



2023

Summary of Benefits

California

Wellcare Dual Liberty (HMO D-SNP)

H0562 | 121

Wellcare Dual Liberty Amber (HMO D-SNP)

H3561 | 001

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, 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/healthnetCA. 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 plans and service areas:

H0562121000 Wellcare Dual Liberty (HMO D-SNP) includes these counties in California: Fresno, Kern, Madera, Orange, 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 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.

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. (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor our plan will be responsible for the costs.)

Our plans also include prescription drug coverage and access to our large network of pharmacies. Our

plans use a formulary. Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand name drugs.

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

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/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

	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
Service Area	Our plans and service areas: H0562121000 Wellcare Dual Liberty (HMO D-SNP) includes these counties in California: Fresno, Kern, Madera, Orange, 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.	
Special Needs Plans Eligibility Criteria	H0562121000 includes (FBDE, QMB+, SLMB+) and H3561001000 includes (FBDE, QMB+, SLMB+). Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document	
Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive		
Monthly plan premium (includes both medical and drugs)	\$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.	\$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	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.	\$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.

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

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
Inpatient Hospital coverage	Days 1-90: \$0 copay per admission. ▪ *	Days 1-90: \$0 copay per admission. ▪ *
Outpatient Hospital coverage 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 *
Ambulatory surgical center (ASC) services	\$0 copay ▪ *	\$0 copay ▪ *
Doctor Visits Primary Care Providers	\$0 copay	\$0 copay
Specialists	\$0 copay ▪ *	\$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	\$0 copay

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
Emergency care	\$0 copay	\$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.	\$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	\$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.	\$95 copay Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.
Diagnostic Services/Labs/Imaging	COVID-19 testing and specified testing-related services at any location are \$0.	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	\$0 copay *	\$0 copay *

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
Diagnostic tests and procedures	\$0 copay *	\$0 copay *
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 ■ *
Hearing services 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

	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
Hearing aid allowance All types	Up to a \$1,000 allowance per ear every year for hearing aids. \$0 copay ▪ * Limited to 2 hearing aid(s) every year	Up to a \$1,000 allowance per ear every year for hearing aids. \$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.	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 Comprehensive services Medicare-covered Restorative Services	 \$0 copay for each Medicare-covered service * \$0 copay * 1 restorative service(s) Crowns are a covered benefit on the same tooth once every five calendar years.	 \$0 copay for each Medicare-covered service * \$0 copay * 1 restorative service(s) Crowns are a covered benefit on the same tooth once every five calendar years.

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	\$0 copay * Prosthodontics - 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 * Prosthodontics - 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.
Vision Services 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

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

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay ▪ *	\$0 copay ▪ *
Pulmonary rehabilitation services	\$0 copay ▪	\$0 copay ▪
Ambulance		
Ground Ambulance	\$0 copay *	\$0 copay *
Air Ambulance	\$0 copay *	\$0 copay *
Transportation Services	Up to 48 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.	Up to 48 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 *	\$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
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 Health Net to provide these benefits and/or lower copayments/co-insurance as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. If you have questions or need help understanding these benefits please call the number listed on the back cover of this Summary of Benefits.

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
Chiropractic Services Medicare-covered	\$0 copay ■ *	\$0 copay ■ *
Routine chiropractic services	\$0 copay ■ * 24 visit(s) every year	\$0 copay ■ * 24 visit(s) every year
Acupuncture 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
Podiatry Services (Foot Care) 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

	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
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 ■ *	\$0 copay ■ *
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.	\$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.

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Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
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.	\$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 *	\$0 copay *
Prosthetics	\$0 copay *	\$0 copay *
Diabetic supplies	\$0 copay * Limitations may apply	\$0 copay * Limitations may apply
Diabetic therapeutic shoes or inserts	\$0 copay *	\$0 copay *
Opioid treatment program services	\$0 copay *	\$0 copay *

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Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
Over-the-Counter (OTC) Items	\$0 copay Maximum benefit is \$220 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/healthnet	\$0 copay Maximum benefit is \$220 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/healthnet
Wellness Programs	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	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

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Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
	What you should know: The benefit on this plan provides a membership to 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.	What you should know: The benefit on this plan provides a membership to 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.
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 What you should know: The exam includes a detailed medical/family history, performance of a detailed head-to-toe assessment with a hands-on examination of all the body systems, recommendations for preventive screenings/care, and counseling about healthy behaviors, and is beyond the Annual Wellness Visit services.	\$0 copay What you should know: The exam includes a detailed medical/family history, performance of a detailed head-to-toe assessment with a hands-on examination of all the body systems, recommendations for preventive screenings/care, and counseling about healthy behaviors, and is beyond the Annual Wellness Visit services.

