



2022

Summary of Benefits

Texas

Wellcare No Premium Rx Plus Open (PPO)

H7323 | 006

Wellcare No Premium Open (PPO)

H7323 | 003

Wellcare No Premium Open (PPO)

H7323 | 002

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

This is a summary of drug and health services covered by Wellcare No Premium Rx Plus Open (PPO), Wellcare No Premium Open (PPO), and Wellcare No Premium Open (PPO) 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. 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:

H7323006000 Wellcare No Premium Rx Plus Open (PPO) includes these counties in Texas: Atascosa, Austin, Bastrop, Bexar, Blanco, Brazoria, Burnet, Caldwell, Chambers, Collin, Comal, Cooke, Dallas, Denton, El Paso, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Hays, Hidalgo, Jefferson, Johnson, Lee, Liberty, Medina, Milam, Montgomery, Orange, Polk, Rockwall, San Jacinto, Starr, Tarrant, Travis, Walker, Waller, and Williamson.

H7323003000 Wellcare No Premium Open (PPO) includes these counties in Texas: Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Polk, San Jacinto, Walker, and Waller.

H7323002000 Wellcare No Premium Open (PPO) includes these counties in Texas: Collin, Dallas, Denton, Johnson, Rockwall, and Tarrant.

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.

Preferred Provider Organizations (PPOs) You'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracted providers in our network. Out-of-network providers may choose not to bill our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made.

Out-of-network/non-contracted providers are under no obligation to treat Wellcare No Premium Rx Plus Open (PPO), Wellcare No Premium Open (PPO), Wellcare No Premium Open (PPO) plan members, except in emergency situations. Please call our member services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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 No Premium Rx Plus Open (PPO) and Wellcare No Premium Open (PPO) 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.

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.

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

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Service Area	<p>Our plans and service areas:</p> <p>H7323006000 Wellcare No Premium Rx Plus Open (PPO) includes these counties in Texas: Atascosa, Austin, Bastrop, Bexar, Blanco, Brazoria, Burnet, Caldwell, Chambers, Collin, Comal, Cooke, Dallas, Denton, El Paso, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Hays, Hidalgo, Jefferson, Johnson, Lee, Liberty, Medina, Milam, Montgomery, Orange, Polk, Rockwall, San Jacinto, Starr, Tarrant, Travis, Walker, Waller, and Williamson.</p> <p>H7323003000 Wellcare No Premium Open (PPO) includes these counties in Texas: Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Polk, San Jacinto, Walker, and Waller.</p> <p>H7323002000 Wellcare No Premium Open (PPO) includes these counties in Texas: Collin, Dallas, Denton, Johnson, Rockwall, and Tarrant.</p>		
PPO plans do not require a prior authorization or referral for out-of-network services.			
Monthly plan premium You must continue to pay your Medicare Part B premium.	\$0	\$0	\$0
Deductible	No deductible	No deductible	No deductible

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

Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Maximum out-of-Pocket Responsibility (does not include prescription drugs)	\$6,000 in-network annually \$10,000 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	\$6,700 in-network annually \$10,000 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	\$5,900 in-network annually \$10,000 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	In-Network For each admission, you pay: <ul style="list-style-type: none"> \$300 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 * Out-of-Network \$1,450 copay per stay.	In-Network For each admission, you pay: <ul style="list-style-type: none"> \$230 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 * Out-of-Network Days 1-90: 20% coinsurance per stay.	In-Network For each admission, you pay: <ul style="list-style-type: none"> \$200 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 * Out-of-Network Days 1-90: 20% coinsurance per stay.

