



2025 Summary of Benefits

Arizona

Wellcare Dual Align (HMO D-SNP)

H5590 | 010

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 Align (HMO 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/allwellaz. 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 Arizona Health Care Cost Containment System (AHCCCS) 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 Arizona: Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, and Yuma.

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

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

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

in-network), out-of-area dialysis services, and cases in which Wellcare Dual Align (HMO D-SNP) authorizes use of out-of-network providers.

Our plan also includes prescription drug coverage and access to our large network of 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 Align (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

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

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:

H5590010000 Wellcare Dual Align (HMO D-SNP) - FBDE, QMB+

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 Arizona Health Care Cost Containment System (AHCCCS) 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 Arizona Health Care Cost Containment System (AHCCCS) plan. Your Part B premium is paid by the State of Arizona for full-dual enrollees. In addition, you must be enrolled in the Arizona Long Term Care System (ALTCs) Program for the Elderly and Physically Disabled (E-PD). 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 Arizona Health Care Cost Containment System (AHCCCS). Refer to the Summary of Medicaid-Covered Benefits section later in this document for more information.

Benefits

Wellcare Dual Align (HMO D-SNP) H5590, Plan 010	
<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	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$9,350 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	<ul style="list-style-type: none"> • \$0 copay for each Medicare-covered hospital stay. *
Outpatient Hospital coverage Outpatient hospital services	\$0 copay for surgical and non-surgical services (includes Medicare-covered diagnostic colonoscopy). *
Outpatient hospital observation services	\$0 copay
Ambulatory Surgical Center (ASC) services	\$0 copay for each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy. *

Benefits

Wellcare Dual Align (HMO D-SNP) H5590, Plan 010	
Doctor Visits	
Primary Care Providers	\$0 copay
Specialists	\$0 copay *
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	\$0 copay
Emergency care	\$0 copay
Worldwide Emergency Coverage	\$110 copay 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.
Urgently needed services	\$0 copay

Benefits

Wellcare Dual Align (HMO D-SNP) H5590, Plan 010	
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>\$0 copay *</p>
Diagnostic Tests and Procedures	<p>\$0 copay *</p>
Outpatient X-rays	<p>\$0 copay *</p>
Diagnostic radiology services (e.g. MRI, CAT Scan)	<p>\$0 copay *</p>
Therapeutic Radiology	<p>\$0 copay *</p>
Hearing services Hearing Exam Medicare-Covered	<p>\$0 copay *</p>
Routine hearing exam	<p>\$0 copay *</p> <p>1 exam(s) every year</p>

Benefits

Wellcare Dual Align (HMO D-SNP) H5590, Plan 010	
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	<p>\$0 copay *</p> <p>1 fitting(s) / evaluation(s) every year</p>
Hearing aid allowance	<p>Up to a \$1,000 allowance per ear every year for hearing aids.</p>
All types	<p>\$0 copay *</p> <p>Limited to 2 hearing aid(s) every year</p>
Additional Hearing Information	<p>What you should know</p> <p>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>
Dental services	
Comprehensive services Medicare-covered	<p>\$0 copay for each Medicare-covered service *</p>
Routine Diagnostic and Preventive Services	<p>\$0 copay *</p> <p>Cleanings 2 every year</p> <p>Dental x-rays 1 set(s) Every date of service to 36 months depending on type of service</p> <p>Oral exams 2 every year</p>
Fluoride Treatment	<p>\$0 copay *</p> <p>1 every year</p>

Benefits

Wellcare Dual Align (HMO D-SNP) H5590, Plan 010	
Other Diagnostic Dental services	\$0 copay *
Other Preventive Dental services	\$0 copay *
Routine Comprehensive services	1 every date of service to 36 months depending on type of service
Restorative Services	\$0 copay *
Endodontics/Periodontics	\$0 copay *
Oral/Maxillofacial Surgery	\$0 copay *
Prosthodontics - fixed	\$0 copay *
Prosthodontics - removable	\$0 copay *
Adjunctive General Services	\$0 copay *
<p>For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.</p>	

