



2023 Summary of Benefits

Arkansas

Wellcare Dual Liberty (HMO-POS D-SNP)

H1416 | 043

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 Liberty (HMO-POS D-SNP) from January 1, 2023 to December 31, 2023.

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 are lawfully present in the United States.

Our service area includes these counties in Arkansas: Arkansas, Ashley, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Drew, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Jefferson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, and Yell.

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.

You must also be enrolled in the Arkansas 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 Arkansas 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.

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.

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.

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

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

Health Maintenance Organizations-Point of Service (HMO-POS) plans are HMOs which, under certain circumstances, allow members to get care out-of-network, often at a higher cost-share than those provided from in-network providers. 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 Wellcare Dual Liberty (HMO-POS D-SNP) plan members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

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

Which doctors, hospitals and pharmacies can I use? Wellcare Dual Liberty (HMO-POS 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.

Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Service Area	Our service area includes these counties in Arkansas: Arkansas, Ashley, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Drew, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Jefferson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, and Yell.
Special Needs Plans Eligibility Criteria	This plan includes (FBDE, QMB+, SLMB+). Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document
Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive	
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	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$8,300 in-network annually \$8,300 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.

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

Services with a square (▪) means a referral may be required.

Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Inpatient Hospital coverage	<p>In-Network Days 1-90: \$0 copay per admission. *</p> <p>Out-of-Network Days 1-90: \$0 copay per admission. *</p>
Outpatient Hospital coverage Outpatient hospital services	<p>In-Network \$0 copay for surgical and non-surgical services *</p> <p>Out-of-Network \$0 copay for surgical and non-surgical services *</p>
Outpatient hospital observation services	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>
Ambulatory surgical center (ASC) services	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>

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

Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Doctor Visits Primary Care Providers	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> <p>*</p>
Specialists	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</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))	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> <p>*</p>
Emergency care	\$0 copay
Worldwide emergency coverage	<p>\$95 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>

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

Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Urgently needed services	\$0 copay
Worldwide urgent care coverage	\$95 copay Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.
Diagnostic Services/Labs/Imaging	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	In-Network \$0 copay * Out-of-Network \$0 copay *
Diagnostic tests and procedures	In-Network \$0 copay * Out-of-Network \$0 copay *
Outpatient X-rays	In-Network \$0 copay * Out-of-Network \$0 copay *

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

Services with a square (▪) means a referral may be required.

Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Diagnostic radiology services (e.g. MRI, CAT Scan)	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>
Therapeutic Radiology	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>
<p>Hearing services Hearing Exam Medicare Covered</p>	<p>In-Network \$0 copay ▪ *</p> <p>Out-of-Network \$0 copay *</p>
Routine hearing exam	<p>In-Network \$0 copay ▪ *</p> <p>Out-of-Network <u>Not covered</u></p> <p>1 exam every year</p>

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

Benefits

Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043	
<p>Hearing Aids</p> <p style="padding-left: 40px;">Hearing Aid Fitting/Evaluation(s)</p>	<p>In-Network \$0 copay</p> <ul style="list-style-type: none"> ▪ * <p>Out-of-Network <u>Not covered</u></p> <p>1 fitting(s) / evaluation(s) every year</p>
<p>Hearing aid allowance All types</p>	<p>Up to a \$1,500 allowance per ear every year for hearing aids.</p> <p>In-Network \$0 copay</p> <ul style="list-style-type: none"> ▪ * <p>Out-of-Network <u>Not covered</u></p> <p>Limited to 2 hearing aid(s) every year</p>
<p>Additional Hearing Information</p>	<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>

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

Services with a square (▪) means a referral may be required.

Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Dental services	
Preventive services	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not</u> covered</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 <u>Not</u> covered</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 copay for each Medicare-covered service *</p>

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

Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Diagnostic Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not covered</u></p> <p>1 diagnostic service(s) every year</p>
Restorative Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not covered</u></p> <p>1 restorative service(s) every 12 to 84 months depending on type of service</p>
Endodontics/ Periodontics/ Extractions	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not covered</u></p> <p>1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months depending on type of service 1 extraction(s) per tooth</p>

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

Services with a square (▪) means a referral may be required.

Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Non-routine services	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not covered</u></p> <p>1 non-routine service(s) every date of service to 24 months depending on type of service</p>
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not covered</u></p> <p>Prosthodontics - every 12 to 84 months depending on type of service. Oral/maxillofacial surgery - every 12 to 60 months or per lifetime depending on type of service.</p>
Additional Dental Information	<p>What you should know: This plan includes coverage of comprehensive services up to \$2,000 per plan year.</p>

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

Services with a square (▪) means a referral may be required.

Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Vision Services Eye Exam Medicare Covered	In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) ■ * Out-of-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *
Routine eye exam (Refraction)	In-Network \$0 copay ■ * Out-of-Network <u>Not covered</u> 1 exam every year
Glaucoma screening	In-Network \$0 copay for each Medicare-covered service. Out-of-Network \$0 copay for each Medicare-covered service. *
Eyewear Medicare Covered	In-Network \$0 copay ■ * Out-of-Network \$0 copay *

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

Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	<p>In-Network \$0 copay ▪ *</p> <p>Out-of-Network <u>Not covered</u></p>
Eyewear allowance	Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services	
Inpatient visit	<p>In-Network Days 1-90: \$0 copay per admission. *</p> <p>Out-of-Network Days 1-90: \$0 copay per admission. *</p>
Outpatient individual therapy visit	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>

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

Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Outpatient group therapy visit	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>
Skilled nursing facility (SNF)	<p>In-Network Days 1-100: \$0 copay per benefit period. *</p> <p>Out-of-Network Days 1-100: \$0 copay per benefit period. *</p>
<p>Therapy and Rehabilitation Services</p> <p>Physical Therapy</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>

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

Services with a square (▪) means a referral may be required.

Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Outpatient rehabilitation services provided by an occupational therapist	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>
Pulmonary rehabilitation services	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay *</p>
<p>Ambulance Ground Ambulance</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>
Air Ambulance	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>

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

Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Transportation Services	<p>Unlimited routine transportation trips to plan-approved health-related locations.</p> <p>In-Network \$0 copay (per one-way trip) *</p> <p>Out-of-Network <u>Not</u> covered</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>
Medicare Part B Drugs Chemotherapy drugs	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>
Other Part B drugs	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>

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

Prescription Drug Coverage	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Annual Prescription Deductible	\$0
30-day or 90-day supply from retail network pharmacy	
All Covered Drugs	\$0 copay Some covered drugs limited to a 30-day supply

Medicare approved Wellcare to provide these benefits and/or lower copayments/co-insurance as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. If you have questions or need help understanding these benefits please call the number listed on the back cover of this Summary of Benefits.

Additional Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Chiropractic Services Medicare-covered	In-Network \$0 copay * Out-of-Network \$0 copay *
Acupuncture Medicare-covered	In-Network \$0 copay * Out-of-Network \$0 copay *
Podiatry Services (Foot Care) Medicare Covered	In-Network \$0 copay * Out-of-Network \$0 copay *

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

Services with a square (▪) means a referral may be required.

Additional Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Routine Podiatry Services	<p>In-Network \$0 copay *</p> <p>Out-of-Network <u>Not</u> covered</p> <p>12 visit(s) every year</p>
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 copay</p> <p>*</p>

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

Services with a square (■) means a referral may be required.

Additional Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Meals	
Post-Acute Meals	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ What you should know: You pay nothing for meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.
Chronic Meals	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ What you should know: You pay nothing for home delivered meals as part of a supervised program designed to transition members with specific chronic conditions to lifestyle modifications. Members receive 3 meals per day for up to 28 days, for a maximum of 84 meals per month. The benefit can be received for up to 3 months.
Medical Equipment/Supplies	
Durable Medical Equipment (DME)	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>
Prosthetics	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>

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

Additional Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Diabetic supplies	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay * Limitations may apply</p>
Diabetic therapeutic shoes or inserts	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>
Opioid treatment program services	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay *</p>
Over-the-Counter (OTC) Items	<p>\$0 copay Maximum benefit is \$422 every three months on a pre-loaded card to spend on plan-approved OTC items. Limitations may apply. At the end of each benefit period, any unused benefit dollars will expire.</p>

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

Services with a square (■) means a referral may be required.

Additional Benefits

	<p>Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043</p>
	<p>What you should know:</p> <p>Your card can be used at participating Walmart retail locations, participating Kroger retail locations and other select participating retail locations or used via phone or online for home-delivery.</p> <ul style="list-style-type: none"> - To place an order over the phone call: 1-855-569-4932, (TTY 711) - Order online at: HealthyBenefitsPlus.com/WellcareOTC
<p>Wellness Programs</p> <p>Fitness</p>	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay Coverage includes: Activity Tracker and Physical Fitness</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>
<p>Additional sessions of smoking and tobacco cessation counseling</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network <u>Not</u> covered</p> <p>Limited to 5 visit(s) every year</p>
<p>24-Hour Nurse Advice Line</p>	<p>\$0 copay</p>
<p>Personal emergency medical response device (PERS)</p>	<p>\$0 copay</p>

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

Services with a square (▪) means a referral may be required.