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Outpatient Hospital coverage Outpatient hospital services	In-Network \$300 copay for surgical and non-surgical services * Out-of-Network 20% coinsurance for surgical and non-surgical services	In-Network \$250 copay for surgical and non-surgical services * Out-of-Network \$350 copay for surgical and non-surgical services	In-Network \$250 copay for surgical and non-surgical services * Out-of-Network \$350 copay for surgical and non-surgical services

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Outpatient hospital observation services	<p>In-Network \$90 copay for outpatient observation services when you enter observation status through an emergency room. \$300 copay for outpatient observation services when you enter observation status through an outpatient facility. *</p> <p>Out-of-Network 20% coinsurance</p>	<p>In-Network \$90 copay for outpatient observation services when you enter observation status through an emergency room. \$250 copay for outpatient observation services when you enter observation status through an outpatient facility. *</p> <p>Out-of-Network \$90 copay for outpatient observation services when you enter observation status through an emergency room. \$350 copay for outpatient observation services when you enter observation status through an outpatient facility.</p>	<p>In-Network \$90 copay for outpatient observation services when you enter observation status through an emergency room. \$250 copay for outpatient observation services when you enter observation status through an outpatient facility. *</p> <p>Out-of-Network \$90 copay for outpatient observation services when you enter observation status through an emergency room. \$350 copay for outpatient observation services when you enter observation status through an outpatient facility.</p>

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Ambulatory surgical center (ASC)	In-Network \$200 copay * Out-of-Network 20% coinsurance	In-Network \$250 copay * Out-of-Network \$300 copay	In-Network \$250 copay * Out-of-Network \$300 copay
Doctor Visits			
Primary Care Providers	In-Network \$0 copay Out-of-Network \$0 copay	In-Network \$0 copay Out-of-Network \$35 copay	In-Network \$0 copay Out-of-Network \$35 copay
Specialists	In-Network \$40 copay * Out-of-Network 20% coinsurance	In-Network \$35 copay * Out-of-Network \$50 copay	In-Network \$35 copay * Out-of-Network \$50 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))	In-Network \$0 copay Out-of-Network \$0 copay	In-Network \$0 copay Out-of-Network \$0 copay	In-Network \$0 copay Out-of-Network \$0 copay

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Emergency care	\$90 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$90 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$90 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide emergency coverage	\$90 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.	\$90 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.	\$90 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.
Urgently needed services	\$40 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$30 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$30 copay Copay is waived if you are admitted to a hospital within 24 hours.

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Worldwide urgent care coverage	\$90 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.	\$90 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.	\$90 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.
Diagnostic Services/Labs/Imaging Lab services	COVID-19 testing and specified testing-related services at any location are \$0. In-Network \$0 copay * Out-of-Network 20% coinsurance	COVID-19 testing and specified testing-related services at any location are \$0. In-Network \$0 copay * Out-of-Network 30% coinsurance	COVID-19 testing and specified testing-related services at any location are \$0. In-Network \$0 copay * Out-of-Network 30% coinsurance

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Diagnostic tests and procedures	In-Network \$0 copay for each Medicare-covered spirometry test for members with a diagnosis of COPD. \$0 copay for the removal of abnormal tissue and/or polyps during a colonoscopy performed as a preventive screening for colorectal cancer. \$40 copay for all other Medicare-covered diagnostic procedures and tests. *	In-Network \$0 copay for each Medicare-covered spirometry test for members with a diagnosis of COPD. \$0 copay for the removal of abnormal tissue and/or polyps during a colonoscopy performed as a preventive screening for colorectal cancer. \$10 copay for all other Medicare-covered diagnostic procedures and tests. *	In-Network \$0 copay for each Medicare-covered spirometry test for members with a diagnosis of COPD. \$0 copay for the removal of abnormal tissue and/or polyps during a colonoscopy performed as a preventive screening for colorectal cancer. \$10 copay for all other Medicare-covered diagnostic procedures and tests. *
	Out-of-Network 20% coinsurance	Out-of-Network 30% coinsurance	Out-of-Network 30% coinsurance
Outpatient X-rays	In-Network \$0 copay *	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 20% coinsurance	Out-of-Network 30% coinsurance	Out-of-Network 30% coinsurance

