

2021

# Summary of Benefits

North Carolina

**WellCare Value (HMO)**

H0712 | Plan 023

**WellCare Value (HMO)**

H0712 | Plan 022





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 Value (HMO), WellCare Value (HMO) from January 1, 2021 to December 31, 2021.

This information does not list every service, limitation or exclusion. A complete list of services is in the plan's Evidence of Coverage. You can find the Evidence of Coverage on our website. Or you may call us to ask for a copy at the phone number listed on the back cover.

### **Who can join?**

To join one of our plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

Our plans and service area:

H0712023000 WellCare Value (HMO) Alexander, Ashe, Avery, Buncombe, Catawba, Haywood, Henderson, Iredell, Jackson, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Yancey

H0712022000 WellCare Value (HMO) Bladen, Caswell, Cumberland, Durham, Guilford, Harnett, Hoke, Lee, Orange, Person, Warren

Like all Medicare health plans, our plans also cover everything that Original Medicare covers with additional benefits to support your well-being.

For 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). TTY/TDD users should call 1-877-486-2048. Available 24 hours, 7 days a week, including some federal holidays.

**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 doctor to coordinate care. Some plans also include giveback of some or all of the Part B premium.

### **Which doctors, hospitals and pharmacies can I use?**

WellCare 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 at our website: [www.wellcare.com/medicare](http://www.wellcare.com/medicare). Or, call and we'll send you a copy.

### **How will I determine my drug costs?**

If your plan offers a drug benefit, you will generally have to use one of our network pharmacies to fill your prescriptions covered by Part D. You will need to use our plan's formulary (list of covered drugs) to locate what tier your drug is on to determine how much it will cost you. Each medication will be grouped into one of the five tiers. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the drug benefit stages that occur, if applicable: Deductible, Initial Coverage, Coverage Gap, and Catastrophic Coverage.

This document is available in other formats such as braille, large print or audio. This document is available in languages other than English. For additional information, call us at 1-877-374-4056, (TTY/TDD 711).

For more information, please call us at 1-833-444-9088 (TTY/TDD users should call 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., or visit us at [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



# Summary of Benefits

January 1, 2021 - December 31, 2021

## NOTE:

- Services with PA may require prior authorization
- Services with R may require a referral from your doctor

<b>Plan Name</b>	<b>WellCare Value (HMO)</b> <b>H0712023000</b> NC	<b>WellCare Value (HMO)</b> <b>H0712022000</b> NC
<b>Service Area</b>	Alexander, Ashe, Avery, Buncombe, Catawba, Haywood, Henderson, Iredell, Jackson, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Yancey	Bladen, Caswell, Cumberland, Durham, Guilford, Harnett, Hoke, Lee, Orange, Person, Warren
<b>Monthly Premium, Deductible and Limits</b>	<b>WellCare Value (HMO)</b> <b>H0712023000</b> NC	<b>WellCare Value (HMO)</b> <b>H0712022000</b> NC
<b>Monthly Plan Premium</b>	<b>\$0.00</b>  <b>What you should know</b> You must continue to pay your Medicare Part B premium.	<b>\$0.00</b>  <b>What you should know</b> You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	No Deductible  <b>What you should know</b> See the Prescription Drug Benefits section of this document for Part D Prescription Drug Deductible information.	No Deductible  <b>What you should know</b> See the Prescription Drug Benefits section of this document for Part D Prescription Drug Deductible information.
<b>Maximum Out-of-Pocket Responsibility(MOOP)</b> (does not include prescription drugs)	<b>In-Network</b> <b>\$5,500</b> annually  <b>What you should know</b> Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. These limits are the most you pay for co-pays, coinsurance and other costs for hospital and medical services. For more information on out-of-pocket costs for this plan, refer to the Evidence of Coverage.	<b>In-Network</b> <b>\$5,500</b> annually  <b>What you should know</b> Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. These limits are the most you pay for co-pays, coinsurance and other costs for hospital and medical services. For more information on out-of-pocket costs for this plan, refer to the Evidence of Coverage.