Additional Benefits

	Wellcare Dual Liberty (HMO-POS D-SNP) H1416, Plan 043
Flex Card	<p>\$1,000 yearly benefit</p> <p>What you should know:</p> <p>The flex card benefit is a debit card that may be used to cover out of pocket dental, vision or hearing costs. The flex card has a limit of \$250 for vision services. The remaining balance may be spent between dental and hearing services as you see fit.</p>
<p>Healthy Foods Card</p> <p>Medicare approved Wellcare to provide these benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. If you have questions or need help understanding these benefits please call the number listed on the back cover of this Summary of Benefits.</p>	<p>You receive an allowance of \$25 every month to spend on eligible grocery products at participating retailers.</p> <p>This allowance does not carry over to the next month.</p>
In-home support services	<p>\$0 copay for each in-home support services visit. Up to 12 visits every year.</p> <p>What you should know:</p> <p>You can receive Chore Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a licensed plan provider. Services are provided in two hour increments.</p>

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

Services with a square (■) means a referral may be required.

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 Liberty (HMO-POS 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. No matter what your level of Medicaid eligibility is, Wellcare Dual Liberty (HMO-POS D-SNP) will cover the benefits described in the Premium and Benefit section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Arkansas Medicaid toll-free at 1-800-482-5431 (TTY: 711).

Our source of information for Medicaid benefits is <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/>. All Medicaid covered services are subject to change at any time. For the most current Arkansas Medicaid coverage information, please visit <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/> or call Member Services for assistance. A detailed explanation of Arkansas Medicaid benefits can be found in the Arkansas Summary of Services online at <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/>.

Benefit Category	Arkansas Medicaid
<p>Doctor Visits For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p>	<p>This includes visits to your primary care physician and specialists \$0 co-pay for Medicaid-covered services. Under age 21: No limit to covered service. Over age 21: Covers limited visits to your PCP. Referral is required for visit to specialist. Covers limited visits with a nurse practitioner. Referral may be required. A co-pay is required by ARKids First-B.</p>

Benefit Category	Arkansas Medicaid
<p>Preventive Care These services are provided to help screen for and prevent or diagnose a health problem.</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>Bone Mass Measurement (for people with Medicare who are at risk)</p> <p>Colorectal Screening Exams (for people with Medicare age 50 and older)</p> <p>Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p> <p>Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p> <p>Pap Smears and Pelvic Exams (for women with Medicare)</p> <p>Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p> <p>Health/Wellness Education (written health education materials, including newsletters, Nutritional Training, Additional Smoking Cessation, and Other Wellness Benefits Welcome to Medicare; and Annual Wellness Visit</p> <p>Under age 21: Covers shots to prevent diseases and regular check-ups under well-child services. No co-pay required.</p> <p>Over age 21: Covers limited number of doctor's visits per year. Pelvic exams, pap tests and mammography are covered for women of all ages. No referral needed at a doctor's office.</p>

Benefit Category	Arkansas Medicaid
<p>Hearing Services This includes information on coverage of hearing exams and aids</p> <ul style="list-style-type: none">• Under age 21: Covers hearing tests and hearing aids if enrolled in the Child Health Services (EPSDT) Program. Must be prescribed by a doctor. If the child needs a hearing aid, three follow-up visits to the hearing aid dealer are covered to make sure it works properly. Hearing aids are not covered by ARKids First-B. Only the examination used to test the condition of the middle ear, called tympanometry, is covered for ARKids First-B• Over age 21: Not covered	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p>

