

2021

Summary of Benefits

North Carolina

WellCare Access (HMO D-SNP)

H0712 | Plan 025

WellCare Imperial (PPO D-SNP)

H7175 | Plan 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 Access (HMO D-SNP), WellCare Imperial (PPO D-SNP) 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, receive assistance from Medicaid through NC Department of Health and Human Services, Division of Medical Assistance, be enrolled in Medicare Part B and live in our service area.

Our plans and service area:

H0712025000 WellCare Access (HMO D-SNP) Alexander, Ashe, Avery, Bladen, Buncombe, Caswell, Catawba, Cumberland, Durham, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Lee, Madison, McDowell, Mitchell, Orange, Person, Polk, Swain, Transylvania, Warren, Yancey

H7175002000 WellCare Imperial (PPO D-SNP) Alexander, Ashe, Avery, Bladen, Buncombe, Caswell, Catawba, Cumberland, Durham, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Lee, Madison, McDowell, Mitchell, Orange, Person, Polk, Swain, Transylvania, Warren, Yancey

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 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.

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.

Preferred Provider Organization (PPOs) offer coverage through a network of providers, but you are allowed to access out-of-network care for covered services, usually for a higher cost. You do not need to choose a primary care doctor with a PPO, and usually you do not need a referral to see a specialist. Some plans also include giveback of some or all of the Part B premium.

Which doctors, hospitals and pharmacies can I use?

WellCare Access (HMO D-SNP), WellCare Imperial (PPO D-SNP), has a network of doctors, hospitals, pharmacies and other providers. You can save money by using providers in the plan's network. That means you must generally receive care through our network of local doctors, hospitals, and other providers (except emergency care or out-of-area urgently needed services). If you use providers that are not in our network, the plan may not pay for these services.

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 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.

The following information explains your healthcare options and the Medicaid portion of your dual eligibility. Medicaid benefits are valuable to you because the state provides additional healthcare coverage and financial support based on your Medicare Savings Program (MSP) aid level.

Medicare Savings Program (MSP) Levels

Full-Benefit Dual Eligible (FBDE): Medicaid will pay for your Medicare Part A & B premiums, deductibles, co-insurances, and co-payments. Eligible beneficiaries also receive full Medicaid benefits.

Qualified Medicare Beneficiary (QMB): Medicaid will pay for your Medicare Part A & B premiums, deductibles, co-insurances, and co-payments. (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.

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, co-insurance or co-pays. 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.

For each benefit listed, you can see what our plan covers in addition to what your state covers. No matter what your level of Medicaid eligibility is, our plan will cover the benefits as described in the plan’s column. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call: 1-833-444-9089 (TTY/TDD users should call 711).

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 1-833-444-9089 (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.

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
- Services with MV (May Vary) means your cost-share may vary depending on your level of Medicaid

PPO plans do not require a prior authorization or referral for out-of-network services

Plan Name	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Service Area	Alexander, Ashe, Avery, Bladen, Buncombe, Caswell, Catawba, Cumberland, Durham, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Lee, Madison, McDowell, Mitchell, Orange, Person, Polk, Swain, Transylvania, Warren, Yancey	Alexander, Ashe, Avery, Bladen, Buncombe, Caswell, Catawba, Cumberland, Durham, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Lee, Madison, McDowell, Mitchell, Orange, Person, Polk, Swain, Transylvania, Warren, Yancey
Special Needs Plans Eligibility Criteria	FBDE; SLMB+; QMB+; QMB (Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document)	FBDE; SLMB+; QMB+ (Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document)
Monthly Premium, Deductible and Limits	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Monthly Plan Premium	\$0.00 What you should know Your monthly plan premium may be as low as \$0 , depending on your level of "Extra Help." You must continue to pay your Medicare Part B premium. If you meet certain eligibility requirements for both Medicare and Medicaid, your Part B premiums may be covered in full.	\$0.00 What you should know Your monthly plan premium may be as low as \$0 , depending on your level of "Extra Help." You must continue to pay your Medicare Part B premium. If you meet certain eligibility requirements for both Medicare and Medicaid, your Part B premiums may be covered in full.

