



2024

Summary of Benefits

Arizona

Wellcare Dual Liberty (HMO D-SNP)

H5590 | 009

Wellcare Dual Liberty (HMO D-SNP)

H5590 | 008

We know how important it is to have a health plan you can count on.

This is a summary of drug and health services covered by Wellcare Dual Liberty (HMO D-SNP) from January 1, 2024 to December 31, 2024.

This booklet will provide you with a summary of what we cover and the cost-sharing responsibilities. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at www.wellcare.com/allwellAZ. To request a copy, please call 1-844-917-0175 (TTY 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Who can join?

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

Our plans and service areas:

H5590009000 Wellcare Dual Liberty (HMO D-SNP) includes these counties in Arizona: Apache, Coconino, Mohave, Navajo, and Yavapai.

H5590008000 Wellcare Dual Liberty (HMO D-SNP) includes these counties in Arizona: Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, and Yuma.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Health Maintenance Organizations (HMOs) are health care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to select a primary care provider (PCP) to coordinate care and if you need a specialist, the PCP will choose one who is also in our network.

Our plans give you access to our network of highly skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit www.wellcare.com/allwellAZ (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor our plan will be responsible for the costs.)

Our plans also include prescription drug coverage and access to our large network of pharmacies. Our plans use a formulary. Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand name drugs.

Which doctors, hospitals and pharmacies can I use? Wellcare Dual Liberty (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. With some plans, if you use providers that are not in our network, your share of the costs for covered services may be higher.

You can see our plan's provider and pharmacy directory, and for plans with prescription drug coverage, our complete plan Formulary (list of Part D prescription drugs) on our website at www.wellcare.com/allwellAZ.

For more information, please call us at 1-844-917-0175 (TTY users should call 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones). Visit us at www.wellcare.com/allwellAZ.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.

To be eligible

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

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

H5590009000 Wellcare Dual Liberty (HMO D-SNP) - FBDE, QMB+

H5590008000 Wellcare Dual Liberty (HMO D-SNP) - FBDE, QMB+

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

Dual Eligible Special Needs Plan (DSNPs) are specialized Medicare Advantage plans that provide healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage. Beneficiaries must meet certain income and resource requirements with eligibility and scope of benefits offered determined by the state where the plan is offered.

You must also be enrolled in the Arizona Medicaid plan. Premiums, copayments, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive. Your Part B premium is paid by the State of Arizona for full-dual enrollees. Please contact the plan for further details.

Understanding Dual Eligibility

Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Medicaid benefits are valuable because the state provides additional healthcare coverage and financial support based on your Medicare Savings Program (MSP) aid level. Medicaid coverage varies depending on the state and the type of Medicaid you have. What you pay for covered services may depend on your level of Medicaid eligibility. Some people with Medicaid get help paying for their Medicare premiums and other costs. Other people may also get coverage for additional services and drugs that are covered under Medicaid but not by Medicare.

Medicare Savings Program (MSP) Levels

- **Full-Benefit Dual Eligible (FBDE):** Medicaid may pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. Eligible beneficiaries also receive full Medicaid benefits.
- **Qualified Medicare Beneficiary (QMB):** Medicaid will pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. Some people with QMB are also eligible for full Medicaid benefits (QMB+)

- ***Specified Low-Income Medicare Beneficiary (SLMB)***: Medicaid will absorb the cost of your Medicare Part B Premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+)
- ***Qualified Individual (QI)***: Medicaid will pay costs associated with Medicare Part B
- ***Qualified Disabled Working Individual (QDWI)***: Medicaid will pay costs associated with Medicare Part A

Note: Some MSP levels automatically qualify for “Extra Help” for Medicare prescription drug coverage assistance. Some states do not cover Parts A & B cost sharing.

What is “Extra Help?”

