



# 2022 Summary of Benefits

Arizona

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

H5590 | 008

---

**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) from January 1, 2022 to December 31, 2022.

This booklet will provide you with a summary of what we cover and the cost-sharing responsibilities. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at [www.wellcare.com/allwellaz](http://www.wellcare.com/allwellaz). Or, you may call us to ask for a copy at the phone number listed on the back cover.

**Who can join?**

To enroll in one of our plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

Our service area includes these counties in Arizona: Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, and Yuma.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You must also be enrolled in the Arizona 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 Arizona 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/allwellaz](http://www.wellcare.com/allwellaz). (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) has a network of doctors, hospitals, pharmacies, and other providers. You can save money by using our preferred mail-order

---

pharmacy and by using providers in the plan's network. With some plans if you use providers that are not in our network, your share of the costs for covered services may be higher.

You can see our plan's provider and pharmacy directory and for plans with prescription drug coverage, our complete plan Formulary (list of Part D prescription drugs) on our website at [www.wellcare.com/allwellaz](http://www.wellcare.com/allwellaz).

For more information, please call us at 1-866-277-6583 (TTY users should call 711). Hours are Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. Visit us at [www.wellcare.com/allwellAZ](http://www.wellcare.com/allwellAZ).

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). Please call member services if you need plan information in another format.

**Benefits**

<b>Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008</b>	
<b>Service Area</b>	Our service area includes these counties in Arizona: Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, and Yuma.
<b>Special Needs Plans Eligibility Criteria</b>	This plan includes (FBDE, QMB+). Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document
Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive	
<b>Monthly plan premium</b> You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.	\$0
<b>Deductible</b>	No deductible
<b>Maximum out-of-Pocket Responsibility</b> (does not include prescription drugs)	\$3,450 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
<b>Inpatient Hospital coverage</b>	Days 1-90: \$0 copay per stay *
<b>Outpatient Hospital coverage</b> Outpatient hospital services	\$0 copay for surgical and non-surgical services *
Outpatient hospital observation services	\$0 copay *

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

**Benefits**

<b>Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008</b>	
<b>Ambulatory surgical center (ASC)</b>	\$0 copay *
<b>Doctor Visits</b>	
Primary Care Providers	\$0 copay
Specialists	\$0 copay
<b>Preventive Care</b> (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu shots, Hepatitis B shots, Pneumococcal shots))	\$0 copay
<b>Emergency care</b>	\$0 copay
Worldwide emergency coverage	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for Worldwide Emergency Services.
<b>Urgently needed services</b>	\$0 copay

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

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

**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008</b>
Worldwide urgent care coverage	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for Worldwide Urgently Needed Services.
<b>Diagnostic Services/Labs/Imaging</b>	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	\$0 copay *
Diagnostic tests and procedures	\$0 copay *
Outpatient X-rays	\$0 copay *
Diagnostic radiology services (e.g. MRI, CAT Scan)	\$0 copay *
Therapeutic Radiology	\$0 copay *
<b>Hearing services</b>	
Hearing Exam Medicare Covered	\$0 copay *
Routine hearing exam	\$0 copay *  1 exam every year

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

**Benefits**

<b>Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008</b>	
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	\$0 copay *  1 fitting(s) / evaluation(s) every year
Hearing aid allowance	Up to a \$2,000 allowance for both ears combined every year for hearing aids.
All types	\$0 copay *  Limited to 2 hearing aid(s) every year
Additional Hearing Information	<b>What you should know</b> Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
<b>Dental services</b>	
Preventive services	\$0 copay *  Cleanings 2 every year Dental x-rays 1 every 12 to 36 months Oral exams 2 every year
Fluoride Treatment	\$0 copay *  1 every year
Comprehensive services Medicare Covered	\$0 copay for each Medicare-covered service *

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



**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008</b>
Diagnostic Services	\$0 copay *  1 diagnostic service(s) every year
Restorative Services	\$0 copay *  1 restorative service(s) every 12 to 84 months
Endodontics/ Periodontics/ Extractions	\$0 copay *  1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth
Non-routine services	\$0 copay *  1 non-routine service(s) every day to 60 months
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	\$0 copay *  1 Prosthodontic procedure every 12 to 84 months 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime 1 Other service every 6 to 60 months
Additional Dental Information	<b>What you should know:</b> This plan includes coverage of preventive and comprehensive services up to \$4,000.
<b>Vision Services</b> Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *

