

2021

Summary of Benefits

Florida

WellCare Liberty (HMO D-SNP)

H1032 | Plan 176

WellCare Liberty (HMO D-SNP)

H1032 | Plan 175



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 Liberty (HMO D-SNP), WellCare Liberty (HMO D-SNP) from January 1, 2021 to December 31, 2021.

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

Who can join?

To join one of our plans you must be entitled to Medicare Part A, receive assistance from Medicaid through Florida Agency for Health Care Administration, be enrolled in Medicare Part B and live in our service area.

Our plans and service area:

H1032176000 WellCare Liberty (HMO D-SNP) Miami-Dade

H1032175000 WellCare Liberty (HMO D-SNP) Alachua, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Collier, DeSoto, Duval, Escambia, Flagler, Franklin, Gadsden, Glades, Gulf, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jefferson, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Union, Volusia, Wakulla, Walton, Washington

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

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. Available 24 hours, 7 days a week, including some federal holidays.

Health Maintenance Organizations (HMOs) are health-care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to select a primary care doctor to coordinate care. Some plans also include giveback of some or all of the Part B premium.

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

Which doctors, hospitals and pharmacies can I use?

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

Understanding Dual Eligibility

Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Medicaid coverage varies depending on the state and the type of Medicaid you have. What you pay for covered services may depend on your level of Medicaid eligibility.

Some people with Medicaid get help paying for their Medicare premiums and other costs. Other people may also get coverage for additional services and drugs that are covered under Medicaid but not by Medicare. The following information explains your healthcare options and the Medicaid portion of your dual eligibility. Medicaid benefits are valuable to you because the state provides additional healthcare coverage and financial support based on your Medicare Savings Program (MSP) aid level.

Medicare Savings Program (MSP) Levels

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

Qualified Medicare Beneficiary (QMB): Medicaid will pay for your Medicare Part A & B premiums, deductibles, co-insurances, and co-payments. (Some people with QMB are also eligible for full Medicaid benefits (QMB+))

Specified Low-Income Medicare Beneficiary (SLMB): Medicaid will absorb the cost of your Medicare Part B Premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+)

Qualified Individual (QI): Medicaid will pay costs associated with Medicare Part B

Qualified Disabled Working Individual (QDWI): Medicaid will pay costs associated with Medicare Part A

Note: Some MSP Levels automatically qualify for “Extra Help” for Medicare prescription drug coverage assistance.

What is “Extra Help?”

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

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

How will I determine my drug costs?

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

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

For more information, please call us at 1-833-444-9089 (TTY/TDD users should call 711) Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit us at www.wellcare.com/medicare.

Summary of Benefits

January 1, 2021 - December 31, 2021

NOTE:

- Services with PA may require prior authorization
- Services with R may require a referral from your doctor
- Services with MV (May Vary) means your cost-share may vary depending on your level of Medicaid

Plan Name	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Service Area	Miami-Dade	Alachua, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Collier, DeSoto, Duval, Escambia, Flagler, Franklin, Gadsden, Glades, Gulf, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jefferson, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Union, Volusia, Wakulla, Walton, Washington
Special Needs Plans Eligibility Criteria	FBDE; SLMB+; QMB+ (Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document)	FBDE; SLMB+; QMB+ (Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document)
Monthly Premium, Deductible and Limits	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Monthly Plan Premium	\$0.00 What you should know Your monthly plan premium may be as low as \$0 , depending on your level of "Extra Help." You must continue to pay your Medicare Part B premium. If you meet certain eligibility requirements for both Medicare and Medicaid, your Part B premiums may be covered in full.	\$0.00 What you should know Your monthly plan premium may be as low as \$0 , depending on your level of "Extra Help." You must continue to pay your Medicare Part B premium. If you meet certain eligibility requirements for both Medicare and Medicaid, your Part B premiums may be covered in full.

