Summary of Benefits

Wellpoint

Thank you for your interest in our Medicare Advantage plans

Wellpoint offers benefits to help you stay healthy while protecting you from unexpected costs. This plan includes your hospital, medical, and drug benefits in one plan.

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2025

Washington

King, Pierce, Snohomish, Spokane, other Washington counties. Full service area on page 2.

Wellpoint Full Dual Advantage (HMO D-SNP)

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Wellpoint Full Dual Advantage (HMO D-SNP)

Wellpoint Full Dual Advantage (HMO D-SNP)
Our service area includes these counties in WA: Clallam, Clark, Columbia, Cowlitz, Ferry, Garfield, Grays Harbor, Jefferson, King, Kitsap, Lewis, Lincoln, Mason, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Thurston, Wahkiakum.

Do you have questions?

You can learn more on our website, **https://shop.wellpoint.com/medicare**. Please call us toll-free **1-877-470-4131** (TTY: **711**).Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

The *Summary of Benefits* does not include every service, limit, or exclusion, but the *Evidence of Coverage* does. Just give us a call to request a copy.

This is a Dual Eligible Special Needs Plan (D-SNP)

Wellpoint Full Dual Advantage (HMO D-SNP) is a Medicare Advantage plan. To join this plan, the following must apply to you[7]:

- ☐ You're entitled to Medicare Part A.
- ☐ You're enrolled in Medicare Part B and Apple Health (Medicaid) (the state's Medicaid program).
- ☐ You live in our service area.

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

Wellpoint Full Dual Advantage (HMO D-SNP)

Eligibility

To be enrolled in this plan, you must also receive some level of Medical Assistance from Apple Health (Medicaid) (the state Medicaid program) as described below:

Wellpoint Full Dual Advantage (HMO D-SNP)

- If you have **Full Medicaid coverage (Full Benefit Dual Eligible (FBDE))** status, you are eligible for the Apple Health (Medicaid) program. This may cover your share of Medicare costs, such as premiums for Part A and Part B, deductibles, coinsurance and copayments.

- If you have **Qualified Medicare Beneficiary (QMB)** status, you are eligible for the Apple Health (Medicaid) program, which pays your Medicare premiums, deductibles, and cost sharing, except for Medicare Part D.

- If you have **Qualified Medicare Beneficiary Plus (QMB+)** status, you are eligible for the Apple Health (Medicaid) program, which pays your Medicare premiums, deductibles, and cost sharing. You are also eligible to receive full Medicaid benefits.

- If you have **Specified Low-Income Medicare Beneficiary Plus (SLMB+)** status, you receive help paying your Part B premiums. You are also eligible for full Medicaid benefits. In some situations, you may receive assistance from your state Medicaid program to help pay your Medicare cost share. If the service is covered by both Medicare and Medicaid, your cost share could be $0. There may be times when you are responsible for cost sharing if a service or benefit is not covered by Medicaid.

Medicare coverage that goes beyond Original Medicare

- Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.
- Medicare Advantage Prescription Drug Plans cover Medicare Part D drugs and Part B drugs.
- If Medicaid eligibility changes, your cost may also change. You must recertify your Medicaid enrollment to keep receiving your Medicare cost-sharing coverage.

Is your PCP in our plan's network of doctors?

If you need to change your Primary Care Physician (PCP), give us a call and we'll help. Doctors can join or leave the network at any time, so check if they're in network with our Find a Doctor tool online. Just follow the steps listed.

How to find a doctor/PCP in our plan:

- Go to **https://shop.wellpoint.com/medicare**

1. Select **Useful Tools** and choose **Find a Doctor**.
2. Enter your ZIP code, county and the date you want your coverage to begin.
3. Fill in the details (city, doctor's name, distance, etc.).
4. Be sure to check that the doctor is listed as "In-Network" for this plan.

- Or you can ask us for the *Provider Directory*. The phone number is on page 2.

Find a pharmacy

Our plans include the majority of pharmacies in America, so you're likely to find one near you. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in the plan (or find a new one) see the *Pharmacy Directory* on our website at **https://shop.wellpoint.com/medicare**. Under **Useful Tools**, choose **Find a Pharmacy** to enter your location and search details. Or you can give us a call and we'll send you the directory.

