2025
Summary of Benefits

Washington

Wellcare Dual Liberty Open (PPO D-SNP)

H5965 | 004

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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 Open (PPO D-SNP) from January 1, 2025 to December 31, 2025.

This booklet will provide you with a summary of what we cover and the cost-sharing responsibilities. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at www.wellcare.com/medicare. To request a copy, please call 1-800-225-8017 (TTY 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Who can join?

To enroll in this plan, 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 Apple Health (Medicaid) or by another third party. To be eligible, you must also be a United States citizen or lawfully present in the United States. You must be eligible for Medicare and Full Medicaid Benefits cost sharing assistance under Medicaid.

We cover the services and items in this document and the Evidence of Coverage if they are medically necessary.

Our service area includes these counties in Washington: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima.

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.

Preferred Provider Organizations (PPOs) You'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracted providers in our network. Out-of-network providers may choose not to bill our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made. Out-of-network/non-contracted providers are under no obligation to treat 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. PPO plans do not require a prior authorization or referral for out-of-network services.

Our plan also includes prescription drug coverage and access to our large network of pharmacies. Our plan uses 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 Open (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. You may use doctors, hospitals and other providers that are not in our network, usually for a higher copay or coinsurance. You must generally use our network pharmacies for prescriptions covered under Part D drug benefit.

You can see our plan's provider and pharmacy directory at www.2025wellcaredirectories.com. For plans with prescription drug coverage, our complete plan Formulary (list of Part D prescription drugs) is on our website at www.wellcare.com/medicare.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). For more information, or to request information in an alternate format, please call us at 1-800-225-8017 (TTY users should call 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

To be eligible

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

To enroll in this plan you must be eligible for the following Medicare Savings Program:

H5965004000 Wellcare Dual Liberty Open (PPO D-SNP) - FBDE, QMB+, SLMB+

Refer to "Medicare Savings Program (MSP) Levels" section below for a description of all MSP levels. Premiums, copayments, coinsurance, and deductibles may vary based on your Apple Health (Medicaid) eligibility category and/or the level of "Extra Help" you receive.

Dual Eligible Special Needs Plans (DSNPs) are specialized Medicare Advantage plans that provide healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage. Medicaid beneficiaries must meet certain income and resource requirements. Eligibility and scope of benefits offered are determined by the state where the plan is offered.

You must also be enrolled in the Apple Health (Medicaid) plan. Your Part B premium is paid by the State of Washington 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) 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.

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.

There are services that are not covered by our plan but are available through Apple Health (Medicaid). Refer to the Summary of Apple Health (Medicaid)-Covered Benefits section later in this document for more information.

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
***Note:** Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.*	
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 Apple Health (Medicaid) or another third party.
Deductible	$0 or The Part B deductible was $240 for select Part B services. This is based on Original Medicare's 2024 costs and may change in 2025. You can contact Member services or check the plan's website for updates after November 1. However, out-of-network providers that are not enrolled in your state Medicaid may charge the deductible amount depending on your Medicaid eligibility category.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$9,350 in-network annually $14,000 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	**In-Network** • $0 copay for each Medicare-covered hospital stay. * **Out-of-Network** Days 1-90: • $0 or 30% coinsurance per admission, depending on your Apple Health (Medicaid) eligibility category.

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Outpatient Hospital coverage Outpatient hospital services	**In-Network** $0 copay for surgical and non-surgical services (includes Medicare-covered diagnostic colonoscopy). * **Out-of-Network** $0 or 30% coinsurance for surgical and non-surgical services (includes Medicare-covered diagnostic colonoscopy), depending on your Apple Health (Medicaid) eligibility category.
Outpatient hospital observation services	**In-Network** $0 copay **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Ambulatory Surgical Center (ASC) services	**In-Network** $0 copay for each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy. * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category. This amount applies to each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy.

