

2020

Summary of Benefits

North Carolina

WellCare Imperial (PPO D-SNP)

Avery, Caswell, Haywood, Henderson, Mitchell, Orange, Person, Polk, Swain, Transylvania, Yancey
H7175 | Plan 002

WellCare Access (HMO D-SNP)

Avery, Buncombe, Caswell, Durham, Haywood, Henderson, Jackson, Madison, McDowell, Mitchell,
Orange, Person, Polk, Swain, Transylvania, Warren, Yancey
H0712 | Plan 025



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 Imperial (PPO D-SNP), WellCare Access (HMO D-SNP) from January 1, 2020 to December 31, 2020.

This benefit information does not list every service that we cover or list every limitation or exclusion. The plan's Evidence of Coverage provides a complete list of services we cover. The Evidence of Coverage is available on our website. Or you may call us to ask for a copy at the phone number listed on page 2.

Who can join?

To join one of our plans you must be entitled to Medicare Part A, receive medical assistance from Medicaid through NC Department of Health and Human Services, Division of Medical Assistance, be enrolled in Medicare Part B and live in our service area.

Our plans and service area:

H7175002000 WellCare Imperial (PPO D-SNP) Avery, Caswell, Haywood, Henderson, Mitchell, Orange, Person, Polk, Swain, Transylvania, Yancey

H0712025000 WellCare Access (HMO D-SNP) Avery, Buncombe, Caswell, Durham, Haywood, Henderson, Jackson, Madison, McDowell, Mitchell, Orange, Person, Polk, Swain, Transylvania, Warren, Yancey

Like all Medicare health plans, our plans also cover everything that Original Medicare covers with additional benefits to support your well-being. This includes our Nurse Advice Line whose on-call nurses are available 24 hours a day to answer questions about your health care needs.

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 users should call 1-877-486-2048.

Which doctors, hospitals and pharmacies can I use?

WellCare (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.

Which doctors, hospitals and pharmacies can I use?

WellCare (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. You can see our plan's provider and pharmacy directory at our website: www.wellcare.com/medicare. Or, call us and we'll send you a copy.

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 as described below:

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 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 **711**).

For more information, please call us at 1-833-444-9089 (TTY 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, 2020 - December 31, 2020

Monthly Premium, Deductible and Limits	WellCare Imperial (PPO D-SNP) H7175002000 NC
	Avery, Caswell, Haywood, Henderson, Mitchell, Orange, Person, Polk, Swain, Transylvania, Yancey
Monthly Plan Premium	\$0.00 - \$6.50 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.
Deductible^{MV}	In-Network 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 \$3,400 annually Combined and/or Out-of-Network \$5,100 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 eligibility, you may pay nothing for Medicare-covered services. Refer to the “Medicare & You” handbook for Medicare-covered services. For -covered services, refer to the Medicaid Coverage section in this

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
Avery, Buncombe, Caswell, Durham, Haywood, Henderson, Jackson, Madison, McDowell, Mitchell, Orange, Person, Polk, Swain, Transylvania, Warren, Yancey	
\$0.00 - \$19.90 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.	Not Applicable
In-Network \$0 - \$175 annually What you should know The deductible is the amount you must pay out-of-pocket for medical services before our plan begins to pay its share. See the Prescription Drug Benefits section of this document for Part D Prescription Drug Deductible information.	Not Applicable
In-Network \$3,400 annually Combined and/or Out-of-Network Not Applicable 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 eligibility, you may pay nothing for Medicare-covered services. Refer to the “Medicare & You” handbook for Medicare-covered services. For -covered services, refer to the Medicaid Coverage section in this	Not Applicable

Monthly Premium, Deductible and Limits	WellCare Imperial (PPO D-SNP) H7175002000 NC
	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.”

