



2025 Summary of Benefits

Hawaii

Wellcare 'Ohana Dual Align (HMO-POS D-SNP)

H2491 | 004

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 'Ohana Dual Align (HMO-POS D-SNP) from January 1, 2025 to December 31, 2025.

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/ohana. To request a copy, please call 1-800-225-8017 (TTY 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Who can join?

To enroll in this plan, 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 Hawaii Med-QUEST Division Program (Medicaid) or by another third party. To be eligible, you must also be a United States citizen or lawfully present in the United States. You must be eligible for Medicare and Full Medicaid Benefits cost sharing assistance under Medicaid.

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

Our service area includes these counties in Hawaii: Hawaii, Honolulu, Kauai, and Maui.

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.

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. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit www.2025wellcaredirectories.com. **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 'Ohana Dual Align (HMO-POS D-SNP) authorizes use of out-of-network providers.

Our plan also includes prescription drug coverage and access to our large network of 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 'Ohana Dual Align (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 see our plan's provider and pharmacy directory at www.2025wellcaredirectories.com. For plans with prescription drug coverage, our complete plan Formulary (list of Part D prescription drugs) is on our website at www.wellcare.com/ohana.

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 1-800-225-8017 (TTY users should call 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

To be eligible

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

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

H2491004000 Wellcare 'Ohana Dual Align (HMO-POS D-SNP) - FBDE, QMB+, SLMB+

Refer to "Medicare Savings Program (MSP) Levels" section below for a description of all MSP levels. Premiums, copayments, coinsurance, and deductibles may vary based on your Hawaii Med-QUEST Division Program (Medicaid) eligibility category and/or the level of "Extra Help" you receive.

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 beneficiaries must meet certain income and resource requirements. Eligibility and scope of benefits offered are determined by the state where the plan is offered.

You must also be enrolled in the Hawaii Med-QUEST Division Program (Medicaid) plan. Your Part B premium is paid by the State of Hawaii for full-dual enrollees. In addition, you must be enrolled in the Quest Integration program through 'Ohana Health Plan. 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) 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 Hawaii Med-QUEST Division Program (Medicaid). Refer to the Summary of Medicaid-Covered Benefits section later in this document for more information.

Benefits

Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004	
Note: Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.	
Monthly plan premium (includes both medical and drugs)	\$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.
Deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$9,350 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	<ul style="list-style-type: none"> \$0 copay for each Medicare-covered hospital stay. *
Outpatient Hospital coverage Outpatient hospital services	\$0 copay for surgical and non-surgical services (includes Medicare-covered diagnostic colonoscopy). *
Outpatient hospital observation services	\$0 copay
Ambulatory Surgical Center (ASC) services	\$0 copay for each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy. *

Benefits

	Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004
Doctor Visits	
Primary Care Providers	\$0 copay
Specialists	\$0 copay *
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	\$0 copay
Emergency care	\$0 copay
Worldwide Emergency Coverage	<p>\$110 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>
Urgently needed services	\$0 copay

Benefits

	Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004
Worldwide Urgent Care Coverage	<p>\$110 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>
Diagnostic Services/Labs/Imaging Lab services	<p>\$0 copay *</p>
Diagnostic Tests and Procedures	<p>\$0 copay *</p>
Outpatient X-rays	<p>\$0 copay *</p>
Diagnostic radiology services (e.g. MRI, CAT Scan)	<p>\$0 copay *</p>
Therapeutic Radiology	<p>\$0 copay *</p>
Hearing services Hearing Exam Medicare-Covered	<p>\$0 copay *</p>
Routine hearing exam	<p>\$0 copay *</p> <p>1 exam(s) every year</p>

Benefits

	Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	<p>\$0 copay *</p> <p>1 fitting(s) / evaluation(s) every year</p>
Hearing aid allowance All types	<p>Up to a \$500 allowance per ear every year for hearing aids. \$0 copay *</p> <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	
Comprehensive services Medicare-covered	<p>\$0 copay for each Medicare-covered service *</p>
Routine Diagnostic and Preventive Services	<p>In-Network <u>Not</u> covered</p> <p>Out-of-Network <u>Not</u> covered</p>

