



# 2026 Summary of Benefits

Kentucky

**Wellcare Dual Reserve (HMO-POS D-SNP)**

H9730 | 011 | 000

**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 Reserve (HMO-POS D-SNP) from January 1, 2026 to December 31, 2026.

This booklet will provide you with a summary of what we cover and what you pay. 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 [go.wellcare.com/Medicare](https://go.wellcare.com/Medicare). To request a copy, please call 1-844-480-0680 (TTY 711). Hours are: Sunday-Saturday, 8 am to 8 pm.

**Who can join?**

This is a Dual Eligible Needs Plan (D-SNP) for people who have both Medicare and Kentucky Department for Medicaid Services (DMS).

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and be a United States citizen or lawfully present in the United States. You must continue to pay your Medicare Part B premium if not otherwise paid for under Kentucky Department for Medicaid Services (DMS) or by another third party. You must be eligible for Medicare and some cost sharing assistance under Medicaid.

To enroll in this plan you must be eligible for the following Medicare Savings Program:

**H9730011000 Wellcare Dual Reserve (HMO-POS D-SNP) - SLMB, QI, QDWI**

Refer to "Medicare Savings Program (MSP) Levels" section below for a description of all MSP levels.

Please contact the plan for further details.

**Plan's service areas:**

Our service area includes these counties in Kentucky: Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Carter, Casey, Christian, Clark, Clay, Clinton, Crittenden, Cumberland, Daviess, Edmonson, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Fulton, Gallatin, Garrard, Grant, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henderson, Henry, Hickman, Hopkins, Jackson, Jefferson, Jessamine, Johnson, Kenton, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Martin, Mason, McCracken, McCreary, McLean, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, Whitley, Wolfe, and Woodford.

**About this plan & how to get care**

**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.

**Health Maintenance Organizations-Point of Service (HMO-POS)** plans are HMOs with the Point-of-Service (POS) benefit. The POS benefit allows members to get care from out-of-network providers for routine dental services as shown in the “Benefits” section of this document. Your out-of-pocket costs may be higher if you use out-of-network providers. You don’t need a referral to go out-of-network for your POS benefit. However, before getting services from out-of-network providers, you may want to confirm with us that the services are covered by us. If we later determine that the services are not covered, we may deny coverage and you will have to pay the costs. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Our plan gives you access to our network of 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. **Please note** that, if you go elsewhere without proper authorization, you will have to pay in full. Neither Medicare nor our plan will be responsible for the costs. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which Wellcare Dual Reserve (HMO-POS D-SNP) authorizes use of out-of-network providers.

**Part D prescription drugs** are covered. You have access to our large network of pharmacies. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. Our plan uses 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 Reserve (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. You may use out-of-network providers for routine dental services. For all other services, you must use providers that are within our network, or the plan may not pay for the service.

You can save money by using our preferred mail-order pharmacy and by using providers in the plan’s network. You can see our plan’s provider and pharmacy directory at [go.wellcare.com/2026providerdirectories](https://go.wellcare.com/2026providerdirectories). Our complete plan Formulary (list of Part D prescription drugs) is on our website at [go.wellcare.com/druglist-674](https://go.wellcare.com/druglist-674).

We cover the services and items in this document and the Evidence of Coverage if they are medically necessary.

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](https://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.

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.). For more information, or to request information in an alternate format, please call us at 1-844-480-0680 (TTY users should call 711). Hours are: Sunday-Saturday, 8 am to 8 pm.

## Understanding Dual Eligibility

**Dual Eligible Special Needs Plans (DSNPs)** are specialized Medicare Advantage plans that provide healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage.

**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) 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.

## 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.

**There are services that are not covered by our plan but are available through Kentucky Department for Medicaid Services (DMS). Refer to the Summary of Medicaid-Covered Benefits section later in this document for more information.**