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Diagnostic radiology services (e.g. MRI, CAT Scan)	In-Network \$0 copay for a DEXA scan. \$0 copay for a Diagnostic Mammogram. \$50 copay for diagnostic radiology services at all other locations. \$300 copay for diagnostic radiology services received in an outpatient setting. * Out-of-Network 20% coinsurance	In-Network \$0 copay for a DEXA scan. \$0 copay for a Diagnostic Mammogram. \$50 copay for diagnostic radiology services at all other locations. \$250 copay for diagnostic radiology services received in an outpatient setting. * Out-of-Network \$350 copay for all diagnostic radiology services received in an outpatient setting. 30% coinsurance for all diagnostic radiology services received in all other locations.	In-Network \$0 copay for a DEXA scan. \$0 copay for a Diagnostic Mammogram. \$50 copay for diagnostic radiology services at all other locations. \$250 copay for diagnostic radiology services received in an outpatient setting. * Out-of-Network \$350 copay for all diagnostic radiology services received in an outpatient setting. 30% coinsurance for all diagnostic radiology services received in all other locations.
Therapeutic Radiology	In-Network 20% coinsurance * Out-of-Network 20% coinsurance	In-Network 20% coinsurance * Out-of-Network 30% coinsurance	In-Network 20% coinsurance * Out-of-Network 30% coinsurance

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Hearing services Hearing Exam Medicare Covered	In-Network \$40 copay *	In-Network \$35 copay *	In-Network \$35 copay *
	Out-of-Network 20% coinsurance	Out-of-Network \$50 copay	Out-of-Network \$50 copay
Routine hearing exam	In-Network \$0 copay *	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 40% coinsurance	Out-of-Network 40% coinsurance	Out-of-Network 40% coinsurance
	1 exam every year	1 exam every year	1 exam every year
Hearing Aids Hearing Aid Fitting/Evaluation(s)	In-Network \$0 copay *	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 40% coinsurance	Out-of-Network 40% coinsurance	Out-of-Network 40% coinsurance
	1 fitting(s) / evaluation(s) every year	1 fitting(s) / evaluation(s) every year	1 fitting(s) / evaluation(s) every year

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Hearing aid allowance All types	Up to a \$700 allowance for both ears combined every year for hearing aids. In-Network \$0 copay * Out-of-Network 40% coinsurance Limited to 2 hearing aid(s) every year	Up to a \$700 allowance for both ears combined every year for hearing aids. In-Network \$0 copay * Out-of-Network 40% coinsurance Limited to 2 hearing aid(s) every year	Up to a \$1,000 allowance for both ears combined every year for hearing aids. In-Network \$0 copay * Out-of-Network 40% coinsurance 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.	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.

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Dental services			
Preventive services	In-Network \$0 copay * Out-of-Network 50% coinsurance Cleanings 2 every year Dental x-rays 1 every 12 to 36 months Oral exams 2 every year	In-Network \$0 copay * Out-of-Network 50% coinsurance Cleanings 2 every year Dental x-rays 1 every 12 to 36 months Oral exams 2 every year	In-Network \$0 copay * Out-of-Network 50% coinsurance Cleanings 2 every year Dental x-rays 1 every 12 to 36 months Oral exams 2 every year
Fluoride Treatment	In-Network \$0 copay * Out-of-Network 50% coinsurance 1 every year	In-Network \$0 copay * Out-of-Network 50% coinsurance 1 every year	In-Network \$0 copay * Out-of-Network 50% coinsurance 1 every year

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Comprehensive services Medicare Covered	In-Network \$40 copay for each Medicare-covered service. *	In-Network \$35 copay for each Medicare-covered service. *	In-Network \$35 copay for each Medicare-covered service. *
	Out-of-Network 20% coinsurance for each Medicare-covered service.	Out-of-Network \$50 copay for each Medicare-covered service.	Out-of-Network \$50 copay for each Medicare-covered service.
Diagnostic Services	In-Network \$0 copay *	In-Network \$0 copay *	In-Network 20% coinsurance *
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
	1 diagnostic service(s) every year	1 diagnostic service(s) every year	1 diagnostic service(s) every year
Restorative Services	In-Network <u>Not</u> covered	In-Network \$0 copay *	In-Network 20% coinsurance *
	Out-of-Network <u>Not</u> covered	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
		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.*

Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Endodontics/ Periodontics/ Extractions	In-Network <u>Not</u> covered Out-of-Network <u>Not</u> covered	In-Network \$0 copay * Out-of-Network 50% coinsurance 1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth	In-Network 20% coinsurance * Out-of-Network 50% coinsurance 1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth
Non-routine services	In-Network \$0 copay * Out-of-Network 50% coinsurance 1 non-routine service(s) every day to 24 months	In-Network \$0 copay * Out-of-Network 50% coinsurance 1 non-routine service(s) every day to 24 months	In-Network 20% coinsurance * Out-of-Network 50% coinsurance 1 non-routine service(s) every day to 24 months

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	In-Network <u>Not</u> covered Out-of-Network <u>Not</u> covered	In-Network \$0 copay * Out-of-Network 50% coinsurance 1 Prosthodontic procedure every 12 to 84 months 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime	In-Network 20% coinsurance * Out-of-Network 50% coinsurance 1 Prosthodontic procedure every 12 to 84 months 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime
Additional Dental Information	What you should know: This plan includes coverage of preventive and comprehensive services up to \$500.	What you should know: This plan includes coverage of preventive and comprehensive services up to \$1,000.	What you should know: This plan includes coverage of preventive and comprehensive services up to \$1,000.

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Vision Services Eye Exam Medicare Covered	In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$40 copay (all other Medicare-covered eye exams) *	In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$35 copay (all other Medicare-covered eye exams) *	In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$35 copay (all other Medicare-covered eye exams) *
	Out-of-Network \$0 copay (Medicare-covered diabetic retinopathy screening) 20% coinsurance (all other Medicare-covered eye exams)	Out-of-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$50 copay (all other Medicare-covered eye exams)	Out-of-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$50 copay (all other Medicare-covered eye exams)
Routine eye exam (Refraction)	In-Network \$0 copay *	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 40% coinsurance 1 exam every year	Out-of-Network 40% coinsurance 1 exam every year	Out-of-Network 40% coinsurance 1 exam every year

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

Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Glaucoma screening	In-Network \$0 copay for each Medicare-covered service. Out-of-Network \$0 copay for each Medicare-covered service.	In-Network \$0 copay for each Medicare-covered service. Out-of-Network \$0 copay for each Medicare-covered service.	In-Network \$0 copay for each Medicare-covered service. Out-of-Network \$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	In-Network \$0 copay * Out-of-Network 20% coinsurance	In-Network \$0 copay * Out-of-Network \$50 copay	In-Network \$0 copay * Out-of-Network \$50 copay
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	In-Network \$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Out-of-Network 40% coinsurance Up to a \$100 combined allowance every year.	In-Network \$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Out-of-Network 40% coinsurance Up to a \$100 combined allowance every year	In-Network \$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Out-of-Network 40% coinsurance Up to a \$200 combined allowance every year

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Mental Health Services			
Inpatient visit	In-Network For each admission, you pay: <ul style="list-style-type: none"> \$300 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 * Out-of-Network For each admission, you pay: <ul style="list-style-type: none"> \$1,450 copay per stay for days 1 through 90 	In-Network For each admission, you pay: <ul style="list-style-type: none"> \$300 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 * Out-of-Network Days 1-90: 40% coinsurance per stay.	In-Network For each admission, you pay: <ul style="list-style-type: none"> \$300 copay per day for days 1 through 6 \$0 copay per day for days 7 through 90 * Out-of-Network Days 1-90: 40% coinsurance per stay.
Outpatient individual therapy visit	In-Network \$25 copay * Out-of-Network 20% coinsurance	In-Network \$25 copay * Out-of-Network \$60 copay	In-Network \$25 copay * Out-of-Network \$60 copay
Outpatient group therapy visit	In-Network \$25 copay * Out-of-Network 20% coinsurance	In-Network \$25 copay * Out-of-Network \$60 copay	In-Network \$25 copay * Out-of-Network \$60 copay