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) **H5965, Plan 004**
Doctor Visits Primary Care Providers	**In-Network** $0 copay **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Specialists	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
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/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	**In-Network** $0 copay **Out-of-Network** $0 copay
Emergency care	$0 copay

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Worldwide Emergency Coverage	$110 copay Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.
Urgently needed services	$0 copay
Worldwide Urgent Care Coverage	$110 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 Lab services	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Diagnostic Tests and Procedures	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Outpatient X-rays	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Diagnostic radiology services (e.g. MRI, CAT Scan)	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Therapeutic Radiology	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Hearing services Hearing Exam Medicare-Covered	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Routine hearing exam	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 exam(s) every year
Hearing Aids Hearing Aid Fitting/Evaluation(s)	 **In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 fitting(s) / evaluation(s) every year
Hearing aid allowance	Up to a $1,000 allowance per ear every year for hearing aids.
All types	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 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.

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Dental services	
Comprehensive services Medicare-covered	**In-Network** $0 copay for each Medicare-covered service * **Out-of-Network** $0 or 30% coinsurance for each Medicare-covered service, depending on your Apple Health (Medicaid) eligibility category.
Routine Diagnostic and Preventive Services	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance Cleanings 2 every year Dental x-rays 1 set(s) every date of service to 36 months depending on type of service Oral exams 2 every year
Fluoride Treatment	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 every year

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Other Diagnostic Dental services	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 every date of service to 36 months depending on type of service
Other Preventive Dental services	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 every date of service to 36 months depending on type of service
Routine Comprehensive services	
Restorative Services	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance
Endodontics/Periodontics	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Oral/Maxillofacial Surgery	**In-Network** $0 copay *
	Out-of-Network 50% coinsurance
Prosthodontics - fixed	**In-Network** $0 copay *
	Out-of-Network 50% coinsurance
Prosthodontics - removable	**In-Network** $0 copay *
	Out-of-Network 50% coinsurance
Adjunctive General Services	**In-Network** $0 copay *
	Out-of-Network 50% coinsurance
	For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.
Additional Dental Information	**What you should know:** This plan includes coverage up to $1,500 per plan year for all in-network and out-of-network covered routine comprehensive dental services.

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Vision Services Eye Exam Medicare Covered	**In-Network** $0 copay (Medicare-covered diabetic retinopathy screening) $0 copay (all other Medicare-covered eye exams) * **Out-of-Network** $0 copay (Medicare-covered diabetic retinopathy screening) $0 or 30% coinsurance (all other Medicare-covered eye exams), depending on your Apple Health (Medicaid) eligibility category.
Routine eye exam (Refraction)	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 exam(s) every year
Glaucoma screening	**In-Network** $0 copay for each Medicare-covered service. **Out-of-Network** $0 or 30% coinsurance for each Medicare-covered service, depending on your Apple Health (Medicaid) eligibility category.
Eyewear Medicare Covered	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance
Eyewear allowance	Up to a $200 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services	
Inpatient visit	**In-Network** • $0 copay for each Medicare-covered hospital stay. * **Out-of-Network** Days 1-90: • $0 or 30% coinsurance per admission, depending on your Apple Health (Medicaid) eligibility category.
Outpatient individual therapy visit	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Outpatient group therapy visit	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Skilled nursing facility (SNF)	**In-Network** Days 1-100: $0 copay per benefit period * **Out-of-Network** Days 1-100: $0 or 30% coinsurance per benefit period, depending on your Apple Health (Medicaid) eligibility category.
Therapy and Rehabilitation Services Physical Therapy	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Outpatient rehabilitation services provided by an occupational therapist	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Pulmonary rehabilitation services	**In-Network** $0 copay **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Ambulance Ground Ambulance	**In-Network** $0 copay * **Out-of-Network** $0 or 20% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Air Ambulance	**In-Network** $0 copay * **Out-of-Network** $0 or 20% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Transportation Services	Up to 12 rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day). **In-Network** $0 copay (per one-way trip) * **Out-of-Network** 75% coinsurance (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.

Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Medicare Part B Drugs Chemotherapy Drugs and Other Part B Drugs	**In-Network** $0 copay * **Out-of-Network** $0 or 20% coinsurance, depending on your Apple Health (Medicaid) eligibility category. Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.
Insulin	**In-Network** $0 copay (maximum per month) * **Out-of-Network** $0 or $35 copay (maximum per month), depending on your Apple Health (Medicaid) eligibility category.
Allergy Antigen	**In-Network** $0 copay * **Out-of-Network** 0% coinsurance

Part D Prescription Drug Coverage	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Yearly Deductible Stage	$0
30-day/up to a 100-day supply from a retail or mail order network pharmacy	
All Covered Drugs	$0 copay Some covered drugs limited to a 30-day supply

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Note: *Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.*	
Chiropractic Services Medicare-covered	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Routine chiropractic services	See Combined Benefits for Pain Management below
Acupuncture Medicare-covered	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance for Medicare-covered Acupuncture received in a PCP office, depending on your Apple Health (Medicaid) eligibility category. $0 or 30% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office, depending on your Apple Health (Medicaid) eligibility category. $0 or 30% coinsurance for Medicare-covered Acupuncture received in a Specialist office, depending on your Apple Health (Medicaid) eligibility category.
Routine acupuncture services	See Combined Benefits for Pain Management below

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Combined Benefits for Pain Management	**In-Network** $0 copay for alternative pain treatment. * **Out-of-Network** 30% coinsurance for alternative pain treatment. **What you should know:** This plan provides 12 visits combined for services including therapeutic massage, routine chiropractor and/or acupuncture.
Podiatry Services (Foot Care) Medicare Covered	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Routine Podiatry Services	**In-Network** $0 copay * **Out-of-Network** $0 copay 12 visit(s) every year

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Virtual Visits	$0 copay for virtual visit services performed through Teladoc or MDLIVE. Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc or MDLIVE 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. **Or:** MDLIVE at 1-888-606-3867 (TTY: 1-800-770-5531) 24 hours a day, 7 days a week. **What you should know:** The $0 copay above only applies when services are received from Teladoc or MDLIVE. If you receive telemedicine services from a network provider and not the virtual visit vendor, you will pay the cost shares listed for those providers, as outlined within the Evidence of Coverage (e.g., if you receive telehealth services from your PCP, you will pay the PCP cost share). *

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Social Support Platform	Our plan provides an online social support platform to support your overall well-being. You have access to community, therapeutic activities, and plan-sponsored resources to help manage stress and anxiety. The Twill platform makes it easy for you to join and stay involved to maintain a healthy behavioral health journey. It is available online 24/7, so you can use it whenever you want. For more information on how to access the platform please see your Evidence of Coverage. $0 copay
Home health agency care	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Meals Post-Acute Meals	$0 copay ▪ **What you should know:** You pay nothing for home delivered 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.

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Medical Equipment/Supplies Durable Medical Equipment (DME)	**In-Network** $0 copay * **Out-of-Network** $0 or 20% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Prosthetics	**In-Network** $0 copay * **Out-of-Network** $0 or 20% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Diabetic Supplies	**In-Network** $0 copay * **Out-of-Network** $0 or 20% coinsurance, depending on your Apple Health (Medicaid) eligibility category. For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic therapeutic shoes or inserts	**In-Network** $0 copay * **Out-of-Network** $0 or 20% coinsurance, depending on your Apple Health (Medicaid) eligibility category.

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Opioid treatment program services	**In-Network** $0 copay * **Out-of-Network** $0 or 30% coinsurance, depending on your Apple Health (Medicaid) eligibility category.
Health and Wellness Education Programs Fitness	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage. $0 copay **What you should know:** To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. Members have access to in-person fitness centers, available on-demand exercise programs, 1:1 Well-Being Coaching, Well-Being Club, and a variety of Home Fitness Kits (including a wearable fitness tracker).
Personal emergency response system (PERS)	$0 copay
24-Hour Nurse Advice Line	$0 copay

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
Annual Routine Physical Exam	**In-Network** $0 copay **Out-of-Network** $0 copay **What you should know:** The exam includes a detailed medical/family history and recommendations for preventive screenings/care.
Value-Based Insurance Design (VBID) Model	Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the benefits shown below. This allowance is combined with your Over-the-Counter (OTC) benefit. See the Wellcare Spendables™ section in this chart for more information about the Wellcare Spendables™ card. • **Gas pay-at-pump -** You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. • **Healthy Food -** You can use your card to pay for healthy foods and produce at participating retailers. Prepared meals are available for order via online portal. • **Home Improvement and Safety Items -** You can use your card to help with the cost of home improvement and safety items. Log into your member portal to purchase accepted items. • **Rent Assistance** - You can use your card to help with the cost of rent for your home. • **Utility Assistance -** You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet.

