



# 2022 Summary of Benefits

Nevada

**Wellcare No Premium Open (PPO)**

H8458 | 001

**Wellcare No Premium Open (PPO)**

H8458 | 003

**Wellcare Patriot Giveback Open (PPO)**

H8458 | 002

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

This is a summary of drug and health services covered by Wellcare No Premium Open (PPO), Wellcare No Premium Open (PPO), and Wellcare Patriot Giveback Open (PPO) from January 1, 2022 to December 31, 2022.

This booklet will provide you with a summary of what we cover and the cost-sharing responsibilities. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at [www.wellcare.com/allwellny](http://www.wellcare.com/allwellny). Or, you may call us to ask for a copy at the phone number listed on the back cover.

**Who can join?**

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

**Our plans and service areas:**

**H8458001000 Wellcare No Premium Open (PPO)** includes Clark county in Nevada.

**H8458003000 Wellcare No Premium Open (PPO)** includes these counties in Nevada: Lyon and Washoe.

**H8458002000 Wellcare Patriot Giveback Open (PPO)** includes Clark county in Nevada

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](http://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.

**Preferred Provider Organizations (PPOs)** You'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracted providers in our network. 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 No Premium Open (PPO), Wellcare No Premium Open (PPO), Wellcare Patriot Giveback Open (PPO) 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 also include prescription drug coverage and access to our large network of pharmacies. Our plans use a formulary. Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand name drugs.

Which doctors, hospitals and pharmacies can I use? Wellcare No Premium Open (PPO), Wellcare No Premium Open (PPO) and Wellcare Patriot Giveback Open (PPO) have a network of doctors, hospitals, pharmacies, and other providers. You can save money by using our preferred mail-order pharmacy and by using providers in the plan's network. With some plans if you use providers that are not in our network, your share of the costs for covered services may be higher.

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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/allwellny](http://www.wellcare.com/allwellny).

For more information, please call us at 1-866-277-6583 (TTY users should call 711). Hours are Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. Visit us at [www.wellcare.com/allwellNV](http://www.wellcare.com/allwellNV).

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**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
<b>Service Area</b>	<p><b>Our plans and service areas:</b>  <b>H8458001000 Wellcare No Premium Open (PPO)</b> includes Clark county in Nevada.  <b>H8458003000 Wellcare No Premium Open (PPO)</b> includes these counties in Nevada: Lyon and Washoe.  <b>H8458002000 Wellcare Patriot Giveback Open (PPO)</b> includes Clark county in Nevada</p>		
<b>PPO plans do not require a prior authorization or referral for out-of-network services.</b>			
<b>Monthly plan premium</b> You must continue to pay your Medicare Part B premium.	\$0	\$0	\$0
<b>Part B Premium Reduction</b>	Not available	Not available	This plan offers a \$100 give back every month in your Social Security check.
<b>Deductible</b>	No deductible	No deductible	No deductible

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**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
<b>Maximum out-of-Pocket Responsibility</b> (does not include prescription drugs)	\$7,550 in-network annually \$10,000 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.	\$4,900 in-network annually \$10,000 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.	\$7,550 in-network annually \$10,000 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.
<b>Inpatient Hospital coverage</b>	<b>In-Network</b> For each admission, you pay: <ul style="list-style-type: none"> <li>\$300 copay per day for days 1 through 5</li> <li>\$0 copay per day for days 6 through 90</li> <li>\$0 copay per day for days 91 through 120</li> </ul> *  <b>Out-of-Network</b> Days 1-120: 35% coinsurance per stay.	<b>In-Network</b> For each admission, you pay: <ul style="list-style-type: none"> <li>\$325 copay per day for days 1 through 5</li> <li>\$0 copay per day for days 6 through 90</li> <li>\$0 copay per day for days 91 through 120</li> </ul> *  <b>Out-of-Network</b> Days 1-120: 40% coinsurance per stay.	<b>In-Network</b> For each admission, you pay: <ul style="list-style-type: none"> <li>\$340 copay per day for days 1 through 5</li> <li>\$0 copay per day for days 6 through 90</li> </ul> *  <b>Out-of-Network</b> Days 1-90: 20% coinsurance per stay.

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**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
<b>Outpatient Hospital coverage</b> Outpatient hospital services	<p><b>In-Network</b> \$300 copay for surgical and non-surgical services *</p> <p><b>Out-of-Network</b> 35% coinsurance for surgical and non-surgical services</p>	<p><b>In-Network</b> \$275 copay for surgical and non-surgical services *</p> <p><b>Out-of-Network</b> 40% coinsurance for surgical and non-surgical services</p>	<p><b>In-Network</b> \$350 copay for surgical and non-surgical services *</p> <p><b>Out-of-Network</b> 40% coinsurance for surgical and non-surgical services</p>
Outpatient hospital observation services	<p><b>In-Network</b> \$90 copay for outpatient observation services when you enter observation status through an emergency room. \$300 copay for outpatient observation services when you enter observation status through an outpatient facility. *</p> <p><b>Out-of-Network</b> 35% coinsurance</p>	<p><b>In-Network</b> \$90 copay for outpatient observation services when you enter observation status through an emergency room. \$275 copay for outpatient observation services when you enter observation status through an outpatient facility. *</p> <p><b>Out-of-Network</b> 40% coinsurance</p>	<p><b>In-Network</b> \$90 copay for outpatient observation services when you enter observation status through an emergency room. \$350 copay for outpatient observation services when you enter observation status through an outpatient facility. *</p> <p><b>Out-of-Network</b> 40% coinsurance</p>

