

2022

Summary of Benefits

New Mexico

Wellcare Dual Liberty (HMO D-SNP)

H2134 | 001

Wellcare Dual Access (HMO D-SNP)

H2134 | 003

We know how important it is to have a health plan you can count on.

This is a summary of drug and health services covered by Wellcare Dual Liberty (HMO D-SNP) and Wellcare Dual Access (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/allwellnm. Or, you may call us to ask for a copy at the phone number listed on the back cover.

Who can join?

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

Our plans and service areas:

H2134001000 Wellcare Dual Liberty (HMO D-SNP) includes these counties in New Mexico: Bernalillo, Chaves, Cibola, Curry, Dona Ana, Luna, McKinley, Quay, Rio Arriba, Roosevelt, San Juan, Sandoval, Santa Fe, Taos, Torrance, and Valencia.

H2134003000 Wellcare Dual Access (HMO D-SNP) includes these counties in New Mexico: Bernalillo, Chaves, Cibola, Curry, Dona Ana, Luna, McKinley, Quay, Rio Arriba, Roosevelt, San Juan, Sandoval, Santa Fe, Taos, Torrance, and Valencia.

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

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

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

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

Which doctors, hospitals and pharmacies can I use? Wellcare Dual Liberty (HMO D-SNP) and Wellcare Dual Access (HMO D-SNP) have a network of doctors, hospitals, pharmacies, and other providers. You can save money by using our preferred mail-order pharmacy and by using providers in the plan's network. With some plans if you use providers that are not in our network, your share of the costs for covered services may be higher.

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

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/allwellNM.

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

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
Service Area	Our plans and service areas: H2134001000 Wellcare Dual Liberty (HMO D-SNP) includes these counties in New Mexico: Bernalillo, Chaves, Cibola, Curry, Dona Ana, Luna, McKinley, Quay, Rio Arriba, Roosevelt, San Juan, Sandoval, Santa Fe, Taos, Torrance, and Valencia. H2134003000 Wellcare Dual Access (HMO D-SNP) includes these counties in New Mexico: Bernalillo, Chaves, Cibola, Curry, Dona Ana, Luna, McKinley, Quay, Rio Arriba, Roosevelt, San Juan, Sandoval, Santa Fe, Taos, Torrance, and Valencia.	
Special Needs Plans Eligibility Criteria	H2134001000 includes (FBDE, QMB+, SLMB+) and H2134003000 includes (FBDE, QMB, QMB+, SLMB+). Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document	
Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive		
Monthly plan premium You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.	\$0	\$0
Deductible	No deductible	No deductible
Maximum out-of-Pocket Responsibility (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.	\$3,450 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.

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

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

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
Inpatient Hospital coverage	Days 1-90: \$0 copay per stay *	Days 1-90: \$0 copay per stay *
Outpatient Hospital coverage Outpatient hospital services	\$0 copay for surgical and non-surgical services *	\$0 copay for surgical and non-surgical services *
Outpatient hospital observation services	\$0 copay *	\$0 copay *
Ambulatory surgical center (ASC)	\$0 copay *	\$0 copay *
Doctor Visits		
Primary Care Providers	\$0 copay	\$0 copay
Specialists	\$0 copay	\$0 copay
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu shots, Hepatitis B shots, Pneumococcal shots))	\$0 copay	\$0 copay
Emergency care	\$0 copay	\$0 copay

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
Worldwide emergency coverage	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for Worldwide Emergency Services.	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for Worldwide Emergency Services.
Urgently needed services	\$0 copay	\$0 copay
Worldwide urgent care coverage	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for Worldwide Urgently Needed Services.	\$120 copay Worldwide Emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for Worldwide Urgently Needed Services.
Diagnostic Services/Labs/Imaging	COVID-19 testing and specified testing-related services at any location are \$0.	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	\$0 copay *	\$0 copay *
Diagnostic tests and procedures	\$0 copay *	\$0 copay *