Medical and Hospital Benefits	WellCare Value (HMO) H0712023000 NC	WellCare Value (HMO) H0712022000 NC
<b>Inpatient Hospital Coverage<sup>PA</sup></b>	<b>In-Network</b> <b>\$350</b> co-pay per day for days 1-5 and a <b>\$0</b> co-pay per day for days 6-90 <b>What you should know</b> Our plan covers a specified number of days for an inpatient hospital stay. Once discharged from an inpatient hospital stay, talk to one of our care managers. Our care managers can help make sure you stay healthy and out of the hospital. Refer to the Evidence of Coverage for more plan specific information.	<b>In-Network</b> <b>\$350</b> co-pay per day for days 1-5 and a <b>\$0</b> co-pay per day for days 6-90 <b>What you should know</b> Our plan covers a specified number of days for an inpatient hospital stay. Once discharged from an inpatient hospital stay, talk to one of our care managers. Our care managers can help make sure you stay healthy and out of the hospital. Refer to the Evidence of Coverage for more plan specific information.
<b>Outpatient Hospital Coverage<sup>PA</sup></b>	<b>In-Network</b> <b>\$250</b> co-pay per non-surgical service / <b>\$400</b> co-pay per surgical service <b>What you should know</b> Covered services include surgery, heart catheterizations, oncology related services, respiratory services, wound care, infusion therapies and other therapeutic procedures done in an outpatient setting.	<b>In-Network</b> <b>\$250</b> co-pay per non-surgical service / <b>\$400</b> co-pay per surgical service <b>What you should know</b> Covered services include surgery, heart catheterizations, oncology related services, respiratory services, wound care, infusion therapies and other therapeutic procedures done in an outpatient setting.
Outpatient Hospital Observation Services <sup>PA</sup>	<b>In-Network</b> <b>\$90</b> co-pay Emergency Room (ER) / <b>\$400</b> co-pay (Outpatient) <b>What you should know</b> Your cost for Outpatient Hospital Observation Services when you enter through ER or when you enter observation status through an outpatient setting.	<b>In-Network</b> <b>\$90</b> co-pay Emergency Room (ER) / <b>\$400</b> co-pay (Outpatient) <b>What you should know</b> Your cost for Outpatient Hospital Observation Services when you enter through ER or when you enter observation status through an outpatient setting.
<b>Ambulatory Surgery Center (ASC)<sup>PA</sup></b>	<b>In-Network</b> <b>\$225</b> co-pay	<b>In-Network</b> <b>\$225</b> co-pay
<b>Doctor Visits</b>  Primary Care Provider (PCP)	<b>In-Network</b> <b>\$0</b> co-pay	<b>In-Network</b> <b>\$0</b> co-pay

Medical and Hospital Benefits	WellCare Value (HMO) H0712023000 NC	WellCare Value (HMO) H0712022000 NC
	<p><b>What you should know</b></p> <p>Your PCP is the doctor who will handle most of your health care services. For telemedicine services rendered by your Primary Care Physician, Specialist, Urgent Needed Services, Outpatient Mental Health Care (Individual Session), Occupational Therapy, Physical Therapy and/or Speech-Language Therapy, Outpatient Substance Abuse (Individual Session), Podiatry Services (Medicare Covered ), Home Health Agency Care, Diabetes Self-Management Training, Other Healthcare Professional, Walk-in and Pharmacy Clinics, you will pay the cost share for that provider listed throughout this document.</p>	<p><b>What you should know</b></p> <p>Your PCP is the doctor who will handle most of your health care services. For telemedicine services rendered by your Primary Care Physician, Specialist, Urgent Needed Services, Outpatient Mental Health Care (Individual Session), Occupational Therapy, Physical Therapy and/or Speech-Language Therapy, Outpatient Substance Abuse (Individual Session), Podiatry Services (Medicare Covered ), Home Health Agency Care, Diabetes Self-Management Training, Other Healthcare Professional, Walk-in and Pharmacy Clinics, you will pay the cost share for that provider listed throughout this document.</p>
Specialist <sup>PA</sup>	<p><b>In-Network</b></p> <p><b>\$40</b> co-pay</p>	<p><b>In-Network</b></p> <p><b>\$40</b> co-pay</p>
Other Healthcare Professionals <sup>PA</sup> (e.g. Physician Assistant or Nurse Practitioner)	<p><b>In-Network</b></p> <p><b>\$0</b> co-pay (PCP office)</p> <p><b>\$40</b> co-pay (specialist office)</p> <p><b>\$40</b> co-pay (clinic/pharmacy setting)</p>	<p><b>In-Network</b></p> <p><b>\$0</b> co-pay (PCP office)</p> <p><b>\$40</b> co-pay (specialist office)</p> <p><b>\$40</b> co-pay (clinic/pharmacy setting)</p>
Teladoc	<p>You pay a <b>\$0</b> co-pay per call</p> <p><b>What you should know</b></p> <p>Participating providers may diagnose and treat some medical conditions via real-time interactive audio and video technologies.</p>	<p>You pay a <b>\$0</b> co-pay per call</p> <p><b>What you should know</b></p> <p>Participating providers may diagnose and treat some medical conditions via real-time interactive audio and video technologies.</p>





