"> • Family planning services |
| <ul style="list-style-type: none"> • Hospice care services provided by a Medicaid hospice provider |

| |
|--|
| <ul style="list-style-type: none">• Diagnostic, screening and preventive services |
| <ul style="list-style-type: none">• Laboratory services |
| <ul style="list-style-type: none">• Mental health clinic services |
| <ul style="list-style-type: none">• Therapy services (physical, occupational and speech) |
| <ul style="list-style-type: none">• Rural Health Clinic and Federally |
| <ul style="list-style-type: none">• Qualified Health Center services |
| <ul style="list-style-type: none">• Dialysis and services for end-stage renal (Kidney) disease |
| <ul style="list-style-type: none">• Vision services |
| <ul style="list-style-type: none">• Durable medical equipment |
| <ul style="list-style-type: none">• Medical equipment and supplies prescribed by a doctor for use in your home |
| <ul style="list-style-type: none">• Home health services |
| <ul style="list-style-type: none">• Outpatient hospital services |
| <ul style="list-style-type: none">• Inpatient hospital services |
| <ul style="list-style-type: none">• Prescription drugs |
| <ul style="list-style-type: none">• Orthotics and prosthetics |

Medicaid Copays for Covered Services

The information below explains cost sharing that may be required by Georgia Medicaid. Providers may charge you the applicable cost share for these services.

| Benefit | Medicaid Copay¹ |
|--|-----------------------------------|
| Vision services | copay ² |
| Durable medical equipment/Medical equipment and supplies | copay ³ |
| Home health services received in your home | copay ⁴ |
| Inpatient hospital services | copay ⁵ |
| Prescription drugs | copay ⁶ |
| Orthotics and prosthetics | copay ⁷ |
| Physician Services | copay ⁸ |

1. The co-payment does not apply to the following services:

- Dialysis
- Emergency services,
- Family Planning services (must bill with medical diagnosis)
- Waiver Services

2. Tiered co-payment amounts for vision services are as follows on all evaluation and management procedures including ophthalmologic services used by physicians or physician assistants:

| State's payment for the service | Co-payment |
|--|-------------------|
| \$10.00 or less | \$0.50 |
| \$10.01 to \$25.00 | \$1.00 |
| \$25.01 to \$50.00 | \$2.00 |
| \$50.01 or more | \$3.00 |

3. For members 21 years of age and older, a \$3.00 co-payment will be applied to all DME services with the modifier NU, except for DME supply procedure codes ("A" codes). Procedure codes, E0441 and E0442, are exempt from co-payment. A \$3.00 co-payment will be applied to the

following rental procedure codes: E1390 RR, E1391 RR, E0424 RR, E0431 RR, E0434 RR, E0439 RR, E0439 QE, E0439 QF, E0465 RR, E0466 RR, E0470 RR and E0784 RR. A \$1.00 co-payment will be applied to all other procedure codes that have a modifier RR.

4. A \$3.00 co-payment will be applied for each home health visit. The co-payment does not apply to the following members:

- Pregnant women
- Members under 21 years of age
- Hospice care members
- Women diagnosed with breast or cervical cancer and receiving Medicaid under the Women's Health Medicaid Program

5. A co-payment of \$12.50 will be applied for non-emergency inpatient hospital admissions.

6. A \$.50 co-payment will be applied for each preferred generic or preferred brand drug dispensed by the pharmacy as follows:

| Category | Co-Payment |
|--|--|
| Preferred Generic | \$0.50 |
| Preferred Brand | \$0.50 |
| Non-Preferred Brand or Non-Preferred Generic | Under \$10.00 = \$0.50 \$10.01-\$25.00 = \$1.00 \$25.01-\$50.00 = \$2.00 \$50.01 or more = \$3.00 |

This co-payment does not apply to the following members:

- Pregnant women
- Members under age 21 years of age
- Institutionalized individuals
- Hospice care members
- Members enrolled in the Breast and Cervical Cancer eligibility groups

7. A \$3.00 co-payment will be applied for orthotic and prosthetic services. This co-payment does not apply to the following members:

- Pregnant women
- Members under age 21 years of age
- Institutionalized individuals
- Hospice care members
- Members enrolled in the Breast and Cervical Cancer eligibility groups

8. A \$0.50-\$3.00 co-payment will be applied for Physician Services for Evaluation and Management procedure codes (99202-99499) including the Ophthalmologic Services codes (92002-92014).

| State's payment for the service | Co-payment |
|--|-------------------|
| \$10.00 or less | \$0.50 |
| \$10.01 to \$25.00 | \$1.00 |
| \$25.01 to \$50.00 | \$2.00 |
| \$50.01 or more | \$3.00 |