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Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
24-Hour Nurse Advice Line	\$0 copay	\$0 copay
Personal emergency medical response device (PERS)	\$0 copay	\$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.	Utility Flex Card: You pay \$0 copay Plan covers up to \$75 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.	Utility Flex Card: You pay \$0 copay Plan covers up to \$75 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.
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 \$50 every month to spend on eligible grocery products at participating retailers. This allowance does not carry over to the next month.	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.

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Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H0562, Plan 121	Wellcare Dual Liberty Amber (HMO D-SNP) H3561, Plan 001
In-home support services	\$0 copay for each in-home support services visit. Up to 12 visits every year. What you should know: You can receive Chore and Personal Care Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a licensed plan provider. Services are provided in four hour increments.	\$0 copay for each in-home support services visit. Up to 12 visits every year. What you should know: You can receive Chore and Personal Care Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a licensed plan provider. Services are provided in four hour increments.

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Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Wellcare Dual Liberty (HMO D-SNP) and Wellcare Dual Liberty Amber (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 Liberty (HMO D-SNP) and Wellcare Dual Liberty Amber (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 California Medi-Cal (Medicaid) toll-free at 1-800-541-5555 (TTY: 1-800-896-2512).

Our source of information for Medicaid benefits is <https://www.benefits.gov/benefit/1620>. All Medicaid covered services are subject to change at any time. For the most current California Medicaid coverage information, please visit <https://www.benefits.gov/benefit/1620> 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.benefits.gov/benefit/1620>.

**Attachment H: Medi-Cal Services Carved In and Carved Out of Medi-Cal Managed Care
January 1, 2022 – December 31, 2026¹**

Service	State Plan Service Category	Definition	Medicaid Service Covered	Medicaid Service Not Covered
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	
Audiological Services	Audiology Services	Audiological services are covered when provided by persons who meet the appropriate requirements	X	
Behavioral Health Treatment (BHT)	Preventive Services - EPSDT	The provision of medically necessary BHT services to eligible Medi-Cal members under 21 years of age as required by the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate and state plan.	X²	
Blood and Blood Derivatives	Blood and Blood Derivatives	A facility that collects, stores, and distributes human blood and blood derivatives. Covers certification of blood ordered by a physician or facility where transfusion is given.	X	
California Children Services (CCS)	EPSDT	California Children Services (CCS) means those services authorized by the CCS program for the diagnosis and treatment of the CCS eligible conditions of a specific Member.	X³	
Certified Family Nurse Practitioner	Certified Family Nurse Practitioners' Services	A certified family nurse practitioner who provide services within the scope of their practice.	X	

Service	State Plan Service Category	Definition	Benefit Carved In to Managed Care	Benefit Carved Out of Managed Care*
Certified Pediatric Nurse Practitioner Services	Certified Pediatric Nurse Practitioner Services	Covers the care of mothers and newborns through the maternity cycle of pregnancy, labor, birth, and the immediate postpartum period, not to exceed six weeks; can also include primary care services.	X	
Childhood Lead Poisoning Case Management (Provided by the Local County Health Departments)	EPSDT	A case of childhood lead poisoning (for purposes of initiating case management) as a child from birth up to 21 years of age with one venous blood lead level (BLL) equal to or greater than 15 µg/dL, or two BLLs equal to or greater than 10 µg/dL that must be at least 30 and no more than 600 calendar days apart, the first specimen is not required to be venous, but the second must be venous.		X
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 ⁴	
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	
Community Based Adult Services (CBAS)		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. CBAS Unbundled Services: Component parts of CBAS center services delivered outside of centers, under certain conditions.	X	

