



2023 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, 2023 to December 31, 2023.

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. To request a copy, please call 1-844-917-0175 (TTY 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

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. To be eligible, the beneficiary must also be a United States citizen or are lawfully present in the United States.

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. 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 1-844-917-0175 (TTY users should call 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones). 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 (includes both medical and drugs)	\$0 or \$30.80 based on your level of Medicaid eligibility You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.
Deductible	\$0 or \$233 - The Part B deductible was \$233. This is the 2022 cost sharing amount and may change in 2023. Wellcare Dual Select (HMO D-SNP) will provide updated rates at www.wellcare.com/trilliumor as soon as they are released.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$8,300 in-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	For each admission, you pay: <ul style="list-style-type: none"> \$0 or \$1,625 copay per stay for days 1 through 90 *
Outpatient Hospital coverage Outpatient hospital services	\$0 or 20% coinsurance for surgical and non-surgical services *
Outpatient hospital observation services	\$0 or 20% coinsurance *
Ambulatory surgical center (ASC) services	\$0 or 20% coinsurance *

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

Benefits

	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
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 \$95 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide emergency coverage	\$95 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 or \$60 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide urgent care coverage	\$95 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.

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Benefits

	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
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 copay for each Medicare-covered spirometry test for members with a diagnosis of COPD. \$0 copay for the removal of abnormal tissue and/or polyps during a colonoscopy performed as a preventive screening for colorectal cancer. 20% coinsurance for all other Medicare-covered diagnostic procedures and tests. *
Outpatient X-rays	\$0 or 20% coinsurance *
Diagnostic radiology services (e.g. MRI, CAT Scan)	\$0 copay for a Diagnostic Mammogram. 20% coinsurance for all other diagnostic radiology 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)	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ * <p>1 fitting(s) / evaluation(s) every year</p>
Hearing aid allowance All types	<p>Up to a \$1,000 allowance per ear every year for hearing aids.</p> <p>\$0 copay</p> <ul style="list-style-type: none"> ▪ * <p>Limited to 2 hearing aid(s) every year</p>
Additional Hearing Information	<p>What you should know</p> <p>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.</p>
Dental services	
Preventive services	<p>\$0 copay</p> <ul style="list-style-type: none"> * <p>Cleanings 2 every year</p> <p>Dental x-rays 1 every 12 to 36 months depending on type of service</p> <p>Oral exams 2 every year</p>

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Fluoride Treatment	\$0 copay * 1 every year
Comprehensive services Medicare-covered	\$0 or 20% coinsurance for each Medicare-covered service. *
Diagnostic Services	\$0 copay * 1 diagnostic service(s) every year
Restorative Services	\$0 copay * 1 restorative service(s) every 12 to 84 months depending on type of service
Endodontics/ Periodontics/ Extractions	\$0 copay * 1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months depending on type of service 1 extraction(s) per tooth
Non-routine services	\$0 copay * 1 non-routine service(s) every date of service to 60 months depending on type of service

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Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	<p>\$0 copay *</p> <p>Prosthodontics - every 12 to 84 months depending on type of service. Oral/maxillofacial surgery - every 12 to 60 months or per lifetime depending on type of service. Other services - every 6 to 60 months depending on type of service.</p>
Additional Dental Information	<p>What you should know: This plan includes coverage of comprehensive services up to \$5,000 per plan year.</p>
Vision Services Eye Exam Medicare Covered	<p>\$0 copay (Medicare-covered diabetic retinopathy screening) 20% coinsurance (all other Medicare-covered eye exams) ▪ *</p>
Routine eye exam (Refraction)	<p>\$0 copay ▪ *</p> <p>1 exam every year</p>
Glaucoma screening	\$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	<p>\$0 copay ▪ *</p>
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	<p>\$0 copay ▪ *</p>

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	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
Eyewear allowance	Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services	
Inpatient visit	For each admission, you pay: <ul style="list-style-type: none"> \$0 or \$1,800 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 admission, you pay: <ul style="list-style-type: none"> \$0 copay per day for days 1 through 20 \$0 or \$196 copay per day for days 21 through 100 *
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