Emergency Care / Urgently Needed Services	WellCare Value (HMO) H0712023000 NC	WellCare Value (HMO) H0712022000 NC
<b>Emergency Care</b>	<b>\$90 co-pay</b> <b>What you should know</b> If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.	<b>\$90 co-pay</b> <b>What you should know</b> If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.
Worldwide Emergency Coverage	<b>\$90 co-pay</b> <b>What you should know</b> Worldwide Emergency and worldwide urgently needed services are subject to a <b>\$50,000</b> 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 WW Emergency Services.	<b>\$90 co-pay</b> <b>What you should know</b> Worldwide Emergency and worldwide urgently needed services are subject to a <b>\$50,000</b> 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 WW Emergency Services.
<b>Urgently Needed Services</b>	<b>\$45 co-pay</b> <b>What you should know</b> If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services.	<b>\$45 co-pay</b> <b>What you should know</b> If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services.
Worldwide Urgent Coverage	<b>\$90 co-pay</b> <b>What you should know</b> Worldwide Emergency and worldwide urgently needed services are subject to a <b>\$50,000</b> maximum plan coverage. The copay is not waived if admitted to the hospital for WW Urgently Needed Services.	<b>\$90 co-pay</b> <b>What you should know</b> Worldwide Emergency and worldwide urgently needed services are subject to a <b>\$50,000</b> maximum plan coverage. The copay is not waived if admitted to the hospital for WW Urgently Needed Services.

<b>Diagnostic Services / Labs / Imaging</b>	<b>WellCare Value (HMO) H0712023000 NC</b>	<b>WellCare Value (HMO) H0712022000 NC</b>
<b>Lab Services<sup>PA</sup></b> (Medicare approved lab work)	<b>In-Network</b> <b>\$0</b> co-pay	<b>In-Network</b> <b>\$0</b> co-pay
<b>Diagnostic Radiology Services<sup>PA</sup></b> (MRI/CT/PET scans in specialist office or free standing facility / outpatient setting)	<b>In-Network</b> <b>\$50</b> co-pay / <b>\$250</b> co-pay  <b>What you should know</b> You pay <b>\$0</b> for mammograms and DEXA scans.	<b>In-Network</b> <b>\$50</b> co-pay / <b>\$250</b> co-pay  <b>What you should know</b> You pay <b>\$0</b> for mammograms and DEXA scans.
<b>Diagnostic Tests and Procedures<sup>PA</sup></b> (Basic / Advanced)	<b>In-Network</b> <b>\$0</b> co-pay <b>\$45</b> co-pay	<b>In-Network</b> <b>\$0</b> co-pay <b>\$45</b> co-pay
<b>Therapeutic Radiology Services<sup>PA</sup></b> (radiation treatment for cancer in a specialist office or free standing facility / outpatient setting)	<b>In-Network</b> <b>20%</b> coinsurance	<b>In-Network</b> <b>20%</b> coinsurance
<b>Outpatient X-Ray<sup>PA</sup></b>	<b>In-Network</b> <b>\$0</b> co-pay	<b>In-Network</b> <b>\$0</b> co-pay

<b>Hearing Services</b>	<b>WellCare Value (HMO) H0712023000 NC</b>	<b>WellCare Value (HMO) H0712022000 NC</b>
<b>Hearing Exam</b> <sup>PA,R</sup> (Medicare Covered)	<b>In-Network</b> \$40 co-pay	<b>In-Network</b> \$40 co-pay
<b>Routine Hearing Exam</b> <sup>PA,R</sup>	<b>In-Network</b> \$0 co-pay 1 exam every year	<b>In-Network</b> \$0 co-pay 1 exam every year
<b>Hearing Aid Fitting/Evaluations</b> <sup>PA,R</sup>	<b>In-Network</b> \$0 co-pay 1 fitting(s)/evaluation(s) every year	<b>In-Network</b> \$0 co-pay 1 fitting(s)/evaluation(s) every year
<b>Annual Hearing Aid Allowance</b> <sup>PA,R</sup>	<b>In-Network</b> \$0 co-pay 2 hearing aids per year \$1,500 value <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>In-Network</b> \$0 co-pay 2 hearing aids per year \$1,500 value <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>Dental Services</b>	<b>WellCare Value (HMO) H0712023000 NC</b>	<b>WellCare Value (HMO) H0712022000 NC</b>
<b>Preventive Services</b> <sup>PA,R</sup>	<b>In-Network</b> \$0 co-pay for: Cleanings (1 every 6 months) Dental x-rays (1 every 12 to 36 months) Oral exams (1 every 6 months)	<b>In-Network</b> \$0 co-pay for: Cleanings (1 every 6 months) Dental x-rays (1 every 12 to 36 months) Oral exams (1 every 6 months)
Fluoride <sup>PA,R</sup>	<b>In-Network</b> \$0 co-pay (1 every year)	<b>In-Network</b> \$0 co-pay (1 every year)
<b>Comprehensive Services</b> <sup>PA,R</sup> (Medicare-Covered)	<b>In-Network</b> \$40 co-pay	<b>In-Network</b> \$40 co-pay
<b>Comprehensive Services</b> <sup>PA,R</sup>		
Routine Services	<b>In-Network</b> \$0 co-pay	<b>In-Network</b> \$0 co-pay
Restorative	1 every three years	1 every three years