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Skilled nursing facility (SNF)	In-Network For each benefit period, you pay: <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$184 copay per day for days 21 through 100 *	In-Network For each benefit period, you pay: <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$168 copay per day for days 21 through 100 *	In-Network For each benefit period, you pay: <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$168 copay per day for days 21 through 100 *
	Out-of-Network For each benefit period, you pay: <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$184 copay per day for days 21 through 100 	Out-of-Network Days 1-100: 50% coinsurance per benefit period.	Out-of-Network Days 1-100: 50% coinsurance per benefit period.
Therapy and Rehabilitation Services			
Physical Therapy	In-Network \$40 copay *	In-Network \$40 copay *	In-Network \$40 copay *
	Out-of-Network 20% coinsurance	Out-of-Network \$60 copay	Out-of-Network \$60 copay

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Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Outpatient rehabilitation services provided by an occupational therapist	In-Network \$40 copay *	In-Network \$40 copay *	In-Network \$40 copay *
	Out-of-Network 20% coinsurance	Out-of-Network \$60 copay	Out-of-Network \$60 copay
Pulmonary rehabilitation services	In-Network 20% coinsurance *	In-Network \$30 copay *	In-Network \$30 copay *
	Out-of-Network 20% coinsurance	Out-of-Network \$30 copay	Out-of-Network \$30 copay
Ambulance Ground Ambulance	In-Network \$275 copay *	In-Network \$275 copay *	In-Network \$235 copay *
	Out-of-Network \$275 copay	Out-of-Network \$275 copay	Out-of-Network \$235 copay
Air Ambulance	In-Network \$275 copay *	In-Network \$275 copay *	In-Network \$235 copay *
	Out-of-Network \$275 copay	Out-of-Network \$275 copay	Out-of-Network \$235 copay
Transportation Services	In-Network <u>Not</u> covered	In-Network <u>Not</u> covered	In-Network <u>Not</u> covered
	Out-of-Network <u>Not</u> covered	Out-of-Network <u>Not</u> covered	Out-of-Network <u>Not</u> covered

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

Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Medicare Part B Drugs Chemotherapy drugs	In-Network 20% coinsurance *	In-Network 20% coinsurance *	In-Network 20% coinsurance *
	Out-of-Network 20% coinsurance	Out-of-Network 30% coinsurance	Out-of-Network 30% coinsurance
Other Part B drugs	In-Network 20% coinsurance *	In-Network 20% coinsurance *	In-Network 20% coinsurance *
	Out-of-Network 20% coinsurance	Out-of-Network 30% coinsurance	Out-of-Network 30% coinsurance

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

Prescription Drug Coverage	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002			
Stage 1: Annual Prescription Deductible						
Deductible	\$300 for Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier) Part D prescription drugs. For all other covered drugs, you will not have to pay any deductible and will start receiving coverage immediately.	\$200 for Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Speciality Tier) Part D prescription drugs. For all other covered drugs, you will not have to pay any deductible and will start receiving coverage immediately.	\$200 for Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Speciality Tier) Part D prescription drugs. For all other covered drugs, you will not have to pay any deductible and will start receiving coverage immediately.			
Stage 2: Initial Coverage (after you pay your deductible, if applicable)						
You pay the following until your total yearly drug costs reach \$4,430. 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.						
Retail cost-sharing (30-day/90-day supply)						
	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay
Tier 2 (Generic Drugs - includes generic drugs and may include some brand drugs.)	\$0 / \$0 copay	\$5 / \$15 copay	\$3 / \$9 copay	\$8 / \$24 copay	\$5 / \$15 copay	\$10 / \$30 copay

Prescription Drug Coverage	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006		Wellcare No Premium Open (PPO) H7323, Plan 003		Wellcare No Premium Open (PPO) H7323, Plan 002	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 3 (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	\$35 / \$105 copay	\$45 / \$135 copay	\$25 / \$75 copay	\$35 / \$105 copay	\$35 / \$105 copay	\$45 / \$135 copay
	N/A		You will pay your Tier 3 cost sharing for Select Insulins throughout the deductible, initial coverage and coverage gap stages. Please see your Formulary and Evidence of Coverage for complete details.		N/A	
Tier 4 (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	42% / 42% coinsurance	44% / 44% coinsurance	41% / 41% coinsurance	43% / 43% coinsurance	41% / 41% coinsurance	43% / 43% coinsurance
Tier 5 (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	28% coinsurance / Not Available	28% coinsurance / Not Available	29% coinsurance / Not Available	29% coinsurance / Not Available	29% coinsurance / Not Available	29% coinsurance / Not Available

