



2022 Summary of Benefits

Pennsylvania

Wellcare Patriot Giveback (HMO)

H2915 | 013

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 Patriot Giveback (HMO) from January 1, 2022 to December 31, 2022.

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. Or, you may call us to ask for a copy at the phone number listed on the back cover.

Who can join?

To enroll in one of our plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

Our service area includes these counties in Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Centre, Chester, Clarion, Clearfield, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Huntingdon, Indiana, Jefferson, Lackawanna, Lancaster, Lawrence, Lebanon, Lycoming, McKean, Mercer, Mifflin, Montgomery, Perry, Philadelphia, Potter, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, and Wyoming.

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 plans give you access to our network of highly 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 directory or, for an up-to-date list of network providers, visit www.wellcare.com/allwellpa. (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor our plan will be responsible for the costs.)

Our plans are for beneficiaries who receive creditable Part D coverage through a retiree plan, VA benefits, or other coverage.

Which doctors, hospitals can I use? Wellcare Patriot Giveback (HMO) has a network of doctors, hospitals, and other providers. You can save money by using our providers in the plan's network. With some plans if you use providers that are not in our network, your share of the costs for covered services may be higher.

You can see our plan's provider directory on our website at www.wellcare.com/allwellpa.

For more information, please call us at 1-866-277-6583 (TTY users should call 711). Hours are Between October 1 and March 31, representatives are available Monday-Sunday, 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. Visit us 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.). Please call member services if you need plan information in another format.

Benefits

	Wellcare Patriot Giveback (HMO) H2915, Plan 013
Service Area	Our service area includes these counties in Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Centre, Chester, Clarion, Clearfield, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Huntingdon, Indiana, Jefferson, Lackawanna, Lancaster, Lawrence, Lebanon, Lycoming, McKean, Mercer, Mifflin, Montgomery, Perry, Philadelphia, Potter, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, and Wyoming.
Monthly plan premium You must continue to pay your Medicare Part B premium.	\$0
Part B Premium Reduction	This plan offers a \$60 give back every month in your Social Security check.
Deductible	No deductible
Maximum out-of-Pocket Responsibility	\$4,900 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	For each admission, you pay: <ul style="list-style-type: none"> • \$400 copay per day for days 1 through 5 • \$0 copay per day for days 6 through 90 • \$0 copay per day for days 91 and beyond *
Outpatient Hospital coverage Outpatient hospital services	\$270 copay for surgical and non-surgical services *

Services with an asterisk () may require prior authorization.*

Benefits

Wellcare Patriot Giveback (HMO) H2915, Plan 013	
Outpatient hospital observation services	\$90 copay for outpatient observation services when you enter observation status through an emergency room. \$270 copay for outpatient observation services when you enter observation status through an outpatient facility. *
Ambulatory surgical center (ASC)	\$220 copay *
Doctor Visits	
Primary Care Providers	\$0 copay
Specialists	\$30 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 shots, Hepatitis B shots, Pneumococcal shots))	\$0 copay
Emergency care	\$90 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide emergency coverage	\$90 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 not waived if admitted to the hospital for Worldwide Emergency Services.

Services with an asterisk () may require prior authorization.*

Benefits

Wellcare Patriot Giveback (HMO) H2915, Plan 013	
Urgently needed services	\$65 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide urgent care coverage	\$90 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for Worldwide Urgently Needed Services.
Diagnostic Services/Labs/Imaging	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	\$0 copay *
Diagnostic tests and procedures	\$0 copay *
Outpatient X-rays	\$0 copay *
Diagnostic radiology services (e.g. MRI, CAT Scan)	\$0 copay for a DEXA scan. \$0 copay for a Diagnostic Mammogram. \$150 copay for diagnostic radiology services at all other locations. \$270 copay for diagnostic radiology services received in an outpatient setting. *
Therapeutic Radiology	20% coinsurance *
Hearing services	
Hearing Exam Medicare Covered	\$30 copay *

Services with an asterisk () may require prior authorization.*

Benefits

Wellcare Patriot Giveback (HMO) H2915, Plan 013	
Routine hearing exam	\$0 copay * 1 exam every year
Hearing Aids Hearing Aid Fitting/Evaluation(s) Hearing aid allowance All types	\$0 copay * 1 fitting(s) / evaluation(s) every year Up to a \$1,000 allowance for both ears combined every year for hearing aids. \$0 copay * Limited to 2 hearing aid(s) every year
Additional Hearing Information	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
Dental services Preventive services Fluoride Treatment	\$0 copay * Cleanings 2 every year Dental x-rays 1 every 12 to 36 months Oral exams 2 every year \$0 copay * 1 every year

Services with an asterisk () may require prior authorization.*

Benefits

Wellcare Patriot Giveback (HMO) H2915, Plan 013	
Comprehensive services Medicare Covered	\$30 copay for each Medicare-covered service. *
Diagnostic Services	\$0 copay * 1 diagnostic service(s) every year
Restorative Services	\$0 copay * 1 restorative service(s) every 12 to 84 months
Endodontics/ Periodontics/ Extractions	\$0 copay * 1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth
Non-routine services	\$0 copay * 1 non-routine service(s) every day to 24 months
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	\$0 copay * Prosthodontics are not covered 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime
Additional Dental Information	What you should know: This plan includes coverage of preventive and comprehensive services up to \$1,000.