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
	For more information, limitations, and exclusions, please see your Evidence of Coverage.
Wellcare Spendables™	You will receive **$69 monthly** preloaded on your Wellcare Spendables™ card. Your monthly allowance **rolls over to the following month if unused and expires at the end of the plan year.** Your card allowance can be used towards: • **Over-the-Counter items (OTC) -** Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits: • Gas pay-at-pump • Healthy Food • Home Improvement and Safety Items • Rent Assistance • Utility Assistance Refer to Value-Based Insurance Design (VBID) Model in this chart for more information on these benefits. For more information, limitations, and exclusions, please see your Evidence of Coverage.
My Wellcare Rewards	With **My Wellcare Rewards**, you earn points for completing eligible healthy activities. Points can be redeemed for gift cards, up to $75 per year, from your favorite stores like Walmart®, and more. You can start earning points just by registering. Some qualifying healthy actions include: • Completing the Health Risk Assessment • Connecting a fitness device

Additional Benefits

	Wellcare Dual Liberty Open (PPO D-SNP) H5965, Plan 004
	• Annual wellness visits • Annual flu vaccines • Cancer screenings • A1C testing Gift card restrictions may apply.

Comprehensive Written Statement for Prospective Enrollees

The benefits described earlier in this Summary of Benefits are covered by our Wellcare Dual Liberty Open (PPO D-SNP) plan. For each benefit listed, you can see what our plan covers. What you pay for covered services under our plan may depend on your level of Apple Health (Medicaid) eligibility.

Summary of Apple Health (Medicaid)-Covered Benefits

The following information is for people with Medicare and Apple Health (Medicaid). If a benefit is covered by both our plan and Apple Health (Medicaid), you must fully use our plan benefit coverage before the benefit is covered by Apple Health (Medicaid).

Coverage of the benefits may depend on your level of Apple Health (Medicaid) eligibility.

If you have questions about your Apple Health (Medicaid) eligibility, what benefits you are entitled to, or for the most current Apple Health (Medicaid) information, see your Medicaid Member Handbook. You can also visit https://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage, or call Apple Health (Medicaid) at 1-800-562-3022 TTY:711 7 a.m. - 5 p.m. PT, Monday - Friday.

Apple Health (Medicaid)
• Appointments with a doctor or health care professional for necessary care
• Medical care in an emergency
• Maternity and newborn care
• Mental health services
• Treatment for chemical or alcohol dependence
• Pediatric services, including dental and vision care
• Prescription medications
• Laboratory services
• Hospitalization

• Transportation to and from medical appointments, when necessary
• Applied Behavior Analysis
• Behavioral health and recovery
• Breast, Cervical and Colon Health Program (BCCHP)
• Dental services
• Family Planning Only
• Health Home Program
• Hepatitis C
• Immunizations
• Interpreter services
• Long-term Services and Supports
• Medically Intensive Children's Program (MICP)
• Pharmacy services
• Pregnancy services
• Transhealth program
• Transportation services (nonemergency)
• Well-child checkups

Form Approved
OMB# 0938-1421

Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-374-4056 (TTY: 711)**. Someone who speaks English/ Language can help you. This is a free service.

Spanish: Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-877-374-4056 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

Chinese (Mandarin): 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-877-374-4056（TTY：711）**。您将获得中文普通话口译员的帮助。这是一项免费服务。

Chinese (Cantonese): 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-877-374-4056 (TTY：711)**。會說廣東話的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-877-374-4056 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-877-374-4056 (TTY : 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-877-374-4056 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-877-374-4056 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다**.** 통역사가 필요한 경우**, 1-877-374-4056(TTY: 711)**번으로 당사에 연락해 주십시오**.** 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다**.** 통역 서비스는 무료로 제공됩니다**.**

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов**,** вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-877-374-4056 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Form CMS-10802
(Expires 12/31/25)
Y0020_WCM_159669M_C Internal Approval 07162024 LWc
NA5WCMINS62554M_MLWC 7/24

Arabic: نوفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-877-374-4056 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-877-374-4056 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक नि:शुल्क सेवा है।

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il **1-877-374-4056 (TTY: 711)**. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número **1-877-374-4056 (TTY: 711)**. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan **1-877-374-4056 (TTY: 711)**. Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-877-374-4056 (TTY: 711)**. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-877-374-4056**（**TTY**：**711**）にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

Hawaiian: Loaʻa iā mākou nā lawelawe unuhi ʻōlelo manuahi e pane i nā nīnau āu e pili ana i kā mākou papahana olakino a lāʻau paha. No ka loaʻa ʻana o ka unuhi ʻōlelo e kelepona iā mākou ma **1-877-374-4056 (TTY: 711)**. Hiki i kekahi kanaka ʻōlelo Hawaiʻi ke kōkua iā ʻoe. He lawelawe manuahi kēia.