A Low Income Subsidy (LIS), also referred to as “Extra Help,” may be available to help you with Part D out-of-pocket expenses such as premiums, deductibles, coinsurance, or copayments. Many people qualify for the “Extra Help” Program and don’t even know it. Keep in mind that assistance may also depend on your Medicare Savings Program (MSP) level and your dual eligible status.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the number listed on the back cover of this document.

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Monthly plan premium (includes both medical and drugs)	\$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.	\$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$8,850 in-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	\$8,850 in-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	Days 1-90: \$0 copay per admission *	Days 1-90: \$0 copay per admission *
Outpatient Hospital coverage Outpatient hospital services	\$0 copay for surgical and non-surgical services (includes diagnostic colonoscopy). *	\$0 copay for surgical and non-surgical services (includes diagnostic colonoscopy). *
Outpatient hospital observation services	\$0 copay	\$0 copay

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

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

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Ambulatory surgical center (ASC) services	\$0 copay *	\$0 copay *
Doctor Visits		
Primary Care Providers	\$0 copay	\$0 copay
Specialists	\$0 copay *	\$0 copay *
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	\$0 copay	\$0 copay
Emergency care	\$0 copay	\$0 copay

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

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Worldwide emergency coverage	<p>\$100 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.</p>	<p>\$100 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.</p>
Urgently needed services	<p>\$0 copay</p>	<p>\$0 copay</p>
Worldwide urgent care coverage	<p>\$100 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.</p>	<p>\$100 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.</p>

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

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

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Diagnostic Services/Labs/Imaging		
Lab services	\$0 copay *	\$0 copay *
Diagnostic tests and procedures	\$0 copay *	\$0 copay *
Outpatient X-rays	\$0 copay *	\$0 copay *
Diagnostic radiology services (e.g. MRI, CAT Scan)	\$0 copay *	\$0 copay *
Therapeutic Radiology	\$0 copay *	\$0 copay *
Hearing services		
Hearing Exam Medicare Covered	\$0 copay *	\$0 copay *
Routine hearing exam	\$0 copay * 1 exam every year	\$0 copay * 1 exam every year

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

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Hearing Aids		
Hearing Aid Fitting/Evaluation(s)	\$0 copay *	\$0 copay *
	1 fitting(s) / evaluation(s) every year	1 fitting(s) / evaluation(s) every year
Hearing aid allowance	Up to a \$1,000 allowance per ear every year for hearing aids.	Up to a \$1,000 allowance per ear every year for hearing aids.
All types	\$0 copay *	\$0 copay *
	Limited to 2 hearing aid(s) every year	Limited to 2 hearing aid(s) every year
Additional Hearing Information	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.

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

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Dental services		
Preventive services	\$0 copay *	\$0 copay *
	Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year	Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year
Fluoride Treatment	\$0 copay *	\$0 copay *
	1 every year	1 every year
Comprehensive services Medicare-covered	\$0 copay for each Medicare-covered service *	\$0 copay for each Medicare-covered service *
Comprehensive services Diagnostic Services	\$0 copay *	\$0 copay *
Restorative Services	\$0 copay *	\$0 copay *
Endodontics/ Periodontics/ Extractions	\$0 copay *	\$0 copay *

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

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Non-routine services	\$0 copay *	\$0 copay *
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	\$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.	\$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.
Additional Dental Information	What you should know: This plan includes coverage of comprehensive services up to \$4,000 per plan year.	What you should know: This plan includes coverage of comprehensive services up to \$4,000 per plan year.
Vision Services Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *

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

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Routine eye exam (Refraction)	\$0 copay * 1 exam every year	\$0 copay * 1 exam every year
Glaucoma screening	\$0 copay for each Medicare-covered service.	\$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	\$0 copay *	\$0 copay *
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	\$0 copay * Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.	\$0 copay * Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services		
Inpatient visit	Days 1-90: \$0 copay per admission *	Days 1-90: \$0 copay per admission. *
Outpatient individual therapy visit	\$0 copay *	\$0 copay *
Outpatient group therapy visit	\$0 copay *	\$0 copay *

