



2022

Summary of Benefits

Oregon

Wellcare Dual Select (HMO D-SNP)

H2174 | 001

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

This is a summary of drug and health services covered by Wellcare Dual Select (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/trilliumor. 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 Lane county in Oregon.

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 Oregon 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 Oregon 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/trilliumor. (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 Select (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/trilliumor.

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/trilliumOR.

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 Select (HMO D-SNP) H2174, Plan 001
Service Area	Our service area includes Lane county in Oregon.
Special Needs Plans Eligibility Criteria	This plan includes (FBDE, QMB+, SLMB+). Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document
Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive	
Monthly plan premium You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.	\$0 or \$40.50 based on your level of Medicaid eligibility
Deductible	\$0 - \$233
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.
Inpatient Hospital coverage	For each admission, you pay: <ul style="list-style-type: none"> \$0 or \$1,800 copay per stay for days 1 through 90 *
Outpatient Hospital coverage Outpatient hospital services	\$0 or 20% coinsurance for surgical and non-surgical services *

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

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Benefits

	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
Outpatient hospital observation services	\$0 or \$120 copay for outpatient observation services when you enter observation status through an emergency room. 20% coinsurance for outpatient observation services when you enter observation status through an outpatient facility. *
Ambulatory surgical center (ASC)	\$0 or 20% coinsurance *
Doctor Visits	
Primary Care Providers	\$0 or 20% coinsurance
Specialists	\$0 or 20% coinsurance
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
Emergency care	\$0 or \$120 copay Copay is waived if you are admitted to a hospital within 24 hours.
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.

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Benefits

	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
Urgently needed services	\$0 or \$65 copay Copay is waived if you are admitted to a hospital within 24 hours.
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.
Diagnostic Services/Labs/Imaging	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	\$0 or 20% coinsurance *
Diagnostic tests and procedures	\$0 or 20% coinsurance *
Outpatient X-rays	\$0 or 20% coinsurance *
Diagnostic radiology services (e.g. MRI, CAT Scan)	\$0 or 20% coinsurance of the total cost for Medicare-covered diagnostic radiological services. *
Therapeutic Radiology	\$0 or 20% coinsurance *
Hearing services	
Hearing Exam Medicare Covered	\$0 or 20% coinsurance *
Routine hearing exam	\$0 copay * 1 exam every year

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Benefits

	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	\$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.
All types	\$0 copay * Limited to 2 hearing aid(s) every year
Additional Hearing Information	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
Dental services	
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 or 20% coinsurance for each Medicare-covered service. *

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Benefits

	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
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 24 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
Additional Dental Information	What you should know: This plan includes coverage of preventive and comprehensive services up to \$1,000.
Vision Services Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 or 20% coinsurance (all other Medicare-covered eye exams) *

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Benefits

	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
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.
Mental Health Services	
Inpatient visit	For each admission, you pay: • \$0 or \$2,175 copay per stay for days 1 through 90 *
Outpatient individual therapy visit	\$0 or 20% coinsurance
Outpatient group therapy visit	\$0 or 20% coinsurance
Skilled nursing facility (SNF)	For each benefit period, you pay: • \$0 copay per day for days 1 through 20 • \$0 or \$184 copay per day for days 21 through 100 *

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Benefits

	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
Therapy and Rehabilitation Services	
Physical Therapy	\$0 or 20% coinsurance *
Outpatient rehabilitation services provided by an occupational therapist	\$0 or 20% coinsurance *
Pulmonary rehabilitation services	\$0 or 20% coinsurance
Ambulance	
Ground Ambulance	\$0 or 20% coinsurance *
Air Ambulance	\$0 or 20% coinsurance *
Transportation Services	<p>Up to 12 one-way trips every year to plan-approved health-related locations. Mileage limits may apply.</p> <p>\$0 copay (per one-way trip) *</p> <p>What you should know:</p> <p>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.</p>
Medicare Part B Drugs	
Chemotherapy drugs	\$0 or 20% coinsurance *

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Other Part B drugs	\$0 or 20% coinsurance *

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Prescription Drug Coverage	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
Stage 1: Annual Prescription Deductible	
Deductible	The deductible you pay is \$0 to \$99 per year for Part D Prescription Drugs on Tier 2 (Generic Drugs), Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier) depending on your level of “Extra Help” from Medicare. If you have a limited income you may be able to get “Extra Help” with your Medicare prescription drug plan premiums, deductibles and co-pays. Many people qualify and don’t even know it. To find out if you qualify, call the Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778, 7 a.m. - 7 p.m., Monday - Friday.
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
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$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%
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%

Prescription Drug Coverage	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
	Standard
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%
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
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%

Prescription Drug Coverage	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001	
Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)		
Mail-order cost-sharing (30-day/90-day supply)		
	Preferred	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%
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

Prescription Drug Coverage	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001	
	Preferred	Standard
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%
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">• \$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 Select (HMO D-SNP) H2174, Plan 001
Chiropractic Services Medicare-covered	\$0 or 20% coinsurance *
Acupuncture Medicare-covered	\$0 or 20% coinsurance for Medicare-covered Acupuncture received in a PCP office. \$0 or 20% coinsurance for Medicare-covered Acupuncture received in a Specialist office. \$0 or 20% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office. *
Podiatry Services (Foot Care) Medicare Covered	\$0 or 20% coinsurance What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.
Virtual Visits	Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more. A virtual visit (also known as a telehealth consult) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device.
Home health agency care	\$0 or 20% coinsurance *

