



# 2023 Summary of Benefits

Pennsylvania

**Wellcare Dual Access (HMO D-SNP)**

H2915 | 002

**Wellcare Dual Access (HMO D-SNP)**

H2915 | 007

---

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

This is a summary of drug and health services covered by Wellcare Dual Access (HMO D-SNP) from January 1, 2023 to December 31, 2023.

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](http://www.wellcare.com/allwellPA). To request a copy, please call 1-844-917-0175 (TTY 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

**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. To be eligible, the beneficiary must also be a United States citizen or are lawfully present in the United States.

**Our plans and service areas:**

**H2915002000 Wellcare Dual Access (HMO D-SNP)** includes these counties in Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Blair, Bucks, Butler, Cambria, Cameron, Chester, Clarion, Clearfield, Crawford, Delaware, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Montgomery, Philadelphia, Potter, Somerset, Venango, Warren, Washington, and Westmoreland.

**H2915007000 Wellcare Dual Access (HMO D-SNP)** includes these counties in Pennsylvania: Adams, Berks, Bradford, Carbon, Centre, Clinton, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Northampton, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, and York.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://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.

You must also be enrolled in the Pennsylvania Medicaid plan. Premiums, copayments, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive. Your Part B premium is paid by the State of Pennsylvania for full-dual enrollees. Please contact the plan for further details.

**Understanding Dual Eligibility**

Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Medicaid benefits are valuable because the state provides additional healthcare coverage and financial support based on your Medicare Savings Program (MSP) aid 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.

**Dual Eligible Special Needs Plan (DSNPs)** are specialized Medicare Advantage plans that provide healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage. Beneficiaries must meet certain income and resource requirements with eligibility and scope of benefits offered determined by the state where the plan is offered.

### 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.

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

**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 and pharmacy directory or, for an up-to-date list of network providers, visit [www.wellcare.com/allwellIPA](http://www.wellcare.com/allwellIPA). (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 also include prescription drug coverage and access to our large network of pharmacies. Our plans use a formulary. Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand name drugs.

Which doctors, hospitals and pharmacies can I use? Wellcare Dual Access (HMO D-SNP) have a network of doctors, hospitals, pharmacies, and other providers. 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 and pharmacy directory and for plans with prescription drug coverage, our complete plan Formulary (list of Part D prescription drugs) on our website at [www.wellcare.com/allwellPA](http://www.wellcare.com/allwellPA).

For more information, please call us at 1-844-917-0175 (TTY users should call 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones). Visit us at [www.wellcare.com/allwellPA](http://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 Dual Access (HMO D-SNP) H2915, Plan 002	Wellcare Dual Access (HMO D-SNP) H2915, Plan 007
Service Area	<p><b>Our plans and service areas:</b></p> <p><b>H2915002000 Wellcare Dual Access (HMO D-SNP)</b> includes these counties in Pennsylvania: Allegheny, Armstrong, Beaver, Bedford, Blair, Bucks, Butler, Cambria, Cameron, Chester, Clarion, Clearfield, Crawford, Delaware, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Montgomery, Philadelphia, Potter, Somerset, Venango, Warren, Washington, and Westmoreland.</p> <p><b>H2915007000 Wellcare Dual Access (HMO D-SNP)</b> includes these counties in Pennsylvania: Adams, Berks, Bradford, Carbon, Centre, Clinton, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Northampton, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, and York.</p>	
Special Needs Plans Eligibility Criteria	<p>H2915002000 includes (FBDE, QMB, QMB+, SLMB+) and H2915007000 includes (FBDE, QMB, QMB+, SLMB+).</p> <p>Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document</p>	
<p>Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive</p>		
Monthly plan premium (includes both medical and drugs)	<p>\$0</p> <p>You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.</p>	<p>\$0</p> <p>You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.</p>
Deductible	No deductible	No deductible

*Services with an asterisk (\*) may require prior authorization.*  
*Services with a square (■) means a referral may be required.*

## Benefits

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	\$8,300 in-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	\$8,300 in-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
<b>Inpatient Hospital coverage</b>	Days 1-90: \$0 copay per admission. *	Days 1-90: \$0 copay per admission. *
<b>Outpatient Hospital coverage</b> Outpatient hospital services	\$0 copay for surgical and non-surgical services *	\$0 copay for surgical and non-surgical services *
Outpatient hospital observation services	\$0 copay *	\$0 copay *
<b>Ambulatory surgical center (ASC) services</b>	\$0 copay *	\$0 copay *
<b>Doctor Visits</b> Primary Care Providers	\$0 copay	\$0 copay
Specialists	\$0 copay *	\$0 copay *

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

*Services with a square (■) means a referral may be required.*

## Benefits

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
<b>Preventive Care</b> (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	\$0 copay
<b>Emergency care</b>	\$0 copay	\$0 copay
Worldwide emergency coverage	\$95 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.	\$95 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.
<b>Urgently needed services</b>	\$0 copay	\$0 copay

