



2025 Summary of Benefits

Nebraska

Wellcare Dual Access Open (PPO D-SNP)

H1395 | 001

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

This is a summary of drug and health services covered by Wellcare Dual Access Open (PPO 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/ne. 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 this plan, 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 Nebraska 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 service area includes these counties in Nebraska: Adams, Antelope, Banner, Blaine, Boone, Boyd, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Custer, Dawson, Dixon, Dodge, Douglas, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Logan, Madison, Merrick, Nance, Nemaha, Otoe, Pawnee, Perkins, Phelps, Pierce, Polk, Saline, Sarpy, Saunders, Scotts Bluff, Seward, Sherman, Stanton, Thayer, Valley, Washington, Wayne, Webster, Wheeler, and York.

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.

Preferred Provider Organizations (PPOs) You'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracted providers in our network. Out-of-network providers may choose not to bill our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your

Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. PPO plans do not require a prior authorization or referral for out-of-network services.

Our plan also includes prescription drug coverage and access to our large network of pharmacies. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. Our plan uses 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 Access Open (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. You may use doctors, hospitals and other providers that are not in our network, usually for a higher copay or coinsurance. You must generally use our network pharmacies for prescriptions covered under Part D drug benefit.

You can save money by using our preferred mail-order pharmacy and by using providers in the plan's network. You can see our plan's provider and pharmacy directory at www.2025wellcaredirectoriest.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/NE.

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

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

To enroll in this plan you must be eligible for the following Medicare Savings Program:

H1395001000 Wellcare Dual Access Open (PPO D-SNP) - FBDE, QMB, QMB+, SLMB+

Refer to "Medicare Savings Program (MSP) Levels" section below for a description of all MSP levels. Premiums, copayments, coinsurance, and deductibles may vary based on your Nebraska 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 Nebraska Medicaid plan. Your Part B premium is paid by the State of Nebraska 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 Nebraska Medicaid. Refer to the Summary of Medicaid-Covered Benefits section later in this document for more information.

Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
<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.
Deductible	\$0 or The Part B deductible was \$240 for select Part B services. This is based on Original Medicare's 2024 costs and may change in 2025. You can contact Member services or check the plan's website for updates after November 1. However, out-of-network providers that are not enrolled in your state Medicaid may charge the deductible amount depending on your Medicaid eligibility category.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$9,350 in-network annually \$13,300 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	In-Network <ul style="list-style-type: none"> • \$0 copay for each Medicare-covered hospital stay. * Out-of-Network Days 1-90: <ul style="list-style-type: none"> • \$0 or 35% coinsurance per admission, depending on your Nebraska Medicaid eligibility category.

Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
<p>Outpatient Hospital coverage Outpatient hospital services</p>	<p>In-Network \$0 copay for surgical and non-surgical services (includes Medicare-covered diagnostic colonoscopy). *</p> <p>Out-of-Network \$0 or 40% coinsurance for surgical and non-surgical services (includes Medicare-covered diagnostic colonoscopy), depending on your Nebraska Medicaid eligibility category.</p>
<p>Outpatient hospital observation services</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
<p>Ambulatory Surgical Center (ASC) services</p>	<p>In-Network \$0 copay for each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy. *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p> <p>This amount applies to each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy.</p>

Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
Doctor Visits	
Primary Care Providers	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
Specialists	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
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))	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p>
Emergency care	\$0 copay

Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
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>
Urgently needed services	\$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>
Diagnostic Services/Labs/Imaging Lab services	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
Diagnostic Tests and Procedures	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>

Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
Outpatient X-rays	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
Diagnostic radiology services (e.g. MRI, CAT Scan)	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
Therapeutic Radiology	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
Hearing services Hearing Exam Medicare-Covered	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>

Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
Routine hearing exam	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 exam(s) every year</p>
Hearing Aids Hearing Aid Fitting/Evaluation(s)	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 fitting(s) / evaluation(s) every year</p>
Hearing aid allowance All types	<p>Up to a \$1,000 allowance per ear every year for hearing aids.</p> <p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>Limited to 2 hearing aid(s) every year</p>
Additional Hearing Information	<p>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.</p>

Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
<p>Dental services</p> <p>Comprehensive services Medicare-covered</p>	<p>In-Network \$0 copay for each Medicare-covered service *</p> <p>Out-of-Network \$0 or 40% coinsurance for each Medicare-covered service, depending on your Nebraska Medicaid eligibility category.</p>
<p>Routine Diagnostic and Preventive Services</p> <p>Fluoride Treatment</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> <p>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</p> <p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> <p>1 every year</p>

Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
Other Diagnostic Dental services	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% 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 50% coinsurance</p> <p>1 every date of service to 36 months depending on type of service</p>
Routine Comprehensive services	
Restorative Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p>
Endodontics/Periodontics	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p>

Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
Oral/Maxillofacial Surgery	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p>
Adjunctive General Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.</p>
Additional Dental Information	<p>What you should know: This plan includes coverage up to \$1,500 per plan year for all in-network and out-of-network covered routine comprehensive dental services.</p>
<p>Vision Services</p> <p>Eye Exam Medicare Covered</p>	<p>In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *</p> <p>Out-of-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 or 40% coinsurance (all other Medicare-covered eye exams), depending on your Nebraska Medicaid eligibility category.</p>

Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
Routine eye exam (Refraction)	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 exam(s) every year</p>
Glaucoma screening	<p>In-Network \$0 copay for each Medicare-covered service.</p> <p>Out-of-Network \$0 or 40% coinsurance for each Medicare-covered service, depending on your Nebraska Medicaid eligibility category.</p>
Eyewear Medicare Covered	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.</p>

Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
Mental Health Services	
Inpatient visit	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay for each Medicare-covered hospital stay. <p>*</p> <p>Out-of-Network Days 1-90:</p> <ul style="list-style-type: none"> • \$0 or 40% coinsurance per admission, depending on your Nebraska Medicaid eligibility category.
Outpatient individual therapy visit	<p>In-Network \$0 copay</p> <p>*</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
Outpatient group therapy visit	<p>In-Network \$0 copay</p> <p>*</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
Skilled nursing facility (SNF)	<p>In-Network Days 1-100: \$0 copay per stay</p> <p>*</p>

Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
	<p>Out-of-Network Days 1-100: \$0 or 30% coinsurance per stay, depending on your Nebraska Medicaid eligibility category.</p>
<p>Therapy and Rehabilitation Services</p> <p>Physical Therapy</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
<p>Outpatient rehabilitation services provided by an occupational therapist</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
<p>Pulmonary rehabilitation services</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>

Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
Ambulance Ground Ambulance	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
Air Ambulance	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
Transportation Services	<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>In-Network \$0 copay (per one-way trip) *</p> <p>Out-of-Network 75% coinsurance (per one-way trip)</p> <p>What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p>
Medicare Part B Drugs Chemotherapy Drugs and Other Part B Drugs	<p>In-Network \$0 copay *</p> <p>Out-of-Network</p>

Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
	<p>\$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category. Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.</p>
Insulin	<p>In-Network \$0 copay (maximum per month) *</p> <p>Out-of-Network \$0 or \$35 copay (maximum per month), depending on your Nebraska Medicaid eligibility category.</p>
Allergy Antigen	<p>In-Network \$0 copay *</p> <p>Out-of-Network 0% coinsurance</p>

Part D Prescription Drug Coverage		Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
Stage 1: Yearly Deductible Stage			
Deductible	This plan has no deductible for Part D drugs, this payment stage doesn't apply.		
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable)			
You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,000. The cost share you pay depends on your level of "Extra Help". You then move on to the Catastrophic Coverage Stage.			
Important Message About What You Pay for Vaccines:			
Our plan covers most Part D vaccines at no cost to you, even if you have not paid your deductible (if your plan has a deductible).			
Important Message About What You Pay for Insulin:			
You won't pay more than \$35 for up to a one-month supply, \$70 for up to a two-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier, even if you have not paid your deductible (if your plan has a deductible).			
Retail cost-sharing (30-day/Up to a 100-day supply)			
	Preferred	Standard	
Tier 1 (Preferred Generic Drugs) includes preferred generic drugs and may include some brand drugs.	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15	
Tier 2 (Generic Drugs) includes generic drugs and may include some brand drugs	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15	