Monthly Premium, Deductible and Limits	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Deductible ^{MV}	<p>\$0</p> <p>What you should know See the Prescription Drug Benefits section of this document for Part D Prescription Drug Deductible information.</p>	<p>\$0</p> <p>What you should know See the Prescription Drug Benefits section of this document for Part D Prescription Drug Deductible information.</p>
<p>Maximum Out-of-Pocket Responsibility (MOOP) (does not include prescription drugs)</p>	<p>In-Network \$3,450 annually</p> <p>Combined and/or Out-of-Network Not Applicable</p> <p>What you should know 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. Depending on your level of NC Department of Health and Human Services, Division of Medical Assistance eligibility, you may pay nothing for Medicare-covered services. Refer to the “Medicare & You” handbook for Medicare-covered services. For NC Department of Health and Human Services, Division of Medical Assistance-covered services, refer to the Medicaid Coverage section in this document. Please note that you may still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs, depending on your level of “Extra Help.”</p>	<p>In-Network \$3,450 annually</p> <p>Combined and/or Out-of-Network \$5,100 annually</p> <p>What you should know 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. Depending on your level of NC Department of Health and Human Services, Division of Medical Assistance eligibility, you may pay nothing for Medicare-covered services. Refer to the “Medicare & You” handbook for Medicare-covered services. For NC Department of Health and Human Services, Division of Medical Assistance-covered services, refer to the Medicaid Coverage section in this document. Please note that you may still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs, depending on your level of “Extra Help.”</p>

Medical and Hospital Benefits	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Inpatient Hospital Coverage ^{PA,MV}	<p>In-Network \$0 co-pay up to 90 days per admission</p> <p>Out-of-Network Not Covered</p> <p>What you should know 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.</p>	<p>In-Network \$0 co-pay up to 90 days per admission</p> <p>Out-of-Network \$0 co-pay up to 90 days per admission</p> <p>What you should know 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.</p>
Outpatient Hospital Coverage ^{PA,MV}	<p>In-Network \$0 co-pay for outpatient hospital services</p> <p>Out-of-Network Not Covered</p> <p>What you should know Covered services include surgery, heart catheterizations, oncology related services, respiratory services, wound care, infusion therapies and other therapeutic procedures done in an outpatient setting.</p>	<p>In-Network \$0 co-pay for outpatient hospital services</p> <p>Out-of-Network \$0 co-pay for outpatient hospital services</p> <p>What you should know Covered services include surgery, heart catheterizations, oncology related services, respiratory services, wound care, infusion therapies and other therapeutic procedures done in an outpatient setting.</p>
Outpatient Hospital Observation Services ^{PA,MV}	<p>In-Network \$0 co-pay Emergency Room (ER) / \$0 co-pay (Outpatient)</p> <p>Out-of-Network Not Covered</p> <p>What you should know Your cost for Outpatient Hospital Observation Services when you enter through ER or when you enter observation status through an outpatient setting.</p>	<p>In-Network \$0 co-pay Emergency Room (ER) / \$0 co-pay (Outpatient)</p> <p>Out-of-Network \$0 co-pay</p> <p>What you should know Your cost for Outpatient Hospital Observation Services when you enter through ER or when you enter observation status through an outpatient setting.</p>

Medical and Hospital Benefits	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Ambulatory Surgery Center (ASC)^{PA,MV}	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Doctor Visits Primary Care Provider (PCP)	In-Network \$0 co-pay Out-of-Network Not Covered What you should know Your PCP is the doctor who will handle most of your health care services. They will refer you to in-network specialists when needed. 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.	In-Network \$0 co-pay Out-of-Network \$0 co-pay What you should know Your PCP is the doctor who will handle most of your health care services. They will refer you to in-network specialists when needed. 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.
Specialist ^{PA,MV}	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Other Healthcare Professionals (e.g. Physician Assistant or Nurse Practitioner) ^{PA,MV}	In-Network \$0 co-pay (PCP office) \$0 co-pay (specialist office) \$0 co-pay (clinic/pharmacy setting)	In-Network \$0 co-pay (PCP office) \$0 co-pay (specialist office) \$0 co-pay (clinic/pharmacy setting)