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

*Services with a square (■) means a referral may be required.*

## Benefits

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
Worldwide urgent care coverage	\$95 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.	\$95 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.
<b>Diagnostic Services/Labs/Imaging</b>	COVID-19 testing and specified testing-related services at any location are \$0.	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	\$0 copay *	\$0 copay *
Diagnostic tests and procedures	\$0 copay *	\$0 copay *
Outpatient X-rays	\$0 copay *	\$0 copay *
Diagnostic radiology services (e.g. MRI, CAT Scan)	\$0 copay *	\$0 copay *
Therapeutic Radiology	\$0 copay *	\$0 copay *
<b>Hearing services</b> Hearing Exam Medicare Covered	\$0 copay ■ *	\$0 copay ■ *

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

*Services with a square (■) means a referral may be required.*



## Benefits

	Wellcare Dual Access (HMO D-SNP) H2915, Plan 002	Wellcare Dual Access (HMO D-SNP) H2915, Plan 007
Routine hearing exam	\$0 copay ■ *  1 exam every year	\$0 copay ■ *  1 exam every year
Hearing Aids		
Hearing Aid Fitting/Evaluation(s)	\$0 copay ■ *  1 fitting(s) / evaluation(s) every year	\$0 copay ■ *  1 fitting(s) / evaluation(s) every year
Hearing aid allowance	Up to a \$2,000 allowance per ear every year for hearing aids.	Up to a \$1,500 allowance per ear every year for hearing aids.
All types	\$0 copay ■ *  Limited to 2 hearing aid(s) every year	\$0 copay ■ *  Limited to 2 hearing aid(s) every year
Additional Hearing Information	<b>What you should know</b> 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.	<b>What you should know</b> 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.

*Services with an asterisk (\*) may require prior authorization.*  
*Services with a square (■) means a referral may be required.*

## Benefits

	Wellcare Dual Access (HMO D-SNP) H2915, Plan 002	Wellcare Dual Access (HMO D-SNP) H2915, Plan 007
<b>Dental services</b>		
Preventive services	\$0 copay *	\$0 copay *
	Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year	Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year
Fluoride Treatment	\$0 copay *	\$0 copay *
	1 every year	1 every year
Comprehensive services Medicare-covered	\$0 copay for each Medicare-covered service *	\$0 copay for each Medicare-covered service *
Diagnostic Services	\$0 copay *	\$0 copay *
	1 diagnostic service(s) every year	1 diagnostic service(s) every year
Restorative Services	\$0 copay *	\$0 copay *
	1 restorative service(s) every 12 to 84 months depending on type of service	1 restorative service(s) every 12 to 84 months depending on type of service
Endodontics/ Periodontics/ Extractions	\$0 copay *	\$0 copay *

*Services with an asterisk (\*) may require prior authorization.  
Services with a square (■) means a referral may be required.*

## Benefits

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
Non-routine services	1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months depending on type of service 1 extraction(s) per tooth \$0 copay *	1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months depending on type of service 1 extraction(s) per tooth \$0 copay *
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	1 non-routine service(s) every date of service to 60 months depending on type of service \$0 copay * Prosthodontics - every 12 to 84 months depending on type of service. Oral/maxillofacial surgery - every 12 to 60 months or per lifetime depending on type of service. Other services - every 6 to 60 months depending on type of service.	1 non-routine service(s) every date of service to 60 months depending on type of service \$0 copay * Prosthodontics - every 12 to 84 months depending on type of service Oral/maxillofacial surgery - every 12 to 60 months or per lifetime depending on type of service Other services - every 6 to 60 months depending on type of service
Additional Dental Information	<b>What you should know:</b> This plan includes coverage of comprehensive services up to \$4,000 per plan year.	<b>What you should know:</b> This plan includes coverage of comprehensive services up to \$4,000 per plan year.

*Services with an asterisk (\*) may require prior authorization.  
 Services with a square (■) means a referral may be required.*

## Benefits

	Wellcare Dual Access (HMO D-SNP) H2915, Plan 002	Wellcare Dual Access (HMO D-SNP) H2915, Plan 007
<b>Vision Services</b> Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) ▪ *	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) ▪ *
Routine eye exam (Refraction)	\$0 copay ▪ *  1 exam every year	\$0 copay ▪ *  1 exam every year
Glaucoma screening	\$0 copay for each Medicare-covered service.	\$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	\$0 copay ▪ *	\$0 copay ▪ *
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	\$0 copay ▪ *  Up to a \$500 combined allowance towards contacts and glasses (lenses and/or frames) every year.	\$0 copay ▪ *  Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.