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Additional Benefits

	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
Meals	
Post-Acute Meals	<p>\$0 copay for each post-acute meal</p> <p>▪</p> <p>What you should know:</p> <p>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.</p>
Chronic Meals	<p>\$0 copay for each chronic meal</p> <p>▪</p> <p>What you should know:</p> <p>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.</p>
Medical Equipment/Supplies	
Durable Medical Equipment (DME)	\$0 or 20% coinsurance *
Prosthetics	\$0 or 20% coinsurance *
Diabetic supplies	\$0 copay *
Diabetic therapeutic shoes or inserts	\$0 or 20% coinsurance *
Opioid treatment program services	<p>\$0 or 20% coinsurance</p> <p>If you are eligible for full Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>

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Additional Benefits

	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
Over-the-Counter (OTC) Items	<p>\$0 copay The maximum total benefit is \$145 every three months</p> <p>What you should know: Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.</p>
Wellness Programs	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p>
Fitness	<p>\$0 copay Coverage includes: Activity Tracker and Physical Fitness</p> <p>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.</p>
Additional sessions of smoking and tobacco cessation counseling	<p>\$0 copay</p> <p>Limited to 5 visit(s) every year</p>
Additional Routine Annual Physical	<p>\$0 copay</p> <p>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.</p>
24-Hour Nurse Advice Line	\$0 copay
Special Supplemental Benefits for Chronically Ill (SSBCI) To qualify for these benefits you must meet specific criteria,	<p>Grocery Delivery: You pay \$0 copay Plan covers up to \$50 per month to use on plan-approved grocery items. Limitations apply.</p> <p>Robotic Companion: You pay \$0 copay</p>

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Additional Benefits

	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
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.	Covers an interactive companion cat or dog from a contracted provider. Limitations apply. Referral may be required *
Flex Card	\$200 yearly benefit What you should know: 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.

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Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Medicare Advantage plan. 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, Trillium Advantage Dual (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 Oregon Health Plan toll-free at 1-800-273-0557 (TTY: 711)

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

The following service categories constitute the mandatory categories or Covered Services for Members eligible for the OHP Plus Benefit Package:
Dental Services
Diagnostic Services/Lab/X-Ray;
DMEPOS/Hearing Aids & Supplies;
Intensive Care Coordination;
Home Health/Private Duty Nursing/Hospice;
Inpatient Hospital - Basic includes Acute Detoxification;
Inpatient Hospital -Hysterectomy;
Inpatient Hospital -Family Planning;
Inpatient Hospital -Maternity;
Inpatient Hospital -Newborn;
Inpatient Hospital -Sterilization;
Intensive Outpatient Substance Use Disorder Treatment;
Pregnancy Management Services;
Mental Health-Acute Inpatient -Inpatient Psychiatric Treatment;
Mental Health-Outpatient Other - Outpatient hospital based;
Mental Health-Alternative to Inpatient -Inpatient sub-acute;
Mental Health-Assessment/Evaluation -Initial Mental Health Assessment or screening;
Mental Health-Case Management-Outpatient Case Management by MH Providers of Mental Health Members;
Mental Health-Consultation -Mental Health Providers offering additional evaluation beyond assessment/screening;
Mental Health-Interpretation Services - Mental Health --supportive employment, ACT, Etc. special MH programs including WRAP services;
Mental Health-Intensive Treatment Services-:

Mental Health- Medical Management - Medication of Mental Health Members;
Mental Health-Outreach - Most all services done out in the Community setting;
Mental Health- Physician Inpatient - Inpatient professional component while the client is in the Hospital;
Mental Health- Physician Outpatient - Outpatient Mental Health MD services in either Hospital or community settings;
Mental Health- Support Day Treatment - Day treatment services in Community settings;
Methadone dosing and dispensing;
Opioid Substitution Treatment;
Outpatient Hospital/ASC- Basic includes Emergency Department;
Outpatient Hospital/ ASC - Family Planning;
Outpatient Hospital/ ASC - Maternity;
Outpatient Hospital/ ASC - Sterilization;
Outpatient Hospital/ ASC - Hysterectomy;
Other Outpatient Treatment Services;
Physician- Basic includes Somatic Mental Health and Vaccines for Children;
Physician - Family Planning;
Physician - Hysterectomy;
Physician - Maternity;
Physician - Newborn;
Physician - Other includes Dialysis, Hearing Services PT /OT Services, Speech/Language Pathology, etc.
Post Hospital Extended Care;
Prescription Drugs - Basic;
Prescription Drugs - Family Planning;
Residential Detoxification;
Substance Use Disorders Services;
Tobacco Cessation;
Transportation - Ambulance;
and Vision Exams, Therapy, Materials
Other services approved and implemented by Oregon HERC during the Agreement period as and as specified on the Health Evidence Review Commission Prioritized List for the calendar year of the Agreement period. https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx

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 kaniyam. 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 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.

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📞 1-855-565-9518

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 HMO D-SNP
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 Or visit www.wellcare.com/allwellPA

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 HMO

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 Or visit www.wellcare.com/allwellTX

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 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/trilliumor 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/trilliumOR

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.