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
	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 Imperial (PPO D-SNP) H7175002000 NC
--------------------------------------	---

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
---	--------------------------------

^{PA} Services may require prior authorization
^R Services may require a referral from your doctor
^{MV} Services and/or cost-share may vary depending on your level of Medicaid
Note: PPO plans do not require a prior authorization or referral for out-of-network services

Inpatient Hospital Coverage^{PA,R,MV}	<p>In-Network \$0 - \$925 co-pay per day for days 1-2 and a \$0 co-pay per day for days 3-90</p> <p>Out-of-Network \$0 - \$1,860 co-pay per stay</p> <p>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.</p>
--	---

<p>In-Network \$0 - \$925 co-pay per day for days 1-2 and a \$0 co-pay per day for days 3-90</p> <p>Out-of-Network Not Covered</p> <p>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.</p>	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p>
--	--

Outpatient Hospital Coverage^{PA,R,MV}	<p>In-Network \$0 - 20% of the cost for outpatient hospital services</p> <p>Out-of-Network \$0 - 40% of the cost for outpatient hospital services</p> <p>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.</p>
---	---

<p>In-Network \$0 - 20% of the cost for outpatient hospital services</p> <p>Out-of-Network Not Covered</p> <p>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.</p>	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.</p>
---	---

Medical and Hospital Benefits	WellCare Imperial (PPO D-SNP) H7175002000 NC
Outpatient Hospital Observation Services ^{PA,R,MV}	<p>In-Network \$0 - \$120 co-pay (ER) / \$0 - 20% of the cost (outpatient)</p> <p>Out-of-Network \$0 - 40% of the cost</p> <p>What you should know Your cost for Outpatient Hospital Observation Services when you enter through ER and/or enter observation status through an outpatient setting.</p>
Ambulatory Surgery Center (ASC) ^{PA,R,MV}	<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network \$0 - 40% of the cost</p>
<p>Doctor Visits</p> <p>Primary Care Provider (PCP)</p>	<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network \$0 - 40% of the cost</p> <p>What you should know Your PCP is the doctor who will handle most of your health care services. They will refer you to in-network specialists when needed.</p>
Specialist ^{PA,R,MV}	<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network \$0 - 40% of the cost</p>
Other Healthcare Professionals (e.g. Physician Assistant or Nurse Practitioner) ^{PA,R,MV}	<p>In-Network \$0 - 20% of the cost (PCP office) \$0 - 20% of the cost (specialist office) \$0 - \$45 co-pay (clinical/pharmacy setting)</p> <p>Out-of-Network</p>

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
<p>In-Network \$0 - \$120 co-pay (ER) / \$0 - 20% of the cost (outpatient)</p> <p>Out-of-Network Not Covered</p> <p>What you should know Your cost for Outpatient Hospital Observation Services when you enter through ER and/or enter observation status through an outpatient setting.</p>	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.
<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network Not Covered</p>	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
<p>In-Network \$0 co-pay</p> <p>Out-of-Network Not Covered</p> <p>What you should know Your PCP is the doctor who will handle most of your health care services. They will refer you to in-network specialists when needed.</p>	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network Not Covered</p>	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
<p>In-Network \$0 co-pay (PCP office) \$0 - 20% of the cost (specialist office) \$0 - \$50 co-pay (clinical/pharmacy setting)</p> <p>Out-of-Network</p>	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.

Medical and Hospital Benefits	WellCare Imperial (PPO D-SNP) H7175002000 NC
	<p>\$0 - 40% of the cost (PCP office) \$0 - 40% of the cost (specialist office) \$0 - \$45 co-payment (clinical/pharmacy setting)</p>
<p>Preventive Care 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; Hepatitis B Virus Screening Lung Cancer Screening and Medicare Diabetes Prevention Program (MDPP).</p>	<p>In-Network \$0 co-pay</p> <p>Out-of-Network \$0 co-pay</p> <p>What you should know Other preventive services are available. There are some covered services that have a cost. Stay healthy by getting your Annual Wellness Visit. During the visit, you can work with your PCP to schedule all preventive screenings and care. Any additional preventive services approved by Medicare during the contract year will be covered.</p>

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
Not Covered	
<p>In-Network \$0 co-pay</p> <p>Out-of-Network Not Covered</p> <p>What you should know Other preventive services are available. There are some covered services that have a cost. Stay healthy by getting your Annual Wellness Visit. During the visit, you can work with your PCP to schedule all preventive screenings and care. Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p>

Emergency Care / Urgently Needed Services	WellCare Imperial (PPO D-SNP) H7175002000 NC
Emergency Care ^{MV}	<p>\$0 - \$120 co-pay</p> <p>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.</p>
Worldwide Emergency Coverage	<p>\$120 co-pay</p> <p>What you should know Worldwide Emergency and worldwide urgently needed services are subject to a \$25,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission.</p>
Urgently Needed Services ^{MV}	<p>In-Network \$0 - \$45 co-pay</p> <p>Out-of-Network \$0 - \$45 co-pay</p> <p>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.</p>
Worldwide Urgent Coverage	<p>\$120 co-pay</p> <p>What you should know Worldwide Emergency and worldwide urgently needed services are subject to a \$25,000 maximum plan coverage.</p>