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

**Benefits**

<b>Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008</b>	
Routine eye exam (Refraction)	\$0 copay *  1 exam every year
Glaucoma screening	\$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	\$0 copay *
Routine eyewear  Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames  Eyewear allowance	\$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Up to a \$300 combined allowance every year.
<b>Mental Health Services</b>	
Inpatient visit	Days 1-90: \$0 copay per stay *
Outpatient individual therapy visit	\$0 copay
Outpatient group therapy visit	\$0 copay
<b>Skilled nursing facility (SNF)</b>	Days 1-100: \$0 copay per benefit period. *

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

**Benefits**

<b>Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008</b>	
<b>Therapy and Rehabilitation Services</b>	
Physical Therapy	\$0 copay *
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay *
Pulmonary rehabilitation services	\$0 copay
<b>Ambulance</b>	
Ground Ambulance	\$0 copay *
Air Ambulance	\$0 copay *
<b>Transportation Services</b>	Up to 24 one-way trips every year to plan-approved health-related locations. Mileage limits may apply. \$0 copay (per one-way trip) *  <b>What you should know:</b> The first step to staying healthy is getting to your doctor. That's why we cover these shared trips to plan approved health care providers. We want to make sure you get the care you need, when you need it. Call Customer Service 72 hours in advance to reserve a ride for your appointment. Mileage limitations may apply.
<b>Medicare Part B Drugs</b>	
Chemotherapy drugs	\$0 copay *

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

**Benefits**

	<b>Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008</b>
Other Part B drugs	\$0 copay *

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

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

<b>Prescription Drug Coverage</b>	<b>Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008</b>
<b>Stage 1: Annual Prescription Deductible</b>	
<b>Deductible</b>	This plan has no deductible for Part D covered drugs, this payment stage doesn't apply.
<b>Stage 2: Initial Coverage (after you pay your deductible, if applicable)</b>	
You pay the following until your total yearly drug costs reach \$4,430. The cost share you pay depends on your level of "Extra Help". Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap.	
<b>Standard Retail cost-sharing (30-day/90-day supply)</b>	
	<b>Standard</b>
<b>Tier 1</b> (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 copay
<b>Tier 2</b> (Generic Drugs - includes generic drugs and may include some brand drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 3</b> (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 4</b> (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%

<b>Prescription Drug Coverage</b>	<b>Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008</b>
	<b>Standard</b>
<p><b>Tier 5</b> (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)</p>	<p>Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply</p>
<p><b>Tier 6</b> (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)</p>	<p>Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%</p>

Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008	
Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)		
Mail-order cost-sharing (30-day/90-day supply)		
	Preferred	Standard
<b>Tier 1</b> (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 copay	\$0 copay
<b>Tier 2</b> (Generic Drugs - includes generic drugs and may include some brand drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 3</b> (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 4</b> (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 5</b> (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply

Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008	
	Preferred	Standard
<b>Tier 6</b> (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
Stage 3: Coverage Gap		
	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay your "Extra Help" cost share or no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	
Stage 4: Catastrophic Coverage		
	After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail order) reach \$7,050, depending on your level of "Extra Help" you pay nothing or: <ul style="list-style-type: none"> <li>• \$3.95 copay for generics (including brand drugs treated as generic), or</li> <li>• \$9.85 copay for all other drugs</li> </ul>	

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or whether the prescription is a short-term (30-day supply) or long term (90-day supply).

#### Excluded Drugs:

This plan includes enhanced drug coverage of certain excluded drugs. Generic only Sildenafil and Vardenafil on Tier 1 have a quantity limit of six pills every 30 days.

Because these drugs are excluded from Part D coverage under Medicare, they are not covered by Extra Help. Also, the amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.

Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.