Benefit Category	Arkansas Medicaid
<p>Dental Services</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>Under age 21: Covers dental care. Orthodontic care (braces) if needed for medical reasons. Prior approval required. Orthodontic care not covered by ARKids First-B.</p> <p>Over age 21: Covers up to \$500 a year for most dental care, from July 1 to June 30. Includes one office visit, one cleaning, one set of x-rays and one fluoride treatment. If your dentist says you need it. Medicaid will pay for simple tooth pulling, surgical tooth pulling (if approved by Medicaid first), fillings, and one set per lifetime of dentures (if approved by Medicaid first). Dental Lab fees and tooth-pulling do not count toward the \$500 limit. However, you can only get one set of dentures or partial dentures in your lifetime. It's up to you to make sure Medicaid will pay for other dental care if you need it.</p> <p>ConnectCare services include dental coordinated care. Dental care coordinators are available from 8 a.m. to 4:30 p.m. Monday through Friday to help with:</p> <ul style="list-style-type: none"> Dental information Finding a Medicaid dentist in your area Scheduling dental appointments Scheduling needed transportation (Medicaid and ARKids First-A only). ARKids First-B beneficiaries cannot use the Non-Emergency Transportation (NET) Program. Reminding you of your dental appointment Rescheduling missed dental appointments <p>To find out more, call 1-800-322-5580 (TDD: 1-800-285-1131).</p>
<p>Vision Services This includes information on coverage of vision exams and eyewear</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>Under age 21: Covers limited eye exams and eyeglasses. No co-pay required.</p> <p>Over age 21: Covers limited eye exams and eyeglasses. Co-pay is required.</p>

Benefit Category	Arkansas Medicaid
<p>Mental Health Services This includes the following: Inpatient visits</p> <ul style="list-style-type: none"> • Outpatient group or individual therapy visits 	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services. \$0 co-pay for Medicaid-covered services. Covers licensed mental health practitioner services in an Immediate Care Facility for mentally retarded. Referral from a doctor and prior authorization required.</p>
<p>Transportation</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services. Non-emergency transportation services covers trips to and from doctor appointments and other covered Medicaid services if you have no other type of transportation. No limits on number of trips or miles. NET will only take you to and from Medicaid-covered services. Not covered by ARKids First-B.</p>
<p>Wellness Programs Fitness</p> <ul style="list-style-type: none"> • Personal Emergency Response System (PERS)] Additional routine annual physical • Nurse Advice Line - 24 hours 	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services. \$0 co-pay for Medicaid-covered services.</p>
<p>Prescription Drugs</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services. Covers most generic prescription drugs. Prior approval may be required for some drugs. Brand name drugs not covered. Under age 21: No limit to the number of prescriptions per month. Over age 21: Covers a limited number of prescriptions per month. *A co-pay is required by members 18 and older. *A co-pay is required by ARKids First-B.</p>
<p>OTC</p>	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p>

Benefit Category	Arkansas Medicaid
Long-term Care	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>Over age 65, or over age 21 and disabled: Living Choices Assisted Living covers apartment-style housing for those who need extra care and supervision. Based on medical necessity and other requirements.</p>
Autism Waiver	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>The purpose of the autism waiver is to provide one-on-one, intensive early intervention treatment for beneficiaries ages 18 months through 6 years with a diagnosis of autism.</p> <p>Participants must meet both medical and financial criteria. Medical criteria include meeting the ICF/IID level of care and having a diagnosis of autism.</p> <p>The community-based services offered through the autism waiver are as follows:</p> <ul style="list-style-type: none"> Individual assessment/treatment development Provision of therapeutic aides and behavioral reinforcers Plan implementation and monitoring of intervention effectiveness Lead therapy intervention Line therapy intervention Consultative clinical and therapeutic services <p>The waiver program is operated by the Partners for Inclusive Communities (also known as Partners) under the administrative authority of the Division of Medical Services.</p>
Community Health Centers	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>You may choose one of these health centers as your PCP instead of choosing a doctor. Otherwise, you will need a referral from your PCP if you need to go to an FQHC.</p>

Benefit Category	Arkansas Medicaid
Community and Employment Supports Waiver	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>CES services are for people who have a developmental disability and need special care, no matter how old they are. The person must have cerebral palsy, epilepsy, spina bifida, down syndrome, autism spectrum disorder, have been declared intellectually disabled before they are 22 years old, or have another other closely related conditions.</p> <p>CES services is provided in the person's home or community, after the individual has been deemed eligible, undergone an independent assessment and been enrolled in a Provider-led Arkansas Shared Savings Entity (PASSE) The purpose of the CES Waiver is to provide care in a home setting rather than an institutional setting.</p>
Nurse Practitioners	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p>
Nurse-Midwife (Certified)	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>\$0 co-pay for Medicaid-covered services. A co-pay is required by ARKids First-B.</p>
Inpatient Psychiatric Services for Under Age 21	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>Referral from a doctor and prior authorization required. Medicaid must approve these services in advance, except in an emergency. The patient will also require a certificate of need in order for Medicaid to pay. The doctor who refers the patient should provide this document.</p> <p>A co-pay is required by ARKids First-B. The amount of the co-pay depends on the first days hospital bill.</p>