Medical and Hospital Benefits	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
	Out-of-Network Not Covered	Out-of-Network \$0 co-pay (PCP office) \$0 co-pay (specialist office) \$0 co-pay
Teladoc	You pay a \$0 co-pay per call What you should know Participating providers may diagnose and treat some medical conditions via real-time interactive audio and video technologies.	You pay a \$0 co-pay per call What you should know Participating providers may diagnose and treat some medical conditions via real-time interactive audio and video technologies.
Preventive Care Abdominal aortic aneurysm screening; Alcohol misuse counseling; Bone mass measurement; Breast cancer screening (mammogram); Cardiovascular disease (behavioral therapy); Cardiovascular screenings; Cervical and vaginal cancer screening; Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy); Depression screening; Diabetes screenings; HIV screening; Medical nutrition therapy services; Obesity screening and counseling; Prostate cancer screenings (PSA); Sexually transmitted infections screening and counseling; Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease); Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots; "Welcome to Medicare" preventive visit (one-time); Annual Wellness visit; Hepatitis B Virus Screening; Lung Cancer Screening and Medicare Diabetes Prevention Program (MDPP).	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay

Medical and Hospital Benefits	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
	<p>What you should know Other preventive services are available. There are some covered services that have a cost.</p> <p>Stay healthy by getting your Annual Wellness Visit. During the visit, you can work with your PCP to schedule all preventive screenings and care.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p>What you should know Other preventive services are available. There are some covered services that have a cost.</p> <p>Stay healthy by getting your Annual Wellness Visit. During the visit, you can work with your PCP to schedule all preventive screenings and care.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care / Urgently Needed Services	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Emergency Care	<p>\$0 co-pay</p> <p>What you should know If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>	<p>\$0 co-pay</p> <p>What you should know If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>
Worldwide Emergency Coverage	<p>\$120 co-pay</p> <p>What you should know 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 WW Emergency Services.</p>	<p>\$120 co-pay</p> <p>What you should know 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 WW Emergency Services.</p>
Urgently Needed Services^{MV}	<p>In-Network \$0 co-pay</p> <p>Out-of-Network Not Covered</p>	<p>In-Network \$0 co-pay</p> <p>Out-of-Network \$0 co-pay</p>

Emergency Care / Urgently Needed Services	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
	What you should know 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.	What you should know 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	\$120 co-pay What you should know 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 WW Urgently Needed Services.	\$120 co-pay What you should know 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 WW Urgently Needed Services.
Diagnostic Services / Labs / Imaging	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Lab Services ^{PA,MV} (Medicare approved lab work)	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Diagnostic Radiology Services ^{PA,MV} (MRI/CT/PET scans specialist office or free standing facility / outpatient setting)	In-Network \$0 co-pay Out-of-Network Not Covered What you should know You pay \$0 for mammograms and DEXA scans.	In-Network \$0 co-pay Out-of-Network \$0 co-pay What you should know You pay \$0 for mammograms and DEXA scans.
Diagnostic Tests and Procedures ^{PA,MV} (Basic / Advanced)	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay

Diagnostic Services / Labs / Imaging	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Therapeutic Radiology Services^{PA,MV} (e.g. radiation treatment for cancer in specialist office or free standing facility / outpatient setting)	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Outpatient X-Ray^{PA,MV}	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Hearing Services	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Hearing Exam^{PA,R,MV} (Medicare Covered)	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Routine Hearing Exam^{PA,R}	In-Network \$0 co-pay 1 exam every year Out-of-Network Not Covered	In-Network \$0 co-pay 1 exam every year Out-of-Network 40% coinsurance 1 exam every year
Hearing Aid Fitting/Evaluations^{PA,R}	In-Network \$0 co-pay 1 fitting(s)/evaluation(s) every year Out-of-Network Not Covered	In-Network \$0 co-pay 1 fitting(s)/evaluation(s) every year Out-of-Network 40% coinsurance 1 fitting(s)/evaluation(s) every year

Hearing Services	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Annual Hearing Aid Allowance ^{PA,R}	<p>In-Network \$0 co-pay 2 hearing aids per year \$4,000 value</p> <p>Out-of-Network Not Covered</p> <p>What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.</p>	<p>In-Network \$0 co-pay 2 hearing aids per year \$2,000 value</p> <p>Out-of-Network 40% coinsurance 2 hearing aids per year \$2,000 value</p> <p>What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.</p>