## Additional Benefits

	<b>Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008</b>
<b>Chiropractic Services</b> Medicare-covered	\$0 copay *
<b>Acupuncture</b> Medicare-covered	\$0 copay *
<b>Podiatry Services (Foot Care)</b> Medicare Covered	\$0 copay  <b>What you should know:</b> Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.
<b>Virtual Visits</b>	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.
<b>Home health agency care</b>	\$0 copay *

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

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

## Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008
<b>Meals</b>	
Post-Acute Meals	<p>\$0 copay for each post-acute meal</p> <ul style="list-style-type: none"> <li>▪ <b>What you should know:</b> You pay nothing for post-acute meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days.</li> </ul>
Chronic Meals	<p>\$0 copay for each chronic meal</p> <ul style="list-style-type: none"> <li>▪ <b>What you should know:</b> You pay nothing for home delivered meals as part of a supervised program designed to transition members with chronic conditions to lifestyle modifications. Members receive 3 meals per day for up to 28 days per month, for a maximum of 84 meals. The benefit can be received for up to 3 months.</li> </ul>
<b>Medical Equipment/Supplies</b>	
Durable Medical Equipment (DME)	\$0 copay *
Prosthetics	\$0 copay *
Diabetic supplies	\$0 copay *
Diabetic therapeutic shoes or inserts	\$0 copay *
<b>Opioid treatment program services</b>	\$0 copay

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

## Additional Benefits

	<b>Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008</b>
<b>Over-the-Counter (OTC) Items</b>	<p>\$0 copay The maximum total benefit is \$400 every three months</p> <p><b>What you should know:</b> Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.</p>
<b>Wellness Programs</b>  Fitness	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay Coverage includes: Activity Tracker and Physical Fitness</p> <p><b>What you should know:</b> This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit or Garmin fitness tracker may be selected as part of a home fitness kit.</p>
Additional sessions of smoking and tobacco cessation counseling	<p>\$0 copay</p> <p>Limited to 5 visit(s) every year</p>
24-Hour Nurse Advice Line	\$0 copay
Personal emergency medical response device (PERS)	\$0 copay
<b>Special Supplemental Benefits for Chronically Ill (SSBCI)</b> To qualify for these benefits you must meet specific criteria, including having a qualifying chronic condition and determined to be eligible for high-risk care	<p>Assistive Devices: You pay \$0 copay Plan covers up to \$50 per quarter for plan approved list of assistive devices to aid in day-to-day living. Limitations apply.</p> <p>Utility Flex Card: You pay \$0 copay Plan covers up to \$50 per month to help cover the cost of utilities for your home. Limitations apply.</p>

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

## Additional Benefits

	<b>Wellcare Dual Liberty (HMO D-SNP) H5590, Plan 008</b>
management. For a complete list of eligibility criteria, please see the Evidence of Coverage.	Referral may be required *
<b>Flex Card</b>	\$1,000 yearly benefit <b>What you should know:</b> The Flex Card benefit is a debit card that may be used to reduce out of pocket costs at a dental, vision or hearing providers that accepts the card carrier.
<b>In-home support services</b>	\$0 copay for each in-home support services visit. Up to 24 visits every year. <b>What you should know:</b> 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 license plan provider. Services are provided in four hour increments.

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

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

---

### **Comprehensive Written Statement for Prospective Enrollees**

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Wellcare Dual Liberty (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) 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 Arizona Health Care Cost Containment System (Medicaid) toll-free at 1-855-432-7587 (TTY: 1-800-367-8939).

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

**Arizona Health Care Cost Containment System  
Medicare Advantage Special Needs Plans for Dual Eligible Members  
2022 Benefits**

In order for you to better understand your health care options, the following chart notes your charges for certain services under the Arizona Health Care Cost Containment System (Medicaid) as an individual who has both Medicare and Medicaid.

Your Medicare cost sharing responsibility is based on your level of Medicaid eligibility.

- Qualified Medicare Beneficiary (QMB) – \$0. Your Medicare cost sharing amounts will be paid by your Medicaid Health Plan unless otherwise noted below.
- Non-QMB with Medicare Parts A and B – Your Medicare cost sharing amounts will be paid by your Medicaid Health Plan only when the benefit is also covered by Medicaid.

