



2024

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, 2024 to December 31, 2024.

This booklet will provide you with a summary of what we cover and the cost-sharing responsibilities. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at www.wellcare.com/allwellPA. To request a copy, please call 1-844-917-0175 (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 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 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 and pharmacy 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 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) has 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.

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.

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.

To be eligible

These plans are available to anyone who has both Medical Assistance from the State and Medicare.

To be eligible for these plans you must meet the following special needs criteria:

H2915002000 Wellcare Dual Access (HMO D-SNP) - FBDE, QMB, QMB+, SLMB+

H2915007000 Wellcare Dual Access (HMO D-SNP) - FBDE, QMB, QMB+, SLMB+

Refer to "Medicare Savings Program (MSP) Levels" section below for a description of all MSP levels. Premiums, copayments, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive.

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.

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.

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.

Benefits

| | Wellcare Dual Access (HMO D-SNP) H2915, Plan 002 | Wellcare Dual Access (HMO D-SNP) H2915, Plan 007 |
|--|---|---|
| Monthly plan premium (includes both medical and drugs) | \$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party. | \$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party. |
| Deductible | No deductible | No deductible |
| Maximum Out-of-Pocket Responsibility (does not include prescription drugs) | \$8,850 in-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year. | \$8,850 in-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year. |
| Inpatient Hospital coverage | Days 1-90: \$0 copay per admission * | Days 1-90: \$0 copay per admission * |
| Outpatient Hospital coverage Outpatient hospital services | \$0 copay for surgical and non-surgical services (includes diagnostic colonoscopy). * | \$0 copay for surgical and non-surgical services (includes diagnostic colonoscopy). * |
| Outpatient hospital observation services | \$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 |
|--|---|---|
| Ambulatory surgical center (ASC) services | \$0 copay * | \$0 copay * |
| Doctor Visits | | |
| Primary Care Providers | \$0 copay | \$0 copay |
| Specialists | \$0 copay * | \$0 copay * |
| Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu shots, Hepatitis B shots, Pneumococcal shots, COVID shots)) | \$0 copay | \$0 copay |
| Emergency care | \$0 copay | \$0 copay |

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Benefits

| | Wellcare Dual Access (HMO D-SNP) H2915, Plan 002 | Wellcare Dual Access (HMO D-SNP) H2915, Plan 007 |
|---------------------------------|--|--|
| Worldwide emergency coverage | <p>\$100 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.</p> | <p>\$100 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.</p> |
| Urgently needed services | \$0 copay | \$0 copay |
| Worldwide urgent care coverage | <p>\$100 copay</p> <p>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.</p> | <p>\$100 copay</p> <p>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.</p> |

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Benefits

| | Wellcare Dual Access (HMO D-SNP) H2915, Plan 002 | Wellcare Dual Access (HMO D-SNP) H2915, Plan 007 |
|--|---|---|
| Diagnostic Services/Labs/Imaging | | |
| 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 * |
| Hearing services | | |
| Hearing Exam Medicare Covered | \$0 copay * | \$0 copay * |
| Routine hearing exam | \$0 copay * 1 exam every year | \$0 copay * 1 exam every year |

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Benefits

| | Wellcare Dual Access (HMO D-SNP) H2915, Plan 002 | Wellcare Dual Access (HMO D-SNP) H2915, Plan 007 |
|-----------------------------------|---|---|
| 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 \$1,000 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 | 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. | 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. |

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Benefits

| | Wellcare Dual Access (HMO D-SNP) H2915, Plan 002 | Wellcare Dual Access (HMO D-SNP) H2915, Plan 007 |
|--|---|---|
| Dental services | | |
| 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 * 1 every year | \$0 copay * 1 every year |
| Comprehensive services Medicare-covered | \$0 copay for each Medicare-covered service * | \$0 copay for each Medicare-covered service * |
| Comprehensive services Diagnostic Services | \$0 copay * | \$0 copay * |
| Restorative Services | \$0 copay * | \$0 copay * |
| Endodontics/ Periodontics/ Extractions | \$0 copay * | \$0 copay * |

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Benefits

| | Wellcare Dual Access (HMO D-SNP) H2915, Plan 002 | Wellcare Dual Access (HMO D-SNP) H2915, Plan 007 |
|--|--|--|
| Non-routine services | \$0 copay * | \$0 copay * |
| Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services | \$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply. | \$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply. |
| Additional Dental Information | What you should know: This plan provides dental services with no annual maximum allowance. | What you should know: This plan provides dental services with no annual maximum allowance. |
| Vision Services 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) * |

