

Summary of Benefits



Thank you for your interest in our Medicare Advantage plans

Wellpoint offers benefits to help support your health and help you manage your healthcare costs. This plan includes hospital and medical benefits, and prescription drug coverage.

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2027

Tennessee

All counties in Tennessee

Wellpoint Dual Advantage Plus (HMO D-SNP)

Wellpoint Dual Advantage Plus (HMO D-SNP)

Our service area includes these counties in TN: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson.

Do you have questions?

You can learn more on our website, shop.wellpoint.com/medicare. Please call us toll-free at **1-844-615-5445** (TTY: **711**). Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

The Summary of Benefits does not list every covered service or rule. The Evidence of Coverage includes full details. Call us to request a copy.

This is a Dual Eligible Special Needs Plan (D-SNP)

Wellpoint Dual Advantage Plus (HMO D-SNP) is a Medicare Advantage plan. To join this plan, the following must apply to you[†]:

- You're entitled to Medicare Part A.
- You're enrolled in Medicare Part B and Tennessee TennCare (Medicaid) (the state's Medicaid program).
- You live in our service area.

Eligibility

To be enrolled in this plan, you must also receive some level of Medical Assistance from Tennessee TennCare (Medicaid) (the state Medicaid program) as described below:

Wellpoint Dual Advantage Plus (HMO D-SNP)

- If you have **Qualified Medicare Beneficiary (QMB)** status, you are eligible for the Tennessee TennCare (Medicaid) program, which pays your Medicare premiums, deductibles, and cost sharing, except for Medicare Part D.
- **1915(c) Waiver Members:** You may be eligible to enroll in this plan if you are enrolled in a 1915(c) waiver. Beginning January 1, 2027, new enrollment must be aligned with this plan's affiliated Medicaid managed care organization (MCO). Members enrolled in this plan by December 31, 2026, who are not aligned with the affiliated MCO may remain in the plan through 2030.

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

Medicare coverage that goes beyond Original Medicare

- Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.

TennCare is not responsible for payment for these extra benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits.

- Medicare Advantage Prescription Drug Plans cover Medicare Part D drugs and Part B drugs.
- If Medicaid eligibility changes, your cost may also change. You must recertify your Medicaid enrollment to keep receiving your Medicare cost-sharing coverage.

Is your PCP in our plan's network of doctors?

If you need to change your primary care physician (PCP), give us a call and we'll help. Doctors can join or leave the network at any time, so check if they're in-network with our Find a Doctor tool online. Follow the steps listed.

How to find a doctor or provider in our plan:

- Go to **shop.wellpoint.com/medicare**
 1. Enter your ZIP code and county. Then select **View All Plans**.
 2. Select the **Medicare Advantage** or **Medicare Advantage Special Needs** tab.
 3. Select **Add Providers**.
 4. Enter your search details (doctor's name, specialty, or provider type).
 5. Check that the doctor or provider is **in your plan's network** for this plan.
- Or, ask for the Provider Directory. The phone number is on page 2.



Find a pharmacy

Our plans include the majority of pharmacies in America. Check the Pharmacy Directory to confirm your pharmacy is in-network. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in your plan's network (or to find a new one), go to **shop.wellpoint.com/medicare** to view the Pharmacy Directory. Enter your ZIP code and county, and then select **View All Plans**. Next, select **Medicare Advantage** or **Medicare Advantage Special Needs** tab and choose **Add Providers**. Select **Search for Pharmacies**, and enter your search details. Or you can call us and we'll send you the directory.

How to check if your prescriptions (or an acceptable alternative) are covered and what they may cost:



- Visit **shop.wellpoint.com/medicare**
 1. Enter your ZIP code and county. Then select **View All Plans**.
 2. Select the **Medicare Advantage** or **Medicare Advantage Special Needs** tab.
 3. Select **Add Drugs**.
 4. Enter your prescription details (drug name, dosage, quantity, refill frequency). Then **Add Drug**.
 5. To add another prescription, select **Add another drug**. When you're ready, select **Select Pharmacy**.
 6. Open **Plan Details**. Select the **Prescriptions** tab, and then select **Drug Cost** to see coverage and cost details.
- You can also call us at the number on page 2 for a copy of the Formulary.

