2023
Summary of Benefits

Nevada

Wellcare Dual Access (HMO D-SNP)

H6446 | 016

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

This is a summary of drug and health services covered by Wellcare Dual Access (HMO 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/allwellNV. 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 Nevada: Carson City, Churchill, Douglas, Lyon, Storey, and Washoe.

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 Nevada 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 Nevada 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.

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/allwellNV. (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 Access (HMO 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/allwellNV.

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/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

	Wellcare Dual Access (HMO D-SNP) H6446, Plan 016
Service Area	Our service area includes these counties in Nevada: Carson City, Churchill, Douglas, Lyon, Storey, and Washoe.
Special Needs Plans Eligibility Criteria	This plan includes (FBDE, QMB, QMB+). 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 This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	Days 1-90: $0 copay per admission. *
Outpatient Hospital coverage Outpatient hospital services	$0 copay for surgical and non-surgical services *
Outpatient hospital observation services	$0 copay *
Ambulatory surgical center (ASC) services	$0 copay *

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

Benefits

	Wellcare Dual Access (HMO D-SNP) H6446, Plan 016
Doctor Visits Primary Care Providers	$0 copay
Specialists	$0 copay *
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))	$0 copay
Emergency care	$0 copay
Worldwide emergency coverage	$95 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.
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.

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

Benefits

	Wellcare Dual Access (HMO D-SNP) H6446, Plan 016
Diagnostic Services/Labs/Imaging	COVID-19 testing and specified testing-related services at any location are $0.
Lab services	$0 copay *
Diagnostic tests and procedures	$0 copay *
Outpatient X-rays	$0 copay *
Diagnostic radiology services (e.g. MRI, CAT Scan)	$0 copay *
Therapeutic Radiology	$0 copay *
Hearing services Hearing Exam Medicare Covered	$0 copay ▪ *
Routine hearing exam	$0 copay ▪ * 1 exam every year

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

Benefits

	Wellcare Dual Access (HMO D-SNP) H6446, Plan 016
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	$0 copay ▪ * 1 fitting(s) / evaluation(s) every year
Hearing aid allowance	Up to a $1,000 allowance per ear every year for hearing aids.
All types	$0 copay ▪ * Limited to 2 hearing aid(s) every year
Additional Hearing Information	**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.
Dental services	
Preventive services	$0 copay * Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year

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

Benefits

	Wellcare Dual Access (HMO D-SNP) H6446, Plan 016
Fluoride Treatment	$0 copay * 1 every year
Comprehensive services	
Medicare-covered	$0 copay for each Medicare-covered service *
Diagnostic Services	$0 copay * 1 diagnostic service(s) every year
Restorative Services	$0 copay * 1 restorative service(s) every 12 to 84 months depending on type of service
Endodontics/ Periodontics/ Extractions	$0 copay * 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
Non-routine services	$0 copay * 1 non-routine service(s) every date of service to 60 months depending on type of service

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

Benefits

	Wellcare Dual Access (HMO D-SNP) H6446, Plan 016
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	$0 copay * 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. Other services - every 6 to 60 months depending on type of service.
Additional Dental Information	**What you should know:** This plan includes coverage of comprehensive services up to $4,000 per plan year.
Vision Services Eye Exam Medicare Covered	 $0 copay (Medicare-covered diabetic retinopathy screening) $0 copay (all other Medicare-covered eye exams) ▪ *
Routine eye exam (Refraction)	$0 copay ▪ * 1 exam every year
Glaucoma screening	$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	$0 copay ▪ *
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	 $0 copay ▪ *

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

Benefits

	Wellcare Dual Access (HMO D-SNP) H6446, Plan 016
Eyewear allowance	Up to a $300 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services Inpatient visit	Days 1-90: $0 copay per admission. *
Outpatient individual therapy visit	$0 copay *
Outpatient group therapy visit	$0 copay *
Skilled nursing facility (SNF)	Days 1-100: $0 copay per admission. *
Therapy and Rehabilitation Services Physical Therapy	$0 copay *
Outpatient rehabilitation services provided by an occupational therapist	$0 copay *
Pulmonary rehabilitation services	$0 copay