Benefit Category	Arkansas Medicaid
Rehabilitative Services for Persons with Physical Disabilities (RSPD)	<p>For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare covered services.</p> <p>Medicaid pays for rehabilitation services for children under age 21 with physical disabilities, if the services are recommended by a doctor or other licensed medical worker.</p> <p>To qualify for RSPD services, the child must have had a severe brain injury, or a spinal cord disorder or injury. (Spinal cord disorders or injuries are only eligible for rehab services in a state-operated extended rehabilitative hospital.)</p> <p>ARKids First-B (CHIP Title XXI funded) does not cover RSPD.</p>
Rehabilitative Services for Youth and Children (RSYC)	<p>Medicaid will pay for rehab services for children under age 21 who are in the Child Health Services EPSDT Program and in the custody or care of the Arkansas Division of Youth Services (DYS).</p> <p>These services are for children who have been abused or neglected, to help them deal with any psychological or emotional problems they may have.</p> <p>Not covered for ARKids First-B.</p>

Multi-Language Insert

Multi-Language Interpreter Services

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que hable español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们有免费的口译服务来回答您就我们的健康或药物计划提出的任何问题。如需口译员，只需拨打以下页面上的计划号码致电联系我们。会说中文普通话的人员可以协助您。此为免费服务。

Chinese Cantonese: 我們有免費的口譯服務來回答您就我們的健康或藥物計劃提出的任何問題。如需口譯員，只需撥打以下頁面上的計劃號碼致電聯絡我們。會說粵語的人員可以協助您。此為免費服務。

Tagalog: Meron kaming libreng serbisyo ng interpreter para sagutin anumang tanong na meron ka tungkol sa aming plano ng kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa sumusunod na mga pahina. Matutulongan ka ng sinumang nagsasalita ng Tagalog. Libreng serbisyo ito.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser au sujet de notre régime de soins médicaux ou de notre régime d'assurance-médicaments. Pour bénéficier des services d'un interprète, il suffit de nous appeler aux numéros de régime indiqués dans les pages suivantes. Quelqu'un qui parle français peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi cung cấp dịch vụ phiên dịch viên miễn phí để trả lời bất kỳ câu hỏi nào quý vị có về chương trình y tế hoặc thuốc của chúng tôi. Để nhận được dịch vụ phiên dịch, chỉ cần gọi cho chúng tôi theo số điện thoại của chương trình trong các trang sau. Người nào đó nói tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetscherdienst, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Um einen Dolmetscher zu finden, rufen Sie uns einfach unter den auf den folgenden Seiten angegebenen Plan-Nummern an. Jemand, der Deutsch spricht, kann Ihnen helfen. Dieser Service ist für Sie kostenlos.

Korean: 저희의 건강 또는 약품 플랜에 대한 질문에 답해 드릴 수 있는 무료 통역 서비스를 제공합니다. 통역사에게 연결하려면 다음 페이지에 있는 플랜 번호로 전화하시기 바랍니다. 한국어를 하는 분이 도와드릴 수 있습니다. 이 통화는 무료 서비스입니다.

Russian: Мы предоставляем бесплатные услуги устного перевода, чтобы ответить на любые вопросы, которые могут возникнуть у вас о нашем плане медицинского страхования или страхового покрытия лекарственных препаратов. Чтобы получить устного переводчика, просто позвоните нам по номерам планов, указанным на следующих страницах. Вам поможет тот, кто говорит по-русски. Эта услуга предоставляется бесплатно.

Arabic: نوفر خدمات مترجم فوري للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للاستعانة بمترجم، ما عليك سوى الاتصال بنا على أرقام الخطة في الصفحات التالية. شخص يتحدث العربية يمكنه مساعدتك. هذه الخدمة تقدم مجانًا.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके होने वाले किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया प्राप्त करने के लिए, हमें निम्नलिखित पृष्ठों पर दिए गए प्लान नंबरों पर कॉल करें। कोई हिंदी भाषी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Disponiamo di servizi di interpretariato gratuiti per rispondere ad eventuali domande in merito al nostro piano sanitario o farmaceutico. Per ottenere un interprete, chiami i recapiti del piano disponibili nelle pagine successive. Qualcuno che parla italiano Le sarà d'aiuto. Si tratta di un servizio gratuito.

