



2025 Summary of Benefits

Pennsylvania

Wellcare Dual Reserve Open (PPO D-SNP)

H2128 | 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 Reserve 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/allwellpa. 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 Pennsylvania Medical Assistance (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 some 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 Pennsylvania: Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montgomery, Montour, Northampton, Perry, Philadelphia, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, 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 Reserve 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/allwellPA.

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:

H2128006000 Wellcare Dual Reserve Open (PPO D-SNP) - SLMB, QI, QDWI

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 Pennsylvania Medical Assistance (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 Pennsylvania Medical Assistance (Medicaid) plan. Your Part B premium is paid by the State of Pennsylvania 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 Pennsylvania Medical Assistance (Medicaid). Refer to the Summary of Medicaid-Covered Benefits section later in this document for more information.

Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, 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)	<p>\$47.40</p> <p>If you qualify for "Extra Help", your plan premium is paid on your behalf. If you no longer qualify for "Extra Help", you may be charged a premium.</p> <p>You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.</p>
Deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>\$6,000 in-network annually</p> <p>\$8,950 combined in and out-of-network annually</p> <p>This is the most you will pay in copays and coinsurance for Part A and B services for the year.</p>
Inpatient Hospital coverage	<p>In-Network</p> <p>For each admission, you pay:</p> <ul style="list-style-type: none"> • \$250 copay per day for days 1 through 5 • \$0 copay per day for days 6 through 90 * <p>Out-of-Network</p> <p>Days 1-90:</p> <ul style="list-style-type: none"> • 40% coinsurance per admission

Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
Outpatient Hospital coverage Outpatient hospital services	<p>In-Network \$0 copay for Medicare-covered diagnostic colonoscopy. \$200 copay for all other outpatient services. *</p> <p>Out-of-Network 40% coinsurance for surgical and non-surgical services (includes Medicare-covered diagnostic colonoscopy)</p>
Outpatient hospital observation services	<p>In-Network \$125 copay for outpatient observation services when you enter observation status through an emergency room. \$200 copay for outpatient observation services when you enter observation status through an outpatient facility.</p> <p>Out-of-Network 40% coinsurance</p>
Ambulatory Surgical Center (ASC) services	<p>In-Network \$150 copay for each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy. *</p> <p>Out-of-Network 40% coinsurance</p> <p>This amount applies to each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy.</p>
Doctor Visits Primary Care Providers	<p>In-Network \$0 copay</p> <p>Out-of-Network \$20 copay</p>

Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
Specialists	<p>In-Network \$25 copay *</p> <p>Out-of-Network \$40 copay</p>
<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>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p>
Emergency care	<p>\$125 copay Copay is waived if you are admitted to a hospital within 24 hours.</p>
Worldwide Emergency Coverage	<p>\$125 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	<p>\$40 copay Copay is waived if you are admitted to a hospital within 24 hours.</p>

Benefits

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Worldwide Urgent Care Coverage	<p>\$125 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 for all other labs. \$50 copay for genetic testing. *</p> <p>Out-of-Network 40% coinsurance</p>
Diagnostic Tests and Procedures	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p>
Outpatient X-rays	<p>In-Network \$45 copay *</p> <p>Out-of-Network 40% coinsurance</p>
Diagnostic radiology services (e.g. MRI, CAT Scan)	<p>In-Network \$0 copay for a diagnostic mammogram. \$200 copay for all other diagnostic radiology services received in an outpatient setting. \$125 copay for all other services received in all other locations. *</p>

Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
	<p>Out-of-Network 40% coinsurance</p>
Therapeutic Radiology	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 40% coinsurance</p>
<p>Hearing services Hearing Exam Medicare-Covered</p>	<p>In-Network \$25 copay *</p> <p>Out-of-Network \$40 copay</p>
Routine hearing exam	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 exam(s) every year</p>

Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
<p>Hearing Aids</p> <p style="padding-left: 40px;">Hearing Aid Fitting/Evaluation(s)</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 fitting(s) / evaluation(s) every year</p>
<p>Hearing aid allowance</p> <p style="padding-left: 40px;">All types</p>	<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>
<p>Additional Hearing Information</p>	<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>
<p>Dental services</p> <p style="padding-left: 40px;">Comprehensive services Medicare-covered</p>	<p>In-Network \$25 copay for each Medicare-covered service. *</p> <p>Out-of-Network \$40 copay for each Medicare-covered service.</p>

Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
Routine Diagnostic and Preventive Services	<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>
Fluoride Treatment	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> <p>1 every year</p>
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>

Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
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>
Oral/Maxillofacial Surgery	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p>

Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
Prosthodontics - fixed	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p>
Prosthodontics - removable	<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 \$4,000 per plan year for all in-network and out-of-network covered routine comprehensive dental services.</p>
Vision Services Eye Exam Medicare Covered	<p>In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$25 copay (all other Medicare-covered eye exams) *</p> <p>Out-of-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$40 copay (all other Medicare-covered eye exams)</p>

Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
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 40% coinsurance for each Medicare-covered service</p>
Eyewear Medicare Covered	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</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

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Mental Health Services	
Inpatient visit	<p>In-Network For each admission, you pay:</p> <ul style="list-style-type: none"> • \$250 copay per day for days 1 through 5 • \$0 copay per day for days 6 through 90 <p>*</p> <p>Out-of-Network Days 1-90:</p> <ul style="list-style-type: none"> • 40% coinsurance for each Medicare-covered hospital stay.
Outpatient individual therapy visit	<p>In-Network \$25 copay *</p> <p>Out-of-Network 40% coinsurance</p>
Outpatient group therapy visit	<p>In-Network \$25 copay *</p> <p>Out-of-Network 40% coinsurance</p>
Skilled nursing facility (SNF)	<p>In-Network For each admission, you pay:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$214 copay per day for days 21 through 50 • \$0 copay per day for days 51 through 100 <p>*</p>

Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
	<p>Out-of-Network Days 1-100: 40% coinsurance per stay</p>
<p>Therapy and Rehabilitation Services</p> <p>Physical Therapy</p>	<p>In-Network \$25 copay *</p> <p>Out-of-Network 40% coinsurance</p>
<p>Outpatient rehabilitation services provided by an occupational therapist</p>	<p>In-Network \$25 copay *</p> <p>Out-of-Network 40% coinsurance</p>
<p>Pulmonary rehabilitation services</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network 40% coinsurance</p>

Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
Ambulance Ground Ambulance	<p>In-Network \$280 copay *</p> <p>Out-of-Network \$280 copay</p>
Air Ambulance	<p>In-Network \$280 copay *</p> <p>Out-of-Network \$280 copay</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 20% coinsurance *</p> <p>Out-of-Network 40% coinsurance Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B</p>

Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
	rebateable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.
Insulin	<p>In-Network \$35 copay (maximum per month) *</p> <p>Out-of-Network \$35 copay (maximum per month)</p>
Allergy Antigen	<p>In-Network 0% coinsurance *</p> <p>Out-of-Network 0% coinsurance</p>

Part D Prescription Drug Coverage		Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
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 Reserve Open (PPO D-SNP) H2128, Plan 006	
	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 Reserve Open (PPO D-SNP) H2128, Plan 006	
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 Reserve Open (PPO D-SNP) H2128, Plan 006	
	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>
Stage 3: Catastrophic Coverage Stage		
	<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 wellcare.pahealthwellness.com/MPPP.

Additional Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
<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 \$20 copay *</p> <p>Out-of-Network 40% coinsurance</p>
<p>Acupuncture Medicare-covered</p>	<p>In-Network \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office. \$25 copay for Medicare-covered Acupuncture received in a Specialist office. *</p> <p>Out-of-Network \$20 copay for Medicare-covered Acupuncture received in a PCP office. 40% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office. \$40 copay for Medicare-covered Acupuncture received in a Specialist office.</p>
<p>Podiatry Services (Foot Care) Medicare Covered</p>	<p>In-Network \$25 copay *</p> <p>Out-of-Network 40% coinsurance</p>

Additional Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
Virtual Visits	<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>
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>

Additional Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
Home health agency care	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p>
Meals Post-Acute Meals	<p>\$0 copay ▪</p> <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)	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 40% coinsurance</p>
Prosthetics	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 40% coinsurance</p>

Additional Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
Diabetic Supplies	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>
Diabetic therapeutic shoes or inserts	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 40% coinsurance</p>
Opioid treatment program services	<p>In-Network \$25 copay *</p> <p>Out-of-Network \$40 copay</p>
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>

Additional Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
	<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, 1:1 Well-Being Coaching, Well-Being Club, 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
Annual Routine Physical Exam	<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)</p> <p>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,</p>	<p>If eligible, you can use your Wellcare Spendables™ allowance towards 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

Additional Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
<p>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>in-person at the cash register. Your card can only be used up to the available allowance amount.</p> <ul style="list-style-type: none"> • Healthy Food - You can use your card to pay for healthy foods and produce at participating retailers. Prepared meals are available for order via online portal. • 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>Wellcare Spendables™</p>	<p>You will receive \$76 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>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

Additional Benefits

Wellcare Dual Reserve Open (PPO D-SNP) H2128, Plan 006	
	<ul style="list-style-type: none"> • 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> <p>For more information, limitations, and exclusions, please see your Evidence of Coverage.</p>
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 Reserve 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 Pennsylvania Medical Assistance (Medicaid) eligibility.

Summary of Medicaid-Covered Benefits

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

Coverage of the benefits may depend on your level of Pennsylvania Medical Assistance (Medicaid) eligibility.

If you have questions about your Pennsylvania Medical Assistance (Medicaid) eligibility, what benefits you are entitled to, or for the most current Pennsylvania Medical Assistance (Medicaid) information, see your Medicaid Member Handbook. You can also visit <https://www.dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance.aspx>, or call Pennsylvania Medical Assistance (Medicaid) at 1-800-692-7462 TTY:1-800-451-5886 8 a.m. - 4:45 p.m. ET, Monday - Friday.

Pennsylvania Medical Assistance (Medicaid)
• Doctor Services
• Inpatient/Outpatient
• Podiatry
• Chiro
• Vision Services
• Hospice
• Labs/x-rays
• Dental services

<ul style="list-style-type: none">• ASC
<ul style="list-style-type: none">• Transportation
<ul style="list-style-type: none">• Family Planning
<ul style="list-style-type: none">• Dialysis
<ul style="list-style-type: none">• ER
<ul style="list-style-type: none">• Ambulance
<ul style="list-style-type: none">• Inpatient Acute/Rehab/Mental Health/Drugs
<ul style="list-style-type: none">• Outpatient Mental Health
<ul style="list-style-type: none">• PDP
<ul style="list-style-type: none">• SNF
<ul style="list-style-type: none">• Home Health
<ul style="list-style-type: none">• DME
<ul style="list-style-type: none">• Prosthetics and Orthotics
<ul style="list-style-type: none">• Vision Services
<ul style="list-style-type: none">• Therapy (PT, OT, ST)
<ul style="list-style-type: none">• Tobacco Cessation

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 ইন্টারপ্রিটার পরিষেবা রয়েছে। একজন ইন্টারপ্রিটার 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/allwellpa 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

- ❑ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ❑ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- ❑ **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.

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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/allwellpa