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

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Skilled nursing facility (SNF)	Days 1-100: \$0 copay per admission *	Days 1-100: \$0 copay per admission *
Therapy and Rehabilitation Services		
Physical Therapy	\$0 copay *	\$0 copay *
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay *	\$0 copay *
Pulmonary rehabilitation services	\$0 copay	\$0 copay
Ambulance		
Ground Ambulance	\$0 copay *	\$0 copay *
Air Ambulance	\$0 copay *	\$0 copay *
Transportation Services	Up to 24 rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day). \$0 copay (per one-way trip) *	Up to 24 rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day). \$0 copay (per one-way trip) *

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

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

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
	What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.	What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.
Medicare Part B Drugs		
Chemotherapy and Other Part B Drugs	\$0 copay * Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.	\$0 copay * Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.
Insulin	\$0 copay *	\$0 copay *
Allergy Antigen	\$0 copay *	\$0 copay *

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

Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Annual Prescription Deductible	\$0	
30-day/up to a 100-day supply from retail network pharmacy		
All Covered Drugs	\$0 copay Some covered drugs limited to a 30-day supply	

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Chiropractic Services Medicare-covered	\$0 copay *	\$0 copay *
Acupuncture Medicare-covered	\$0 copay *	\$0 copay *
Podiatry Services (Foot Care) Medicare Covered	\$0 copay *	\$0 copay *
Virtual Visits	Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more. A virtual visit (also known as a telehealth consult) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device. For more information, or to schedule an appointment, call Teladoc at 1-800-835-2362 (TTY: 711) 24 hours a day, 7 days a week.	
Home health agency care	\$0 copay *	\$0 copay *

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

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Meals Post-Acute Meals	\$0 copay ■ What you should know: You pay nothing for home delivered meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.	\$0 copay ■ What you should know: You pay nothing for home delivered meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.
Medical Equipment/Supplies Durable Medical Equipment (DME)	\$0 copay *	\$0 copay *
Prosthetics	\$0 copay *	\$0 copay *
Diabetic supplies	\$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.	\$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic therapeutic shoes or inserts	\$0 copay *	\$0 copay *

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

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

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Opioid treatment program services	\$0 copay *	\$0 copay *
Wellness Programs Fitness	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage. \$0 copay What you should know: This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A fitness tracker may be selected as part of a home fitness kit.	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage. \$0 copay What you should know: This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A fitness tracker may be selected as part of a home fitness kit.
Additional sessions of smoking and tobacco cessation counseling	\$0 copay Limited to 5 visit(s) every year	\$0 copay Limited to 5 visit(s) every year

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

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

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Annual Physical Exam	\$0 copay What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.	\$0 copay What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.
24-Hour Nurse Advice Line	\$0 copay	\$0 copay
Personal emergency medical response device (PERS)	\$0 copay	\$0 copay
In-home support services	\$0 copay for each in-home support services visit. Up to 24 visits every year. What you should know: 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.	\$0 copay for each in-home support services visit. Up to 24 visits every year. What you should know: 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.
Over-the-Counter (OTC) Items	Please see the Wellcare Spendables™ section for more information about the over-the-counter (OTC) benefit.	Please see the Wellcare Spendables™ section for more information about the over-the-counter (OTC) benefit.

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

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
Wellcare Spendables™	<p>You will receive \$125 monthly (\$1,500 per year) preloaded on your Wellcare Spendables™ card. Your monthly allowance rolls over to the following month if unused and expires at end of the plan year.</p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> • Over-the-Counter items (OTC) - Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. • Dental, Vision, and Hearing - You may use your card to help reduce your out-of-pocket expenses for any dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly. <p>Because your plan participates in the</p>	<p>You will receive \$125 monthly (\$1,500 per year) preloaded on your Wellcare Spendables™ card. Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year.</p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> • Over-the-Counter items (OTC) - Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. • Dental, Vision, and Hearing - You may use your card to help reduce your out-of-pocket expenses for any dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly. <p>Because your plan participates in the</p>