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

Benefits

	Wellcare Dual Access (HMO D-SNP) H6446, Plan 016
Ambulance Ground Ambulance	$0 copay *
Air Ambulance	$0 copay *
Transportation Services	Up to 24 one-way trips every year to plan-approved health-related locations. $0 copay (per one-way trip) * **What you should know:** Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.
Medicare Part B Drugs Chemotherapy drugs	$0 copay *
Other Part B drugs	$0 copay *

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

Prescription Drug Coverage	Wellcare Dual Access (HMO D-SNP) H6446, Plan 016
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 by Allwell 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 Access (HMO D-SNP) H6446, Plan 016
Chiropractic Services Medicare-covered	$0 copay *
Acupuncture Medicare-covered	$0 copay *
Podiatry Services (Foot Care) Medicare Covered	$0 copay *
Virtual Visits	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. 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.
Home health agency care	$0 copay *

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

Additional Benefits

	Wellcare Dual Access (HMO D-SNP) H6446, Plan 016
Meals Post-Acute Meals	$0 copay ▪ **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	$0 copay ▪ **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)	$0 copay *
Prosthetics	$0 copay *
Diabetic supplies	$0 copay * Limitations may apply
Diabetic therapeutic shoes or inserts	$0 copay *
Opioid treatment program services	$0 copay *

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

Additional Benefits

	Wellcare Dual Access (HMO D-SNP) H6446, Plan 016
Over-the-Counter (OTC) Items	$0 copay Maximum benefit is $175 every three months to spend on plan-approved OTC items. Limitations may apply. At the end of each benefit period, any unused benefit dollars will expire. **What you should know:** You can purchase eligible OTC items from participating CVS retail locations with your plan's Member ID Card or from the catalog by phone or online for home delivery. - To place an order over the phone call: 1-866-528-4679, (TTY 711) - Order via the catalog online at www.cvs.com/otchs/allwell
Wellness Programs Fitness	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage. $0 copay Coverage includes: Activity Tracker and Physical Fitness **What you should know:** This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A fitness tracker may be selected as part of a home fitness kit.
Additional sessions of smoking and tobacco cessation counseling	$0 copay Limited to 5 visit(s) every year
24-Hour Nurse Advice Line	$0 copay

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

Additional Benefits

	Wellcare Dual Access (HMO D-SNP) H6446, Plan 016
Personal emergency medical response device (PERS)	$0 copay
Special Supplemental Benefits for Chronically Ill (SSBCI) These supplemental benefits are only available to high-risk, chronically ill members who meet additional criteria for eligibility including: having documentation of an active diagnosis for one or more specific health conditions that is life threatening or significantly limits overall health or function AND being at high risk for hospitalization AND requiring intensive care management. Additional information, including qualifying conditions can be found in the Evidence of Coverage or by calling Member Services.	Robotic Companion: You pay $0 copay Covers an interactive companion cat or dog from a contracted provider. Limitations apply. Utility Flex Card: You pay $0 copay Plan covers up to $50 per month to help cover the cost of utilities for your home. Limitations apply. ▪ * **What you should know:** Benefits mentioned may be part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify.
Flex Card	$1,000 yearly benefit **What you should know:** 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.

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

Additional Benefits

	Wellcare Dual Access (HMO D-SNP) H6446, Plan 016
Healthy Foods Card 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.	You receive an allowance of $25 every month to spend on eligible grocery products at participating retailers. This allowance does not carry over to the next month.

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 Access (HMO 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 Access (HMO 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 Nevada Medicaid toll-free at 1-877-638-3472 (TTY: 711).

Our source of information for Medicaid benefits is https://www.medicaid.nv.gov/. All Medicaid covered services are subject to change at any time. For the most current Nevada Medicaid coverage information, please visit https://www.medicaid.nv.gov/ or call Member Services for assistance. A detailed explanation of Nevada Medicaid benefits can be found in the Nevada Summary of Services online at https://www.medicaid.nv.gov/.

