



# 2022 Summary of Benefits

Texas

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

H0174 | 006

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

H0174 | 004

---

**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) and Wellcare Dual Access (HMO D-SNP) from January 1, 2022 to December 31, 2022.

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

**Who can join?**

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

**Our plans and service areas:**

**H0174006000 Wellcare Dual Liberty (HMO D-SNP)** includes these counties in Texas: Austin, Bastrop, Bexar, Blanco, Burnet, Caldwell, Chambers, Comal, Cooke, Dallas, Denton, El Paso, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Hays, Jefferson, Johnson, Lee, Liberty, Matagorda, Milam, Montgomery, Newton, Orange, Polk, San Jacinto, San Patricio, Tarrant, Walker, Waller, and Wharton.

**H0174004000 Wellcare Dual Access (HMO D-SNP)** includes these counties in Texas: Austin, Bastrop, Bexar, Blanco, Burnet, Caldwell, Chambers, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Hays, Jefferson, Johnson, Lee, Liberty, Matagorda, Milam, Montgomery, Newton, Orange, Polk, San Jacinto, San Patricio, Tarrant, Walker, Waller, and Wharton.

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

You must also be enrolled in the Texas 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 Texas for full-dual enrollees. Please contact the plan for further details.

**Understanding Dual Eligibility**

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

**Dual Eligible Special Needs Plan (DSNPs)** are specialized Medicare Advantage plans that provide

---

healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage. Beneficiaries must meet certain income and resource requirements with eligibility and scope of benefits offered determined by the state where the plan is offered.

### Medicare Savings Program (MSP) Levels

- **Full-Benefit Dual Eligible (FBDE):** Medicaid may pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. Eligible beneficiaries also receive full Medicaid benefits.
- **Qualified Medicare Beneficiary (QMB):** Medicaid will pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. (Some people with QMB are also eligible for full Medicaid benefits (QMB+))
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid will absorb the cost of your Medicare Part B Premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+)
- **Qualified Individual (QI):** Medicaid will pay costs associated with Medicare Part B
- **Qualified Disabled Working Individual (QDWI):** Medicaid will pay costs associated with Medicare Part A

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

### What is “Extra Help?”

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

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

This plan is available to anyone who has both Medical Assistance from the State and Medicare

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

Our plans give you access to our network of highly skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare). (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) and Wellcare Dual Access (HMO D-SNP) have a network of doctors, hospitals, pharmacies, and other providers. You can save money by using our preferred mail-order pharmacy and by using providers in the plan's network. With some plans if you use providers that are not in our network, your share of the costs for covered services may be higher.

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

For more information, please call us at 1-844-917-0175 (TTY users should call 711). Hours are Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. Visit us at [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

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

**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
<b>Service Area</b>	<p><b>Our plans and service areas:</b>  <b>H0174006000 Wellcare Dual Liberty (HMO D-SNP)</b> includes these counties in Texas: Austin, Bastrop, Bexar, Blanco, Burnet, Caldwell, Chambers, Comal, Cooke, Dallas, Denton, El Paso, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Hays, Jefferson, Johnson, Lee, Liberty, Matagorda, Milam, Montgomery, Newton, Orange, Polk, San Jacinto, San Patricio, Tarrant, Walker, Waller, and Wharton.</p> <p><b>H0174004000 Wellcare Dual Access (HMO D-SNP)</b> includes these counties in Texas: Austin, Bastrop, Bexar, Blanco, Burnet, Caldwell, Chambers, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Hays, Jefferson, Johnson, Lee, Liberty, Matagorda, Milam, Montgomery, Newton, Orange, Polk, San Jacinto, San Patricio, Tarrant, Walker, Waller, and Wharton.</p>	
<b>Special Needs Plans Eligibility Criteria</b>	<p>H0174006000 includes (QMB+, SLMB+) and H0174004000 includes (QMB, QMB+, SLMB+).</p> <p>Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document</p>	
<p>Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive</p>		
<b>Monthly plan premium</b> You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.	\$0	\$0
<b>Deductible</b>	No deductible	No deductible