Dental Services	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Preventive Services ^{PA,R}	<p>In-Network \$0 co-pay for: Cleanings (1 every 6 months) Dental x-rays (1 every 12 to 36 months) Oral exams (1 every 6 months)</p> <p>Out-of-Network Not Covered</p>	<p>In-Network \$0 co-pay for: Cleanings (1 every 6 months) Dental x-rays (1 every 12 to 36 months) Oral exams (1 every 6 months)</p> <p>Out-of-Network 50% coinsurance for: Cleanings (1 every 6 months) Dental x-rays (1 every 12 to 36 months) Oral exams (1 every 6 months)</p>
Fluoride ^{PA,R}	<p>In-Network \$0 co-pay 1 every year</p> <p>Out-of-Network Not Covered</p>	<p>In-Network \$0 co-pay 1 every year</p> <p>Out-of-Network 50% coinsurance 1 every year</p>

Dental Services	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Comprehensive Services ^{PA,R,MV} (Medicare-Covered)	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Comprehensive Services ^{PA,R,MV}		
Routine Services	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network 50% coinsurance
Restorative	1 every three years	1 every three years
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 What you should know This plan includes coverage of preventive and comprehensive services up to \$3,000 , 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 What you should know This plan includes coverage of preventive and comprehensive services up to \$3,500 , 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.

Vision Services	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Eye Exams ^{PA,R,MV} (Medicare Covered)	In-Network \$0 co-pay for Medicare-covered diabetes retinopathy screening \$0 co-pay for all other Medicare-covered eye exams Out-of-Network Not Covered	In-Network \$0 co-pay for Medicare-covered diabetes retinopathy screening \$0 co-pay for all other Medicare-covered eye exams Out-of-Network \$0 co-pay for Medicare-covered diabetes retinopathy screening \$0 co-pay for all other Medicare-covered eye exams
Routine Eye Exams (Refraction) ^{PA,R}	In-Network \$0 co-pay 1 exam per year Out-of-Network Not Covered	In-Network \$0 co-pay 1 exam per year Out-of-Network 40% coinsurance 1 exam per year
Glaucoma Screening	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Eyewear ^{PA,R,MV} (Medicare-Covered)	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Contact Lenses, Eye Glasses, Eye Glass Lenses, Eye Glass Frames ^{PA,R}	In-Network \$0 co-pay Unlimited contacts Unlimited glasses (lenses and/or frames) per year Up to \$500 Out-of-Network Not Covered	In-Network \$0 co-pay Unlimited contacts Unlimited glasses (lenses and/or frames) per year Up to \$300 Out-of-Network 40% coinsurance Unlimited contacts Unlimited glasses (lenses and/or frames) per year Up to \$300

Vision Services	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
	What you should know You pay nothing for eye glasses or contact lenses after cataract surgery at an in network provider.	What you should know You pay nothing for eye glasses or contact lenses after cataract surgery at an in network provider.
Mental Health Services	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Inpatient Mental Health Services ^{PA,MV}	In-Network \$0 co-pay up to 90 days per admission Out-of-Network Not Covered What you should know 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 services provided in a general hospital.	In-Network \$0 co-pay up to 90 days per admission Out-of-Network \$0 co-pay up to 90 days per admission What you should know 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 services provided in a general hospital.
Outpatient Mental Health Services ^{PA,MV} Per session for individual therapy Per session for group therapy	In-Network \$0 co-pay Out-of-Network Not Covered In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay In-Network \$0 co-pay Out-of-Network \$0 co-pay
Partial Hospitalization ^{PA,MV}	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay

Skilled Nursing Facility (SNF)	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Skilled Nursing Facility (SNF)^{PA,MV}	In-Network \$0 co-pay per day for days 1-100 What you should know 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.	In-Network \$0 co-pay per day for days 1-100 What you should know 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.
Therapy and Rehabilitation Services	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Physical Therapy and Speech-Language Therapy^{PA,MV}	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Occupational Therapy ^{PA,MV}	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Cardiac Rehabilitation ^{PA,MV}	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Pulmonary Rehabilitation ^{PA,MV}	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) ^{PA,MV}	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay

Ambulance and Transportation	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Ambulance^{PA,MV}	(ground / air) \$0 co-pay	(ground / air) \$0 co-pay
Transportation^{PA}	In-Network \$0 co-pay 48 one-way trips every year Out-of-Network Not Covered What you should know The first step to staying healthy is getting to your doctor. That's why we cover these shared trips to plan approved health care providers. We want to make sure you get the care you need, when you need it. Call Customer Service 72 hours in advance to reserve a ride for your appointment.	In-Network \$0 co-pay unlimited one-way trips every year Out-of-Network 75% coinsurance unlimited one-way trips every year What you should know The first step to staying healthy is getting to your doctor. That's why we cover these shared trips to plan approved health care providers. We want to make sure you get the care you need, when you need it. Call Customer Service 72 hours in advance to reserve a ride for your appointment.
Medicare Part B Drugs	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Medicare Part B Drugs^{PA,MV}	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Other Part B Drugs^{PA,MV}	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Prescription Drug Coverage	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Part D Deductible^{MV}	\$0	\$0

Prescription Drug Coverage	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Initial Coverage Stage (after you pay your deductible if applicable)	<p>You pay these co-pays or coinsurance amounts until your total yearly drug costs reach \$4,130. The cost share you pay depends on your level of "Extra Help". Total yearly drug costs are the total drug costs paid by both you and our Part D plan at network retail pharmacies and mail order pharmacies. If you reside in a long term care (LTC) facility, you pay the same as a retail pharmacy. 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 phase of the benefit, please call us or access our Evidence of Coverage online.</p>	<p>You pay these co-pays or coinsurance amounts until your total yearly drug costs reach \$4,130. The cost share you pay depends on your level of "Extra Help". Total yearly drug costs are the total drug costs paid by both you and our Part D plan at network retail pharmacies and mail order pharmacies. If you reside in a long term care (LTC) facility, you pay the same as a retail pharmacy. 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 phase of the benefit, please call us or access our Evidence of Coverage online.</p>
Standard Retail and Standard Mail Cost-Share (In-Network)		
Tier 1: Preferred Generic Drugs 30 day supply	\$0	\$0
Tier 2: Generic Drugs 30 day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%
Tier 3: Preferred Brand Drugs 30 day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%
Tier 4: Non-Preferred Drugs 30 day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%
Tier 5: Specialty Tier Drugs 30 day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%

Prescription Drug Coverage	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Preferred Mail Cost-Share (In-Network)		
Tier 1: Preferred Generic Drugs Preferred Mail - 90 day supply	\$0	\$0
Tier 2: Generic Drugs Preferred Mail - 90 day supply	\$0	\$0
Tier 3: Preferred Brand Drugs Preferred Mail - 90 day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%
Tier 4: Non-Preferred Drugs Preferred Mail - 90 day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%
Tier 5: Specialty Tier Drugs Preferred Mail - 90 day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15% Limited to a 30-day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15% Limited to a 30-day supply
	<p>What you should know</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>Because these drugs are excluded from Part D coverage under Medicare, they are not covered by Extra Help. Also, the amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.</p> <p>Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.</p>	<p>What you should know</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>Because these drugs are excluded from Part D coverage under Medicare, they are not covered by Extra Help. Also, the amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.</p> <p>Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.</p>

Prescription Drug Coverage	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Coverage Gap	<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 costs (including what our plan has paid and what you have paid) reach \$4,130.</p> <p>After your total yearly drug cost reaches \$4,130, you will pay “Extra Help” Cost-Share OR receive a discount and generally pay no more than:</p> <ul style="list-style-type: none"> • 25% of the plan’s costs for brand drugs • 25% of the plan’s costs for generic drugs 	<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 costs (including what our plan has paid and what you have paid) reach \$4,130.</p> <p>After your total yearly drug cost reaches \$4,130, you will pay “Extra Help” Cost-Share OR receive a discount and generally pay no more than:</p> <ul style="list-style-type: none"> • 25% of the plan’s costs for brand drugs • 25% of the plan’s costs for generic drugs
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail order) reach \$6,550, you pay nothing.</p>	<p>After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail order) reach \$6,550, you pay nothing.</p>
Additional Covered Benefits	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Chiropractic Care ^{PA,MV} (Medicare-covered)	<p>In-Network \$0 co-pay</p> <p>Out-of-Network Not Covered</p>	<p>In-Network \$0 co-pay</p> <p>Out-of-Network \$0 co-pay</p>