What Benefits Are Covered?
• Ambulance/Emergency Transportation
• Birth Control/Family Planning
• Dental (most adults - emergency care only; qualified pregnant women - some periodontal benefits; children - full coverage & limited orthodontia)
• Disposable Medical Supplies
• Durable Medical Equipment
• Doctor Visits
• Emergency Room
• Eye Exams and Eyeglasses
• Healthy Kids (preventive health services for children to age 21)
• Hearing Tests
• Home Health Care
• Hospice Care
• Hospital Care
• Lab and Radiology Services
• Maternity Care
• Mental Health/ Substance Abuse Services
• Midwife Services
• Nursing Home Services
• Nutritionist
• Occupational Therapy Services

What Benefits Are Covered?
• Orthotics & Prosthetics
• Over-the-Counter Drugs with a Prescription
• Personal Care Services
• Physical Therapy Services
• Podiatry
• Prescription Drugs
• Preventive Screenings
• Private Duty Nursing
• Specialists
• Speech and Hearing Services
• Tobacco Cessation
• Transportation Services (Non-emergency transportation is not a NCU benefit.)
• Vaccines
• Waiver Programs - help people with special needs (elderly/people with physical and intellectual disabilities, for example) stay in their communities. Eligibility requirements must be met and services are not an entitlement (not a regular benefit).

This Section gives you more information about benefits.

Ambulance/Emergency Transportation

In you have a medical emergency, call 911 for an ambulance. Medicaid and NCU (Nevada Check Up) will cover air and ground ambulance services in an emergency.

Birth Control & Family Planning

Talk to your doctor or clinic about family planning. You can get family planning services from any provider who accepts Medicaid and NCU. You do not need a referral. You may get some types of birth control in your doctor's office. For others, your doctor will write a prescription. These forms of birth control are covered by Medicaid and NCU:

- Birth control pills
- Condoms
- Creams
- Diaphragms
- Foams
- IUDs
- Shots (ex. Depo-Provera)
- Sponges

Dental Benefits

Adults (Medicaid only): Emergency, palliative, some prosthetic care; qualified pregnant women—adult benefits and some expanded benefits. Children (under 21) get full coverage, with some (limited) orthodontia. Dentists need prior approval from Medicaid or NCU for some of the benefits.

Disposable Medical Supplies, Durable Medical Equipment, Orthotics & Prosthetics

Medicaid and NCU cover many medical supplies that are ordered by your doctor for a medical reason. For example, some supplies which may be covered are:

- Incontinent supplies (adult diapers)
- Wheelchair, canes, crutches and walkers
- Prosthetic orthotic devices
- Wound care supplies
- Insulin pump
- Oxygen

Talk to your doctor if you need medical supplies. Your doctor may write a prescription for you to take to a medical supply company. The medical supplier must get prior approval from Medicaid and NCU for some items.

Doctor Visits

Medicaid and NCU pay for you to see a doctor or visit an Urgent Care Clinic when you are having health problems. It is important for you to see your primary care physician whenever possible for regular treatment so he/she has an updated medical history. If needed, your doctor may refer you to a specialist.

Emergency Room

Call 911 in an emergency, or go to the emergency room right away. You will need to call your doctor when the emergency is over. Your doctor must provide any follow up care you need after the emergency. If it is not an emergency and your primary care provider is not available, go to an urgent care clinic.

Eye Exams and Eyeglasses

Medicaid/NCU covers care for eye diseases, eye surgery that is medically necessary, eye exams and prescription eyeglasses. Medicaid pays for eye exams and eyeglasses only once every 12 months. Your provider will show you frames you may choose from that are covered in full. If you choose more expensive frames, you must pay the difference between what Medicaid and NCU pay and the cost of the frames you've chosen. Make sure you sign an agreement in advance if you are going to pay for more expensive frames. Medicaid/NCU does not cover contact lenses, except under certain cases when they are medically necessary.

Healthy Kids or Early Periodic Screening Diagnosis and Treatment (EPSDT)

Healthy Kids, also known as EPSDT, is a special benefit for children on Medicaid/NCU. Some problems start before your child looks or feels sick. Your doctor can find and treat these problems early, before they become serious, with regular “well-child” exams. Healthy Kids also covers dental check-ups. Almost everyone from birth through age 20 who gets Medicaid/NCU can get Healthy Kids-covered services. These services include:

- Well-child exams by your child’s doctor. This is a head-to-toe exam including health history, eating habits, vision and hearing exams, mental health evaluation and a growth and development check;
- Shots (vaccines) to keep your child healthy;
- Dental checkups. A complete exam and cleaning (covered through age 20) twice a year, or more often if your child’s dentist recommends it;
- Fluoride treatment and sealants;
- Follow-up treatment and care if a health problem is found during an exam;
- Lead testing and other laboratory tests; and
- If needed, free transportation to any Medicaid-approved medical appointments. (Does not apply to NCU recipients.)