## Benefits

Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000	
<b>Note:</b> Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.	
<b>Monthly Plan Premium</b> (includes both medical and drugs)	\$31.70 If you qualify for Extra Help, your plan premium is paid on your behalf. If you don't qualify for Extra Help, you may be charged a premium.  You must continue to pay your Medicare Part B premium, if not otherwise paid for by Kentucky Department for Medicaid Services (DMS) or another third party.
<b>Deductible</b>	No deductible
<b>Maximum Out-of-Pocket (MOOP) Responsibility</b> (does not include prescription drugs)	\$5,000 annually If you are eligible for Medicare cost-sharing assistance under Kentucky Department for Medicaid Services (DMS) you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
<b>Inpatient Hospital Coverage</b>	For each admission, you pay: <ul style="list-style-type: none"> <li>\$400 copay per day for days 1 through 6</li> <li>\$0 copay per day for days 7 through 90</li> <li>*</li> </ul>
<b>Outpatient Hospital Coverage</b> Outpatient Hospital Services	\$0 copay for skin biopsies. \$300 copay for all other outpatient services. *

## Benefits

	<b>Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000</b>
Outpatient Hospital Observation Services	\$130 copay for outpatient observation services when you enter observation status through an emergency room. \$300 copay for outpatient observation services when you enter observation status through an outpatient facility.
<b>Ambulatory Surgical Center (ASC) Services</b>	\$200 copay for each Medicare-covered visit to an ambulatory surgical center. *
<b>Doctor Visits</b>	
Primary Care Providers	\$0 copay
Specialists	\$25 copay *
<b>Preventive Care</b> (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	\$0 copay
<b>Emergency Care</b>	\$130 copay Copay is waived if you are admitted to a hospital within 24 hours.

## Benefits

	<b>Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000</b>
Worldwide Emergency Coverage	<p>\$130 copay</p> <p>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 <u>not</u> waived if admitted to the hospital for worldwide emergency services.</p>
<b>Urgently Needed Services</b>	<p>\$25 copay</p> <p>Copay is waived if you are admitted to a hospital within 24 hours.</p>
Worldwide Urgent Care Coverage	<p>\$130 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is <u>not</u> waived if admitted to the hospital for worldwide urgently needed services.</p>
<b>Diagnostic Services/Labs/Imaging</b>	
Lab Services	<p>\$50 copay for genetic testing. \$0 copay for all other labs. *</p>
Diagnostic Tests and Procedures	<p>\$0 copay for Medicare-covered diagnostic colonoscopy, spirometry testing and specified testing related services. \$20 copay for all other services. *</p>
Outpatient X-rays	<p>\$50 copay *</p>
Diagnostic Radiology Services (e.g. MRI, CAT Scan)	<p>\$0 copay for a diagnostic mammogram. \$300 copay for all other diagnostic radiology services received in an outpatient setting. \$100 copay for all other services received in all other locations. *</p>



## Benefits

	Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000
Therapeutic Radiology	20% coinsurance *
<b>Hearing Services</b>	
Hearing Exam Medicare-covered	\$25 copay *
Routine Hearing Exam	\$0 copay *  1 exam(s) every year
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	\$0 copay * 1 fitting(s) / evaluation(s) every year
Hearing Aid Allowance All Types	Up to a \$1,000 allowance per ear every year for hearing aids.  \$0 copay *  Limited to 2 hearing aid(s) every year
Additional Hearing Information	<b>What you should know</b> Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
<b>Dental Services</b>	
Medicare-covered	\$25 copay for each Medicare-covered service. *

Benefits

	Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000
Routine Diagnostic and Preventive Services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 25% coinsurance *</p> <p>Cleanings 2 every year Dental x-rays 1 set(s) every date of service to 3 plan years depending on type of service Oral exams 2 every year</p>
Fluoride Treatment	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 25% coinsurance *</p> <p>1 every year</p>
Other Diagnostic Dental Services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 25% coinsurance *</p> <p>1 every date of service to 3 plan years depending on type of service</p>

Benefits

	Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000
Other Preventive Dental Services	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> 25% coinsurance *  1 every date of service to 3 plan years depending on type of service
Routine Comprehensive Services	
Restorative Services	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> 25% coinsurance *
Endodontics/Periodontics	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> 25% coinsurance *
Oral/Maxillofacial Surgery	<b>In-Network</b> \$0 copay *  <b>Out-of-Network</b> 25% coinsurance *

## Benefits

	Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000
Adjunctive General Services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 25% coinsurance *</p> <p><b>For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.</b></p>
Additional Dental Information	<p><b>What you should know:</b> This plan includes coverage up to \$2,000 per plan year for all in-network and out-of-network covered routine comprehensive dental services.</p> <p>You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). Your out-of-pocket costs may be higher if you use out-of-network providers. Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays.</p>
<b>Vision Care</b>  Eye Exam Medicare-covered	<p>\$0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam</p> <p>\$25 copay for all other Medicare-covered eye exams *</p>
Routine Eye Exam (Refraction)	<p>\$0 copay *</p> <p>1 exam(s) every year</p>
Glaucoma Screening	\$0 copay for each Medicare-covered service.