*Services with an asterisk (\*) may require prior authorization.  
Services with a square (▪) means a referral may be required.*

## Benefits

	Wellcare Dual Access (HMO D-SNP) H2915, Plan 002	Wellcare Dual Access (HMO D-SNP) H2915, Plan 007
<b>Mental Health Services</b>		
Inpatient visit	Days 1-90: \$0 copay per admission. *	Days 1-90: \$0 copay per admission. *
Outpatient individual therapy visit	\$0 copay *	\$0 copay *
Outpatient group therapy visit	\$0 copay *	\$0 copay *
<b>Skilled nursing facility (SNF)</b>	Days 1-100: \$0 copay per admission. *	Days 1-100: \$0 copay per admission. *
<b>Therapy and Rehabilitation Services</b>		
Physical Therapy	\$0 copay *	\$0 copay *
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay *	\$0 copay *
Pulmonary rehabilitation services	\$0 copay	\$0 copay
<b>Ambulance</b>		
Ground Ambulance	\$0 copay *	\$0 copay *
Air Ambulance	\$0 copay *	\$0 copay *

Services with an asterisk (\*) may require prior authorization.  
 Services with a square (■) means a referral may be required.

## Benefits

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
<b>Transportation Services</b>	<p>Unlimited routine transportation trips to plan-approved health-related locations.</p> <p>\$0 copay (per one-way trip) *</p> <p><b>What you should know:</b> Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p>	<p>Up to 48 one-way trips every year to plan-approved health-related locations.</p> <p>\$0 copay (per one-way trip) *</p> <p><b>What you should know:</b> Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p>
<b>Medicare Part B Drugs</b> Chemotherapy drugs	\$0 copay *	\$0 copay *
Other Part B drugs	\$0 copay *	\$0 copay *

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

*Services with a square (■) means a referral may be required.*

Prescription Drug Coverage	Wellcare Dual Access (HMO D-SNP) H2915, Plan 002	Wellcare Dual Access (HMO D-SNP) H2915, Plan 007
Annual Prescription Deductible	\$0	
30-day or 90-day supply from retail network pharmacy		
All Covered Drugs	\$0 copay Some covered drugs limited to a 30-day supply	

Medicare approved Wellcare by Allwell to provide these benefits and/or lower copayments/co-insurance as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. If you have questions or need help understanding these benefits please call the number listed on the back cover of this Summary of Benefits.

## Additional Benefits

	Wellcare Dual Access (HMO D-SNP) H2915, Plan 002	Wellcare Dual Access (HMO D-SNP) H2915, Plan 007
<b>Chiropractic Services</b> Medicare-covered	\$0 copay *	\$0 copay *
<b>Acupuncture</b> Medicare-covered	\$0 copay *	\$0 copay *
<b>Podiatry Services (Foot Care)</b> Medicare Covered	\$0 copay *	\$0 copay *
<b>Virtual Visits</b>	<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>	
<b>Home health agency care</b>	\$0 copay *	\$0 copay *

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

*Services with a square (■) means a referral may be required.*



## Additional Benefits

	Wellcare Dual Access (HMO D-SNP) H2915, Plan 002	Wellcare Dual Access (HMO D-SNP) H2915, Plan 007
<b>Meals</b>		
Post-Acute Meals	\$0 copay ■ <b>What you should know:</b> You pay nothing for 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.	\$0 copay ■ <b>What you should know:</b> You pay nothing for 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.
<b>Medical Equipment/Supplies</b>		
Durable Medical Equipment (DME)	\$0 copay *	\$0 copay *
Prosthetics	\$0 copay *	\$0 copay *
Diabetic supplies	\$0 copay *  Limitations may apply	\$0 copay *  Limitations may apply
Diabetic therapeutic shoes or inserts	\$0 copay *	\$0 copay *
<b>Opioid treatment program services</b>	\$0 copay  *	\$0 copay *

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

*Services with a square (■) means a referral may be required.*

## Additional Benefits

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
<b>Over-the-Counter (OTC) Items</b>	<p>\$0 copay Maximum benefit is \$365 every three months to spend on plan-approved OTC items. Limitations may apply. At the end of each benefit period, any unused benefit dollars will expire.</p> <p><b>What you should know:</b> You can purchase eligible OTC items from participating CVS retail locations with your plan's Member ID Card or from the catalog by phone or online for home delivery.</p> <ul style="list-style-type: none"> <li>- To place an order over the phone call: 1-866-528-4679, (TTY 711)</li> <li>- Order via the catalog online at <a href="http://www.cvs.com/otchs/allwell">www.cvs.com/otchs/allwell</a></li> </ul>	<p>\$0 copay Maximum benefit is \$465 every three months to spend on plan-approved OTC items. Limitations may apply. At the end of each benefit period, any unused benefit dollars will expire.</p> <p><b>What you should know:</b> You can purchase eligible OTC items from participating CVS retail locations with your plan's Member ID Card or from the catalog by phone or online for home delivery.</p> <ul style="list-style-type: none"> <li>- To place an order over the phone call: 1-866-528-4679, (TTY 711)</li> <li>- Order via the catalog online at <a href="http://www.cvs.com/otchs/allwell">www.cvs.com/otchs/allwell</a></li> </ul>
<b>Wellness Programs</b>	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay Coverage includes: Activity Tracker and Physical Fitness</p>	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay Coverage includes: Activity Tracker and Physical Fitness</p>