When should your child have a well-child exam?

- Newborns – as soon as possible after birth
- Infants – at one, two, four, six, nine and 12, 15, 18, 24, and 30 months
- Toddlers to young adults (3-20 years old) every year

Hearing Tests

Newborn hearing tests are included in the newborn hospital stay. Childhood hearing tests are part of a Healthy Kids/EPSDT exam. Other hearing tests are covered for both children and adults, if they are medically necessary.

Home- and Community-based Services

These services help you receive the medical care you need so you can stay in your home. They include adult day health care, personal care services, home health care, private-duty nursing and partial hospitalization. These services are for people who need assistance because they have ongoing mental health illnesses. If you need these services, you will need to have an evaluation to make sure you or your loved one meets the eligibility requirements and that they are medically necessary.

Home Health Care

Home health care is for people who need special, in-home services like skilled nursing, physical therapy, occupational therapy or speech therapy. If you think you need home health care, talk to your doctor. Your doctor will submit an order to a home health agency of your choice who is enrolled with Medicaid. The home health agency will contact Medicaid or NCU for prior approval.

Hospice Care

Hospice services can give you or a family member support and comfort when someone is at the end of their life. The hospice takes care of your physical, emotional and spiritual needs in a specialized hospice facility, a nursing facility, an Intermediate Care Facility (ICF) or in your home. Different kinds of specialists can help your family deal with the final stages of illness, dying and grieving.

Hospital Care

Both inpatient and outpatient hospital care are covered. Before you use hospital services, get a referral from your doctor.

Lab and Radiology Services

Lab and radiology (X-ray) services are covered; they may be done in your doctor's office, or your doc-tor may refer you to another clinic, lab or hospital.

Maternity Care

If you think you are pregnant, see a doctor as soon as possible. Early maternity care will help you give birth to a healthy baby. You may choose to see a specialist such as an Obstetrical/ Gynecological (OB/GYN) physician or a certified nurse midwife. Medicaid covers medically necessary Caesarian-sections but does not pay for C-sections done for the convenience of the mother or the physician. Covered services include:

- Prenatal visits, lab work and necessary tests (such as ultrasound)
- The hospital stay
- Labor and delivery
- The second- and/or sixth-week checkup after the birth
- Anesthesia (pain treatment)
- Birth control/family planning

You can stay in the hospital up to 72 hours after a normal birth and up to 96 hours after a C-section. You can choose a shorter stay if you and your doctor agree. Your baby may be covered by Medicaid for the first year of life if you are able to get Medicaid when your baby is born. Contact your DWSS caseworker as soon as possible to report the birth of your baby.
For your baby to be covered for NCU services from their birth, you must notify DWSS within 14 days of the delivery. If you have temporary coverage for the newborn and they are qualified for NCU, coverage will begin the first day of the next administrative month. For example, if your baby is born on September 15, and the mother has other insurance coverage for 30 days (until October 15), the newborn would not be enrolled in NCU until November 1. Your newborn cannot receive coverage which predates another family member's earliest current enrollment. Your child can stay covered by NCU if the parent meets the income requirement yearly, keeps premium payments current and the child meets other eligibility requirements.

Midwife Services

You may choose to use a midwife during your pregnancy. You must choose a certified and licensed midwife who is a Medicaid or NCU provider. Some certified midwives can deliver babies in a birthing center or in the hospital, in case of an emergency during delivery.