Benefits

Wellcare Dual Align (HMO D-SNP) H5590, Plan 010	
Additional Dental Information	<p>What you should know: This plan includes coverage of routine comprehensive services up to \$4,000 per plan year.</p>
<p>Vision Services</p> <p>Eye Exam Medicare Covered</p>	<p>\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *</p>
Routine eye exam (Refraction)	<p>\$0 copay *</p> <p>1 exam(s) every year</p>
Glaucoma screening	\$0 copay for each Medicare-covered service.
<p>Eyewear Medicare Covered</p>	<p>\$0 copay *</p>
<p>Routine eyewear</p> <p>Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance</p>	<p>\$0 copay *</p> <p>Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.</p>
<p>Mental Health Services</p> <p>Inpatient visit</p>	<ul style="list-style-type: none"> \$0 copay for each Medicare-covered hospital stay. <p>*</p>
Outpatient individual therapy visit	<p>\$0 copay *</p>

Benefits

Wellcare Dual Align (HMO D-SNP) H5590, Plan 010	
Outpatient group therapy visit	\$0 copay *
Skilled nursing facility (SNF)	Days 1-100: \$0 copay per stay *
Therapy and Rehabilitation Services	
Physical Therapy	\$0 copay *
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay *
Pulmonary rehabilitation services	\$0 copay
Ambulance	
Ground Ambulance	\$0 copay *
Air Ambulance	\$0 copay *
Transportation Services	<p>Up to 24 rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day).</p> <p>\$0 copay (per one-way trip) *</p> <p>What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p>

Benefits

Wellcare Dual Align (HMO D-SNP) H5590, Plan 010	
Medicare Part B Drugs Chemotherapy Drugs and Other Part B Drugs	\$0 copay *
Insulin	\$0 copay (maximum per month) *
Allergy Antigen	\$0 copay *

Part D Prescription Drug Coverage	Wellcare Dual Align (HMO D-SNP) H5590, Plan 010
Yearly Deductible Stage	\$0
30-day/up to a 100-day supply from a retail or mail order network pharmacy	
All Covered Drugs	\$0 copay Some covered drugs limited to a 30-day supply

Additional Benefits

Wellcare Dual Align (HMO D-SNP) H5590, Plan 010	
<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>\$0 copay *</p>
<p>Acupuncture Medicare-covered</p>	<p>\$0 copay *</p>
<p>Podiatry Services (Foot Care) Medicare Covered</p>	<p>\$0 copay *</p>

Additional Benefits

Wellcare Dual Align (HMO D-SNP) H5590, Plan 010	
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 Align (HMO D-SNP) H5590, Plan 010	
Home health agency care	\$0 copay *
Meals Post-Acute Meals	\$0 copay ▪ 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.
Medical Equipment/Supplies Durable Medical Equipment (DME)	\$0 copay *
Prosthetics	\$0 copay *
Diabetic Supplies	\$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic therapeutic shoes or inserts	\$0 copay *
Opioid treatment program services	\$0 copay *

Additional Benefits

Wellcare Dual Align (HMO D-SNP) H5590, Plan 010	
<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, 1:1 Well-Being Coaching, Well-Being Club, and a variety of Home Fitness Kits (including a wearable fitness tracker).</p>
24-Hour Nurse Advice Line	\$0 copay
Annual Routine Physical Exam	<p>\$0 copay</p> <p>What you should know:</p> <p>The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>
Value-Based Insurance Design (VBID) Model	<p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the benefits shown below. This allowance is combined with your Over-the-Counter (OTC) benefit. See the Wellcare Spendables™ section in this chart for more information about the Wellcare Spendables™ card.</p> <ul style="list-style-type: none"> • Gas pay-at-pump - You can use your card to pay for gas directly at the pump. The card cannot be used to pay

Additional Benefits

	Wellcare Dual Align (HMO D-SNP) H5590, Plan 010
	<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>For more information, limitations, and exclusions, please see your Evidence of Coverage.</p>
Wellcare Spendables™	<p>You will receive \$120 monthly preloaded on your Wellcare Spendables™ card. Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year.</p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> • Over-the-Counter items (OTC) - Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. <p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> • Gas pay-at-pump • Healthy Food

Additional Benefits

	Wellcare Dual Align (HMO D-SNP) H5590, Plan 010
	<ul style="list-style-type: none"> • Home Improvement and Safety Items • Rent Assistance • Utility Assistance <p>Refer to Value-Based Insurance Design (VBID) Model in this chart for more information on these benefits.</p> <p>For more information, limitations, and exclusions, please see your Evidence of Coverage.</p>
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 Align (HMO 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 Arizona Health Care Cost Containment System (AHCCCS) eligibility.

Summary of Medicaid-Covered Benefits

The following information is for people with Medicare and Arizona Health Care Cost Containment System (AHCCCS). If a benefit is covered by both our plan and Arizona Health Care Cost Containment System (AHCCCS), you must fully use our plan benefit coverage before the benefit is covered by Arizona Health Care Cost Containment System (AHCCCS).