Benefits

	Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004
Other Diagnostic Dental services	In-Network \$0 copay * Out-of-Network 25% coinsurance * 1 every day to 1 year depending on type of service
Other Preventive Dental services	In-Network \$0 copay * Out-of-Network 25% coinsurance * 1 every day to 1 year depending on type of service
Routine Comprehensive services	
Restorative Services	In-Network \$0 copay * Out-of-Network 25% coinsurance *
Endodontics/Periodontics	In-Network \$0 copay * Out-of-Network 25% coinsurance *

Benefits

	Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004
Oral/Maxillofacial Surgery	In-Network \$0 copay *
	Out-of-Network 25% coinsurance *
Prosthodontics - fixed	In-Network \$0 copay *
	Out-of-Network 25% coinsurance *
Prosthodontics - removable	In-Network \$0 copay *
	Out-of-Network 25% coinsurance *
Adjunctive General Services	In-Network \$0 copay *
	Out-of-Network 25% coinsurance *
	For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.
Additional Dental Information	What you should know: This plan includes coverage up to \$3,000 per plan year for all in-network and out-of-network covered routine comprehensive dental services.

Benefits

	Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004
	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.
Vision Services	
Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *
Routine eye exam (Refraction)	\$0 copay * 1 exam(s) 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 * Up to a \$100 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services	
Inpatient visit	<ul style="list-style-type: none"> \$0 copay for each Medicare-covered hospital stay. *
Outpatient individual therapy visit	\$0 copay *

Benefits

	Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004
Outpatient group therapy visit	\$0 copay *
Skilled nursing facility (SNF)	Days 1-100: \$0 copay per benefit period *
Therapy and Rehabilitation Services	
Physical Therapy	\$0 copay *
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay *
Pulmonary rehabilitation services	\$0 copay
Ambulance	
Ground Ambulance	\$0 copay *
Air Ambulance	\$0 copay *
Transportation Services	<u>Not</u> covered
Medicare Part B Drugs	
Chemotherapy Drugs and Other Part B Drugs	\$0 copay *
Insulin	\$0 copay (maximum per month) *

Benefits

	Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004
Allergy Antigen	\$0 copay *

Part D Prescription Drug Coverage	Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004
Yearly Deductible Stage	\$0
30-day/up to a 100-day supply from a retail or mail order network pharmacy	
All Covered Drugs	\$0 copay Some covered drugs limited to a 30-day supply

Additional Benefits

Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004	
<p>Note: Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.</p>	
Chiropractic Services Medicare-covered	\$0 copay *
Routine chiropractic services	\$0 copay * 12 visit(s) every year
Acupuncture Medicare-covered	\$0 copay *
Routine acupuncture services	\$0 copay * Limited to 24 visit(s) every year
Podiatry Services (Foot Care) Medicare Covered	\$0 copay *

Additional Benefits

	Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004
Virtual Visits	<p>\$0 copay for virtual visit services performed through Teladoc.</p> <p>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.</p> <p>A virtual visit (also known as a telehealth consult) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device. 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.</p> <p>What you should know: The \$0 copay above only applies when services are received from Teladoc. If you receive telemedicine services from a network provider and not the virtual visit vendor, 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> <p>*</p>
Social Support Platform	<p>Our plan provides an online social support platform to support your overall well-being. You have access to community, therapeutic activities, and plan-sponsored resources to help manage stress and anxiety. The Twill platform makes it easy for you to join and stay involved to maintain a healthy behavioral health journey. It is available online 24/7, so you can use it whenever you want.</p> <p>For more information on how to access the platform please see your Evidence of Coverage.</p> <p>\$0 copay</p>

Additional Benefits

	Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004
Home health agency care	\$0 copay *
Medical Equipment/Supplies Durable Medical Equipment (DME)	\$0 copay *
Prosthetics	\$0 copay *
Diabetic Supplies	\$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic therapeutic shoes or inserts	\$0 copay *
Opioid treatment program services	\$0 copay *
Health and Wellness Education Programs Fitness	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage. \$0 copay