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
Outpatient X-rays	\$0 copay *	\$0 copay *
Diagnostic radiology services (e.g. MRI, CAT Scan)	\$0 copay *	\$0 copay *
Therapeutic Radiology	\$0 copay *	\$0 copay *
Hearing services Hearing Exam Medicare Covered	\$0 copay *	\$0 copay *
Routine hearing exam	\$0 copay * 1 exam every year	\$0 copay * 1 exam every year
Hearing Aids Hearing Aid Fitting/Evaluation(s)	\$0 copay * 1 fitting(s) / evaluation(s) every year	\$0 copay * 1 fitting(s) / evaluation(s) every year
Hearing aid allowance	Up to a \$1,500 allowance for both ears combined every year for hearing aids.	Up to a \$1,500 allowance for both ears combined every year for hearing aids.
All types	\$0 copay * Limited to 2 hearing aid(s) every year	\$0 copay * Limited to 2 hearing aid(s) every year

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
Additional Hearing Information	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
Dental services		
Preventive services	\$0 copay *	\$0 copay *
	Cleanings 2 every year Dental x-rays 1 every 12 to 36 months Oral exams 2 every year	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	\$0 copay * 1 every year
Comprehensive services		
Medicare Covered	\$0 copay for each Medicare-covered service *	\$0 copay for each Medicare-covered service *
Diagnostic Services	\$0 copay * 1 diagnostic service(s) every year	\$0 copay * 1 diagnostic service(s) every year

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
Restorative Services	\$0 copay *	\$0 copay *
	1 restorative service(s) every 12 to 84 months	1 restorative service(s) every 12 to 84 months.
Endodontics/ Periodontics/ Extractions	\$0 copay *	\$0 copay *
	1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth	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 *	\$0 copay *
	1 non-routine service(s) every day to 60 months	1 non-routine service(s) every day to 60 months
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	\$0 copay *	\$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	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	What you should know: This plan includes coverage of preventive and comprehensive services up to \$4,000.	What you should know: This plan includes coverage of preventive and comprehensive services up to \$3,000.

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
Vision Services		
Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *
Routine eye exam (Refraction)	\$0 copay * 1 exam every year	\$0 copay * 1 exam every year
Glaucoma screening	\$0 copay for each Medicare-covered service.	\$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	\$0 copay *	\$0 copay *
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.	\$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Up to a \$200 combined allowance every year
Mental Health Services		
Inpatient visit	Days 1-90: \$0 copay per stay *	Days 1-90: \$0 copay per stay *
Outpatient individual therapy visit	\$0 copay	\$0 copay

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
Outpatient group therapy visit	\$0 copay	\$0 copay
Skilled nursing facility (SNF)	Days 1-100: \$0 copay per benefit period. *	Days 1-100: \$0 copay per benefit period. *
Therapy and Rehabilitation Services		
Physical Therapy	\$0 copay *	\$0 copay *
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay *	\$0 copay *
Pulmonary rehabilitation services	\$0 copay	\$0 copay
Ambulance		
Ground Ambulance	\$0 copay *	\$0 copay *
Air Ambulance	\$0 copay *	\$0 copay *
Transportation Services	Up to 24 one-way trips every year to plan-approved health-related locations. Mileage limits may apply. \$0 copay (per one-way trip) *	Up to 12 one-way trips every year to plan-approved health-related locations. Mileage limits may apply. \$0 copay (per one-way trip) *

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Benefits

	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
	What you should know: 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.	What you should know: 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.
Medicare Part B Drugs		
Chemotherapy drugs	\$0 copay *	\$0 copay *
Other Part B drugs	\$0 copay *	\$0 copay *

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Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
Stage 1: Annual Prescription Deductible		
Deductible	This plan has no deductible for Part D covered drugs, this payment stage doesn't apply.	This plan has no deductible for Part D covered drugs, this payment stage doesn't apply.
Stage 2: Initial Coverage (after you pay your deductible, if applicable)		
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.		
Standard Retail cost-sharing (30-day/90-day supply)		
	Standard	Standard
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 copay	\$0 copay
Tier 2 (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%
Tier 3 (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%
Tier 4 (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%

Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
	Standard	Standard
Tier 5 (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
Tier 6 (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%

Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001		Wellcare Dual Access (HMO D-SNP) H2134, Plan 003	
Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)				
Mail-order cost-sharing (30-day/90-day supply)				
	Preferred	Standard	Preferred	Standard
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic Drugs - includes generic drugs and may include some brand drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
Tier 3 (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
Tier 4 (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%

Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001		Wellcare Dual Access (HMO D-SNP) H2134, Plan 003	
	Preferred	Standard	Preferred	Standard
Tier 5 (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply
Tier 6 (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
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.		After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay your "Extra Help" cost share or no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	

Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001		Wellcare Dual Access (HMO D-SNP) H2134, Plan 003	
	Preferred	Standard	Preferred	Standard
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"> • \$3.95 copay for generics (including brand drugs treated as generic), or • \$9.85 copay for all other drugs 		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"> • \$3.95 copay for generics (including brand drugs treated as generic), or • \$9.85 copay for all other drugs 	

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

	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
Chiropractic Services Medicare-covered	\$0 copay *	\$0 copay *
Routine chiropractic services	\$0 copay * 12 visit(s) every year	\$0 copay * 12 visit(s) every year
Acupuncture Medicare-covered	\$0 copay *	\$0 copay *
Podiatry Services (Foot Care) Medicare Covered	\$0 copay What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.	\$0 copay What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.
Virtual Visits	<p>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.</p> <p>A virtual visit (also known as a telehealth consult) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device.</p>	

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Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
Home health agency care	\$0 copay *	\$0 copay *
Meals		
Post-Acute Meals	\$0 copay for each post-acute meal ■ What you should know: You pay nothing for post-acute meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days.	\$0 copay for each post-acute meal ■ What you should know: 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.
Chronic Meals	\$0 copay for each chronic meal ■ What you should know: You pay nothing for home delivered meals as part of a supervised program designed to transition members with chronic conditions to lifestyle modifications. Members receive 3 meals per day for up to 28 days per month, for a maximum of 84 meals. The benefit can be received for up to 3 months.	\$0 copay for each chronic meal ■ What you should know: 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.
Medical Equipment/Supplies		
Durable Medical Equipment (DME)	\$0 copay *	\$0 copay *

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Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
Prosthetics	\$0 copay *	\$0 copay *
Diabetic supplies	\$0 copay *	\$0 copay *
Diabetic therapeutic shoes or inserts	\$0 copay *	\$0 copay *
Opioid treatment program services	\$0 copay	\$0 copay
Over-the-Counter (OTC) Items	\$0 copay The maximum total benefit is \$325 every three months What you should know: Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.	\$0 copay The maximum total benefit is \$195 every three months What you should know: Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.
Wellness Programs	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.
Fitness	\$0 copay Coverage includes: Activity Tracker and Physical Fitness	\$0 copay Coverage includes: Activity Tracker and Physical Fitness

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) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
	What you should know: 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.	What you should know: 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.
Additional sessions of smoking and tobacco cessation counseling	\$0 copay Limited to 5 visit(s) every year	\$0 copay Limited to 5 visit(s) every year
Additional Routine Annual Physical	<u>Not</u> covered	\$0 copay What you should know: Wellness programs are a great way to maintain your health. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.
24-Hour Nurse Advice Line	\$0 copay	\$0 copay
Personal emergency medical response device (PERS)	\$0 copay	\$0 copay
Special Supplemental Benefits for Chronically Ill (SSBCI)	Robotic Companion: You pay \$0 copay	Robotic Companion: You pay \$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) H2134, Plan 001	Wellcare Dual Access (HMO D-SNP) H2134, Plan 003
To qualify for these benefits you must meet specific criteria, including having a qualifying chronic condition and determined to be eligible for high-risk care management. For a complete list of eligibility criteria, please see the Evidence of Coverage.	<p>Covers an interactive companion cat or dog from a contracted provider. Limitations apply.</p> <p>Utility Flex Card: You pay \$0 copay Plan covers up to \$75 per month to help cover the cost of utilities for your home. Limitations apply.</p> <p>Referral may be required *</p>	<p>Covers an interactive companion cat or dog from a contracted provider. 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> <p>Referral may be required *</p>
In-home support services	<p>\$0 copay for each in-home support services visit. Up to 12 visits every year.</p> <p>What you should know: You can receive Chore and Personal Care Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a license plan provider. Services are provided in four hour increments.</p>	<p>\$0 copay for each in-home support services visit. Up to 6 visits every year.</p> <p>What you should know: You can receive Chore and Personal Care Services if you meet certain clinical criteria. Services must be recommended or requested by a licensed plan clinician or a license plan provider. Services are provided in four hour increments.</p>