<b>Dental Services</b>	<b>WellCare Value (HMO) H0712023000 NC</b>	<b>WellCare Value (HMO) H0712022000 NC</b>
Endodontics	1 Endodontic procedure per tooth	1 Endodontic procedure per tooth
Periodontics	1 Periodontic procedure every 6 to 36 months	1 Periodontic procedure every 6 to 36 months
Extractions	1 Extraction per tooth	1 Extraction per tooth
Non-Routine Services	1 Non-Routine Services every 6 to 24 months	1 Non-Routine Services every 6 to 24 months
Prosthodontics, Other Oral/ Maxillofacial Surgery	1 Prosthodontic procedure every 12 to 60 months 1 Oral Maxillofacial procedure every 60 months or per lifetime Other services every 6 to 24 months  <b>What you should know</b> This plan includes coverage of preventive and comprehensive services up to <b>\$1,000</b> , including but not limited to cleanings, x-ray(s), oral exams, fluoride treatments, fillings, dentures or a bridge or a crown and a root canal.	1 Prosthodontic procedure every 12 to 60 months 1 Oral Maxillofacial procedure every 60 months or per lifetime Other services every 6 to 24 months  <b>What you should know</b> This plan includes coverage of preventive and comprehensive services up to <b>\$1,000</b> , including but not limited to cleanings, x-ray(s), oral exams, fluoride treatments, fillings, dentures or a bridge or a crown and a root canal.

<b>Vision Services</b>	<b>WellCare Value (HMO) H0712023000 NC</b>	<b>WellCare Value (HMO) H0712022000 NC</b>
<b>Eye Exams<sup>PA,R</sup></b> (Medicare Covered)	<b>In-Network</b> \$0 co-pay (Medicare-covered diabetes retinopathy screening) \$40 co-pay (all other Medicare-covered eye exams)	<b>In-Network</b> \$0 co-pay (Medicare-covered diabetes retinopathy screening) \$40 co-pay (all other Medicare-covered eye exams)
<b>Routine Eye Exams (Refraction)<sup>PA,R</sup></b>	<b>In-Network</b> \$0 co-pay 1 exam per year	<b>In-Network</b> \$0 co-pay 1 exam per year
<b>Glaucoma Screening</b>	<b>In-Network</b> \$0 co-pay	<b>In-Network</b> \$0 co-pay
<b>Eyewear<sup>PA,R</sup></b> (Medicare Covered)	<b>In-Network</b> \$0 co-pay	<b>In-Network</b> \$0 co-pay
<b>Contact Lenses, Eye Glasses, Eye Glass Lenses, Eye Glass Frames<sup>PA,R</sup></b>	<b>In-Network</b> \$0 co-pay Unlimited contacts Unlimited glasses (lenses and/or frames) per year Up to \$200	<b>In-Network</b> \$0 co-pay Unlimited contacts Unlimited glasses (lenses and/or frames) per year Up to \$200

<b>Mental Health Services</b>	<b>WellCare Value (HMO) H0712023000 NC</b>	<b>WellCare Value (HMO) H0712022000 NC</b>
<b>Inpatient Mental Health Services<sup>PA</sup></b>	<b>In-Network</b> \$400 co-pay per day for days 1-4 and a \$0 co-pay per day for days 5-90 <b>What you should know</b> Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.	<b>In-Network</b> \$400 co-pay per day for days 1-4 and a \$0 co-pay per day for days 5-90 <b>What you should know</b> Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.
<b>Outpatient Mental Health Services<sup>PA</sup></b> Per session for individual therapy  Per session for group therapy	<b>In-Network</b> \$40 co-pay  <b>In-Network</b> \$40 co-pay	<b>In-Network</b> \$40 co-pay  <b>In-Network</b> \$40 co-pay