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
<p>\$0 - \$120 co-pay</p> <p>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.</p>	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p>
Not Covered	
<p>In-Network \$0 - \$50 co-pay</p> <p>Out-of-Network Not Covered</p> <p>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.</p>	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.</p>
Not Covered	

Diagnostic Services / Labs / Imaging	WellCare Imperial (PPO D-SNP) H7175002000 NC
Lab Services ^{PA,R,MV} (Medicare approved lab work)	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost
Diagnostic Radiology Services ^{PA,R,MV} (MRI/CT/PET scans specialist office or free standing facility / outpatient setting)	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost What you should know You pay \$0 for mammograms and DEXA scans.
Diagnostic Tests and Procedures ^{PA,R,MV} (Basic / Advanced)	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost
Therapeutic Radiology Services ^{PA,R,MV} (e.g. radiation treatment for cancer in specialist office or free standing facility / outpatient setting)	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost
Outpatient X-Ray ^{PA,R,MV}	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
In-Network \$0 co-pay Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
In-Network \$0 - 20% of the cost Out-of-Network Not Covered What you should know You pay \$0 for mammograms and DEXA scans.	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.

Hearing Services	WellCare Imperial (PPO D-SNP) H7175002000 NC
Hearing Exam ^{PA,R,MV} (Medicare Covered)	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost
Routine Hearing Exam ^{PA,R}	In-Network \$0 co-pay 1 exam every year Out-of-Network 50% coinsurance 1 exam every year
Hearing Aid Fitting/Evaluations ^{PA,R}	In-Network \$0 co-pay 1 every year Out-of-Network 50% coinsurance 1 every year
Annual Hearing Aid Allowance ^{PA,R}	In-Network \$0 co-pay 2 hearing aids per year \$2,000 value Out-of-Network 50% coinsurance 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.

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
In-Network \$0 co-pay 1 exam every year Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
In-Network \$0 co-pay 1 every year Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
In-Network \$0 co-pay 2 hearing aids per year \$2,000 value Out-of-Network Not Covered 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.	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.

Dental Services	WellCare Imperial (PPO D-SNP) H7175002000 NC
Preventive Services ^{PA,R}	<p>In-Network \$0 co-pay for: Cleanings (1 every 6 months) Dental x-rays (1 Every 12 to 36 months) Oral exams (1 every 6 months)</p> <p>Out-of-Network 20% coinsurance for: Cleanings (1 every 6 months) Dental x-rays (1 Every 12 to 36 months) Oral exams (1 every 6 months)</p>
Fluoride ^{PA,R}	<p>In-Network \$0 co-pay 1 every year</p> <p>Out-of-Network 20% coinsurance 1 every year</p>
Comprehensive Services ^{PA,R,MV}	
(Medicare Covered)	<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network \$0 - 40% of the cost</p>
Restorative	1 every three years
Endodontics/Periodontics/Extractions	1 Endodontic procedure per tooth 1 Periodontic procedure every 6 to 36 months 1 Extraction per tooth
Prosthodontics, Other Oral/Maxillofacial Surgery	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 What you should know

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
<p>In-Network \$0 co-pay for: Cleanings (1 every 6 months) Dental x-rays (1 Every 12 to 36 months) Oral exams (1 every 6 months)</p> <p>Out-of-Network Not Covered</p>	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Covered by Medicaid Fee For Service
<p>In-Network \$0 co-pay 1 every year</p> <p>Out-of-Network Not Covered</p>	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Covered by Medicaid Fee For Service
<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network Not Covered</p>	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Covered by Medicaid Fee For Service
1 every three years	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Covered by Medicaid Fee For Service
1 Endodontic procedure per tooth 1 Periodontic procedure every 6 to 36 months 1 Extraction per tooth	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Covered by Medicaid Fee For Service
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 What you should know	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Covered by Medicaid Fee For Service

Dental Services	WellCare Imperial (PPO D-SNP) H7175002000 NC
	This plan includes coverage of preventive and comprehensive services up to \$1,000 , 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.

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
	This plan includes coverage of preventive and comprehensive services up to \$2,500 , 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.