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

*Services with a square (■) means a referral may be required.*

## Additional Benefits

	Wellcare Dual Access (HMO D-SNP) H2915, Plan 002	Wellcare Dual Access (HMO D-SNP) H2915, Plan 007
	<b>What you should know:</b> 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 fitness tracker may be selected as part of a home fitness kit.	<b>What you should know:</b> 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 fitness tracker may be selected as part of a home fitness kit.
Additional sessions of smoking and tobacco cessation counseling	\$0 copay  Limited to 5 visit(s) every year	\$0 copay  Limited to 5 visit(s) every year
24-Hour Nurse Advice Line	\$0 copay	\$0 copay
Personal emergency medical response device (PERS)	\$0 copay	\$0 copay
<b>Special Supplemental Benefits for Chronically Ill (SSBCI)</b> These supplemental benefits are only available to high-risk, chronically ill members who meet additional criteria for eligibility including: having documentation of an active diagnosis for one or more specific health conditions that is life threatening or significantly limits	Non-Medical Transportation: You pay a \$0 copay for up to 24 non-medical one-way trips every year. Limitations apply.  Robotic Companion: You pay \$0 copay Covers an interactive companion cat or dog from a contracted provider.	Non-Medical Transportation: You pay a \$0 copay for up to 60 non-medical one-way trips every year. Limitations apply.  Robotic Companion: You pay \$0 copay Covers an interactive companion cat or dog from a contracted provider.

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

*Services with a square (■) means a referral may be required.*

## Additional Benefits

	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 002</b>	<b>Wellcare Dual Access (HMO D-SNP) H2915, Plan 007</b>
overall health or function AND being at high risk for hospitalization AND requiring intensive care management. Additional information, including qualifying conditions can be found in the Evidence of Coverage or by calling Member Services.	<p>Limitations apply.</p> <p>Utility Flex Card: You pay \$0 copay Plan covers up to \$50 per month to help cover the cost of utilities for your home. Limitations apply.</p> <p>▪ *</p> <p><b>What you should know:</b> Benefits mentioned may be part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify.</p>	<p>Limitations apply.</p> <p>Utility Flex Card: You pay \$0 copay Plan covers up to \$125 per month to help cover the cost of utilities for your home. Limitations apply.</p> <p>▪ *</p> <p><b>What you should know:</b> Benefits mentioned may be part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify.</p>
<b>Flex Card</b>	<p>\$1,000 yearly benefit</p> <p><b>What you should know:</b> The flex card benefit is a debit card that may be used to cover out of pocket dental, vision or hearing costs. The flex card has a limit of \$250 for vision services. The remaining balance may be spent between dental and hearing services as you see fit.</p>	<p>\$500 yearly benefit</p> <p><b>What you should know:</b> The flex card benefit is a debit card that may be used to cover out of pocket dental, vision or hearing costs.</p>

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

*Services with a square (▪) means a referral may be required.*

## Additional Benefits

	Wellcare Dual Access (HMO D-SNP) H2915, Plan 002	Wellcare Dual Access (HMO D-SNP) H2915, Plan 007
<b>Healthy Foods Card</b> Medicare approved Wellcare to provide these benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. If you have questions or need help understanding these benefits please call the number listed on the back cover of this Summary of Benefits.	You receive an allowance of \$25 every month to spend on eligible grocery products at participating retailers.  This allowance does not carry over to the next month.	You receive an allowance of \$25 every month to spend on eligible grocery products at participating retailers.  This allowance does not carry over to the next month.

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

*Services with a square (■) means a referral may be required.*

---

**Comprehensive Written Statement for Prospective Enrollees**

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Wellcare Dual Access (HMO D-SNP). For each benefit listed, you can see what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. Coverage of the benefits described in this Summary of Benefits depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Wellcare Dual Access (HMO D-SNP) will cover the benefits described in the Premium and Benefit section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Pennsylvania Medical Assistance (Medicaid) toll-free at 1-800-692-7462 (TTY: 1-800-451-5886).

Our source of information for Medicaid benefits is <https://www.dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance.aspx>. All Medicaid covered services are subject to change at any time. For the most current Pennsylvania Medicaid coverage information, please visit <https://www.dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance.aspx> or call Member Services for assistance. A detailed explanation of Pennsylvania Medicaid benefits can be found in the Pennsylvania Summary of Services online at <https://www.dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance.aspx>.

