



2024 Summary of Benefits

New York

Wellcare Dual Access Open (PPO D-SNP)

H2775 | 112

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

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

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

Who can join?

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

Our service area includes these counties in New York: Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, and Yates.

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.

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

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

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

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

To be eligible

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

To be eligible for this plan you must meet the following special needs criteria:

H2775112000 Wellcare Dual Access Open (PPO D-SNP) - FBDE, QMB, QMB+

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

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

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

Understanding Dual Eligibility

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

Preferred Provider Organizations (PPOs) offer coverage through a network of providers, but you are allowed to access out-of-network care for covered services, usually for a higher cost. You do not need to choose a primary care provider (PCP) with a PPO, and usually you do not need a referral to see a specialist. PPO plans do not require a prior authorization or referral for out-of-network services.

Which doctors, hospitals and pharmacies can I use?

Wellcare Dual Access Open (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. You can save money by using providers in the plan's network. If you use providers that are not in our network, your share of the costs for covered services may be higher.

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 plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Medicare Savings Program (MSP) Levels

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

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

What is “Extra Help?”

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

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

Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Monthly plan premium (includes both medical and drugs)	\$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.
Deductible	\$0 or The Part B deductible was \$226 for select Part B services. This is the 2023 cost sharing amount and may change in 2024. Wellcare Dual Access Open (PPO D-SNP) will provide updated rates at www.wellcare.com/medicare as soon as they are released. If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay \$0. However, out-of-network providers that are not enrolled in your state Medicaid may charge the deductible amount depending on your Medicaid eligibility category.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$8,850 in-network annually \$13,300 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	<p>In-Network Days 1-120: \$0 copay per admission *</p> <p>Out-of-Network Days 1-120: \$0 or 20% coinsurance per admission, depending on your Medicaid eligibility category.</p>

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

Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Outpatient Hospital coverage Outpatient hospital services	<p>In-Network \$0 copay for surgical and non-surgical services (includes diagnostic colonoscopy). *</p> <p>Out-of-Network \$0 or 20% coinsurance for surgical and non-surgical services (includes diagnostic colonoscopy), depending on your Medicaid eligibility category.</p>
Outpatient hospital observation services	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
Ambulatory surgical center (ASC) services	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
Doctor Visits Primary Care Providers	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>

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Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Specialists	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
<p>Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu shots, Hepatitis B shots, Pneumococcal shots, COVID shots))</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p>
Emergency care	\$0 copay
Worldwide emergency coverage	<p>\$100 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.</p>
Urgently needed services	\$0 copay

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Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Worldwide urgent care coverage	<p>\$100 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.</p>
Diagnostic Services/Labs/Imaging Lab services Diagnostic tests and procedures	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
Outpatient X-rays	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>

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Benefits

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Diagnostic radiology services (e.g. MRI, CAT Scan)	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance for Medicare-covered diagnostic radiological services, depending on your Medicaid eligibility category.</p>
Therapeutic Radiology	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
Hearing services Hearing Exam Medicare Covered	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
Routine hearing exam	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 exam every year</p>

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Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 fitting(s) / evaluation(s) every year</p>
Hearing aid allowance	Up to a \$1,000 allowance per ear every year for hearing aids.
All types	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>Limited to 2 hearing aid(s) every year</p>
Additional Hearing Information	<p>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.</p>

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Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Dental services	
Preventive services	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> <p>Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year</p>
Fluoride Treatment	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> <p>1 every year</p>
Comprehensive services Medicare-covered	<p>In-Network \$0 copay for each Medicare-covered service *</p> <p>Out-of-Network \$0 or 20% coinsurance for each Medicare-covered service, depending on your Medicaid eligibility category.</p>

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Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Comprehensive services Diagnostic Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p>
Restorative Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p>
Endodontics/ Periodontics/ Extractions	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p>
Non-routine services	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p>