Coverage of the benefits may depend on your level of Arizona Health Care Cost Containment System (AHCCCS) eligibility.

If you have questions about your Arizona Health Care Cost Containment System (AHCCCS) eligibility, what benefits you are entitled to, or for the most current Arizona Health Care Cost Containment System (AHCCCS) information, see your Medicaid Member Handbook. You can also visit <https://www.azahcccs.gov/>, or call Arizona Health Care Cost Containment System (AHCCCS) at 1-602-417-4000 TTY:1-800-842-6520 8 a.m. - 5 p.m. MT, Monday - Friday.

Arizona Health Care Cost Containment System Medicare Advantage Special Needs Plans for Dual Eligible Members 2025 Benefits

In order for you to better understand your health care options, the following chart notes your charges for certain services under the Arizona Health Care Cost Containment System (AHCCCS) as an individual who has both Medicare and Medicaid.

Your Medicare cost sharing responsibility is based on your level of Medicaid eligibility.

- Qualified Medicare Beneficiary (QMB) – \$0. Your Medicare cost sharing amounts will be paid by your Medicaid Health Plan unless otherwise noted below.
- Non-QMB with Medicare Parts A and B – Your Medicare cost sharing amounts will be paid by your Medicaid Health Plan only when the benefit is also covered by Medicaid.

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)		
Inpatient Hospital Stay	\$0	\$0
Inpatient Behavioral Health Care Stay	\$0	\$0
Nursing Facility Services	\$0	\$0
Home Health Care Visit	\$0	\$0
Primary Care Physician (PCP) Visit	\$0	\$0 for well visits, and \$0 to \$4 for other visits depending on eligibility (2) for ages 21 and over (2). \$0 for ages 20 and under.
Specialist Physician Visit	\$0	\$0 for well visits, and \$0 to \$4 for other visits depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.
Medicare-Covered Services, including Chiropractic Care Visit, Chronic/Complex Case Management, etc.	\$0	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>
Chiropractic Visits	\$0	\$0 for ages 20 and under; \$0 to \$2.30, for ages 21 over depending on eligibility (2), for up to 20 medically necessary visits beginning October 1st of each year (additional visits may be

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – Non-QMB Dual Eligible – You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)		
		authorized if medically necessary)
Podiatry Services Visit	\$0	\$0
Outpatient Behavioral Health Care Visit	\$0	\$0
Outpatient Substance Abuse Care Visit	\$0	\$0
Ambulatory Surgical Center or Outpatient Hospital Facility Visit	\$0	\$0 to \$3 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.
Ambulance Services	\$0	\$0
Emergency Services	\$0	\$0
Urgently Needed Care Visit	\$0	\$0 to \$4 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.
Outpatient Occupational/Physical/Speech Therapy Visit	\$0	\$0 to \$3 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.
Durable Medical Equipment	\$0	\$0

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)		
Prosthetic Devices	\$0	\$0. <i>Lower limb microprocessor controlled limb or joint not covered for ages 21 and over.</i>
Diabetes Self-Monitoring Training & Supplies (when provided as part of a PCP visit)	\$0	\$0
Community Health Worker (CHW) Visit	\$0	\$0
Diagnostic Tests, X-rays, and Laboratory Services (including COVID-19 diagnostic & testing services)	\$0	\$0
Colorectal Screening	\$0	\$0
Flu and Pneumonia Vaccines	\$0	\$0
Screening Mammogram	\$0	\$0
Pap Smear and Pelvic Exam	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Renal Dialysis or Nutritional Therapy for End-Stage Renal Disease	\$0	\$0
Prescription Medications (3)	\$0	\$0 to \$2.30 depending on eligibility (2) for ages 21 and

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)		
		over. \$0 for ages 20 and under.
Hearing Exams, Routine Hearing Tests, and Fitting Evaluations for a Hearing Aid	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>
Hearing Aids	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>
Routine Eye Exam, Eyeglasses, Contact Lenses, Lenses and Frames	\$0 for ages 20 and under. <i>Not covered for ages 21 and over unless following cataract surgery.</i>	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – Non-QMB Dual Eligible – You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)		
Adult Emergency Dental Services	\$0 for ages 21 and over. <i>Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.</i>	\$0 for ages 21 and over. <i>Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.</i>
Non-Emergency Medically Necessary Transportation	\$0	\$0
LONG TERM CARE MEDICAID PROGRAMS ONLY (1)		
Nursing Facility Services	Cost sharing determined by AHCCCS	Cost sharing determined by AHCCCS
Respite Services	\$0. Subject to a 600 hour limit per each 12 month period beginning October 1st of each year.	\$0. Subject to a 600 hour limit per each 12 month period beginning October 1st of each year.
Home and Community Based Services	Member contribution determined by AHCCCS	Member contribution determined by AHCCCS
Adult Preventive Dental Services (4)	\$0 for ages 21 and over. Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.	\$0 for ages 21 and over. Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.