Additional Benefits

	Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004
	<p>What you should know:</p> <p>To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide.</p> <p>Members have access to in-person fitness centers, available on-demand exercise programs, 1:1 Well-Being Coaching, Well-Being Club, and a variety of Home Fitness Kits (including a wearable fitness tracker).</p>
24-Hour Nurse Advice Line	\$0 copay
Annual Routine Physical Exam	<p>\$0 copay</p> <p>What you should know:</p> <p>The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>
Value-Based Insurance Design (VBID) Model	<p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the benefits shown below. This allowance is combined with your Over-the-Counter (OTC) benefit. See the Wellcare Spendables™ section in this chart for more information about the Wellcare Spendables™ card.</p> <ul style="list-style-type: none"> • Gas pay-at-pump - 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. • Healthy Food - You can use your card to pay for healthy foods and produce at participating retailers. Prepared meals are available for order via online portal.

Additional Benefits

	Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004
	<ul style="list-style-type: none"> • Home Improvement and Safety Items - You can use your card to help with the cost of home improvement and safety items. Log into your member portal to purchase accepted items. • Rent Assistance - You can use your card to help with the cost of rent for your home. • Utility Assistance - You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet. <p>For more information, limitations, and exclusions, please see your Evidence of Coverage.</p>
Wellcare Spendables™	<p>You will receive \$99 monthly preloaded on your Wellcare Spendables™ card. Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year.</p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> • Over-the-Counter items (OTC) - Your card can be used at participating retail locations, via mobile app, or log in to 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>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> • Gas pay-at-pump • Healthy Food • Home Improvement and Safety Items • Rent Assistance • Utility Assistance <p>Refer to Value-Based Insurance Design (VBID) Model in this chart for more information on these benefits.</p>

Additional Benefits

	Wellcare 'Ohana Dual Align (HMO-POS D-SNP) H2491, Plan 004
	For more information, limitations, and exclusions, please see your Evidence of Coverage.
My Wellcare Rewards	<p>With My Wellcare Rewards, you earn points for completing eligible healthy activities.</p> <p>Points can be redeemed for gift cards, up to \$75 per year, from your favorite stores like Walmart®, and more. You can start earning points just by registering. Some qualifying healthy actions include:</p> <ul style="list-style-type: none">• Completing the Health Risk Assessment• Connecting a fitness device• Annual wellness visits• Annual flu vaccines• Cancer screenings• A1C testing <p>Gift card restrictions may apply.</p>

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 'Ohana Dual Align (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 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 'Ohana Dual Align (HMO-POS 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 Hawaii Med-QUEST Division Program (Medicaid) toll-free at 1-800-316-8005 (TTY: 1-800-603-1201 or 711).

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

Benefit Category	Hawaii Med-QUEST Division Program (Medicaid)
<p>Doctor Visits</p> <p>This includes visits to your primary care physician and specialists</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Initial and interval histories • Comprehensive physical examinations (including developmental services) • Immunizations • Family planning • Diagnostic and screening laboratory • X-ray services (including screening for tuberculosis) • Physicians' offices • Clinics • Private homes • Licensed hospitals • Licensed skilled nursing facility • Intermediate care facility • Licensed or certified residential setting <p>\$0 co-pay for Medicaid-covered services.</p>