Vision Services	WellCare Imperial (PPO D-SNP) H7175002000 NC
Eye Exams ^{PA,R,MV} (Medicare Covered)	In-Network \$0 co-pay for Medicare-covered diabetes retinopathy screening \$0 - 20% of the cost for all other Medicare-covered eye exams Out-of-Network \$0 co-pay for Medicare-covered diabetes retinopathy screening \$0 - 40% of the cost for all other Medicare-covered eye exams
Routine Eye Exams (Refraction) ^{PA,R}	In-Network \$0 co-pay 1 exam per year Out-of-Network 50% coinsurance 1 exam per year
Glaucoma Screening ^R	In-Network \$0 co-pay Out-of-Network \$0 co-pay

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
In-Network \$0 co-pay for Medicare-covered diabetes retinopathy screening \$0 - 20% of the cost for all other Medicare-covered eye exams Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. • Exams – \$3.00 co-pay for members age 21 and over. • Eyewear – Covered by Medicaid Fee For Service
In-Network \$0 co-pay 1 exam per year Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Members under age 21: Routine eye exam with refraction is limited to once every year. Members over age 21: Routine eye exam with refraction is limited to once every two years. • Exams – \$3.00 co-pay for members age 21 and over.
In-Network \$0 co-pay Out-of-Network Not Covered	

Vision Services	WellCare Imperial (PPO D-SNP) H7175002000 NC
Eyewear^{PA,R,MV} (Medicare Covered)	In-Network \$0 co-pay Out-of-Network \$0 - 40% of the cost
Contact Lenses, Eye Glasses, Eye Glass Lenses, Eye Glass Frames^{PA,R}	In-Network \$0 co-pay 2 pair of contacts or glasses (lenses and/or frames) per year Up to \$300 Out-of-Network 50% coinsurance 2 pairs of contacts or glasses (lenses and/or frames) per year \$300 value What you should know You pay nothing for eye glasses or contact lenses after cataract surgery at an in network provider.

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
In-Network \$0 co-pay Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <ul style="list-style-type: none"> • Exams – \$3.00 co-pay for members age 21 and over. • Eyewear – Covered by Medicaid Fee For Service
In-Network \$0 co-pay 2 pair of contacts or glasses (lenses and/or frames) per year Up to \$300 Out-of-Network Not Covered What you should know You pay nothing for eye glasses or contact lenses after cataract surgery at an in network provider.	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <ul style="list-style-type: none"> • Exams – \$3.00 co-pay for members age 21 and over. • Eyewear – Covered by Medicaid Fee For Service

Mental Health Services	WellCare Imperial (PPO D-SNP) H7175002000 NC
Inpatient Mental Health Services^{PA,R,MV}	In-Network \$0 - \$775 co-pay per day for days 1-2 and a \$0 co-pay per day for days 3-90 Out-of-Network \$0 - \$1,660 co-pay per stay 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.

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
In-Network \$0 - \$775 co-pay per day for days 1-2 and a \$0 co-pay per day for days 3-90 Out-of-Network Not Covered 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.	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.

Mental Health Services	WellCare Imperial (PPO D-SNP) H7175002000 NC
Outpatient Mental Health Services ^{PA,R,MV} Per session for individual therapy Per session for group therapy	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost
Partial Hospitalization ^{PA,R,MV}	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost

Skilled Nursing Facility (SNF)	WellCare Imperial (PPO D-SNP) H7175002000 NC
Skilled Nursing Facility (SNF) ^{PA,R,MV}	In-Network \$0 co-pay per day for days 1-20 and a \$178.00 co-pay per day for days 21-100 Out-of-Network \$0 co-pay per day for days 1-20 and a \$178.00 co-pay per day for days 21-100 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 Imperial (PPO D-SNP) H7175002000 NC
Physical Therapy and Speech-Language Therapy <small>PA,R,MV</small>	In-Network \$0 - 20% of the cost

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
In-Network \$0 - 20% of the cost Out-of-Network Not Covered In-Network \$0 - 20% of the cost Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
In-Network \$0 co-pay per day for days 1-20 and a \$178.00 co-pay per day for days 21-100 Out-of-Network Not Covered 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.	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
In-Network \$0 - 20% of the cost	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the