Monthly Premium, Deductible and Limits	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Deductible^{MV}	No Deductible What you should know See the Prescription Drug Benefits section of this document for Part D Prescription Drug Deductible information.	No Deductible What you should know See the Prescription Drug Benefits section of this document for Part D Prescription Drug Deductible information.
Maximum Out-of-Pocket Responsibility (MOOP) (does not include prescription drugs)	In-Network \$3,000 annually What you should know Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. These limits are the most you pay for co-pays, coinsurance and other costs for hospital and medical services. Depending on your level of Florida Agency for Health Care Administration eligibility, you may pay nothing for Medicare-covered services. Refer to the “Medicare & You” handbook for Medicare-covered services. For Florida Agency for Health Care Administration-covered services, refer to the Medicaid Coverage section in this document. Please note that you may still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs, depending on your level of “Extra Help.”	In-Network \$3,400 annually What you should know Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. These limits are the most you pay for co-pays, coinsurance and other costs for hospital and medical services. Depending on your level of Florida Agency for Health Care Administration eligibility, you may pay nothing for Medicare-covered services. Refer to the “Medicare & You” handbook for Medicare-covered services. For Florida Agency for Health Care Administration-covered services, refer to the Medicaid Coverage section in this document. Please note that you may still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs, depending on your level of “Extra Help.”

Medical and Hospital Benefits	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Inpatient Hospital Coverage ^{PA,R,,MV}	In-Network \$0 co-pay up to 90 days per admission What you should know Our plan covers a specified number of days for an inpatient hospital stay. Once discharged from an inpatient hospital stay, talk to one of our care managers. Our care managers can help make sure you stay healthy and out of the hospital. Refer to the Evidence of Coverage for more plan specific information.	In-Network \$0 co-pay up to 90 days per admission What you should know Our plan covers a specified number of days for an inpatient hospital stay. Once discharged from an inpatient hospital stay, talk to one of our care managers. Our care managers can help make sure you stay healthy and out of the hospital. Refer to the Evidence of Coverage for more plan specific information.
Outpatient Hospital Coverage ^{PA,R,,MV}	In-Network \$0 co-pay for outpatient hospital services What you should know Covered services include surgery, heart catheterizations, oncology related services, respiratory services, wound care, infusion therapies and other therapeutic procedures done in an outpatient setting.	In-Network \$0 co-pay for outpatient hospital services What you should know Covered services include surgery, heart catheterizations, oncology related services, respiratory services, wound care, infusion therapies and other therapeutic procedures done in an outpatient setting.
Outpatient Hospital Observation Services ^{PA,R,,MV}	In-Network \$0 co-pay What you should know Your cost for Outpatient Hospital Observation Services when you enter through ER or when you enter observation status through an outpatient setting.	In-Network \$0 co-pay What you should know Your cost for Outpatient Hospital Observation Services when you enter through ER or when you enter observation status through an outpatient setting.
Ambulatory Surgery Center (ASC) ^{PA,R,,MV}	In-Network \$0 co-pay	In-Network \$0 co-pay
Doctor Visits Primary Care Provider (PCP)	In-Network \$0 co-pay	In-Network \$0 co-pay

Medical and Hospital Benefits	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
	<p>What you should know</p> <p>Your PCP is the doctor who will handle most of your health care services. They will refer you to in-network specialists when needed. For telemedicine services rendered by your Primary Care Physician, Specialist, Urgent Needed Services, Outpatient Mental Health Care (Individual Session), Occupational Therapy, Physical Therapy and/or Speech-Language Therapy, Outpatient Substance Abuse (Individual Session), Podiatry Services (Medicare Covered), Home Health Agency Care, Diabetes Self-Management Training, Other Healthcare Professional, Walk-in and Pharmacy Clinics, you will pay the cost share for that provider listed throughout this document.</p>	<p>What you should know</p> <p>Your PCP is the doctor who will handle most of your health care services. They will refer you to in-network specialists when needed. For telemedicine services rendered by your Primary Care Physician, Specialist, Urgent Needed Services, Outpatient Mental Health Care (Individual Session), Occupational Therapy, Physical Therapy and/or Speech-Language Therapy, Outpatient Substance Abuse (Individual Session), Podiatry Services (Medicare Covered), Home Health Agency Care, Diabetes Self-Management Training, Other Healthcare Professional, Walk-in and Pharmacy Clinics, you will pay the cost share for that provider listed throughout this document.</p>
Specialist ^{PA,R,,MV}	<p>In-Network</p> <p>\$0 co-pay</p>	<p>In-Network</p> <p>\$0 co-pay</p>
Other Healthcare Professionals (e.g. Physician Assistant or Nurse Practitioner) ^{PA,R,,MV}	<p>In-Network</p> <p>\$0 co-pay (PCP office)</p> <p>\$0 co-pay (specialist office)</p> <p>\$0 co-pay (clinic/pharmacy setting)</p>	<p>In-Network</p> <p>\$0 co-pay (PCP office)</p> <p>\$0 co-pay (specialist office)</p> <p>\$0 co-pay (clinic/pharmacy setting)</p>
Teladoc	You pay a \$0 co-pay per call	You pay a \$0 co-pay per call

