



# 2022 Summary of Benefits

California

**Wellcare Dual Liberty (HMO D-SNP)**

H0562 | 121

**Wellcare Dual Liberty Amber (HMO D-SNP)**

H3561 | 001

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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 Dual Liberty (HMO D-SNP) and Wellcare Dual Liberty Amber (HMO D-SNP) 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/healthnetca](http://www.wellcare.com/healthnetca). 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:**

**H0562121000 Wellcare Dual Liberty (HMO D-SNP)** includes these counties in California: Fresno, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Francisco, and Tulare.

**H3561001000 Wellcare Dual Liberty Amber (HMO D-SNP)** includes these counties in California: Alameda, Amador, Fresno, Imperial, Madera, Placer, Sacramento, and Stanislaus.

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.

You must also be enrolled in the California 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 California 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.

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### 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/healthnetca](http://www.wellcare.com/healthnetca). (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

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comprehensive selection of affordable generic and brand name drugs.

Which doctors, hospitals and pharmacies can I use? Wellcare Dual Liberty (HMO D-SNP) and Wellcare Dual Liberty Amber (HMO D-SNP) 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.

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

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

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 Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
<b>Service Area</b>	<p><b>Our plans and service areas:</b>  <b>H0562121000 Wellcare Dual Liberty (HMO D-SNP)</b> includes these counties in California: Fresno, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Francisco, and Tulare.  <b>H3561001000 Wellcare Dual Liberty Amber (HMO D-SNP)</b> includes these counties in California: Alameda, Amador, Fresno, Imperial, Madera, Placer, Sacramento, and Stanislaus.</p>	
<b>Special Needs Plans Eligibility Criteria</b>	<p>H0562121000 includes (FBDE, QMB+, SLMB+) and H3561001000 includes (FBDE, QMB+, SLMB+).  Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document</p>	
Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive		
<b>Monthly plan premium</b> You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.	\$0	\$0
<b>Deductible</b>	No deductible	No deductible
<b>Maximum out-of-Pocket Responsibility</b> (do not include prescription drugs)	\$3,450 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	\$3,450 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.

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

**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
<b>Inpatient Hospital coverage</b>	Days 1-90: \$0 copay per stay ▪ *	Days 1-90: \$0 copay per stay ▪ *
<b>Outpatient Hospital coverage</b> Outpatient hospital services	\$0 copay for surgical and non-surgical services ▪ *	\$0 copay for surgical and non-surgical services ▪ *
Outpatient hospital observation services	\$0 copay *	\$0 copay *
<b>Ambulatory surgical center (ASC)</b>	\$0 copay ▪ *	\$0 copay ▪ *
<b>Doctor Visits</b> Primary Care Providers	\$0 copay	\$0 copay
Specialists	\$0 copay ▪ *	\$0 copay ▪ *
<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))	\$0 copay	\$0 copay

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**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
<b>Emergency care</b>	\$0 copay	\$0 copay
Worldwide emergency coverage	\$120 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.	\$120 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>	\$0 copay	\$0 copay
Worldwide urgent care coverage	\$120 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.	\$120 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>	COVID-19 testing and specified testing-related services at any location are \$0.	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	\$0 copay *	\$0 copay *
Diagnostic tests and procedures	\$0 copay *	\$0 copay *

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**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
Outpatient X-rays	\$0 copay ▪ *	\$0 copay ▪ *
Diagnostic radiology services (e.g. MRI, CAT Scan)	\$0 copay ▪ *	\$0 copay ▪ *
Therapeutic Radiology	\$0 copay ▪ *	\$0 copay ▪ *
<b>Hearing services</b> Hearing Exam Medicare Covered	\$0 copay *	\$0 copay *
Routine hearing exam	\$0 copay *  1 exam every year	\$0 copay *  1 exam every year
Hearing Aids  Hearing Aid Fitting/Evaluation(s)	\$0 copay *  1 fitting(s) / evaluation(s) every year	\$0 copay *  1 fitting(s) / evaluation(s) every year

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**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
Hearing aid allowance  All types	Up to a \$2,000 allowance for both ears combined every year for hearing aids.  \$0 copay *  Limited to 2 hearing aid(s) every year	Up to a \$2,000 allowance for both ears combined every year for hearing aids.  \$0 copay *  Limited to 2 hearing aid(s) every year
Additional Hearing Information	<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.	<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.
<b>Dental services</b>  Comprehensive services Medicare Covered  Diagnostic Services  Restorative Services	  \$0 copay for each Medicare-covered service *  \$0 copay *  Unlimited diagnostic services every year.  \$0 copay *  Crowns are a covered benefit on the same tooth once every five calendar years.	  \$0 copay for each Medicare-covered service *  \$0 copay *  Unlimited diagnostic services every year  \$0 copay *  Crowns are a covered benefit on the same tooth once every five calendar years.