**Pennsylvania's Current Medicaid State Plan Benefits and Home and Community Based Services**

**Adult Benefit Package\***

<b>Services</b>	<b>Adult Benefit Package</b>
<b>Category 1: Ambulatory Services</b>	
<b>Primary Care Provider</b>	No limits
<b>Physician Services and Medical and Surgical Services provided by a Dentist</b>	No limits
<b>Certified Registered Nurse Practitioner</b>	No limits
<b>Federally Qualified Health Center/Rural Health Clinic</b>	No limits except for Dental Care Services as described below
<b>Independent Clinic</b>	No limits
<b>Outpatient Hospital Clinic</b>	No limits
<b>Podiatrist Services</b>	No limits
<b>Chiropractic Services</b>	No limits
<b>Optometrist Services</b>	2 visits (exams) per calendar year
<b>Hospice Care</b>	The only key limitation is related to respite care, which may not exceed a total of 5 consecutive days in a 60-day certification period.
<b>Radiology (For example: X-Rays, MRIs, and CTs)</b>	No limits

<b>Dental Care Services</b>	<p>Diagnostic, preventive, restorative, surgical dental procedures, prosthodontics and sedation.</p> <p><b>Key Limitations:</b></p> <p>Dentures – 1 upper arch (complete or partial) and 1 lower arch (complete or partial) per lifetime.</p> <p>Denture relines – either full or partial, limited to 1 arch every 2 calendar years.</p> <p>Oral exams – 1 per 180 days</p> <p>Dental prophylaxis – 1 per 180 days</p> <p>Panoramic maxilla or mandible single film Is limited to 1 per 5 calendar years.</p> <p>Crowns, Periodontics and Endodontics only via approved benefit limit exception.</p>
<b>Outpatient Hospital Short Procedure Unit (SPU)</b>	No limits
<b>Outpatient Ambulatory Surgical Center (ASC)</b>	No limits
<b>Non-Emergency Medical Transport</b>	Only to and from Medicaid covered services.
<b>Family Planning Clinic, Services and Supplies</b>	No limits
<b>Renal Dialysis</b>	<p>Initial training for home dialysis is limited to 24 sessions per patient per calendar year.</p> <p>Backup visits to the facility limited to no more than 75 per calendar year.</p>
<b>Category 2: Emergency Services</b>	
<b>Emergency Room</b>	No limits
<b>Ambulance</b>	No limits
<b>Category 3: Hospitalization</b>	
<b>Inpatient Acute Hospital</b>	No limits
<b>Inpatient Rehab Hospital</b>	No limits
<b>Inpatient Psychiatric Hospital</b>	No limits
<b>Inpatient Drug &amp; Alcohol</b>	No limits
<b>Category 4: Maternity and Newborn</b>	
<b>Maternity – Physician, Certified Nurse Midwives, Birth Centers</b>	No limits



<b>Category 5: Mental Health and Substance Abuse (Behavioral Health)</b>	
<b>Outpatient Psychiatric Clinic</b>	No limits
<b>Mobile Mental Health Treatment</b>	No limits
<b>Outpatient Drug And Alcohol Treatment</b>	No limits
<b>Methadone Maintenance</b>	No limits
<b>Clozapine</b>	No limits
<b>Psychiatric Partial Hospital</b>	No limits
<b>Peer Support</b>	No limits
<b>Crisis</b>	No limits
<b>Targeted Case Management – other than Behavioral Health</b>	Limited to Individuals Identified in the target group (No limits).
<b>Targeted Case Management – Behavioral Health Only</b>	Limited to individuals with Serious Mental illness (SMI) only (No limits).
<b>Category 6: Prescription Drugs</b>	
<b>Prescription Drugs</b>	No limits
<b>Nutritional Supplements</b>	No limits
<b>Category 7: Rehabilitation and Habilitation Services and Devices</b>	
<b>Skilled Nursing Facility</b>	365 days per calendar year
<b>Home Health Care includes nursing, aide and therapy services.</b>	Unlimited for the first 28 days; limited to 15 days every month thereafter.
<b>ICF/IID and ICF/ORC</b>	Requires an institutional level of care (No limits).
<b>Durable Medical Equipment</b>	No limits
<b>Prosthetics and Orthotics</b>	<p>Orthopedic Shoes and Hearing Aids are not covered.</p> <p>Coverage of molded shoes is limited to molded shoes for severe foot and ankle conditions and deformities of such a degree that the beneficiary is unable to wear ordinary shoes without corrections and modifications.</p> <p>Coverage of modifications to orthopedic shoes and molded shoes is limited to only modifications necessary for the application of a brace or splint.</p> <p>Coverage for low vision aids and eye prostheses is limited to 1 per 2 calendar years.</p> <p>Coverage for an eye ocular is limited to 1 per calendar year.</p>

<b>Eyeglass Lenses</b>	Limited to individuals diagnosed with aphakia – 4 lenses per calendar year.
<b>Eyeglass Frames</b>	Limited to individuals diagnosed with aphakia – 2 frames per calendar year. Deluxe frames not included.
<b>Contact Lenses</b>	Limited to individuals diagnosed with aphakia – 4 lenses per calendar year.
<b>Medical Supplies</b>	No limits
<b>Therapy (Physical, occupational, speech) – Rehabilitative</b>	Only when provided by a hospital, outpatient clinic or home health provider.
<b>Therapy (Physical, occupational, speech) – Habilitative</b>	Only when provided by a hospital, outpatient clinic or home health provider.
<b>Category 8: Laboratory Services</b>	
<b>Laboratory</b>	No limits
<b>Category 9: Preventive/Wellness Services and Chronic Care</b>	
<b>Tobacco Cessation**</b>	70, 15-minute units per calendar year

All units of service, age, gender, diagnosis, and other procedure code related limits still apply as indicated on the Medical Assistance Fee Schedule.