## Benefits

	<b>Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000</b>
Eyewear Medicare-covered	\$0 copay
Routine Eyewear  Contact Lenses/ Eyeglasses (frame and lenses)/ Eyeglass Frames  Eyewear Allowance	\$0 copay *  Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.
<b>Mental Health Services</b>  Inpatient Visit	For each admission, you pay: <ul style="list-style-type: none"> <li>\$300 copay per day for days 1 through 6</li> <li>\$0 copay per day for days 7 through 90</li> </ul> *
Outpatient Individual Therapy Visit	\$25 copay *
Outpatient Group Therapy Visit	\$25 copay *
<b>Skilled Nursing Facility (SNF)</b>	For each benefit period, you pay: <ul style="list-style-type: none"> <li>\$0 copay per day for days 1 through 20</li> <li>\$218 copay per day for days 21 through 50</li> <li>\$0 copay per day for days 51 through 100</li> </ul> *
<b>Therapy and Rehabilitation Services</b>  Physical Therapy	\$25 copay *

## Benefits

	Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000
Outpatient Rehabilitation Services Provided by an Occupational Therapist	\$25 copay *
Pulmonary Rehabilitation Services	\$35 copay
<b>Ambulance</b>	
Ground Ambulance	\$300 copay *
Air Ambulance	\$300 copay *
<b>Transportation Services (Non-emergency medical transportation)</b>	<p>Up to 24 rides every year to plan approved healthcare locations. This includes doctors, specialists, pharmacies, and dental or vision providers.</p> <p>\$0 copay (per one-way trip) *</p> <p><b>What you should know:</b></p> <p>Mileage limitations may apply. Call the number on the back of your member ID card 72 hours in advance to reserve a ride for your appointment. Rides may also be reserved via mobile app.</p>
<b>Medicare Part B Drugs</b>	
Chemotherapy Drugs and Other Part B Drugs	<p>20% coinsurance *</p> <p>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.</p>
Insulin	\$35 copay (maximum per month) *
Allergy Antigen	<p>0% coinsurance *</p>

<b>Part D Prescription Drug Coverage</b>	<b>Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000</b>
<b>Stage 1: Yearly Deductible Stage</b>	
If a plan has a Part D drug deductible, the deductible doesn't apply to covered insulin products and most adult Part D vaccines including shingles, tetanus and travel vaccines.	
<b>Deductible</b>	<p>If you get Extra Help, you do not pay a deductible for Part D drugs. This payment stage doesn't apply to you.</p> <p>If you don't qualify for Extra Help, you pay the Part D deductible as shown in the Evidence of Coverage.</p>
<b>Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable)</b>	
You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,100. You then move on to the Catastrophic Coverage Stage.	
<b>What You Pay for Vaccines:</b> Our plan covers most Part D vaccines at no cost to you, even if you have not paid your deductible (if your plan has a deductible).	
<b>What You Pay for Insulin:</b> <b>Tier 3:</b> You won't pay more than the lesser of 20% of our negotiated price for the drug or \$35 for up to a 1-month supply, the lesser of 20% of our negotiated price for the drug or \$70 for up to a 2-month supply, or the lesser of 20% of our negotiated price for the drug or \$105 for up to a 3-month supply of each covered insulin product, even if you have not paid your deductible (if your plan has a deductible). <b>Tier 4:</b> You won't pay more than the lesser of 25% of our negotiated price for the drug or \$35 for up to a 1-month supply, the lesser of 25% of our negotiated price for the drug or \$70 for up to a 2-month supply, or the lesser of 25% of our negotiated price for the drug or \$105 for up to a 3-month supply of each covered insulin product, even if you have not paid your deductible (if your plan has a deductible).	
<b>What you pay for other Part D Drugs:</b> The cost share you pay depends on your level of Extra Help. If you don't qualify for Extra Help, refer to the Evidence of Coverage for your cost share during this stage.	