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Benefits

| | Wellcare Dual Access (HMO D-SNP) H2915, Plan 002 | Wellcare Dual Access (HMO D-SNP) H2915, Plan 007 |
|---|--|--|
| 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. |
| Mental Health Services | | |
| 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 * |

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Benefits

| | Wellcare Dual Access (HMO D-SNP) H2915, Plan 002 | Wellcare Dual Access (HMO D-SNP) H2915, Plan 007 |
|--|---|--|
| Skilled nursing facility (SNF) | Days 1-100: \$0 copay per admission * | Days 1-100: \$0 copay per admission * |
| Therapy and Rehabilitation Services | | |
| 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 |
| Ambulance | | |
| Ground Ambulance | \$0 copay * | \$0 copay * |
| Air Ambulance | \$0 copay * | \$0 copay * |
| Transportation Services | Unlimited rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day). \$0 copay (per one-way trip) * | Up to 48 rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day). \$0 copay (per one-way trip) * |

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Benefits

| | Wellcare Dual Access (HMO D-SNP) H2915, Plan 002 | Wellcare Dual Access (HMO D-SNP) H2915, Plan 007 |
|-------------------------------------|---|---|
| | <p>What you should know:</p> <p>Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p> | <p>What you should know:</p> <p>Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p> |
| Medicare Part B Drugs | | |
| Chemotherapy and Other Part B Drugs | <p>\$0 copay *</p> <p>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.</p> | <p>\$0 copay *</p> <p>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.</p> |
| Insulin | <p>\$0 copay *</p> | <p>\$0 copay *</p> |
| Allergy Antigen | <p>\$0 copay *</p> | <p>\$0 copay *</p> |

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| 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/up to a 100-day supply from retail network pharmacy | | |
| All Covered Drugs | \$0 copay Some covered drugs limited to a 30-day supply | |

Additional Benefits

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

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Additional Benefits

| | Wellcare Dual Access (HMO D-SNP) H2915, Plan 002 | Wellcare Dual Access (HMO D-SNP) H2915, Plan 007 |
|---------------------------------------|--|--|
| Meals | | |
| Post-Acute Meals | <p>\$0 copay</p> <p>▪ What you should know: You pay nothing for home delivered meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.</p> | <p>\$0 copay</p> <p>▪ What you should know: You pay nothing for home delivered meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.</p> |
| Medical Equipment/Supplies | | |
| Durable Medical Equipment (DME) | \$0 copay * | \$0 copay * |
| Prosthetics | \$0 copay * | \$0 copay * |
| Diabetic supplies | <p>\$0 copay *</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p> | <p>\$0 copay *</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p> |
| Diabetic therapeutic shoes or inserts | \$0 copay * | \$0 copay * |

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Additional Benefits

| | Wellcare Dual Access (HMO D-SNP) H2915, Plan 002 | Wellcare Dual Access (HMO D-SNP) H2915, Plan 007 |
|---|--|--|
| Opioid treatment program services | \$0 copay * | \$0 copay * |
| Wellness Programs Fitness | <p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay</p> <p>What you should know: 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.</p> | <p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay</p> <p>What you should know: 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.</p> |
| 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 |

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Additional Benefits

| | Wellcare Dual Access (HMO D-SNP) H2915, Plan 002 | Wellcare Dual Access (HMO D-SNP) H2915, Plan 007 |
|---|--|--|
| Annual Physical Exam | \$0 copay What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care. | \$0 copay What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care. |
| 24-Hour Nurse Advice Line | \$0 copay | \$0 copay |
| Personal emergency medical response device (PERS) | <u>Not</u> covered | \$0 copay |
| Over-the-Counter (OTC) Items | Please see the Wellcare Spendables™ section for more information about the over-the-counter (OTC) benefit. | Please see the Wellcare Spendables™ section for more information about the over-the-counter (OTC) benefit. |
| Wellcare Spendables™ | You will receive \$148 monthly (\$1,776 per year) preloaded on your Wellcare Spendables™ card. Your monthly allowance rolls over to the following month if unused and expires at end of the plan year. Your card allowance can be used towards: | You will receive \$172 monthly (\$2,064 per year) preloaded on your Wellcare Spendables™ card. Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year. Your card allowance can be used towards: |