This co-payment does not apply to the following members:

- Pregnant women
- Members under age 21 years of age
- Nursing facility residents
- Hospice care members

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 **1-877-374-4056 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: 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 **1-877-374-4056 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

Chinese (Mandarin): 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-877-374-4056 (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。

Chinese (Cantonese): 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-877-374-4056 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-877-374-4056 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: 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 **1-877-374-4056 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào 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 **1-877-374-4056 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-877-374-4056 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-877-374-4056(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-877-374-4056 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوّفّر 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 **1-877-374-4056 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Hindi: 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 **1-877-374-4056 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक नि:शुल्क सेवा है।

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il **1-877-374-4056 (TTY: 711)**. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número **1-877-374-4056 (TTY: 711)**. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan **1-877-374-4056 (TTY: 711)**. Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-877-374-4056 (TTY: 711)**. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-877-374-4056 (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。

Hawaiian: Loa‘a iā mākou nā lawelawe unuhi ‘ōlelo manuahi e pane i nā nīnau āu e pili ana i kā mākou papahana olakino a lā‘au paha. No ka loa‘a ‘ana o ka unuhi ‘ōlelo e kelepona iā mākou ma **1-877-374-4056 (TTY: 711)**. Hiki i kekahi kanaka ‘ōlelo Hawai‘i ke kōkua iā ‘oe. He lawelawe manuahi kēia.

Ilocano: Adda iti libre a serbisyo ti panagpatarus mi tapno masungbatan ti anyaman a saludsod mo maipanggep iti plano ti salun-at wenno agas mi. Tapno makaala ti maysa nga agipatpatarus pakiawagan dakami laeng iti **1-877-374-4056 (TTY: 711)**. Mabalín nga makatulóng kenka ti maysa nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

Samoan: E iai matou auaunaga faamatala upu e tali atu i soo se fesili e te ono fesili ai e uiga ia matou fuafuaga tau soifua maloloina poo fualaau. Ina ia maua se tagata faamatala upu na’o le vili mai a matou i le **1-877-374-4056 (TTY: 711)**. E mafai ona fesoasoani atu ia te oe se tasi e tautala i le gagana Samoan. E leai se totogi o lenei auaunaga.

Ukrainian: Ми безкоштовно надаємо послуги перекладачів, щоб ви могли отримати відповіді на будь-які запитання щодо нашого плану медичного обслуговування чи забезпечення лікарськими засобами. Щоб отримати допомогу перекладача, просто зателефонуйте нам за номером **1-877-374-4056 (TTY: 711)**. Спеціаліст, який володіє українською, допоможе вам. Ця послуга безкоштовна.

Lao: ພວກເຮົາມີບໍລິການຄົນພາສາພຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ເພື່ອຂໍຄືນແປພາສາ ພຽງແຕ່ໂທຫາພວກເຮົາໄດ້ທີ່ເບີ 1-877-374-4056 (TTY: 711). ມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນບໍລິການພຣີ.

Cambodian: យើងមានសេវាកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃសម្រាប់ឆ្លើយរាល់សំណួរដែលអ្នកមានអំពីគម្រោងឱសថបូគម្រោងសុខភាពរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមរយៈលេខ 1-877-374-4056 (TTY: 711)។ មនុស្សម្នាក់ដែលនិយាយភាសាខ្មែរបានអាចជួយអ្នកបាន។ នេះជាសេវាកម្មឥតគិតថ្លៃ។

Hmong: Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb cov nqe lus nug twg uas koj yuav muaj hais txog peb lub phiaj xwm duav roos kev noj qab haus huv thiab tshuaj. Yog xav tau ib tug kws txhais lus ces tsuas hu rau peb tau ntawm 1-877-374-4056 (TTY: 711). Ib tug neeg twg uas hais tau lus Hmoob yuav pab tau koj. Qhov no yog kev pab cuam pab dawb xwb.

Thai: เรามีบริการล่ามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการล่ามแปลภาษา โปรดติดต่อเราที่หมายเลข 1-877-374-4056 (TTY: 711) คนที่พูดภาษาไทยได้สามารถช่วยคุณได้ บริการนี้ไม่มีค่าใช้จ่าย

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, costs, and benefits before you enroll. Visit www.wellcare.com/medicare 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

- ❑ 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.
- ❑ **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. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- ❑ Our plan allows you to see providers outside of our network (non-contracted providers) for certain services. However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ❑ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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

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

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Contact Us

For more information, please contact us:



By phone

Toll-free at 1-800-225-8017 (TTY: 711). Your call may be answered by a licensed agent.



Hours of Operation

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



Online

www.wellcare.com/medicare