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

**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
<b>Maximum out-of-Pocket Responsibility</b> (does not include prescription drugs)	\$3,400 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	\$3,400 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
<b>Inpatient Hospital coverage</b>	Days 1-90: \$0 copay per stay ▪ *	Days 1-90: \$0 copay per stay ▪ *
<b>Outpatient Hospital coverage</b> Outpatient hospital services	\$0 copay for surgical and non-surgical services ▪ *	\$0 copay for surgical and non-surgical services ▪ *
Outpatient hospital observation services	\$0 copay ▪ *	\$0 copay ▪ *
<b>Ambulatory surgical center (ASC)</b>	\$0 copay ▪ *	\$0 copay ▪ *
<b>Doctor Visits</b> Primary Care Providers	\$0 copay	\$0 copay
Specialists	\$0 copay ▪ *	\$0 copay ▪ *

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

**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
<b>Preventive Care</b> (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu shots, Hepatitis B shots, Pneumococcal shots))	\$0 copay	\$0 copay
<b>Emergency care</b>	\$0 copay	\$0 copay
Worldwide emergency coverage	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for Worldwide Emergency Services.	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for Worldwide Emergency Services.
<b>Urgently needed services</b>	\$0 copay	\$0 copay

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

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

**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
Worldwide urgent care coverage	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for Worldwide Urgently Needed Services.	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for Worldwide Urgently Needed Services.
<b>Diagnostic Services/Labs/Imaging</b>	COVID-19 testing and specified testing-related services at any location are \$0.	COVID-19 testing and specified testing-related services at any location are \$0.
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 ▪ *
<b>Hearing services</b>		
Hearing Exam Medicare Covered	\$0 copay *	\$0 copay *

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



**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
Routine hearing exam	\$0 copay *  1 exam every year	\$0 copay *  1 exam every year
Hearing Aids		
Hearing Aid Fitting/Evaluation(s)	\$0 copay *  1 fitting(s) / evaluation(s) every year	\$0 copay *  1 fitting(s) / evaluation(s) every year
Hearing aid allowance	Up to a \$3,000 allowance for both ears combined every year for hearing aids.	Up to a \$2,000 allowance for both ears combined every year for hearing aids.
All types	\$0 copay *  Limited to 2 hearing aid(s) every year	\$0 copay *  Limited to 2 hearing aid(s) every year
Additional Hearing Information	<b>What you should know</b> Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.	<b>What you should know</b> Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.

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

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

**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
<b>Dental services</b>		
Preventive services	\$0 copay *	\$0 copay *
	Cleanings 2 every year Dental x-rays 1 every 12 to 36 months Oral exams 2 every year	Cleanings 2 every year Dental x-rays 1 every 12 to 36 months 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 *
Diagnostic Services	\$0 copay *	\$0 copay *
	1 diagnostic service(s) every year	1 diagnostic service(s) every year
Restorative Services	\$0 copay *	\$0 copay *
	1 restorative service(s) every 12 to 84 months	1 restorative service(s) every 12 to 84 months.

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

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

**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
Endodontics/ Periodontics/ Extractions	\$0 copay *  1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth	\$0 copay *  1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth
Non-routine services	\$0 copay *  1 non-routine service(s) every day to 60 months	\$0 copay *  1 non-routine service(s) every day to 60 months
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	\$0 copay *  1 Prosthodontic procedure every 12 to 84 months 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime 1 Other service for non-implant codes every 6 to 60 months, implants once per lifetime, implant crowns once every 84 months	\$0 copay *  1 Prosthodontic procedure every 12 to 84 months 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime 1 Other service for non-implant codes every 6 to 60 months, implants once per lifetime, implant crowns once every 84 months
<b>Vision Services</b> 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**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
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 Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Up to a \$400 combined allowance every year.	\$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Up to a \$300 combined allowance every year
<b>Mental Health Services</b>		
Inpatient visit	Days 1-90: \$0 copay per stay ▪ *	Days 1-90: \$0 copay per day ▪ *
Outpatient individual 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**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
Outpatient group therapy visit	\$0 copay ▪ *	\$0 copay ▪ *
<b>Skilled nursing facility (SNF)</b>	Days 1-100: \$0 copay per benefit period. ▪ *	Days 1-100: \$0 copay per benefit period. ▪ *
<b>Therapy and Rehabilitation Services</b>		
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 ▪ *
<b>Ambulance</b>		
Ground Ambulance	\$0 copay *	\$0 copay *
Air Ambulance	\$0 copay *	\$0 copay *