Part D Prescription Drug Coverage	Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000	
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)		
<b>Retail cost-sharing (30-day / 100-day supply)</b>		
For more details on tier descriptions, please see the Evidence of Coverage.		
	Preferred	Standard
<b>Tier 1</b> (Preferred Generic)	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65
<b>Tier 2</b> (Generic)	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65
<b>Tier 3</b> (Preferred Brand)	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65
<b>Tier 4</b> (Non-Preferred Drug)	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65
<b>Tier 5</b> (Specialty Tier) Limited to 30 day supply	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65
<b>Tier 6</b> (Select Care Drugs)	\$0 copay	\$0 copay



Part D Prescription Drug Coverage		
Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000		
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)		
Mail-order cost-sharing (100-day supply)		
	Preferred	Standard
<b>Tier 1</b> (Preferred Generic)	\$0 copay	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65
<b>Tier 2</b> (Generic)	\$0 copay	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65
<b>Tier 3</b> (Preferred Brand)	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65
<b>Tier 4</b> (Non-Preferred Drug)	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65	Generics: \$0 / \$1.60 / \$5.10 Brands: \$0 / \$4.90 / \$12.65
<b>Tier 5</b> (Specialty Tier) Limited to 30 day supply	<u>Not</u> Available	<u>Not</u> Available
<b>Tier 6</b> (Select Care Drugs)	\$0 copay	\$0 copay
Stage 3: Catastrophic Coverage Stage		
During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing for the rest of the calendar year.		
	You enter this stage after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,100.	

Generic drugs may be covered on tiers other than Tier 1 and Tier 2. Please check this plan's Formulary to validate the specific tier on which your drugs are covered.

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 the day supply received. Mail order prescriptions are dispensed at a quantity of 35 days or more.

**Medicare Prescription Payment Plan**

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).

To learn more about this payment option, please contact us at 1-833-750-9969. (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week or visit [go.wellcare.com/MPPP](https://go.wellcare.com/MPPP).

## Additional Benefits

Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000	
<p><b>Note:</b> Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.</p>	
<b>Chiropractic Services</b>  Medicare-covered	\$15 copay *
Routine Chiropractic Services	\$15 copay *  12 visit(s) every year
<b>Acupuncture</b>  Medicare-covered	\$0 copay for Medicare-covered Acupuncture received in a PCP office. \$15 copay for Medicare-covered Acupuncture received in a Chiropractor office. \$25 copay for Medicare-covered Acupuncture received in a Specialist office. *
<b>Podiatry Services (Foot Care)</b>  Medicare-covered	\$25 copay *

## Additional Benefits

	Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000
<b>Virtual Visits</b>	<p>\$0 copay for virtual visit services performed through your plan's virtual visit provider(s).</p> <p>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors 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 telehealth or telemedicine) 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> <p>For more information, please see your Evidence of Coverage.</p> <p><b>What you should know:</b></p> <p>The \$0 copay above only applies when services are received from your plan's virtual visit provider(s). If you receive telemedicine services from a network provider and not your plan's virtual visit provider(s), you will pay the cost shares listed for those providers, as outlined within the Evidence of Coverage (e.g., if you receive telehealth services from your PCP, you will pay the PCP cost share).</p>
<b>Social Support Platform</b>	<p>Our plan provides an online and app-based support platform for your overall well-being. The platform offers personalized therapeutic self-guided activities and programs to help manage stress, anxiety, and support your emotional and mental health.</p> <p>Engage in interactive activities, meditations and games tailored to your needs. The platform also features the ability to join social communities.</p> <p>Available online 24/7 - you can use it whenever you choose.</p> <p>For more information on how to access the social support platform, please see your Evidence of Coverage.</p> <p>\$0 copay</p>
<b>Home Health Agency Care</b>	<p>\$0 copay</p> <p>*</p>

## Additional Benefits

	Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000
<b>Medical Equipment/Supplies</b>	
Durable Medical Equipment (DME)	20% coinsurance *
Prosthetics	20% coinsurance *
Diabetic Supplies	\$0 copay *  For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic Therapeutic Shoes Or Inserts	20% coinsurance *
<b>Opioid Treatment Program Services</b>	\$25 copay *
<b>Health and Wellness Education Programs</b>	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage.
Fitness	<p>\$0 copay</p> <p><b>What you should know:</b></p> <p>To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. You may access one or more gyms within the fitness network.</p> <p>Members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits.</p>