Ilocano: Adda iti libre a serbisyo ti panagpatarus mi tapno masungbatan ti anyaman a saludsod mo maipanggep iti plano ti salun-at wenno agas mi. Tapno makaala ti maysa nga agipatpatarus pakiawagan dakami laeng iti **1-877-374-4056 (TTY: 711)**. Mabalin nga makatulong kenka ti maysa nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

Samoan: E iai matou auaunaga faamatala upu e tali atu i soo se fesili e te ono fesili ai e uiga ia matou fuafuaga tau soifua maloloina poo fualaau. Ina ia maua se tagata faamatala upu na'o le vili mai a matou i le **1-877-374-4056 (TTY: 711)**. E mafai ona fesoasoani atu ia te oe se tasi e tautala i le gagana Samoan. E leai se totogi o lenei auaunaga.

Ukrainian: Ми безкоштовно надаємо послуги перекладачів, щоб ви могли отримати відповіді на будь-які запитання щодо нашого плану медичного обслуговування чи забезпечення лікарськими засобами. Щоб отримати допомогу перекладача, просто зателефонуйте нам за номером **1-877-374-4056 (TTY: 711)**. Спеціаліст, який володіє українською, допоможе вам. Ця послуга безкоштовна.

Lao: ພວກເຮົາມີບໍລິການຄົ້ນພາສາຟຣີ ເພື່ອຕອບຄຳຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ຢາຂອງ ພວກເຮົາ. ເພື່ອຂໍຄົ້ນແປພາສາ ພຽງແຕ່ໂທຫາພວກເຮົາໄດ້ທີ່ເບີ **1-877-374-4056 (TTY: 711)**. ມີຄົນທີ່ເວົ້າພາສາ ລາວສາມາດຊ່ວຍທ່ານໄດ. ນີ້ແມ່ນບໍລິການຟຣີ.

Cambodian: យើងមានសេវាបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃសម្រាប់ឆ្លើយរាល់សំណួរដែលអ្នកមានអំពីគម្រោងឱសថ ឬគម្រោងសុខភាពរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមរយៈលេខ 1-877-374-4056 (TTY: 711)។ មនុស្សម្នាក់ដែលនិយាយភាសាខ្មែរបានអាចជួយអ្នកបាន។ នេះជាសេវាកម្មឥតគិតថ្លៃ។

Hmong: Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb cov nqe lus nug twg uas koj yuav muaj hais txog peb lub phiaj xwm duav roos kev noj qab haus huv thiab tshuaj. Yog xav tau ib tug kws txhais lus ces tsuas hu rau peb tau ntawm **1-877-374-4056 (TTY: 711)**. Ib tug neeg twg uas hais tau lus Hmoob yuav pab tau koj. Qhov no yog kev pab cuam pab dawb xwb.

Thai: เรามีบริการล่ามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการล่ามแปลภาษา โปรดติดต่อเราที่หมายเลข 1-877-374-4056 (TTY: 711) คนที่พูดภาษาไทยได้สามารถช่วยคุณได้ บริการนี้ไม่มีค่าใช้จ่าย

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 1-800-225-8017 (TTY: 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.wellcare.com/medicare or call 1-800-225-8017 (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

- ☐ 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, 2026.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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.

"Wellcare" is issued by Wellcare Health Insurance Company of Washington, Inc., a subsidiary of Centene Corporation.

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.

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Contact Us

For more information, please contact us:

By phone

Toll-free at 1-800-225-8017 (TTY: 711). Your call may be answered by a licensed agent.

Hours of Operation

Monday - Sunday, 8 am - 8 pm (all time zones)

Online

www.wellcare.com/medicare