

2022

Summary of Benefits

Arkansas

Wellcare No Premium Medicare (HMO)

H9630 | 004

Wellcare Assist (HMO)

H9630 | 005

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 Medicare (HMO) and Wellcare Assist (HMO) 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/allwellar. 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:

H9630004000 Wellcare No Premium Medicare (HMO) includes these counties in Arkansas: Baxter, Boone, Clark, Conway, Craighead, Faulkner, Garland, Greene, Hot Spring, Lonoke, Marion, Pope, Pulaski, and Saline.

H9630005000 Wellcare Assist (HMO) includes these counties in Arkansas: Baxter, Boone, Clark, Conway, Craighead, Faulkner, Garland, Greene, Hot Spring, Lonoke, Marion, Pope, Pulaski, and Saline.

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

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

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

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

Which doctors, hospitals and pharmacies can I use? Wellcare No Premium Medicare (HMO) and Wellcare Assist (HMO) 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/allwellar.

For more information, please call us at 1-866-277-6583 (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/allwellAR.

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 Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
Service Area	<p>Our plans and service areas: H9630004000 Wellcare No Premium Medicare (HMO) includes these counties in Arkansas: Baxter, Boone, Clark, Conway, Craighead, Faulkner, Garland, Greene, Hot Spring, Lonoke, Marion, Pope, Pulaski, and Saline. H9630005000 Wellcare Assist (HMO) includes these counties in Arkansas: Baxter, Boone, Clark, Conway, Craighead, Faulkner, Garland, Greene, Hot Spring, Lonoke, Marion, Pope, Pulaski, and Saline.</p>	
Monthly plan premium You must continue to pay your Medicare Part B premium.	\$0	\$25
Deductible	No deductible	No deductible
Maximum out-of-Pocket Responsibility (does not include prescription drugs)	\$6,700 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	\$3,450 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	For each admission, you pay: <ul style="list-style-type: none"> • \$328 copay per day for days 1 through 6 • \$0 copay per day for days 7 through 90 • \$0 copay per day for days 91 and beyond *	For each admission, you pay: <ul style="list-style-type: none"> • \$328 copay per day for days 1 through 6 • \$0 copay per day for days 7 through 90 • \$0 copay per day for days 91 and beyond *

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

Benefits

	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
Outpatient Hospital coverage		
Outpatient hospital services	\$275 copay for surgical and non-surgical services *	\$275 copay for surgical and non-surgical services *
Outpatient hospital observation services	\$90 copay for outpatient observation services when you enter observation status through an emergency room. \$275 copay for outpatient observation services when you enter observation status through an outpatient facility. *	\$120 copay for outpatient observation services when you enter observation status through an emergency room. \$275 copay for outpatient observation services when you enter observation status through an outpatient facility. *
Ambulatory surgical center (ASC)	\$250 copay *	\$250 copay *
Doctor Visits		
Primary Care Providers	\$0 copay	\$0 copay
Specialists	\$35 copay	\$35 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))	\$0 copay	\$0 copay

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Benefits

	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
Emergency care	\$90 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$120 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.	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for Worldwide Emergency Services.
Urgently needed services	\$40 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$40 copay Copay is waived if you are admitted to a hospital within 24 hours.
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.	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for Worldwide Urgently Needed Services.

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Benefits

	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
Diagnostic Services/Labs/Imaging	COVID-19 testing and specified testing-related services at any location are \$0.	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	\$0 copay *	\$0 copay *
Diagnostic tests and procedures	\$0 copay *	\$0 copay *
Outpatient X-rays	\$0 copay *	\$0 copay *
Diagnostic radiology services (e.g. MRI, CAT Scan)	\$0 copay for a DEXA scan. \$0 copay for a Diagnostic Mammogram. \$100 copay for diagnostic radiology services at all other locations. \$275 copay for diagnostic radiology services received in an outpatient setting. *	\$0 copay for a DEXA scan. \$0 copay for a Diagnostic Mammogram. \$75 copay for diagnostic radiology services at all other locations. \$275 copay for diagnostic radiology services received in an outpatient setting. *
Therapeutic Radiology	20% coinsurance *	20% coinsurance *
Hearing services		
Hearing Exam Medicare Covered	\$35 copay *	\$35 copay *
Routine hearing exam	\$0 copay * 1 exam every year	\$0 copay * 1 exam every year

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Benefits

	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
Hearing Aids		
Hearing Aid Fitting/Evaluation(s)	\$0 copay *	\$0 copay *
	1 fitting(s) / evaluation(s) every year	1 fitting(s) / evaluation(s) every year
Hearing aid allowance	Up to a \$1,000 allowance for both ears combined every year for hearing aids.	Up to a \$1,000 allowance for both ears combined every year for hearing aids.
All types	\$0 copay *	\$0 copay *
	Limited to 2 hearing aid(s) every year	Limited to 2 hearing aid(s) every year
Additional Hearing Information	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.