<b>Benefit</b>	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:</b>	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:</b>
<b>ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)</b>		
Inpatient Hospital Stay	\$0	\$0
Inpatient Behavioral Health Care Stay	\$0	\$0
Nursing Facility Services	\$0	\$0
Home Health Care Visit	\$0	\$0
Primary Care Physician (PCP) Visit	\$0	\$0 for well visits, and \$0 to \$4 for other visits depending on eligibility (2) for ages 21 and over (2). \$0 for ages 20 and under.
Specialist Physician Visit	\$0	\$0 for well visits, and \$0 to \$4 for other visits depending on eligibility (2) for ages 21 and over.

		\$0 for ages 20 and under.
Medicare-Covered Services, including Chiropractic Care Visit, Chronic/Complex Case Management, etc,	\$0	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>
Podiatry Services Visit	\$0	\$0
Outpatient Behavioral Health Care Visit	\$0	\$0
Outpatient Substance Abuse Care Visit	\$0	\$0
Ambulatory Surgical Center or Outpatient Hospital Facility Visit	\$0	\$0 to \$3 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.
<b>Benefit</b>	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:</b>	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:</b>
<b><u>ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)</u></b>		
Ambulance Services	\$0	\$0
Emergency Services	\$0	\$0
Urgently Needed Care Visit	\$0	\$0 to \$4 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.
Outpatient Occupational/Physical/Speech Therapy Visit	\$0	\$0 to \$3 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.
Durable Medical Equipment	\$0	\$0
Prosthetic Devices	\$0	\$0. <i>Lower limb microprocessor controlled limb or joint not covered for ages 21 and over.</i>

Diabetes Self-Monitoring Training & Supplies (when provided as part of a PCP visit)	\$0	\$0
Diagnostic Tests, X-rays, and Laboratory Services (including COVID-19 diagnostic & testing services)	\$0	\$0
Colorectal Screening	\$0	\$0
Flu and Pneumonia Vaccines	\$0	\$0
Screening Mammogram	\$0	\$0
Pap Smear and Pelvic Exam	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Renal Dialysis or Nutritional Therapy for End-Stage Renal Disease	\$0	\$0
Prescription Medications (3)	\$0	\$0 to \$2.30 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.
Hearing Exams, Routine Hearing Tests, and Fitting Evaluations for a Hearing Aid	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>
Hearing Aids	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>
Routine Eye Exam, Eyeglasses, Contact Lenses, Lenses and Frames	\$0 for ages 20 and under. <i>Not covered for ages 21 and over unless following cataract surgery.</i>	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>



<b>Benefit</b>	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:</b>	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:</b>
<b>ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)</b>		
Routine Eye Exam, Eyeglasses, Contact Lenses, Lenses and Frames	\$0 for ages 20 and under. <i>Not covered for ages 21 and over unless following cataract surgery.</i>	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>
Adult Emergency Dental Services	\$0 for ages 21 and over. <i>Services subject to a \$1,000 limit per each 12 month period beginning October 1<sup>st</sup> of each year.</i>	\$0 for ages 21 and over. <i>Services subject to a \$1,000 limit per each 12 month period beginning October 1<sup>st</sup> of each year.</i>
Non-Emergency Medically Necessary Transportation	\$0	\$0

<b>LONG TERM CARE MEDICAID PROGRAMS ONLY (1)</b>		
Nursing Facility Services	Cost sharing determined by AHCCCS	Cost sharing determined by AHCCCS
Respite Services	\$0. <i>Subject to a 600 hour limit per each 12 month period beginning October 1<sup>st</sup> of each year.</i>	\$0. <i>Subject to a 600 hour limit per each 12 month period beginning October 1<sup>st</sup> of each year.</i>
Home and Community Based Services	Member contribution determined by AHCCCS	Member contribution determined by AHCCCS
Adult Preventive Dental Services (4)	\$0 for ages 21 and over. <i>Services subject to a \$1,000 limit per each 12 month period beginning October 1<sup>st</sup> of each year.</i>	\$0 for ages 21 and over. <i>Services subject to a \$1,000 limit per each 12 month period beginning October 1<sup>st</sup> of each year.</i>

(1) Acute Medicaid Programs include AHCCCS Complete Care (ACC), Regional Behavioral Health Authorities (RBHAs), and the Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP). Long Term Care Medicaid Programs include Elderly and Physically Disabled (E-PD) and Division of Developmental Disabilities (DDD).