<p>Preventive Care</p> <p>These services are provided to help screen for and prevent or diagnose a health problem.</p>	<p>Bone Mass Measurement (for people with Medicare who are at risk)</p> <p>Colorectal Screening Exams (for people with Medicare age 50 and older)</p> <p>Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p> <p>Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p> <p>Pap Smears and Pelvic Exams (for women with Medicare)</p> <p>Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p> <p>Welcome to Medicare; and Annual Wellness Visits:</p> <ul style="list-style-type: none">• Written health education materials, including Newsletters• Nutritional Training• Additional Smoking Cessation• Other Wellness Benefits <p>Health Education and Counseling</p> <p>Substance use (including Alcohol) Diet and exercise</p> <p>Injury prevention Sexual behavior Dental health Family violence Depression</p> <p>Results and implications of screening listed above. \$0 co-pay for Medicaid-covered services.</p>
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<p>Hearing Services</p> <p>This includes information on coverage of hearing exams and aids</p>	<p>Hearing/Audiology Services - \$0 co-pay Per visit for Medicaid-covered services.</p> <p>Hearing Evaluation - 1 Per year (Hearing Aid Suppliers will not be paid for a hearing evaluation)</p> <p>Hearing Services - Ear Plugs (Custom-made earplugs can be prescribed only by ENT specialists for individuals with recurrent middle ear infections)</p> <p>Hearing Aids - \$0 Per item prescribed by an ENT specialist</p> <p>Hearing aid examination and selection, monaural - 1 per 3 yrs.</p> <p>Hearing aid examination and selection, binaural 1 per 3 yrs.</p> <p>Hearing aid check; includes electroacoustic evaluation monaural 2 per 12 months</p> <p>Hearing aid check; includes electroacoustic evaluation binaural 4 per 12 months for Children ages 3 yrs. and under 2 per 12 months for children ages 4 yrs. and older</p> <p>Fitting/orientation/checking of hearing aid (to follow initial hearing aid exam and selection) 1 per 3 yrs. for adults</p> <p>2 per 3 yrs. for children < 21 yrs.</p> <p>*Accessories and repairs of the hearing aids are only covered if the warranty does not cover.</p>
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Dental Services	<p>Only covered for under 21: Dental Services related to a medical condition will be covered by the Plan when medically necessary. \$0 co-pay for medically related Medicaid-covered services.</p> <p>Dental services are coordinated through Community Case Management Corporation (CCMC). CCMC will help members:</p> <ul style="list-style-type: none">• Find a dentist• Make an appointment• Coordinate transportation and translation services. Call from Oahu 1-808-792-1070 or toll-free 1-888-792-1070. <p>The Plan is not responsible for services that are provided in private dental offices, government-sponsored or subsidized dental clinics and hospital-based outpatient dental clinics</p>
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<p>Vision Services</p> <p>This includes information on coverage of vision exams and eyewear</p>	<p>The Plan provides eye and vision services for members:</p> <ul style="list-style-type: none">• Younger than 21-eye exam once per year• 21 and older-eye exam once every 2 years <p>More visits may be allowed, depending on the symptoms or medical condition.</p> <p>Covered services include:</p> <ul style="list-style-type: none">• Vision examinations• Prescription lenses• Cataract removal• Prosthetic eyes• Ophthalmologic exam with refraction• Visual aids (eyeglasses)• Contact lenses and miscellaneous vision supplies (if medically necessary) <p>This includes the costs for the lens, frames, or other parts of the glasses. Fittings and adjustments are also covered.</p> <p>Emergency eye care (no prior authorization needed)</p> <p>New lenses:</p> <ul style="list-style-type: none">• Younger than 21-once per year• 21 and older-once every 2 years <p>Replacement glasses and/or new glasses with major changes in prescription are covered within the benefit periods for both adults and children.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
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<p>Mental Health Services</p> <p>This includes the following: Inpatient visits</p> <ul style="list-style-type: none"> • Outpatient group or individual therapy visits 	<p>Covered services include all medically necessary behavioral health services for QUEST Integration adult and child members. These services include:</p> <ul style="list-style-type: none"> • Ambulatory services, including 24-hours-a-day, 7-days-a-week crisis • 24-hour-a-day care for acute psychiatric illnesses, including: • Room and board • Nursing care • Medical supplies and equipment • Diagnostic services • Physician services • Other practitioner services, as needed • Other medically necessary services <p>*More Behavioral Health services may be provided by CCS and the Department of Health. \$0 co-pay for Medicaid-covered services.</p>
<p>Transportation</p>	<p>The Plan provides both emergency and nonemergency ground and air services to and from medically necessary medical appointments for members who:</p> <ul style="list-style-type: none"> Have no means of transportation Reside in areas not served by public transportation Cannot access public transportation due to their medical condition <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Wellness Programs</p> <p>This includes the following:</p> <ul style="list-style-type: none"> • Fitness • Personal Emergency Response System (PERS)] Additional routine annual physical • Nurse Advice Line - 24 hours 	<p>For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>