Additional Covered Benefits	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Home Health Agency Care^{PA,MV}	<p>In-Network \$0 co-pay</p> <p>Out-of-Network Not Covered</p> <p>What you should know Covered services include part-time or intermittent Skilled Nursing and home health-aide services including physical therapy, occupational therapy, and speech therapy performed as a home health service, medical and social services, medical supplies.</p>	<p>In-Network \$0 co-pay</p> <p>Out-of-Network \$0 co-pay</p> <p>What you should know Covered services include part-time or intermittent Skilled Nursing and home health-aide services including physical therapy, occupational therapy, and speech therapy performed as a home health service, medical and social services, medical supplies.</p>
<p>Outpatient Substance Abuse^{PA,MV}</p> <p>Individual Therapy</p> <p>Group Therapy</p>	<p>In-Network \$0 co-pay</p> <p>Out-of-Network Not Covered</p> <p>In-Network \$0 co-pay</p> <p>Out-of-Network Not Covered</p>	<p>In-Network \$0 co-pay</p> <p>Out-of-Network \$0 co-pay</p> <p>In-Network \$0 co-pay</p> <p>Out-of-Network \$0 co-pay</p>
<p>Opioid Treatment Program Services^{PA,MV}</p>	<p>In-Network \$0 co-pay</p> <p>Out-of-Network Not Covered</p> <p>What you should know Opioid treatment services include FDA-approved opioid agonist and antagonist treatment medications, substance counseling and individual and/or group therapy.</p>	<p>In-Network \$0 co-pay</p> <p>Out-of-Network \$0 co-pay</p> <p>What you should know Opioid treatment services include FDA-approved opioid agonist and antagonist treatment medications, substance counseling and individual and/or group therapy.</p>
Renal Dialysis	<p>In-Network \$0 co-pay</p> <p>Out-of-Network Not Covered</p>	<p>In-Network \$0 co-pay</p> <p>Out-of-Network \$0 co-pay</p>

Additional Covered Benefits	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Over-The-Counter (OTC) Health Items	<p>The maximum total annual benefit is \$1,700.</p> <p>What you should know</p> <p>Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.</p>	<p>The maximum total annual benefit is \$1,720.</p> <p>What you should know</p> <p>Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.</p>
In-Home Support Services^{PA}	<p>\$0 co-pay up to 6 visits every year.</p> <p>You can receive Chore and Personal Care Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a licensed plan provider. Services are provided in four hour increments.</p>	<p>\$0 co-pay up to 24 visits every year.</p> <p>You can receive Chore and Personal Care Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a licensed plan provider. Services are provided in four hour increments.</p>
<p>Meals</p> <p>Post-Acute Meals^{PA}</p> <p>Chronic Meals^{PA}</p>	<p>\$0 co-pay for each post-acute meal</p> <p>What you should know</p> <p>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>\$0 co-pay for each chronic meal</p> <p>What you should know</p> <p>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>\$0 co-pay for each post-acute meal</p> <p>What you should know</p> <p>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>\$0 co-pay for each chronic meal</p> <p>What you should know</p> <p>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>

Medical Equipment / Supplies / Services	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Durable Medical Equipment (DME)^{PA,MV} (e.g., wheelchairs, oxygen)	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Prosthetics^{PA,MV} (e.g., braces, artificial limbs)	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Diabetic Monitoring Supplies^{PA,MV}	In-Network \$0 co-pay Out-of-Network Not Covered What you should know Covered diabetes supplies include: blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions.	In-Network \$0 co-pay Out-of-Network \$0 co-pay What you should know Covered diabetes supplies include: blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions.
Medical Supplies^{PA,MV}	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Diabetic Therapeutic Shoes and Inserts^{PA,MV}	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Diabetic Self-Management Training	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay

Foot Care	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Podiatry Services^{PA,MV} (Medicare Covered)	In-Network \$0 co-pay Out-of-Network Not Covered	In-Network \$0 co-pay Out-of-Network \$0 co-pay
Additional Routine Podiatry Services ^{PA}	In-Network \$0 co-pay 6 visits every year. Out-of-Network Not Covered What you should know Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.	In-Network \$0 co-pay 6 visits every year. Out-of-Network 40% coinsurance What you should know Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.