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Benefits

	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
Dental services		
Preventive services	\$0 copay *	\$0 copay *
	Cleanings 4 every year Dental x-rays 1 every 12 to 60 months. Oral exams 2 every year	Cleanings 4 every year Dental x-rays 1 every 12 to 60 months. Oral exams 2 every year
Fluoride Treatment	\$0 copay *	\$0 copay *
	1 every year	1 every year
Comprehensive services Medicare Covered	\$35 copay for each Medicare-covered service. *	\$35 copay for each Medicare-covered service. *
Diagnostic Services	\$0 copay *	\$0 copay *
	2 diagnostic service(s) every year	2 diagnostic service(s) every year
Restorative Services	20% coinsurance *	20% coinsurance *
	1 restorative service(s) every 12 to 60 months	1 restorative service(s) every 12 to 60 months

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Benefits

	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
Endodontics/ Periodontics/ Extractions	20% - 50% coinsurance *	20% - 50% coinsurance *
	Unlimited endodontic services Unlimited periodontic services Unlimited extractions	Unlimited endodontic services Unlimited periodontic services Unlimited extractions
Non-routine services	\$0 copay or a 20% coinsurance *	\$0 copay or a 20% coinsurance *
	Unlimited non-routine services every year	Unlimited non-routine services every year
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	50% coinsurance *	50% coinsurance *
	1 Prosthodontic procedure every 12 to 84 months 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime 1 Other service every 6 to 60 months	1 Prosthodontic procedure every 12 to 84 months 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime 1 Other service every 6 to 60 months
Additional Dental Information	What you should know: This plan includes coverage of comprehensive services up to \$500.	What you should know: This plan includes coverage of comprehensive services up to \$1,500.
Vision Services Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$35 copay (all other Medicare-covered eye exams) *	\$0 copay (Medicare-covered diabetic retinopathy screening) \$35 copay (all other Medicare-covered eye exams) *

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Benefits

	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
Routine eye exam (Refraction)	\$0 copay * 1 exam every year	\$0 copay * 1 exam every year
Glaucoma screening	\$0 copay for each Medicare-covered service.	\$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	\$0 copay *	\$0 copay *
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	\$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Up to a \$200 combined allowance every year.	\$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Up to a \$300 combined allowance every year
Mental Health Services		
Inpatient visit	For each admission, you pay: • \$330 copay per day for days 1 through 5 • \$0 copay per day for days 6 through 90 *	For each admission, you pay: • \$330 copay per day for days 1 through 5 • \$0 copay per day for days 6 through 90 *
Outpatient individual therapy visit	\$40 copay	\$40 copay
Outpatient group therapy visit	\$40 copay	\$40 copay

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Benefits

	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
Skilled nursing facility (SNF)	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 *	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 *
Therapy and Rehabilitation Services		
Physical Therapy	\$30 copay *	\$30 copay *
Outpatient rehabilitation services provided by an occupational therapist	\$30 copay *	\$30 copay *
Pulmonary rehabilitation services	\$30 copay	\$30 copay
Ambulance		
Ground Ambulance	\$265 copay *	\$265 copay *
Air Ambulance	\$265 copay *	\$265 copay *
Transportation Services	<u>Not</u> covered	Up to 36 one-way trips every year to plan-approved health-related locations. Mileage limits may apply. \$0 copay (per one-way trip) *

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Benefits

	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
		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. Mileage limitations may apply.
Medicare Part B Drugs		
Chemotherapy drugs	20% coinsurance *	20% coinsurance *
Other Part B drugs	20% coinsurance *	20% coinsurance *

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Prescription Drug Coverage	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
Stage 1: Annual Prescription Deductible		
Deductible	\$250 for 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.	\$480 for Tier 2 (Generic Drugs), 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.
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.		
Standard Retail cost-sharing (30-day/90-day supply)		
	Standard	Standard
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 / \$0 copay	\$0 / \$0 copay
Tier 2 (Generic Drugs - includes generic drugs and may include some brand drugs.)	\$8 / \$24 copay	\$20 / \$60 copay
Tier 3 (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	\$47 / \$141 copay	\$47 / \$141 copay

Prescription Drug Coverage	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
	Standard	Standard
Tier 4 (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	\$100 / \$300 copay	50% / 50% 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	25% 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

Prescription Drug Coverage	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005		
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
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
Tier 2 (Generic Drugs - includes generic drugs and may include some brand drugs.)	\$8 / \$0 copay	\$8 / \$24 copay	\$20 / \$0 copay	\$20 / \$60 copay
Tier 3 (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	\$47 / \$94 copay	\$47 / \$141 copay	\$47 / \$94 copay	\$47 / \$141 copay
Tier 4 (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	\$100 / \$200 copay	\$100 / \$300 copay	50% / 50% coinsurance	50% / 50% 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	25% coinsurance / Not Available	25% coinsurance / Not Available

Prescription Drug Coverage	Wellcare No Premium Medicare (HMO) H9630, Plan 004		Wellcare Assist (HMO) H9630, Plan 005	
	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
Stage 3: Coverage Gap				
	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.		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.	
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.	