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Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network 50% coinsurance</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.</p>
Additional Dental Information	<p>What you should know: This plan includes coverage of comprehensive services up to \$4,000 per plan year.</p>
<p>Vision Services Eye Exam Medicare Covered</p>	<p>In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *</p> <p>Out-of-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 or 20% coinsurance (all other Medicare-covered eye exams), depending on your Medicaid eligibility category.</p>

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Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Routine eye exam (Refraction)	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 exam every year</p>
Glaucoma screening	<p>In-Network \$0 copay for each Medicare-covered service.</p> <p>Out-of-Network \$0 copay for each Medicare-covered service.</p>
Eyewear Medicare Covered	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p>
Eyewear allowance	Up to a \$100 combined allowance towards contacts and glasses (lenses and/or frames) every year.

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Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Mental Health Services	
Inpatient visit	<p>In-Network Days 1-90: \$0 copay per admission *</p> <p>Out-of-Network Days 1-90: \$0 or 20% coinsurance per admission, depending on your Medicaid eligibility category.</p>
Outpatient individual therapy visit	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
Outpatient group therapy visit	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
Skilled nursing facility (SNF)	<p>In-Network Days 1-100: \$0 copay per benefit period *</p>

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Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
	<p>Out-of-Network For each benefit period, you pay:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$0 or \$203 copay per day, for days 21 to 100, depending on your Medicaid eligibility category.
<p>Therapy and Rehabilitation Services</p> <p>Physical Therapy</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
<p>Outpatient rehabilitation services provided by an occupational therapist</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
<p>Pulmonary rehabilitation services</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>

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Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Ambulance Ground Ambulance	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
Air Ambulance	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
Transportation Services	<p>Up to 12 rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day).</p> <p>In-Network \$0 copay (per one-way trip) *</p> <p>Out-of-Network 75% coinsurance (per one-way trip)</p> <p>What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.</p>

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Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Medicare Part B Drugs	
Chemotherapy and Other Part B Drugs	<p>In-Network \$0 copay *</p> <p>Out-of-Network 0% - 20% coinsurance, depending on your Medicaid eligibility category.</p> <p>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.</p>
Insulin	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or \$35 copay (maximum per month), depending on your Medicaid eligibility category.</p>
Allergy Antigen	<p>In-Network \$0 copay *</p> <p>Out-of-Network 0% coinsurance</p>

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Prescription Drug Coverage	Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112
Annual Prescription Deductible	\$0
30-day/up to a 100-day supply from retail network pharmacy	
All Covered Drugs	\$0 copay Some covered drugs limited to a 30-day supply

Additional Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
<p>Chiropractic Services Medicare-covered</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
<p>Acupuncture Medicare-covered</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance for Medicare-covered Acupuncture received in a PCP office, depending on your Medicaid eligibility category. \$0 or 20% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office, depending on your Medicaid eligibility category. \$0 or 20% coinsurance for Medicare-covered Acupuncture received in a Specialist office, depending on your Medicaid eligibility category.</p>
<p>Podiatry Services (Foot Care) Medicare Covered</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>

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Additional Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
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. For more information, or to schedule an appointment, call Teladoc at 1-800-835-2362 (TTY: 711) 24 hours a day, 7 days a week.</p>
Home health agency care	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
Medical Equipment/Supplies Durable Medical Equipment (DME)	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>

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Additional Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Prosthetics	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
Diabetic supplies	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or \$0 copay, depending on your Medicaid eligibility category.</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>
Diabetic therapeutic shoes or inserts	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>
Opioid treatment program services	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 or 20% coinsurance, depending on your Medicaid eligibility category.</p>

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Additional Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Wellness Programs Fitness	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay</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 fitness tracker may be selected as part of a home fitness kit.</p>
Additional sessions of smoking and tobacco cessation counseling	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> <p>Limited to 5 visit(s) every year</p>
Annual Physical Exam	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> <p>What you should know:</p> <p>The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>
24-Hour Nurse Advice Line	<p>\$0 copay</p>