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|--|--|--|
| | <ul style="list-style-type: none"> • Over-the-Counter items (OTC) - Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. • Dental, Vision, and Hearing - You may use your card to help reduce your out-of-pocket expenses for any dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly. <p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> • Healthy Food - You can use your card to pay for healthy foods and | <ul style="list-style-type: none"> • Over-the-Counter items (OTC) - Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. • Dental, Vision, and Hearing - You may use your card to help reduce your out-of-pocket expenses for any dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly. <p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> • Healthy Food - You can use your card to pay for healthy foods and |

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|--|---|---|
| | <p>produce at participating retailers. Prepared meals are available for order via online portal.</p> <ul style="list-style-type: none"> • Gas pay-at-pump - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. • Utility Assistance - You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet. • Rent Assistance - You can use your card to help with the cost of rent for your home. | <p>produce at participating retailers. Prepared meals are available for order via online portal.</p> <ul style="list-style-type: none"> • Gas pay-at-pump - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. • Utility Assistance - You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet. • Rent Assistance - You can use your card to help with the cost of rent for your home. |

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|--|---|---|
| | For more information, limitations and exclusions, please see your Evidence of Coverage. | For more information, limitations and exclusions, please see your Evidence of Coverage. |

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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. 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).

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.

| Pennsylvania's Current Medicaid State Plan Benefits and Home and Community Based Services | |
|--|--|
| Adult Benefit Package* | |
| Services | Adult Benefit Package |
| Category 1: Ambulatory Services | |
| Primary Care Provider | No limits |
| Physician Services and Medical and Surgical Services provided by a Dentist | No limits |
| Certified Registered Nurse Practitioner | No limits |
| Federally Qualified Health Center/Rural Health Clinic | No limits except for Dental Care Services as described below |
| Independent Clinic | No limits |
| Outpatient Hospital Clinic | No limits |
| Podiatrist Services | No limits |
| Chiropractic Services | No limits |
| Optometrist Services | 2 visits (exams) per calendar year |
| Hospice Care | 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. |

| | |
|---|--|
| Radiology (For example: X-Rays, MRIs, and CTs) | No limits |
| Dental Care Services | <p>Diagnostic, preventive, restorative, surgical dental procedures, prosthodontics and sedation.</p> <p>Key Limitations: 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> |
| Outpatient Hospital Short Procedure Unit (SPU) | No limits |
| Outpatient Ambulatory Surgical Center (ASC) | No limits |
| Non-Emergency Medical Transport | Only to and from Medicaid covered services. |
| Family Planning Clinic, Services and Supplies | No limits |
| Renal Dialysis | <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> |

| Category 2: Emergency Services | |
|--|--|
| Emergency Room | No limits |
| Ambulance | No limits |
| Category 3: Hospitalization | |
| Inpatient Acute Hospital | No limits |
| Inpatient Rehab Hospital | No limits |
| Inpatient Psychiatric Hospital | No limits |
| Inpatient Drug & Alcohol | No limits |
| Category 4: Maternity and Newborn | |
| Maternity – Physician, Certified Nurse Midwives, Birth Centers | No limits |
| Category 5: Mental Health and Substance Abuse (Behavioral Health) | |
| Outpatient Psychiatric Clinic | No limits |
| Mobile Mental Health Treatment | No limits |
| Outpatient Drug And Alcohol Treatment | No limits |
| Methadone Maintenance | No limits |
| Clozapine | No limits |
| Psychiatric Partial Hospital | No limits |
| Peer Support | No limits |
| Crisis | No limits |
| Targeted Case Management – other than Behavioral Health | Limited to Individuals Identified in the target group (No limits). |
| Targeted Case Management – Behavioral Health Only | Limited to individuals with Serious Mental illness (SMI) only (No limits). |
| Category 6: Prescription Drugs | |
| Prescription Drugs | No limits |

| | |
|---|--|
| Nutritional Supplements | No limits |
| Category 7: Rehabilitation and Habilitation Services and Devices | |
| Skilled Nursing Facility | 365 days per calendar year |
| Home Health Care includes nursing, aide and therapy services. | Unlimited for the first 28 days; limited to 15 days every month thereafter. |
| ICF/IID and ICF/ORC | Requires an institutional level of care (No limits). |
| Durable Medical Equipment | No limits |
| Prosthetics and Orthotics | <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> |
| Eyeglass Lenses | Limited to individuals diagnosed with aphakia – 4 lenses per calendar year. |
| Eyeglass Frames | Limited to individuals diagnosed with aphakia – 2 frames per calendar year. Deluxe frames not included. |
| Contact Lenses | Limited to individuals diagnosed with aphakia – 4 lenses per calendar year. |
| Medical Supplies | No limits |

| | |
|--|--|
| Therapy (Physical, occupational, speech) – Rehabilitative | Only when provided by a hospital, outpatient clinic or home health provider. |
| Therapy (Physical, occupational, speech) – Habilitative | Only when provided by a hospital, outpatient clinic or home health provider. |
| Category 8: Laboratory Services | |
| Laboratory | No limits |
| Category 9: Preventive/Wellness Services and Chronic Care | |
| Tobacco Cessation** | 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.