Therapy and Rehabilitation Services	WellCare Imperial (PPO D-SNP) H7175002000 NC
	Out-of-Network \$0 - 40% of the cost
Occupational Therapy ^{PA,R,MV}	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost
Cardiac Rehabilitation ^{PA,R,MV}	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost
Pulmonary Rehabilitation ^{PA,R,MV}	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) <small>PA,R,MV</small>	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
Out-of-Network Not Covered	Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	

Ambulance and Transportation	WellCare Imperial (PPO D-SNP) H7175002000 NC
Ambulance^{PA,R}	(ground / air) \$0 - 20% of the cost / \$0 - 20% of the cost
Transportation^{PA,R}	In-Network \$0 co-pay 24 one-way trips every year Out-of-Network \$0 co-pay 24 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 Imperial (PPO D-SNP) H7175002000 NC
Medicare Part B Drugs^{PA,MV}	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost
Other Part B Drugs ^{PA,MV}	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
(ground / air) \$0 - 20% of the cost / \$0 - 20% of the cost	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.
In-Network \$0 co-pay 36 one-way trips every year Out-of-Network Not Covered 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.	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
In-Network \$0 co-pay Out-of-Network Not Covered	Not Applicable
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	Not Applicable

Prescription Drug Coverage	WellCare Imperial (PPO D-SNP) H7175002000 NC
Part D Deductible	The deductible you pay is \$0 to \$89 per year for Part D Prescription Drugs on Tiers 2 to 5 depending on your level of “Extra Help” from Medicare. If you have a limited income you may be able to get “Extra Help” with your Medicare prescription drug plan premiums, deductibles and co-pays. Many people qualify and don’t even know it. To find out if you qualify, call the Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778, 7 a.m. - 7 p.m., Monday - Friday.
Initial Coverage Stage (after you pay your deductible if applicable)	After you pay your deductible, You pay these co-pays or coinsurance amounts until your total yearly drug costs reach \$4,020 . 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, \$1.30, or \$3.60
Tier 2: Generic Drugs 30 day supply	Generics: \$0, \$1.30, or \$3.60 Brands: \$0, \$3.90, or \$8.95
Tier 3: Preferred Brand Drugs 30 day supply	
Tier 4: Non-Preferred Drugs 30 day supply	
Tier 5: Specialty Tier Drugs 30 day supply	Generics: \$0, \$1.30, or \$3.60 Brands: \$0, \$3.90, or \$8.95

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
The deductible you pay is \$0 to \$89 per year for Part D Prescription Drugs on Tiers 2 to 5 depending on your level of “Extra Help” from Medicare. If you have a limited income you may be able to get “Extra Help” with your Medicare prescription drug plan premiums, deductibles and co-pays. Many people qualify and don’t even know it. To find out if you qualify, call the Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778, 7 a.m. - 7 p.m., Monday - Friday.	Not Applicable
After you pay your deductible, You pay these co-pays or coinsurance amounts until your total yearly drug costs reach \$4,020 . 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.	Not Applicable
\$0, \$1.30, or \$3.60	Not Applicable
Generics: \$0, \$1.30, or \$3.60 Brands: \$0, \$3.90, or \$8.95	Not Applicable
Generics: \$0, \$1.30, or \$3.60 Brands: \$0, \$3.90, or \$8.95	Not Applicable

Prescription Drug Coverage	WellCare Imperial (PPO D-SNP) H7175002000 NC
Preferred Mail Cost-Share (In-Network)	
Tier 1: Preferred Generic Drugs Preferred Mail - 90 day supply	\$0
Tier 2: Generic Drugs Preferred Mail - 90 day supply	
Tier 3: Preferred Brand Drugs Preferred Mail - 90 day supply	Generics: \$0, \$1.30, or \$3.60 Brands: \$0, \$3.90, or \$8.95
Tier 4: Non-Preferred Drugs Preferred Mail - 90 day supply	
Tier 5: Specialty Tier Drugs Preferred Mail - 90 day supply	Limited to a 30-day supply
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 \$4,020.</p> <p>After your total yearly drug costs reaches \$4,020, 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 \$6,350, you pay “Extra Help” Cost-Share OR the greater of:</p> <ul style="list-style-type: none"> • \$3.90 co-pay for generics (including brand drugs treated as generic), OR • \$8.95 co-pay for all other drugs, OR • 5% coinsurance