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Additional Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
Personal emergency medical response device (PERS)	\$0 copay
Over-the-Counter (OTC) Items	Please see the Wellcare Spendables™ section for more information about the over-the-counter (OTC) benefit.
Wellcare Spendables™	<p>You will receive \$84 monthly (\$1,008 per year) preloaded on your Wellcare Spendables™ card. Your monthly allowance rolls over to the following month if unused and expires at end of the plan year.</p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> • Over-the-Counter items (OTC) - Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. • Dental, Vision, and Hearing - You may use your card to help reduce your out-of-pocket expenses for any dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly. <p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> • Healthy Food - You can use your card to pay for healthy foods and produce at participating retailers. Prepared meals are available for order via online portal. • Gas pay-at-pump - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. • Utility Assistance - You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and

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Additional Benefits

Wellcare Dual Access Open (PPO D-SNP) H2775, Plan 112	
	<p>natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet.</p> <ul style="list-style-type: none"> • Rent Assistance - You can use your card to help with the cost of rent for your home. <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>

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Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Wellcare Dual Access Open (PPO D-SNP). For each benefit listed, you can see what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. Coverage of the benefits described in this Summary of Benefits depends upon your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call New York State Medicaid toll-free at 1-800-541-2831 (TTY: 1-877-898-5849).

For the most current New York Medicaid coverage information, please visit https://www.health.ny.gov/health_care/medicaid/ or call Member Services for assistance.

Benefit Category	New York State Medicaid
Inpatient Mental Health Over 190-Day Lifetime Limit	All inpatient mental health services, including voluntary or involuntary admissions for mental health services, over the Medicare 190-Day Lifetime Limit. The Contractor may provide the covered benefit for medically necessary mental health inpatient services through hospitals licensed pursuant to Article 28 of the New York State P.H.L. Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.
Non-Medicare Covered Care in Skilled Nursing Facility	Skilled nursing facility days provided by a licensed facility as specified in Chapter V, 10 NYCRR, in excess of the first 100 days in the Medicare Advantage benefit period. Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.
Non-Medicare Covered Home Health Services	Medicaid covered home health services include the provision of skilled services not covered by Medicare (e.g. physical therapist to supervise maintenance program for patients who have reached their maximum restorative potential or nurse to pre-fill syringes for disabled individuals with diabetes) and /or home health aide services as required by an approved plan of care.

Benefit Category	New York State Medicaid
	Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.
Non-Medicare Covered Durable Medical Equipment	<p>Medicare and Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula, and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period of time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use.</p> <p>Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.</p>
Personal Care Services	<p>Personal care services (PCS) are the provision of some or total assistance with such activities as personal hygiene dressing and feeding; and nutritional and environmental support function tasks (meal preparation and housekeeping). Such services must be essential to the maintenance of the Member's health and safety in his or her own home. Personal care must be medically necessary</p> <p>ordered by the Member's physician and provided by a qualified person as defined in Part 700.2(b)(14) of 10 NYCRR in accordance with a plan of care.</p> <p>Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.</p>
Dental Services	Dental services include, but shall not be limited to, preventive, prophylactic and other dental care, services, supplies, routine exams,

Benefit Category	New York State Medicaid
	<p>prophylaxis, oral surgery (when not covered by Medicare), and dental prosthetic and orthotic appliances required to alleviate a serious health condition, including one which affects employability.</p> <p>Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.</p>
<p>Non-Emergency Transportation</p>	<p>Transportation expenses are covered when transportation is essential in order for a Member to obtain necessary medical care and services which are covered under the Medicaid program.</p> <p>Transportation services means transportation by ambulance, ambulette, fixed wing or airplane transport, invalid coach, taxicab, livery, public transportation, or other means appropriate to the Member's medical condition; and a transportation attendant to accompany the Member, if necessary. Such services may include the transportation attendant's transportation, meals, lodging and salary; however, no salary will be paid to a transportation attendant who is a member of the Member's family.</p> <p>Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.</p> <p>For Members with disabilities, the method of transportation must reasonably accommodate their needs, taking into account the severity and nature of the disability.</p>
<p>Medical and Surgical Supplies, Enteral and Parenteral Formula and Hearing Aid Batteries</p>	<p>These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of fee-for-service Medicaid.</p> <p>Coverage of enteral formula and nutritional supplements are limited to coverage only for</p>

