



# 2024 Summary of Benefits

Delaware

**Wellcare Dual Liberty (HMO-POS D-SNP)**

H4661 | 003

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

H4661 | 002

**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 Liberty (HMO-POS D-SNP) and Wellcare Dual Access (HMO-POS 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/DE](http://www.wellcare.com/DE). 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:**

**H4661003000 Wellcare Dual Liberty (HMO-POS D-SNP)** includes these counties in Delaware: Kent, New Castle, and Sussex.

**H4661002000 Wellcare Dual Access (HMO-POS D-SNP)** includes these counties in Delaware: Kent, New Castle, and Sussex.

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.

**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.

**Health Maintenance Organizations-Point of Service (HMO-POS)** plans are HMOs which, under certain circumstances, allow members to get care out-of-network, often at a higher cost-share than those provided from in-network providers. Out-of-network providers may choose not to bill our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made. 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.

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/DE](http://www.wellcare.com/DE) (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 Liberty (HMO-POS D-SNP) and Wellcare Dual Access (HMO-POS 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/DE](http://www.wellcare.com/DE).

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/DE](http://www.wellcare.com/DE).

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:

**H4661003000 Wellcare Dual Liberty (HMO-POS D-SNP) - FBDE, QMB+, SLMB+**

**H4661002000 Wellcare Dual Access (HMO-POS 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 Delaware 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 Delaware 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

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
<b>Monthly plan premium</b> (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.
<b>Deductible</b>	No deductible	No deductible
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	\$8,850 in-network annually \$8,850 combined in and out-of-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 \$8,850 combined in and out-of-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>	<b>In-Network</b> Days 1-90: \$0 copay per admission *	<b>In-Network</b> Days 1-90: \$0 copay per admission *

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

## Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
	<p><b>Out-of-Network</b> Days 1-90: \$0 or 40% coinsurance per admission, depending on your Medicaid eligibility category. *</p>	<p><b>Out-of-Network</b> Days 1-90: \$0 or 40% coinsurance per admission, depending on your Medicaid eligibility category. *</p>
<p><b>Outpatient Hospital coverage</b> Outpatient hospital services</p>	<p><b>In-Network</b> \$0 copay for surgical and non-surgical services (includes diagnostic colonoscopy). *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance for surgical and non-surgical services (includes diagnostic colonoscopy), depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay for surgical and non-surgical services (includes diagnostic colonoscopy). *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance for surgical and non-surgical services (includes diagnostic colonoscopy), depending on your Medicaid eligibility category. *</p>

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

## Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Outpatient hospital observation services	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category.</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category.</p>
<b>Ambulatory surgical center (ASC) services</b>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
<b>Doctor Visits</b> Primary Care Providers	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category.</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category.</p>

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



## Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Specialists	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
<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, COVID shots))	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category.</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category.</p>
<b>Emergency care</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 Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
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>
<b>Urgently needed services</b>	\$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>

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

## Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
<b>Diagnostic Services/Labs/Imaging</b> Lab services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance , depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Diagnostic tests and procedures	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Outpatient X-rays	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>

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

## Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Diagnostic radiology services (e.g. MRI, CAT Scan)	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance for Medicare-covered diagnostic radiological services, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance for Medicare-covered diagnostic radiological services, depending on your Medicaid eligibility category. *</p>
Therapeutic Radiology	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
<b>Hearing services</b> Hearing Exam Medicare Covered	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>

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

**Benefits**

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Routine hearing exam	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p> <p>1 exam every year</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p> <p>1 exam every year</p>
Hearing Aids  Hearing Aid Fitting/Evaluation(s)	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p> <p>1 fitting(s) / evaluation(s) every year</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p> <p>1 fitting(s) / evaluation(s) every year</p>

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

## Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Hearing aid allowance  All types	Up to a \$500 allowance per ear every year for hearing aids.  <b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> <u>Not covered</u>  Limited to 2 hearing aid(s) every year	Up to a \$500 allowance per ear every year for hearing aids.  <b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> <u>Not covered</u>  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

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
<b>Dental services</b>		
Preventive services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p> <p>Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p> <p>Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year</p>
Fluoride Treatment	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p> <p>1 every year</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p> <p>1 every year</p>

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

### Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Comprehensive services Medicare-covered	<p><b>In-Network</b> \$0 copay for each Medicare-covered service *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance for each Medicare-covered service, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay for each Medicare-covered service *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance for each Medicare-covered service, depending on your Medicaid eligibility category. *</p>
Comprehensive services Diagnostic Services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p>
Restorative Services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p>

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



**Benefits**

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Endodontics/ Periodontics/ Extractions	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *
	<b>Out-of-Network</b> <u>Not covered</u>	<b>Out-of-Network</b> <u>Not covered</u>
Non-routine services	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *
	<b>Out-of-Network</b> <u>Not covered</u>	<b>Out-of-Network</b> <u>Not covered</u>
Prostodontics, Other Oral/Maxillofacial Surgery, Other Services	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *
	<b>Out-of-Network</b> <u>Not covered</u>	<b>Out-of-Network</b> <u>Not covered</u>
	<b>For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.</b>	<b>For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.</b>