Service	State Plan Service Category	Definition	Benefit Carved In to Managed Care	Benefit Carved Out of Managed Care*
Community Health Workers	Preventive Services	Preventive services by unlicensed community health workers, promoters, and community health representatives to prevent disease, disability, and other health conditions or their progression.	X ⁵	
Comprehensive Perinatal Services	Extended Services for Pregnant Women- Pregnancy Related and Postpartum Services	Comprehensive perinatal services means obstetrical, psychosocial, nutrition, and health education services, and related case coordination provided during pregnancy and up to 12 months following the last day of pregnancy.	X	
Dental Services (Covered under Medi-Cal)		Professional services performed or provided by dentists including diagnosis and treatment of malposed human teeth, of disease or defects of the alveolar process, gums, jaws and associated structures; the use of drugs administered in-office, anesthetics and physical evaluation; consultations; home, office and institutional calls.	X ⁶	
Dyadic Services		Integrated physical and behavioral health screening and services for child, caregiver, and family.	X ⁵	
Doula Services		Personal support by unlicensed providers to pregnant beneficiaries and their families throughout pregnancy, labor, and in the post-partum period.	X ⁵	
Durable Medical Equipment	DME	Assistive medical devices and supplies. Covered with a prescription; prior authorization is required.	X	
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services	EPSDT	EPSDT is the Medicaid program's benefit for children and adolescents, providing a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under age 21, as specified in Section 1905(r) of the Social Security Act.	X	

Service	State Plan Service Category	Definition	Benefit Carved In to Managed Care	Benefit Carved Out of Managed Care*
Erectile and/or Sexual Dysfunction Drugs		Drugs for which the only FDA-approved indication is the treatment of sexual dysfunction or erectile dysfunction are not a benefit of the program. Drugs that are FDA-approved for the treatment of sexual dysfunction or erectile dysfunction in addition to one or more other indications, are a benefit only if the drug has is used for a FDA-approved indication outside of the treatment of sexual dysfunction or erectile dysfunction.		X
Expanded Alpha-Fetoprotein Testing (Administered by Genetic Disease Branch of CDPH)		A simple blood test recommended for all pregnant women to detect if they are carrying a fetus with certain genetic abnormalities such as open neural tube defects, Down Syndrome, chromosomal abnormalities, and defects in the abdominal wall of the fetus.		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 valid prescription of a physician or optometrist.	X ⁷	
Federally Qualified Health Centers (FQHC) (Medi-Cal covered services only)	FQHC	Services described in 42 U.S.C. Section 1396d(a)(2)(C) furnished by an entity defined in 42 U.S.C. Section 1396d(l)(2)(B)).	X	
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 audiological 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	
1915(c) Home and Community- Based Waiver Services (Does not include EPSDT Services)		Home and community-based waiver services shall be provided and reimbursed as Medi-Cal covered benefits only: (1) For the duration of the applicable federally approved waiver, (2) To the extent the services are set forth in the applicable waiver approved by the HHS; and (3)		X

Service	State Plan Service Category	Definition	Benefit Carved In to Managed Care	Benefit Carved Out of Managed Care*
		To the extent the Department can claim and be reimbursed federal funds for these services.		
Home Health Agency Services	Home Health Services-Home Health Agency	Home health agency services are covered as specified below when prescribed by a physician, physician assistant, nurse practitioner, or clinical nurse specialist and provided at the home of the beneficiary in accordance with a written treatment plan which the physician reviews every 60 days.	X	
Home Health Aide Services	Home Health Services-Home Health Aide	Covers skilled nursing or other professional services in the residence including part-time and intermittent skilled nursing services, home health aide services, physical therapy, occupational therapy, or speech therapy and audiology services, and medical social services by a social worker.	X	
Home Health Pharmacy Services-Total Parenteral and Enteral Nutrition under Medi-Cal Rx.	Home Health	Nutritional products medically necessary because of chronic illness or trauma for patients who cannot be sustained through oral feeding and when used as a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food that are billed by a pharmacy on a pharmacy claim, including formula, pumps, tubing, and general sub-categories, as described in the Medi-Cal Rx All Plan Letter (APL 20-020).		X
Home Health Other Pharmacy Services-Total Parenteral and Enteral Nutrition	Home Health	Nutritional products medically necessary because of chronic illness or trauma for patients who cannot be sustained through oral feeding and when used as a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food that are billed on medical and institutional claims as described in the Medi-Cal Rx All Plan Letter (APL 20-020).	X	
Hospice Care	Hospice Care	Covers services limited to individuals who have been certified as terminally ill in accordance with Title 42, CFR Part 418, Subpart B, and who directly or through their representative volunteer to receive such benefits in lieu of other care as specified.	X	