Mental Health/Substance Abuse Services

These are benefits you may receive to treat an acute (short-term) or chronic (continuing for a long time) behavioral health disorder. Some of these services include:

- Inpatient/Outpatient services
- Psychiatric evaluations
- Medication management
- Psychological testing
- Inpatient alcohol/substance abuse detoxification services
- Individual and group therapy
- Emergency hospital care
- Crisis intervention
- Outpatient alcohol/substance abuse detoxification services

Nursing Home Services

Nursing facilities provide health care services on a 24-hour basis to people who have medical problems or injuries that cannot be managed at home. If you or a family member has cognitive impairments (problems with things like memory, perception, judgment and reasoning) or behavioral impairments, a nursing facility can provide help. This assistance can help you with medical care, nursing care, rehabilitative services and psychosocial management or a combination of those services.

Out-of-state nursing facility services are offered to residents when:

- You cannot be placed in a Nevada nursing facility;
- You live on or near a Nevada border and it is more practical for you to receive medical service from an out-of-state provider.

Occupational Therapy

Occupational therapy helps improve your medical condition or helps you learn or relearn a task after serious illnesses, injuries or disabilities. Your doctor’s order must be submitted to an occupational therapist who accepts Medicaid or NCU.

Over-the-counter Drugs

If your doctor prescribes them, you can get over-the-counter medicines, like antacids, aspirin, acetaminophen, and medicine for coughs, colds and allergies. Take the prescription to the pharmacy and Nevada Medicaid will pay for the medicine.

Personal Care Services

The Personal Care Services program helps people with disabilities or long-lasting illnesses live independently in their home. These services are for people who do not have someone legally responsible to help them. A Personal Care Attendant (PCA) helps people with tasks like bathing, dressing and toileting, and may also help with making meals, shopping for essential things like food, laundry and light housekeeping. The type of service and number of hours allowed are based on medical need. A physical or occupational therapist will do an evaluation.

Physical Therapy

You can get physical therapy for some serious illnesses, injuries or disabilities if it will improve your medical condition. It must be ordered by your doctor, who will authorize a physical therapist who accepts Medicaid or NCU.

Prescription Drugs

Medicaid and NCU cover many prescription drugs. Some prescriptions require prior authorization. There is a list of preferred drugs for your physician to choose from. Prescriptions for weight loss and drugs you use for cosmetic and experimental reasons are not covered. If you are on Medicare and Medicaid, most of your prescriptions must be provided by Medicare. Medicaid will cover the items Medicare may not cover, including some over-the-counter medications.

Private Duty Nursing

Private duty nursing can help you get more individual and continuous care than you would from a visiting nurse. The program helps you stay safely at home rather than in a facility like a nursing home. You must have a doctor's order for private duty nursing.

Speech & Hearing Services

If you have serious speech or hearing problems, see your doctor. Your doctor may refer you to a speech therapist or an audiologist. Some services covered by Medicaid or NCU are:

- Hearing tests
- Hearing aids
- Hearing aid batteries
- Speech therapy

Tobacco Cessation

Products to help you stop using tobacco are covered. You must get a prescription from your doctor and take it to a pharmacy. Prescription and over-the-counter medication like patches and lozenges are covered. So is tobacco-cessation counseling, as part of an office visit to your doctor.

Transportation Services (non-emergency)

Medicaid provides rides to medical appointments, called Non-Emergency Transportation (NET). This service is provided through a transportation company that Medicaid contracts with. Transportation is not covered for NCU recipients. You can get rides to be treated for a Medicaid-covered service. You should arrange for rides at least five days in advance. The company may help you get public transportation. For urgent care trips, the transportation company must provide you with a ride on the same day you call. If you have to cancel your doctor's appointment, please remember to cancel your transportation. The doctor's office will not cancel it for you.
Prior Authorization by the transportation company is required.

Vaccines

All medically recommended childhood and adult vaccines are covered.

Waiver Programs

If you have special needs, you may qualify for more benefits through waiver programs. Waivers allow Medicaid to pay for support and services to help you, and as a result may enable you to live safely in your own home or community rather than in a nursing facility or other institution. Waiver services include:

- Emergency response systems
- Homemaker services
- Group homes
- Day treatment centers
- Adult day care
- Family support
- Home-delivered meals
- Respite care for family members who need a break from caring for disabled or elderly family members

These programs are for people who meet the program requirements, like those who are aged or who have physical or intellectual disabilities. There is a set number of people who can be on these programs. For information about how to apply for one of the waiver programs, call the Medicaid District Office in your area.