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

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

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
	<p>Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> • Healthy Food - You can use your card to pay for healthy foods and produce at participating retailers. Prepared meals are available for order via online portal. • Gas pay-at-pump - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. • Utility Assistance - You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or 	<p>Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> • Healthy Food - You can use your card to pay for healthy foods and produce at participating retailers. Prepared meals are available for order via online portal. • Gas pay-at-pump - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. • Utility Assistance - You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or

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

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

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 009	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
	<p>mobile phone and internet.</p> <ul style="list-style-type: none">• Rent Assistance - You can use your card to help with the cost of rent for your home. <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>	<p>mobile phone and internet.</p> <ul style="list-style-type: none">• Rent Assistance - You can use your card to help with the cost of rent for your home. <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>

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

Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Wellcare Dual Liberty (HMO D-SNP). For each benefit listed, you can see what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. Coverage of the benefits described in this Summary of Benefits depends upon your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Arizona Health Care Cost Containment System (Medicaid) toll-free at 1-855-432-7587 (TTY: 1-800-842-6520).

For the most current Arizona Medicaid coverage information, please visit <https://www.azahcccs.gov/> or call Member Services for assistance.

Arizona Health Care Cost Containment System Medicare Advantage Special Needs Plans for Dual Eligible Members 2023 Benefits

In order for you to better understand your health care options, the following chart notes your charges for certain services under the Arizona Health Care Cost Containment System (Medicaid) as an individual who has both Medicare and Medicaid.

Your Medicare cost sharing responsibility is based on your level of Medicaid eligibility.

- Qualified Medicare Beneficiary (QMB) – \$0. Your Medicare cost sharing amounts will be paid by your Medicaid Health Plan unless otherwise noted below.
- Non-QMB with Medicare Parts A and B – Your Medicare cost sharing amounts will be paid by your Medicaid Health Plan only when the benefit is also covered by Medicaid.

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)		
Inpatient Hospital Stay	\$0	\$0
Inpatient Behavioral Health Care Stay	\$0	\$0
Nursing Facility Services	\$0	\$0

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)		
Home Health Care Visit	\$0	\$0
Primary Care Physician (PCP) Visit	\$0	\$0 for well visits, and \$0 to \$4 for other visits depending on eligibility (2) for ages 21 and over (2). \$0 for ages 20 and under.
Specialist Physician Visit	\$0	\$0 for well visits, and \$0 to \$4 for other visits depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.
Medicare-Covered Services, including Chiropractic Care Visit, Chronic/Complex Case Management, etc.	\$0	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>
Podiatry Services Visit	\$0	\$0
Outpatient Behavioral Health Care Visit	\$0	\$0
Outpatient Substance Abuse Care Visit	\$0	\$0
Ambulatory Surgical Center or Outpatient Hospital Facility Visit	\$0	\$0 to \$3 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)		
Ambulance Services	\$0	\$0
Emergency Services	\$0	\$0
Urgently Needed Care Visit	\$0	\$0 to \$4 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.
Outpatient Occupational/Physical/Speech Therapy Visit	\$0	\$0 to \$3 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.
Durable Medical Equipment	\$0	\$0
Prosthetic Devices	\$0	\$0. <i>Lower limb microprocessor controlled limb or joint not covered for ages 21 and over.</i>
Diabetes Self-Monitoring Training & Supplies (when provided as part of a PCP visit)	\$0	\$0
Diagnostic Tests, X-rays, and Laboratory Services (including COVID-19 diagnostic & testing services)	\$0	\$0
Colorectal Screening	\$0	\$0
Flu and Pneumonia Vaccines	\$0	\$0