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**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
<b>Ambulatory surgical center (ASC)</b>	<b>In-Network</b> \$250 copay *	<b>In-Network</b> \$150 copay *	<b>In-Network</b> \$250 copay *
	<b>Out-of-Network</b> 35% coinsurance	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance
<b>Doctor Visits</b>			
Primary Care Providers	<b>In-Network</b> \$0 copay	<b>In-Network</b> \$0 copay	<b>In-Network</b> \$0 copay
	<b>Out-of-Network</b> 35% coinsurance	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance
Specialists	<b>In-Network</b> \$30 copay	<b>In-Network</b> \$30 copay	<b>In-Network</b> \$40 copay
	<b>Out-of-Network</b> 35% coinsurance	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance
<b>Preventive Care</b> (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))	<b>In-Network</b> \$0 copay	<b>In-Network</b> \$0 copay	<b>In-Network</b> \$0 copay
	<b>Out-of-Network</b> \$0 copay	<b>Out-of-Network</b> \$0 copay	<b>Out-of-Network</b> \$0 copay

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**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
<b>Emergency care</b>	\$90 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$90 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$90 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide emergency coverage	\$90 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for Worldwide Emergency Services.	\$90 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for Worldwide Emergency Services.	\$90 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for Worldwide Emergency Services.
<b>Urgently needed services</b>	\$40 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$40 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$40 copay Copay is waived if you are admitted to a hospital within 24 hours.

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**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
Worldwide urgent care coverage	\$90 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for Worldwide Urgently Needed Services.	\$90 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for Worldwide Urgently Needed Services.	\$90 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for Worldwide Urgently Needed Services.
<b>Diagnostic Services/Labs/Imaging</b>  Lab services	COVID-19 testing and specified testing-related services at any location are \$0.  <b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> 35% coinsurance	COVID-19 testing and specified testing-related services at any location are \$0.  <b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> 40% coinsurance	COVID-19 testing and specified testing-related services at any location are \$0.  <b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> 40% coinsurance

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**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
Diagnostic tests and procedures	<p><b>In-Network</b> \$0 copay for each Medicare-covered spirometry test for members with a diagnosis of COPD. \$0 copay for the removal of abnormal tissue and/or polyps during a colonoscopy performed as a preventive screening for colorectal cancer. \$40 copay for all other Medicare-covered diagnostic procedures and tests. *</p> <p><b>Out-of-Network</b> 35% coinsurance</p>	<p><b>In-Network</b> \$0 copay for each Medicare-covered spirometry test for members with a diagnosis of COPD. \$0 copay for the removal of abnormal tissue and/or polyps during a colonoscopy performed as a preventive screening for colorectal cancer. \$40 copay for all other Medicare-covered diagnostic procedures and tests. *</p> <p><b>Out-of-Network</b> 40% coinsurance</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 40% coinsurance</p>
Outpatient X-rays	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 35% coinsurance</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 40% coinsurance</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 40% coinsurance</p>

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**Benefits**

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Diagnostic radiology services (e.g. MRI, CAT Scan)	<b>In-Network</b> \$0 copay for a DEXA scan. \$0 copay for a diagnostic mammogram. \$300 copay for all other diagnostic radiology services. *	<b>In-Network</b> \$0 copay for a DEXA Scan. \$0 copay for a diagnostic mammogram. \$275 copay for all other diagnostic radiology services. *	<b>In-Network</b> \$0 copay for a DEXA Scan. \$0 copay for a diagnostic mammogram. \$350 copay for all other diagnostic radiology services. *
	<b>Out-of-Network</b> 35% coinsurance	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance
Therapeutic Radiology	<b>In-Network</b> 20% coinsurance *	<b>In-Network</b> 20% coinsurance *	<b>In-Network</b> 20% coinsurance *
	<b>Out-of-Network</b> 35% coinsurance	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance
<b>Hearing services</b> Hearing Exam Medicare Covered	<b>In-Network</b> \$30 copay *	<b>In-Network</b> \$30 copay *	<b>In-Network</b> \$40 copay *
	<b>Out-of-Network</b> 35% coinsurance	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance
Routine hearing exam	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *
	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance
	1 exam every year	1 exam every year	1 exam every year