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

**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
<b>Transportation Services</b>	<p>Unlimited routine transportation trips to plan-approved health-related locations.</p> <p>\$0 copay (per one-way trip) *</p> <p><b>What you should know:</b> The first step to staying healthy is getting to your doctor. That's why we cover these shared trips to plan approved health care providers. We want to make sure you get the care you need, when you need it. Call Customer Service 72 hours in advance to reserve a ride for your appointment. Mileage limitations may apply.</p>	<p>Unlimited routine transportation trips to plan-approved health-related locations.</p> <p>\$0 copay (per one-way trip) *</p> <p><b>What you should know:</b> The first step to staying healthy is getting to your doctor. That's why we cover these shared trips to plan approved health care providers. We want to make sure you get the care you need, when you need it. Call Customer Service 72 hours in advance to reserve a ride for your appointment. Mileage limitations may apply.</p>
<b>Medicare Part B Drugs</b>		
Chemotherapy drugs	\$0 copay *	\$0 copay *
Other Part B drugs	\$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) H0174, Plan 006	Wellcare Dual Access (HMO D-SNP) H0174, Plan 004
<b>Stage 1: Annual Prescription Deductible</b>		
<b>Deductible</b>	This plan has no deductible for Part D covered drugs, this payment stage doesn't apply.	This plan has no deductible for Part D covered drugs, this payment stage doesn't apply.
<b>Stage 2: Initial Coverage (after you pay your deductible, if applicable)</b>		
You pay the following until your total yearly drug costs reach \$4,430. The cost share you pay depends on your level of "Extra Help". Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap.		
<b>Standard Retail cost-sharing (30-day/90-day supply)</b>		
	<b>Standard</b>	<b>Standard</b>
<b>Tier 1</b> (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 copay	\$0 copay
<b>Tier 2</b> (Generic Drugs - includes generic drugs and may include some brand drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 3</b> (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 4</b> (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%

Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006	Wellcare Dual Access (HMO D-SNP) H0174, Plan 004
	<b>Standard</b>	<b>Standard</b>
<b>Tier 5</b> (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply
<b>Tier 6</b> (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%



Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006		Wellcare Dual Access (HMO D-SNP) H0174, Plan 004	
<b>Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)</b>				
<b>Mail-order cost-sharing (30-day/90-day supply)</b>				
	Preferred	Standard	Preferred	Standard
<b>Tier 1</b> (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 2</b> (Generic Drugs - includes generic drugs and may include some brand drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 3</b> (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 4</b> (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%

Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006		Wellcare Dual Access (HMO D-SNP) H0174, Plan 004	
	Preferred	Standard	Preferred	Standard
<b>Tier 5</b> (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply
<b>Tier 6</b> (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Stage 3: Coverage Gap</b>				
	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay your "Extra Help" cost share or no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.		After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay your "Extra Help" cost share or no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	

Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006		Wellcare Dual Access (HMO D-SNP) H0174, Plan 004	
	Preferred	Standard	Preferred	Standard
<b>Stage 4: Catastrophic Coverage</b>				
	After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail order) reach \$7,050, depending on your level of “Extra Help” you pay nothing or: <ul style="list-style-type: none"> <li>• \$3.95 copay for generics (including brand drugs treated as generic), or</li> <li>• \$9.85 copay for all other drugs</li> </ul>		After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail order) reach \$7,050, depending on your level of “Extra Help” you pay nothing or: <ul style="list-style-type: none"> <li>• \$3.95 copay for generics (including brand drugs treated as generic), or</li> <li>• \$9.85 copay for all other drugs</li> </ul>	