Part D Prescription Drug Coverage	Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
	Preferred	Standard
Tier 3 (Preferred Brand Drugs) includes preferred brand drugs and may include some generic drugs.	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15
Tier 4 (Non-Preferred Drugs) includes non-preferred brand and non-preferred generic drugs.	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15
Tier 5 (Specialty Tier) includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15 Limited to 30 day supply	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15 Limited to 30 day supply
Tier 6 (Select Care Drugs) includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines)	Generics: \$0 / \$0 copay Brands: \$0 / \$0 copay	Generics: \$0 / \$0 copay Brands: \$0 / \$0 copay

Part D Prescription Drug Coverage		Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)			
Mail-order cost-sharing (30-day/Up to a 100-day supply)			
	Preferred	Standard	
Tier 1 (Preferred Generic Drugs) includes preferred generic drugs and may include some brand drugs.	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15	
Tier 2 (Generic Drugs) includes generic drugs and may include some brand drugs	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15	
Tier 3 (Preferred Brand Drugs) includes preferred brand drugs and may include some generic drugs.	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15	
Tier 4 (Non-Preferred Drugs) includes non-preferred brand and non-preferred generic drugs.	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15	Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15	

Part D Prescription Drug Coverage	Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
	Preferred	Standard
<p>Tier 5 (Specialty Tier) includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.</p>	<p>Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15 Limited to 30 day supply</p>	<p>Generics: \$0 / \$1.60 / \$4.90 Brands: \$0 / \$4.80 / \$12.15 Limited to 30 day supply</p>
<p>Tier 6 (Select Care Drugs) includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines)</p>	<p>Generics: \$0 / \$0 copay Brands: \$0 / \$0 copay</p>	<p>Generics: \$0 / \$0 copay Brands: \$0 / \$0 copay</p>
<p>Stage 3: Catastrophic Coverage Stage</p>		
	<p>You enter this stage after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,000.</p> <p>Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>	

Generic drugs may be covered on tiers other than Tier 1 and Tier 2. Please check this plan’s Formulary to validate the specific tier on which your drugs are covered.

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or whether the prescription is a short-term (30-day supply) or long-term (100-day supply).

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).

To learn more about this payment option, please contact us at 1-833-750-9969. (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week, 365 days a year or visit <https://www.wellcarene.com/MPPP>.

Additional Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
<p><i>Note: Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.</i></p>	
<p>Chiropractic Services Medicare-covered</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
<p>Acupuncture Medicare-covered</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance for Medicare-covered Acupuncture received in a PCP office, depending on your Nebraska Medicaid eligibility category. \$0 or 40% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office, depending on your Nebraska Medicaid eligibility category. \$0 or 40% coinsurance for Medicare-covered Acupuncture received in a Specialist office, depending on your Nebraska Medicaid eligibility category.</p>

Additional Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
<p>Podiatry Services (Foot Care) Medicare Covered</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
<p>Virtual Visits</p>	<p>\$0 copay for virtual visit services performed through Teladoc.</p> <p>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.</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>What you should know: The \$0 copay above only applies when services are received from Teladoc. 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 Access Open (PPO D-SNP) H1395, Plan 001	
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>
Home health agency care	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
Meals Post-Acute Meals	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ <p>What you should know:</p> <p>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>

Additional Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
Chronic Meals	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ What you should know: You pay nothing for home delivered meals as part of a supervised program designed to transition members with specific chronic conditions to lifestyle modifications. Members receive 3 meals per day for up to 28 days, for a maximum of 84 meals per month. The benefit can be received for up to 3 months.
Medical Equipment/Supplies Durable Medical Equipment (DME)	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
Prosthetics	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
Diabetic Supplies	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Nebraska Medicaid eligibility category.</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>