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**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
<b>Hearing Aids</b>			
Hearing Aid Fitting/Evaluation(s)	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *
	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance
	1 fitting(s) / evaluation(s) every year	1 fitting(s) / evaluation(s) every year	1 fitting(s) / evaluation(s) every year
Hearing aid allowance	Up to a \$4,000 allowance for both ears combined every year for hearing aids.	Up to a \$2,000 allowance for both ears combined every year for hearing aids.	Up to a \$700 allowance for both ears combined every year for hearing aids.
All types	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *
	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance
	Limited to 2 hearing aid(s) every year	Limited to 2 hearing aid(s) every year	Limited to 2 hearing aid(s) every year

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**Benefits**

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Additional Hearing Information	<p><b>What you should know</b> 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>	<p><b>What you should know</b> 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>	<p><b>What you should know</b> Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.</p>

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**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
<b>Dental services</b>			
Preventive services	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *
	<b>Out-of-Network</b> 50% coinsurance	<b>Out-of-Network</b> 50% coinsurance	<b>Out-of-Network</b> 70% coinsurance
	Cleanings 2 every year	Cleanings 2 every year	Cleanings 2 every year
	Dental x-rays 1 every 12 to 36 months	Dental x-rays 1 every 12 to 36 months	Dental x-rays 1 every 12 to 36 months
	Oral exams 2 every year	Oral exams 2 every year	Oral exams 2 every year
Fluoride Treatment	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *
	<b>Out-of-Network</b> 50% coinsurance	<b>Out-of-Network</b> 50% coinsurance	<b>Out-of-Network</b> 70% coinsurance
	1 every year	1 every year	1 every year

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**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
Comprehensive services Medicare Covered	<b>In-Network</b> \$30 copay for each Medicare-covered service. *	<b>In-Network</b> \$30 copay for each Medicare-covered service. *	<b>In-Network</b> \$40 copay for each Medicare-covered service. *
Diagnostic Services	<b>Out-of-Network</b> 35% coinsurance for each Medicare-covered service.  <b>In-Network</b> 20% coinsurance *  <b>Out-of-Network</b> 50% coinsurance  1 diagnostic service(s) every year	<b>Out-of-Network</b> 40% coinsurance for each Medicare-covered service.  <b>In-Network</b> 20% coinsurance *  <b>Out-of-Network</b> 50% coinsurance  1 diagnostic service(s) every year	<b>Out-of-Network</b> 40% coinsurance for each Medicare-covered service.  <b>In-Network</b> 40% coinsurance *  <b>Out-of-Network</b> 70% coinsurance  1 diagnostic service(s) every year
Restorative Services	<b>In-Network</b> 20% coinsurance *  <b>Out-of-Network</b> 50% coinsurance  1 restorative service(s) every 12 to 84 months	<b>In-Network</b> 20% coinsurance *  <b>Out-of-Network</b> 50% coinsurance  1 restorative service(s) every 12 to 84 months.	<b>In-Network</b> 40% coinsurance *  <b>Out-of-Network</b> 70% coinsurance  1 restorative service(s) every 12 to 84 months

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**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
Endodontics/ Periodontics/ Extractions	<p><b>In-Network</b> 20% coinsurance *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth</p>	<p><b>In-Network</b> 20% coinsurance *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth</p>	<p><b>In-Network</b> 40% coinsurance *</p> <p><b>Out-of-Network</b> 70% coinsurance</p> <p>1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth</p>
Non-routine services	<p><b>In-Network</b> 20% coinsurance *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>1 non-routine service(s) every day to 60 months</p>	<p><b>In-Network</b> 20% coinsurance *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>1 non-routine service(s) every day to 60 months</p>	<p><b>In-Network</b> 40% coinsurance *</p> <p><b>Out-of-Network</b> 70% coinsurance</p> <p>1 non-routine service(s) every day to 60 months</p>

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**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	<p><b>In-Network</b> 20% coinsurance *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>1 Prosthodontic procedure every 12 to 84 months 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime 1 Other service every 6 to 60 months</p>	<p><b>In-Network</b> 20% coinsurance *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>1 Prosthodontic procedure every 12 to 84 months 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime 1 Other service every 6 to 60 months</p>	<p><b>In-Network</b> 40% coinsurance *</p> <p><b>Out-of-Network</b> 70% coinsurance</p> <p>1 Prosthodontic procedure every 12 to 84 months 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime 1 Other service every 6 to 60 months</p>
Additional Dental Information	<p><b>What you should know:</b> This plan includes coverage of preventive and comprehensive services up to \$3,000.</p>	<p><b>What you should know:</b> This plan includes coverage of preventive and comprehensive services up to \$3,000.</p>	<p><b>What you should know:</b> This plan includes coverage of preventive and comprehensive services up to \$3,000.</p>