Prescription Drugs	<p>Covers drugs listed on the Plan's Preferred Drug List (PDL).</p> <p>This list will also have drugs that may have limits such as prior authorization, quantity limits, step therapy, age limits or gender limits. Alternate drugs may be covered with a prior authorization.</p> <p>Medicare Part D copays are not covered by Medicaid.</p> <p>OTC drugs may be covered by the Plan when physician prescribed and medically necessary at \$0 co-pay.</p>
OTC	<p>Drugs on Hawaii OTC formulary: http://www.himed-questffs.org</p>
Other Practitioner Services	<p>Covered services include but are not limited to:</p> <ul style="list-style-type: none"> • Certified nurse midwife services • Licensed advanced practice registered nurse services (including family, pediatric, geriatric, psychiatric health specialists) <p>Other medically necessary practitioner services provided by a licensed or certified health care provider</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Cornea Transplants and Bone Graft Services	<p>Cornea transplants (keraplasty) and Bone graft</p> <p>Other transplants are covered under the State of Hawaii Organ and Tissue Transplant Program, not the QUEST Integration program (kidney transplants that are covered by Medicare does not apply).</p>
Outpatient Habilitation Services	<p>Covered services include:</p> <ul style="list-style-type: none"> • Physical and occupational therapy • Audiology and speech-language pathology • Vision Services (other than routine) • Devices associated with these services <p>\$0 co-pay for Medicaid-covered services.</p>

Personal Emergency Response Services (PERS)	<p>PERS are devices to help members who are at a high risk of having to go the hospital. They can get help in case of an emergency.</p> <ul style="list-style-type: none"> • PERS items include electronic devices or services designed for emergency assistance <p>PERS services are limited to those individuals:</p> <ul style="list-style-type: none"> • Who live alone • Who are alone for significant parts of the day • Who have no regular caregiver for extended periods • Who would otherwise need extensive routine supervision <p>PERS services will only be offered to a member living in a non-licensed setting \$0 co-pay for Medicaid-covered services.</p>
Methadone maintenance Treatment Program (MMTP)	<p>Medication management, prescribed drugs, medical supplies, diagnostic tests, therapeutic services, (individual, family, group and after care), and other medically necessary services. Includes the provision of methadone or a suitable alternatives as well as outpatient counseling services \$0 co-pay for Medicaid-covered services.</p>
Out-of-State and Off-Island Coverage	<p>The Plan provides any medically necessary covered services that are prearranged when not available on your island or in Hawaii. This includes:</p> <ul style="list-style-type: none"> • Referrals to an out-of-state or off-island specialist or facility • Transportation to and from the referral destination • Lodging & Meals <p>Member attendant (if authorized) \$0 co-pay for Medicaid-covered services.</p>

Diabetes Supplies and Services	<p>Covered services include:</p> <ul style="list-style-type: none"> • Coverage for glucose monitors • Test strips • Lancets • Screening tests • Management Training <p>\$0 co-pay for Medicaid-covered services.</p>
Long-Term Care-Home and Community-Based Services	<p>Based upon medical necessity as determined by the Department of Human Services, you may be eligible for these additional benefits.</p>
Adult Day Care	<p>Adult day care refers to regular supportive care provided to 4 or more disabled adult participants.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Observation and supervision by center staff • Coordination of behavioral, medical and social plans and implementation of the instructions as listed in the participant's care plan • Therapeutic, social, educational, recreational activities <p>\$0 co-pay for Medicaid-covered services.</p>
Assisted Living Services	<p>Assisted living services include:</p> <ul style="list-style-type: none"> • Personal care • Supportive care services (homemaker, chore, attendant services and meal preparation) <p>The health plan is not responsible for payment for room and board.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Community Care Management Agency (CCMA)	<p>Covered for members living in Community Care Foster Family Homes, Expanded Adult Residential Care Homes, Assisted Living Facilities and other community settings, as required.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