For more information about Medicare, you can read the Medicare & You handbook. If you don't have a copy of this booklet, you can access it online at the Medicare website ([medicare.gov/medicare-and-you](https://www.medicare.gov/medicare-and-you)) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



Summary of 2027 medical benefits

Wellpoint Dual Advantage Plus (HMO D-SNP)

How much is my premium (monthly payment)?

\$0.00 per month

Your Part B premium is covered by your state's Medicaid agency for D-SNP enrollees.

How much is my deductible?

This plan does not have a medical deductible.

If you receive Extra Help from Medicare, the Part D deductible does not apply to you.

If you do not qualify for Extra Help, the deductible is **\$105.00** per year for Part D prescription drugs. Drugs listed on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier are included in the Part D deductible.

The Part D deductible does not apply to Insulin drugs.

Wellpoint Dual Advantage Plus (HMO D-SNP)

Is there a limit on how much I will pay for my covered medical services?
(does not include Part D drugs)

\$9,850.00 per year from doctors and facilities in our plan

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Services you receive from doctors or facilities in our plan go toward your yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year.

Inpatient Hospital¹

Facilities in our plan: **\$0.00** copay per stay

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Outpatient Hospital¹

Doctors and facilities in our plan: **\$0.00** copay

Wellpoint Dual Advantage Plus (HMO D-SNP)

Ambulatory Surgical Center¹

Doctors and facilities in our plan: **\$0.00** copay

Doctor's Office Visits

Primary care physician (PCP) visit:

PCPs in our plan: **\$0.00** copay

Specialist visit:¹

Doctors in our plan: **\$0.00** copay

Preventive Care Screenings and Annual Physical Exams

Preventive care screenings:

Doctors in our plan: **\$0.00** copay

Annual physical exam:

Doctors in our plan: **\$0.00** copay

Wellpoint Dual Advantage Plus (HMO D-SNP)

Preventive Care Screenings and Annual Physical Exams

Covered preventive care screenings:

- Abdominal aortic aneurysm screening
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
- Cardiovascular disease screening tests
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
- Depression screening
- Diabetes screening
- Diabetes self-management training, diabetic services, and supplies
- Health and wellness education programs
- HIV screening
- Immunizations
- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and therapy to promote sustained weight loss
- Pre-exposure prophylaxis (PrEP) for HIV prevention
- Prostate cancer screening exams
- Screening and counseling to reduce alcohol misuse
- Screening for Hepatitis C Virus infection
- Screening for lung cancer with low dose computed tomography (LDCT)
- Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Vision care
- “Welcome to Medicare” preventive visit (one-time)

Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in our plan, **100%** of the cost of preventive care screenings and annual physical exams will be covered.

Wellpoint Dual Advantage Plus (HMO D-SNP)

Emergency Care

\$0.00 copay

Emergency and Urgent Care Worldwide Coverage

\$0.00 copay

This plan covers urgent care and emergency services, including emergency transportation, when traveling outside of the United States for less than six months. This benefit is limited to **\$100,000** per year.

Urgently Needed Services

\$0.00 copay

Diagnostic Services, Labs, and Imaging¹

Diagnostic Radiology Services

CT scans, MRI, MRA, PET at a physician’s office or free-standing provider facilities in our plan:

\$0.00 copay

CT scans, MRI, MRA, PET at hospital outpatient facilities in our plan:

\$0.00 copay

Ultrasounds at a physician’s office or free-standing provider facilities in our plan:

\$0.00 copay

Ultrasounds at hospital outpatient facilities in our plan:

\$0.00 copay

Wellpoint Dual Advantage Plus (HMO D-SNP)

Diagnostic Services, Labs, and Imaging¹

Diagnostic Tests and Procedures

Physician's office or free-standing provider facilities in our plan:

\$0.00 copay

Hospital outpatient facilities in our plan:

\$0.00 copay

Lab Services

Physician's office or free-standing provider facilities in our plan:

\$0.00 copay

Hospital outpatient facilities in our plan:

\$0.00 copay

Outpatient X-rays

Physician's office in our plan:

\$0.00 copay

Hospital outpatient facilities in our plan:

\$0.00 copay

Free-standing facility or at-home portable X-ray services in our plan:

\$0.00 copay

Wellpoint Dual Advantage Plus (HMO D-SNP)

Diagnostic Services, Labs, and Imaging¹

Therapeutic Radiology Services
(such as radiation treatment for cancer)
Physician’s office, free-standing provider, or hospital outpatient facilities in our plan:

\$0.00 copay

Hearing Services

Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):¹

Doctors in our plan: **\$0.00** copay

Routine hearing services:¹

This plan covers 1 routine hearing exam every year. **\$300** maximum plan benefit for over-the-counter hearing aids OR 1 routine hearing aid fitting evaluation and a **\$3,000** maximum plan benefit for prescribed hearing aids every year.