Emergency Care / Urgently Needed Services	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Emergency Care	\$0 co-pay What you should know If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.	\$0 co-pay What you should know If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.
Worldwide Emergency Coverage	\$120 co-pay What you should know Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for WW Emergency Services.	\$120 co-pay What you should know Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for WW Emergency Services.
Urgently Needed Services^{MV}	In-Network \$0 co-pay What you should know If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services.	In-Network \$0 co-pay What you should know If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services.
Worldwide Urgent Coverage	\$120 co-pay What you should know Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for WW Urgently Needed Services.	\$120 co-pay What you should know Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for WW Urgently Needed Services.

Diagnostic Services / Labs / Imaging	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Lab Services ^{PA,R,,MV} (Medicare approved lab work)	In-Network \$0 co-pay	In-Network \$0 co-pay
Diagnostic Radiology Services ^{PA,R,,MV} (MRI/CT/PET scans specialist office or free standing facility / outpatient setting)	In-Network \$0 co-pay What you should know You pay \$0 for mammograms and DEXA scans.	In-Network \$0 co-pay What you should know You pay \$0 for mammograms and DEXA scans.
Diagnostic Tests and Procedures ^{PA,R,,MV} (Basic / Advanced)	In-Network \$0 co-pay	In-Network \$0 co-pay
Therapeutic Radiology Services ^{PA,R,MV} (e.g. radiation treatment for cancer in specialist office or free standing facility / outpatient setting)	In-Network \$0 co-pay	In-Network \$0 co-pay
Outpatient X-Ray ^{PA,R,,MV}	In-Network \$0 co-pay	In-Network \$0 co-pay

Hearing Services	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Hearing Exam ^{PA,R,MV} (Medicare Covered)	In-Network \$0 co-pay	In-Network \$0 co-pay
Routine Hearing Exam ^{PA,R}	In-Network \$0 co-pay 1 exam every year	In-Network \$0 co-pay 1 exam every year
Hearing Aid Fitting/Evaluations ^{PA,R}	In-Network \$0 co-pay 1 fitting(s)/evaluation(s) every year	In-Network \$0 co-pay 1 fitting(s)/evaluation(s) every year
Annual Hearing Aid Allowance ^{PA,R}	In-Network \$0 co-pay 2 hearing aids per year \$2,000 value 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.	In-Network \$0 co-pay 2 hearing aids per year \$2,000 value 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.

Dental Services	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Preventive Services ^{PA,R}	In-Network \$0 co-pay for: Cleanings (1 every 6 months) Dental x-rays (1 every 12 to 36 months) Oral exams (1every 6 months)	In-Network \$0 co-pay for: Cleanings (1every 6 months) Dental x-rays (1 every 12 to 36 months) Oral exams (1every 6 months)
Fluoride ^{PA,R}	In-Network \$0 co-pay 1 every year	In-Network \$0 co-pay 1 every year
Comprehensive Services ^{PA,R,MV} (Medicare-Covered)	In-Network \$0 co-pay	In-Network \$0 co-pay
Comprehensive Services ^{PA,R,MV}		
Routine Services	In-Network \$0 co-pay	In-Network \$0 co-pay
Restorative	1 every three years	1 every three years