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
\$0	Not Applicable
Generics: \$0, \$1.30, or \$3.60 Brands: \$0, \$3.90, or \$8.95	Not Applicable
Limited to a 30-day supply	Not Applicable
<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 \$4,020.</p> <p>After your total yearly drug costs reaches \$4,020, 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 	Not Applicable
<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 \$6,350, you pay “Extra Help” Cost-Share OR the greater of:</p> <ul style="list-style-type: none"> • \$3.90 co-pay for generics (including brand drugs treated as generic), OR • \$8.95 co-pay for all other drugs, OR • 5% coinsurance 	Not Applicable

Additional Covered Benefits	WellCare Imperial (PPO D-SNP) H7175002000 NC
Chiropractic Care ^{PA,R,MV} (Medicare Covered)	<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network \$0 - 40% of the cost</p>
Home Health Care ^{PA,R,MV}	<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network \$0 - 40% of the cost</p> <p>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 equipment & supplies.</p>
Hospice	<p>What you should know You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</p>
Outpatient Substance Abuse ^{PA,R,MV} Individual Therapy Group Therapy	<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network \$0 - 40% of the cost</p> <p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network \$0 - 40% of the cost</p>

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network Not Covered</p>	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <i>A co-pay may apply.</i></p>
<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network Not Covered</p> <p>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 equipment & supplies.</p>	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p>
<p>What you should know You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</p>	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p>
<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network Not Covered</p> <p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network Not Covered</p>	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p>

Additional Covered Benefits	WellCare Imperial (PPO D-SNP) H7175002000 NC
Opioid Treatment Program Services ^{PA,R}	<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network \$0 - 40% of the cost</p> <p>What you should know Opioid treatment services include FDA-approved opioid agonist and antagonist treatment medications, substance counseling and individual and/or group therapy.</p>
Renal Dialysis ^{R,MV}	<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network \$0 - 40% of the cost</p>
Over-The-Counter (OTC) Health Items	<p>\$300 every quarter</p> <p>What you should know Our plan will pay for the purchase of covered over-the counter items. Please visit our website to see our list of covered over-the counter items.</p>
<p>Meals</p> <p>Post-Acute Meals^{PA,R}</p> <p>Chronic Meals^{PA,R}</p>	<p>Not Covered</p> <p>Not Covered</p>

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network Not Covered</p> <p>What you should know Opioid treatment services include FDA-approved opioid agonist and antagonist treatment medications, substance counseling and individual and/or group therapy.</p>	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p>
<p>In-Network \$0 - 20% of the cost</p> <p>Out-of-Network Not Covered</p>	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p>
<p>\$400 every quarter</p> <p>What you should know Our plan will pay for the purchase of covered over-the counter items. Please visit our website to see our list of covered over-the counter items.</p>	<p>Not Covered</p>
<p>\$0 co-pay</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 10 meals within 14 day benefit duration.</p> <p>\$0 co-pay</p>	<p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p> <p>For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.</p>

Additional Covered Benefits	WellCare Imperial (PPO D-SNP) H7175002000 NC

Medical Equipment / Supplies / Services	WellCare Imperial (PPO D-SNP) H7175002000 NC
Durable Medical Equipment (DME)^{PA,MV} (e.g., wheelchairs, oxygen)	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost
Prosthetics^{PA,MV} (e.g., braces, artificial limbs)	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost
Diabetic Monitoring Supplies^{PA,MV}	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost 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 - 20% of the cost Out-of-Network \$0 - 40% of the cost

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
What you should know You pay nothing for home delivered meals as part of a supervised program designed to transition members with chronic condition to lifestyle modifications. Members receive up to 21 meals per week, for up to 2 weeks, for up to 2 chronic conditions for a maximum of 84 meals per year.	

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <i>\$0 co-pay for Medicaid-covered services.</i>
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <i>\$0 co-pay for Medicaid-covered services.</i>
In-Network \$0 co-pay Out-of-Network Not Covered What you should know Covered diabetes supplies include: blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions.	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <i>\$0 co-pay for Medicaid-covered services.</i>
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <i>\$0 co-pay for Medicaid-covered services.</i>

Medical Equipment / Supplies / Services	WellCare Imperial (PPO D-SNP) H7175002000 NC
Diabetic Therapeutic Shoes and Inserts^{PA,MV}	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost
Diabetic Self-Management Training	In-Network \$0 co-pay Out-of-Network \$0 co-pay

Foot Care	WellCare Imperial (PPO D-SNP) H7175002000 NC
Podiatry Services^{PA,R,MV} (Medicare Covered)	In-Network \$0 - 20% of the cost Out-of-Network \$0 - 40% of the cost

Wellness Programs	WellCare Imperial (PPO D-SNP) H7175002000 NC
Fitness	\$0 co-pay What you should know This benefit covers an annual membership at a participating health club or fitness center. If a member does not wish to use a network facility, they can choose from available exercise programs to be shipped to them at no cost. Members must submit receipts to be reimbursed. A Fitbit fitness tracker is included in the home kit.