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**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	\$0 copay *  Covered services include denture rebase once per arch every two calendar years. Pontics are a covered benefit on the same tooth once every five calendar years.	\$0 copay *  Covered services include denture rebase once per arch every two calendar years. Pontics are a covered benefit on the same tooth once every five calendar years.
Additional Dental Information	<b>What you should know:</b> This plan includes coverage of comprehensive services up to \$1,000.	<b>What you should know:</b> This plan includes coverage of comprehensive services up to \$1,000.
<b>Vision Services</b> Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *	\$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	\$0 copay *  1 exam every year
Glaucoma screening	\$0 copay for each Medicare-covered service. ▪	\$0 copay for each Medicare-covered service. ▪
Eyewear Medicare Covered	\$0 copay *	\$0 copay *

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**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
Routine eyewear		
Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	\$0 copay Unlimited contacts every year  Unlimited glasses (lenses and/or frames) every year *	\$0 copay Unlimited contacts every year  Unlimited glasses (lenses and/or frames) every year *
Eyewear allowance	Up to a \$400 combined allowance every year.	Up to a \$400 combined allowance every year
<b>Mental Health Services</b>		
Inpatient visit	Days 1-90: \$0 copay per day *	Days 1-90: \$0 copay per day *
Outpatient individual therapy visit	\$0 copay *	\$0 copay *
Outpatient group therapy visit	\$0 copay *	\$0 copay *
<b>Skilled nursing facility (SNF)</b>	Days 1-100: \$0 copay per benefit period. *	Days 1-100: \$0 copay per benefit period. *
<b>Therapy and Rehabilitation Services</b>		
Physical Therapy	\$0 copay ▪ *	\$0 copay ▪ *

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**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay ▪ *	\$0 copay ▪ *
Pulmonary rehabilitation services	\$0 copay ▪	\$0 copay ▪
<b>Ambulance</b>		
Ground Ambulance	\$0 copay *	\$0 copay *
Air Ambulance	\$0 copay *	\$0 copay *
<b>Transportation Services</b>	<p>Up to 60 one-way trips every year to plan-approved health-related locations. Mileage limits may apply. \$0 copay (per one-way trip) *</p> <p><b>What you should know:</b> The first step to staying healthy is getting to your doctor. That's why we cover these shared trips to plan approved health care providers. We want to make sure you get the care you need, when you need it. Call Customer Service 72 hours in advance to reserve a ride for your appointment. Mileage limitations may apply.</p>	<p>Up to 60 one-way trips every year to plan-approved health-related locations. Mileage limits may apply. \$0 copay (per one-way trip) *</p> <p><b>What you should know:</b> The first step to staying healthy is getting to your doctor. That's why we cover these shared trips to plan approved health care providers. We want to make sure you get the care you need, when you need it. Call Customer Service 72 hours in advance to reserve a ride for your appointment. Mileage limitations may apply.</p>

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**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
<b>Medicare Part B Drugs</b>		
Chemotherapy drugs	\$0 copay *	\$0 copay *
Other Part B drugs	\$0 copay *	\$0 copay *

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Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
<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.
<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. The cost share you pay depends on your level of "Extra Help". Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap.		
<b>Standard Retail cost-sharing (30-day/90-day supply)</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 copay	\$0 copay
<b>Tier 2</b> (Generic Drugs - includes generic drugs and may include some brand drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 3</b> (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 4</b> (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%

Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
	<b>Standard</b>	<b>Standard</b>
<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.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply
<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).)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%

Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121		Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001	
<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
<b>Tier 1</b> (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 2</b> (Generic Drugs - includes generic drugs and may include some brand drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 3</b> (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 4</b> (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%



Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121		Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001	
	Preferred	Standard	Preferred	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.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply
<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).)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<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 your "Extra Help" cost share or 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 your "Extra Help" cost share or no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	

Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121		Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001	
	Preferred	Standard	Preferred	Standard
<b>Stage 4: Catastrophic Coverage</b>				
	After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail order) reach \$7,050, depending on your level of “Extra Help” you pay nothing or: <ul style="list-style-type: none"> <li>• \$3.95 copay for generics (including brand drugs treated as generic), or</li> <li>• \$9.85 copay for all other drugs</li> </ul>		After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail order) reach \$7,050, depending on your level of “Extra Help” you pay nothing or: <ul style="list-style-type: none"> <li>• \$3.95 copay for generics (including brand drugs treated as generic), or</li> <li>• \$9.85 copay for all other drugs</li> </ul>	

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 Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
<b>Chiropractic Services</b> Medicare-covered	\$0 copay ▪ *	\$0 copay ▪ *
Routine chiropractic services	\$0 copay ▪ *  24 visit(s) every year	\$0 copay ▪ *  24 visit(s) every year
<b>Acupuncture</b> Medicare-covered	\$0 copay ▪ *	\$0 copay ▪ *
Routine acupuncture services	\$0 copay ▪ *  Limited to 24 visit(s) every year.	\$0 copay ▪ *  Limited to 24 visit(s) every year
<b>Podiatry Services (Foot Care)</b> Medicare Covered	\$0 copay ▪	\$0 copay ▪
Routine Podiatry Services	\$0 copay ▪  12 visit(s) every year	\$0 copay ▪  12 visit(s) every year

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## Additional Benefits

	<b>Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
	<b>What you should know:</b> Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.	<b>What you should know:</b> Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.
<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>	
<b>Home health agency care</b>	\$0 copay ■ *	\$0 copay ■ *
<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.

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

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

## Additional Benefits

	<b>Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
Chronic Meals	\$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.	\$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.
<b>Medical Equipment/Supplies</b>		
Durable Medical Equipment (DME)	\$0 copay *	\$0 copay *
Prosthetics	\$0 copay *	\$0 copay *
Diabetic supplies	\$0 copay *	\$0 copay *
Diabetic therapeutic shoes or inserts	\$0 copay *	\$0 copay *
<b>Opioid treatment program services</b>	\$0 copay *	\$0 copay *

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

## Additional Benefits

	<b>Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
<b>Over-the-Counter (OTC) Items</b>	<p>\$0 copay The maximum total benefit is \$155 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 \$125 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><b>What you should know:</b> The benefit on this plan provides a membership to Peerfit Move, a flexible fitness benefit with monthly credits to use on a variety of larger gyms or local fitness studios. Members will have 32 credits each month to utilize. Credits will be sufficient to cover a monthly gym membership and/or fitness studio classes, or at-home fitness boxes and fitness videos.</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><b>What you should know:</b> The benefit on this plan provides a membership to Peerfit Move, a flexible fitness benefit with monthly credits to use on a variety of larger gyms or local fitness studios. Members will have 32 credits each month to utilize. Credits will be sufficient to cover a monthly gym membership and/or fitness studio classes, or at-home fitness boxes and fitness videos.</p>

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

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

## Additional Benefits

	<b>Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
Additional sessions of smoking and tobacco cessation counseling	\$0 copay  Limited to 5 visit(s) every year	\$0 copay  Limited to 5 visit(s) every year
Additional Routine Annual Physical	\$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.	\$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.
24-Hour Nurse Advice Line	\$0 copay	\$0 copay
Personal emergency medical response device (PERS)	\$0 copay	\$0 copay
<b>Special Supplemental Benefits for Chronically Ill (SSBCI)</b> To qualify for these benefits you must meet specific criteria, including having a qualifying chronic condition and determined to be eligible for high-risk care management. For a complete list of eligibility criteria, please see the Evidence of Coverage.	Grocery Delivery: You pay \$0 copay Plan covers up to \$50 per month to use on plan-approved grocery items. Limitations apply.  Robotic Companion: You pay \$0 copay Covers an interactive companion cat or dog from a contracted provider. Limitations apply.  Service Animal: You pay \$0 copay Helps cover the cost of certain items for your ADA-approved	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.  Referral may be required *

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

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

## Additional Benefits

	<b>Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121</b>	<b>Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001</b>
	service animal up to \$50 per month. Limitations apply.  Referral may be required *	

*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 Medicare Advantage plan. 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, Health Net Amber II Premier (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 Medi-Cal toll-free at 1-800-430-4263 (TTY: 1-800-430-7077).