| Home and Community-Based Services (HCBS) | |
|--|--|
| Services | Limits |
| <ul style="list-style-type: none"> • Adult Daily Living Services • Assistive Technology • Behavior Therapy • Benefits Counseling • Career Assessment • Cognitive Rehabilitation Therapy • Community Integration • Community Transition Services • Counseling • Employment Skills Development • Home Adaptations | <p>Under Community Integration: 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</p> |

| | |
|---|--|
| <ul style="list-style-type: none"> • Home Delivered Meals • Home Health Aide • Home Health -Nursing • Home Health -Occupational Therapy • Home Health -Physical Therapy • Home Health -Speech and Language Therapy • Job Coaching • Job Finding • Non-Medical Transportation • Nutritional Counseling • Participant-Directed Community Supports • Participant-Directed Goods and Services • Personal Assistance Services • Personal Emergency Response System (PERS) • Pest Eradication • Residential Habilitation • Respite • Service Coordination • Specialized Medical Equipment and Supplies • Structured Day Habilitation • Telecare • Vehicle Modifications | <p>an aggregate of \$4,000 per participant, per lifetime, as pre-authorized by the State Medicaid Agency program office.</p> <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>Under Specialized Medical Equipment and Supplies non-covered Items include:</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 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

Form Approved
OMB# 0938-1421

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at the plan numbers on the following pages. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que habla español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打以下页面上的计划号码联系我们。您将获得讲汉语普通话的译员的帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電下頁的計劃電話號碼。會說廣東話的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa mga sumusunod na pahina. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libheng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, il suffit de nous appeler aux numéros figurant sur les pages suivantes. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi chúng tôi theo số điện thoại chương trình ở các trang sau. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie eine der Telefonnummern auf den folgenden Seiten an. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련하여 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 다음 페이지에 있는 플랜 번호로 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номерам, представленным на следующих страницах. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوَقِّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على أرقام الخطة التي تظهر في الصفحات التالية. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें अगले पेज पर दिए गए प्लान नंबर पर कॉल करें। हिन्दी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare i numeri del piano riportati nelle pagine seguenti. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através dos números do plano nas páginas seguintes. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon tradiktè nan bouch, annik rele nimewo yo pou plan an ki make sou paj ki annapre yo. Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod podany na kolejnych stronach numer odnoszący się do planu. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、次からのページに記載されている弊社の計画担当の電話番号にお問い合わせください。日本語の通訳担当者が対応します。これは無料のサービスです。

ALABAMA

HMO

1-800-977-7522 (TTY: 711)
wellcarecomplete.com

ARIZONA

HMO, HMO C-SNP

1-800-977-7522 (TTY: 711)
wellcare.com/allwellAZ

HMO D-SNP

1-844-796-6811 (TTY: 711)
wellcare.com/allwellAZ

ARKANSAS

HMO

1-800-977-7522 (TTY: 711)
wellcare.com/allwellAR

HMO D-SNP

1-844-796-6811 (TTY: 711)
wellcare.com/allwellAR

CALIFORNIA

HMO, HMO C-SNP, PPO

1-800-275-4737 (TTY: 711)
wellcare.com/healthnetCA

Wellcare CalViva Health Dual Align
(HMO D-SNP)

1-833-236-2366 (TTY: 711)
wellcare.com/healthnetCA

Wellcare Dual Liberty (HMO D-SNP)

1-800-431-9007
wellcare.com/healthnetCA

DELAWARE

HMO-POS

1-800-977-7522 (TTY: 711)
wellcare.com/DE

HMO-POS D-SNP

1-844-796-6811 (TTY: 711)
wellcare.com/DE

FLORIDA

HMO

1-800-977-7522 (TTY: 711)
wellcarecomplete.com

ILLINOIS

HMO

1-800-977-7522 (TTY: 711)
wellcarecomplete.com

INDIANA

Wellcare Assist (HMO), Wellcare Low
Premium Open (PPO), Wellcare No Premium
(HMO), Wellcare No Premium Open (PPO),
Wellcare Patriot Giveback Open (PPO)