Dental Services	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Endodontics	1 Endodontic procedure per tooth	1 Endodontic procedure per tooth
Periodontics	1 Periodontic procedure every 6 to 36 months	1 Periodontic procedure every 6 to 36 months
Extractions	1 Extraction per tooth	1 Extraction per tooth
Non-Routine Services	1 Non-Routine Services every 6 to 24 months	1 Non-Routine Services every 6 to 24 months
Prosthodontics, Other Oral/ Maxillofacial Surgery	<p>1 Prosthodontic procedure every 12 to 60 months 1 Oral Maxillofacial procedure every 60 months or per lifetime Other services every 6 to 24 months</p> <p>What you should know This plan includes coverage of preventive and comprehensive services up to \$5,000, including but not limited to cleanings, x-ray(s), oral exams, fluoride treatments, fillings, dentures or a bridge or a crown and a root canal.</p>	<p>1 Prosthodontic procedure every 12 to 60 months 1 Oral Maxillofacial procedure every 60 months or per lifetime Other services every 6 to 24 months</p> <p>What you should know This plan includes coverage of preventive and comprehensive services up to \$4,500, including but not limited to cleanings, x-ray(s), oral exams, fluoride treatments, fillings, dentures or a bridge or a crown and a root canal.</p>

Vision Services	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Eye Exams ^{PA,R,MV} (Medicare Covered)	In-Network \$0 co-pay for Medicare-covered diabetes retinopathy screening \$0 co-pay for all other Medicare-covered eye exams	In-Network \$0 co-pay for Medicare-covered diabetes retinopathy screening \$0 co-pay for all other Medicare-covered eye exams
Routine Eye Exams (Refraction) ^{PA,R}	In-Network \$0 co-pay 1 exam per year	In-Network \$0 co-pay 1 exam per year
Glaucoma Screening ^R	In-Network \$0 co-pay	In-Network \$0 co-pay
Eyewear ^{PA,R,MV} (Medicare-Covered)	In-Network \$0 co-pay	In-Network \$0 co-pay
Contact Lenses, Eye Glasses, Eye Glass Lenses, Eye Glass Frames ^{PA,R}	In-Network \$0 co-pay Unlimited contacts Unlimited glasses (lenses and/or frames) per year Up to \$400 What you should know You pay nothing for eye glasses or contact lenses after cataract surgery at an in network provider.	In-Network \$0 co-pay Unlimited contacts Unlimited glasses (lenses and/or frames) per year Up to \$400 What you should know You pay nothing for eye glasses or contact lenses after cataract surgery at an in network provider.

Mental Health Services	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Inpatient Mental Health Services ^{PA,R,,MV}	In-Network \$0 co-pay up to 90 days per admission What you should know Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.	In-Network \$0 co-pay up to 90 days per admission What you should know Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.
Outpatient Mental Health Services ^{PA,R,,MV} Per session for individual therapy	In-Network \$0 co-pay	In-Network \$0 co-pay

Mental Health Services	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Per session for group therapy	In-Network \$0 co-pay	In-Network \$0 co-pay
Partial Hospitalization ^{PA,R,MV}	In-Network \$0 co-pay	In-Network \$0 co-pay

Skilled Nursing Facility (SNF)	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Skilled Nursing Facility (SNF) ^{PA,R,MV}	In-Network \$0 co-pay per day for days 1-100 What you should know Our plan covers up to 100 days per benefit period in a SNF. A Benefit Period begins the first day you go into a SNF and ends when you haven't received any SNF care for 60 consecutive days. There is no limit to the number of benefit periods you may have.	In-Network \$0 co-pay per day for days 1-100 What you should know Our plan covers up to 100 days per benefit period in a SNF. A Benefit Period begins the first day you go into a SNF and ends when you haven't received any SNF care for 60 consecutive days. There is no limit to the number of benefit periods you may have.