Prescription Drug Coverage	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006		Wellcare No Premium Open (PPO) H7323, Plan 003		Wellcare No Premium Open (PPO) H7323, Plan 002	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 6 (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay

Prescription Drug Coverage	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002			
Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)						
Mail-order cost-sharing (30-day/90-day supply)						
	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay
Tier 2 (Generic Drugs - includes generic drugs and may include some brand drugs.)	\$0 / \$0 copay	\$5 / \$15 copay	\$3 / \$0 copay	\$8 / \$24 copay	\$5 / \$0 copay	\$10 / \$30 copay
Tier 3 (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	\$35 / \$70 copay	\$45 / \$135 copay	\$25 / \$50 copay	\$35 / \$105 copay	\$35 / \$70 copay	\$45 / \$135 copay
	N/A		You will pay your Tier 3 cost sharing for Select Insulins throughout the deductible, initial coverage and coverage gap stages. Please see your Formulary and Evidence of Coverage for complete details.		N/A	
Tier 4 (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	42% / 42% coinsurance	44% / 44% coinsurance	41% / 41% coinsurance	43% / 43% coinsurance	41% / 41% coinsurance	43% / 43% coinsurance

Prescription Drug Coverage	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006		Wellcare No Premium Open (PPO) H7323, Plan 003		Wellcare No Premium Open (PPO) H7323, Plan 002	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
Tier 5 (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	28% coinsurance / Not Available	28% coinsurance / Not Available	29% coinsurance / Not Available	29% coinsurance / Not Available	29% coinsurance / Not Available	29% coinsurance / Not Available
Tier 6 (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay

Prescription Drug Coverage	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006		Wellcare No Premium Open (PPO) H7323, Plan 003		Wellcare No Premium Open (PPO) H7323, Plan 002	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
Stage 3: Coverage Gap						
	<p>After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.</p>		<p>After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.</p> <p>During this stage, for Tier 1 and select drugs on Tier 6, you pay your copayment or coinsurance. Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.</p>		<p>After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.</p> <p>During this stage, for Tier 1 and select drugs on Tier 6, you pay your copayment or coinsurance. Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.</p>	

Prescription Drug Coverage	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006		Wellcare No Premium Open (PPO) H7323, Plan 003		Wellcare No Premium Open (PPO) H7323, Plan 002	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
Stage 4: Catastrophic Coverage						
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs. 		After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs. 		After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs. 	

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

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Chiropractic Services Medicare-covered	In-Network \$20 copay *	In-Network \$20 copay *	In-Network \$20 copay *
	Out-of-Network 20% coinsurance	Out-of-Network \$40 copay	Out-of-Network \$40 copay
Acupuncture Medicare-covered	In-Network \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$40 copay for Medicare-covered Acupuncture received in a Specialist office. \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office. *	In-Network \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$35 copay for Medicare-covered Acupuncture received in a Specialist office. \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office. *	In-Network \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$35 copay for Medicare-covered Acupuncture received in a Specialist office. \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office. *
	Out-of-Network \$0 copay for Medicare-covered Acupuncture received in a PCP office. 20% coinsurance for Medicare-covered Acupuncture received in a	Out-of-Network \$35 copay for Medicare-covered Acupuncture received in a PCP office. \$50 copay for Medicare-covered Acupuncture received in a Specialist office.	Out-of-Network \$35 copay for Medicare-covered Acupuncture received in a PCP office. \$50 copay for Medicare-covered Acupuncture received in a Specialist office.