Additional Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
Diabetic therapeutic shoes or inserts	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
Opioid treatment program services	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 40% coinsurance, depending on your Nebraska Medicaid eligibility category.</p>
<p>Health and Wellness Education Programs</p> <p>Fitness</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:</p> <p>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
24-Hour Nurse Advice Line	\$0 copay

Additional Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
<p>Annual Routine Physical Exam</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> <p>What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>
<p>Special Supplemental Benefits for Chronically Ill (SSBCI) Benefits mentioned are a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. In addition to being high-risk, you must have one or more of the following chronic conditions: Cancer, Cardiovascular disorders, Chronic and disabling mental health conditions, Chronic lung disorders, Diabetes. There are other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact Member services.</p>	<p>If eligible, you will get an extra \$36 monthly added to your Wellcare Spendables™ card (for a total of \$136 monthly allowance) to spend on 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> <p>Your card allowance can be used towards:</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 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.

Additional Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
In-home support services	<p>\$0 copay for each in-home support services visit. Up to 24 visits every year.</p> <p>What you should know:</p> <p>You can receive Chore and Personal Care Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a licensed plan provider. Services are provided in four hour increments.</p>
Wellcare Spendables™	<p>You will receive \$100 monthly preloaded on your Wellcare Spendables™ card to spend on OTC items.</p> <p>If you qualify for SSBCI, you will get an extra \$36 monthly added to your card, for a total of \$136 monthly. This total allowance may be spent on OTC and SSBCI benefits. 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>Benefits mentioned below are part of SSBCI. Not all members will qualify. You must meet eligibility criteria for the following plan benefits.</p> <p><u>If you qualify, your card allowance can also be used towards:</u></p> <ul style="list-style-type: none"> • Gas pay-at-pump • Healthy Food • Home Improvement and Safety Items • Rent Assistance • Utility Assistance <p>Refer to Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits.</p>

Additional Benefits

Wellcare Dual Access Open (PPO D-SNP) H1395, Plan 001	
	For more information, limitations, and exclusions, please see your Evidence of Coverage.
My Wellcare Rewards	<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 Access Open (PPO 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 Nebraska Medicaid eligibility.

Summary of Medicaid-Covered Benefits

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

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

If you have questions about your Nebraska Medicaid eligibility, what benefits you are entitled to, or for the most current Nebraska Medicaid information, see your Medicaid Member Handbook. You can also visit <https://dhhs.ne.gov/Pages/Medicaid-Eligibility.aspx>, or call Nebraska Medicaid at 1-855-632-7633 TTY:1-800 833-7352 8 a.m. - 5 p.m., Monday - Friday.

Nebraska Medicaid
<ul style="list-style-type: none"> Physical Health Services
<ul style="list-style-type: none"> Inpatient hospital services, including transitional hospital services and transplant services
<ul style="list-style-type: none"> Outpatient hospital services
<ul style="list-style-type: none"> Ambulatory surgical center (ASC) services
<ul style="list-style-type: none"> Physician services, including services provided by nurse practitioners, certified nurse midwives, and physician assistants, and clinic-administered injections/medications, and anesthesia services including those provided by a certified registered nurse anesthetist
<ul style="list-style-type: none"> Services provided in Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
<ul style="list-style-type: none"> Services provided in Indian Health Service (IRS) facilities
<ul style="list-style-type: none"> Clinical and anatomical laboratory services, including the administration of blood draws completed in the physician's office or an outpatient clinic for a behavioral health diagnosis