Therapy and Rehabilitation Services	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Physical Therapy and Speech-Language Therapy ^{PA,R,MV}	In-Network \$0 co-pay	In-Network \$0 co-pay
Occupational Therapy ^{PA,R,MV}	In-Network \$0 co-pay	In-Network \$0 co-pay
Cardiac Rehabilitation ^{PA,R,MV}	In-Network \$0 co-pay	In-Network \$0 co-pay
Pulmonary Rehabilitation ^{PA,R,MV}	In-Network \$0 co-pay	In-Network \$0 co-pay
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) ^{PA,R,MV}	In-Network \$0 co-pay	In-Network \$0 co-pay

Ambulance and Transportation	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Ambulance^{PA,MV}	(ground / air) \$0 co-pay	(ground / air) \$0 co-pay
Transportation^{PA,R}	In-Network \$0 co-pay unlimited one-way trips every year What you should know The first step to staying healthy is getting to your doctor. That's why we cover these shared trips to plan approved health care providers. We want to make sure you get the care you need, when you need it. Call Customer Service 72 hours in advance to reserve a ride for your appointment.	In-Network \$0 co-pay unlimited one-way trips every year What you should know The first step to staying healthy is getting to your doctor. That's why we cover these shared trips to plan approved health care providers. We want to make sure you get the care you need, when you need it. Call Customer Service 72 hours in advance to reserve a ride for your appointment.
Medicare Part B Drugs	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Medicare Part B Drugs^{PA,MV}	In-Network \$0 co-pay	In-Network \$0 co-pay
Other Part B Drugs^{PA,MV}	In-Network \$0 co-pay	In-Network \$0 co-pay
Prescription Drug Coverage	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Part D Deductible^{MV}	\$0	\$0

Prescription Drug Coverage	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Initial Coverage Stage (after you pay your deductible if applicable)	You pay these co-pays or coinsurance amounts until your total yearly drug costs reach \$4,130 . The cost share you pay depends on your level of "Extra Help". Total yearly drug costs are the total drug costs paid by both you and our Part D plan at network retail pharmacies and mail order pharmacies. If you reside in a long term care (LTC) facility, you pay the same as a retail pharmacy. When you move from one phase of the Part D benefit to another, your cost-sharing may change as well. For more information on the additional pharmacy specific cost-sharing and the phase of the benefit, please call us or access our Evidence of Coverage online.	You pay these co-pays or coinsurance amounts until your total yearly drug costs reach \$4,130 . The cost share you pay depends on your level of "Extra Help". Total yearly drug costs are the total drug costs paid by both you and our Part D plan at network retail pharmacies and mail order pharmacies. If you reside in a long term care (LTC) facility, you pay the same as a retail pharmacy. When you move from one phase of the Part D benefit to another, your cost-sharing may change as well. For more information on the additional pharmacy specific cost-sharing and the phase of the benefit, please call us or access our Evidence of Coverage online.
Standard Retail and Standard Mail Cost-Share (In-Network)		
Tier 1: Preferred Generic Drugs 30 day supply	\$0	\$0
Tier 2: Generic Drugs 30 day supply	\$0	\$0
Tier 3: Preferred Brand Drugs 30 day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%
Tier 4: Non-Preferred Drugs 30 day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%
Tier 5: Specialty Tier Drugs 30 day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%

Prescription Drug Coverage	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Preferred Mail Cost-Share (In-Network)		
Tier 1: Preferred Generic Drugs Preferred Mail - 90 day supply	\$0	\$0
Tier 2: Generic Drugs Preferred Mail - 90 day supply	\$0	\$0
Tier 3: Preferred Brand Drugs Preferred Mail - 90 day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%
Tier 4: Non-Preferred Drugs Preferred Mail - 90 day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15%
Tier 5: Specialty Tier Drugs Preferred Mail - 90 day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15% Limited to a 30-day supply	Generics: \$0 / \$1.30 / \$3.70 / 15% Brands: \$0 / \$4.00 / \$9.20 / 15% Limited to a 30-day supply
	What you should know <u>Excluded Drugs:</u> This plan includes enhanced drug coverage of certain excluded drugs. Generic only Sildenafil and Vardenafil on Tier 1 have a quantity limit of four pills every 30 days. 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.	What you should know <u>Excluded Drugs:</u> This plan includes enhanced drug coverage of certain excluded drugs. Generic only Sildenafil and Vardenafil on Tier 1 have a quantity limit of four pills every 30 days. 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.