Portugués: Temos serviços de intérprete gratuitos para responder quaisquer perguntas que você possa ter sobre nossos planos de saúde ou de medicamentos. Para solicitar um intérprete, ligue para nós através dos números do plano nas páginas a seguir. Um funcionário que fala português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou ka genyen konsènan plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan nimewo plan yo ki sou paj annapre yo. Yon moun ki pale Kreyòl Franse kapab ede ou. Se yon sèvis gratis li ye.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe w przypadku pytań dotyczących naszego planu zdrowotnego i lekowego. Aby skorzystać z tłumacza, prosimy zadzwonić do nas pod numery podane na kolejnych stronach. Pomocą posłużą osoby mówiące po polsku. Usługa jest bezpłatna.

Japanese: 当社の医療プランまたは処方薬プランについての質問にお答えする無料の通訳サービスをご利用いただけます。通訳サービスをご利用になるには、以降のページにおけるプランの番号までお電話ください。日本語を話すスタッフが対応いたします。これは無料のサービスです。

Hawaiian: Aia iā mākou he mau lawelawe māhele 'ōlelo manuahi e pane i nā 'ano nīnau āu no ka mākou papahana mālama olakino a ho'olako lā'au. No ka 'imi i mea māhele 'ōlelo, e kelepona wale mai iā mākou ma nā helu kelepona e waiho nei ma kēia mau 'ao'ao e koe nei. Na kekahi māhele 'ōlelo Hawai'i e kōkua iā 'oe. He lawelawe manuahi kēia.

Ilocano: Addaankami kadagiti libre a serbisio ti panagipatarus tapno masungbatan dagiti aniaman a saludsodmo maipapan iti salun-at wenno plano iti agas. Tapno makaala iti tagaipatarus, tawagannakami laeng kadagiti numero ti plano kadagiti sumaganad a panid. Matulongannaka ti maysa a tao nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

Samoan: E iai a matou auaunaga fa'aliliu upu fua e tali ai so'o se fesili e te ono iai e uiga i la matou fuafuaga fa'alesoifua maloloina po'o vaila'au. Mo le mauaina o se fa'aliliu upu, na'o le vala'au mai i numeraga o fuafuaga o lo'o i itulau nei. E mafai e se tasi e tautala i le gagana Samoa ona fesoasoani ia te oe. Ose auaunaga e leai se todogi.

We're Just a Phone Call Away

CALIFORNIA

+ HMO, HMO D-SNP

📞 1-866-999-3945

HAWAII

+ HMO, PPO, HMO D-SNP

📞 1-877-457-7621

ILLINOIS*

+ HMO, HMO-POS, HMO C-SNP, PPO

📞 1-833-444-9088

GEORGIA, ILLINOIS**, INDIANA, MICHIGAN, OHIO AND SOUTH CAROLINA

+ HMO, HMO C-SNP, HMO D-SNP, HMO-POS,
HMO-POS C-SNP, HMO-POS D-SNP, PPO,
PPO D-SNP

📞 1-866-892-8340

ALL OTHER STATES

+ HMO, HMO C-SNP, HMO-POS, HMO-POS C-SNP,
PFFS, PPO

📞 1-833-444-9088

+ HMO D-SNP, HMO-POS D-SNP, PPO D-SNP

📞 1-833-444-9089

TTY FOR ALL OF THE ABOVE: 711

HOURS OF OPERATION

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

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

💻 Or visit www.wellcare.com/medicare or www.wellcare.com/ohana

*Wellcare Assist (HMO), Wellcare Assist Compass (HMO), Wellcare Giveback (HMO), Wellcare Giveback Dividend (HMO), Wellcare Giveback Open (PPO), Wellcare Low Premium (HMO-POS), Wellcare No Premium (HMO), Wellcare No Premium (HMO-POS), Wellcare No Premium Open (PPO), Wellcare No Premium Preferred (HMO), Wellcare No Premium Value (HMO), Wellcare Patriot Giveback (HMO-POS), Wellcare Patriot No Premium (HMO-POS)

**Wellcare Assist (HMO), Wellcare No Premium Essential (HMO), Wellcare No Premium Exclusive (HMO)

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 Member Services 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, 2024.
- For PPO, PFFS and POS plans:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Contact Us

For more information, please contact us:

By phone

Toll-free at 1-844-917-0175 (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

We're with our members every step of the way.

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.