Benefit Category	New York State Medicaid
	<p>nasogastric, jejunostomy, or gastrostomy tube feeding. Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein.</p> <p>Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.</p>
<p>Nutrition</p>	<p>Nutrition services includes the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual's physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs. In addition, these services may include the assessment of nutritional status and food preferences, planning for provision of appropriate dietary intake within the patient's home environment and cultural considerations, nutritional education regarding therapeutic diets as part of the treatment milieu, development of a nutritional treatment plan, regular evaluation and revision of nutritional</p>

Benefit Category	New York State Medicaid
	<p>plans, provision of in-service education to health agency staff as well as consultation on specific dietary problems of patients and nutrition teaching to patients and families. These services must be provided by a qualified nutritionist as defined in Part 700.2(b)(5), 10 NYCRR.</p> <p>Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.</p>
Medical Social Services	<p>Medical social services include assessing the need for, arranging for and providing aid for social problems related to the maintenance of a patient in the home where such services are performed by a qualified social worker and provided within a plan of care. These services must be provided by a qualified social worker as defined in Section 700.2(b)(24) 10 NYCRR.</p> <p>Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.</p>
Social and Environmental Supports	<p>Social and environmental supports are services and items that support the medical needs of the Members and are included in a Member's plan of care. These services and items include but are not limited to the following: home maintenance tasks, homemaker/chore services, housing improvement, and respite care.</p> <p>Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.</p>
Adult Day Health Care	<p>Adult day health care is care and services provided in a residential health care facility or approved extension site under the medical direction of a physician to a person who is functionally impaired, not homebound, and who requires certain preventive, diagnostic,</p>

Benefit Category	New York State Medicaid
	<p>therapeutic, rehabilitative or palliative items or services. Adult day health care includes the following services: medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities which are a planned program of diverse meaningful activities, dental, pharmaceutical, and other ancillary services.</p> <p>Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.</p>
Social Day Care	<p>Social day care is a structured, comprehensive program which provides functionally impaired individuals with socialization; supervision and monitoring; personal care; and nutrition in a protective setting during any part of the day, but for less than a 24 hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, care giver assistance and case coordination and assistance.</p> <p>Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.</p>
Personal Emergency Response Services	<p>Personal Emergency Response Services (PERS) is an electronic device which enables certain high-risk patients to secure help in the event of a physical emotional or environmental emergency. A variety of electronic alert systems now exist which employ different signaling devices. Such systems are usually connected to a patient's phone and signal a response center once a "help" button is activated. In the event of an emergency the signal is received and appropriately acted upon by a response center.</p>

Benefit Category	New York State Medicaid
	Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.
Hearing Services	<p>Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, earmolds, special fittings and replacement parts.</p> <p>Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.</p>
Vision Services	<p>Services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and poly-carbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services.</p> <p>Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease.</p> <p>Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p> <p>If the Contractor does not provide upgraded eyeglass frames or additional features (such as scratch coating, progressive lenses or photo-gray lenses) as part of its covered vision benefit, the Contractor cannot apply the cost</p>

Benefit Category	New York State Medicaid
	<p>of its covered eyeglass benefit to the total cost of the eyeglasses the Enrollee wants and bill only the difference to the Enrollee. For example, if the Contractor covers only standard bifocal lenses and the Enrollee wants no-line bifocal lenses, the Enrollee must choose between taking the standard bifocal or paying the full price of the no-line bifocal lenses (not just the difference between the cost of the bifocal lenses and the no-line lenses). However, the Enrollee may pay for upgraded lenses as a private customer and have the Contractor pay for the frames or pay for upgraded frames as a private customer and have the Contractor pay for the lenses. The Enrollee must be informed of this fact by the vision care provider at the time that the glasses are ordered. Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.</p>
Medicaid Pharmacy Benefits	<p>as allowed by State Law (select drug categories excluded from the Medicare Part D benefit). Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.</p>
Methadone Maintenance Treatment Programs	<p>Medicaid coverage provided Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.</p>
Certain Mental Health Services	<p>Medicaid coverage includes: Intensive Psychiatric Rehabilitation Treatment Programs Day Treatment Continuing Day Treatment Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units) Partial Hospitalizations</p>