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)		
Screening Mammogram	\$0	\$0
Pap Smear and Pelvic Exam	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Renal Dialysis or Nutritional Therapy for End-Stage Renal Disease	\$0	\$0
Prescription Medications (3)	\$0	\$0 to \$2.30 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.
Hearing Exams, Routine Hearing Tests, and Fitting Evaluations for a Hearing Aid	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>
Hearing Aids	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>
Routine Eye Exam, Eyeglasses, Contact Lenses, Lenses and Frames	\$0 for ages 20 and under. <i>Not covered for ages 21 and over unless following cataract surgery.</i>	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)		
Adult Emergency Dental Services	\$0 for ages 21 and over. <i>Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.</i>	\$0 for ages 21 and over. <i>Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.</i>
Non-Emergency Medically Necessary Transportation	\$0	\$0
LONG TERM CARE MEDICAID PROGRAMS ONLY (1)		
Nursing Facility Services	Cost sharing determined by AHCCCS	Cost sharing determined by AHCCCS
Respite Services	\$0. Subject to a 600 hour limit per each 12 month period beginning October 1st of each year.	\$0. Subject to a 600 hour limit per each 12 month period beginning October 1st of each year.
Home and Community Based Services	Member contribution determined by AHCCCS	Member contribution determined by AHCCCS
Adult Preventive Dental Services (4)	\$0 for ages 21 and over. Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.	\$0 for ages 21 and over. Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.

(1) Acute Medicaid Programs include AHCCCS Complete Care (ACC), ACC Regional Behavioral Health Agreements (ACC-RBHAs), and the Mercy Care Department of Child Safety Comprehensive

Health Plan (Mercy Care DCS CHP). Long Term Care Medicaid Programs include Elderly and Physically Disabled (E-PD) and Division of Developmental Disabilities (DDD).

(2) See the AHCCCS Website for additional beneficiary cost sharing, co-payment and benefits related information.

(3) Medicare Part D co-payment amounts are the sole responsibility of the beneficiary. AHCCCS health plans cannot assist with the payment of these amounts, except for behavioral health medications for those beneficiaries determined to be Seriously Mentally Ill (SMI) utilizing allowable Non-Title XIX funding.

(4) In addition to Adult Emergency Dental Services described above.

7/8/22

Discrimination Is Against the Law

Wellcare By Allwell complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Wellcare By Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Wellcare By Allwell:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters
- Provides written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language services at no cost to people whose primary language is not English, such as: qualified interpreters and information written in other languages

If you need these services, contact Member Services at:

Wellcare By Allwell: **1-844-796-6811** (TTY/TDD: **711**). Between October 1 and March 31, representatives are available seven days a week, 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.

If you believe that Wellcare By Allwell failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Chief Compliance Officer. You can file a grievance in person, by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination.

Submit your grievance to:

Wellcare By Allwell - Appeals & Grievances - Medicare Operations

P.O. Box 279410 Sacramento, CA 95827

Fax: **1-844-273-2671**

Email: **Arizona_Medicare@CENTENE.COM**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail at U.S. Department of Health and Human Services; 200 Independence Avenue SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: **1-800-368-1019, 1-800-537-7697** (TTY/TDD).

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

La discriminación es un delito

Wellcare By Allwell cumple con las leyes federales aplicables sobre derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Wellcare By Allwell no excluye ni trata a las personas de manera diferente por su raza, color, nacionalidad, edad, discapacidad o sexo.

Wellcare By Allwell proporciona:

- Asistencia y servicios sin costo alguno a las personas con discapacidades para comunicarse de manera eficaz con nosotros, tales como intérpretes calificados de lengua de señas
- Información escrita en otros formatos (letra grande, audios, formatos electrónicos accesibles, otros formatos)
- Servicios de idiomas sin costo para las personas cuyo idioma principal no es el inglés, como, por ejemplo: intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, llame a Servicios para Miembros al siguiente número:

Wellcare By Allwell: **1-844-796-6811** (TTY/TDD: **711**). Entre el 1 de octubre y el 31 de marzo, los representantes están disponibles los siete días de la semana, de 8 a.m. a 8 p.m. Entre el 1 de abril y el 30 de septiembre, los representantes están disponibles de lunes a viernes de 8 a.m. a 8 p.m.