<b>Mental Health Services</b>	<b>WellCare Value (HMO)</b> <b>H0712023000</b> <b>NC</b>	<b>WellCare Value (HMO)</b> <b>H0712022000</b> <b>NC</b>
Partial Hospitalization <sup>PA</sup>	<b>In-Network</b> <b>\$55 co-pay</b>	<b>In-Network</b> <b>\$55 co-pay</b>
<b>Skilled Nursing Facility (SNF)</b>	<b>WellCare Value (HMO)</b> <b>H0712023000</b> <b>NC</b>	<b>WellCare Value (HMO)</b> <b>H0712022000</b> <b>NC</b>
<b>Skilled Nursing Facility (SNF)<sup>PA</sup></b>	<b>In-Network</b> <b>\$0 co-pay per day for days 1-20 and a</b> <b>\$184.00 co-pay per day for days</b> <b>21-100</b>  <b>What you should know</b> Our plan covers up to 100 days per benefit period in a SNF. A Benefit Period begins the first day you go into a SNF and ends when you haven't received any SNF care for 60 consecutive days. There is no limit to the number of benefit periods you may have.	<b>In-Network</b> <b>\$0 co-pay per day for days 1-20 and a</b> <b>\$184.00 co-pay per day for days</b> <b>21-100</b>  <b>What you should know</b> Our plan covers up to 100 days per benefit period in a SNF. A Benefit Period begins the first day you go into a SNF and ends when you haven't received any SNF care for 60 consecutive days. There is no limit to the number of benefit periods you may have.
<b>Therapy and Rehabilitation Services</b>	<b>WellCare Value (HMO)</b> <b>H0712023000</b> <b>NC</b>	<b>WellCare Value (HMO)</b> <b>H0712022000</b> <b>NC</b>
<b>Physical Therapy and Speech-Language Therapy<sup>PA</sup></b>	<b>In-Network</b> <b>\$40 co-pay</b>	<b>In-Network</b> <b>\$40 co-pay</b>
Occupational Therapy <sup>PA</sup>	<b>In-Network</b> <b>\$40 co-pay</b>	<b>In-Network</b> <b>\$40 co-pay</b>
Cardiac Rehabilitation <sup>PA</sup>	<b>In-Network</b> <b>\$20 co-pay</b>	<b>In-Network</b> <b>\$20 co-pay</b>
Pulmonary Rehabilitation <sup>PA</sup>	<b>In-Network</b> <b>\$20 co-pay</b>	<b>In-Network</b> <b>\$20 co-pay</b>
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) <sup>PA</sup>	<b>In-Network</b> <b>\$20 co-pay</b>	<b>In-Network</b> <b>\$20 co-pay</b>

<b>Ambulance and Transportation</b>	<b>WellCare Value (HMO) H0712023000 NC</b>	<b>WellCare Value (HMO) H0712022000 NC</b>
<b>Ambulance<sup>PA</sup></b>	<b>(ground / air)</b> <b>\$300</b> co-pay	<b>(ground / air)</b> <b>\$265</b> co-pay
<b>Transportation<sup>PA</sup></b>	<b>In-Network</b> <b>\$0</b> co-pay for 36 one-way trips every year  <b>What you should know</b> 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.	<b>In-Network</b> <b>\$0</b> co-pay for 36 one-way trips every year  <b>What you should know</b> 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.
<b>Medicare Part B Drugs</b>	<b>WellCare Value (HMO) H0712023000 NC</b>	<b>WellCare Value (HMO) H0712022000 NC</b>
<b>Medicare Part B Drugs<sup>PA</sup></b>	<b>In-Network</b> <b>20%</b> coinsurance  <b>What you should know</b> Includes chemotherapy and other Part B drugs	<b>In-Network</b> <b>20%</b> coinsurance  <b>What you should know</b> Includes chemotherapy and other Part B drugs
<b>Prescription Drug Coverage</b>	<b>WellCare Value (HMO) H0712023000 NC</b>	<b>WellCare Value (HMO) H0712022000 NC</b>
<b>Part D Deductible</b>	<b>\$150</b> Tiers 3 to 5	<b>\$150</b> Tiers 3 to 5
<b>Initial Coverage Stage</b> (after you pay your deductible if applicable)	After you pay your deductible, You pay these co-pays or coinsurance amounts until your total yearly drug cost reaches <b>\$4,130</b> . Total yearly drug costs are the total drug costs paid by both you and our Part D plan at network retail pharmacies and mail order pharmacies.	After you pay your deductible, You pay these co-pays or coinsurance amounts until your total yearly drug cost reaches <b>\$4,130</b> . Total yearly drug costs are the total drug costs paid by both you and our Part D plan at network retail pharmacies and mail order pharmacies.