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), Wellcare Dual Access (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), Wellcare Dual Access (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 New Mexico Centennial Care (Medicaid) toll-free at 1-888-997-2583 (TTY: 1-505-827-3195).

Our source of information for Medicaid benefits is

<http://www.hsd.state.nm.us/LookingForAssistance/centennial-care-overview.aspx>. All Medicaid covered services are subject to change at any time. For the most current New Mexico Medicaid coverage information, please visit <http://www.hsd.state.nm.us/LookingForAssistance/centennial-care-overview.aspx> or call Member Services for assistance. A detailed explanation of New Mexico Medicaid benefits can be found in the New Mexico Summary of Services online at <http://www.hsd.state.nm.us/LookingForAssistance/centennial-care-overview.aspx>.

List of Medicaid services to be offered, as may be modified by amendment to the Centennial Care contract:
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Accredited Residential SUD Treatment Centers (Adult)
Accredited Residential Treatment Center Services
Adaptive Skills Building (Autism)
Adult Day Health
Adult Psychological Rehabilitation Services
Ambulatory Surgery Center Services
Anesthesia Services
Applied Behavior Analysis (ABA)
Assertive Community Treatment Services
Assisted Living
Bariatric Surgery
Behavior Support Consultation
Behavior Management Skills Development Services
Behavioral Health Professional Services; outpatient behavioral health and substance abuse services
Case Management
Chronic Care Management Services
Community Interveners for the Deaf and Blind
Community Transition Services
Comprehensive Community Support Services
Crisis Services including telephone, clinic, mobile, and stabilization centers
Crisis Triage Centers including residential
Customized Community Support
Day Treatment Services
Dental Services
Diagnostic Imaging and Therapeutic Radiology Services
Dialysis Services
Durable Medical Equipment And Supplies
Emergency Responses

Emergency Services (including emergency room visits and psychiatric ER)
Employment Supports
Environmental Modifications (\$5,000 limit every five years)
Experimental Or Investigational Procedures, Technology, Or Non-Drug Therapies ¹
Early and Periodic Screening, Diagnosis And Treatment (EPSDT)
EPSDT Personal Care Services
EPSDT Private Duty Nursing
EPSDT Rehabilitation Services
Family Peer Support Services
Family Planning
Family Support (Behavioral Health)
Federally Qualified Health Center Services
Hearing Aids and Related Evaluations
Home Health Aide
Home Health Services (limitations apply)
Hospital Outpatient
Inpatient Hospitalization In Freestanding Psychiatric Hospitals
Intensive Outpatient Program Services
IV Outpatient Services
Laboratory Services
Medication Assisted Treatment For Opioid Dependence
Midwife Services
Multi-Systemic Therapy Services
Non-Accredited Residential Treatment Centers and Group Homes
Nursing Facility Services
Nutritional Counseling
Nutritional Services
Occupational Services
Outpatient Hospital Based Psychiatric Services and Partial Hospitalization
Outpatient and Partial Hospitalization In Freestanding Psychiatric Hospital
Outpatient Health Care Professional Services
Peer Support Services
Personal Care Services (Consumer Directed and Consumer Delegated)
Pharmacy Services
Physical Health Services
Physical Therapy
Physician Visits