Our source of information for Medicaid benefits is <https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>. All Medicaid covered services are subject to change at any time. For the most current California Medicaid coverage information, please visit Department of Health Care Services (DHCS), or call Member Services for assistance. A detailed explanation of California Medicaid benefits can be found in the California Summary of Services online at <https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>.

Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Region	Imperia	San Benito
Acupuncture Services	Other Practitioners' Services and Acupuncture Services	Acupuncture services shall be limited to treatment performed to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition.	X <sub>1</sub>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>
Chiropractic Services	Chiropractors' Services	Services provided by chiropractors, acting within the scope of their practice as authorized by California law, are covered, except that such services shall be limited to treatment of the spine by means of manual manipulation.	X <sub>1</sub>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>
Chronic Hemodialysis	Chronic Hemodialysis	Procedure used to treat kidney failure - covered only as an outpatient service. Blood is removed from the body through a vein and circulated through a machine that filters the waste products and excess fluids from the blood. The "cleaned" blood is then returned to the body. Chronic means this procedure is performed on a regular basis. Prior authorization required when provided by renal dialysis centers or community hemodialysis units.	X	X	X	X	X	X

Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Region	Imperia	San Benito
Community Based Adult Services (CBAS)		<p>CBAS Bundled services: An outpatient, facility based service program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, meals and transportation to eligible Medi-Cal beneficiaries.</p> <p>CBAS Unbundled Services: Component parts of CBAS center services delivered outside of centers, under certain conditions, as specified in paragraph 94.</p>	X	X	X	X	X	X
Enhanced Case Management (ECM), as defined in paragraph 95		A service consisting of those “Complex Case Management” and “Person-Centered Planning” services including the coordination of beneficiaries’ individual needs for needed long-term care services and supports.	X	X	X	X	X	X
Eyeglasses, Contact Lenses, Low Vision Aids, Prosthetic Eyes and Other Eye Appliances	Eyeglasses, Contact Lenses, Low Vision Aids, Prosthetic Eyes, and Other Eye Appliances	Eye appliances are covered on the written prescription of a physician or optometrist.	X <sup>1</sup> <sub>,3</sub>	X <sup>1</sup> <sub>,3</sub>	X <sup>1</sup> <sub>,3</sub>	X <sup>1</sup> <sub>,3</sub>	X <sup>1</sup> <sub>,3</sub>	X <sup>1</sup> <sub>,3</sub>
Federally Qualified Health Centers (FQHC) (Medi-Cal covered services only)	FQHC	An entity defined in Section 1905 of the Social Security Act (42 United States Code Section 1396d(1)(2)(B)).	X	X	X	X	X	X

Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Region	Imperia	San Benito
Hearing Aids	Hearing Aids	Hearing aids are covered only when supplied by a hearing aid dispenser on prescription of an otolaryngologist, or the attending physician where there is no otolaryngologist available in the community, plus an audio logical evaluation including a hearing aid evaluation which must be performed by or under the supervision of the above physician or by a licensed audiologist.	X	X	X	X	X	X
Indian Health Services (Medi-Cal covered services only)		Indian means any person who is eligible under federal law and regulations (25 U.S.C. Sections 1603c, 1679b, and 1680c) and covers health services provided directly by the United States Department of Health and Human Services, Indian Health Service, or by a tribal or an urban Indian health program funded by the Indian Health Service to provide health services to eligible individuals either directly or by contract.	X	X	X	X	X	X
In-Home Medical Care Waiver Services and Nursing Facility Waiver Services		In-home medical care waiver services and nursing facility waiver services are covered when prescribed by a physician and provided at the beneficiary's place of residence in accordance with a written treatment plan indicating the need for in-home medical care waiver services or nursing facility waiver services and in accordance with a written agreement between the Department and the provider of service.	X	X	X	X	X	X

Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Region	Imperia	San Benito
Intermediate Care Facility Services for the Developmentally Disabled	Intermediate Care Facility Services for The Developmentally Disabled	Intermediate care facility services for the developmentally disabled are covered subject to prior authorization by the Department. Authorizations may be granted for up to six months. The authorization request shall be initiated by the facility. The attending physician shall sign the authorization request and shall certify to the Department that the beneficiary requires this level of care	X 5	X 5	X	X 5	X 5	X 5
Intermediate Care Facility Services for the Developmentally Disabled Habilitative	Intermediate Care Facility Services for the Developmentally Disabled Habilitative	Intermediate care facility services for the developmentally disabled habilitative (ICF-DDH) are covered subject to prior authorization by the Department of Health Services for the ICF-DDH level of care. Authorizations may be granted for up to six months. Requests for prior authorization of admission to an ICF-DDH or for continuation of services shall be initiated by the facility on forms designated by the Department. Certification documentation required by the Department of Developmental Services must be completed by regional center personnel and submitted with the Treatment Authorization Request form. The attending physician shall sign the Treatment Authorization Request form and shall certify to the Department that the beneficiary requires this level of care.	X 5	X 5	X	X 5	X 5	X 5

Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Region	Imperia	San Benito
Intermediate Care Facility Services for the Developmentally Disabled-Nursing.		Intermediate care facility services for the developmentally disabled-nursing (ICF/DD-N) are covered subject to prior authorization by the Department for the ICF/DD-N level of care. Authorizations may be granted for up to six months. Requests for prior authorization of admission to an ICF/DD-N or for continuation of services shall be initiated by the facility on Certification for Special Treatment Program Services forms (HS 231). Certification documentation required by the Department of Developmental Services shall be completed by regional center personnel and submitted with the Treatment Authorization Request form. The attending physician shall sign the Treatment Authorization Request form and shall certify to the Department that the beneficiary requires this level of care.	X 5	X <sup>5</sup>	X	X <sup>5</sup>	X 5	X <sup>5</sup>
Intermediate Care Services	Intermediate Care Facility Services	Intermediate care services are covered only after prior authorization has been obtained from the designated Medi-Cal consultant for the district where the facility is located. The authorization request shall be initiated by the facility. The attending physician shall sign the authorization request and shall certify to the Department that the beneficiary requires this level of care.	X 5	X <sup>5</sup>	X	X <sup>5</sup>	X 5	X <sup>5</sup>

Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Region	Imperia	San Benito
Local Educational Agency (LEA) Services	Local Education Agency Medi-Cal Billing Option Program Services	LEA health and mental health evaluation and health and mental health education services, which include any or all of the following: (A) Nutritional assessment and nutrition education, consisting of assessments and non-classroom nutrition education delivered to the LEA eligible beneficiary based on the outcome of the nutritional health assessment (diet, feeding, laboratory values, and growth), (B) Vision assessment, consisting of examination of visual acuity at the far point conducted by means of the Snellen Test, (C) Hearing assessment, consisting of testing for auditory impairment using at-risk criteria and appropriate screening techniques as defined in Title 17, California Code of Regulations, Sections 2951(c), (D) Developmental assessment, consisting of examination of the developmental level by review of developmental achievement in comparison with expected norms for age and background, (E) Assessment of psychosocial status, consisting of appraisal of cognitive, emotional, social, and behavioral functioning and self-concept through tests, interviews, and behavioral evaluations and (F) Health education and anticipatory guidance appropriate to age and health status, consisting of non-classroom health education and anticipatory guidance based on age and developmentally appropriate health education.						

Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Region	Imperia	San Benito
Medical Transportation Services	Transportation-Medical Transportation Services	Covers ambulance, litter van and wheelchair van medical transportation services are covered when the beneficiary's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated, and transportation is required for the purpose of obtaining needed medical care.	X	X	X	X	X	X
Optometry Services	Optometrists' Services	Covers eye examinations and prescriptions for corrective lenses. Further services are not covered.	X	X	X	X	X	X
Outpatient Mental Health	Outpatient Mental Health	<p>Services provided by licensed health care professionals acting within the scope of their license for adults and children diagnosed with a mental condition as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM) resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning. Services include:</p> <ul style="list-style-type: none"> <li>• Individual and group mental health evaluation and treatment (psychotherapy)</li> <li>• Psychological testing when clinically indicated to evaluate a mental health condition</li> <li>• Outpatient Services for the purpose of monitoring drug therapy</li> <li>• Outpatient laboratory, drugs, supplies and supplements</li> <li>• Screening and Brief Intervention (SBI)</li> <li>• Psychiatric consultation for medication management</li> </ul>	X 2	X 2	X 2	X 2	X 2	X 2

Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Region	Imperia	San Benito
Organized Outpatient Clinic Services	Clinic Services and Organized Outpatient Clinic Services	In-home medical care waiver services and nursing facility waiver services are covered when prescribed by a physician and provided at the beneficiary's place of residence in accordance with a written treatment plan indicating the need for in-home medical care waiver services or nursing facility waiver services and in accordance with a written agreement between the Department and the provider of service.	X	X	X	X	X	X
Pharmaceutical Services and Prescribed Drugs	Pharmaceutical Services and Prescribed Drugs	Covers medications including prescription and nonprescription and total parental nutrition supplied by licensed physician.	X	X	X	X	X	X
Physician Services	Physician Services	Covers primary care, outpatient services, and services rendered during a stay in a hospital or nursing facility for medically necessary services. Can cover limited mental health services when rendered by a physician, and limited allergy treatments.	X	X	X	X	X	X



Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Region	Imperia	San Benito
Podiatry Services	Other Practioners' Services and Podiatrists' Services	Office visits are covered if medically necessary. All other outpatient services are subject to prior authorization and are limited to medical and surgical services necessary to treat disorders of the feet, ankles, or tendons that insert into the foot, secondary to or complicating chronic medical diseases, or which significantly impair the ability to walk. Services rendered on an emergency basis are exempt from prior authorization.	X 1	X 1	X 1	X 1	X 1	X 1
Prosthetic and Orthotic Appliances	Prosthetic and Orthotic Appliances	All prosthetic and orthotic appliances necessary for the restoration of function or replacement of body parts as prescribed by a licensed physician, podiatrist or dentist, within the scope of their license, are covered when provided by a prosthetist, orthotist or the licensed practitioner, respectively	X	X	X	X	X	X
Psycho-therapeutic drugs	Services not covered under the State Plan	S. Psychotherapeutic drugs that are listed in the Medi-Cal Provider Manual			X 8			

Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Region	Imperia	San Benito
Specialized Rehabilitative Services in Skilled Nursing Facilities and Intermediate Care Facilities	Special Rehabilitative Services	Specialized rehabilitative services shall be covered. Such service shall include the medically necessary continuation of treatment services initiated in the hospital or short term intensive therapy expected to produce recovery of function leading to either (1) a sustained higher level of self-care and discharge to home or (2) a lower level of care. Specialized rehabilitation service shall be covered.	X-5	X5	X-	X5	X5	X5

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## **PRIVACY PRACTICES:**

Once you become a Health Net member, Health Net uses and discloses a member's protected health information and nonpublic personal financial information\* for purposes of treatment, payment, health care operations, and where permitted or required by law. Health Net provides members with a Notice of Privacy Practices that describes how it uses and discloses protected health information; the individual's rights to access, to request amendments, restrictions, and an accounting of disclosures of protected health information; and the procedures for filing complaints. Health Net will provide you the opportunity to approve or refuse the release of your information for non-routine releases such as marketing. Health Net provides access to members to inspect or obtain a copy of the member's protected health information in designated record sets maintained by Health Net. Health Net protects oral, written and electronic information across the organization by using reasonable and appropriate security safeguards. These safeguards include limiting access to an individual's protected health information to only those who have a need to know in order to perform payment, treatment, health care operations or where permitted or required by law. Health Net's entire Notice of Privacy Practices can be found at [ca.healthnetadvantage.com](http://ca.healthnetadvantage.com) under "Privacy" or you may call the Customer Contact Center at the phone number on the back cover of this booklet to obtain a copy.

*\*Nonpublic personal financial information includes personally identifiable financial information that you provided to us to obtain health plan coverage or we obtained in providing benefits to you. Examples include Social Security numbers, account balances and payment history. We do not disclose any nonpublic personal information about you to anyone, except as permitted by law.*

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/healthnetca](http://www.wellcare.com/healthnetca) 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/healthnetCA](http://www.wellcare.com/healthnetCA)

**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.