Prescription Drug Coverage	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug costs (including what our plan has paid and what you have paid) reach \$4,130.</p> <p>After your total yearly drug cost reaches \$4,130, you will pay “Extra Help” Cost-Share OR receive a discount and generally pay no more than:</p> <ul style="list-style-type: none"> • 25% of the plan’s costs for brand drugs • 25% of the plan’s costs for generic drugs 	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug costs (including what our plan has paid and what you have paid) reach \$4,130.</p> <p>After your total yearly drug cost reaches \$4,130, you will pay “Extra Help” Cost-Share OR receive a discount and generally pay no more than:</p> <ul style="list-style-type: none"> • 25% of the plan’s costs for brand drugs • 25% of the plan’s costs for generic drugs
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail order) reach \$6,550, you pay nothing.</p>	<p>After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail order) reach \$6,550, you pay nothing.</p>
Additional Covered Benefits	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
<p>Chiropractic Care^{PA,R,MV} (Medicare-covered)</p> <p>Routine Services</p>	<p>In-Network \$0 co-pay</p> <p>In-Network \$0 co-pay 12 visits every year</p>	<p>In-Network \$0 co-pay</p> <p>In-Network \$0 co-pay 12 visits every year</p>

Additional Covered Benefits	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Home Health Agency Care^{PA,R,MV}	In-Network \$0 co-pay What you should know Covered services include part-time or intermittent Skilled Nursing and home health-aide services including physical therapy, occupational therapy, and speech therapy performed as a home health service, medical and social services, medical supplies.	In-Network \$0 co-pay What you should know Covered services include part-time or intermittent Skilled Nursing and home health-aide services including physical therapy, occupational therapy, and speech therapy performed as a home health service, medical and social services, medical supplies.
Outpatient Substance Abuse^{PA,R,MV} Individual Therapy Group Therapy	In-Network \$0 co-pay In-Network \$0 co-pay	In-Network \$0 co-pay In-Network \$0 co-pay
Opioid Treatment Program Services ^{PA,R,MV}	In-Network \$0 co-pay What you should know Opioid treatment services include FDA-approved opioid agonist and antagonist treatment medications, substance counseling and individual and/or group therapy.	In-Network \$0 co-pay What you should know Opioid treatment services include FDA-approved opioid agonist and antagonist treatment medications, substance counseling and individual and/or group therapy.
Renal Dialysis^R	In-Network \$0 co-pay	In-Network \$0 co-pay
Over-The-Counter (OTC) Health Items	The maximum total annual benefit is \$1,460. What you should know Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.	The maximum total annual benefit is \$1,460. What you should know Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.

Additional Covered Benefits	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
In-Home Support Services^{PA,R}	<p>\$0 co-pay up to 12 visits every year.</p> <p>What you should know You can receive Chore Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a licensed plan provider. Services are provided in two hour increments.</p>	<p>\$0 co-pay up to 12 visits every year.</p> <p>What you should know You can receive Chore Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a licensed plan provider. Services are provided in two hour increments.</p>
<p>Meals</p> <p>Post-Acute Meals^{PA,R}</p> <p>Chronic Meals^{PA,R}</p>	<p>\$0 co-pay for each post-acute meal</p> <p>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.</p> <p>\$0 co-pay 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 modification. Members receive 3 meals per day for up to 28 days per month, for a maximum of 84 meals. The benefit can be received for up to 3 months</p>	<p>\$0 co-pay for each post-acute meal</p> <p>What you should know You pay nothing for post-acute meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days.</p> <p>\$0 co-pay for each chronic meal</p> <p>What you should know You pay nothing for home delivered meals as part of a supervised program designed to transition members with chronic conditions to lifestyle modification. Members receive 3 meals per day for up to 28 days per month, for a maximum of 84 meals. The benefit can be received for up to 3 months</p>