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

## Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Additional Dental Information	<b>What you should know:</b> This plan includes coverage of comprehensive services up to \$2,000 per plan year.	<b>What you should know:</b> This plan includes coverage of comprehensive services up to \$2,000 per plan year.
<b>Vision Services</b> Eye Exam Medicare Covered	<b>In-Network</b> \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *  <b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *	<b>In-Network</b> \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *  <b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *
Routine eye exam (Refraction)	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> <u>Not covered</u>  1 exam every year	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> <u>Not covered</u>  1 exam every year

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

## Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Glaucoma screening	<p><b>In-Network</b> \$0 copay for each Medicare-covered service.</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance for each Medicare-covered service, depending on your Medicaid eligibility category.</p>	<p><b>In-Network</b> \$0 copay for each Medicare-covered service.</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance for each Medicare-covered service, depending on your Medicaid eligibility category.</p>
Eyewear Medicare Covered	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not covered</u></p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not covered</u></p>

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

## Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Eyewear allowance	Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.	Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.
<b>Mental Health Services</b>		
Inpatient visit	<p><b>In-Network</b> Days 1-90: \$0 copay per admission *</p> <p><b>Out-of-Network</b> Days 1-90: \$0 or 40% coinsurance per admission, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> Days 1-90: \$0 copay per admission. *</p> <p><b>Out-of-Network</b> Days 1-90: \$0 or 40% coinsurance per admission. , depending on your Medicaid eligibility category. *</p>
Outpatient individual therapy visit	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>

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

## Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Outpatient group therapy visit	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
<b>Skilled nursing facility (SNF)</b>	<p><b>In-Network</b> Days 1-100: \$0 copay per admission *</p> <p><b>Out-of-Network</b> Days 1-100: \$0 or 40% coinsurance per admission, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> Days 1-100: \$0 copay per admission *</p> <p><b>Out-of-Network</b> Days 1 - 100: \$0 or 40% coinsurance per admission, depending on your Medicaid eligibility category. *</p>

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

## Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
<b>Therapy and Rehabilitation Services</b>		
Physical Therapy	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Outpatient rehabilitation services provided by an occupational therapist	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Pulmonary rehabilitation services	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category.</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category.</p>

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

## Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
<b>Ambulance</b> Ground Ambulance	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *
Air Ambulance	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *
<b>Transportation Services</b>	<b>In-Network</b> <u>Not covered</u>  <b>Out-of-Network</b> <u>Not covered</u>	<b>In-Network</b> <u>Not covered</u>  <b>Out-of-Network</b> <u>Not covered</u>
<b>Medicare Part B Drugs</b>		
Chemotherapy and Other Part B Drugs	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *

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

## Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
	<p><b>Out-of-Network</b> \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</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 &amp; Medicaid Services (CMS) and may change quarterly.</p>	<p><b>Out-of-Network</b> \$0 or 20% coinsurance, depending on your Medicaid eligibility category. *</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 &amp; Medicaid Services (CMS) and may change quarterly.</p>
Insulin	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or \$35 copay (maximum per month), depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or \$35 copay (maximum per month), depending on your Medicaid eligibility category. *</p>

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



**Benefits**

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Allergy Antigen	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 0% coinsurance *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 0% coinsurance *</p>

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

Prescription Drug Coverage	Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003	Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002
<b>Annual Prescription Deductible</b>	\$0	
<b>30-day/up to a 100-day supply from retail network pharmacy</b>		
<b>All Covered Drugs</b>	\$0 copay Some covered drugs limited to a 30-day supply	

## Additional Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
<b>Chiropractic Services</b> Medicare-covered	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *
<b>Acupuncture</b> Medicare-covered	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *
<b>Podiatry Services (Foot Care)</b> Medicare Covered	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *

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

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

## Additional Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Routine Podiatry Services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not covered</u></p> <p>6 visit(s) every year</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> <u>Not covered</u></p> <p>6 visit(s) every year</p>
<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>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>

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

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

### Additional Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
<p><b>Meals</b></p> <p>Post-Acute Meals</p>	<p>\$0 copay</p> <p>▪</p> <p><b>What you should know:</b></p> <p>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>▪</p> <p><b>What you should know:</b></p> <p>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><b>Medical Equipment/Supplies</b></p> <p>Durable Medical Equipment (DME)</p>	<p><b>In-Network</b></p> <p>\$0 copay</p> <p>*</p> <p><b>Out-of-Network</b></p> <p>\$0 or 40% coinsurance, depending on your Medicaid eligibility category.</p> <p>*</p>	<p><b>In-Network</b></p> <p>\$0 copay</p> <p>*</p> <p><b>Out-of-Network</b></p> <p>\$0 or 40% coinsurance, depending on your Medicaid eligibility category.</p> <p>*</p>

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

### Additional Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Prosthetics	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
Diabetic supplies	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>
Diabetic therapeutic shoes or inserts	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>