(1) Acute Medicaid Programs include AHCCCS Complete Care (ACC), ACC Regional Behavioral Health Agreements (ACC-RBHAs), and the Mercy Care Department of Child Safety Comprehensive

Health Plan (Mercy Care DCS CHP). Long Term Care Medicaid Programs include Elderly and Physically Disabled (E-PD) and Division of Developmental Disabilities (DDD).

(2) See the AHCCCS Website for additional beneficiary cost sharing, co-payment and benefits related information.

(3) Medicare Part D co-payment amounts are the sole responsibility of the beneficiary. AHCCCS health plans cannot assist with the payment of these amounts, except for behavioral health medications for those beneficiaries determined to be Seriously Mentally Ill (SMI) utilizing allowable Non-Title XIX funding.

(4) In addition to Adult Emergency Dental Services described above.

07/11/2024

Discrimination Is Against the Law

Wellcare By Allwell complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Wellcare By Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Wellcare By Allwell:

- Provides aids and services, at no cost, to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language services, at no cost, to people whose primary language is not English, such as:
 - Qualified interpreters and
 - Information written in other languages.

If you need these services, contact Member Services at:

Wellcare By Allwell: **1-844-451-1768** (TTY/TDD: **711**). Between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

If you believe that Wellcare By Allwell failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator

PO Box 31384, Tampa, FL 33631

1-855-577-8234

TTY/TDD: 711

Fax: 1-866-388-1769

Email: SM_Section1557Coord@centene.com

You can file a grievance in person, by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination. If you need help filing a grievance, our 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at U.S. Department of Health and Human Services; 200 Independence Avenue SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: **1-800-368-1019, 1-800-537-7697** (TTY/TDD).

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

La discriminación es un delito

Wellcare By Allwell cumple con las leyes Federales de derechos civiles aplicables y no discrimina por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Wellcare By Allwell no excluye a las personas ni las trata de manera diferente por su raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

Wellcare By Allwell proporciona:

- Brinda asistencia y servicios, sin costo alguno, a las personas con discapacidades para comunicarse de manera eficaz con nosotros, como los siguientes:
 - Intérpretes de lengua de señas calificados
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles u otros formatos)
- Brinda servicios de idiomas sin costo para las personas cuyo idioma principal no es el inglés, como los siguientes:
 - Intérpretes calificados e
 - Información escrita en otros idiomas.

Si necesita estos servicios, llame a Servicios para Miembros al:

Wellcare By Allwell: **1-844-451-1768** (TTY/TDD: **711**). Entre el 1 de octubre y el 31 de marzo, los representantes están disponibles los siete días de la semana, de 8 a.m. a 8 p.m. Entre el 1 de abril y el 30 de septiembre, los representantes están disponibles de lunes a viernes de 8 a.m. a 8 p.m.

Si considera que Wellcare By Allwell no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género), puede presentar una queja ante la siguiente entidad:

1557 Coordinator

PO Box 31384, Tampa, FL 33631

1-855-577-8234

TTY/TDD: 711

Fax: 1-866-388-1769

Email: SM_Section1557Coord@centene.com

Puede presentar una queja en persona, o por correo, fax o correo electrónico. La queja debe presentarse por escrito en un plazo de 180 días a partir de la fecha en que la persona que presenta la queja advierta lo que considera discriminación. Si necesita ayuda para presentar una queja, nuestro Coordinador 1557 está disponible para ayudarlo.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights del U.S. Department of Health and Human Services de manera electrónica a través del Portal de Reclamos de la Office for Civil Rights, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo postal a U.S. Department of Health and Human Services; 200 Independence Avenue SW; Room 509F, HHH Building; Washington, D.C. 20201; o por teléfono: **1-800-368-1019, 1-800-537-7697** (TTY/TDD).

Los formularios de reclamo están disponibles en <https://www.hhs.gov/ocr/complaints/index.html>.