Community Care Foster Family Home (CCFFH) Services

Covered services include:

- Personal care
- Supportive services
- Homemaker services
- Attendant care
- Companion services
- Local transportation
- Day programming
- Medication oversight (to the extent permitted under state law)

All services must be provided in a certified private home by a principal care provider who lives in the home.

\$0 co-pay for Medicaid-covered services.

Counseling and Training

Counseling and training activities include the following:

- Member care training for members
- Family and caregivers regarding the nature of the disease and the disease process
- Methods of transmission and infection control measures
- Biological, psychological care and special treatment needs/regimens
- Use of equipment specified in the service plan
- Employer skills updates as necessary to safely maintain the individual at home
- Crisis intervention
- Supportive counseling
- Family therapy
- Suicide risk assessments and intervention
- Death and dying counseling
- Substance abuse counseling
- Nutritional assessment and counseling

Counseling and training is a service provided to:

- Members
- Families/caregivers on behalf of the member
- Professional and paraprofessional caregivers on behalf of the member

\$0 co-pay for Medicaid-covered services.

Environmental Accessibility Adaptations	<p>Physical changes to the member's home, required by the member's service plan.</p> <p>Covered services include:</p> <ul style="list-style-type: none">• Installation of ramps and grab-bars• Widening of doorways• Modification of bathroom facilities• Installation of specialized electric and plumbing systems (must be necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual)• Window air conditioners (if necessary for the health and safety of member) <p>All services shall comply with state or local building codes.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
Home Maintenance	<p>Home maintenance services are those services not included as a part of personal assistance and include:</p> <ul style="list-style-type: none">• Heavy-duty cleaning to bring a home up to acceptable standards of cleanliness at the start of service to a member• Minor repairs to essential appliances, limited to stoves, refrigerators and water heaters• Fumigation or extermination services <p>\$0 co-pay for Medicaid-covered services.</p>

Moving Assistance	<p>Help moving is offered when the Service Coordinator finds that a member needs to move to a new home in order to prevent their health from deteriorating. This includes:</p> <ul style="list-style-type: none">• Unsafe home due to deterioration• The individual is wheelchair bound, living in a building with no elevator, multistory building with no elevator or where the client lives above the first floor• Home is unable to support member's additional needs for equipment• Member is evicted from his or her current home• Member can no longer afford the home due to a rent increase <p>Moving expenses include packing and moving of belongings. \$0 co-pay for Medicaid-covered services.</p>
Non-Medical Transportation	<p>This service helps members travel as specified by the member care plan. It helps members get to community services, activities and resources.</p> <p>Whenever possible, those who can offer this service without cost will be used. They include family, neighbors, friends or community agencies.</p> <p>Exclusion: Members living in a residential care setting or a CCFFH are not eligible for this service. \$0 co-pay for Medicaid-covered services.</p>