\*Children's benefit plan will include all medically necessary services without limitation.

\*\*Tobacco cessation is one of the preventive services as recommended by the US Preventive Services Task Force. For a full listing of preventive services beyond tobacco cessation, please contact your MCO.

<b>Home and Community-Based Services (HCBS)</b>	
<b>Services</b>	<b>Limits</b>
<ul style="list-style-type: none"> <li>• Adult Daily Living Services</li> <li>• Assistive Technology</li> <li>• Behavior Therapy</li> <li>• Benefits Counseling</li> <li>• Career Assessment</li> <li>• Cognitive Rehabilitation Therapy</li> <li>• Community Integration</li> <li>• Community Transition Services</li> <li>• Counseling</li> <li>• Employment Skills Development</li> <li>• Home Adaptations</li> <li>• Home Delivered Meals</li> <li>• Home Health Aide</li> </ul>	<p><b>Under Community Integration:</b></p> <p>Each distinct goal may not be more than twenty-six (26) weeks.</p> <p>No more than 32 units per week for one goal will be approved. If the participant has multiple goals, no more than 48 units per week will be approved.</p> <p>However, the Office of Long Term Living retains the discretion to authorize more than 48 units (12 hours) of Community Integration In one week for up to 21 hours per week and for periods longer than 26 weeks.</p> <p>Community Transition Services are limited to an aggregate of \$4,000 per participant, per lifetime, as pre-authorized by the State Medicaid Agency program office.</p>

<ul style="list-style-type: none"> <li>• Home Health -Nursing</li> <li>• Home Health -Occupational Therapy</li> <li>• Home Health -Physical Therapy</li> <li>• Home Health -Speech and Language Therapy</li> <li>• Job Coaching</li> <li>• Job Finding</li> <li>• Non-Medical Transportation</li> <li>• Nutritional Counseling</li> <li>• Participant-Directed Community Supports</li> <li>• Participant-Directed Goods and Services</li> <li>• Personal Assistance Services</li> <li>• Personal Emergency Response System (PERS)</li> <li>• Pest Eradication</li> <li>• Residential Habilitation</li> <li>• Respite</li> <li>• Service Coordination</li> <li>• Specialized Medical Equipment and Supplies</li> <li>• Structured Day Habilitation</li> <li>• Telecare</li> <li>• Vehicle Modifications</li> </ul>	<p>Total combined hours for Employment Skills Development, or Job Coaching services are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must obtain prior approval.</p> <p><b>Under Specialized Medical Equipment and Supplies non-covered Items include:</b></p> <p>All prescription and over-the-counter medications, compounds and solutions (except wipes and barrier cream)</p> <p>Items covered under third party payer liability</p> <p>Items that do not provide direct medical or remedial benefit to the participant and/or are not directly related to a participant's disability</p> <p>Food, food supplements, food substitutes (including formulas), and thickening agents</p> <p>Eyeglasses, frames, and lenses</p> <p>Dentures</p> <p>Any Item labeled as experimental that has been denied by Medicare and/or Medicaid</p> <p>Recreational or exercise equipment and adaptive devices for such</p>
---	--

For all HCBS services that are also offered under the State Plan, the State Plan benefit must be exhausted before HCBS services can be accessed. Additionally, Medicare and other third party resources such as private Insurance limitations must also have been exhausted. Lastly, some HCBS services may not be accessed at the same time.

## Multi-Language Insert

### Multi-Language Interpreter Services

**Spanish:** Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que hable español puede ayudarle. Este es un servicio gratuito.

**Chinese Mandarin:** 我們有免費的口譯服務來回答您就我們的健康或藥物計劃提出的任何問題。如需口譯員，只需撥打以下頁面上的計劃號碼致電聯系我們。會說中文普通話的人員可以協助您。此為免費服務。

**Chinese Cantonese:** 我們有免費的口譯服務來回答您就我們的健康或藥物計劃提出的任何問題。如需口譯員，只需撥打以下頁面上的計劃號碼致電聯絡我們。會說粵語的人員可以協助您。此為免費服務。

**Tagalog:** Meron kaming libreng serbisyo ng interpreter para sagutin anumang tanong na meron ka tungkol sa aming plano ng kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa sumusunod na mga pahina. Matutulungan ka ng sinumang nagsasalita ng Tagalog. Libreng serbisyo ito.

