



2018 Summary of Benefits

Medicare Advantage Plans

Georgia

Barrow, Bryan, Butts, Chatham, Chattahoochee, Cherokee, Clayton, Columbia, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Gwinnett, Harris, Henry, Liberty, McDuffie, McIntosh, Meriwether, Muscogee, Newton, Paulding, Richmond, Rockdale, Spalding, Stewart, Talbot, Walton

H1112 | Plan 027
1/1/2018–12/31/18

WellCare Value (HMO)



Summary of Benefits

January 1, 2018– December 31, 2018

All **WellCare Value (HMO)** members can be sure of one thing: the quality of their healthcare is our top priority. Like all Medicare health plans, we cover everything that Original Medicare covers. On top of that, we add some other benefits to help you stay healthy. For instance, when you have urgent health care needs, you can talk to our nurses on call. If you become a member of our plan, our Nurse Advice Line is open 24 hours every day. We're here to help our members with every health question or concern they may have.

This booklet gives you a brief overview of how we put members first. It highlights the services we cover and what you as a member can expect to pay. Please keep in mind, however, that it doesn't list every service we cover or every limitation or exclusion. To get a complete list of services we cover, give us a call and ask for this plan's "Evidence of Coverage." You can also find a copy on our website at www.wellcare.com/medicare.

You can compare the coverage and costs in this booklet with the coverage and costs offered by Original Medicare by looking in your current *Medicare & You* handbook. You can 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 may call **1-877-486-2048**.

To join **WellCare Value (HMO)**, you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in Georgia: Barrow, Bryan, Butts, Chatham, Chattahoochee, Cherokee, Clayton, Columbia, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Gwinnett, Harris, Henry, Liberty, McDuffie, McIntosh, Meriwether, Muscogee, Newton, Paulding, Richmond, Rockdale, Spalding, Stewart, Talbot, Walton.

Contact information and hours

- If you are not a member of this plan, call toll-free **1-866-527-0056 (TTY 711)**. We'd love to talk to you!
- If you are a member of this plan, call toll-free **1-866-334-7730 (TTY 711)**.
- From October 1 to February 14, we're here for you 7 days per week, 8 a.m. to 8 p.m.
- From February 15 to September 30, you can call us Monday–Friday, 8 a.m. to 8 p.m.
- Our website: www.wellcare.com/medicare

Which doctors, hospitals and pharmacies can I use?

WellCare Value (HMO) has a network of doctors, hospitals 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, the plan may not pay for these services.

We also have a network of pharmacies and you must generally use these pharmacies to fill your prescription for covered Part D drugs.

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.

This booklet is also available in different formats, including Braille, large print and audio compact disc (CD).

This document may be available in a non-English language. For additional information, call us at **1-877-374-4056**, (TTY **711**).

Summary of Benefits

January 1, 2018– December 31, 2018

NOTE:

- SERVICES WITH A¹ MAY REQUIRE PRIOR AUTHORIZATION.
- SERVICES WITH A² MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.

Premiums and Benefits Overview		WellCare Value (HMO)	Things to know
Monthly Plan Premium		You pay \$0.00	You must continue to pay your Medicare Part B premium.
Deductible		No Deductible	The deductible is the amount you must pay out of pocket for medical services before our plan begins to pay its share.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)		\$6,700 annually The most you pay for co-pays, coinsurance and other costs for Medicare-covered Part A and B services for the year. If you reach this limit on out-of-pocket costs, you keep getting covered for hospital and medical services while we pay the full cost for the rest of the year.	

	WellCare Value (HMO)	Things to know
Inpatient Hospital Coverage^{1,2}	For inpatient acute hospital you pay \$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90 \$0 co-pay for 90 additional hospital days.	If you happen to have an inpatient hospital stay, talk to one of our care managers after you are discharged. Our care managers can help make sure you stay healthy and out of the hospital.
Outpatient Surgery^{1,2} - This includes the following: - Ambulatory surgical center - Outpatient hospital	You pay \$225 co-pay at an ambulatory surgical center You pay \$250 co-pay for non-surgical services and \$350 co-pay for surgical services	
Doctor Visits^{1,2} This includes visits to your primary care physician and specialists	You pay \$0 co-pay for each primary care visit You pay \$40 co-pay for each specialist visit	Your primary care physician is the doctor who will handle most of your health care services. They will refer you to specialists when needed. \$25 co-pay for each visit to other health care professionals in a clinic or pharmacy setting for Medicare-covered services.
Preventive Care These services are provided to help screen for and prevent or diagnose a health problem	You pay nothing for the following: - Abdominal aortic aneurysm screening - Alcohol misuse counseling - Bone mass measurement	Stay healthy by getting your annual wellness visit. A wellness visit is a good step to take for your health. During that visit, you can work with your PCP to get all your preventive screenings and care.