Doctors in our plan: **\$0.00** copay for routine hearing exam(s). **\$0.00** copay for hearing aids up to the maximum plan benefit amount.

Wellpoint Dual Advantage Plus (HMO D-SNP)

Dental Services

Medicare-covered dental services (this does not include services for care, treatment, filling, removal or replacement of teeth):¹

Doctors and dentists in our plan: **\$0.00** copay

Preventive and Comprehensive¹ Dental Combined Allowance:

This plan covers up to a **\$3,000** allowance for covered preventive and comprehensive dental services every year.

Any amount not used at the end of the plan year will expire.

Preventive dental services:

Dentists in our plan: **\$0.00** copay

This plan covers 2 oral exams, 2 cleanings, 2 fluoride treatments, and 2 dental X-rays every year.

Comprehensive dental services:

Doctors and dentists in our plan: **\$0.00** copay

Please refer to Chapter 4 in the plan's Evidence of Coverage for more details on prior authorizations, covered dental services, limitations, and exclusions.

To find a dental provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Dental Provider** under **Provider Type**.

Wellpoint Dual Advantage Plus (HMO D-SNP)

Vision Services

Medicare-covered vision services:

Exam to diagnose and treat diseases and conditions of the eye:

Doctors in our plan: **\$0.00** copay

Eyeglasses or contact lenses after cataract surgery:

Doctors in our plan: **\$0.00** copay

Routine vision services:

Routine vision exam:

This plan covers 1 routine eye exam(s) every year.

Doctors in our plan: **\$0.00** copay

Routine eyewear (lenses and frames):

This plan covers up to **\$300** for eyeglasses or contact lenses every year.

Doctors in our plan: **\$0.00** copay

To find a vision provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Vision Provider** under **Provider Type**.

Wellpoint Dual Advantage Plus (HMO D-SNP)

Mental Health Care

Inpatient visit:¹

Doctors and facilities in our plan: **\$0.00** copay per stay

Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Outpatient individual and group therapy services:¹

Doctors and facilities in our plan: **\$0.00** copay

Skilled Nursing Facility (SNF)¹

Doctors and facilities in our plan: **\$0.00** copay per stay

Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).

Physical Therapy¹

Doctors and facilities in our plan: **\$0.00** copay

Wellpoint Dual Advantage Plus (HMO D-SNP)

Ambulance¹

Ground/Water Ambulance:

Emergency transportation services in our plan: **\$0.00** copay per trip

Air Ambulance:

Emergency transportation services in our plan: **\$0.00** copay per trip

Transportation

Plan approved health related locations

You pay a **\$0.00** copay. This plan offers coverage for unlimited routine transportation services every year. Trips are limited to 60 miles.

Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends).

Wellpoint Dual Advantage Plus (HMO D-SNP)

Medicare Part B Drugs

Insulin furnished through an insulin pump:

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay

Other Part B Drugs:¹

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay

Chemotherapy drugs:¹

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay

Additional benefits

Wellpoint Dual Advantage Plus (HMO D-SNP)

Acupuncture

Medicare-covered acupuncture services:¹

Providers in our plan: **\$0.00** copay

Available for people with chronic low back pain under certain circumstances. Please see the Evidence of Coverage for more information.

Chiropractic Care¹

Medicare-covered chiropractic services:

Providers in our plan: **\$0.00** copay

Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

Routine chiropractic services:

Providers in our plan: **\$0.00** copay for 48 visits every year

Wellpoint Dual Advantage Plus (HMO D-SNP)

Diabetic Monitors, Supplies, and Services¹

Continuous glucose monitors (CGMs) and sensors:

Suppliers in our plan: **\$0.00** copay

Blood glucose monitors:

Suppliers in our plan: **\$0.00** copay

Blood glucose test strips and lancets:

Suppliers in our plan: **\$0.00** copay

Coverage limitations may apply. Please refer to your Evidence of Coverage for complete coverage details.

Everyday Options Allowance

This plan offers a spending allowance of **\$148** every month for:

- **Assistive Devices:** ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more.
- **Over-the-Counter (OTC) products:** Health and wellness items like vitamins, first aid supplies, pain-relievers, and more.