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**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
<b>Vision Services</b> Eye Exam Medicare Covered	<p><b>In-Network</b> \$0 copay (Medicare-covered diabetic retinopathy screening) \$30 copay (all other Medicare-covered eye exams) *</p> <p><b>Out-of-Network</b> \$0 copay (Medicare-covered diabetic retinopathy screening) 35% coinsurance (all other Medicare-covered eye exams)</p>	<p><b>In-Network</b> \$0 copay (Medicare-covered diabetic retinopathy screening) \$30 copay (all other Medicare-covered eye exams) *</p> <p><b>Out-of-Network</b> \$0 copay (Medicare-covered diabetic retinopathy screening) 40% coinsurance (all other Medicare-covered eye exams)</p>	<p><b>In-Network</b> \$0 copay (Medicare-covered diabetic retinopathy screening) \$40 copay (all other Medicare-covered eye exams) *</p> <p><b>Out-of-Network</b> \$0 copay (Medicare-covered diabetic retinopathy screening) 40% coinsurance (all other Medicare-covered eye exams)</p>
Routine eye exam (Refraction)	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p>1 exam every year</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p>1 exam every year</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p>1 exam every year</p>

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

**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
Glaucoma screening	<p><b>In-Network</b> \$0 copay for each Medicare-covered service.</p> <p><b>Out-of-Network</b> \$0 copay for each Medicare-covered service.</p>	<p><b>In-Network</b> \$0 copay for each Medicare-covered service.</p> <p><b>Out-of-Network</b> \$0 copay for each Medicare-covered service.</p>	<p><b>In-Network</b> \$0 copay for each Medicare-covered service.</p> <p><b>Out-of-Network</b> \$0 copay for each Medicare-covered service.</p>
Eyewear Medicare Covered	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 35% coinsurance</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 40% coinsurance</p>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 40% coinsurance</p>
Routine eyewear			
Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	<p><b>In-Network</b> \$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year *</p> <p><b>Out-of-Network</b> 40% coinsurance</p>	<p><b>In-Network</b> \$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year *</p> <p><b>Out-of-Network</b> 40% coinsurance</p>	<p><b>In-Network</b> \$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year *</p> <p><b>Out-of-Network</b> 40% coinsurance</p>
Eyewear allowance	Up to a \$300 combined allowance every year.	Up to a \$300 combined allowance every year	Up to a \$100 combined allowance every year

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**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
<b>Mental Health Services</b>			
Inpatient visit	<p><b>In-Network</b> For each admission, you pay:</p> <ul style="list-style-type: none"> <li>\$300 copay per day for days 1 through 5</li> <li>\$0 copay per day for days 6 through 90</li> </ul> <p>*</p> <p><b>Out-of-Network</b> Days 1-90: 35% coinsurance per stay.</p>	<p><b>In-Network</b> For each admission, you pay:</p> <ul style="list-style-type: none"> <li>\$325 copay per day for days 1 through 5</li> <li>\$0 copay per day for days 6 through 90</li> </ul> <p>*</p> <p><b>Out-of-Network</b> Days 1-90: 40% coinsurance per stay.</p>	<p><b>In-Network</b> For each admission, you pay:</p> <ul style="list-style-type: none"> <li>\$350 copay per day for days 1 through 5</li> <li>\$0 copay per day for days 6 through 90</li> </ul> <p>*</p> <p><b>Out-of-Network</b> Days 1-90: <b>40% coinsurance per stay.</b></p>
Outpatient individual therapy visit	<p><b>In-Network</b> \$25 copay</p> <p><b>Out-of-Network</b> 35% coinsurance</p>	<p><b>In-Network</b> \$25 copay</p> <p><b>Out-of-Network</b> 40% coinsurance</p>	<p><b>In-Network</b> \$25 copay</p> <p><b>Out-of-Network</b> 40% coinsurance</p>
Outpatient group therapy visit	<p><b>In-Network</b> \$25 copay</p> <p><b>Out-of-Network</b> 35% coinsurance</p>	<p><b>In-Network</b> \$25 copay</p> <p><b>Out-of-Network</b> 40% coinsurance</p>	<p><b>In-Network</b> \$25 copay</p> <p><b>Out-of-Network</b> 40% coinsurance</p>

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

**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
<b>Skilled nursing facility (SNF)</b>	<p><b>In-Network</b> For each benefit period, you pay:</p> <ul style="list-style-type: none"> <li>• \$0 copay per day for days 1 through 20</li> <li>• \$188 copay per day for days 21 through 100</li> </ul> <p>*</p> <p><b>Out-of-Network</b> Days 1-100: 35% coinsurance per benefit period.</p>	<p><b>In-Network</b> For each benefit period, you pay:</p> <ul style="list-style-type: none"> <li>• \$0 copay per day for days 1 through 20</li> <li>• \$188 copay per day for days 21 through 100</li> </ul> <p>*</p> <p><b>Out-of-Network</b> Days 1-100: 40% coinsurance per benefit period.</p>	<p><b>In-Network</b> For each benefit period, you pay:</p> <ul style="list-style-type: none"> <li>• \$0 copay per day for days 1 through 20</li> <li>• \$188 copay per day for days 21 through 100</li> </ul> <p>*</p> <p><b>Out-of-Network</b> Days 1-100: 40% coinsurance per benefit period.</p>
<b>Therapy and Rehabilitation Services</b>			
Physical Therapy	<p><b>In-Network</b> \$40 copay</p> <p>*</p> <p><b>Out-of-Network</b> 35% coinsurance</p>	<p><b>In-Network</b> \$40 copay</p> <p>*</p> <p><b>Out-of-Network</b> 40% coinsurance</p>	<p><b>In-Network</b> \$40 copay</p> <p>*</p> <p><b>Out-of-Network</b> 40% coinsurance</p>
Outpatient rehabilitation services provided by an occupational therapist	<p><b>In-Network</b> \$40 copay</p> <p>*</p> <p><b>Out-of-Network</b> 35% coinsurance</p>	<p><b>In-Network</b> \$40 copay</p> <p>*</p> <p><b>Out-of-Network</b> 40% coinsurance</p>	<p><b>In-Network</b> \$40 copay</p> <p>*</p> <p><b>Out-of-Network</b> 40% coinsurance</p>