	WellCare Value (HMO)	Things to know
	• 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) • Yearly "Wellness" visit	Any additional preventive services approved by Medicare during the contract year will be covered.

	WellCare Value (HMO)	Things to know
Emergency Care	You pay \$80 co-pay per visit	If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	You pay \$25 co-pay per visit	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.
Diagnostic Services/Labs/ Imaging^{1,2} - This includes the following: - Diagnostic radiology service (<i>e.g., MRI, CT scan</i>) - Lab services - Diagnostic tests and procedures - Outpatient x-rays - Therapeutic radiology services (<i>e.g., radiation treatment for cancer</i>)	You pay \$150 co-pay for basic diagnostic radiology services and \$250 co-pay for advance diagnostic radiology services. You pay \$0 co-pay for lab services You pay \$75 co-pay for basic diagnostic tests and procedures and \$100 co-pay for advanced diagnostic tests and procedures such as a cardiac stress test You pay \$0 co-pay for X-rays You pay 20% of the cost for therapeutic radiology services	
Hearing Services^{1,2} This includes information on coverage of hearing exams and aids	You pay \$40 for a hearing exam to diagnose and treat hearing and balance issues You pay \$0 for a routine hearing exam (1 per year)	

	WellCare Value (HMO)	Things to know
	Hearing aid covered with an annual allowance of \$350 towards the purchase of a hearing aid You pay \$0 for hearing aid fitting/evaluations (for up to 1 every year)	
Dental Services^{1,2}	You pay nothing for the following preventive dental services: • Cleaning (for up to 1 every six months) • Dental x-ray(s) (for up to 1 every 12 to 36 months) • Oral exam (for up to 1 every six months) • Fluoride treatment (for up to 1 every year) Our plan pays up to \$500 every year for most dental services. Additional comprehensive dental services you will pay nothing for one Periodontics procedure every 6 to 36 months or one Extraction per year as well as 1 Oral Maxillofacial procedure every 60 months. This means the dental benefits on this plan include coverage for a deep cleaning and fillings.	

	WellCare Value (HMO)	Things to know
Vision Services^{1,2} This includes information on coverage of vision exams and eyewear	You pay \$0 for Medicare-covered diabetes retinopathy screening and you pay \$40 for all other Medicare-covered eye exams You pay \$0 co-pay for routine vision exam (1 per year) Our plan pays up to \$100 every year for up to 1 pair of contact lenses, eyeglasses (frames and lenses), eyeglass frames or eyeglass lenses.	You pay nothing for Medicare-covered Glaucoma screenings. These screenings are important for early detection and prevention of Glaucoma. You pay nothing for eyeglasses or contact lenses after cataract surgery.
Mental Health Services^{1,2} - This includes the following - Inpatient visits - Outpatient group or individual therapy visits	For inpatient mental health services you pay \$1,590 co-pay per stay You pay \$40 co-pay per outpatient therapy visit	
Skilled Nursing Facility (SNF)^{1,2}	You pay nothing per day for days 1 through 20 \$164.50 co-pay per day for days 21 through 100	Our plan covers up to 100 days in a SNF.
Physical therapy and speech and language therapy visit^{1,2}	You pay \$40 co-pay for physical and speech language therapy	
Ambulance¹	You pay \$225 co-pay	

	WellCare Value (HMO)	Things to know
Transportation¹	You pay nothing for 6 One-way trips every year. These are shared trips to plan approved locations. Call Customer Service 72 hours in advance to reserve a ride for your appointment.	The first step to staying healthy is getting to your doctor. That's why we provide rides to plan approved health care providers. We want to make sure you get the care you need, when you need it.
Medicare Part B Drugs¹ - This includes the following: - Chemotherapy drugs - Part B drugs	You pay 20% of the cost for chemotherapy drugs You pay 20% of the cost for other Part B drugs	