Prescription Drug Coverage	WellCare Value (HMO) H0712023000 NC	WellCare Value (HMO) H0712022000 NC
<b>Standard Retail, Mail and Preferred Mail Cost-Share (In-Network)</b>		
<b>Tier 1: Preferred Generic Drugs</b>		
Standard Retail and Mail - 30 day supply	<b>\$0.00</b>	<b>\$0.00</b>
Standard Retail and Mail - 90 day supply	<b>\$0.00</b>	<b>\$0.00</b>
Preferred Mail - 30 day supply	<b>\$0.00</b>	<b>\$0.00</b>
Preferred Mail - 90 day supply	<b>\$0.00</b>	<b>\$0.00</b>
<b>Tier 2: Generic Drugs</b>		
Standard Retail and Mail - 30 day supply	<b>\$10.00</b>	<b>\$10.00</b>
Standard Retail and Mail - 90 day supply	<b>\$30.00</b>	<b>\$30.00</b>
Preferred Mail - 30 day supply	<b>\$10.00</b>	<b>\$10.00</b>
Preferred Mail - 90 day supply	<b>\$0.00</b>	<b>\$0.00</b>
<b>Tier 3: Preferred Brand Drugs</b>		
Standard Retail and Mail - 30 day supply	<b>\$45.00</b>	<b>\$45.00</b>
Standard Retail and Mail - 90 day supply	<b>\$135.00</b>	<b>\$135.00</b>
Preferred Mail - 30 day supply	<b>\$45.00</b>	<b>\$45.00</b>
Preferred Mail - 90 day supply	<b>\$90.00</b>	<b>\$90.00</b>
<b>Tier 4: Non-Preferred Drugs</b>		
Standard Retail and Mail - 30 day supply	<b>43%</b>	<b>45%</b>
Standard Retail and Mail - 90 day supply	<b>43%</b>	<b>45%</b>
Preferred Mail - 30 day supply	<b>43%</b>	<b>45%</b>
Preferred Mail - 90 day supply	<b>43%</b>	<b>45%</b>
<b>Tier 5: Specialty Tier Drugs</b>		
Standard Retail and Mail - 30 day supply	<b>30%</b>	<b>30%</b>
Preferred Mail - 30 day supply	<b>30%</b>	<b>30%</b>

Prescription Drug Coverage	WellCare Value (HMO) H0712023000 NC	WellCare Value (HMO) H0712022000 NC
<b>What you should know</b>	<p><u>Preferred Mail:</u> 90-day supply of Tier 1 and Tier 2 prescription drugs for a <b>\$0</b> co-pay; 90-day supply of Tier 3 and Tier 4 prescription drugs for two 30-day co-pays, if applicable. Available only from a preferred mail service pharmacy and filled during the initial coverage stage. See the Formulary and Evidence of Coverage (EOC) for availability and co-pays.</p> <p><u>Standard Retail and Mail:</u> You may get your drugs at network retail pharmacies and mail order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy. You will be reimbursed up to the plan's cost of the drug minus the co-pay or coinsurance for drugs purchased out-of-network until your total yearly drug costs reach <b>\$4,130</b>. You will likely have to pay the pharmacy's full charge for the drugs and submit documentation to receive reimbursement. Cost-sharing may change depending on the pharmacy you use and when you move from one phase of the Part D benefit to another, your cost-sharing may change as well. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.</p> <p><u>Excluded Drugs:</u> This plan includes enhanced drug coverage of certain excluded drugs. Generic only Sildenafil and Vardenafil on Tier 1 have a quantity limit of four pills every 30 days.</p>	<p><u>Preferred Mail:</u> 90-day supply of Tier 1 and Tier 2 prescription drugs for a <b>\$0</b> co-pay; 90-day supply of Tier 3 and Tier 4 prescription drugs for two 30-day co-pays, if applicable. Available only from a preferred mail service pharmacy and filled during the initial coverage stage. See the Formulary and Evidence of Coverage (EOC) for availability and co-pays.</p> <p><u>Standard Retail and Mail:</u> You may get your drugs at network retail pharmacies and mail order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy. You will be reimbursed up to the plan's cost of the drug minus the co-pay or coinsurance for drugs purchased out-of-network until your total yearly drug costs reach <b>\$4,130</b>. You will likely have to pay the pharmacy's full charge for the drugs and submit documentation to receive reimbursement. Cost-sharing may change depending on the pharmacy you use and when you move from one phase of the Part D benefit to another, your cost-sharing may change as well. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.</p> <p><u>Excluded Drugs:</u> This plan includes enhanced drug coverage of certain excluded drugs. Generic only Sildenafil and Vardenafil on Tier 1 have a quantity limit of four pills every 30 days.</p>

Prescription Drug Coverage	WellCare Value (HMO) H0712023000 NC	WellCare Value (HMO) H0712022000 NC
	<p>Because these drug 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.</p> <p>Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.</p>	<p>Because these drug 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.</p> <p>Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.</p>
<b>Coverage Gap</b>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches <b>\$4,130</b>.</p> <p>After you enter the coverage gap, you pay <b>25%</b> of the plan’s cost for covered brand name drugs and <b>25%</b> of the plan’s cost for covered generic drugs until your out-of-pocket costs total <b>\$6,550</b> which is the end of the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches <b>\$4,130</b>.</p> <p>After you enter the coverage gap, you pay <b>25%</b> of the plan’s cost for covered brand name drugs and <b>25%</b> of the plan’s cost for covered generic drugs until your out-of-pocket costs total <b>\$6,550</b> which is the end of the coverage gap.</p>
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach <b>\$6,550</b>, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• <b>5%</b> of the cost; or</li> <li>• <b>\$3.70</b> co-pay for generics (including brand drugs treated as generic) or</li> <li>• <b>\$9.20</b> co-pay for all other drugs.</li> </ul>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach <b>\$6,550</b>, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• <b>5%</b> of the cost; or</li> <li>• <b>\$3.70</b> co-pay for generics (including brand drugs treated as generic) or</li> <li>• <b>\$9.20</b> co-pay for all other drugs.</li> </ul>
Additional Covered Benefits	WellCare Value (HMO) H0712023000 NC	WellCare Value (HMO) H0712022000 NC
<b>Chiropractic Care<sup>PA</sup></b> (Medicare-Covered)	<b>In-Network</b> <b>\$20</b> co-pay	<b>In-Network</b> <b>\$20</b> co-pay