(2) See the AHCCCS Website for additional beneficiary cost sharing, co-payment and benefits related information.

(3) Medicare Part D co-payment amounts are the sole responsibility of the beneficiary. AHCCCS health plans cannot assist with the payment of these amounts, except for behavioral health medications for those beneficiaries determined to be Seriously Mentally Ill (SMI) utilizing allowable Non-Title XIX funding.

(4) In addition to Adult Emergency Dental Services described above.

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al número de Servicios para Miembros que se indica para su estado en la página siguiente.

注意：如果您說中文，您可以免費獲得語言援助服務。請撥打針對您所在州列示於下一頁的會員服務部電話號碼。

Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí dành cho quý vị. Hãy gọi số điện thoại của bộ phận Dịch Vụ Thành Viên thuộc bang của quý vị ở trang tiếp theo.

주의사항: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 다음 페이지에서 가입자의 주에 해당하는 목록 내 가입자 서비스부 번호로 전화해 주십시오.

Atensyon: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa numero ng Mga Serbisyo para sa Miyembro na nakalista para sa iyong estado sa susunod na page.

Dumngeg: No agsasau ka iti Ilokano, dagiti tulong nga serbisio, a libre, ket available para kaniam. Awagam iti numero dagiti serbisio iti Miembro a nakalista para iti estadom iti sumaruno a panid.

La Silafia: Afai e te tautala i le gagana Samoa, o lo’o avanoa ia te oe ‘au’aunaga fesoasoani i le gagana, e leai se totogi. Vala’au le Member Services numeru lisiina mo lou setete i le isi itulau.

Maliu: Ke wala’au Hawai’i ‘oe, loa’a ke kōkua ma ka unuhi ‘ōlelo me ke kākī ‘ole. E kelepona i ka helu kelepona o ka Māhele Kōkua Hoa i hō’ike ‘ia no kou moku’āina ma kēia ‘ao’ao a’e.

# We're Just a Phone Call Away

---

## ARKANSAS

+ HMO, HMO D-SNP

☎ 1-855-565-9518

📄 Or visit [www.wellcare.com/allwellAR](http://www.wellcare.com/allwellAR)

## ARIZONA

+ HMO, HMO C-SNP , HMO D-SNP

☎ 1-800-977-7522

📄 Or visit [www.wellcare.com/allwellAZ](http://www.wellcare.com/allwellAZ)

## CALIFORNIA

+ HMO, HMO C-SNP, HMO D-SNP, PPO

☎ 1-800-275-4737

📄 Or visit [www.wellcare.com/healthnetCA](http://www.wellcare.com/healthnetCA)

## FLORIDA

+ HMO D-SNP

☎ 1-877-935-8022

📄 Or visit [www.wellcare.com/allwellFL](http://www.wellcare.com/allwellFL)

## GEORGIA

+ HMO

☎ 1-844-890-2326

+ HMO D-SNP

☎ 1-877-725-7748

📄 Or visit [www.wellcare.com/allwellGA](http://www.wellcare.com/allwellGA)

## INDIANA

+ HMO, PPO

☎ 1-855-766-1541

+ HMO D-SNP

☎ 1-833-202-4704

📄 Or visit [www.wellcare.com/allwellIN](http://www.wellcare.com/allwellIN)

## KANSAS

+ HMO, PPO

☎ 1-855-565-9519

+ HMO D-SNP

☎ 1-833-402-6707

📄 Or visit [www.wellcare.com/allwellKS](http://www.wellcare.com/allwellKS)

## LOUISIANA

+ HMO

☎ 1-855-766-1572

+ HMO D-SNP

☎ 1-833-541-0767

📄 Or visit [www.wellcare.com/allwellLA](http://www.wellcare.com/allwellLA)

## MISSOURI

+ HMO

☎ 1-855-766-1452

+ HMO D-SNP

☎ 1-833-298-3361

📄 Or visit [www.wellcare.com/allwellMO](http://www.wellcare.com/allwellMO)

## MISSISSIPPI

+ HMO  
☎ 1-844-786-7711

+ HMO D-SNP  
☎ 1-833-260-4124

📄 Or visit [www.wellcare.com/allwellMS](http://www.wellcare.com/allwellMS)