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

**Excluded Drugs:**

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

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

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

## Additional Benefits

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
<b>Chiropractic Services</b> Medicare-covered	\$0 copay ▪ *	\$0 copay ▪ *
<b>Acupuncture</b> Medicare-covered	\$0 copay ▪ *	\$0 copay ▪ *
<b>Podiatry Services (Foot Care)</b> Medicare Covered	\$0 copay ▪ *	\$0 copay ▪ *
Routine Podiatry Services	\$0 copay ▪ *  6 visit(s) every year  <b>What you should know:</b> Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.	\$0 copay ▪ *  6 visit(s) every year  <b>What you should know:</b> Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.

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

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

## Additional Benefits

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
<b>Virtual Visits</b>	<p>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.</p> <p>A virtual visit (also known as a telehealth consult) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device.</p>	
<b>Home health agency care</b>	\$0 copay ■ *	\$0 copay ■ *
<b>Meals</b>  Post-Acute Meals	\$0 copay for each post-acute meal ■ <b>What you should know:</b> You pay nothing for post-acute meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days.	\$0 copay for each post-acute meal ■ <b>What you should know:</b> You pay nothing for post-acute meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days.

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

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

## Additional Benefits

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
Chronic Meals	\$0 copay for each chronic meal ■ <b>What you should know:</b> You pay nothing for home delivered meals as part of a supervised program designed to transition members with chronic conditions to lifestyle modifications. 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.	\$0 copay for each chronic meal ■ <b>What you should know:</b> You pay nothing for home delivered meals as part of a supervised program designed to transition members with chronic conditions to lifestyle modifications. 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.
<b>Medical Equipment/Supplies</b>		
Durable Medical Equipment (DME)	\$0 copay *	\$0 copay *
Prosthetics	\$0 copay *	\$0 copay *
Diabetic supplies	\$0 copay *	\$0 copay *
Diabetic therapeutic shoes or inserts	\$0 copay *	\$0 copay *
<b>Opioid treatment program services</b>	\$0 copay ■ *	\$0 copay ■ *

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

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

## Additional Benefits

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
<b>Over-the-Counter (OTC) Items</b>	<p>\$0 copay The maximum total benefit is \$425 every three months</p> <p><b>What you should know:</b> Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.</p>	<p>\$0 copay The maximum total benefit is \$325 every three months</p> <p><b>What you should know:</b> Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.</p>
<p><b>Wellness Programs</b></p> <p>Fitness</p>	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay Coverage includes: Activity Tracker and Physical Fitness</p> <p><b>What you should know:</b> This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit or Garmin fitness tracker may be selected as part of a home fitness kit.</p>	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay Coverage includes: Activity Tracker and Physical Fitness</p> <p><b>What you should know:</b> This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit or Garmin fitness tracker may be selected as part of a home fitness kit.</p>

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

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

## Additional Benefits

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
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
24-Hour Nurse Advice Line	\$0 copay	\$0 copay
Personal emergency medical response device (PERS)	\$0 copay	\$0 copay
<b>Special Supplemental Benefits for Chronically Ill (SSBCI)</b> To qualify for these benefits you must meet specific criteria, including having a qualifying chronic condition and determined to be eligible for high-risk care management. For a complete list of eligibility criteria, please see the Evidence of Coverage.	<p>Non-Medical Transportation: You pay a \$0 copay for up to 36 non-medical one-way trips every year</p> <p>Grocery Delivery: You pay \$0 copay Plan covers up to \$100 per month to use on plan-approved grocery items. Limitations apply.</p> <p>Helper Bees Care Concierge: You pay \$0 copay Provides a monthly allowance of 100 credits for plan-approved services. Limitations apply.</p> <p>Utility Flex Card: You pay \$0 copay Plan covers up to \$125 per month to help cover the cost of utilities for your home. Limitations apply.</p> <p>Referral may be required *</p>	<p>Non-Medical Transportation: You pay a \$0 copay for up to 36 non-medical one-way trips every year</p> <p>Helper Bees Care Concierge: You pay \$0 copay Provides a monthly allowance of 100 credits for plan-approved services. Limitations apply.</p> <p>Utility Flex Card: You pay \$0 copay Plan covers up to \$100 per month to help cover the cost of utilities for your home. Limitations apply.</p> <p>Referral may be required *</p>