How to check if your prescriptions (or an acceptable alternative) are covered and what they'll cost:

- ☐ Visit **https://shop.wellpoint.com/medicare**
  1. Select **Useful Tools** and choose **Find Your Covered Drugs**.
  2. Enter your ZIP code, county and beginning coverage date.
  3. Enter your drug name, dosage, quantity and refill frequency, and select **Add Drug** or **Next**.
  4. Select your pharmacy, and then select **View All Plans**.
  5. Choose **Plan Details** and then **Drug Cost** to view the specific cost and coverage details.
- ☐ You can also call us at the number on page 2 for a copy of the *Formulary*.

For more information about Medicare, you can read the Medicare & You handbook. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov/medicare-and-you) or request 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.

Summary of 2025 medical benefits

Wellpoint Full Dual Advantage (HMO D-SNP)

How much is my premium (monthly payment)?

$0.00 per month

Your Part B premium is covered by your state's Medicaid agency for D-SNP enrollees.

How much is my deductible?

This plan does not have a medical deductible.

The Part D deductible does not apply to you.

Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)

$9,350.00 per year from doctors and facilities in our plan

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Services you receive from doctors or facilities in our plan go toward your yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year.

Inpatient Hospital[1]

Facilities in our plan: **$0.00** copay per stay

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Wellpoint Full Dual Advantage (HMO D-SNP)

Outpatient Hospital[1,2]

Doctors and facilities in our plan: **$0.00** copay

Ambulatory Surgical Center[1,2]

Doctors and facilities in our plan: **$0.00** copay

Doctor's Office Visits

Primary care physician (PCP) visit:

PCPs in our plan: **$0.00** copay

Specialist visit: [1,2]

Doctors in our plan: **$0.00** copay

Preventive Care Screenings and Annual Physical Exams

Preventive care screenings:

Doctors in our plan: **$0.00** copay

Annual physical exam:

Doctors in our plan: **$0.00** copay

Wellpoint Full Dual Advantage (HMO D-SNP)

Preventive Care Screenings and Annual Physical Exams

Covered preventive care screenings:

- Abdominal aortic aneurysm screening
- Alcohol misuse screenings and counseling
- Annual "wellness" visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes prevention program
- Diabetes screenings and monitoring
- HIV screening
- Lung cancer screenings
- Medical nutrition therapy services
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu, hepatitis B, pneumococcal, and COVID-19 shots
- Vision care
- "Welcome to Medicare" preventive visit (one-time)

Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in our plan, **100%** of the cost of preventive care screenings and annual physical exams is covered.

Emergency Care

$0.00 copay

Emergency and Urgent Care Worldwide Coverage

This plan covers urgent care and emergency services when traveling outside of the United States for less than six months. This benefit is limited to **$100,000** per year.

Wellpoint Full Dual Advantage (HMO D-SNP)

Urgently Needed Services	
$0.00 copay	
Diagnostic Services, Labs, and Imaging[1,2]	
Diagnostic Radiology Services	
CT scans, MRI, MRA, PET at the Doctors' offices in our plan:	$0.00 copay
CT scans, MRI, MRA, PET at Outpatient facilities in our plan:	$0.00 copay
Ultrasounds at the Doctors' offices in our plan:	$0.00 copay
Ultrasounds at Outpatient facilities in our plan:	$0.00 copay
Diagnostic Tests and Procedures	
Doctors' offices in our plan:	$0.00 copay
Outpatient facilities in our plan:	$0.00 copay
Lab Services	
Doctors' offices in our plan:	$0.00 copay
Outpatient facilities in our plan:	$0.00 copay

Wellpoint Full Dual Advantage (HMO D-SNP)

Diagnostic Services, Labs, and Imaging[1,2]

Outpatient X-rays	
Doctors' offices in our plan:	$0.00 copay
Outpatient hospitals or facilities in our plan:	$0.00 copay
Freestanding facility or at-home portable x-ray services in our plan:	$0.00 copay
Therapeutic Radiology Services (such as radiation treatment for cancer)	
Doctors and facilities in our plan:	$0.00 copay

Hearing Services

Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues): [1,2]

Doctors in our plan: **$0.00** copay

Routine hearing services: [1,2]

This plan covers 1 routine hearing exam every year. **$300** maximum plan benefit for over-the-counter hearing aids OR 1 routine hearing aid fitting evaluation and a **$3,000** maximum plan benefit for prescribed hearing aids every year.

Doctors in our plan: **$0.00** copay for routine hearing exam(s). **$0.00** copay for hearing aids up to the maximum plan benefit amount.

Wellpoint Full Dual Advantage (HMO D-SNP)

Dental Services

Medicare-covered dental services (this does not include services for care, treatment, filling, removal or replacement of teeth):[1]

Doctors and dentists in our plan: **$0.00** copay

Preventive and Comprehensive[1] Dental Combined Allowance

This plan covers up to a **$3,500** allowance for covered preventive and comprehensive dental services every year.