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Ambulance	
Ground Ambulance	\$0 or 20% coinsurance *
Air Ambulance	\$0 or 20% coinsurance *
Transportation Services	Up to 12 one-way trips every year to plan-approved health-related locations. \$0 copay (per one-way trip) * What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.
Medicare Part B Drugs	
Chemotherapy drugs	\$0 or 20% coinsurance *
Other Part B drugs	\$0 or 20% coinsurance *

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Prescription Drug Coverage	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
Annual Prescription Deductible	\$0
30-day or 90-day supply from retail network pharmacy	
All Covered Drugs	\$0 copay Some covered drugs limited to a 30-day supply

Medicare approved Wellcare by Trillium to provide these benefits and/or lower copayments/co-insurance as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. If you have questions or need help understanding these benefits please call the number listed on the back cover of this Summary of Benefits.

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 *
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. For more information, or to schedule an appointment, call Teladoc at 1-800-835-2362 (TTY: 711) 24 hours a day, 7 days a week.
Home health agency care	\$0 copay *

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Additional Benefits

	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
Meals	
Post-Acute Meals	<p>\$0 copay</p> <p>▪</p> <p>What you should know:</p> <p>You pay nothing for meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.</p>
Chronic Meals	<p>\$0 copay</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 specific chronic conditions to lifestyle modifications. Members receive 3 meals per day for up to 28 days, for a maximum of 84 meals per month. The benefit can be received for up to 3 months.</p>
Medical Equipment/Supplies	
Durable Medical Equipment (DME)	<p>\$0 or 20% coinsurance</p> <p>*</p>
Prosthetics	<p>\$0 or 20% coinsurance</p> <p>*</p>
Diabetic supplies	<p>\$0 copay</p> <p>*</p> <p>Limitations may apply</p>
Diabetic therapeutic shoes or inserts	<p>\$0 or 20% coinsurance</p> <p>*</p>

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Opioid treatment program services	<p>\$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Medicaid, you pay a \$0 copayment amount. *</p>
Over-the-Counter (OTC) Items	<p>\$0 copay Maximum benefit is \$145 every three months to spend on plan-approved OTC items. Limitations may apply. At the end of each benefit period, any unused benefit dollars will expire.</p> <p>What you should know: You can purchase eligible OTC items from participating CVS retail locations with your plan's Member ID Card or from the catalog by phone or online for home delivery.</p> <ul style="list-style-type: none"> - To place an order over the phone call: 1-866-528-4679, (TTY 711) - Order via the catalog online at www.cvs.com/otchs/trillium
Wellness Programs 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>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 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>

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Additional Benefits

	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
Additional Routine Annual Physical	<p>\$0 copay</p> <p>What you should know: The exam includes a detailed medical/family history, performance of a detailed head-to-toe assessment with a hands-on examination of all the body systems, recommendations for preventive screenings/care, and counseling about healthy behaviors, and is beyond the Annual Wellness Visit services.</p>
24-Hour Nurse Advice Line	\$0 copay
<p>Special Supplemental Benefits for Chronically Ill (SSBCI)</p> <p>These supplemental benefits are only available to high-risk, chronically ill members who meet additional criteria for eligibility including: having documentation of an active diagnosis for one or more specific health conditions that is life threatening or significantly limits overall health or function AND being at high risk for hospitalization AND requiring intensive care management. Additional information, including qualifying conditions can be found in the Evidence of Coverage or by calling Member Services.</p>	<p>Assistive Devices: You pay \$0 copay Plan covers up to \$125 per quarter for plan approved list of assistive devices to aid in day-to-day living. Limitations apply.</p> <p>Robotic Companion: You pay \$0 copay Covers an interactive companion cat or dog from a contracted provider. Limitations apply.</p> <p>Helper Bees Care Concierge: You pay \$0 copay Provides a monthly allowance of 100 credits for plan-approved services. Limitations apply.</p> <p>Utility Flex Card: You pay \$0 copay Plan covers up to \$100 per month to help cover the cost of utilities for your home. Limitations apply.</p> <p>▪ *</p> <p>What you should know: Benefits mentioned may be part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify.</p>