WellCare Value (HMO)					Things to know
Part D Info		Part D Cost Shares			
Part D deductible		This plan does not have a deductible			
Initial Coverage		You pay the following until your total yearly drug costs reach \$3,750 . Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail service pharmacies.			
Initial Coverage (After you pay your deductible, if applicable)		Standard Retail, Mail and Preferred Mail for One Month Supply	Standard Retail and Mail for Three Month Supply	Preferred Mail for Three Month Supply	
Tier 1: Preferred Generic Drugs		You pay \$0.00	You pay \$0.00	You pay \$0.00	Cost-sharing may change depending on the pharmacy you choose, if you reside in a long term care (LTC) facility or if you get your medication at a retail location or through mail service. 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
Tier 2: Generic Drugs		You pay \$10.00	You pay \$30.00	You pay \$25.00	
Tier 3: Preferred Brand Drugs		You pay \$44.00	You pay \$132.00	You pay \$110.00	
Tier 4: Non-Preferred Drugs		You pay 45%	You pay 45%	You pay 45%	
Tier 5: Specialty Drugs		You pay 33%	N/A	N/A	

WellCare Value (HMO)			
			specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
Coverage Gap	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 cost (including what our plan has paid and what you have paid) reaches \$3,750. After you enter the coverage gap, you pay 35% of the plan's cost for covered brand name drugs and 44% of the plan's cost for covered generic drugs until your costs total \$5,000 which is the end of the coverage gap.		
Catastrophic Coverage	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 \$5,000, you pay the greater of: • 5% of the cost, or • \$3.35 co-pay for generic (including brand drugs treated as generic) and a \$8.35 co-payment for all other drugs.		

Premiums and Benefits Overview	WellCare Value (HMO)	Things to know
Rehabilitation Services^{1,2} - This includes the following: - Cardiac (heart) rehab services - Occupational therapy visit	You pay \$40 co-pay for cardiac rehab services You pay \$40 co-pay for occupational therapy	
Foot Care (podiatry services)^{1,2} This includes information on coverage of foot exams, treatment and care	You pay \$40 co-pay for Medicare covered podiatry Additional routine podiatry services are not covered	
Medical Equipment/Supplies¹ - This includes the following: - Durable medical equipment (e.g., wheelchairs, oxygen) - Prosthetics (e.g., braces, artificial limbs) - Diabetes supplies - Diabetic therapeutic shoes and inserts	You pay 20% of the cost for durable medical equipment You pay 20% of the cost for prosthetics You pay nothing for diabetic supplies You pay 20% of the cost for diabetic therapeutic shoes and inserts	
Wellness Programs¹ This includes the following:	You pay nothing for fitness. This is a basic fitness membership at no cost to you.	These programs are ways to stay healthy. Whether it's an extra checkup

	WellCare Value (HMO)	Things to know
◦ Fitness ◦ Additional routine annual physical ◦ Nurse Advice Line – 24 hours	You pay nothing for an additional routine annual physical You pay nothing for our Nurse Advice Line	during the year or you just have a simple health question, we are here as your partner in health.
Chiropractic Care² • This includes the following: ◦ Medical chiropractic services ◦ Routine chiropractic services	You pay \$20 co-pay for medical chiropractic services Not covered	
Over the Counter items	Our plan will pay up to \$26 every quarter for the purchase of covered over-the-counter items. Please visit our website to see our list of covered over-the-counter items.	

Multi-Language Insert Multi-language Interpreter Services

ATTENTION: If you speak 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 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-374-4056 (رقم هاتف الصم والبكم: 711).

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).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-374-4056 تماس بگیرید. (TTY: 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 number - 1-877-247-6272; Fax: 1-866-388-1769; 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 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc., and Easy Choice Health Plan, a WellCare company.**

WellCare (HMO) is a Medicare Advantage organization with a Medicare contract. Enrollment in WellCare (HMO) depends on contract renewal. We Cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You must continue to pay your Medicare Part B premium. WellCare uses a formulary. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Benefits, premiums and/or co-payments/coinsurance may change on January 1 of each year. 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