Service	State Plan Service Category	Definition	Benefit Carved In to Managed Care	Benefit Carved Out of Managed Care*
Hospital Outpatient Department Services and Organized Outpatient Clinic Services	Clinic Services and Hospital Outpatient Department Services and Organized Outpatient Clinic Services	A scheduled administrative arrangement enabling outpatients to receive the attention of a healthcare provider. Provides the opportunity for consultation, investigation and minor treatment.	X	
Human Immunodeficiency Virus and AIDS drugs		Human Immunodeficiency Virus and AIDS drugs that are listed in the Medi-Cal Provider Manual		X
Hysterectomy	Inpatient Hospital Services	Except for previously sterile women, a nonemergency hysterectomy may be covered only if: (1) The person who secures the authorization to perform the hysterectomy has informed the individual and the individual's representatives, if any, orally and in writing, that the hysterectomy will render the individual permanently sterile, (2) The individual and the individual's representative, if any, has signed a written acknowledgment of the receipt of the information in and (3) The individual has been informed of the rights to consultation by a second physician. An emergency hysterectomy may be covered only if the physician certifies on the claim form or an attachment that the hysterectomy was performed because of a life-threatening emergency situation in which the physician determined that prior acknowledgement was not possible and includes a description of the nature of the emergency.	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	

Service	State Plan Service Category	Definition	Benefit Carved In to Managed Care	Benefit Carved Out of Managed Care*
Inpatient Hospital Services	Inpatient Hospital Services	Covers delivery services and hospitalization for newborns; emergency services without prior authorization; and any hospitalization deemed medically necessary with prior authorization.	X	
Laboratory, Radiological and Radioisotope Services	Laboratory, X-Ray and Laboratory, Radiological and Radioisotope Services	Covers exams, tests, and therapeutic services ordered by a licensed practitioner.	X⁸	
Licensed Midwife Services	Other Practitioners' Services and Licensed Midwife Services	The following services shall be covered as licensed midwife services under the Medi-Cal Program when provided by a licensed midwife: (1) Attendance at cases of normal childbirth and (2) The provision of prenatal, intrapartum, and postpartum care, including family planning care, for the mother, and immediate care for the newborn.	X	
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	X	

Service	State Plan Service Category	Definition	Benefit Carved In to Managed Care	Benefit Carved Out of Managed Care*
		and health status, consisting of non- classroom health education and anticipatory guidance based on age and developmentally appropriate health education.		
Long Term Care (LTC) Facility Services		Medically necessary care in a LTC facility or setting, including all of the following: • Skilled Nursing Facility (SNF), including a distinct part or unit of a hospital; • Intermediate Care Facility (ICF); • Intermediate Care Facility for Developmentally Disabled (ICF/DD); • Intermediate Care Facility for Developmentally Disabled with Habilitative (ICF/DDH); • Intermediate Care Facility for Developmentally Disabled with Nursing (ICF/DDN); • Subacute facility; • Pediatric Subacute Facility.	<i>Prior to 1/1/2023:</i> X^{9,10,11} <i>After 1/1/2023:</i> X	
Medi-Cal Substance Abuse Services	Substance Abuse Treatment Services	Medically necessary substance abuse treatment to eligible beneficiaries. This includes counseling services and behavioral therapy related to the drugs and biologicals covered under the SUPPORT Act.		X
Medical Supplies	Medical Supplies	Medically necessary supplies when prescribed by a licensed practitioner. Does not include medical supplies carved-out to Medi-Cal Rx that are billed by a pharmacy on a pharmacy claim including medical supplies described in the Medi-Cal Rx All Plan Letter (APL 20-020).	X	
Medical & Non-Medical (NMT) Transportation Services	Transportation-Medical & Non-Medical Transportation (NMT) Services	Covers ambulance, litter van and wheelchair van medical transportation services 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. NMT is transportation by private or public vehicle for beneficiaries who do not have another way to get to their appointment.	X	

Service	State Plan Service Category	Definition	Benefit Carved In to Managed Care	Benefit Carved Out of Managed Care*
Nurse Anesthetist Services	Other Practitioners' Services and Nurse Anesthetist Services	Covers anesthesiology services performed by a nurse anesthetist within the scope of his or her licensure.	X	
Nurse Midwife Services	Nurse-Midwife Services	An advanced practice registered nurse who has specialized education and training in both Nursing and Midwifery, is trained in obstetrics, and provides care for mothers and newborns through the maternity cycle of pregnancy, labor, birth, and the immediate postpartum period, not to exceed six weeks.	X	
Optometry Services	Optometrists' Services	Covers eye examinations and prescriptions for corrective lenses.	X	
Organ and Bone Marrow Transplant Surgeries	Transplant	Medically necessary donor and recipient organ and bone marrow transplant surgeries for adult and pediatric transplant recipients and donors, including related services such as organ procurement and living donor care.	X	
Outpatient Mental Health	Outpatient Mental Health	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: • Preventive mental health services for potential mental health disorders not yet diagnosed • Behavioral health screenings and interventions • Mental health evaluation and treatment, including individual, group and family psychotherapy • Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.	X¹²	