Medical Equipment / Supplies / Services	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Durable Medical Equipment (DME)^{PA,MV} (e.g., wheelchairs, oxygen)	In-Network \$0 co-pay	In-Network \$0 co-pay
Prosthetics^{PA,MV} (e.g., braces, artificial limbs)	In-Network \$0 co-pay	In-Network \$0 co-pay
Diabetic Monitoring Supplies^{PA,MV}	In-Network \$0 co-pay What you should know Covered diabetes supplies include: blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions.	In-Network \$0 co-pay What you should know Covered diabetes supplies include: blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions.
Medical Supplies^{PA,MV}	In-Network \$0 co-pay	In-Network \$0 co-pay
Diabetic Therapeutic Shoes and Inserts^{PA,MV}	In-Network \$0 co-pay	In-Network \$0 co-pay
Diabetic Self-Management Training	In-Network \$0 co-pay	In-Network \$0 co-pay
Foot Care	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Podiatry Services^{PA,R,MV} (Medicare Covered)	In-Network \$0 co-pay	In-Network \$0 co-pay
Additional Routine Podiatry Services ^{PA,R}	In-Network \$0 co-pay 12 visits every year. What you should know Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.	In-Network Not Covered

Wellness Programs	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Fitness	\$0 co-pay What you should know This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit fitness tracker is included in the home kit.	\$0 co-pay What you should know This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit fitness tracker is included in the home kit.
Personal Emergency Response System (PERS)^{PA,R}	\$0 co-pay	\$0 co-pay
24-Hour Nurse Advice Line	\$0 co-pay	\$0 co-pay
Routine Acupuncture Services^R	In-Network \$0 co-pay 12 visits every year Out-Of-Network Not Covered What you should know If you have chronic low back pain, see your Evidence of Coverage (EOC) for more details.	In-Network Not covered Out-Of-Network Not Covered What you should know If you have chronic low back pain, see your Evidence of Coverage (EOC) for more details.
Additional Supplemental Benefits	WellCare Liberty (HMO D-SNP) H1032176000 FL	WellCare Liberty (HMO D-SNP) H1032175000 FL
Flex Card	\$2,500 yearly benefit What You Should Know 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.	\$1,500 yearly benefit What You Should Know 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.
Special Supplemental Benefits for Chronically Ill (SSBCI)	Non-Medical Transportation: \$0 co-pay for 12 non-medical one-way trips every year Assistive Devices: \$50 every quarter	Non-Medical Transportation: \$0 co-pay for 12 non-medical one-way trips every year Assistive Devices: \$50 every quarter

Benefit Category	Florida Medicaid
Inpatient Hospital Coverage	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay per admission may apply for Medicaid-covered services.</p>
Outpatient Surgery This includes the following: <ul style="list-style-type: none"> • Ambulatory surgical center • Outpatient hospital 	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay per admission may apply for Medicaid-covered services.</p>
Doctor Visits <ul style="list-style-type: none"> • This includes visits to your primary care physician and specialists 	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	Florida Medicaid
<p>Preventive Care</p> <p>Abdominal aortic aneurysm screening; Alcohol misuse counseling; Bone mass measurement; Breast cancer screening (mammogram); Cardiovascular disease (behavioral therapy); Cardiovascular screenings; Cervical and vaginal cancer screening; Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy); Depression screening; Diabetes screenings; HIV screening; Medical nutrition therapy services; Obesity screening and counseling; Prostate cancer screenings (PSA); Sexually transmitted infections screening and counseling; Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease); Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots; "Welcome to Medicare" preventive visit (one-time); Annual Wellness visit</p>	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Bone Mass Measurement (for people with Medicare who are at risk)</p> <p>Colorectal Screening Exams (for people with Medicare age 50 and older)</p> <p>Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p> <p>Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p> <p>Pap Smears and Pelvic Exams (for women with Medicare)</p> <p>Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p> <p>Welcome to Medicare; and Annual Wellness Visit</p> <p>Health/Wellness Education</p> <ul style="list-style-type: none"> · Written health education materials, including Newsletters · Nutritional Training · Additional Smoking Cessation · Other Wellness Benefits
<p>Emergency Care</p>	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>Coinsurance may apply: Hospital emergency room 5% coinsurance up to the first \$300.00 of Medicaid payment for each visit in the emergency room for non-emergency services, not to exceed \$15.00.</p>
<p>Urgently Needed Services</p>	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Diagnostic Services/Labs/ Imaging</p>	