Si considera que Wellcare By Allwell no le brindó estos servicios o lo discriminó de otra manera por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo, puede presentar una queja ante el Oficial de Cumplimiento. Puede presentar una queja en persona, por correo, fax o correo electrónico. Su queja se debe realizar por escrito y se debe enviar en un plazo de 180 días a partir de la fecha en que la persona que presenta la queja toma conocimiento de lo que se considera como discriminación.

Envíe su queja a la siguiente dirección:

Wellcare By Allwell- Appeals & Grievances- Medicare Operations

P.O. Box 279410 Sacramento, CA 95827

Fax: **1-844-273-2671**

Correo electrónico: **Arizona_Medicare@CENTENE.COM**

También puede presentar un reclamo con respecto a los derechos civiles ante la Oficina de Derechos Civiles del U.S. Department of Health and Human Services de manera electrónica a través del Portal de Reclamos de la Oficina de Derechos Civiles, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>** o por correo postal a: U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington D. C. 20201. Asimismo, puede presentar dicha queja por teléfono llamando al **1-800-368-1019** o al **1-800-537-7697** (TTY/TDD).

Los formularios de reclamo están disponibles en **<http://www.hhs.gov/ocr/office/file/index.html>**.

If you, or someone you are helping, have questions about Wellcare By Allwell, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you are helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive oral interpretation, ASL, written translation, or auxiliary services, please contact Member Services at **1-844-796-6811 (TTY 711)**.

Spanish	Si usted, o alguien a quien está ayudando, tiene preguntas sobre Wellcare by Allwell, y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo y/o visual que le impide la comunicación, tiene derecho a recibir ayudas y servicios auxiliares sin costo alguno y de manera oportuna. Para obtener servicios de interpretación oral, lengua de señas estadounidense (ASL), traducción escrita o servicios auxiliares, comuníquese con Servicios para Miembros al 1-844-796-6811 (TTY 711) .
Navajo	Ha'át'éego nisin, yá'át'éehgo daaztsaáidii daaztsaastiinii dóó haash yáázh bąąhózhqod ííł tsínáaztiin, Wellcare By Allwell hózhqod t'áá hwiit'íi yáádááł. Hózhqod t'áá át'éego t'áá diidljigi yáádááł dine'é binaaltsoos daaztsaáidii binaaltsoosii dóó at'ish daaztsaáidii hwiit'íi hózhqod a'jigo áyiilaa daaztsaáidii dah anáadah yáádááł. Ha'át'éego nisin, yá'át'éehgo daaztsaáidii daaztsaastiinii dóó haash yáázh bee at'ááhago ałdziilii nisin át'áaltsooígíi hónáaná, bee át'éego dine'é at'ish daaztsaáidii hónáaná hózhqod t'áá hwiit'íi hózhqod béégashii binaaltsoos yee nisin hólqo hastiinii dóó iiná hastiinii hwiit'íi hózhqod a'jigo áyiilaa dah daaztsaáidii at'ááhago ałdziilii daaztsaáidii binaaltsoosii hwiit'íi hózhqod a'jigo áyiilaa daaztsaáidii dah anáadah yáádááł. Áádóó oral interpretation, ASL, at'ááhago daaztsaáidii, dóó béégashii binaaltsoos yee hwiit'íi, t'áá hwiit'íi Member Services 1-844-796-6811 hólqo hastiinii (TTY 711) dah.
Chinese (Mandarin)	如果您或您正在帮助的人对 Wellcare By Allwell 有任何疑问但不精通英语，您有权及时获得以您所用语言提供的免费帮助和信息。如果您或您正在帮助的人有妨碍交流的听力和/或视力障碍，您有权及时获得免费辅助工具和服务。如需口译、美国手语 (ASL)、书面翻译或辅助服务，请致电 1-844-796-6811 (TTY 711) 联系会员服务部。