Service	State Plan Service Category	Definition	Benefit Carved In to Managed Care	Benefit Carved Out of Managed Care*
		• Outpatient services for purposes of monitoring drug therapy • Psychiatric consultation • Outpatient laboratory, drugs, supplies and supplements • Mental health services for beneficiaries 21 years and over with mild to moderate distress or mild to moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders, as defined by the current Diagnostic and Statistical Manual of Mental Disorders • Mental health services for beneficiaries under age 21 regardless of level of distress or impairment or the presence of a diagnosis, unless the recipient meets the criteria for Specialty Mental Health Services •		
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	
Outpatient Heroin Detoxification Services	Outpatient Heroin Detoxification Services	Can cover of a number of medications and treatments, allowing for day-to-day functionality for a person choosing to not admit as an inpatient. Routine elective heroin detoxification services are covered, subject to prior authorization, only as an outpatient service. Outpatient services are limited to a maximum period of 21 days. Inpatient hospital services shall be limited to patients with serious medical complications of addiction or to patients with associated medical problems which require inpatient treatment.		X

Service	State Plan Service Category	Definition	Benefit Carved In to Managed Care	Benefit Carved Out of Managed Care*
Part D Drugs		Drug benefits for full-benefit dual eligible beneficiaries who are eligible for drug benefits under Part D of Title XVIII of the Social Security Act.		X
Pharmaceutical Services and Prescribed Drugs under Medi-Cal Rx	Pharmaceutical Services and Prescribed Drugs	Pharmacy benefits carved-out to Medi-Cal Rx, which are pharmacy benefits that are billed by a pharmacy on a pharmacy claim, including covered outpatient drugs and physician administered drugs, as described in the Medi-Cal Rx All Plan Letter (APL 20-020).		X
Other Pharmaceutical Services and Prescribed Drugs	Pharmaceutical Services and Prescribed Drugs	Covers pharmacy benefits that are billed on medical and institutional claims, including physician administered drugs, other outpatient drugs, legend, non-legend and specialty drugs that are not carved-out to Medi-Cal Rx as discussed above, and further described in Medi-Cal Rx All Plan Letter (APL 20-020).	X	
Pharmacist Services	Pharmacist Services	Pharmacists in a community pharmacy setting furnishing specified categories of drugs (furnishing of naloxone, self-administered hormonal contraceptives, nicotine replacement therapy, HIV pre-exposure and post-exposure prophylaxis, and initiating and administering immunizations).	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	
Podiatry Services	Other Practitioners' Services and Podiatrists' Services	Office visits are covered if medically necessary. All other outpatient services are subject to the same prior authorization procedures that govern physicians, 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	

Service	State Plan Service Category	Definition	Benefit Carved In to Managed Care	Benefit Carved Out of Managed Care*
Preventive Services	Preventive Services	All preventive services articulated in the state plan.	X	
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	
Physical Therapy and Occupational Therapy	Physical Therapy and Occupational Therapy	Physical therapy and occupational therapy are covered when provided by persons who meet the appropriate requirements	X	
Private Duty Nursing	EPSDT	Private duty nursing is the planning of care and care of clients by nurses, whether a registered nurse or licensed practical nurse for individuals under 21 years of age.	X ²	
Rehabilitation Center Outpatient Services	Rehabilitative Services	A facility providing therapy and training for rehabilitation on an outpatient basis. The center may offer occupational therapy, physical therapy, vocational training, and special training.	X	
Rehabilitation Center Services	Rehabilitative Services	A facility which provides an integrated multidisciplinary program of restorative services designed to upgrade or maintain the physical functioning of patients.	X	
Respiratory Care Services	Physician Services	A provider trained and licensed for respiratory care to provide therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities affecting the pulmonary system and aspects of cardiopulmonary and other systems.	X	
Rural Health Clinic Services	Rural Health Clinic Services	Services described in 42 U.S.C. Section 1396d(a)(2)(B) furnished by a rural health clinic as defined in 42 U.S.C. Section 1396d(l)(1).	X	