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

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



## Additional Benefits

	<b>Wellcare Dual Liberty (HMO D-SNP) H0174, Plan 006</b>	<b>Wellcare Dual Access (HMO D-SNP) H0174, Plan 004</b>
<b>Flex Card</b>	<p>\$1,500 yearly benefit</p> <p><b>What you should know:</b> The Flex Card benefit is a debit card that may be used to reduce out of pocket costs at a dental, vision or hearing providers that accepts the card carrier.</p>	<p>\$1,000 yearly benefit</p> <p><b>What you should know:</b> The Flex Card benefit is a debit card that may be used to reduce out of pocket costs at a dental, vision or hearing providers that accepts the card carrier.</p>
<b>Complimentary Alternative Medicine</b>	<p>\$0 copay</p> <p><b>What you should know:</b> This plan provides 24 visits for specialties including therapeutic massage, routine chiropractor or acupuncture benefits.</p>	<p>\$0 copay</p> <p><b>What you should know:</b> This plan provides 24 visits for specialties including therapeutic massage, routine chiropractor or acupuncture benefits.</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), Wellcare Dual Access (HMO D-SNP). For each benefit listed, you can see what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. Coverage of the benefits described in this Summary of Benefits depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Access (HMO D-SNP) will cover the benefits described in the Premium and Benefit section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Texas Department of Health and Human Services toll-free at 1-512-424-6500 (TTY: 1-512-424-6597).

Our source of information for Medicaid benefits is <https://hhs.texas.gov/services/health/medicaid-chip>. All Medicaid covered services are subject to change at any time. For the most current Texas Medicaid coverage information, please visit <https://hhs.texas.gov/services/health/medicaid-chip> or call member services for assistance. A detailed explanation of Texas Medicaid benefits can be found in the Texas Summary of Services online at <https://hhs.texas.gov/services/health/medicaid-chip>.

<b>Benefit Category</b>	<b>Texas Department of Health and Human Services</b>
<p><b>Doctor Visits</b> This includes visits to your primary care physician and specialists</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. \$0 co-pay for Medicaid-covered services.</p>
<p><b>Hearing Services</b> This includes information on coverage of hearing exams and aids</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. \$0 co-pay for Medicaid-covered services.</p>
<p><b>Dental Services</b></p>	<p>For dual-eligible members who meet the above criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. For people who are 20 years of age or younger; or 21 years of age or older in an ICF-MR \$0 co-pay for Medicaid-covered services.</p>

<b>Benefit Category</b>	<b>Texas Department of Health and Human Services</b>
<p><b>Vision Services</b> This includes information on coverage of vision exams and eyewear</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. Note: Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses. \$0 co-pay for Medicaid-covered services.</p>
<p><b>Transportation</b></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. \$0 co-pay for Medicaid-covered services.</p>
<p><b>Health/Wellness Education</b></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. \$0 co-pay for Medicaid-covered services. Nutritional counseling for children, smoking cessation for pregnant women and adult annual exam.</p>
<p><b>Prescription Drugs</b></p>	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare. Medicaid will not cover any Medicare Part D drug.</p>
<p><b>Telemedicine Services</b></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. \$0 co-pay for Medicaid-covered services.</p>
<p><b>Community Living Assistance and Support Services (CLASS) Waiver</b></p>	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. <a href="https://hhs.texas.gov/doing-business-hhs/provider-portals/longterm-care-providers/community-living-assistance-supportservices-class">https://hhs.texas.gov/doing-business-hhs/provider-portals/longterm-care-providers/community-living-assistance-supportservices-class</a> For additional information, contact the Texas Health and Human Services Commission (HHSC).</p>