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

### Additional Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
<b>Opioid treatment program services</b>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> \$0 or 40% coinsurance, depending on your Medicaid eligibility category. *</p>
<p><b>Wellness Programs</b></p> <p>Fitness</p>	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay</p> <p><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.</p>	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay</p> <p><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.</p>

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

## Additional Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
Additional sessions of smoking and tobacco cessation counseling	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p> <p>Limited to 5 visit(s) every year</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p> <p>Limited to 5 visit(s) every year</p>
Annual Physical Exam	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p> <p><b>What you should know:</b> The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p> <p><b>What you should know:</b> The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>
24-Hour Nurse Advice Line	\$0 copay	\$0 copay
Personal emergency medical response device (PERS)	\$0 copay	\$0 copay
<b>Over-the-Counter (OTC) Items</b>	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.

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



### Additional Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
<b>Wellcare Spendables™</b>	<p>You will receive \$180 <b>monthly</b> (\$2,160 per year) preloaded on your Wellcare Spendables™ card. Your monthly allowance <b>rolls over to the following month if unused and expires at end of the plan year.</b></p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> <li>• <b>Over-the-Counter items (OTC)</b> - 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.</li> <li>• <b>Dental, Vision, and Hearing</b> - 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.</li> </ul> <p>Because your plan participates in the</p>	<p>You will receive \$140 <b>monthly</b> (\$1,680 per year) preloaded on your Wellcare Spendables™ card. Your monthly allowance <b>rolls over to the following month if unused and expires at the end of the plan year.</b></p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> <li>• <b>Over-the-Counter items (OTC)</b> - 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.</li> <li>• <b>Dental, Vision, and Hearing</b> - 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.</li> </ul> <p>Because your plan participates in the</p>

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

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

### Additional Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
	<p>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"> <li>• <b>Healthy Food</b> - You can use your card to pay for healthy foods and produce at participating retailers. Prepared meals are available for order via online portal.</li> <li>• <b>Gas pay-at-pump</b> - 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.</li> <li>• <b>Utility Assistance</b> - 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</li> </ul>	<p>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"> <li>• <b>Healthy Food</b> - You can use your card to pay for healthy foods and produce at participating retailers. Prepared meals are available for order via online portal.</li> <li>• <b>Gas pay-at-pump</b> - 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.</li> <li>• <b>Utility Assistance</b> - 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</li> </ul>

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

### Additional Benefits

	<b>Wellcare Dual Liberty (HMO-POS D-SNP) H4661, Plan 003</b>	<b>Wellcare Dual Access (HMO-POS D-SNP) H4661, Plan 002</b>
	<p>mobile phone and internet.</p> <ul style="list-style-type: none"> <li>• <b>Rent Assistance</b> - You can use your card to help with the cost of rent for your home.</li> </ul> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>	<p>mobile phone and internet.</p> <ul style="list-style-type: none"> <li>• <b>Rent Assistance</b> - You can use your card to help with the cost of rent for your home.</li> </ul> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>

*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 Liberty (HMO-POS D-SNP) and Wellcare Dual Access (HMO-POS 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 Delaware Medicaid toll-free at 1-866-843-7212 (TTY: 711).

For the most current Delaware Medicaid coverage information, please visit <http://www.dhss.delaware.gov/dss/medicaid.html> or call Member Services for assistance.

Benefit	Medicaid Benefit	Our Plan Benefit
Inpatient hospital services	Covered	Covered
Inpatient behavioral health services	Covered	Covered
Outpatient hospital services	Covered	Covered
Emergency Hospital services	Covered	Covered
Laboratory and radiology services	Covered	Covered
Doctor Visits	Covered	Covered
Hearing Aids	Covered	Covered with limits
Eyeglasses	Covered	Covered with limits
Dental services	Covered - with limitations	Covered with limits - Preventative and Comprehensive
Home and community based waiver service programs	Covered	Not Covered
Inpatient hospital, nursing facility and intermediate care facility services in institutions for mental diseases (MD), age 65 and older	Covered	Covered
Inpatient psychiatric services, under age 21	Covered	Covered

Benefit	Medicaid Benefit	Our Plan Benefit
Physical therapy, occupational therapy and speech/language pathology services	Covered	Covered
Prescription Drugs	Covered	Covered
Prosthetic and orthotic devices as well as other durable medical equipment and assistive technology services	Covered	Covered
Hospice services	Covered	Covered
Transportation	Covered - Only emergency medical transportation services (non-emergency medical transportation is the responsibility of the State)	Covered - Only emergency medical transportation services
Preventive care (e.g., flu, vaccine, diabetic screenings)	Covered	Covered
Home Health and Home Visiting Services	Covered	Covered

Footnote: Medicare deductible/co-insurance and remainder up to the Medicaid allowed amount is covered.

**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**

.....

## 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/DE](http://www.wellcare.com/DE) 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 POS plans:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ❑ 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.

This page intentionally left blank

**This page intentionally left blank**

## 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/DE](http://www.wellcare.com/DE)