Service	State Plan Service Category	Definition	Benefit Carved In to Managed Care	Benefit Carved Out of Managed Care*
Scope of Sign Language Interpreter Services	Sign Language Interpreter Services	Sign language interpreter services may be utilized for medically necessary health care services	X	
Services provided in a State or Federal Hospital		California state hospitals provide inpatient treatment services for Californians with serious mental illnesses. Federal hospitals provide services for certain populations, such as the military, for which the federal government is responsible.		X
Specialty Mental Health Services		Rehabilitative services, which includes mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and psychiatric health facility services.		X¹³
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.	X⁹	
Speech Pathology	Speech Pathology	Speech pathology services are covered when provided by persons who meet the appropriate requirements. ^{Error!} Bookmark not defined.	X	
State Supported Services		State funded abortion services that are provided through a secondary contract.	X	
Swing Bed Services	Inpatient Hospital Services	Swing bed services is additional inpatient care services for those who qualify and need additional care before returning home.	X	
Targeted Case Management Services (provided by Local Governmental Agencies)	Targeted Case Management	Persons who are eligible to receive targeted case management services shall consist of the following Medi-Cal beneficiary groups: (1) high risk children under the age of 21, (2) medically fragile individuals; (3) children with an Individualized Education Plan or Individualized Family		X

Service	State Plan Service Category	Definition	Benefit Carved In to Managed Care	Benefit Carved Out of Managed Care*
		Service Plan; (4) individuals at risk of institutionalization; (5) individuals in jeopardy of negative health or psychosocial outcomes; and (6) individuals with a communicable disease. Targeted case management services shall include at least one of the following service components: A documented assessment identifying the beneficiary's needs, development of a comprehensive, written, individual service plan, implementation of the service plan includes linkage and consultation with and referral to providers of service, assistance with accessing the services identified in the service plan, crisis assistance planning to coordinate and arrange immediate service or treatment needed in those situations that appear to be emergent in nature or which require immediate attention or resolution in order to avoid, eliminate or reduce a crisis situation for a specific beneficiary, periodic review of the beneficiary's progress toward achieving the service outcomes identified in the service plan to determine whether current services should be continued, modified or discontinued.		
Transitional Inpatient Care Services	Nursing Facility and Transitional Inpatient Care Services	Focus on transition of care from outpatient to inpatient. Inpatient care coordinators, along with providers from varying settings along the care continuum, should provide a safe and quality transition.	X	
Tuberculosis (TB) Related Services (Provided by the Local County Health Departments)	TB Related Services	Covers TB care and treatment in compliance with the guidelines recommended by American Thoracic Society and the Centers for Disease Control and Prevention.		X

¹ Coverage and reimbursement of COVID-19 vaccines and administration are carved out of Medi-Cal managed care for all eligible populations and are exclusively covered and reimbursed through the State's fee-for-service delivery system by all applicable providers.

² Benefit coverage is limited to only beneficiaries under 21 years of age for services rendered pursuant to EPSDT requirements.

³ California Children Services (CCS) covered in COHS counties with the exception of Ventura County (Gold Coast Health Plan). CCS not covered in Non-COHS counties and Ventura County.

⁴ Chiropractic coverage is limited to only beneficiaries in “Exempt Groups”: 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT program; 2) beneficiaries residing in a SNF (Nursing Facilities Level A and Level B, including subacute care facilities; 3) beneficiaries who are pregnant; 4) CCS beneficiaries; 5) beneficiaries enrolled in the PACE; 6) beneficiaries who receive services at an FQHC or RHC; and 7) beneficiaries in hospital outpatient settings. Chiropractic services are not available at Indian Health Clinics except for those in the exempt groups.

⁵ Coverage of benefit subject to federal approval in the Medi-Cal State Plan.

⁶ Dental services are carved in to managed care for Health Plan of San Mateo.

⁷ The fabrication of eyeglasses lenses are carved out statewide to FFS Medi-Cal contracted optical laboratories, with the exception of specialty lenses (including lenses that exceed contract lab ranges), which remain the responsibility of the managed care plan.

⁸ Coverage and reimbursement of COVID-19 testing in school settings, to be carved out of managed care, covered and reimbursed through the state’s Fee For Service delivery system.

⁹ Only covered for the month of admission and the following month in Non-COHS. Services covered in COHS.

¹⁰ Services covered under managed care only in MLTSS Eligible Beneficiary Authorized Counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara. IHSS benefits are not part of this covered service.