<b>Benefit Category</b>	<b>Texas Department of Health and Human Services</b>
<b>Deaf Blind with Multiple Disabilities Waiver (DBMD)</b>	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage.  <a href="https://hhs.texas.gov/doing-business-hhs/provider-portals/longterm-care-providers/deaf-blind-multiple-disabilities-dbmd">https://hhs.texas.gov/doing-business-hhs/provider-portals/longterm-care-providers/deaf-blind-multiple-disabilities-dbmd</a>            For additional information, contact the Texas Health and Human Services Commission (HHSC).</p>
<b>Medically Dependent Children Program (MDCP)</b>	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage.  <a href="https://hhs.texas.gov/doing-business-hhs/provider-portals/long-termcare-providers/medically-dependent-children-program-mdcp">https://hhs.texas.gov/doing-business-hhs/provider-portals/long-termcare-providers/medically-dependent-children-program-mdcp</a>            For additional information, contact the Texas Health and Human Services Commission (HHSC).</p>
<b>Home and Community Services (HCS) Waiver</b>	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage.  <a href="https://hhs.texas.gov/doing-business-hhs/provider-portals/longterm-care-providers/home-community-based-services-hcs">https://hhs.texas.gov/doing-business-hhs/provider-portals/longterm-care-providers/home-community-based-services-hcs</a>            For additional information, contact the Texas Health and Human Services Commission (HHSC).</p>
<b>Texas Home Living Waiver (TxHmL)</b>	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage.  <a href="https://hhs.texas.gov/doing-business-hhs/provider-portals/longterm-care-providers/texas-home-living-txhml">https://hhs.texas.gov/doing-business-hhs/provider-portals/longterm-care-providers/texas-home-living-txhml</a>            For additional information, contact the Texas Health and Human Services Commission (HHSC).</p>
<b>STAR+PLUS Program (operating under the Texas Healthcare Transformation and Quality Improvement Program Waiver)</b>	<p>Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage.  <a href="https://hhs.texas.gov/services/health/medicaidchip/programs/starplus">https://hhs.texas.gov/services/health/medicaidchip/programs/starplus</a>            For additional information, contact the Texas Health and Human Services Commission (HHSC).</p>

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al 1-877-374-4056 (TTY: 711).

注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-877-374-4056 (TTY：711)。

Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí dành cho quý vị. Hãy gọi số 1-877-374-4056 (TTY: 711).

주의사항: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 1-877-374-4056 (TTY: 711) 번으로 연락해 주십시오.

Atensyon: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa 1-877-374-4056 (TTY: 711).

Dumngeg: No agsasau ka iti Ilokano, dagiti tulong nga serbisio, a libre, ket available para kaniam. Awagan ti 1-877-374-4056 (TTY: 711).

La Silafia: Afai e te tautala i le gagana Sāmoa, gagana 'au'aunaga fesoasoani, fai fua leai se totogi, o lo'o avanoa ia te 'oe. Vala'au le 1-877-374-4056 (TTY: 711).

Maliu: Inā 'ōlelo Hawai'i 'oe, he lawelawe māhele 'ōlelo, manuahi, i lako iā 'oe. E kelepona iā 1-877-374-4056 (TTY: 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 1-844-917-0175 (TTY: 711). Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m.

## Understanding the Benefits

- Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. Visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare) or call 1-844-917-0175 (TTY: 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

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

## Contact Us

For more information, please contact us:

### By phone

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

### Hours of Operation

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

**Online** [www.wellcare.com/medicare](http://www.wellcare.com/medicare)

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

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