



# 2026 Summary of Benefits

Michigan

**Wellcare Dual Access Open (PPO D-SNP)**

H2117 | 002 | 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 Access Open (PPO 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 Michigan Medicaid.

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 Michigan Medicaid or by another third party. You must be eligible for Medicare and Full Medicaid Benefits or Medicare cost sharing assistance under Medicaid.

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

**H2117002000 Wellcare Dual Access Open (PPO D-SNP) - FBDE, QMB, QMB+, SLMB+**

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 Michigan: Allegan, Arenac, Bay, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Jackson, Kent, Lake, Lapeer, Livingston, Mecosta, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, and Washtenaw.

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

**Preferred Provider Organizations (PPOs)** You'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracted providers in our network. Out-of-network providers may choose not to bill our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made.

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. PPO plans do not require a prior authorization or referral for out-of-network services.

**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 Access Open (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. You may use doctors, hospitals and other providers that are not in our network, usually for a higher copay or coinsurance. You must generally use our network pharmacies for prescriptions covered under Part D drug benefit.

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-6712](https://go.wellcare.com/druglist-6712).

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 Michigan Medicaid. Refer to the Summary of Medicaid-Covered Benefits section later in this document for more information.**

Benefits

|                                                                                                                                             | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <b>Note:</b> Services with an asterisk (*) may require prior authorization.<br>Services with a square (■) means a referral may be required. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Monthly Plan Premium</b><br>(includes both medical and drugs)                                                                            | <p>\$0</p> <p>Because you get Extra Help, your plan premium is paid on your behalf.</p> <p>You must continue to pay your Medicare Part B premium, if not otherwise paid for by Michigan Medicaid or another third party.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Deductible</b>                                                                                                                           | <p>\$0 or The Part B deductible was \$257 for select Part B services. This is based on Original Medicare’s 2025 costs and may change in 2026. You can contact Member services or check the plan’s website for updates after November 1. However, out-of-network providers that are not enrolled in your state Medicaid may charge the deductible amount depending on your Medicaid eligibility category.</p>                                                                                                                                                                                                                                                                                                                                                                |
| <b>Maximum Out-of-Pocket (MOOP) Responsibility</b><br>(does not include prescription drugs)                                                 | <p>\$9,250 in-network annually<br/>\$13,900 combined in and out-of-network annually</p> <p>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 received in-network. However, depending on your Medicaid eligibility category, out-of-network providers that are not enrolled in your state Medicaid may charge out-of-pocket cost-sharing that would apply to your combined maximum out-of-pocket.</p> <p>Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p> |

## Benefits

|                                                                     | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inpatient Hospital Coverage</b>                                  | <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>\$0 copay for each Medicare-covered hospital stay.</li> </ul> <p>*</p> <p><b>Out-of-Network</b></p> <p>Days 1-90:</p> <ul style="list-style-type: none"> <li>\$0 or \$2,050 copay per admission, depending on your Michigan Medicaid eligibility category.</li> </ul>  |
| <b>Outpatient Hospital Coverage</b><br>Outpatient Hospital Services | <p><b>In-Network</b></p> <p>\$0 copay for surgical and non-surgical services.</p> <p>*</p> <p><b>Out-of-Network</b></p> <p>\$0 or 30% coinsurance for surgical and non-surgical services, depending on your Michigan Medicaid eligibility category.</p>                                                                                |
| Outpatient Hospital<br>Observation Services                         | <p><b>In-Network</b></p> <p>\$0 copay for outpatient observation.</p> <p><b>Out-of-Network</b></p> <p>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category.</p>                                                                                                                                            |
| <b>Ambulatory Surgical Center (ASC) Services</b>                    | <p><b>In-Network</b></p> <p>\$0 copay for each Medicare-covered visit to an ambulatory surgical center.</p> <p>*</p> <p><b>Out-of-Network</b></p> <p>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category.</p> <p>This amount applies to each Medicare-covered visit to an ambulatory surgical center.</p> |

## Benefits

|                                                                                                                                                                                                                                                                                                                                                                                                    | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                         |
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| <b>Doctor Visits</b><br><br>Primary Care Providers                                                                                                                                                                                                                                                                                                                                                 | <b>In-Network</b><br>\$0 copay<br><br><b>Out-of-Network</b><br>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category.      |
| Specialists                                                                                                                                                                                                                                                                                                                                                                                        | <b>In-Network</b><br>\$0 copay<br>*<br><br><b>Out-of-Network</b><br>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category. |
| <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)) | <b>In-Network</b><br>\$0 copay<br><br><b>Out-of-Network</b><br>\$0 copay                                                                              |
| <b>Emergency Care</b>                                                                                                                                                                                                                                                                                                                                                                              | \$0 copay                                                                                                                                             |