¹¹ ICF-DD residents are exempt from managed care plan enrollment in Coordinated Care Initiative Counties.

¹² Services provided by primary care physicians; psychiatrists; psychologists; licensed clinical social workers; or other specialty mental health provider. Solano County for Partnership Health plan (COHS) covers specialty mental health, and Kaiser GMC covers inpatient, outpatient, and specialty mental health services.

¹³ Kaiser members in Solano and Sacramento counties carved into managed care until 7/1/2023.

Nondiscrimination Notice

Discrimination is against the law. Wellcare by Health Net follows State and Federal civil rights laws. Wellcare by Health Net does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Wellcare by Health Net provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Wellcare by Health Net by calling **1-800-431-9007**. Between October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. If you cannot hear or speak well, please call **TTY 711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Wellcare by Health Net
21281 Burbank Blvd.
Woodland Hills, CA 91367
1-800-431-9007
TTY: 711

How to File a Grievance

If you believe that Wellcare by Health Net has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Member Services. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Wellcare by Health Net's Civil Rights Coordinator by calling **1-866-458-2208**. Between 8 a.m. and 5 p.m., Monday through Friday. Or, if you cannot hear or speak well, please call **TTY 711**.
- **In writing:** Fill out a complaint form or write a letter and send it to:
Wellcare Civil Rights Coordinator
P.O. Box 9103
Van Nuys, CA 91409-9103
- **In person:** Visit your doctor's office or Wellcare by Health Net and say you want to file a grievance.
- **Electronically:** Visit Wellcare by Health Net's website at **www.wellcare.com/healthnetCA**.

Office of Civil Rights – California Department of Health Care Services

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-916-440-7370**. If you cannot speak or hear well, please call **TTY 711 (Telecommunications Relay Service)**.
- **In writing:** Fill out a complaint form or send a letter to:
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx
- **Electronically:** Send an email to **CivilRights@dhcs.ca.gov**.

Office of Civil Rights – U.S. Department of Health and Human Services

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

English: ATTENTION: If you need help in your language call **1-800-431-9007** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-800-431-9007** (TTY: **711**). These services are free of charge.

العربية (Arabic): انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على الرقم **1-800-431-9007** (TTY: **711**) تتوفر أيضًا مساعدات وخدمات للأشخاص ذوي الإعاقات مثل المستندات بطريقة برايل وبطباعة كبيرة. اتصل على الرقم **1-800-431-9007** (TTY: **711**) وهذه الخدمات مجانية.

Հայերեն (Armenian): Ուշադրություն. Եթե Ձեր լեզվով օգնության կարիք ունեք, զանգահարեք **1-800-431-9007** (TTY` **711**): Հասանելի են նաև օգնություն և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են՝ բրայլյան և խոշոր տառերով փաստաթղթերը: Չանգահարեք **1-800-431- 9007** (TTY` **711**): Այս ծառայություններն անվճար են:

ភាសាខ្មែរ (Cambodian): ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសាខ្មែរ ឬសម្លេងស្តីពីការបំពេញការងារ **1-800-431-9007** (TTY: **711**)។ ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរធំសម្រាប់ជនពិការភ្នែក និងព័ត៌មានអក្សរធំ ក៏មានផងដែរ។ សូមទូរស័ព្ទទៅលេខ **1-800-431- 9007** (TTY: **711**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃនោះទេ។

中文 (Chinese) : 注意：如果您需要以您母語提供的協助，請致電 **1-800-431-9007** (TTY : **711**) 。我們也為殘疾人士提供輔助和服務，例如點字和大字體印刷的文件。請致電 **1-800-431-9007** (TTY : **711**) 。這些服務為免費服務。

فارسی (Farsi): توجه: اگر نیاز به کمک به زبان خودتان دارید با شماره **1-800-431-9007** (TTY: **711**) تماس بگیرید. کمک‌ها و خدمات برای افراد دارای معلولیت نیز در دسترس است، مانند اسناد با خط بریل و چاپ درشت. با شماره **1-800-431-9007** (TTY **711**) تماس بگیرید. این خدمات رایگان است.

हिंदी (Hindi): ध्यान दें: अगर आपको अपनी भाषा में मदद चाहिए, तो **1-800-431-9007** (TTY: **711**) पर कॉल करें. विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज़ जैसी सहायता और सेवाएं उपलब्ध हैं. **1-800-431-9007** (TTY: **711**) पर कॉल करें. ये सेवाएं नि:शुल्क हैं.