We cover more dental care than what Original Medicare covers. You can use our coverage for these services and more: exams, cleanings, fluoride treatments, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges, implants, and dentures. Please note that dental crown and implant services require prior authorization. Please refer to the *Evidence of Coverage* for a full list of the dental benefits, limitations, and exclusions.

Any amount not used at the end of the calendar year will expire.

Preventive dental services:

Dentists in our plan: **$0.00** copay

Comprehensive dental services:

Doctors and dentists in our plan: **$0.00** copay

To find a dental provider in our plan, follow the same steps as the "How to find a doctor/ PCP in our plan" box at the beginning of this booklet. Then select **Dental Provider** under **Provider Type**.

Wellpoint Full Dual Advantage (HMO D-SNP)

Vision Services

Medicare-covered vision services:

Exam to diagnose and treat diseases and conditions of the eye[1]

Doctors in our plan: **$0.00** copay

Eyeglasses or contact lenses after cataract surgery

Doctors in our plan: **$0.00** copay

Routine vision services:

Routine vision exam[1]

This plan covers 1 routine eye exam(s) every year.
Doctors in our plan: **$0.00** copay

Routine eyewear (lenses and frames)

This plan covers up to **$350** for eyeglasses or contact lenses every year.
Doctors in our plan: **$0.00** copay

To find a vision provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Vision Provider** under **Provider Type**.

Wellpoint Full Dual Advantage (HMO D-SNP)

Mental Health Care

Inpatient visit: [1]

Doctors and facilities in our plan: **$0.00** copay per stay

Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Outpatient individual and group therapy services: [1,2]

Doctors and facilities in our plan: **$0.00** copay

Skilled Nursing Facility (SNF)[1]

Doctors and facilities in our plan: **$0.00** copay per stay

Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).

Physical Therapy[1,2]

Doctors and facilities in our plan: **$0.00** copay

Wellpoint Full Dual Advantage (HMO D-SNP)

Ambulance[1]

Ground/Water Ambulance:

Emergency transportation services in our plan: **$0.00** copay per trip

Air Ambulance:

Emergency transportation services in our plan: **$0.00** copay per trip

Transportation

Plan approved health or non-health related locations
You pay a **$0.00** copay. This plan offers coverage for 60, one-way, routine transportation services every year. Trips are limited to 60 miles.

Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends).

Medicare Part B Drugs

Insulin furnished through an insulin pump:

Drugs obtained from doctors and facilities in our plan: **$0.00** copay

Other Part B Drugs:[1]

Drugs obtained from doctors and facilities in our plan: **$0.00** copay

Chemotherapy drugs:[1]

Drugs obtained from doctors and facilities in our plan: **$0.00** copay

Additional benefits

Wellpoint Full Dual Advantage (HMO D-SNP)

Acupuncture

Medicare-covered acupuncture services:[1,2]

Providers in our plan: **$0.00** copay

Available for people with chronic low back pain under certain circumstances. Please see the *Evidence of Coverage* for more information.

Routine acupuncture services:[1]

Providers in our plan: **$0.00** copay per visit. This plan offers coverage for unlimited visits every year.

Chiropractic Care[1,2]

Medicare-covered chiropractic services:

Providers in our plan: **$0.00** copay

Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

Routine chiropractic services:

Providers in our plan: **$0.00** copay for 24 visits each year

Wellpoint Full Dual Advantage (HMO D-SNP)

Everyday Options Allowance

This benefit provides a combined spending allowance of **$75** each month on your Benefits Mastercard® Prepaid Card for **assistive devices, eligible food items, over-the-counter (OTC) health and wellness products,** and **utilities**. You have a variety of convenient ways to use the benefit:

- Shop in-store at participating retailers near you (Groceries and OTC only).
- Shop online on the approved vendor website.
- Shop on the approved vendor mobile app.
- Call to place an order.
- Order by mail (OTC and Assistive Devices only).
- With your utility provider.

Unused amounts expire at the end of each month.

Foot Care (podiatry services)[1,2]

Medicare-covered podiatry:

Doctors in our plan: **$0.00** copay

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.

Routine foot care:

Doctors in our plan: **$0.00** copay

This plan covers: Unlimited routine foot care visits each year.

Health and fitness tracker

This benefit provides a fitness tracking device (every other year) to help you achieve your physical fitness goals.