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

**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
Pulmonary rehabilitation services	<b>In-Network</b> \$0 copay  <b>Out-of-Network</b> 35% coinsurance	<b>In-Network</b> \$30 copay  <b>Out-of-Network</b> 40% coinsurance	<b>In-Network</b> \$20 copay  <b>Out-of-Network</b> 40% coinsurance
<b>Ambulance</b> Ground Ambulance	<b>In-Network</b> \$250 copay *  <b>Out-of-Network</b> \$250 copay	<b>In-Network</b> \$275 copay *  <b>Out-of-Network</b> \$275 copay	<b>In-Network</b> \$250 copay *  <b>Out-of-Network</b> \$250 copay
Air Ambulance	<b>In-Network</b> \$250 copay *  <b>Out-of-Network</b> \$250 copay	<b>In-Network</b> \$275 copay *  <b>Out-of-Network</b> \$275 copay	<b>In-Network</b> \$250 copay *  <b>Out-of-Network</b> \$250 copay
<b>Transportation Services</b>	<b>In-Network</b> <u>Not covered</u>  <b>Out-of-Network</b> <u>Not covered</u>	<b>In-Network</b> <u>Not covered</u>  <b>Out-of-Network</b> <u>Not covered</u>	<b>In-Network</b> <u>Not covered</u>  <b>Out-of-Network</b> <u>Not covered</u>
<b>Medicare Part B Drugs</b> Chemotherapy drugs	<b>In-Network</b> 20% coinsurance *  <b>Out-of-Network</b> 35% coinsurance	<b>In-Network</b> 20% coinsurance *  <b>Out-of-Network</b> 40% coinsurance	<b>In-Network</b> 20% coinsurance *  <b>Out-of-Network</b> 40% coinsurance

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

**Benefits**

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
Other Part B drugs	<b>In-Network</b> 20% coinsurance *  <b>Out-of-Network</b> 35% coinsurance	<b>In-Network</b> 20% coinsurance *  <b>Out-of-Network</b> 40% coinsurance	<b>In-Network</b> 20% coinsurance *  <b>Out-of-Network</b> 40% coinsurance

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

Prescription Drug Coverage	Wellcare No Premium Open (PPO) H8458, Plan 001	Wellcare No Premium Open (PPO) H8458, Plan 003	Wellcare Patriot Giveback Open (PPO) H8458, Plan 002		
<b>Stage 1: Annual Prescription Deductible</b>					
<b>Deductible</b>	This plan has no deductible for Part D covered drugs, this payment stage doesn't apply.	This plan has no deductible for Part D covered drugs, this payment stage doesn't apply.	<u>Not</u> covered		
<b>Stage 2: Initial Coverage (after you pay your deductible, if applicable)</b>					
You pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap.					
<b>Retail cost-sharing (30-day/90-day supply)</b>					
	<b>Preferred</b>	<b>Standard</b>	<b>Preferred</b>	<b>Standard</b>	<b>Standard</b>
<b>Tier 1</b> (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	<u>Not</u> covered
<b>Tier 2</b> (Generic Drugs - includes generic drugs and may include some brand drugs.)	\$7 / \$21 copay	\$12 / \$36 copay	\$7 / \$21 copay	\$12 / \$36 copay	<u>Not</u> covered
<b>Tier 3</b> (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	\$37 / \$111 copay	\$47 / \$141 copay	\$37 / \$111 copay	\$47 / \$141 copay	<u>Not</u> covered



Prescription Drug Coverage	Wellcare No Premium Open (PPO) H8458, Plan 001		Wellcare No Premium Open (PPO) H8458, Plan 003		Wellcare Patriot Giveback Open (PPO) H8458, Plan 002
	Preferred	Standard	Preferred	Standard	Standard
<b>Tier 4</b> (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	43% / 43% coinsurance	45% / 45% coinsurance	43% / 43% coinsurance	45% / 45% coinsurance	<u>Not covered</u>
<b>Tier 5</b> (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	33% coinsurance / Not Available	33% coinsurance / Not Available	33% coinsurance / Not Available	33% coinsurance / Not Available	<u>Not covered</u>
<b>Tier 6</b> (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	<u>Not covered</u>