## Additional Benefits

	Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000
Personal Emergency Response System (PERS)	\$0 copay
24-Hour Nurse Advice Line	\$0 copay
<b>Annual Routine Physical Exam</b>	<p>\$0 copay</p> <p><b>What you should know:</b> The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>
<p><b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b> Benefits mentioned are a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. In addition to being high-risk, you must have one or more of the following chronic conditions: cancer, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, diabetes. There are other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us or see the plan's Evidence of Coverage.</p>	<p><b>If eligible</b>, you can use your Wellcare Spendables® allowance towards the additional benefits shown below. Once determined eligible these expanded benefits will be available in 7-10 business days. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card.</p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> <li>• <b>Gas pay-at-pump</b> - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount.</li> <li>• <b>Healthy Food</b> - You can use your card to pay for healthy foods and produce at participating retailers. Delivery options for eligible grocery items may be available. Prepared meals and produce boxes are available for order via online portal.</li> <li>• <b>Home Assistance and Safety Items</b> - You can use your card to help with the cost of home assistance and safety items, including installation. You can also use your card to help with the cost of pest and insect control. Log in to your member portal to purchase accepted items and view eligible services.</li> <li>• <b>Rent Assistance</b> - You can use your card to help with the cost of rent/mortgage for your home.</li> <li>• <b>Utility Assistance</b> - You can use your card to help with the cost of utilities for your home. Your card can be used</li> </ul>

## Additional Benefits

	Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000
	toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet.
Wellcare Spendables®	<p>You will receive <b>\$80 monthly</b> preloaded on your Wellcare Spendables® card to spend on OTC items, Dental, Vision, and Hearing services. Your monthly allowance <b>rolls over to the following month if unused and expires at the end of the plan year.</b></p> <p>Your card allowance can be used towards:</p> <p><b>Over-the-Counter items (OTC)</b>- Your card can be used at participating retail locations, through the mobile app, or online through your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items.</p> <p><b>Dental, Vision, and Hearing</b> - You may use your card to help reduce your out-of-pocket expenses for eligible dental, vision, and hearing services.</p> <p><b>Benefits mentioned below are part of SSBCI. Not all members will qualify. You must meet eligibility criteria for the following plan benefits.</b></p> <p><b><u>If you qualify,</u></b> your card allowance can also be used towards:</p> <ul style="list-style-type: none"> <li>• Gas pay-at-pump</li> <li>• Healthy Food</li> <li>• Home Assistance and Safety Items</li> <li>• Pest Control Items and Services</li> <li>• Rent Assistance</li> <li>• Utility Assistance</li> </ul> <p>Refer to Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits.</p> <p>For more information, limitations, and exclusions, please see your Evidence of Coverage.</p>

Additional Benefits

	<b>Wellcare Dual Reserve (HMO-POS D-SNP) H9730, Plan 011, 000</b>
<b>My Wellcare Rewards</b>	<p>With <b>My Wellcare Rewards</b>, you can earn up to \$100 by completing eligible health activities and portal activities through your member portal.</p> <p>Rewards will be loaded onto your Wellcare Spendables® card.</p>



**Comprehensive Written Statement for Prospective Enrollees**

The benefits described earlier in this Summary of Benefits are covered by our Wellcare Dual Reserve (HMO-POS D-SNP) plan. For each benefit listed, you can see what our plan covers. What you pay for covered services under our plan may depend on your level of Kentucky Department for Medicaid Services (DMS) eligibility.

**Summary of Medicaid-Covered Benefits**

The following information is for people with Medicare and Kentucky Department for Medicaid Services (DMS). If a benefit is covered by both our plan and Kentucky Department for Medicaid Services (DMS), you must fully use our plan benefit coverage before the benefit is covered by Kentucky Department for Medicaid Services (DMS).

Coverage of the benefits may depend on your level of Kentucky Department for Medicaid Services (DMS) eligibility.