Chinese (Cantonese)	<p>如果您或您協助的人對 Wellcare By Allwell 有疑問且不熟練使用英文，您有權利及時免費獲得以您的語言提供的幫助和資訊。如果您或您協助的人患有妨礙溝通的聽覺和/或視覺病況，您有權利及時免費獲得輔助工具和服務。若要獲得口譯、ASL、書面翻譯或輔助服務，請致電 1-844-796-6811 (TTY 711) 聯絡會員服務部。</p>
Vietnamese	<p>Nếu quý vị hoặc người quý vị đang giúp đỡ, có thắc mắc về Wellcare By Allwell, và không thành thạo tiếng Anh, quý vị có quyền nhận sự giúp đỡ và thông tin miễn phí và kịp thời bằng ngôn ngữ của quý vị. Nếu quý vị hoặc người quý vị đang giúp đỡ, có bệnh trạng về thính giác và/hoặc thị giác cản trở giao tiếp, quý vị có quyền nhận các hỗ trợ và dịch vụ phụ trợ miễn phí và kịp thời. Để nhận dịch vụ phiên dịch nói, ASL, dịch thuật văn bản hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận Dịch Vụ Thành Viên theo số 1-844-796-6811 (TTY 711).</p>
Arabic	<p>إذا كان لديك أنت أو لدى شخص تساعدك أسئلة حول Wellcare By Allwell، ولم تكن ملماً باللغة الإنكليزية، فلديك الحق بالحصول على المساعدة والمعلومات بلغتك ومن دون أي تكلفة وفي الوقت المناسب. إذا كنت تعاني أنت أو شخص تساعدك من حالة سمعية و/أو بصرية تعيق التواصل، فلديك الحق بالحصول على مساعدات وخدمات إضافية من دون أي تكلفة وفي الوقت المناسب. للحصول على خدمات الترجمة الشفهية الفورية أو ASL (لغة الإشارة الأمريكية) أو الترجمة الكتابية أو خدمات إضافية، يرجى الاتصال بقسم خدمات الأعضاء على الرقم 1-844-796-6811 (TTY 711).</p>
Tagalog	<p>Kung kayo, o ang tinutulungan ninyo, ay may mga tanong tungkol sa Wellcare By Allwell, at limitado ang kaalaman sa Ingles, may karapatan kayong humingi ng tulong at impormasyon sa inyong wika sa paraang maagap at nang wala kayong babayaran. Kung kayo, o ang taong tinutulungan ninyo, ay may kondisyon sa pandinig at/o paningin na nakakaapekto sa komunikasyon, may karapatan kayong makatanggap ng mga pansuportang tulong at serbisyo sa paraang maagap at nang wala kayong babayaran. Para makatanggap ng serbisyo sa pasalitang pagsasalin, ASL, pasulat na pagsasalin, o mga pansuportang serbisyo, mangyaring makipag-ugnayan sa Mga Serbisyo para sa Miyembro sa 1-844-796-6811 (TTY 711).</p>