Personal Assistance Services-Level 1	<p>May be covered when authorized by the Service Coordinator as part of the care plan for members who are not living with their family and need help with key daily activities to prevent a decline in health status and maintain them in their home for up to ten (10) hours per week.</p> <p>Members may have more than ten (10) hours per week if medically necessary.</p> <p>Services may include:</p> <ul style="list-style-type: none">• Meal preparation• Laundry• Shopping• Errands• Housekeeping tasks (sweeping, mopping, dusting, making beds, cleaning the toilet, shower or bathtub, taking out rubbish)• Light yard work, such as mowing the lawn• Simple home repairs, such as replacing light bulbs• Escort to health related appointments <p>\$0 co-pay for Medicaid-covered services.</p>
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Personal Assistance Services-Level 2	<p>Covered for those who need help with moderate daily activities and keeping up their health.</p> <p>This level of service is to be provided by a Home Health Aide (HHA), Personal Care Aide (PCA), Certified Nurse Aide (CNA) or Nurse Aide (NA) with applicable skills.</p> <p>Some activities include:</p> <ul style="list-style-type: none">• Personal hygiene and grooming, including bathing, skin care, oral hygiene, hair care and dressing• Help with bowel and bladder care• Help with mobility• Help with transfers• Help with medications• Help with routine or maintenance health care services by a personal care provider• Help with feeding, nutrition, meal preparation and other dietary activities• Help with exercise, positioning and range of motion• Taking and recording vital signs, including blood pressure• Measuring and recording intake and output, when ordered• Collecting and testing specimens as directed <p>\$0 co-pay for Medicaid-covered services.</p>
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Licensed Residential Care	<p>Residential care is provided in a licensed private home by a principle care provider who lives in the home. He or she gives the following services to members:</p> <ul style="list-style-type: none">• Personal care services• Homemaker, chore, attendant care and companion services• Medication oversight (to the extent allowed by law)• Transportation to medical appointments <p>\$0 co-pay for Medicaid-covered services.</p>
Respite Care	<p>Respite care is short-term based care. It provides relief to caregivers. It may be provided hourly, daily and overnight. Respite care may be provided in the following locations:</p> <ul style="list-style-type: none">• Member's home or place of residence• Foster home or expanded-care adult residential care home• Medicaid-certified nursing facility• Licensed respite day care facility• Other community care residential facility approved by the Plan <p>Respite care services are authorized by the member's PCP as part of the member's care plan. Respite services may be self-directed. \$0 co-pay for Medicaid-covered services.</p>

Specialized Medical Equipment Warranty and Supplies

Refers to the purchase, rental, lease, Warranty and Supplies costs, installation, repairs and removal of devices, controls or appliances specified in the care plan.

This also includes:

- Items necessary for life support
- Supplies and equipment needed for the proper functioning of such items
- Durable and non-durable medical equipment not available under the Medicaid State Plan

Examples include:

- Specialized infant car seats
- Modification of parent-owned motor vehicle to accommodate the child, i.e. wheelchair lifts
- Intercoms for monitoring the child's room
- Shower seat
- Portable humidifiers
- Electric bills specific to electrical life support devices (ventilator, oxygen concentrator)
- Medical supplies

\$0 co-pay for Medicaid-covered services.

Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-888-846-4262 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-888-846-4262 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

Chinese (Mandarin): 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-888-846-4262 (TTY: 711)**。您将获得中文普通话口译员的帮助。这是一项免费服务。

Chinese (Cantonese): 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-888-846-4262 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-888-846-4262 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-888-846-4262 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-888-846-4262 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-888-846-4262 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-888-846-4262(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-888-846-4262 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوّقر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-888-846-4262 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-888-846-4262 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक निःशुल्क सेवा है।

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il **1-888-846-4262 (TTY: 711)**. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número **1-888-846-4262 (TTY: 711)**. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan **1-888-846-4262 (TTY: 711)**. Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-888-846-4262 (TTY: 711)**. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-888-846-4262 (TTY : 711)** にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

Chuukese: Mi kawor chon affou ese kame ika mei wor om kapas eis fan iten am kewe kokkotun tumwunun inis ika pekin safei. Ika ka mochen emon chon affou, kokori ei nampa **1-888-846-4262 (TTY: 711)**. Emon mi sine fosun chuuk a tongeni alisuk. Ei angang ese kame.

Hawaiian: Loa‘a iā mākou nā lawelawe unuhi ‘ōlelo manuahi e pane i nā nīnau āu e pili ana i kā mākou papahana olakino a lā‘au paha. No ka loa‘a ‘ana o ka unuhi ‘ōlelo e kelepona iā mākou ma **1-888-846-4262 (TTY: 711)**. Hiki i kekahi kanaka ‘ōlelo Hawai‘i ke kōkua iā ‘oe. He lawelawe manuahi kēia.