## NEBRASKA

+ HMO, PPO  
☎ 1-833-542-0693

+ HMO D-SNP, PPO D-SNP  
☎ 1-833-853-0864

📄 Or visit [www.wellcare.com/NE](http://www.wellcare.com/NE)

## NEVADA

+ HMO, HMO C-SNP, PPO  
☎ 1-833-854-4766

+ HMO D-SNP  
☎ 1-833-717-0806

📄 Or visit [www.wellcare.com/allwellNV](http://www.wellcare.com/allwellNV)

## NEW MEXICO

+ HMO, PPO  
☎ 1-833-543-0246

+ HMO D-SNP  
☎ 1-844-810-7965

📄 Or visit [www.wellcare.com/allwellNM](http://www.wellcare.com/allwellNM)

## NEW YORK

+ HMO, HMO-POS, HMO D-SNP  
☎ 1-800-247-1447

📄 Or visit [www.fideliscare.org/wellcaremedicare](http://www.fideliscare.org/wellcaremedicare)

## OHIO

+ HMO, PPO  
☎ 1-855-766-1851

+ HMO D-SNP  
☎ 1-866-389-7690

📄 Or visit [www.wellcare.com/allwellOH](http://www.wellcare.com/allwellOH)

## OKLAHOMA

+ HMO, PPO  
☎ 1-833-853-0865

+ HMO D-SNP  
☎ 1-833-853-0866

📄 Or visit [www.wellcare.com/OK](http://www.wellcare.com/OK)

## OREGON

+ HMO, PPO  
☎ 1-844-582-5177

📄 Or visit [www.wellcare.com/healthnetOR](http://www.wellcare.com/healthnetOR)

+ HMO D-SNP  
☎ 1-844-867-1156

📄 Or visit [www.wellcare.com/trilliumOR](http://www.wellcare.com/trilliumOR)

## PENNSYLVANIA

+ HMO, PPO  
☎ 1-855-766-1456

+ HMO D-SNP  
☎ 1-866-330-9368

📄 Or visit [www.wellcare.com/allwellPA](http://www.wellcare.com/allwellPA)


## SOUTH CAROLINA

+ HMO, HMO D-SNP  
☎ 1-855-766-1497

📄 Or visit [www.wellcare.com/allwellSC](http://www.wellcare.com/allwellSC)

## TEXAS

 HMO

 1-844-796-6811

 HMO D-SNP

 1-877-935-8023

 Or visit [www.wellcare.com/allwellTX](http://www.wellcare.com/allwellTX)

## WISCONSIN

 HMO D-SNP

 1-877-935-8024

 Or visit [www.wellcare.com/allwellWI](http://www.wellcare.com/allwellWI)

## WASHINGTON

 PPO

 1-844-582-5177

 Or visit [www.wellcare.com/healthnetOR](http://www.wellcare.com/healthnetOR)

**TTY FOR ALL STATES: 711**

## HOURS OF OPERATION

 **October 1 to March 31:** Monday–Sunday, 8 a.m. to 8 p.m.

 **April 1 to September 30:** Monday–Friday, 8 a.m. to 8 p.m.

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-277-6583 (TTY: 711). Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m.

## Understanding the Benefits

- ❑ Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. Visit [www.wellcare.com/allwellaz](http://www.wellcare.com/allwellaz) or call 1-866-277-6583 (TTY: 711) to view a copy of the EOC.
- ❑ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ❑ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- ❑ **For plans with a plan premium (Does not apply to plans with zero plan premium):** In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ❑ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- ❑ **For HMO plans only:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ❑ **For PPO and PFFS plans only:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ❑ **For C-SNP plans only:** This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- ❑ **For D-SNP plans only:** This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

## Contact Us

For more information, please contact us:

### By phone

Toll-free at 1-866-277-6583 (TTY 711). Your call may be answered by a licensed agent.

### Hours of Operation

Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m.

**Online** [www.wellcare.com/allwellAZ](http://www.wellcare.com/allwellAZ)

**We're with our members every step of the way.**

Centene, Inc. is an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

Contract services are funded in part under contract with the State of Arizona.