Podiatry Services
Pregnancy Termination Procedures
Preventive Services
Private Duty Nursing For Adults
Prosthetics and Orthotics
Psychosocial Rehabilitation Services
Radiology Facilities
Recovery Services (Behavioral Health)
Rehabilitation Option Services
Rehabilitation Services Providers
Related Goods
Reproductive Health Services
Respite (annual limits may apply)
Respite (Behavioral Health) (annual limits may apply but may be exceeded based on the member's health and safety needs)
Rural Health Clinics Services
School-Based Services
Screening, Brief Intervention, Referral to Treatment (SBIRT) Services
Skilled Maintenance Therapy Services
Specialized Therapies (annual limits may apply)
Speech and Language Therapy
Supportive Housing (limitations apply)
Swing Bed Hospital Services
Telehealth Services
Telemedicine Services
Tobacco Cessation treatment and services (may include counseling, prescription medications and products)
Tot-To-Teen Health Checks
Transitional Care Management Services
Transplant Services
Transportation Services (Medical)
Transportation Services (Non-Medical) (annual limits may apply)
Treatment Foster Care I
Treatment Foster Care II
Vision Care Services

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 totoḡi. Vala’au le Member Services numera 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

ARIZONA


 HMO, HMO C-SNP , HMO D-SNP

 1-800-977-7522

 Or visit www.wellcare.com/allwellAZ

CALIFORNIA

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

 1-800-275-4737

 Or visit www.wellcare.com/healthnetCA

FLORIDA

 HMO D-SNP

 1-877-935-8022

 Or visit www.wellcare.com/allwellFL

GEORGIA

 HMO

 1-844-890-2326


 HMO D-SNP

 1-877-725-7748


 Or visit www.wellcare.com/allwellGA

INDIANA

 HMO, PPO

 1-855-766-1541

 HMO D-SNP

 1-833-202-4704

 Or visit www.wellcare.com/allwellIN

KANSAS

 HMO, PPO

 1-855-565-9519


 HMO D-SNP

 1-833-402-6707

 Or visit www.wellcare.com/allwellKS

LOUISIANA

 HMO

 1-855-766-1572

 HMO D-SNP

 1-833-541-0767


 Or visit www.wellcare.com/allwellLA

MISSOURI

 HMO

 1-855-766-1452


 HMO D-SNP

 1-833-298-3361


 Or visit www.wellcare.com/allwellMO

MISSISSIPPI

 HMO

 1-844-786-7711


 HMO D-SNP

 1-833-260-4124

 Or visit 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

NEVADA

 HMO, HMO C-SNP, PPO

 1-833-854-4766

 HMO D-SNP

 1-833-717-0806

 Or visit 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

NEW YORK


 HMO, HMO-POS, HMO D-SNP

 1-800-247-1447

 Or visit www.fideliscare.org/wellcaremedicare

OHIO

 HMO, PPO

 1-855-766-1851

 HMO D-SNP

 1-866-389-7690

 Or visit www.wellcare.com/allwellOH

OKLAHOMA

 HMO, PPO

 1-833-853-0865


 HMO D-SNP

 1-833-853-0866

 Or visit www.wellcare.com/OK


OREGON

 HMO, PPO

 1-844-582-5177

 Or visit www.wellcare.com/healthnetOR

 HMO D-SNP

 1-844-867-1156

 Or visit www.wellcare.com/trilliumOR

PENNSYLVANIA

 HMO, PPO

 1-855-766-1456

 HMO D-SNP

 1-866-330-9368

 Or visit www.wellcare.com/allwellPA

SOUTH CAROLINA


 HMO, HMO D-SNP

 1-855-766-1497

 Or visit www.wellcare.com/allwellSC

TEXAS

 HMO

 1-844-796-6811

 HMO D-SNP

 1-877-935-8023

 Or visit www.wellcare.com/allwellTX

WISCONSIN

 HMO D-SNP

 1-877-935-8024

 Or visit www.wellcare.com/allwellWI

WASHINGTON

 PPO

 1-844-582-5177

 Or visit 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/allwellnm 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/allwellNM

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.

Such services are funded in part with the state of New Mexico.