2022
Summary of Benefits

Florida

Wellcare Dual Medicare (HMO D-SNP)

H5190 | 001

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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 Medicare (HMO D-SNP) from January 1, 2022 to December 31, 2022.

This booklet will provide you with a summary of what we cover and the cost-sharing responsibilities. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at www.wellcare.com/allwellfl. Or, you may call us to ask for a copy at the phone number listed on the back cover.

Who can join?

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

Our service area includes these counties in Florida: Duval and Volusia.

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.

You must also be enrolled in the Florida 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 Florida 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/allwellfl. (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 Medicare (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. You can save money by using our preferred mail-order pharmacy and by using providers in the plan's network. With some plans if you use providers

that are not in our network, your share of the costs for covered services may be higher.

You can see our plan's provider 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/allwellfl.

For more information, please call us at 1-866-277-6583 (TTY users should call 711). Hours are Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. Visit us at www.wellcare.com/allwellFL.

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 Medicare (HMO D-SNP) H5190, Plan 001
Service Area	Our service area includes these counties in Florida: Duval and Volusia.
Special Needs Plans Eligibility Criteria	This plan includes (FBDE, QMB, QMB+, SLMB, SLMB+, QI, QDWI). Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document
Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive	
Monthly plan premium You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.	$0 or $34.30 based on your level of Medicaid eligibility
Deductible	No deductible
Maximum out-of-Pocket Responsibility (does not include prescription drugs)	$3,450 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	For each admission, you pay: • $0 copay per day, for days 1 through 90 *
Outpatient Hospital coverage	
Outpatient hospital services	$0 copay for surgical and non-surgical services *
Outpatient hospital observation services	$0 copay *

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

Benefits

	Wellcare Dual Medicare (HMO D-SNP) H5190, Plan 001
Ambulatory surgical center (ASC)	$0 copay *
Doctor Visits Primary Care Providers	 $0 copay
Specialists	$0 copay
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu shots, Hepatitis B shots, Pneumococcal shots))	$0 copay
Emergency care	$0 or $120 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide emergency coverage	$120 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.
Urgently needed services	$0 or $65 copay Copay is waived if you are admitted to a hospital within 24 hours.

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Benefits

	Wellcare Dual Medicare (HMO D-SNP) H5190, Plan 001
Worldwide urgent care coverage	$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for Worldwide Urgently Needed Services.
Diagnostic Services/Labs/Imaging	COVID-19 testing and specified testing-related services at any location are $0.
Lab services	$0 copay *
Diagnostic tests and procedures	$0 copay *
Outpatient X-rays	$0 copay *
Diagnostic radiology services (e.g. MRI, CAT Scan)	$0 copay *
Therapeutic Radiology	$0 or 20% coinsurance *
Hearing services Hearing Exam Medicare Covered	$0 copay *
Routine hearing exam	$0 copay * 1 exam every year
Hearing Aid Fitting/Evaluation(s)	$0 copay * 1 fitting(s) / evaluation(s) every year

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Benefits

	Wellcare Dual Medicare (HMO D-SNP) H5190, Plan 001
Additional Hearing Information	**What you should know** Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
Dental services	
Preventive services	$0 copay * Cleanings 2 every year Dental x-rays 1 every 12 to 36 months Oral exams 2 every year
Fluoride Treatment	$0 copay * 1 every year
Comprehensive services	
Medicare Covered	$0 copay for each Medicare-covered service. *
Diagnostic Services	$0 copay * 1 diagnostic service(s) every year
Restorative Services	$0 copay * 1 restorative service(s) every 12 to 84 months

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Benefits

	Wellcare Dual Medicare (HMO D-SNP) H5190, Plan 001
Endodontics/ Periodontics/ Extractions	$0 copay * 1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth
Non-routine services	$0 copay * 1 non-routine service(s) every day to 24 months
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	$0 copay * 1 Prosthodontic procedure every 12 to 84 months 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime
Additional Dental Information	**What you should know:** This plan includes coverage of preventive and comprehensive services up to $1,000.
Vision Services Eye Exam Medicare Covered	$0 copay *
Routine eye exam (Refraction)	$0 copay * 1 exam every year
Glaucoma screening	$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	$0 copay *