If you have questions about your Kentucky Department for Medicaid Services (DMS) eligibility, what benefits you are entitled to, or for the most current Kentucky Department for Medicaid Services (DMS) information, see your Medicaid Member Handbook. You can also visit <https://www.chfs.ky.gov/agencies/dms/Pages/default.aspx>, or call Kentucky Department for Medicaid Services (DMS) at 1-800-372-2973; TTY: 1-800-627-4702. Hours are: 8 a.m. - 4:30 p.m. ET, Monday - Friday.

Kentucky Department for Medicaid Services (DMS)	
•	Alternative Birthing Center Services
•	Ambulatory Surgical Center Services
•	Behavioral Health Services - Mental Health and Substance Abuse Disorders
•	Chiropractic Services
•	Community Mental Health Center Services
•	Dental Services, including Oral Surgery, Orthodontics and Prosthodontics
•	Durable Medical Equipment, including Prosthetic and Orthotic Devices, and Disposable Medical Supplies

<ul style="list-style-type: none"><li>• Early and Periodic Screening, Diagnosis &amp; Treatment (EPSDT) screening and special services</li></ul>
<ul style="list-style-type: none"><li>• End Stage Renal Dialysis Services</li></ul>
<ul style="list-style-type: none"><li>• Family Planning Services in accordance with federal and state law and judicial opinion</li></ul>
<ul style="list-style-type: none"><li>• Hearing Services, including Hearing Aids</li></ul>
<ul style="list-style-type: none"><li>• Home Health and Community Based Services</li></ul>
<ul style="list-style-type: none"><li>• Hospice Services (non-institutional only)</li></ul>
<ul style="list-style-type: none"><li>• Independent Laboratory Services</li></ul>
<ul style="list-style-type: none"><li>• Inpatient Hospital Services</li></ul>
<ul style="list-style-type: none"><li>• Inpatient Mental Health Services</li></ul>
<ul style="list-style-type: none"><li>• Meals and Lodging for Appropriate Escort of Members</li></ul>
<ul style="list-style-type: none"><li>• Medical Detoxification, meaning management of symptoms during the acute withdrawal phase from a substance to which the individual has been addicted</li></ul>
<ul style="list-style-type: none"><li>• Medical Services, including but not limited to, those provided by Physicians, Advanced Practice Registered Nurses, Physicians Assistants and FQHCs, Primary Care Centers and Rural Health Clinics</li></ul>
<ul style="list-style-type: none"><li>• Organ Transplant Services not Considered Investigational by FDA</li></ul>
<ul style="list-style-type: none"><li>• Other Laboratory and X-ray Services</li></ul>
<ul style="list-style-type: none"><li>• Outpatient Hospital Services</li></ul>

<ul style="list-style-type: none"><li>• Outpatient Mental Health Services</li></ul>
<ul style="list-style-type: none"><li>• Pharmacy and Limited Over-the-Counter Drugs including Mental/Behavioral Health Drugs</li></ul>
<ul style="list-style-type: none"><li>• Podiatry Services</li></ul>
<ul style="list-style-type: none"><li>• Preventive Health Services, including those currently provided in Public Health Departments, FQHCs/Primary Care Centers, and Rural Health Clinics</li></ul>
<ul style="list-style-type: none"><li>• Psychiatric Residential Treatment Facilities (Level I and Level II)</li></ul>
<ul style="list-style-type: none"><li>• Specialized Case Management Services for Members with Complex Chronic Illnesses</li></ul>
<ul style="list-style-type: none"><li>• Specialized Children's Services Clinics</li></ul>
<ul style="list-style-type: none"><li>• Targeted Case Management</li></ul>
<ul style="list-style-type: none"><li>• Therapeutic Evaluation and Treatment, including Physical Therapy, Speech Therapy, Occupational Therapy</li></ul>
<ul style="list-style-type: none"><li>• Transportation to Covered Services, including Emergency and Ambulance Stretcher Services</li></ul>
<ul style="list-style-type: none"><li>• Urgent and Emergency Care Services</li></ul>
<ul style="list-style-type: none"><li>• Vision Care, including Vision Examinations, Services of Opticians, Optometrists and Ophthalmologists, including eyeglasses</li></ul>

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-374-4056 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-877-374-4056 (TTY: 711).

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-877-374-4056 (TTY: 711).