Services with an asterisk () may require prior authorization.*

Benefits

Wellcare Patriot Giveback (HMO) H2915, Plan 013	
Vision Services Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$30 copay (all other Medicare-covered eye exams) *
Routine eye exam (Refraction)	\$0 copay * 1 exam every year
Glaucoma screening	\$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	\$0 copay *
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	\$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Up to a \$200 combined allowance every year.
Mental Health Services Inpatient visit	For each admission, you pay: • \$370 copay per day for days 1 through 5 • \$0 copay per day for days 6 through 90 *
Outpatient individual therapy visit	\$25 copay
Outpatient group therapy visit	\$25 copay

Services with an asterisk () may require prior authorization.*

Benefits

	Wellcare Patriot Giveback (HMO) H2915, Plan 013
Skilled nursing facility (SNF)	For each benefit period, you pay: <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$184 copay per day for days 21 through 100 *
Therapy and Rehabilitation Services	
Physical Therapy	\$0 copay *
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay *
Pulmonary rehabilitation services	\$30 copay
Ambulance	
Ground Ambulance	\$300 copay *
Air Ambulance	\$300 copay *
Transportation Services	<u>Not</u> covered
Medicare Part B Drugs	
Chemotherapy drugs	20% coinsurance *
Other Part B drugs	20% coinsurance *

Services with an asterisk () may require prior authorization.*

Additional Benefits

Wellcare Patriot Giveback (HMO) H2915, Plan 013	
Chiropractic Services Medicare-covered	\$20 copay *
Routine chiropractic services	\$20 copay * 36 visit(s) every year
Acupuncture Medicare-covered	\$0 copay for Medicare-covered Acupuncture received in a PCP office. \$30 copay for Medicare-covered Acupuncture received in a Specialist office. \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office. *
Podiatry Services (Foot Care) Medicare Covered	\$30 copay What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.
Virtual Visits	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. 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.

Services with an asterisk () may require prior authorization.*

Additional Benefits

Wellcare Patriot Giveback (HMO) H2915, Plan 013	
Home health agency care	\$0 copay *
Medical Equipment/Supplies Durable Medical Equipment (DME)	20% coinsurance *
Prosthetics	20% coinsurance *
Diabetic supplies	\$0 copay *
Diabetic therapeutic shoes or inserts	20% coinsurance *
Opioid treatment program services	\$30 copay
Over-the-Counter (OTC) Items	\$0 copay The maximum total benefit is \$65 every three months What you should know: Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.
Wellness Programs Fitness	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage. \$0 copay Coverage includes: Activity Tracker and Physical Fitness

Services with an asterisk () may require prior authorization.*

Additional Benefits

	Wellcare Patriot Giveback (HMO) H2915, Plan 013
	<p>What you should know:</p> <p>This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit or Garmin fitness tracker may be selected as part of a home fitness kit.</p>
Additional sessions of smoking and tobacco cessation counseling	<p>\$0 copay</p> <p>Limited to 5 visit(s) every year</p>
Additional Routine Annual Physical	<p>\$0 copay</p> <p>What you should know:</p> <p>Wellness programs are a great way to maintain your health. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.</p>
24-Hour Nurse Advice Line	\$0 copay

Services with an asterisk () may require prior authorization.*

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al número de Servicios para Miembros que se indica para su estado en la página siguiente.

注意：如果您說中文，您可以免費獲得語言援助服務。請撥打針對您所在州列示於下一頁的會員服務部電話號碼。

Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí dành cho quý vị. Hãy gọi số điện thoại của bộ phận Dịch Vụ Thành Viên thuộc bang của quý vị ở trang tiếp theo.

주의사항: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 다음 페이지에서 가입자의 주에 해당하는 목록 내 가입자 서비스부 번호로 전화해 주십시오.

Atensyon: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa numero ng Mga Serbisyo para sa Miyembro na nakalista para sa iyong estado sa susunod na page.

Dumngeg: No agsasau ka iti Ilokano, dagiti tulong nga serbisio, a libre, ket available para kaniam. Awagam iti numero dagiti serbisio iti Miembro a nakalista para iti estadom iti sumaruno a panid.

La Silafia: Afai e te tautala i le gagana Samoa, o lo’o avanoa ia te oe ‘au’aunaga fesoasoani i le gagana, e leai se totogi. Vala’au le Member Services numeru lisiina mo lou setete i le isi itulau.

Maliu: Ke wala’au Hawai’i ‘oe, loa’a ke kōkua ma ka unuhi ‘ōlelo me ke kākī ‘ole. E kelepona i ka helu kelepona o ka Māhele Kōkua Hoa i hō’ike ‘ia no kou moku’āina ma kēia ‘ao’ao a’e.