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Benefits

	Wellcare Dual Medicare (HMO D-SNP) H5190, Plan 001
Routine eyewear	
Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year *
Eyewear allowance	Up to a $200 combined allowance every year.
Mental Health Services	
Inpatient visit	For each admission, you pay: • $0 copay per day, for days 1 through 90 *
Outpatient individual therapy visit	$0 copay
Outpatient group therapy visit	$0 copay
Skilled nursing facility (SNF)	Days 1-100: $0 copay per benefit period. *
Therapy and Rehabilitation Services	
Physical Therapy	$0 copay *
Outpatient rehabilitation services provided by an occupational therapist	$0 copay *
Pulmonary rehabilitation services	$0 copay

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Benefits

	Wellcare Dual Medicare (HMO D-SNP) H5190, Plan 001
Ambulance Ground Ambulance	$0 or $100 copay *
Air Ambulance	$0 or $100 copay *
Transportation Services	Up to 36 one-way trips every year to plan-approved health-related locations. Mileage limits may apply. $0 copay (per one-way trip) * **What you should know:** The first step to staying healthy is getting to your doctor. That's why we cover these shared trips to plan approved health care providers. We want to make sure you get the care you need, when you need it. Call Customer Service 72 hours in advance to reserve a ride for your appointment. Mileage limitations may apply.
Medicare Part B Drugs Chemotherapy drugs	$0 or 20% coinsurance *
Other Part B drugs	$0 or 20% coinsurance *

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Prescription Drug Coverage	**Wellcare Dual Medicare (HMO D-SNP) H5190, Plan 001**
Stage 1: Annual Prescription Deductible	
Deductible	The deductible you pay is $0 to $99 per year for Part D Prescription Drugs on Tier 2 (Generic Drugs), Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier) depending on your level of “Extra Help” from Medicare. If you have a limited income you may be able to get “Extra Help” with your Medicare prescription drug plan premiums, deductibles and co-pays. Many people qualify and don’t even know it. To find out if you qualify, call the Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778, 7 a.m. - 7 p.m., Monday - Friday.
Stage 2: Initial Coverage (after you pay your deductible, if applicable)	
You pay the following until your total yearly drug costs reach $4,430. The cost share you pay depends on your level of "Extra Help". Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap.	
Standard Retail cost-sharing (30-day/90-day supply)	
	Standard
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	$0 copay
Tier 2 (Generic Drugs - includes generic drugs and may include some brand drugs.)	Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15%
Tier 3 (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15%

Prescription Drug Coverage	Wellcare Dual Medicare (HMO D-SNP) H5190, Plan 001
	Standard
Tier 4 (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15%
Tier 5 (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15% Limited to 30 day supply
Tier 6 (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15%

Prescription Drug Coverage	**Wellcare Dual Medicare (HMO D-SNP) H5190, Plan 001**	
Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)		
Mail-order cost-sharing (30-day/90-day supply)		
	Preferred	**Standard**
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	$0 copay	$0 copay
Tier 2 (Generic Drugs - includes generic drugs and may include some brand drugs.)	Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15%	Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15%
Tier 3 (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15%	Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15%
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Prescription Drug Coverage	Wellcare Dual Medicare (HMO D-SNP) H5190, Plan 001	
	Preferred	**Standard**
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Stage 3: Coverage Gap		
	After your total drug costs (including what our plan has paid and what you have paid) reach $4,430, you will pay your "Extra Help" cost share or no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	
Stage 4: Catastrophic Coverage		
	After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail order) reach $7,050, depending on your level of “Extra Help” you pay nothing or: • $3.95 copay for generics (including brand drugs treated as generic), or • $9.85 copay for all other drugs	

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or whether the prescription is a short-term (30-day supply) or long term (90-day supply).

Excluded Drugs:

This plan includes enhanced drug coverage of certain excluded drugs. Generic only Sildenafil and Vardenafil on Tier 1 have a quantity limit of six pills every 30 days.

Because these drugs are excluded from Part D coverage under Medicare, they are not covered by Extra Help. Also, the amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.

Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.

Additional Benefits

	Wellcare Dual Medicare (HMO D-SNP) H5190, Plan 001
Chiropractic Services Medicare-covered	$0 copay *
Routine chiropractic services	$0 copay * 12 visit(s) every year
Acupuncture Medicare-covered	$0 copay for Medicare-covered Acupuncture received in a PCP office. $0 copay for Medicare-covered Acupuncture received in a Specialist office. $0 copay for Medicare-covered Acupuncture received in a Chiropractor office. *
Podiatry Services (Foot Care) Medicare Covered	$0 copay **What you should know:** Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.
Virtual Visits	Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more. A virtual visit (also known as a telehealth consult) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device.

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Additional Benefits

	Wellcare Dual Medicare (HMO D-SNP) H5190, Plan 001
Home health agency care	$0 or 20% coinsurance *
Meals Post-Acute Meals	$0 copay for each post-acute meal ▪ **What you should know:** You pay nothing for post-acute meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days.
Medical Equipment/Supplies Durable Medical Equipment (DME)	$0 copay *
Prosthetics	$0 copay *
Diabetic supplies	$0 copay *
Diabetic therapeutic shoes or inserts	$0 copay *
Opioid treatment program services	$0 copay
Over-the-Counter (OTC) Items	$0 copay The maximum total benefit is $90 every three months **What you should know:** Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.

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Additional Benefits

	Wellcare Dual Medicare (HMO D-SNP) H5190, Plan 001
Wellness Programs Fitness	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage. $0 copay Coverage includes: Activity Tracker and Physical Fitness **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 Fitbit or Garmin 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
24-Hour Nurse Advice Line	$0 copay

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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 Medicare (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 Medicare (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 Agency for Health Care Administration toll-free at 1-888-419-3456 (TTY: 1-800-955-8771).

Our source of information for Medicaid benefits is http://ahca.myflorida.com/Medicaid/index.shtml. All Medicaid covered services are subject to change at any time. For the most current Florida Medicaid coverage information, please visit http://ahca.myflorida.com/Medicaid/index.shtml or call Member Services for assistance. A detailed explanation of Florida Medicaid benefits can be found in the Florida Summary of Services online at http://ahca.myflorida.com/Medicaid/index.shtml.

Benefit Category	Agency for Health Care Administration
Hearing Services **This includes information on coverage of hearing exams and aids**	For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services. One new, complete, (not refurbished) hearing aid device per ear, every three years, per recipient. Up to three pairs of ear molds per year, per recipient. One fitting and dispensing service per ear, every three years, per recipient.
Dental Services	For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted Covered by Medicaid FFS

Benefit Category	Agency for Health Care Administration
Vision Services **This includes information on coverage of vision exams and eyewear**	For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Mental Health Services **This includes the following: Inpatient visits** • Outpatient group or individual therapy visits	For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Physical Therapy **Occupational therapy visit** • Physical therapy and speech language therapy	For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.

Benefit Category	Agency for Health Care Administration
Transportation	For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. The following Transportation Services are a benefit of Florida Medicaid. Non-Emergency Medical Transportation (NEMT) services are available only to eligible beneficiaries who cannot obtain transportation through any other means (such as family, friends or community resources). NEMT services are scheduled through the Community Transportation Coordinator (CTC) in each county under contract with the Commission for the Transportation Disadvantaged. All transportation must be the most cost-effective and appropriate method of transportation available. Emergency transportation does not require authorization but the ambulance provider must document the medical necessity of the emergency and keep that documentation on file for every Medicaid beneficiary. $0 co-pay for Medicaid-covered services.
Prescription Drugs	For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Mental Health Case Management	For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.

Benefit Category	Agency for Health Care Administration
Registered Physical Therapist	For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Assistive Care Services	For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.
Chiropractic	For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. $0 co-pay for Medicaid-covered services.

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

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

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

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

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

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

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

Maliu: Ke walaʻau Hawaiʻi ʻoe, loaʻa ke kōkua ma ka unuhi ʻōlelo me ke kāki ʻole. E kelepona i ka helu kelepona o ka Māhele Kōkua Hoa i hōʻike ʻia no kou mokuʻāina ma kēia ʻaoʻao aʻe.