Français REMARQUE : des services d'assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-374-4056 (TTY : 711).

Français cadien COMMUNIQUE: Des services d'aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-877-374-4056 (TTY : 711).

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجاناً مساعدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-877-374-4056 (TTY: 711).

יידיש אויפמערקזאמקייט: פרייע שפראך הילף סערוויסעס זענען פאר אייך פאראן. פאסיקע הילפסמיטלען און סערוויסעס צו צושטעלן אינפארמאציע אין צוגעגלעכע פארמאטן זענען אויך פאראן פריי פון אפצאל. רופט 1-877-374-4056 (TTY: 711).

Pennsylvania Deitsch GEB ACHT: Schprooch Hilfe sin meeglich mitaus Koscht. Rechtliche Auxiliary Aids un Hilfe um Information zu gewwe in helfreiche Formats sin aa meeglich mit aus Koscht. Ruf 1-877-374-4056 (TTY: 711).

Kiswahili TANBIHI: Huduma za usaidizi wa lugha zinapatikana bila malipo kwako. Nyenzo na huduma sahihi za usaidizi za kutoa maelezo katika miundo inayoweza kufikiwa pia zinapatikana bila malipo. Piga simu 1-877-374-4056 (TTY: 711).

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-877-374-4056（TTY：711）。

繁體中文 注意：我們為您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-877-374-4056 (TTY：711)。

नेपाली ध्यान दिनुहोस्: तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन्। सुलभ फर्म्याटहरूमा जानकारी प्रदान गर्नका निम्ति उचित सहायक सामग्री र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। 1-877-374-4056 (TTY: 711) मा कल गर्नुहोस्।

तुमच्यासाठी विनामूल्य भाषा सहाय्य सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती प्रदान करण्यासाठी योग्य अतिरिक्त मदत आणि सेवादेखील विनामूल्य उपलब्ध आहेत. 1-877-374-4056 (TTY: 711) वर कॉल करा.

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-877-374-4056 (TTY: 711).

Srpski PAŽNJA: Dostupne su vam besplatne usluge jezičke pomoći. Odgovarajuća pomagala i pomoćne usluge koje nude informacije o pristupačnim formatima takođe su besplatne. Pozovite broj 1-877-374-4056 (TTY: 711).

Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-877-374-4056 (TTY: 711).

አማርኛ ይነበብ:- ነጻ የቋንቋ እንዛ አገልግሎቶች ለእርስዎ ይገኛሉ። በተጨማሪም አግባብነት ያላቸው ለእርስዎ ተደራሽ በሆኑ ቅርጾች መረጃ የሚያቀርቡልዎ አጋኝ መሳሪያዎች እና አገልግሎቶችን ከክፍያ ነጻ ያገኛሉ። ወደ 1-877-374-4056 (TTY: 711) ይደውሉ።

Soomaali DIGNIIN: Adeegyada kaalmada luqadda bilaashka ah ayaa kuu diyaar ah. Sidoo kale, qalab iyo adeegyo kaabayaal ku habboon ayaa diyaar ah si macluumaadka loogu helo qaabab sahlan oo la heli karo, iyadoo aan wax kharash ah lagaaga qaadin. Wac 1-877-374-4056 (TTY: 711).

日本語 注意：言語支援サービスを無料で提供しています。情報をアクセシビリティに対応した形式で提供する各種補助支援およびサービスも無料です。1-877-374-4056 (TTY: 711) にお電話ください。

한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-877-374-4056 (TTY: 711)번으로 전화해 주십시오.

## 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 1-844-480-0680 (TTY: 711). Hours are Sunday-Saturday, 8 am to 8 pm.

### 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 [go.wellcare.com/Medicare](https://go.wellcare.com/Medicare) or call 1-844-480-0680 (TTY: 711) to view a copy of the EOC. Hours are Sunday-Saturday, 8 am to 8 pm.
- ☐ 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, 2027.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers) for certain services. However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ☐ 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.

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.

## Contact Us

For more information, please contact us:



### By phone

Toll-free at 1-844-480-0680 (TTY: 711). Your call may be answered by a licensed agent.



### Hours of Operation

Sunday-Saturday, 8 am to 8 pm



### Online

[go.wellcare.com/Medicare](https://go.wellcare.com/Medicare)