Lus Hmoob (Hmong): TSEEM CEEB: : Yog koj xav tau kev pab ua koj hom lus hu rau **1-800-431-9007** (TTY: **711**). Tsis tas li ntawd, kuj tseem muaj cov kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv Ua Ntawv Su thiab cov ntawv loj. Hu rau **1-800-431-9007** (TTY: **711**). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese) : 注意：言語のヘルプが必要な場合は **1-800-431-9007** (TTY : **711**) までお電話ください。障害をお持ちの方には、点字や大判プリントなどの補助機能やサービスもご利用になれます。 **1-800-431-9007** (TTY : **711**) までお電話ください。これらのサービスは無料です。

한국어(Korean): 주의: 귀하의 구사 언어로 도움을 받으셔야 한다면 **1-800-431-9007** (TTY: **711**) 번으로 연락해 주십시오. 점자 및 큰 활자 인쇄 형식으로 된 문서 등 장애인을 위한 도움 및 서비스도 제공됩니다. **1-800-431-9007**(TTY: **711**)번으로 연락해 주십시오. 해당 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian): ສຳຄັນ: ຖ້າວ່າທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ ໂທ **1-800-431-9007** (TTY: **711**). ນອກຈາກນີ້ ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ບໍລິການສຳລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່ ໂທ **1-800-431-9007** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ແມ່ນຟຣີ

Mienh (Mien): Liouh Eix: Oix se meih oix nongc zuqc gorngv mienh wac daih taengx meih, cingv meih mboqv dienx wac **1-800-431-9007** (TTY: **711**). Yie mbuo hac haih nongc mienh wac daih taengx waic fangx nyei mienh, hnangv zing mangc mv buatc lamh nyei mienh nongc nyei nzangc caux domh nzangc wenh jienx. Cingv meih mboqv dienx wac **1-800-431-9007** (TTY: **711**). Naiv deix bong zouc gong se maiv siou zinh nyanh nyei.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ **1-800-431-9007** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪੰਗਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਵਾਸਤੇ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਛਾਪੇ ਵਾਲੇ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। **1-800-431-9007** 'ਤੇ ਕਾਲ ਕਰੋ (TTY: **711**)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian): ВНИМАНИЕ: если вам требуется помощь на родном языке, позвоните по номеру **1-800-431-9007** (телетайп: **711**). Также доступны сопутствующая помощь и услуги для людей с ограниченными возможностями, такие как материалы, напечатанные крупным шрифтом и шрифтом Брайля. Позвоните по номеру **1-800-431-9007** (телетайп: **711**). Эти услуги предоставляются бесплатно.

Español (Spanish): ATENCIÓN: Si necesita ayuda en su idioma llame al **1-800-431-9007** (TTY: **711**). También están disponibles ayudas y servicios para personas con discapacidades, como documentos en Braille y letra grande. Llame al **1-800-431-9007** (TTY: **711**). Estos servicios son gratuitos.

Tagalog (Tagalog): PAALALA: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa **1-800-431-9007** (TTY: **711**). Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumento sa braille at malaking print. Tumawag sa **1-800-431-9007** (TTY: **711**). Walang bayad ang mga serbisyong ito.

ภาษาไทย (Thai): หมายเหตุ: หากต้องการความช่วยเหลือในภาษาของคุณ โปรดโทรไปท **1-800-431-9007** (TTY: **711**) เรามีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารที่เป็นอักษรเบรลล์และเอกสารที่ใช้ตัวอักษรขนาดใหญ่ ด้วยเช่นกัน โปรดโทรไปที่ **1-800-431-9007** (TTY: **711**) บริการเหล่านี้ไม่มีค่าใช้จ่าย

Українська (Ukrainian): УВАГА! Якщо ви потребуєте підтримки своєю мовою, телефонуйте за номером **1-800-431-9007** (TTY: **711**). Також доступні засоби та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля та великим шрифтом. Телефонуйте за номером **1-800-431-9007** (TTY: **711**). Ці послуги є безкоштовними.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi số **1-800-431-9007** (TTY: **711**). Các hỗ trợ và dịch vụ dành cho người khuyết tật, chẳng hạn như tài liệu bằng chữ nổi và cỡ chữ lớn cũng được cung cấp. Hãy gọi số **1-800-431-9007** (TTY: **711**). Các dịch vụ này được miễn phí.

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/healthnetCA 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/healthnetCA

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.