Prescription Drug Coverage	Wellcare No Premium Open (PPO) H8458, Plan 001	Wellcare No Premium Open (PPO) H8458, Plan 003	Wellcare Patriot Giveback Open (PPO) H8458, Plan 002		
<b>Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)</b>					
<b>Mail-order cost-sharing (30-day/90-day supply)</b>					
	Preferred	Standard	Preferred	Standard	Standard
<b>Tier 1</b> (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	<u>Not covered</u>
<b>Tier 2</b> (Generic Drugs - includes generic drugs and may include some brand drugs.)	\$7 / \$0 copay	\$12 / \$36 copay	\$7 / \$0 copay	\$12 / \$36 copay	<u>Not covered</u>
<b>Tier 3</b> (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	\$37 / \$74 copay	\$47 / \$141 copay	\$37 / \$74 copay	\$47 / \$141 copay	<u>Not covered</u>
<b>Tier 4</b> (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	43% / 43% coinsurance	45% / 45% coinsurance	43% / 43% coinsurance	45% / 45% coinsurance	<u>Not covered</u>

Prescription Drug Coverage	Wellcare No Premium Open (PPO) H8458, Plan 001		Wellcare No Premium Open (PPO) H8458, Plan 003		Wellcare Patriot Giveback Open (PPO) H8458, Plan 002
	Preferred	Standard	Preferred	Standard	Standard
<b>Tier 5</b> (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	33% coinsurance / Not Available	33% coinsurance / Not Available	33% coinsurance / Not Available	33% coinsurance / Not Available	<u>Not covered</u>
<b>Tier 6</b> (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	<u>Not covered</u>
<b>Stage 3: Coverage Gap</b>					
	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.		After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.		<u>Not covered</u>

Prescription Drug Coverage	Wellcare No Premium Open (PPO) H8458, Plan 001		Wellcare No Premium Open (PPO) H8458, Plan 003		Wellcare Patriot Giveback Open (PPO) H8458, Plan 002
	Preferred	Standard	Preferred	Standard	Standard
<b>Stage 4: Catastrophic Coverage</b>					
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs.</li> </ul>		After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs.</li> </ul>		<u>Not covered</u>

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or whether the prescription is a short-term (30-day supply) or long term (90-day supply).

**Excluded Drugs:**

This plan includes enhanced drug coverage of certain excluded drugs. Generic only Sildenafil and Vardenafil on Tier 1 have a quantity limit of six pills every 30 days.

Because these drugs are excluded from Part D coverage under Medicare, they are not covered by Extra Help. Also, the amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.

Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.

## Additional Benefits

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
<b>Chiropractic Services</b> Medicare-covered	<b>In-Network</b> \$20 copay *  <b>Out-of-Network</b> 35% coinsurance	<b>In-Network</b> \$20 copay *  <b>Out-of-Network</b> 40% coinsurance	<b>In-Network</b> \$20 copay *  <b>Out-of-Network</b> 40% coinsurance
<b>Acupuncture</b> Medicare-covered	<b>In-Network</b> \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$30 copay for Medicare-covered Acupuncture received in a Specialist office. \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office. *  <b>Out-of-Network</b> 35% coinsurance for Medicare-covered Acupuncture received in a PCP office. 35% coinsurance for Medicare-covered Acupuncture	<b>In-Network</b> \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$30 copay for Medicare-covered Acupuncture received in a Specialist office. \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office. *  <b>Out-of-Network</b> 40% coinsurance for Medicare-covered Acupuncture received in a PCP office. 40% coinsurance for Medicare-covered Acupuncture	<b>In-Network</b> \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$40 copay for Medicare-covered Acupuncture received in a Specialist office. \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office. *  <b>Out-of-Network</b> 40% coinsurance for Medicare-covered Acupuncture received in a PCP office. 40% coinsurance for Medicare-covered Acupuncture

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## Additional Benefits

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
	received in a Specialist office. 35% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office.	received in a Specialist office. 40% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office.	received in a Specialist office. 40% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office.
<b>Podiatry Services (Foot Care)</b> Medicare Covered	<p><b>In-Network</b> \$30 copay</p> <p><b>Out-of-Network</b> 35% coinsurance</p> <p><b>What you should know:</b> Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.</p>	<p><b>In-Network</b> \$30 copay</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p><b>What you should know:</b> Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.</p>	<p><b>In-Network</b> \$40 copay</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p><b>What you should know:</b> Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.</p>
<b>Virtual Visits</b>	<p>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.</p> <p>A virtual visit (also known as a telehealth consult) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device.</p>		

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## Additional Benefits

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
<b>Home health agency care</b>	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *
	<b>Out-of-Network</b> 35% coinsurance	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance
<b>Meals</b>  Post-Acute Meals	\$0 copay for each post-acute meal <b>What you should know:</b> You pay nothing for post-acute meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days.	\$0 copay for each post-acute meal <b>What you should know:</b> You pay nothing for post-acute meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days.	<u>Not covered</u>