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 Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
Chiropractic Services Medicare-covered	\$20 copay *	\$20 copay *
Acupuncture Medicare-covered	\$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. *	\$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. *
Podiatry Services (Foot Care) Medicare Covered	\$35 copay What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.	\$35 copay What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.

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Additional Benefits

	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
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>	
Home health agency care	\$0 copay *	20% 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.
Medical Equipment/Supplies Durable Medical Equipment (DME)	20% coinsurance *	20% coinsurance *
Prosthetics	20% coinsurance *	20% coinsurance *

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Additional Benefits

	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
Diabetic supplies	\$0 copay *	\$0 copay *
Diabetic therapeutic shoes or inserts	20% coinsurance *	20% coinsurance *
Opioid treatment program services	\$35 copay	\$35 copay
Over-the-Counter (OTC) Items	\$0 copay The maximum total benefit is \$45 every three months What you should know: Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.	\$0 copay The maximum total benefit is \$75 every three months What you should know: Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.
Wellness Programs	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.
Fitness	\$0 copay Coverage includes: Activity Tracker and Physical Fitness	\$0 copay Coverage includes: Activity Tracker and Physical Fitness

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Additional Benefits

	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
	<p>What you should know:</p> <p>This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit or Garmin fitness tracker may be selected as part of a home fitness kit.</p>	<p>What you should know:</p> <p>This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit or Garmin fitness tracker may be selected as part of a home fitness kit.</p>
Additional sessions of smoking and tobacco cessation counseling	<p>\$0 copay</p> <p>Limited to 5 visit(s) every year</p>	<p>\$0 copay</p> <p>Limited to 5 visit(s) every year</p>
Additional Routine Annual Physical	<p>\$0 copay</p> <p>What you should know:</p> <p>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.</p>	<p>\$0 copay</p> <p>What you should know:</p> <p>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.</p>
24-Hour Nurse Advice Line	\$0 copay	\$0 copay

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Additional Benefits

	Wellcare No Premium Medicare (HMO) H9630, Plan 004	Wellcare Assist (HMO) H9630, Plan 005
Flex Card	<u>Not</u> covered	\$200 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.
In-home support services	\$0 copay for each in-home support services visit. Up to 24 visits every year. What you should know: You can receive Chore and Personal Care Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a license plan provider. Services are provided in four hour increments.	\$0 copay for each in-home support services visit. Up to 24 visits every year. What you should know: You can receive Chore and Personal Care Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a license plan provider. Services are provided in four hour increments.

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ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al número de Servicios para Miembros que se indica para su estado en la página siguiente.

注意：如果您說中文，您可以免費獲得語言援助服務。請撥打針對您所在州列示於下一頁的會員服務部電話號碼。

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 điện thoại của bộ phận Dịch Vụ Thành Viên thuộc bang của quý vị ở trang tiếp theo.

주의사항: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 다음 페이지에서 가입자의 주에 해당하는 목록 내 가입자 서비스부 번호로 전화해 주십시오.

Atensyon: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa numero ng Mga Serbisyo para sa Miyembro na nakalista para sa iyong estado sa susunod na page.

Dumngeg: No agsasau ka iti Ilokano, dagiti tulong nga serbisio, a libre, ket available para kaniam. Awagam iti numero dagiti serbisio iti Miembro a nakalista para iti estadom iti sumaruno a panid.

La Silafia: Afai e te tautala i le gagana Samoa, o lo’o avanoa ia te oe ‘au’aunaga fesoasoani i le gagana, e leai se totoḡi. Vala’au le Member Services numera lisiina mo lou setete i le isi itulau.

Maliu: Ke wala’au Hawai’i ‘oe, loa’a ke kōkua ma ka unuhi ‘ōlelo me ke kākī ‘ole. E kelepona i ka helu kelepona o ka Māhele Kōkua Hoa i hō’ike ‘ia no kou moku’āina ma kēia ‘ao’ao a’e.

We're Just a Phone Call Away

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📞 1-855-565-9518

💻 Or visit www.wellcare.com/allwellAR

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 HMO D-SNP, PPO D-SNP
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 Or visit www.wellcare.com/NE



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 HMO D-SNP
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 HMO D-SNP
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 Or visit www.fideliscare.org/wellcaremedicare



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 Or visit www.wellcare.com/OK

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 HMO D-SNP
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 Or visit www.wellcare.com/allwellPA


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 HMO

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 HMO D-SNP

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 Or visit www.wellcare.com/allwellTX

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 HMO D-SNP

 1-877-935-8024

 Or visit www.wellcare.com/allwellWI

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 PPO

 1-844-582-5177

 Or visit www.wellcare.com/healthnetOR

TTY FOR ALL STATES: 711

HOURS OF OPERATION

 **October 1 to March 31:** Monday–Sunday, 8 a.m. to 8 p.m.

 **April 1 to September 30:** Monday–Friday, 8 a.m. to 8 p.m.

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 1-866-277-6583 (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/allwellar or call 1-866-277-6583 (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 1-866-277-6583 (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/allwellAR

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.