<b>Additional Covered Benefits</b>	<b>WellCare Value (HMO) H0712023000 NC</b>	<b>WellCare Value (HMO) H0712022000 NC</b>
<b>Home Health Agency Care<sup>PA</sup></b>	<b>In-Network</b> <b>\$0</b> co-pay <b>What you should know</b> Covered services include part-time or intermittent Skilled Nursing and home health-aide services including physical therapy, occupational therapy, and speech therapy, medical and social services, medical supplies.	<b>In-Network</b> <b>\$0</b> co-pay <b>What you should know</b> Covered services include part-time or intermittent Skilled Nursing and home health-aide services including physical therapy, occupational therapy, and speech therapy, medical and social services, medical supplies.
<b>Outpatient Substance Abuse<sup>PA</sup></b> Individual Therapy  Group Therapy	<b>In-Network</b> <b>\$40</b> co-pay  <b>In-Network</b> <b>\$40</b> co-pay	<b>In-Network</b> <b>\$40</b> co-pay  <b>In-Network</b> <b>\$40</b> co-pay
<b>Opioid Treatment Services<sup>PA</sup></b>	<b>In-Network</b> <b>\$40</b> co-pay <b>What you should know</b> Opioid treatment services include FDA-approved opioid agonist and antagonist treatment medications, substance counseling and individual and/or group therapy.	<b>In-Network</b> <b>\$40</b> co-pay <b>What you should know</b> Opioid treatment services include FDA-approved opioid agonist and antagonist treatment medications, substance counseling and individual and/or group therapy.
<b>Renal Dialysis</b>	<b>In-Network</b> <b>20%</b> coinsurance	<b>In-Network</b> <b>20%</b> coinsurance
<b>Over-The-Counter (OTC) Health Items</b>	The maximum total annual benefit is <b>\$420</b> . <b>What you should know</b> Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.	The maximum total annual benefit is <b>\$420</b> . <b>What you should know</b> Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.
<b>Meals</b> Post-Acute Meals <sup>PA</sup>	<b>\$0</b> co-pay for each post-acute meal	<b>\$0</b> co-pay for each post-acute meal

<b>Additional Covered Benefits</b>	<b>WellCare Value (HMO) H0712023000 NC</b>	<b>WellCare Value (HMO) H0712022000 NC</b>
Chronic Meals <sup>PA</sup>	<p><b>What you should know</b> 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.</p> <p><b>\$0</b> co-pay for each chronic meal</p> <p><b>What you should know</b> You pay nothing for home delivered meals as part of a supervised program designed to transition members with chronic conditions to lifestyle modification. Members receive 3 meals per day for up to 28 days per month, for a maximum of 84 meals. The benefit can be received for up to 3 months</p>	<p><b>What you should know</b> 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.</p> <p><b>\$0</b> co-pay for each chronic meal</p> <p><b>What you should know</b> You pay nothing for home delivered meals as part of a supervised program designed to transition members with chronic conditions to lifestyle modification. Members receive 3 meals per day for up to 28 days per month, for a maximum of 84 meals. The benefit can be received for up to 3 months.</p>

<b>Medical Equipment / Supplies / Services</b>	<b>WellCare Value (HMO) H0712023000 NC</b>	<b>WellCare Value (HMO) H0712022000 NC</b>
<b>Durable Medical Equipment (DME)</b> <sup>PA</sup> (e.g., wheelchairs, oxygen)	<b>In-Network</b> <b>20%</b> coinsurance	<b>In-Network</b> <b>20%</b> coinsurance
<b>Prosthetics</b> <sup>PA</sup> (e.g., braces, artificial limbs)	<b>In-Network</b> <b>20%</b> coinsurance	<b>In-Network</b> <b>20%</b> coinsurance
<b>Diabetic Monitoring Supplies</b> <sup>PA</sup>	<p><b>In-Network</b> <b>\$0</b> co-pay</p> <p><b>What you should know</b> Covered diabetes supplies include: blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions.</p>	<p><b>In-Network</b> <b>\$0</b> co-pay</p> <p><b>What you should know</b> Covered diabetes supplies include: blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions.</p>
<b>Medical Supplies</b> <sup>PA</sup>	<b>In-Network</b> <b>20%</b> coinsurance	<b>In-Network</b> <b>20%</b> coinsurance
<b>Diabetic Therapeutic Shoes and Inserts</b> <sup>PA</sup>	<b>In-Network</b> <b>20%</b> coinsurance	<b>In-Network</b> <b>20%</b> coinsurance
<b>Diabetic Self-Management Training</b>	<b>In-Network</b> <b>\$0</b> co-pay	<b>In-Network</b> <b>\$0</b> co-pay