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.
In-Network \$0 co-pay Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
In-Network \$0 - 20% of the cost Out-of-Network Not Covered	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$3.00 co-pay for members age 21 and over.

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
\$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.	Not Applicable

Wellness Programs	WellCare Imperial (PPO D-SNP) H7175002000 NC
Personal Emergency Response System (PERS) <small>PA,R,MV</small>	In-Network Not Covered
24-Hour Nurse Advice Line	In-Network \$0 co-pay

WellCare Access (HMO D-SNP) H0712025000 NC	North Carolina Medicaid
In-Network \$0 co-pay	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.
In-Network \$0 co-pay	For dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.

WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Our DSNP 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 1-866-892-9006 (TTY 1-866-507-6135), 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.

Multi-Language Insert Multi-language Interpreter Services

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: 711).

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

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

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-374-4056** (TTY: 711).

مقرب لصتا. ناجمل اب لكل رفاوتت ةيوغلل ا تدع اسملا تامدخ نإف، ةغلل ا ركذا شحتت تنك اذا: تطو ح لم (711: مكبل او مصل ا فتاه مقر) 1-877-374-4056.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-374-4056** (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-374-4056** (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-374-4056** (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-877-374-4056** (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-374-4056** (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 **1-877-374-4056** (TTY: 711) まで、お電話にてご連絡ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-374-4056** (TTY: 711).

ناگيار تروص بى نابز تالسى هست ، دى نك ىم وگت فگ ىسراف نابز هب رگا : هجوت
دى رى گب سامت (TTY: 711) 1-877-374-4056 اب . دشاب ىم مهارف امش ىارب

ध्यान दें: यदि आप हृदि बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-877-374-4056 (TTY: 711)**
पर कॉल करें।

ՈՒՇԱՆԻՆԻՅՈՒԹՅՈՒՆՆԵՐ ԵՐԵ Խոսում եմ հայերեն, ապա ձեզ անվերա կարող եմ տրամադրվել լեզվական աջակցություն
ծառայություններ: Հանգահարեք **1-877-374-4056 (TTY (հեռախոս)՝ 711)**.

सुचना: જો તમે ગુજરાતી બોલતા હો, તો ન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-877-374-4056**
(TTY: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau
1-877-374-4056 (TTY: 711).

1-877-374-4056 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں
(TTY: 711).

ប្រយ័ត្ន៖ បីសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សំដៅជំនួយជូនកែភាសា ជាយមិនគិតលុយ គឺអាចមានសំរាប់បីអ្នក។ ចូរ
ទូរស័ព្ទ **1-877-374-4056 (TTY: 711)**។

ਪਸ਼ਿਅਨ ਦਰਿ: ਜੇ ਤੁਸੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਰਿ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-877-374-4056 (TTY: 711)**
ਤੇ ਕਾਲ ਕਰੋ।

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন
করুন **1-877-374-4056 (TTY: 711)**।

הודעה: אם אתם מדברים באנגלית, אנחנו יכולים לסייע לכם בשירותי תרגום לשוני. קווי התמיכה הוא **1-877-374-4056 (TTY: 711)**.

MO LOU SILAFIA: Afa e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e
leai se totogi, mo oe, Telefoni mai: **1-877-374-4056 (TTY: 711)**.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል፡ ወደ ሚከተለው
ቁጥር ይደውሉ **1-877-374-4056 (መስማት ለተሳናቸው: 711)**.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-877-374-4056 (TTY: 711)**.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni
argama. Bilbilaa **1-877-374-4056 (TTY: 711)**.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber
gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call **1-877-374-4056 (TTY:
711)**.

ATENSIÓN: Yanggen un tungó [I linguahén Chamoru], i setbision linguahé gaige para hagu dibatde
ha. Agang I **1-877-374-4056 (TTY: 711)**.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι
οποίες παρέχονται δωρεάν. Καλέστε **1-877-374-4056 (TTY: 711)**.