Wellness Programs	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Fitness	\$0 co-pay What you should know This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit fitness tracker is included in the home kit.	\$0 co-pay What you should know This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit fitness tracker is included in the home kit.
Personal Emergency Response System (PERS)^{PA}	\$0 co-pay	\$0 co-pay
24-Hour Nurse Advice Line	\$0 co-pay	\$0 co-pay

Additional Supplemental Benefits	WellCare Access (HMO D-SNP) H0712025000 NC	WellCare Imperial (PPO D-SNP) H7175002000 NC
Flex Card	<p>\$500 yearly benefit</p> <p>What You Should Know</p> <p>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.</p>	<p>\$750 yearly benefit</p> <p>What You Should Know</p> <p>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.</p>

Benefit Category	North Carolina Medicaid
Inpatient Hospital Coverage	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Outpatient Surgery This includes the following: <ul style="list-style-type: none"> • Ambulatory surgical center • Outpatient hospital 	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$3.00 co-pay for members age 21 and over.</p>
Doctor Visits <ul style="list-style-type: none"> • This includes visits to your primary care physician and specialists 	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$3.00 co-pay for members age 21 and over.</p>
Preventive Care <ul style="list-style-type: none"> • These services are provided to help screen for and prevent or diagnose a health problem. 	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Emergency Care	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Urgently Needed Services	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$3.00 co-pay for members age 21 and over.</p>
Diagnostic Services/Labs/ Imaging <ul style="list-style-type: none"> • This includes the following: • Diagnostic radiology service (e.g., MRI, CT scan) • Lab services • Diagnostic tests and procedures • Outpatient x-rays • Therapeutic radiology services (e.g., radiation treatment for cancer) 	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$3.00 co-pay for members age 21 and over.</p>

Benefit Category	North Carolina Medicaid
Hearing Services <ul style="list-style-type: none"> • This includes information on coverage of hearing exams and aids 	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$3.00 co-pay for members age 21 and over.</p>
Dental Services	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$3.00 co-pay for Medicaid-covered services</p>
Vision Services <ul style="list-style-type: none"> • This includes information on coverage of vision exams and eyewear 	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <ul style="list-style-type: none"> · Exams – \$3.00 co-pay for members age 21 and over. · Eyewear – \$2.00 copay for optical repair over \$5.00. <p>\$2.00 co-pay for optical supplies.</p>
Mental Health Services <p>This includes the following:</p> <ul style="list-style-type: none"> • Inpatient visits • Outpatient group or individual therapy visits 	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Skilled Nursing Facility (SNF)	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Rehabilitation Services <p>This includes the following:</p> <ul style="list-style-type: none"> • Cardiac (heart) rehab services • Occupational therapy visit • Physical therapy and speech language therapy visit 	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$3.00 co-pay for members age 21 and over.</p>
Ambulance	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Transportation	

Benefit Category	North Carolina Medicaid
	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Foot Care (Podiatry Services)</p> <ul style="list-style-type: none"> • This includes information on coverage of foot exams, treatment and care 	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$3.00 co-pay for members age 21 and over.</p>
<p>Medical Equipment/Supplies</p> <p>This includes the following:</p> <ul style="list-style-type: none"> • Durable medical equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetes supplies • Diabetic therapeutic shoes and inserts 	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Wellness Programs</p> <p>This includes the following:</p> <ul style="list-style-type: none"> • Fitness • Personal Emergency Response System (PERS)] • Additional routine annual physical • Nurse Advice Line – 24 hours 	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>
<p>Chiropractic Care</p> <p>This includes the following:</p> <ul style="list-style-type: none"> • Medical chiropractic services • Routine chiropractic services 	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>A co-pay may apply.</p>
<p>Acupuncture</p>	<p>Not Covered</p>
<p>OTC</p>	<p>Not Covered</p>
<p>Meals</p> <ul style="list-style-type: none"> • Post-Acute Meals • Chronic Meals 	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Home Health</p>	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	North Carolina Medicaid
Renal Dialysis	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Hospice	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Our D-SNP Plans have a contract with the state Medicaid program. Enrollment in our plan depends 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.

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)**

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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 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/co-insurance 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).
- 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.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

Contact Us



For more information, please call us at the phone number below or visit us at 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 **1-833-444-9089** (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. Or, call us and we'll send you a copy. We're with our members every step of the way.