If you, or someone you are helping, have questions about Wellcare By Allwell, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you are helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive oral interpretation, ASL, written translation, or auxiliary services, please contact Member Services at **1-844-451-1768 (TTY 711)**.

Spanish: Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Wellcare By Allwell y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir interpretación oral, lengua de signos americana (ASL), traducción escrita o servicios auxiliares, comuníquese con Servicios para Miembros al **1-844-451-1768 (TTY 711)**.

Navajo: Daa ni, doodaii la'da ni'bineesh'a dzaadi, be'esdzááh na'ídíkid 'aa Wellcare By Allwell, dóó bineesh'a góó t'oo 'adee naash'ne di Bilagaana bizaad, ni be'esdzááh la' t'áá 'áko góó bil hánish'áásh dzaadi dóó bíka'ashkíd di nihí saad gi 'ádin t'áadoo báahilinigoo dóó di léi na'alkid lahgo 'át'éego. Dáá ni, doodaii la'da ni'bineesh'a dzaadi, be'esdzááh la nish'j dóó/doodaii na'ach'aah 'ahooszoli eii biniish'l'aah bil'alnaa'alwo, ni be'esdzááh la' t'aa 'ako góó baa yíltsoós 'ooljee'lahgo 'anaa'niil bika'iishyeed dóó tse'esgizii gi 'adin t'áadoo baahilinigoo dóó di léi na'alkid lahgo 'át'éego. Góó yíltsoós saad náánalahdée' doodaii 'ooljee'lahgo 'anaa'niil tse'esgizii, Bilagáana 'atiingii 'i'ii'ahigii dine bizaad (ASL), t'aa shoodi deistsé' 'Anishtah Tse'esgizii gi **1-844-451-1768 (TTY 711)**.

Chinese (Mandarin): 如果您或您帮助的人对 Wellcare By Allwell 有疑问，并且不精通英语，则您有权免费、及时获得以您的语言提供的帮助和信息。如果您或您帮助的人患有听觉和/或视觉方面的疾病，会阻碍沟通，则您有权免费、及时获得辅助工具和服务。要获得口译、美国手语 (ASL)、笔译或辅助服务，请致电 **1-844-451-1768 (TTY 711)** 联系会员服务部。

Chinese (Cantonese): 如果您，或是您正在協助的對象，有關於 Wellcare By Allwell 方面的問題，且不精通英語，您有權利免費並及時以您的母語獲幫助和訊息。如果您，或您正在協助的對象有聽力和/或視力上的問題，阻礙了溝通，您有權利免費並及時獲得輔助支援與服務。若要取得口譯，美國手語 (ASL)，書面翻譯或輔助服務，請聯絡會員服務部，電話是 **1-844-451-1768 (TTY 711)**。

Vietnamese: Nếu quý vị hoặc người mà quý vị đang giúp đỡ có câu hỏi về Wellcare By Allwell và không thành thạo tiếng Anh, quý vị có quyền được trợ giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí và kịp thời. Nếu quý vị hoặc người mà quý vị đang giúp đỡ mắc bệnh về thính giác và/hoặc thị giác gây cản trở giao tiếp, quý vị có quyền được nhận các hỗ trợ và dịch vụ phụ trợ miễn phí và kịp thời. Để nhận dịch vụ thông dịch Ngôn ngữ ký hiệu Mỹ (ASL) hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận Dịch Vụ Thành Viên theo số **1-844-451-1768 (TTY 711)**.

Arabic: إذا كان لديك أو لدى شخص تساعدك أسئلة حول Wellcare By Allwell، ولم تكن بارعًا باللغة الإنكليزية، فلديك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة وفي الوقت المناسب. إذا كنت أنت أو أي شخص تساعدك تعاني من حالة سمعية و/أو بصرية تعيق التواصل، فلديك الحق في تلقي مساعدات وخدمات إضافية من دون أي تكلفة وفي الوقت المناسب. لتلقي خدمات الترجمة الشفهية أو لغة الإشارة الأمريكية (ASL) أو الترجمة الكتابية أو خدمات إضافية، يرجى الاتصال بخدمات الأعضاء على **1-844-451-1768 (TTY 711)**.

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Wellcare By Allwell, at hindi ka mahusay sa Ingles, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos at sa maagap na paraan. Kung ikaw, o ang iyong tinutulungan, ay may kondisyon sa pandinig at/o paningin na nakakaapekto sa komunikasyon, may karapatan kang makatanggap ng mga karagdagang tulong at serbisyo nang walang gastos at sa maagap na paraan. Para makatanggap ng pasalitang pagsasalin, ASL, pasulat na pagsasalin, o mga karagdagang serbisyo, mangyaring makipag-ugnayan sa Mga Serbisyo para sa Miyembro sa **1-844-451-1768 (TTY 711)**.