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. Matutulungan 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 بمكنه 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 ʻōlelo manuahi e pane i nā ʻano nīnau āu no ka mākou papahana mālama olakino a hoʻolako lāʻau. No ka ʻimi i mea māhele ʻōlelo, e kelepona wale mai iā mākou ma nā helu kelepona e waiho nei ma kēia mau ʻaoʻao e koe nei. Na kekahi māhele ʻōlelo Hawaiʻi e kōkua iā ʻoe. 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 faʼaliliu upu fua e tali ai soʻo se fesili e te ono iai e uiga i la matou fuafuaga faʼalesoifua maloloina poʻo vailaʼau. Mo le mauaina o se faʼaliliu upu, naʻo le valaʼau mai i numera o fuafuaga o loʻo i itulau nei. E mafai e se tasi e tautala i le gagana Samoa ona fesoasoani ia te oe. Ose auaunaga e leai se totogi.

We're Just a **Phone Call Away**

ARKANSAS
HMO, HMO D-SNP
1-855-565-9518
Or visit **www.wellcare.com/allwellAR**

ARIZONA
HMO, HMO C-SNP , HMO D-SNP
1-800-977-7522
Or visit **www.wellcare.com/allwellAZ**

CALIFORNIA
HMO, HMO C-SNP, PPO
1-800-275-4737

HMO D-SNP
1-800-431-9007
Or visit **www.wellcare.com/healthnetCA**

FLORIDA
HMO D-SNP
1-877-935-8022
Or visit **www.wellcare.com/allwellFL**

GEORGIA
HMO
1-844-890-2326

HMO D-SNP
1-877-725-7748
Or visit **www.wellcare.com/allwellGA**

INDIANA
HMO, PPO
1-855-766-1541

HMO D-SNP, PPO D-SNP
1-833-202-4704
Or visit **www.wellcare.com/allwellIN**

KANSAS
HMO, PPO
1-855-565-9519

HMO D-SNP, PPO D-SNP
1-833-402-6707
Or visit **www.wellcare.com/allwellKS**

LOUISIANA
HMO
1-855-766-1572

HMO D-SNP
1-833-541-0767
Or visit **www.wellcare.com/allwellLA**

MISSOURI
HMO
1-855-766-1452

HMO D-SNP
1-833-298-3361
Or visit **www.wellcare.com/allwellMO**

MISSISSIPPI

HMO

1-844-786-7711

HMO D-SNP

1-833-260-4124

Or visit **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**

NEVADA

HMO, HMO C-SNP, PPO

1-833-854-4766

HMO D-SNP

1-833-717-0806

Or visit **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**

NEW YORK

HMO, HMO-POS, HMO D-SNP

1-800-247-1447

Or visit **www.wellcare.com/fidelisNY**

OHIO

HMO, PPO

1-855-766-1851

HMO D-SNP, PPO D-SNP

1-866-389-7690

Or visit **www.wellcare.com/allwellOH**

OKLAHOMA

HMO, PPO

1-833-853-0865

HMO D-SNP, PPO D-SNP

1-833-853-0866

Or visit **www.wellcare.com/OK**

OREGON

HMO, PPO

1-888-445-8913

Or visit **www.wellcare.com/healthnetOR**

HMO D-SNP

1-844-867-1156

Or visit **www.wellcare.com/trilliumOR**

PENNSYLVANIA

HMO, PPO

1-855-766-1456

HMO D-SNP, PPO D-SNP

1-866-330-9368

Or visit **www.wellcare.com/allwellPA**

SOUTH CAROLINA

HMO, HMO D-SNP

1-855-766-1497

Or visit **www.wellcare.com/allwellSC**

TEXAS

HMO

1-844-796-6811

HMO D-SNP

1-877-935-8023

Or visit **www.wellcare.com/allwellTX**

WASHINGTON

PPO

1-888-445-8913

Or visit **www.wellcare.com/healthnetOR**

WISCONSIN

HMO D-SNP

1-877-935-8024

Or visit **www.wellcare.com/allwellWI**

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 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/allwellNV 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 HMO, CSNP and DSNP plans:** 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).
- ☐ 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/allwellNV

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.