**French:** Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser au sujet de notre régime de soins médicaux ou de notre régime d'assurance-médicaments. Pour bénéficier des services d'un interprète, il suffit de nous appeler aux numéros de régime indiqués dans les pages suivantes. Quelqu'un qui parle français peut vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi cung cấp dịch vụ phiên dịch viên miễn phí để trả lời bất kỳ câu hỏi nào quý vị có về chương trình y tế hoặc thuốc của chúng tôi. Để nhận được dịch vụ phiên dịch, chỉ cần gọi cho chúng tôi theo số điện thoại của chương trình trong các trang sau. Người nào đó nói tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetscherdienst, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Um einen Dolmetscher zu finden, rufen Sie uns einfach unter den auf den folgenden Seiten angegebenen Plan-Nummern an. Jemand, der Deutsch spricht, kann Ihnen helfen. Dieser Service ist für Sie kostenlos.

**Korean:** 저희의 건강 또는 약품 플랜에 대한 질문에 답해 드릴 수 있는 무료 통역 서비스를 제공합니다. 통역사에게 연결하려면 다음 페이지에 있는 플랜 번호로 전화하시기 바랍니다. 한국어를 하는 분이 도와드릴 수 있습니다. 이 통화는 무료 서비스입니다.

**Russian:** Мы предоставляем бесплатные услуги устного перевода, чтобы ответить на любые вопросы, которые могут возникнуть у вас о нашем плане медицинского страхования или страхового покрытия лекарственных препаратов. Чтобы получить устного переводчика, просто позвоните нам по номерам планов, указанным на следующих страницах. Вам поможет тот, кто говорит по-русски. Эта услуга предоставляется бесплатно.

**Arabic:** توفر خدمات مترجم فوري للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للاستعانة بمترجم، ما عليك سوى الاتصال بنا على أرقام الخطة في الصفحات التالية. شخص يتحدث العربية يمكنه مساعدتك. هذه الخدمة تقدم مجاناً.

**Hindi:** हमारे स्वास्थ्य या दवा योजना के बारे में आपके होने वाले किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया प्राप्त करने के लिए, हमें निम्नलिखित पृष्ठों पर दिए गए प्लान नंबरों पर कॉल करें। कोई हिंदी भाषी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

**Italian:** Disponiamo di servizi di interpretariato gratuiti per rispondere ad eventuali domande in merito al nostro piano sanitario o farmaceutico. Per ottenere un interprete, chiami i recapiti del piano disponibili nelle pagine successive. Qualcuno che parla italiano Le sarà d'aiuto. Si tratta di un servizio gratuito.

**Português:** Temos serviços de intérprete gratuitos para responder quaisquer perguntas que você possa ter sobre nossos planos de saúde ou de medicamentos. Para solicitar um intérprete, ligue para nós através dos números do plano nas páginas a seguir. Um funcionário que fala português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou ka genyen konsènan plan sante ou plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan nimewo plan yo ki sou paj annapre yo. Yon moun ki pale Kreyòl Franse kapab ede ou. Se yon sèvis gratis li ye.

**Polish:** Oferujemy bezpłatne usługi tłumaczeniowe w przypadku pytań dotyczących naszego planu zdrowotnego i lekowego. Aby skorzystać z tłumacza, prosimy zadzwonić do nas pod numery podane na kolejnych stronach. Pomocą posłużą osoby mówiące po polsku. Usługa jest bezpłatna.

**Japanese:** 当社の医療プランまたは処方薬プランについての質問にお答えする無料の通訳サービスをご利用いただけます。通訳サービスをご利用になるには、以降のページにおけるプランの番号までお電話ください。日本語を話すスタッフが対応いたします。これは無料のサービスです。

**Hawaiian:** Aia iā mākou he mau lawelawe māhele 'ōlelo manuahi e pane i nā 'ano nīnau āu no ka mākou papahana mālama olakino a ho'olako lā'au. No ka 'imi i mea māhele 'ōlelo, e kelepona wale mai iā mākou ma nā helu kelepona e waiho nei ma kēia mau 'ao'ao e koe nei. Na kekahi māhele 'ōlelo Hawai'i e kōkua iā 'oe. He lawelawe manuahi kēia.

**Ilocano:** Addaankami kadagiti libre a serbisio ti panagipatarus tapno masungbatan dagiti aniaman a saludsodmo maipapan iti salun-at wenno plano iti agas. Tapno makaala iti tagaipatarus, tawagannakami laeng kadagiti numero ti plano kadagiti sumaganad a panid. Matulongannaka ti maysa a tao nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

**Samoan:** E iai a matou auaunaga fa'aliliu upu fua e tali ai so'o se fesili e te ono iai e uiga i la matou fuafuaga fa'alesoifua maloloina po'o vaila'au. Mo le mauaina o se fa'aliliu upu, na'o le vala'au mai i numeraga o fuafuaga o lo'o i itulau nei. E mafai e se tasi e tautala i le gagana Samoa ona fesoasoani ia te oe. Ose auaunaga e leai se todogi.