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Additional Benefits

	Wellcare Dual Select (HMO D-SNP) H2174, Plan 001
Flex Card	<p>\$750 yearly benefit</p> <p>What you should know:</p> <p>The flex card benefit is a debit card that may be used to cover out of pocket dental, vision or hearing costs. The flex card has a limit of \$250 for vision services. The remaining balance may be spent between dental and hearing services as you see fit.</p>
<p>Healthy Foods Card</p> <p>Medicare approved Wellcare to provide these benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. If you have questions or need help understanding these benefits please call the number listed on the back cover of this Summary of Benefits.</p>	<p>You receive an allowance of \$25 every month to spend on eligible grocery products at participating retailers.</p> <p>This allowance does not carry over to the next month.</p>

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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 Wellcare Dual Select (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 Select (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 (Medicaid) toll-free at 1-800-699-9075 (TTY: 711).

Our source of information for Medicaid benefits is <http://www.oregon.gov/OHA/HSD/OHP/Pages/About-Us.aspx>. All Medicaid covered services are subject to change at any time. For the most current Oregon Medicaid coverage information, please visit <http://www.oregon.gov/OHA/HSD/OHP/Pages/About-Us.aspx> or call Member Services for assistance. A detailed explanation of Oregon Medicaid benefits can be found in the Oregon Summary of Services online at <http://www.oregon.gov/OHA/HSD/OHP/Pages/About-Us.aspx>.

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

Do you think Trillium Community Health Plan (Trillium) has treated you unfairly?

Trillium must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's:

- Age
- Sexual orientation
- Religion
- National Origin
- Gender identity
- Color
- Disability
- Sex
- Race
- Marital status
- Health Status

You have a right to enter, exit, and use buildings and services. You have the right to get information in a way you understand. Trillium will make reasonable changes to policies, practices, and procedures by talking with you about your needs.

To report concerns or to get more information, please contact Member Services at **1-541-485-2155**; Toll Free: **1-877-600-5472**; TTY: **1-877-600-5473**, Monday through Friday, 8:00 a.m. to 5:00 p.m. You can leave a message at other times, including weekends and federal holidays. We will return your call the next business day. The call is free.

If you believe you have been discriminated against, you may also contact:

Emily Farrell, Non-Discrimination Coordinator

555 International Way, Building B
Springfield, OR 97477

Phone: **1-541-214-3948**

Toll-free: **1-844-867-1156** (TTY **711**)

Email: **emilyann.farrell@TrilliumCHP.com**

Web: **<https://wellcare.trilliumadvantage.com/legal/nondiscrimination-notice.html>**

You have a right to file a civil rights complaint with these organizations:

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

Web: **<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>**

Phone: **1-800-368-1019, 1-800-537-7697** (TDD)

Email: **OCRComplaint@hhs.gov**

Mail: Office for Civil Rights, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

Oregon Health Authority (OHA) Civil Rights

Web: **www.oregon.gov/OHA/OEI**

Phone: **1-844-882-7889**, (TTY **711**)

Email: **OHA.PublicCivilRights@odhsoha.oregon.gov**

Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

Bureau of Labor and Industries Civil Rights Division

Phone: **1-971-673-0764**

Email: **crdemail@boli.state.or.us**

Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 97232

You can get this letter in another language, large print, or another way that is best for you. You can also have a language interpreter. Call **1-844-867-1156** (TTY/TDD **711**).

Puede obtener esta carta en otro idioma, en letra grande o en otro formato que sea más conveniente para usted. También puede solicitar servicios de interpretación de idiomas. Llame al **1-844-867-1156** (TTY/TDD **711**).