If you qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI), you may also be able to use this allowance on:

- **Healthy Foods:**⁶ Healthy food items that assist in meeting your nutritional needs such as dairy products, fresh fruits, vegetables, meat, seafood, and other healthy pantry staples.
- **Utilities:**⁶ Use toward the payment of gas for your home, electric, water, cable, internet, or cell phone services.

Unused amounts expire at the end of each month.

Wellpoint Dual Advantage Plus (HMO D-SNP)

Foot Care (podiatry services)¹

Medicare-covered podiatry:

Doctors in our plan: **\$0.00** copay

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.

Routine foot care:

Doctors in our plan: **\$0.00** copay

This plan covers: Unlimited routine foot care visits every year.

Healthy Meals - Post Discharge

\$0.00 copay for up to 2 meals a day for 21 days (maximum 42 meals) following your discharge from the hospital or skilled nursing facility (SNF).

You must use network providers.

Home Health Care¹

Doctors and facilities in our plan: **\$0.00** copay

Wellpoint Dual Advantage Plus (HMO D-SNP)

LiveHealth® Online

You pay a **\$0.00** copay. Lets you talk to a board-certified doctor or licensed psychiatrist, psychologist, or therapist by live, two-way video on a computer, smartphone, or tablet.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

Medical Equipment/Supplies

Durable Medical Equipment (wheelchairs, oxygen, etc.):¹

Suppliers in our plan: **\$0.00** copay

Medical supplies and prosthetic devices (braces, artificial limbs, etc.):¹

Suppliers in our plan: **\$0.00** copay

Wellpoint Dual Advantage Plus (HMO D-SNP)

Outpatient Rehabilitation

Cardiac (heart) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):¹

Doctors and facilities in our plan: **\$0.00** copay

Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):¹

Doctors and facilities in our plan: **\$0.00** copay

Occupational therapy visit:¹

Doctors and facilities in our plan: **\$0.00** copay

Outpatient Substance Abuse¹

Individual & Group therapy visit:

Doctors and facilities in our plan: **\$0.00** copay

Personal Emergency Response System (PERS) coverage

You pay a **\$0.00** copay for PERS coverage that includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

Renal Dialysis

Doctors and facilities in our plan: **\$0.00** copay

Wellpoint Dual Advantage Plus (HMO D-SNP)

SilverSneakers[®]†† Fitness program

You pay a **\$0.00** copay for the SilverSneakers Fitness Program. When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.

†† SilverSneakers is a registered trademark of Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.

24/7 Nurseline

You pay a **\$0.00** copay for 24-hour access to a nurse line, seven days a week, 365 days a year.

Footnotes

Services with a 1 may need prior authorization (preapproval) from the plan.

Benefits with a 6: The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.



Summary of 2027 prescription drug coverage

Wellpoint Dual Advantage Plus (HMO D-SNP)

Stage 1: Yearly Deductible

If you receive Extra Help from Medicare, the Part D deductible does not apply to you.

If you do not qualify for Extra Help, the deductible is **\$105.00** per year for Part D prescription drugs. Drugs listed on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier are included in the Part D deductible.

The Part D deductible does not apply to Insulin drugs.

Stage 2: Initial Coverage

After you pay your yearly deductible (if your plan has one), you move to the Initial Coverage Stage. In this stage, you pay the amounts listed in the table on the following pages, until your total year-to-date out-of-pocket costs reach **\$2,400**.

You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan. Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan.

Important message about what you pay for vaccines and insulin:

This plan covers most Part D vaccines at no cost to you. If you receive Extra Help, you pay **\$0.00 - \$14.40** for a one-month supply of any covered insulin. If you do not qualify for Extra Help, you will not pay more than **\$35** for a one-month supply of any covered insulin.

Stage 2: Initial Coverage	
Cost Sharing	Wellpoint Dual Advantage Plus (HMO D-SNP)
Tier 1: Preferred Generic Standard retail one-month supply Mail order three-month supply ¹⁰⁰	\$0.00* \$0.00*
Tier 2: Generic Standard retail one-month supply Mail order three-month supply	\$0.00* \$0.00*
Tier 3: Preferred Brand Standard retail one-month supply Mail order three-month supply	\$0.00 - \$14.40 OR 25%‡ \$0.00 - \$14.40 OR 25%‡
Tier 4: Non-Preferred Drug Standard retail one-month supply Mail order three-month supply	\$0.00 - \$14.40 OR 25%‡ \$0.00 - \$14.40 OR 25%‡
Tier 5: Specialty Tier Standard retail one-month supply Mail order three-month supply	\$0.00 - \$14.40 OR 32%‡ Not available

* Your deductible will not apply for these drugs.