Benefit Category	Florida Medicaid
<ul style="list-style-type: none"> • This includes the following: • Diagnostic radiology service (e.g., MRI, CT scan) • Lab services • Diagnostic tests and procedures • Outpatient x-rays • Therapeutic radiology services (e.g., radiation treatment for cancer) 	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> • This includes information on coverage of hearing exams and aids 	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Dental Services</p>	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted</p> <p>Covered by Medicaid FFS</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • This includes information on coverage of vision exams and eyewear 	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Mental Health Services</p> <p>This includes the following:</p> <ul style="list-style-type: none"> • Inpatient visits • Outpatient group or individual therapy visits 	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Skilled Nursing Facility (SNF)</p>	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Physical Therapy</p> <ul style="list-style-type: none"> • Occupational therapy visit • Physical therapy and speech language therapy 	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Ambulance</p>	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>

Benefit Category	Florida Medicaid
	\$0 co-pay for Medicaid-covered services.
Transportation	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>The following Transportation Services are a benefit of Florida Medicaid.</p> <p>Non-Emergency Medical Transportation (NEMT) services are available only to eligible beneficiaries who cannot obtain transportation through any other means (such as family, friends or community resources).</p> <p>NEMT services are scheduled through the Community Transportation Coordinator (CTC) in each county under contract with the Commission for the Transportation Disadvantaged.</p> <p>All transportation must be the most cost-effective and appropriate method of transportation available. Emergency transportation does not require authorization but the ambulance provider must document the medical necessity of the emergency and keep that documentation on file for every Medicaid beneficiary.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Prescription Drugs	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Foot Care (Podiatry Services) <ul style="list-style-type: none"> • This includes information on coverage of foot exams, treatment and care 	<p>The following podiatry services are a benefit of Florida Medicaid.</p> <ul style="list-style-type: none"> • Up to 24 evaluation and management visits per recipient, per calendar year • Foot and nail care • Radiologic procedures specific to the foot, ankle, and lower extremity • Surgical procedures for disorders of the foot, ankle, and lower extremity

Benefit Category	Florida Medicaid
	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay per day per provider per beneficiary may apply for Medicaid-covered services.</p>
<p>Medical Equipment/Supplies This includes the following:</p> <ul style="list-style-type: none"> • Durable medical equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetes supplies • Diabetic therapeutic shoes and inserts 	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Wellness Programs This includes the following:</p> <ul style="list-style-type: none"> • Fitness • Personal Emergency Response System (PERS)] • Additional routine annual physical • Nurse Advice Line – 24 hours 	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Chiropractic Care This includes the following:</p> <ul style="list-style-type: none"> • Medical chiropractic services • Routine chiropractic services 	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay per day per provider beneficiary may apply for Medicaid-covered services.</p>
<p>Acupuncture</p>	<p>Not Covered</p>
<p>OTC</p>	<p>Not Covered</p>
<p>Meals</p> <ul style="list-style-type: none"> • Post-Acute Meals • Chronic Meals 	<p>SSI and dual-eligible members discharged from an inpatient facility can receive 10 meals for post-acute nutritional support.</p>
<p>Home Health</p>	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Renal Dialysis</p>	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

Benefit Category	Florida Medicaid
Hospice	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Federally Qualified Health Centers	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Mental Health Case Management	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Nurse Practitioner	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Physician Assistant Services	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Registered Physical Therapist	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Rural Health Centers	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Assistive Care Services	<p>For certain levels of dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Clinic Services	

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

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

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

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

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

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

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

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

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

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

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-866-527-0056** (TTY/TDD 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.wellcare.com/medicare or call 1-866-527-0056 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or co-payments/co-insurance may change on January 1, 2022.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

Contact Us



For more information, please call us at the phone number below or visit us at www.wellcare.com/medicare.

- Not yet a member? Please call us toll-free at **1-866-527-0056** (TTY/TDD 711). Your call may be answered by a licensed agent.
- Already a member? Please call us toll-free at **1-833-444-9089** (TTY/TDD 711).



Hours of Operation

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



Formularies and Directories

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