Wellpoint Full Dual Advantage (HMO D-SNP)

Healthy Meals - Chronic Condition[6]

$0.00 copay for up to 2 meals a day for 90 days to support your chronic condition nutritional needs.

You must use network providers.

Healthy Meals - Post Discharge

$0.00 copay for up to 2 meals a day for 7 days following your discharge from the hospital or skilled nursing facility (SNF).

You must use network providers.

Home Health Care[1,2]

Doctors and facilities in our plan: **$0.00** copay

LiveHealth® Online

Lets you talk to a board-certified doctor or licensed psychiatrist, psychologist, or therapist by live, two-way video on a computer, smartphone, or tablet.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

Medical Equipment/Supplies

Durable Medical Equipment (wheelchairs, oxygen, etc.):[1]

Suppliers in our plan: **$0.00** copay

Wellpoint Full Dual Advantage (HMO D-SNP)

Medical Equipment/Supplies

Medical supplies and prosthetic devices (braces, artificial limbs, etc.):[1]

Suppliers in our plan: **$0.00** copay

Diabetic supplies and services:

Suppliers in our plan: **$0.00** copay

Covered diabetic supplies include: glucose monitors, test strips, and lancets. See your *Evidence of Coverage* for all supplies covered.

Medicare Community Resource Support

We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs. Call us at the number listed on your plan ID card and ask for the Medicare Community Resource Support team for more details.

Outpatient Rehabilitation

Cardiac (heart) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):[1]

Doctors and facilities in our plan: **$0.00** copay

Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):[1]

Doctors and facilities in our plan: **$0.00** copay

Occupational therapy visit:[1,2]

Doctors and facilities in our plan: **$0.00** copay

Wellpoint Full Dual Advantage (HMO D-SNP)

Outpatient Substance Abuse[1,2]

Individual & Group therapy visit:

Doctors and facilities in our plan: **$0.00** copay

Personal Emergency Response System (PERS) coverage

Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

Renal Dialysis

Doctors and facilities in our plan: **$0.00** copay

SilverSneakers®† Fitness program

When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.

†SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.

24/7 Nurseline

24-hour access to a nurse line, seven days a week, 365 days a year

Services with a 1 may need prior authorization (preapproval) from the plan.

Services with a 2 may need a referral from your doctor or Primary Care Physician (PCP).

Wellpoint Full Dual Advantage (HMO D-SNP)

Benefits with a 6: The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.

Summary of Medicaid-covered benefits

Services available through Apple Health (Medicaid):

The following services are not covered or may not be fully covered by Wellpoint Full Dual Advantage (HMO D-SNP) but are available through Medicaid.

For eligibility rules, assistance with coordinating your access to these benefits, and additional information about these services, please visit Apple Health (Medicaid).

- ☐ Ambulance (ground and air)
- ☐ Applied behavior analysis (ABA)
- ☐ Behavioral health services (services are coordinated for you when you enroll in our plan, depending on Medicaid level of eligibility)
- ☐ Blood/blood products/related services
- ☐ Dental services
- ☐ Diagnostic services (lab and x-ray)
- ☐ Early and periodic screening, diagnosis, and treatment (EPSDT) services
- ☐ Enteral nutrition program
- ☐ Habilitative services
- ☐ Health care professional services
- ☐ Health homes
- ☐ Hearing evaluations
- ☐ Hearing aids
- ☐ Home health services
- ☐ Home infusion therapy/parenteral nutrition program
- ☐ Hospice services
- ☐ Hospital services: inpatient/outpatient

- ☐ Intermediate care facility/services for persons with intellectual disabilities
- ☐ Maternity care and delivery services
- ☐ Medical equipment, supplies, and appliances
- ☐ Medical nutrition therapy
- ☐ Nursing facility services
- ☐ Orthodontic services
- ☐ Out-of-state services
- ☐ Outpatient rehabilitation services (occupational therapy, physical therapy, speech therapy)
- ☐ Personal care services
- ☐ Prescription drugs
- ☐ Private duty nursing
- ☐ Prosthetic/orthotic devices
- ☐ Reproductive health services
- ☐ Respiratory care (oxygen)
- ☐ School-based medical services
- ☐ Vision care exams, refractions, and fittings
- ☐ Vision hardware frames and lenses

The categories above are not intended to be a complete list of benefits and are subject to the coverage and limitation policies listed in your Medicaid contract.