<b>Foot Care</b>	<b>WellCare Value (HMO)</b> <b>H0712023000</b> <b>NC</b>	<b>WellCare Value (HMO)</b> <b>H0712022000</b> <b>NC</b>
<b>Podiatry Services<sup>PA</sup></b> (Medicare Covered)	<b>In-Network</b> <b>\$40 co-pay</b>	<b>In-Network</b> <b>\$40 co-pay</b>

<b>Wellness Programs</b>	<b>WellCare Value (HMO)</b> <b>H0712023000</b> <b>NC</b>	<b>WellCare Value (HMO)</b> <b>H0712022000</b> <b>NC</b>
<b>Fitness</b>	<b>\$0 co-pay</b> <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 Fitbit fitness tracker is included in the home kit.	<b>\$0 co-pay</b> <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 Fitbit fitness tracker is included in the home kit.
<b>Personal Emergency Response System (PERS)</b>	<b>\$0 co-pay</b>	<b>\$0 co-pay</b>
<b>Additional Routine Annual Physical</b>	<b>In-Network</b> <b>\$0 co-pay</b> <b>What you should know</b> Wellness programs are a great way to maintain your health. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.	<b>In-Network</b> <b>\$0 co-pay</b> <b>What you should know</b> Wellness programs are a great way to maintain your health. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.
<b>24-Hour Nurse Advice Line</b>	<b>\$0 co-pay</b>	<b>\$0 co-pay</b>

<b>Additional Supplemental Benefits</b>	<b>WellCare Value (HMO)</b> <b>H0712023000</b> <b>NC</b>	<b>WellCare Value (HMO)</b> <b>H0712022000</b> <b>NC</b>
<b>Flex Card</b>	<b>\$300 yearly benefit</b> <b>What you should know</b> The Flex Card benefit is a debit card that may be used to reduce out of pocket costs at a dental, vision or hearing providers that accepts the card carrier.	<b>\$300 yearly benefit</b> <b>What you should know</b> The Flex Card benefit is a debit card that may be used to reduce out of pocket costs at a dental, vision or hearing providers that accepts the card carrier.

WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Enrollment in the plans depend on contract renewal. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary. Our plans use a formulary.

You have the choice to sign up for automated mail service delivery. You can get prescription drugs shipped to your home through our network mail service delivery program. You should expect to receive your prescription drugs within 10–14 calendar days from the time that the mail service pharmacy receives the order. If you do not receive your prescription drugs within this time, please contact us at 1-866-808-7471 (TTY/TDD 711), 24 hours a day, seven days a week, or visit [mailrx.wellcare.com](http://mailrx.wellcare.com).

Out-of-network/non-contracted providers are under no obligation to treat WellCare 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. Please contact your plan for details.

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-877-374-4056** (TTY/TDD: **711**).

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-374-4056** (TTY/TDD: **711**).

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-374-4056** (TTY/TDD: **711**)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-374-4056** (TTY/TDD: **711**).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-374-4056** (TTY/TDD: **711**)번으로 전화해 주십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-374-4056** (TTY/TDD: **711**).

# 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 **1-866-527-0056** (TTY/TDD 711).

## 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/medicare](http://www.wellcare.com/medicare) or call 1-866-527-0056 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

- ☐ 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 co-payments/coinsurance may change on January 1, 2022.
- ☐ 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).



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# Contact Us



**For more information, please call us at the phone number below or visit us at [www.wellcare.com/medicare](http://www.wellcare.com/medicare).**

- Not yet a member? Please call us toll-free at **1-866-527-0056** (TTY/TDD 711). Your call may be answered by a licensed agent.
- Already a member? Please call us toll-free at **1-833-444-9088** (TTY/TDD 711).



## **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.



## **Formularies and Directories**

You can see our plan's Provider/Pharmacy Directory and our complete plan formulary (list of Part D prescription drugs) at our website: **[www.wellcare.com/medicare](http://www.wellcare.com/medicare)**. Or, call us and we'll send you a copy. We're with our members every step of the way.