We're Just a Phone Call Away

ARKANSAS

+ HMO, HMO D-SNP

☎ 1-855-565-9518

📄 Or visit www.wellcare.com/allwellAR

ARIZONA

+ HMO, HMO C-SNP , HMO D-SNP

☎ 1-800-977-7522

📄 Or visit www.wellcare.com/allwellAZ

CALIFORNIA

+ HMO, HMO C-SNP, HMO D-SNP, PPO

☎ 1-800-275-4737

📄 Or visit www.wellcare.com/healthnetCA

FLORIDA

+ HMO D-SNP

☎ 1-877-935-8022

📄 Or visit www.wellcare.com/allwellFL

GEORGIA

+ HMO

☎ 1-844-890-2326

+ HMO D-SNP

☎ 1-877-725-7748

📄 Or visit www.wellcare.com/allwellGA

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☎ 1-855-766-1541

+ HMO D-SNP

☎ 1-833-202-4704

📄 Or visit www.wellcare.com/allwellIN

KANSAS

+ HMO, PPO

☎ 1-855-565-9519

+ HMO D-SNP

☎ 1-833-402-6707

📄 Or visit www.wellcare.com/allwellKS

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+ HMO D-SNP

☎ 1-833-541-0767

📄 Or visit www.wellcare.com/allwellLA

MISSOURI

+ HMO

☎ 1-855-766-1452

+ HMO D-SNP

☎ 1-833-298-3361

📄 Or visit www.wellcare.com/allwellMO

MISSISSIPPI

+ HMO
☎ 1-844-786-7711

+ HMO D-SNP
☎ 1-833-260-4124

📄 Or visit www.wellcare.com/allwellMS

NEBRASKA

+ HMO, PPO
☎ 1-833-542-0693

+ HMO D-SNP, PPO D-SNP
☎ 1-833-853-0864

📄 Or visit www.wellcare.com/NE

NEVADA

+ HMO, HMO C-SNP, PPO
☎ 1-833-854-4766

+ HMO D-SNP
☎ 1-833-717-0806

📄 Or visit www.wellcare.com/allwellNV

NEW MEXICO

+ HMO, PPO
☎ 1-833-543-0246

+ HMO D-SNP
☎ 1-844-810-7965

📄 Or visit www.wellcare.com/allwellNM

NEW YORK

+ HMO, HMO-POS, HMO D-SNP
☎ 1-800-247-1447

📄 Or visit www.fideliscare.org/wellcaremedicare

OHIO

+ HMO, PPO
☎ 1-855-766-1851

+ HMO D-SNP
☎ 1-866-389-7690

📄 Or visit www.wellcare.com/allwellOH

OKLAHOMA

+ HMO, PPO
☎ 1-833-853-0865

+ HMO D-SNP
☎ 1-833-853-0866

📄 Or visit www.wellcare.com/OK

OREGON

+ HMO, PPO
☎ 1-844-582-5177

📄 Or visit www.wellcare.com/healthnetOR

+ HMO D-SNP
☎ 1-844-867-1156

📄 Or visit www.wellcare.com/trilliumOR

PENNSYLVANIA

+ HMO, PPO
☎ 1-855-766-1456

+ HMO D-SNP
☎ 1-866-330-9368

📄 Or visit www.wellcare.com/allwellPA


SOUTH CAROLINA

+ HMO, HMO D-SNP
☎ 1-855-766-1497


📄 Or visit www.wellcare.com/allwellSC

TEXAS

 HMO

 1-844-796-6811

 HMO D-SNP

 1-877-935-8023

 Or visit www.wellcare.com/allwellTX

WISCONSIN

 HMO D-SNP

 1-877-935-8024

 Or visit www.wellcare.com/allwellWI

WASHINGTON

 PPO

 1-844-582-5177

 Or visit www.wellcare.com/healthnetOR

TTY FOR ALL STATES: 711

HOURS OF OPERATION

 **October 1 to March 31:** Monday–Sunday, 8 a.m. to 8 p.m.

 **April 1 to September 30:** Monday–Friday, 8 a.m. to 8 p.m.

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 1-866-277-6583 (TTY: 711). Between October 1 and March 31, representatives are available Monday-Sunday, 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.

Understanding the Benefits

- Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. Visit www.wellcare.com/allwellpa or call 1-866-277-6583 (TTY: 711) 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.

Understanding Important Rules

- For plans with a plan premium (Does not apply to plans with zero plan premium):** 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, 2023.
- For HMO plans only:** 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).
- For PPO and PFFS plans only:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- For C-SNP plans only:** This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- For D-SNP plans only:** 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.

Contact Us

For more information, please contact us:

By phone

Toll-free at 1-866-277-6583 (TTY 711). Your call may be answered by a licensed agent.

Hours of Operation

Between October 1 and March 31, representatives are available Monday-Sunday, 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.

Online www.wellcare.com/allwellPA

We're with our members every step of the way.

Centene, Inc. is 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.