Cost sharing and cost-sharing protections for all members

You pay no cost sharing for the Medicare-covered benefits described in this Summary of Benefits. You will have no copays for prescriptions covered under the Medicare Part D drug benefit. When you receive health services, the provider should not bill you. They should only bill the plan for those services and cost-sharing amounts.

If you receive care from a noncontracted provider, the provider may not understand the plan or these billing rules. If you receive a bill for Medicare-covered services, please call the Customer Service phone number listed on your plan ID card.

Have Questions?

What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, please call: **1-800-562-3022**, 8 a.m. - 4 p.m. PT, Monday - Friday. TTY users should call 711.

Summary of 2025 prescription drug coverage

You pay nothing ($0) for Part D drugs for the entire year.

There may be limitations on the types of drugs covered.
See Wellpoint Full Dual Advantage (HMO D-SNP)'s list of covered drugs (formulary), at **https://shop.wellpoint.com/medicare** for more information.

Ways we support your health

PremiumAssist

Centauri's PremiumAssist supports Medicare Advantage and D-SNP members in applying for and recertifying their Medicaid or Medicare Savings Program benefits. Plus, their highly trained associates can assist you in enrolling in Extra Help, which covers some or all your prescription costs..

Services this program provides:

- Medicaid and the Medicare Savings Program will pay for your Medicare Part B premium every month. A Centauri associate may call you or you can call them at **877-236-4471** (TTY: **711**), Monday through Friday between 9:00 AM and 7:30 PM (EST).
- Extra Help pays for your Medicare Part D co-pays, premiums, and deductibles. On average, members save $5,000 per year.

Advance Directives Program

As a member of our plan, you will have access to an online advance care planning resource to create an advance directive where you can combine the elements of a:

- Living will.
- Medical power of attorney.
- Do not attempt resuscitation form.
- Organ donation form.

You can create your own digital care plan and even include video and audio files. If you already have these documents prepared, you can store them and ensure they are shared with your doctors and care providers 24 hours a day, seven days a week. You can add new information at any time as your health status or wishes change.

If you need emergency or urgent care, call 911 or go to the nearest doctor or facility that can help you. Most times, you must use doctors in our plan to receive covered medical care, except for emergencies and urgently needed care when doctors in our plan are not available or dialysis services when you are out of the service area. If you receive routine care from doctors outside our plan, neither Medicare nor Wellpoint will pay for it.

Benefits with a 6: The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's *Evidence of Coverage*.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You have received this card as a gratuity without the payment of any monetary value or consideration.

Wellpoint Washington, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Washington Apple Health (Medicaid) program. Enrollment in Wellpoint Washington, Inc. depends on contract renewal. Services provided by Wellpoint Washington, Inc.

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 **1-844-209-5407** (TTY: **711**). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-844-209-5407** (TTY: **711**). Alguien que hable español lo podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 **1-844-209-5407** (TTY: **711**)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 **1-844-209-5407** (TTY: **711**)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-844-209-5407** (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-844-209-5407** (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi **1-844-209-5407** (TTY: **711**). Sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-209-5407** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-844-209-5407** (TTY: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-844-209-5407** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم ليس عليك سوى الاتصال بنا على **1-844-209-5407** (TTY: **711**) فوري سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-844-209-5407** (TTY: **711**) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-844-209-5407** (TTY: **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-844-209-5407** (TTY: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-844-209-5407** (TTY: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-844-209-5407** (TTY: **711**). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、**1-844-209-5407** (TTY: **711**). にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Amharic: ስለ ጤና ወይም የመድኃኒት ዕቅዳችን ሊኖርዎት የሚችል ማንኛውንም ጥያቄ ለመመለስ ነፃ የአስተርጓሚ አገልግሎት አለን። አስተርጓሚ ለማግኘት በ**1-844-209-5407** (TTY: **711**) ይደውሉልን። አማርኛ የሚናገር ሰው ሊረዳዎት ይችላል። ይህ ነፃ አገልግሎት ነው።

Burmese: ကျွန်ုပ်တို့၏ ကျန်းမာရေး သို့မဟုတ် ဆေးဝါးအစီအစဉ်နှင့် ပတ်သက်ပြီး သင့်တွင် ရှိနိုင်သည့်မေးခွန်းများကို ဖြေဆိုရန် ကျွန်ုပ်တို့တွင် အခမဲ့စကားပြန်ဝန်ဆောင်မှုများ ရှိပါသည်။ စကားပြန်ရယူရန် ကျွန်ုပ်တို့ကို **1-844-209-5407** (TTY: **711**) မှတစ်ဆင့် ဖုန်းခေါ်ဆိုပါ။ အင်္ဂလိပ်စကားပြောတတ်သူတစ်ဦးက သင့်ကိုကူညီနိုင်ပါသည်။ ဤသည်မှာ အခမဲ့ဝန်ဆောင်မှုတစ်ခု ဖြစ်သည်။