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

Additional Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
	Specialist office. 20% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office.	\$40 copay for Medicare-covered Acupuncture received in a Chiropractor office.	\$40 copay for Medicare-covered Acupuncture received in a Chiropractor office.
Podiatry Services (Foot Care) Medicare Covered	In-Network \$40 copay *	In-Network \$35 copay *	In-Network \$35 copay *
	Out-of-Network 20% coinsurance	Out-of-Network \$50 copay	Out-of-Network \$50 copay
	What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.	What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.	What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.
Virtual Visits	<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>		

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Additional Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Home health agency care	In-Network \$0 copay * Out-of-Network 20% coinsurance	In-Network \$0 copay * Out-of-Network 50% coinsurance	In-Network \$0 copay * Out-of-Network 50% coinsurance
Meals Post-Acute Meals	\$0 copay for each post-acute meal What you should know: 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 What you should know: 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 What you should know: 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.

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Additional Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Chronic Meals	<p>\$0 copay for each chronic meal</p> <p>What you should know: 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.</p>	<p>\$0 copay for each chronic meal</p> <p>What you should know: 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.</p>	<p>\$0 copay for each chronic meal</p> <p>What you should know: 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.</p>
Medical Equipment/Supplies Durable Medical Equipment (DME)	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 30% coinsurance</p>	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 30% coinsurance</p>

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Additional Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Prosthetics	In-Network 20% coinsurance *	In-Network 20% coinsurance *	In-Network 20% coinsurance *
	Out-of-Network 20% coinsurance	Out-of-Network 30% coinsurance	Out-of-Network 30% coinsurance
Diabetic supplies	In-Network \$0 copay *	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 20% coinsurance	Out-of-Network 20% coinsurance	Out-of-Network 20% coinsurance
Diabetic therapeutic shoes or inserts	In-Network 20% coinsurance *	In-Network 20% coinsurance *	In-Network 20% coinsurance *
	Out-of-Network 20% coinsurance	Out-of-Network 20% coinsurance	Out-of-Network 20% coinsurance
Opioid treatment program services	In-Network \$40 copay *	In-Network \$35 copay *	In-Network \$35 copay *
	Out-of-Network 20% coinsurance	Out-of-Network \$50 copay	Out-of-Network \$50 copay

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Additional Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Over-the-Counter (OTC) Items	<p>\$0 copay The maximum total benefit is \$30 every three months</p> <p>What you should know: 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 \$45 every three months</p> <p>What you should know: 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 \$85 every three months</p> <p>What you should know: Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.</p>
Wellness Programs	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p><u>Not</u> covered</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>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>

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Additional Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
		What you should know: This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit or Garmin fitness tracker may be selected as part of a home fitness kit.	What you should know: This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit or Garmin fitness tracker may be selected as part of a home fitness kit.
Additional sessions of smoking and tobacco cessation counseling	In-Network \$0 copay Out-of-Network \$0 copay Limited to 5 visit(s) every year	In-Network \$0 copay Out-of-Network \$0 copay Limited to 5 visit(s) every year	In-Network \$0 copay Out-of-Network \$0 copay Limited to 5 visit(s) every year

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

Additional Benefits

	Wellcare No Premium Rx Plus Open (PPO) H7323, Plan 006	Wellcare No Premium Open (PPO) H7323, Plan 003	Wellcare No Premium Open (PPO) H7323, Plan 002
Additional Routine Annual Physical	In-Network \$0 copay Out-of-Network \$0 copay What you should know: Wellness programs are a great way to maintain your health. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.	In-Network \$0 copay Out-of-Network \$0 copay What you should know: Wellness programs are a great way to maintain your health. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.	In-Network \$0 copay Out-of-Network \$0 copay What you should know: Wellness programs are a great way to maintain your health. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.
24-Hour Nurse Advice Line	\$0 copay	\$0 copay	\$0 copay
Special Supplemental Benefits for Chronically Ill (SSBCI) 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.	Special supplemental benefits for the chronically ill are not covered	Special supplemental benefits for the chronically ill are not covered	Utility Flex Card: You pay \$0 copay Plan covers up to \$50 per month to help cover the cost of utilities for your home. Limitations apply. Referral may be required *

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

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 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

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.