Benefit Category	New York State Medicaid
	Assertive Community Treatment (ACT) Personalized Recovery Oriented Services (PROS) Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.
Office for People with Developmental Disabilities (OPWDD) Services	Medicaid coverage provided Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.
Comprehensive Medicaid Case Management	Medicaid coverage provided Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.
Home and Community Based Waiver Program Services	Medicaid coverage provided Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.
Directly Observed Therapy for Tuberculosis Disease	Medicaid coverage provided Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.
AIDS Adult Day Health Care	Medicaid coverage provided Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.
Assisted Living Program	Medicaid coverage provided Depending on level of Medicaid eligibility, \$0 copay for Medicaid services.

Section 1557 Non-Discrimination Language

Notice of Non-Discrimination

Wellcare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Wellcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Member Services at **1-833-444-9089** (TTY: **711**). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Wellcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Wellcare Member Services is available to help you.

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

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

Sección 1557: Idioma de No Discriminación

Aviso de No Discriminación

Wellcare cumple con las leyes federales aplicables sobre derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Wellcare:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que puedan comunicarse adecuadamente con nosotros, tales como intérpretes calificados de lengua de señas e información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Proporciona servicios de idiomas gratuitos a personas cuyo idioma principal no es el inglés, tales como intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, llame a Servicios para Miembros al **1-833-444-9089** (TTY: **711**). Del 1 de octubre al 31 de marzo, puede llamarnos los 7 días de la semana, de 8 a.m. a 8 p.m. Del 1 de abril al 30 de septiembre, puede llamarnos de lunes a viernes, de 8 a.m. a 8 p.m. Se utiliza un sistema de mensajería fuera del horario de atención, los fines de semana y los días festivos federales.

Si cree que Wellcare no le ha brindado estos servicios o que lo ha discriminado de alguna manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja formal. Llame al número que aparece más arriba para informar que necesita ayuda para presentar esta queja formal. El Departamento de Servicios para Miembros de Wellcare está disponible para brindarle asistencia.

También puede presentar una queja de derechos civiles a la U.S. Department of Health and Human Services, Office for Civil Rights, de manera electrónica mediante el Portal de Reclamos de la Oficina de Derechos Civiles, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o por correo postal o teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019** (TDD: **1-800-537-7697**).

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

Multi-Language Insert
Multi-language Interpreter Services

Form Approved
OMB# 0938-1421

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-833-444-9089** (TTY: **711**). Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, llámenos al **1-833-444-9089** (TTY: **711**). Alguien que habla español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-833-444-9089** (TTY: **711**)。您将获得讲汉语普通话的译员的帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-833-444-9089** (TTY: **711**)。會說廣東話的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-833-444-9089** (TTY: **711**). May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-833-444-9089** (TTY: **711**). Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi chúng tôi theo số điện thoại **1-833-444-9089** (TTY: **711**). Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-833-444-9089** (TTY: **711**). Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-833-444-9089**(TTY: **711**)번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-833-444-9089** (TTY: **711**). Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوّفر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-833-444-9089** (TTY: **711**). يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-833-444-9089** (TTY: **711**) पर कॉल करें। हिन्दी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-833-444-9089** (TTY: **711**). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número **1-833-444-9089** (TTY: **711**). Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-833-444-9089** (TTY: **711**). Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-833-444-9089** (TTY: **711**). Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-833-444-9089** (TTY : **711**) にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

Pre-Enrollment Checklist

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

Understanding the Benefits

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

Understanding Important Rules

- ❑ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ❑ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- ❑ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ❑ **For PPO and PFFS plans:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ❑ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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

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

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Contact Us

For more information, please contact us:



By phone

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



Hours of Operation

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



Online

www.wellcare.com/medicare