Ilocano: Adda iti libre a serbisyo ti panagpatarus mi tapno masungbatan ti anyaman a saludsod mo maipanggep iti plano ti salun-at wenno agas mi. Tapno makaala ti maysa nga agipatpatarus pakiawagan dakami laeng iti **1-888-846-4262 (TTY: 711)**. Mabalín nga makatulong kenka ti maysa nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

Marshallese: Ewōr ad jerbal in ukok ñān uak jabdewōt kajitok emaroñ in wōr am kin būlaan in ejmour ak uno ko rekajur. Ñan am kabbok riukok kall tok ilo **1-888-846-4262 (TTY: 711)**. Juon armej eo ej Kajin Majol emaroñ jibañ eok. Ejelok onean jerbal in.

Samoan: E iai matou auaunaga faamatala upu e tali atu i soo se fesili e te ono fesili ai e uiga ia matou fuafuaga tau soifua maloloina poo fualaau. Ina ia maua se tagata faamatala upu na'o le vili mai a matou i le **1-888-846-4262 (TTY: 711)**. E mafai ona fesoasoani atu ia te oe se tasi e tautala i le gagana Samoan. E leai se totogi o lenei auaunaga.

Tongan: 'Oku 'i ai 'emau sēvesi fakatonulea ta'etotongi ke tali ha fa'ahinga fehu'i pē te mou ma'u fekau'aki mo 'emau palani mo'ui lelei pe fo'i'akaú. Ke ma'u ha fakatonulea, tā mai pē ki he **1-888-846-4262 (TTY: 711)**. 'E lava ke tokoni atu ha tokotaha lea Fakatonga. Ko ha sēvesi ta'etotongi 'eni.

Visayan: Duna mi'y libreng serbisyo sa interpreter aron motubag sa bisan unsa nimong mga pangutana bahin sa among health o drug plan. Aron mokuha og interpreter tawagi lang mi sa **1-888-846-4262 (TTY: 711)**. Ang usa ka tawo nga nagsulti og Bisaya makatabang nimo. Libre kini nga serbisyo.

Lao: ພວກເຮົາມີບໍລິການຄົ້ນພາສາພຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ເພື່ອຂໍຄົ້ນແປພາສາ ພຽງແຕ່ໂທຫາພວກເຮົາໄດ້ທີ່ເບີ **1-888-846-4262 (TTY: 711)**. ມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນບໍລິການພຣີ.

Cambodian: យើងមានសេវាកម្មប្រែប្រួលមាត់ដោយឥតគិតថ្លៃសម្រាប់ឆ្លើយរាល់សំណួរដែលអ្នកមានអំពីគម្រោងឱសថ ឬគម្រោងសុខភាពរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែប្រែមាត់ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមរយៈលេខ **1-888-846-4262 (TTY: 711)**។ មនុស្សម្នាក់ដែលនិយាយភាសាខ្មែរបានអាចជួយអ្នកបាន។ នេះជាសេវាកម្មឥតគិតថ្លៃ។

Hmong: Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb cov nqe lus nug twg uas koj yuav muaj hais txog peb lub phiaj xwm duav roos kev noj qab haus huv thiab tshuaj. Yog xav tau ib tug kws txhais lus ces tsuas hu rau peb tau ntawm **1-888-846-4262 (TTY: 711)**. Ib tug neeg twg uas hais tau lus Hmoob yuav pab tau koj. Qhov no yog kev pab cuam pab dawb xwb.

Thai: เรามีบริการล่ามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการล่ามแปลภาษา โปรดติดต่อเราที่หมายเลข **1-888-846-4262 (TTY: 711)** คนที่พูดภาษาไทยได้สามารถช่วยคุณได้ บริการนี้ไม่มีค่าใช้จ่าย

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 1-800-225-8017 (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/ohana or call 1-800-225-8017 (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

- ❑ 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, 2026.
- ❑ **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.

'Ohana Health Plan, a plan offered by Wellcare Health Insurance of Arizona, Inc.

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 1-800-225-8017 (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/ohana