‡ If you receive Extra Help, the amount you pay is determined by your Extra Help low-income subsidy (LIS) coverage and whether you use a generic or brand drug. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.

¹⁰⁰ The three-month supply for this tier on this plan is 100 days.

Stage 3: Catastrophic Coverage

During this stage, you pay nothing for your covered Part D drugs.

If you need emergency or urgent care, call 911 or go to the nearest doctor or facility that can help you. Most times, you must use doctors in our plan to receive covered medical care, except for emergencies and urgently needed care when doctors in our plan are not available, or dialysis services when you are out of the service area. If you receive routine care from doctors outside our plan, neither Medicare nor Wellpoint will pay for it.

It's important we treat you fairly. That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Member Services at the number listed on page 2 of this Summary of Benefits for help.

Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits.

Benefits with a 6: The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.

Discrimination is against the law. That's why we comply with applicable Federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, sex, age or disability.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Wellpoint Tennessee, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in Wellpoint Tennessee, Inc. depends on contract renewal. Services provided by Wellpoint Tennessee, Inc.

Do you need help?

We have free auxiliary aids and services, like large print, to communicate effectively with you. Call us at 1-833-713-1074 (TRS: 711). If you speak a language other than English, help in your language is available for free. We have free interpretation and translation services to help you.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-713-1074 (TRS/TTY:866-503-0264).

Arabic: العربية

ملحوظة: إذا كنت تتكلم اللغة العربية، فخدمات المساعدة اللغوية بلغتك تتوفر مجاناً. اتصل برقم: 1-833-713-1074 (TRS: 711)

Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-833-713-1074 (TRS: 711).

Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-833-713-1074 (TRS: 711)

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-833-713-1074 (TRS: 711) 번으로 전화해 주십시오.

French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-833-713-1074 (TRS: 711).

Amharic: አማርኛ

ማሳሰቢያ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፤ ወደ ሚከተለው ቁጥር ይደውሉ 1-833-713-1074 (TRS: 711)።

Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-833-713-1074 (TRS: 711) પર ફોન કરો.

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-833-713-1074 (TRS: 711).

German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-833-713-1074 (TRS: 711).

Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-833-713-1074 (TRS: 711).

Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-833-713-1074 (TRS: 711)
पर कॉल करें।

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-713-1074 (TRS: 711).

Japanese: 日本語

日本語を話す方は、通訳や翻訳などの言語支援サービスを無料で利用できます。1-833-713-1074 (TRS: 711) までお問い合わせください。

Persian: فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-833-713-1074 تماس بگیرید. (TRS: 711)

The Beneficiary Support System (BSS) helps people who are enrolled in the CHOICES, Employment and Community First (ECF) CHOICES, and the Katie Beckett program. They also help people who want to enroll into these programs. For help call 888-723-8193.

The TennCare Program does not discriminate against people because of their race, color, national origin including limited English proficiency and primary language, age, disability, religion, or sex. If you need reasonable modifications or think you were treated differently, or discriminated against you can file a grievance (complaint) with TennCare's Office of Civil Rights Compliance at HCFA.fairtreatment@tn.gov, <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>, 310 Great Circle Road Floor 3W, Nashville, TN 37243, or calling 615-507-6474 (TRS 711). Need help filing a grievance? Call TennCare Connect at 855-259-0701.

IMPORTANT INFORMATION: 2026 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Wellpoint - H5828

For 2026, Wellpoint - H5828 received the following Star Ratings from Medicare:

Overall Star Rating:



Health Services Rating:



Drug Services Rating:



Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Wellpoint 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-844-615-5445 (toll-free) or 711 (TTY).

Current members please call 1-833-713-1074 (toll-free) or 711 (TTY).

Wellpoint Tennessee, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in Wellpoint Tennessee, Inc. depends on contract renewal.

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 **1-844-615-5445** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

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 <https://shop.wellpoint.com/medicare> or call **1-844-615-5445** to view a copy of the EOC.
- ☐ 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 medicines 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

- ☐ **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.
- ☐ 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, 2027.
- ☐ 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.