1-800-977-7522 (TTY: 711)
wellcare.com/allwellIN

Wellcare Dual Access (HMO D-SNP),
Wellcare Dual Access Open (PPO D-SNP)

1-844-796-6811 (TTY: 711)
wellcare.com/allwellIN

Wellcare Complete No Premium (HMO),
Wellcare Complete No Premium Open (PPO)

1-800-977-7522 (TTY: 711)
wellcarecomplete.com

KANSAS

Wellcare Assist (HMO), Wellcare Giveback (HMO), Wellcare No Premium (HMO), Wellcare No Premium Open (PPO), Wellcare Patriot Giveback Open (PPO)

1-800-977-7522 (TTY: 711)

wellcare.com/allwellKS

Wellcare Dual Access (HMO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Access Open (PPO D-SNP)

1-844-796-6811 (TTY: 711)

wellcare.com/allwellKS

Wellcare Complete - Giveback (HMO), Wellcare Complete No Premium (HMO), Wellcare Complete No Premium Open (PPO)

1-800-977-7522 (TTY: 711)

wellcarecomplete.com

MICHIGAN

HMO

1-800-977-7522 (TTY: 711)

wellcarecomplete.com

HMO D-SNP

1-844-796-6811 (TTY: 711)

wellcarecomplete.com

MISSOURI

HMO

1-800-977-7522 (TTY: 711)

wellcare.com/allwellMO

HMO D-SNP

1-844-796-6811 (TTY: 711)

wellcare.com/allwellMO

NEBRASKA

HMO, PPO

1-800-977-7522 (TTY: 711)

wellcare.com/NE

HMO D-SNP, PPO D-SNP

1-844-796-6811 (TTY: 711)

wellcare.com/NE

NEVADA

HMO, HMO C-SNP, PPO

1-800-977-7522 (TTY: 711)

wellcare.com/allwellNV

HMO D-SNP

1-844-796-6811 (TTY: 711)

wellcare.com/allwellNV

NEW MEXICO

HMO, PPO

1-800-977-7522 (TTY: 711)

wellcare.com/allwellNM

HMO D-SNP

1-844-796-6811 (TTY: 711)

wellcare.com/allwellNM

NEW YORK

HMO, HMO-POS, HMO D-SNP

1-800-247-1447 (TTY: 711)

wellcare.com/fidelisNY

OHIO

HMO, PPO

1-800-977-7522 (TTY: 711)

wellcare.com/allwelloH

HMO D-SNP, PPO D-SNP

1-844-796-6811 (TTY: 711)

wellcare.com/allwelloH

OKLAHOMA

HMO, PPO

1-800-977-7522 (TTY: 711)

wellcare.com/OK

HMO D-SNP, PPO D-SNP

1-844-796-6811 (TTY: 711)

wellcare.com/OK

OREGON

HMO

1-844-582-5177 (TTY: 711)

wellcare.com/healthnetOR

HMO D-SNP

1-844-867-1156 (TTY: 711)

wellcare.com/trilliumOR

PENNSYLVANIA

HMO, PPO

1-800-977-7522 (TTY: 711)

wellcare.com/allwellPA

HMO D-SNP, PPO D-SNP

1-844-796-6811 (TTY: 711)

wellcare.com/allwellPA

TEXAS

Wellcare Complement Assist (HMO),
Wellcare Giveback (HMO), Wellcare No
Premium (HMO), Wellcare Patriot No
Premium (HMO)

1-800-977-7522 (TTY: 711)

wellcare.com/allwellTX

Wellcare Dual Access Harmony
(HMO D-SNP), Wellcare Dual Liberty
Nurture (HMO D-SNP)

1-844-796-6811 (TTY: 711)

wellcare.com/allwellTX

Wellcare Complete - Giveback (HMO),
Wellcare Complete No Premium (HMO),
Wellcare Complete No Premium Open (PPO)

1-800-977-7522 (TTY: 711)

wellcarecomplete.com

WASHINGTON

PPO

1-844-582-5177 (TTY: 711)

www.wellcare.com/healthnetOR

WISCONSIN

HMO D-SNP

1-844-796-6811 (TTY: 711)

wellcare.com/allwellWI

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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 1-844-917-0175 (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 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, 2025.
- ❑ **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.
- ❑ **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.

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

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

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Contact Us

For more information, please contact us:



By phone

Toll-free at 1-844-917-0175 (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