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## Additional Benefits

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
Chronic Meals	<u>Not covered</u>	\$0 copay for each chronic meal <b>What you should know:</b> You pay nothing for home delivered meals as part of a supervised program designed to transition members with chronic conditions to lifestyle modifications. Members receive 3 meals per day for up to 28 days per month, for a maximum of 84 meals. The benefit can be received for up to 3 months.	<u>Not covered</u>
<b>Medical Equipment/Supplies</b> Durable Medical Equipment (DME)	<b>In-Network</b> 20% coinsurance *  <b>Out-of-Network</b> 35% coinsurance	<b>In-Network</b> 20% coinsurance *  <b>Out-of-Network</b> 40% coinsurance	<b>In-Network</b> 20% coinsurance *  <b>Out-of-Network</b> 40% coinsurance

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## Additional Benefits

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
Prosthetics	<b>In-Network</b> 20% coinsurance *	<b>In-Network</b> 20% coinsurance *	<b>In-Network</b> 20% coinsurance *
	<b>Out-of-Network</b> 35% coinsurance	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance
Diabetic supplies	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *	<b>In-Network</b> \$0 copay *
	<b>Out-of-Network</b> 35% coinsurance	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance
Diabetic therapeutic shoes or inserts	<b>In-Network</b> 20% coinsurance *	<b>In-Network</b> 20% coinsurance *	<b>In-Network</b> 20% coinsurance *
	<b>Out-of-Network</b> 35% coinsurance	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance
<b>Opioid treatment program services</b>	<b>In-Network</b> \$30 copay	<b>In-Network</b> \$30 copay	<b>In-Network</b> \$40 copay
	<b>Out-of-Network</b> 35% coinsurance	<b>Out-of-Network</b> 40% coinsurance	<b>Out-of-Network</b> 40% coinsurance

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

## Additional Benefits

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
<b>Over-the-Counter (OTC) Items</b>	<p>\$0 copay The maximum total benefit is \$50 every three months</p> <p><b>What you should know:</b> Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.</p>	<p>\$0 copay The maximum total benefit is \$60 every three months</p> <p><b>What you should know:</b> Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.</p>	<p>\$0 copay The maximum total benefit is \$35 every three months</p> <p><b>What you should know:</b> Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.</p>
<p><b>Wellness Programs</b></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>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>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>

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

## Additional Benefits

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
	<p><b>What you should know:</b></p> <p>This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit or Garmin fitness tracker may be selected as part of a home fitness kit.</p>	<p><b>What you should know:</b></p> <p>This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit or Garmin fitness tracker may be selected as part of a home fitness kit.</p>	<p><b>What you should know:</b></p> <p>This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit or Garmin fitness tracker may be selected as part of a home fitness kit.</p>
Additional sessions of smoking and tobacco cessation counseling	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 copay</p> <p>Limited to 5 visit(s) every year</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 copay</p> <p>Limited to 5 visit(s) every year</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 copay</p> <p>Limited to 5 visit(s) every year</p>

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

## Additional Benefits

	<b>Wellcare No Premium Open (PPO) H8458, Plan 001</b>	<b>Wellcare No Premium Open (PPO) H8458, Plan 003</b>	<b>Wellcare Patriot Giveback Open (PPO) H8458, Plan 002</b>
Additional Routine Annual Physical	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 copay <b>What you should know:</b> Wellness programs are a great way to maintain your health. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 copay <b>What you should know:</b> Wellness programs are a great way to maintain your health. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 copay <b>What you should know:</b> Wellness programs are a great way to maintain your health. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.</p>
24-Hour Nurse Advice Line	\$0 copay	\$0 copay	\$0 copay
<b>Flex Card</b>	<p>\$100 yearly benefit</p> <p><b>What you should know:</b> The Flex Card benefit is a debit card that may be used to reduce out of pocket costs at a dental, vision or hearing providers that accepts the card carrier.</p>	<p>\$100 yearly benefit</p> <p><b>What you should know:</b> The Flex Card benefit is a debit card that may be used to reduce out of pocket costs at a dental, vision or hearing providers that accepts the card carrier.</p>	<u>Not covered</u>

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

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

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

Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí dành cho quý vị. Hãy gọi số điện thoại của bộ phận Dịch Vụ Thành Viên thuộc bang của quý vị ở trang tiếp theo.

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

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

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

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

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

# We're Just a Phone Call Away

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## ARKANSAS

+ HMO, HMO D-SNP

☎ 1-855-565-9518

📄 Or visit [www.wellcare.com/allwellAR](http://www.wellcare.com/allwellAR)

## ARIZONA

+ HMO, HMO C-SNP , HMO D-SNP

☎ 1-800-977-7522

📄 Or visit [www.wellcare.com/allwellAZ](http://www.wellcare.com/allwellAZ)

## CALIFORNIA

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

☎ 1-800-275-4737

📄 Or visit [www.wellcare.com/healthnetCA](http://www.wellcare.com/healthnetCA)

## FLORIDA

+ HMO D-SNP

☎ 1-877-935-8022

📄 Or visit [www.wellcare.com/allwellFL](http://www.wellcare.com/allwellFL)