# We're Just a Phone Call Away

---

## ARKANSAS

+ HMO, HMO D-SNP

📞 1-855-565-9518

💻 Or visit [www.wellcare.com/allwellAR](http://www.wellcare.com/allwellAR)

## ARIZONA

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

📞 1-800-977-7522

💻 Or visit [www.wellcare.com/allwellAZ](http://www.wellcare.com/allwellAZ)

## CALIFORNIA

+ HMO, HMO C-SNP, PPO

📞 1-800-275-4737

+ HMO D-SNP

📞 1-800-431-9007

💻 Or visit [www.wellcare.com/healthnetCA](http://www.wellcare.com/healthnetCA)

## FLORIDA

+ HMO D-SNP

📞 1-877-935-8022

💻 Or visit [www.wellcare.com/allwellFL](http://www.wellcare.com/allwellFL)

## GEORGIA

+ HMO

📞 1-844-890-2326

+ HMO D-SNP

📞 1-877-725-7748

💻 Or visit [www.wellcare.com/allwellGA](http://www.wellcare.com/allwellGA)

## INDIANA

+ HMO, PPO

📞 1-855-766-1541

+ HMO D-SNP, PPO D-SNP

📞 1-833-202-4704

💻 Or visit [www.wellcare.com/allwellIN](http://www.wellcare.com/allwellIN)

## KANSAS

+ HMO, PPO

📞 1-855-565-9519

+ HMO D-SNP, PPO D-SNP

📞 1-833-402-6707

💻 Or visit [www.wellcare.com/allwellKS](http://www.wellcare.com/allwellKS)

## LOUISIANA

+ HMO

📞 1-855-766-1572

+ HMO D-SNP

📞 1-833-541-0767

💻 Or visit [www.wellcare.com/allwellLA](http://www.wellcare.com/allwellLA)

## MISSOURI

+ HMO

📞 1-855-766-1452


+ HMO D-SNP

📞 1-833-298-3361


💻 Or visit [www.wellcare.com/allwellMO](http://www.wellcare.com/allwellMO)

## MISSISSIPPI

 HMO

 1-844-786-7711


 HMO D-SNP

 1-833-260-4124

 Or visit [www.wellcare.com/allwellMS](http://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](http://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](http://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](http://www.wellcare.com/allwellNM)

## NEW YORK


 HMO, HMO-POS, HMO D-SNP

 1-800-247-1447

 Or visit  
[www.wellcare.com/fidelisNY](http://www.wellcare.com/fidelisNY)

## OHIO

 HMO, PPO

 1-855-766-1851

 HMO D-SNP, PPO D-SNP

 1-866-389-7690

 Or visit [www.wellcare.com/allwellOH](http://www.wellcare.com/allwellOH)

## OKLAHOMA

 HMO, PPO

 1-833-853-0865

 HMO D-SNP, PPO D-SNP

 1-833-853-0866

 Or visit [www.wellcare.com/OK](http://www.wellcare.com/OK)

## OREGON

 HMO, PPO

 1-888-445-8913

 Or visit [www.wellcare.com/healthnetOR](http://www.wellcare.com/healthnetOR)

 HMO D-SNP

 1-844-867-1156

 Or visit [www.wellcare.com/trilliumOR](http://www.wellcare.com/trilliumOR)

## PENNSYLVANIA

 HMO, PPO

 1-855-766-1456


 HMO D-SNP, PPO D-SNP

 1-866-330-9368

 Or visit [www.wellcare.com/allwellPA](http://www.wellcare.com/allwellPA)

## SOUTH CAROLINA

 HMO, HMO D-SNP

 1-855-766-1497

 Or visit [www.wellcare.com/allwellSC](http://www.wellcare.com/allwellSC)

## TEXAS

 HMO

 1-844-796-6811

 HMO D-SNP

 1-877-935-8023

 Or visit [www.wellcare.com/allwellTX](http://www.wellcare.com/allwellTX)

## WISCONSIN

 HMO D-SNP

 1-877-935-8024

 Or visit [www.wellcare.com/allwellWI](http://www.wellcare.com/allwellWI)

## WASHINGTON

 PPO

 1-888-445-8913

 Or visit [www.wellcare.com/healthnetOR](http://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 Member Services representative at 1-844-917-0175 (TTY: 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

### Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [www.wellcare.com/allwellPA](http://www.wellcare.com/allwellPA) or call 1-844-917-0175 (TTY: 711) to view a copy of the EOC. Hours are Monday - Sunday, 8 am - 8 pm (all time zones).
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

### Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- ☐ **For HMO, CSNP and DSNP plans:** 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.

## Contact Us

**For more information, please contact us:**

### By phone

Toll-free at 1-844-917-0175 (TTY 711). Your call may be answered by a licensed agent.

### Hours of Operation

Monday - Sunday, 8 am - 8 pm (all time zones)

**Online** [www.wellcare.com/allwellPA](http://www.wellcare.com/allwellPA)

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

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

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