Korean	<p>귀하 또는 귀하가 돕고 있는 다른 사람이 Wellcare By Allwell에 관한 질문이 있지만 영어가 유창하지 않은 경우, 적절한 시기에 무료로 귀하의 언어로 도움과 정보를 받을 권리가 있습니다. 귀하 또는 귀하가 돕고 있는 다른 사람이 소통에 지장을 주는 청각 및/또는 시각적 문제를 가지고 있는 경우, 적절한 시기에 무료로 보조 지원과 서비스를 받을 권리가 있습니다. 구두 통역, ASL, 서면 번역 또는 보조 서비스를 받기 원하시면 1-844-796-6811(TTY 711)번으로 가입자 서비스부에 연락해 주십시오.</p>
French	<p>Si vous, ou une personne que vous aidez, avez des questions sur Wellcare By Allwell et que vous ne maîtrisez pas l'anglais, vous avez le droit d'obtenir de l'aide et des informations dans votre langue, gratuitement et en temps utile. Si vous, ou une personne que vous aidez, souffrez d'un trouble auditif et/ou visuel qui entrave la communication, vous avez le droit de bénéficier d'aides et de services auxiliaires gratuitement et en temps utile. Pour bénéficier de services d'interprétation, d'ASL, de traduction ou de services auxiliaires, veuillez contacter les services aux adhérents au 1-844-796-6811 (TTY 711).</p>
German	<p>Wenn Sie oder eine Person, der Sie helfen, Fragen zu Wellcare By Allwell haben und kein Englisch sprechen, haben Sie das Recht auf zusätzliche Unterstützung und das Recht darauf, kostenlos und zeitnah Informationen in Ihrer Sprache zu erhalten. Wenn Sie oder eine Person, der Sie helfen, Hör- und/oder Sehbehinderungen haben, die die Kommunikation beeinträchtigen, haben Sie das Recht auf zusätzliche kostenlose und zeitnahe Unterstützung. Für mündliche Dolmetschungen in andere Sprachen und in Gebärdensprache, amerikanische Gebärdensprache (ASL), schriftliche Übersetzungen oder weitere Unterstützung wenden Sie sich bitte an unseren Kundendienst unter: 1-844-796-6811 (TTY 711).</p>
Russian	<p>Если у вас или лица, которому вы помогаете, возникли вопросы о плане страхования Wellcare By Allwell, при этом вы не владеете английским языком в достаточной мере, у вас есть право бесплатно и своевременно получить помощь и информацию на вашем языке. При наличии у вас или лица, которому вы помогаете, связанного со слухом или зрением медицинского состояния, которое затрудняет коммуникацию, у вас есть право бесплатно и своевременно получить сопутствующую помощь и услуги. Для получения услуг устного перевода, перевода на американский жестовый язык (ASL), письменного перевода либо сопутствующих услуг обратитесь в отдел обслуживания участников плана по номеру 1-844-796-6811 (TTY 711).</p>

Thai	<p> หากคุณหรือคนที่คุณให้การช่วยเหลืออยู่มีคำถามเกี่ยวกับ Wellcare By Allwell และไม่ถนัดในการใช้ภาษาอังกฤษ คุณสามารถขอความช่วยเหลือ และ ขอรับข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายได้ทันที หากคุณ หรือ คนที่คุณให้การช่วยเหลืออยู่มีความพิการด้านการได้ยินและ/หรือ มองเห็นที่ เป็นอุปสรรคต่อการสื่อสาร คุณสามารถขอรับความช่วยเหลือ และ บริการเพิ่มเติมโดยไม่เสียค่าใช้จ่ายได้ทันที หากต้องการล่ามแปล ภาษา, ภาษามือ ASL, คำแปลเป็นลายลักษณ์อักษร หรือบริการเสริมอื่นๆ โปรดติดต่อบริการสำหรับสมาชิก ที่หมายเลข 1-844-796-6811 (TTY 711) </p>
------	---

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-844-917-0175 (TTY: 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Understanding the Benefits

- ❑ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.wellcare.com/allwellAZ or call 1-844-917-0175 (TTY: 711) to view a copy of the EOC. Hours are Monday - Sunday, 8 am - 8 pm (all time zones).
- ❑ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ❑ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ❑ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ❑ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ❑ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- ❑ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ❑ **For HMO, CSNP and DSNP plans:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ❑ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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

Contract services are funded in part under contract with the State of Arizona.

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

This page intentionally left blank

Contact Us

For more information, please contact us:



By phone

Toll-free at 1-844-917-0175 (TTY: 711). Your call may be answered by a licensed agent.



Hours of Operation

Monday - Sunday, 8 am - 8 pm (all time zones)



Online

www.wellcare.com/allwellAZ