English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-844-867-1156**; TTY: **1-877-600-5473**

Español (Spanish)

ATENCIÓN: Si no habla Inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-867-1156**; TTY: **1-877-600-5473**

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị không nói tiếng Anh, có các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-844-867-1156**; TTY: **1-877-600-5473**

繁體中文 (Chinese)

注意：如果您不會講英語，我們有提供免費的語言協助服務。請致電 **1-844-867-1156**；TTY：**1-877-600-5473**

Русский (Russian)

ВНИМАНИЕ! Если вы не говорите по-английски, вы можете бесплатно получить помощь переводчика. Позвоните по номеру **1-844-867-1156**; TTY: **1-877-600-5473**

한국어 (Korean)

주의: 영어 외 다른 언어를 사용하시는 분은 무료로 언어 지원 서비스를 이용할 수 있습니다. 전화: **1-844-867-1156**; TTY: **1-877-600-5473**

Українська (Ukrainian)

УВАГА: якщо ви не володієте англійською мовою, вам доступні безкоштовні послуги мовної підтримки. Телефонуйте за номером **1-844-867-1156**; TTY: **1-877-600-5473**

日本語 (Japanese)

注意：英語を話さない方は、無料で言語支援サービスを利用できます。**1-844-867-1156**（TTY: **1-877-600-5473**）までお電話ください。

العربية (Arabic):

ملاحظة: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فنحن نوفر لك خدمات مساعدة لغوية مجانية. اتصل بالرقم **1-844-867-1156**؛ الهاتف النصي: **1-877-600-5473**

Română (Romanian)

ATENȚIE: Dacă nu vorbiți limba engleză, aveți la dispoziție gratuit servicii de asistență lingvistică. Apelați numărul de telefon **1-844-867-1156**; TTY: **1-877-600-5473**

ខ្មែរ (Cambodian)

ចំណាំ៖ បុរសិនីអ្នកមិននិយាយភាសាអង់គ្លេសទេ នោះមានសេវាជំនួយផ្លូវភាសាដោយឥតគិតថ្លៃសម្រាប់អ្នក។ សូមទូរសព្ទទៅលេខ **1-844-867-1156**; TTY: **1-877-600-5473**

Afaan Oromoo (Oromo)

XIYYEEFFANNO: Afaan Ingiliffaa hin dubbattu taanan, gargaarsi tajaajiloota afaanii, kan kaffaltii irraa bilisaa siif jira. **1-844-867-1156** irratti bilbila; TTY: **1-877-600-5473**

Deutsch (German)

ACHTUNG: Wenn Sie kein Englisch sprechen, stehen Ihnen kostenlos Sprachdienstleistungen zur Verfügung. Rufen Sie dazu folgende Nummer an: **++1-844-867-1156**; TTY: **++1-877-600-5473**

فارسی (Farsi)

توجه: اگر به زبان انگلیسی صحبت نمی‌کنید، خدمات کمک‌زبانی به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره **1-844-867-1156** تماس بگیرید؛ شماره برای ناشنویان: **1-877-600-5473**

Français (French)

ATTENTION : si vous ne parlez pas anglais, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le **1-844-867-1156** ; TTY : **1-877-600-5473**.

ภาษาไทย (Thai)

หมายเหตุ: หากคุณใช้ภาษาอังกฤษไม่ได้ เรามีความช่วยเหลือด้านภาษาฟรีพร้อมให้บริการแก่คุณ โทร **1-844-867-1156**; TTY: **1-877-600-5473**

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 Member Services representative at 1-844-917-0175 (TTY: 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.wellcare.com/trilliumOR or call 1-844-917-0175 (TTY: 711) to view a copy of the EOC. Hours are Monday - Sunday, 8 am - 8 pm (all time zones).
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ 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, 2024.
- ☐ **For HMO, CSNP and DSNP plans:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Contact Us

For more information, please contact us:

By phone

Toll-free at 1-844-917-0175 (TTY 711). Your call may be answered by a licensed agent.

Hours of Operation

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

Online www.wellcare.com/trilliumOR

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

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

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.