Korean: 귀하 또는 귀하의 도움을 받는 분이 Wellcare By Allwell에 대한 질문이 있는 경우 영어에 능숙하지 않으시면 해당 언어로 시의적절하게 무료 지원과 정보를 받을 권리가 있습니다. 귀하 또는 귀하의 도움을 받는 분이 청각 및/또는 시각적으로 의사소통에 장애가 있는 경우 시의적절하게 무료 보조 도구 및 서비스를 받을 권리가 있습니다. 구두 통역, ASL, 서면 번역 또는 보조 서비스를 받으시려면 **1-844-451-1768(TTY 711)**번으로 가입자 서비스부에 연락해주시요.

French: Si vous-même ou une personne que vous aidez avez des questions à propos de Wellcare By Allwell et que vous ne maîtrisez pas l'anglais, vous pouvez bénéficier gratuitement et en temps utile d'aide et d'informations dans votre langue. Si vous-même ou une personne que vous aidez souffrez d'un trouble auditif ou visuel qui entrave la communication, vous pouvez bénéficier gratuitement et en temps utile d'aides et de services auxiliaires. Pour profiter de services d'interprétation, de langue des signes américaine (ASL), de traduction ou de services auxiliaires, veuillez contacter Services aux membres au **1-844-451-1768 (TTY 711)**.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zu Wellcare By Allwell hat und nicht Englisch spricht, haben Sie das Recht, kostenlos und zeitnah Hilfe und Informationen in Ihrer Sprache zu erhalten. Falls Sie oder jemand, dem Sie helfen, eine Hör- und/oder Sehbeeinträchtigung hat, die die Kommunikation beeinflusst, haben Sie das Recht, kostenlos und zeitnah zusätzliche Hilfe und Dienstleistungen zu erhalten. Für mündliche Verdolmetschungen in andere Sprachen und in amerikanische Gebärdensprache (ASL), schriftliche Übersetzungen oder weitere Unterstützung wenden Sie sich bitte an unseren Kundendienst unter **1-844-451-1768 (TTY 711)**.

Russian: Если у вас или у лица, которому вы помогаете, возникли какие-либо вопросы о программе страхования Wellcare By Allwell, при этом вы недостаточно хорошо владеете английским языком, вы имеете право на бесплатную и своевременную помощь и информацию на своем родном языке. Если у вас или у лица, которому вы помогаете, наблюдается какое-либо нарушение слуха и/или зрения, которое препятствует коммуникации, вы имеете право на бесплатные и своевременные вспомогательные услуги и помощь. Для получения услуг устного перевода, перевода на американский жестовый язык (ASL), письменного перевода или вспомогательных услуг обратитесь в отдел обслуживания участников программы страхования по номеру **1-844-451-1768 (TTY 711)**.

Japanese: ご自身やあなたが介護している他の人が、Wellcare By Allwellについてご質問をお持ちの場合、英語に自信がなくても無料かつタイムリーにご希望の言語でヘルプや情報を得ることができます。ご自身や、あなたが介護している他の人の聴覚や視覚の状態のためやり取りが難しい場合でも、無料かつタイムリーに補助サービスを受けることができます。通訳やアメリカ手話 (ASL)、翻訳、補助サービスを受けるには、**1-844-451-1768 (TTY 711)**のメンバーサービスにご連絡ください。

(Farsi) Persian: اگر شما یا فردی که دارید به او کمک می‌کنید، سوالی درباره Wellcare By Allwell دارید، و انگلیسی نمی‌دانید، حق دارید کمک و اطلاعات را به زبان خودتان به رایگان و به موقع دریافت کنید. اگر شما یا فردی که دارید به او کمک می‌کنید مشکلات شنوایی یا بینایی دارد که برقراری ارتباط را سخت می‌کند، حق دارید کمک‌ها و خدمات امدادی را به زبان خودتان به رایگان و به موقع دریافت کنید. برای دریافت خدمات ترجمه شفاهی، زبان اشاره امریکایی (ASL)، ترجمه کتبی، یا کمک‌های امدادی لطفاً با خدمات اعضا به شماره **1-844-451-1768 (TTY 711)** تماس بگیرید.

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/allwellaz 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.
- ❑ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ❑ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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.

Contract services are funded in part under contract with the State of Arizona.

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/allwellaz