We're Just a **Phone Call Away**

ARKANSAS
HMO, HMO D-SNP
1-855-565-9518
Or visit **www.wellcare.com/allwellAR**

ARIZONA
HMO, HMO C-SNP , HMO D-SNP
1-800-977-7522
Or visit **www.wellcare.com/allwellAZ**

CALIFORNIA
HMO, HMO C-SNP, HMO D-SNP, PPO
1-800-275-4737
Or visit **www.wellcare.com/healthnetCA**

FLORIDA
HMO D-SNP
1-877-935-8022
Or visit **www.wellcare.com/allwellFL**

GEORGIA
HMO
1-844-890-2326

HMO D-SNP
1-877-725-7748
Or visit **www.wellcare.com/allwellGA**

INDIANA
HMO, PPO
1-855-766-1541

HMO D-SNP
1-833-202-4704
Or visit **www.wellcare.com/allwellIN**

KANSAS
HMO, PPO
1-855-565-9519

HMO D-SNP
1-833-402-6707
Or visit **www.wellcare.com/allwellKS**

LOUISIANA
HMO
1-855-766-1572

HMO D-SNP
1-833-541-0767
Or visit **www.wellcare.com/allwellLA**

MISSOURI
HMO
1-855-766-1452

HMO D-SNP
1-833-298-3361
Or visit **www.wellcare.com/allwellMO**

MISSISSIPPI

HMO

1-844-786-7711

HMO D-SNP

1-833-260-4124

Or visit **www.wellcare.com/allwellMS**

NEBRASKA

HMO, PPO

1-833-542-0693

HMO D-SNP, PPO D-SNP

1-833-853-0864

Or visit **www.wellcare.com/NE**

NEVADA

HMO, HMO C-SNP, PPO

1-833-854-4766

HMO D-SNP

1-833-717-0806

Or visit **www.wellcare.com/allwellNV**

NEW MEXICO

HMO, PPO

1-833-543-0246

HMO D-SNP

1-844-810-7965

Or visit **www.wellcare.com/allwellNM**

NEW YORK

HMO, HMO-POS, HMO D-SNP

1-800-247-1447

Or visit **www.fideliscare.org/wellcaremedicare**

OHIO

HMO, PPO

1-855-766-1851

HMO D-SNP

1-866-389-7690

Or visit **www.wellcare.com/allwellOH**

OKLAHOMA

HMO. PPO

1-833-853-0865

HMO D-SNP

1-833-853-0866

Or visit **www.wellcare.com/OK**

OREGON

HMO, PPO

1-844-582-5177

Or visit **www.wellcare.com/healthnetOR**

HMO D-SNP

1-844-867-1156

Or visit **www.wellcare.com/trilliumOR**

PENNSYLVANIA

HMO, PPO

1-855-766-1456

HMO D-SNP

1-866-330-9368

Or visit **www.wellcare.com/allwellPA**

SOUTH CAROLINA

HMO, HMO D-SNP

1-855-766-1497

Or visit **www.wellcare.com/allwellSC**

TEXAS

HMO

1-844-796-6811

HMO D-SNP

1-877-935-8023

Or visit **www.wellcare.com/allwellTX**

WISCONSIN

HMO D-SNP

1-877-935-8024

Or visit **www.wellcare.com/allwellWI**

WASHINGTON

PPO

1-844-582-5177

Or visit **www.wellcare.com/healthnetOR**

TTY FOR ALL STATES: 711

HOURS OF OPERATION

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

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

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-277-6583 (TTY: 711). Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m.

Understanding the Benefits

- ☐ Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. Visit www.wellcare.com/allwellfl or call 1-866-277-6583 (TTY: 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ **For plans with a plan premium (Does not apply to plans with zero plan premium):** In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- ☐ **For HMO plans only:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ **For PPO and PFFS plans only:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ☐ **For C-SNP plans only:** This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- ☐ **For D-SNP plans only:** This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Contact Us

For more information, please contact us:

By phone

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

Hours of Operation

Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m.

Online www.wellcare.com/allwellFL

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

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