PAKDAAR: Nu saritaem ti llocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti **1-877-374-4056** (TTY: **711**).

ໂປດຊາບ: ຖ້າ ງ່າ ທ່ານ ເວົ້າ ພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອ ດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-374-4056 (TTY: 711).

DÍÍ BAA AKÓ NÍNÍZIN: Díí Diné bizaad bee yáníłti'go, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, ná hóló. Kojí' hódíłnih **1-877-374-4056** (TTY: **711**).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-877-374-4056** (TTY: **711**).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-877-374-4056** (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: **711**).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-877-374-4056** (телетайп: **711**).

1-877-374-4056 (TTY: 711)

Ige nti: O buru na asu lbo asusu, enyemaka diri gi site na call **1-877-374-4056** (TTY: **711**).

ध्यान दानुहोस्: तपाइंले नेपाली बोल्नुहुन्छ भने तपाइंको नमिर्त भाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-877-374-4056** (टटिवाइः **711**) ।

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel **1-877-374-4056** (TTY: **711**).

1-877-374-4056 (TTY: 711)

LALE: Ñe kwōj kōnono Kajin Majō!, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjelōk wōñāān. Kaalōk **1-877-374-4056** (TTY: **711**).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-877-374-4056 (TTY: 711) သို့ ခေါ်ဆိုပါ။

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-877-374-4056** (TTY: **711**).

MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-877-374-4056** (TTY: **711**).

E NĀNĀ MAI: Inā ho'opuka 'oe i ka 'ōlelo [ho'okomo 'ōlelo], loa'a ke kōkua manuahi iā 'oe. E kelepona iā **1-877-374-4056** (TTY: **711**).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-877-374-4056** (TTY: **711**).

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call **1-877-374-4056** (TTY: **711**).

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona **1-877-374-4056** (TTY: **711**).

ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-877-374-4056** (TTY: **711**).

ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmma im anompoli chi bvnnakmvt, holhtina pa payah: **1-877-374-4056** (TTY: **711**).

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu **1-877-374-4056** (TTY: **711**).

Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call **1-877-374-4056** (TTY: **711**).

PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi **1-877-374-4056** (TTY: **711**).

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. **1-877-374-4056** (TTY: **711**) irtibat numaralarını arayın.

ان، زامز تهم راي ان اكيه رازوگ تهم زخ، تهم كه هه سه هق يدروك ينام ز هه ره گه ائ،
هه ب 711 (TTY) 1-877-374-4056 هه يند هه وه يه. هه سه هدره ب وه وه يه ايرق خه ب.

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona **1-877-374-4056** (TTY: **711**).

శ్రద్ధ పాట టండ్ర: ఒకవేళ మీరు తొలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తొలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. **1-877-374-4056** (TTY: **711**) కు కాల్ చేయండి.

PIŃ KENE: Na ye jam nē Thuonjan, ke kuony yenē koc waar thook atō kuka lēu yök abac ke cīn wēnh cuatē piny. Yuopē **1-877-374-4056** (TTY: **711**).

MERK: Hvis du snakker norsk, er gratis språkassistentsetjenester tilgjengelige for deg. Ring **1-877-374-4056** (TTY: **711**).

ATENCIÓ: Si parleu Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al **1-877-374-4056** (TTY o teletip: **711**).

Discrimination is Against the Law

WellCare Health Plans, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. WellCare Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

WellCare Health Plans, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - 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
 - Information written in other languages

If you need these services, contact WellCare Customer Service for help or you can ask Customer Service to put you in touch with a Civil Rights Coordinator who works for WellCare.

If you believe that WellCare Health Plans, Inc., 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 with:

WellCare Health Plans, Inc.

Grievance Department

P.O. Box 31384

Tampa, FL 33631-3384

Telephone: **1-866-530-9491** TTY: 711 Fax: **1-866-388-1769** Email: **OperationalGrievance@wellcare.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a WellCare Civil Rights Coordinator 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, 800-537-7697 (TDD)

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

* This Nondiscrimination Notice also applies to all subsidiaries of WellCare Health Plans, Inc.

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 711).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that 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 copayments/co-insurance may change on January 1, 2021.
- 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).

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 711)**. Your call may be answered by a licensed agent.
- Already a member? Please call us toll-free at **1-833-444-9089 (TTY 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.