## GEORGIA

+ HMO

☎ 1-844-890-2326

+ HMO D-SNP

☎ 1-877-725-7748

📄 Or visit [www.wellcare.com/allwellGA](http://www.wellcare.com/allwellGA)

## INDIANA

+ HMO, PPO

☎ 1-855-766-1541

+ HMO D-SNP

☎ 1-833-202-4704

📄 Or visit [www.wellcare.com/allwellIN](http://www.wellcare.com/allwellIN)

## KANSAS

+ HMO, PPO

☎ 1-855-565-9519

+ HMO D-SNP

☎ 1-833-402-6707

📄 Or visit [www.wellcare.com/allwellKS](http://www.wellcare.com/allwellKS)

## LOUISIANA

+ HMO

☎ 1-855-766-1572

+ HMO D-SNP

☎ 1-833-541-0767

📄 Or visit [www.wellcare.com/allwellLA](http://www.wellcare.com/allwellLA)

## MISSOURI

+ HMO

☎ 1-855-766-1452

+ HMO D-SNP

☎ 1-833-298-3361

📄 Or visit [www.wellcare.com/allwellMO](http://www.wellcare.com/allwellMO)

## MISSISSIPPI

+ HMO  
☎ 1-844-786-7711

+ HMO D-SNP  
☎ 1-833-260-4124

📄 Or visit [www.wellcare.com/allwellMS](http://www.wellcare.com/allwellMS)

## NEBRASKA

+ HMO, PPO  
☎ 1-833-542-0693

+ HMO D-SNP, PPO D-SNP  
☎ 1-833-853-0864

📄 Or visit [www.wellcare.com/NE](http://www.wellcare.com/NE)

## NEVADA

+ HMO, HMO C-SNP, PPO  
☎ 1-833-854-4766

+ HMO D-SNP  
☎ 1-833-717-0806

📄 Or visit [www.wellcare.com/allwellNV](http://www.wellcare.com/allwellNV)

## NEW MEXICO

+ HMO, PPO  
☎ 1-833-543-0246

+ HMO D-SNP  
☎ 1-844-810-7965

📄 Or visit [www.wellcare.com/allwellNM](http://www.wellcare.com/allwellNM)

## NEW YORK

+ HMO, HMO-POS, HMO D-SNP  
☎ 1-800-247-1447

📄 Or visit [www.fideliscare.org/wellcaremedicare](http://www.fideliscare.org/wellcaremedicare)

## OHIO

+ HMO, PPO  
☎ 1-855-766-1851

+ HMO D-SNP  
☎ 1-866-389-7690

📄 Or visit [www.wellcare.com/allwellOH](http://www.wellcare.com/allwellOH)

## OKLAHOMA

+ HMO, PPO  
☎ 1-833-853-0865

+ HMO D-SNP  
☎ 1-833-853-0866

📄 Or visit [www.wellcare.com/OK](http://www.wellcare.com/OK)

## OREGON

+ HMO, PPO  
☎ 1-844-582-5177

📄 Or visit [www.wellcare.com/healthnetOR](http://www.wellcare.com/healthnetOR)

+ HMO D-SNP  
☎ 1-844-867-1156

📄 Or visit [www.wellcare.com/trilliumOR](http://www.wellcare.com/trilliumOR)

## PENNSYLVANIA

+ HMO, PPO  
☎ 1-855-766-1456

+ HMO D-SNP  
☎ 1-866-330-9368

📄 Or visit [www.wellcare.com/allwellPA](http://www.wellcare.com/allwellPA)


## SOUTH CAROLINA

+ HMO, HMO D-SNP  
☎ 1-855-766-1497

📄 Or visit [www.wellcare.com/allwellSC](http://www.wellcare.com/allwellSC)

## TEXAS

 HMO

 1-844-796-6811

 HMO D-SNP

 1-877-935-8023

 Or visit [www.wellcare.com/allwellTX](http://www.wellcare.com/allwellTX)

## WISCONSIN

 HMO D-SNP

 1-877-935-8024

 Or visit [www.wellcare.com/allwellWI](http://www.wellcare.com/allwellWI)

## WASHINGTON

 PPO

 1-844-582-5177

 Or visit [www.wellcare.com/healthnetOR](http://www.wellcare.com/healthnetOR)

**TTY FOR ALL STATES: 711**

## HOURS OF OPERATION

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

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



## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-277-6583 (TTY: 711). Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m.

## Understanding the Benefits

- Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. Visit [www.wellcare.com/allwellnv](http://www.wellcare.com/allwellnv) or call 1-866-277-6583 (TTY: 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- For plans with a plan premium (Does not apply to plans with zero plan premium):** In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- For HMO plans only:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- For PPO and PFFS plans only:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- For C-SNP plans only:** This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- For D-SNP plans only:** This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

## Contact Us

For more information, please contact us:

### By phone

Toll-free at 1-866-277-6583 (TTY 711). Your call may be answered by a licensed agent.

### Hours of Operation

Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m.

**Online** [www.wellcare.com/allwellNV](http://www.wellcare.com/allwellNV)

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

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