Khmer (Cambodian): យើងមានសេវាអ្នកបកប្រែផ្ទាល់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាពឬថ្នាំរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ សូមទូរស័ព្ទមកយើងតាមរយៈលេខ **1-844-209-5407** (TTY: **711**)។ អ្នកដែលចេះភាសាអង់គ្លេសអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។

Farsi (Persian): ما خدمات مترجم شفاهی رایگان داریم که آماده پاسخ‌گویی به هر سوالی هستند که ممکن است درباره طرح‌های دارویی و سلامت ما داشته باشید. برای داشتن مترجم شفاهی با ما به شماره **1-844-209-5407** (TTY: **711**) تماس بگیرید. شخصی که به زبان فارسی صحبت می‌کند به شما کمک خواهد کرد. این خدمات رایگان است.

Laotian: ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີ ເພື່ອຕອບຄຳຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ **1-844-209-5407** (TTY: **711**). ຄົນທີ່ເວົ້າພາສາອັງກິດສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

Punjabi: ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਸਾਨੂੰ **1-844-209-5407** ਤੇ ਕਾਲ ਕਰੋ (TTY: **711**)। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ, ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

Somali: Waxaanu haynaa adeegyo turjumaan oo bilaash ah si aan uga jawaabno su'aalo kasta oo aad ka qabtid qorshaheena caafimaadka ama daawada. Si aad u hesho turjumaan, kaliya naga soo wac **1-844-209-5407** (TTY: **711**). Qof ku hadla Ingiriisiga ayaa ku caawin kara. Tani waa adeeg bilaash ah.

Tigrigna: ብዛዕባ ትልሚ ጥዕናን ፈውሲን ንዝህልወኩም ሕቶ መልሲ ንምሃብ ናፃ ናይ ትርጉም አገልግሎት አለና። ተርጓሚ ንምርካብ ብ **1-844-209-5407** (TTY: **711**) ደውሉልና። ቋንቋ እንግሊዝኛ ዝዛረብ ሰብ ክሕግዘኩም እዩ። እዚ ብናፃ ዝወሃብ አገልግሎት እዩ።

Ukrainian: Ми пропонуємо безкоштовні послуги усного перекладача, який відповість на будь-які ваші запитання щодо нашого плану медичного обслуговування або покриття лікарських препаратів. Щоб скористатися послугами усного перекладача, просто зателефонуйте нам за номером **1-844-209-5407** (TTY: **711**). Вам надасть допомогу людина, яка розмовляє англійською мовою. Ця послуга безкоштовна.

Oromo: Waa'ee karoora fayyaa ykn qoricha sammuu adoochuu keenyaa gaaffii qabdan kamiyyuu deebisuuf tajaajila hiika afaanii kaffaltiirraa bilisaa qabna. Nama afaan hiiku argachuudhaf, **1-844-209-5407** (TTY: **711**) irratti nuuf bilbilaa. Namni afaan Ingiliffaa dubbatu isin gargaaruu danda'a. Kuni tajaajila bilisaati.

Romanian: Avem servicii gratuite de interpretariat pentru a răspunde oricăror întrebări pe care le puteți avea cu privire la planul nostru de sănătate sau medicamentos. Pentru a beneficia de un interpret, trebuie doar să ne sunați la **1-844-209-5407** (TTY: **711**). O persoană care vorbește limba engleză vă poate ajuta. Acesta este un serviciu gratuit.

IMPORTANT INFORMATION:
2024 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Wellpoint - H1894

For 2024, Wellpoint - H1894 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★☆☆
Health Services Rating:	★★★☆☆
Drug Services Rating:	★★★☆☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at **medicare.gov/plan-compare.**

Questions about this plan?

Contact Wellpoint 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-877-470-4131 (toll-free) or 711 (TTY).
Current members please call 1-844-209-5407 (toll-free) or 711 (TTY).

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

Wellpoint Washington, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Washington Apple Health Medicaid program. Enrollment in Wellpoint Washington, Inc. depends on contract renewal.

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 **1-877-470-4131** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

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 **https://shop.wellpoint.com/medicare** or call **1-877-470-4131** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ **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.
- ☐ 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, 2026.
- ☐ 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.