<ul style="list-style-type: none">• Radiology services
<ul style="list-style-type: none">• Health Check (EPSDT) services
<ul style="list-style-type: none">• Home health services
<ul style="list-style-type: none">• Private duty nursing services
<ul style="list-style-type: none">• Therapy services (physical therapy, occupational therapy, speech pathology and audiology)
<ul style="list-style-type: none">• Durable medical equipment and medical supplies, including hearing aids, orthotics, prosthetics, and nutritional supplements
<ul style="list-style-type: none">• Podiatry services
<ul style="list-style-type: none">• Chiropractic services
<ul style="list-style-type: none">• Vision services
<ul style="list-style-type: none">• Free standing birth center services
<ul style="list-style-type: none">• Hospice services, except when provided in a nursing facility
<ul style="list-style-type: none">• Skilled/rehabilitative and transitional nursing facility services
<ul style="list-style-type: none">• Ambulance services
<ul style="list-style-type: none">• Non-emergency ambulance transportation
<ul style="list-style-type: none">• Transplant services
<ul style="list-style-type: none">• Pharmacy services
<ul style="list-style-type: none">• Behavioral Health services

<ul style="list-style-type: none">• Emergency Medical and Post-Stabilization Services

<ul style="list-style-type: none">• Emergency Ancillary Services provided at a Hospital

<ul style="list-style-type: none">• Family Planning Services
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<ul style="list-style-type: none">• Prenatal and Maternity Care Services
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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 **1-844-428-2224 (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 **1-844-428-2224 (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 **1-844-428-2224 (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 **1-844-428-2224 (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 **1-844-428-2224 (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 **1-844-428-2224 (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 **1-844-428-2224 (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: **1-844-428-2224 (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, **1-844-428-2224(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 **1-844-428-2224 (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 **1-844-428-2224 (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 मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें 1-844-428-2224 (TTY: 711) पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक निःशुल्क सेवा है।

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il 1-844-428-2224 (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 1-844-428-2224 (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 1-844-428-2224 (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 1-844-428-2224 (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、1-844-428-2224 (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。

Bengali: আমাদের স্বাস্থ্য বা ড্রাগ বিষয়ক পরিকল্পনা সম্পর্কে আপনার সম্ভাব্য যে কোন প্রশ্নের উত্তর দেওয়ার জন্য আমাদের কাছে বিনামূল্যে ইন্টারপ্রেটার পরিষেবা রয়েছে। একজন ইন্টারপ্রেটার পেতে, খালি আমাদের 1-844-428-2224 (TTY: 711) নম্বরে কল করুন। বাংলা বলতে পারে এমন কেউ আপনাকে সাহায্য করতে পারে। এই পরিষেবাটির জন্য কোনও খরচ নেই।

Nepali: हाम्रा स्वास्थ्य वा औषधिसम्बन्धी प्लानहरूको सम्बन्धमा तपाईंसँग हुन सक्ने जुनसुकै प्रश्नको जवाफ दिन हामीसँग निःशुल्क दोभासे सेवाहरू छन्। कुनै दोभासेको सेवा प्राप्त गर्न तपाईंले 1-844-428-2224 (TTY: 711) मा हामीलाई कल मात्र गरे पुग्छ। नेपाली भाषा बोल्ने कुनै व्यक्तिले तपाईंलाई मद्दत गर्नुहुने छ। यो एक निःशुल्क सेवा हो।

Swahili: Tuna huduma za mkalimani zisizolipiwa wa kujibu maswali yoyote ambayo unaweza kuwa nayo kuhusu mpango wetu wa afya au dawa. Ili kupata mkalimani, tupigie tu simu kupitia 1-844-428-2224 (TTY: 711). Mtu anayezungumza Kiswahili anaweza kukusaidia. Huduma hii ni ya bila malipo.

Tamil: எங்கள் உடல்நலம் அல்லது மருந்துத் திட்டம் பற்றி உங்களுக்கு ஏதேனும் கேள்விகள் இருந்தால் பதிலளிப்பதற்காக இலவச மொழிபெயர்ப்பாளர் சேவைகளை வழங்குகிறோம். ஒரு மொழிபெயர்ப்பாளரை அணுக, 1-844-428-2224 (TTY: 711) என்ற எண்ணில் எங்களை அழைக்கவும். தமிழ் பேசத் தெரிந்த ஒருவர் உங்களுக்கு உதவுவார். இது ஒரு இலவச சேவையாகும்.

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/ne 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). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ❑ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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

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

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/ne