## Benefits

|                                                             | <b>Wellcare Dual Access Open (PPO D-SNP)<br/>H2117, Plan 002, 000</b>                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Worldwide Emergency Coverage                                | <p>\$115 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>                             | \$0 copay                                                                                                                                                                                                                                                                                                                                 |
| Worldwide Urgent Care Coverage                              | <p>\$115 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><br><br>Lab Services | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category.</p>                                                                                                                                                                           |
| Diagnostic Tests and Procedures                             | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category.</p>                                                                                                                                                                           |

## Benefits

|                                                                 | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                         |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outpatient X-rays                                               | <b>In-Network</b><br>\$0 copay<br>*<br><br><b>Out-of-Network</b><br>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category. |
| Diagnostic Radiology Services<br>(e.g. MRI, CAT Scan)           | <b>In-Network</b><br>\$0 copay<br>*<br><br><b>Out-of-Network</b><br>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category. |
| Therapeutic Radiology                                           | <b>In-Network</b><br>\$0 copay<br>*<br><br><b>Out-of-Network</b><br>\$0 or 20% coinsurance, depending on your Michigan Medicaid eligibility category. |
| <b>Hearing Services</b><br><br>Hearing Exam<br>Medicare-covered | <b>In-Network</b><br>\$0 copay<br>*<br><br><b>Out-of-Network</b><br>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category. |

## Benefits

|                                                                                                             | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                                                                                                                                                                                                                                  |
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| Routine Hearing Exam                                                                                        | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>40% coinsurance</p> <p>1 exam(s) every year</p>                                                                                                                                                                                                                                      |
| <p>Hearing Aids</p> <p>Hearing Aid<br/>Fitting/Evaluation(s)</p> <p>Hearing Aid Allowance<br/>All Types</p> | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>40% coinsurance</p> <p>1 fitting(s) / evaluation(s) every year</p> <p>Up to a \$1,000 allowance per ear every year for hearing aids.</p> <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>40% coinsurance</p> <p>Limited to 2 hearing aid(s) every year</p> |
| Additional Hearing Information                                                                              | <p><b>What you should know</b></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>                                                                                                                                                           |

## Benefits

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Benefits

|                                  | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                                             |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Other Diagnostic Dental Services | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>50% coinsurance</p> <p>1 every date of service to 3 plan years depending on type of service</p> |
| Other Preventive Dental Services | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>50% coinsurance</p> <p>1 every date of service to 3 plan years depending on type of service</p> |
| Routine Comprehensive Services   |                                                                                                                                                                           |
| Restorative Services             | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>50% coinsurance</p>                                                                             |
| Endodontics/Periodontics         | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>50% coinsurance</p>                                                                             |

## Benefits

|                               | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                                                                                                                                                                                                                                                                                                    |
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| Oral/Maxillofacial Surgery    | <b>In-Network</b><br>\$0 copay<br>*                                                                                                                                                                                                                                                                                                                                                                                              |
| Prosthodontics, Fixed         | <b>Out-of-Network</b><br>50% coinsurance<br><br><b>In-Network</b><br>\$0 copay<br>*                                                                                                                                                                                                                                                                                                                                              |
| Prosthodontics, Removable     | <b>Out-of-Network</b><br>50% coinsurance<br><br><b>In-Network</b><br>\$0 copay<br>*                                                                                                                                                                                                                                                                                                                                              |
| Adjunctive General Services   | <b>Out-of-Network</b><br>50% coinsurance<br><br><b>In-Network</b><br>\$0 copay<br>*                                                                                                                                                                                                                                                                                                                                              |
|                               | <b>Out-of-Network</b><br>50% coinsurance<br><br><b>For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.</b>                                                                                                                                                                                                                               |
| Additional Dental Information | <b>What you should know:</b><br>This plan includes coverage up to \$3,000 per plan year for all in-network and out-of-network covered routine comprehensive dental services.<br><br>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 |

## Benefits

|                                                        | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                                                                                                                                                                                                                                                                                                                  |
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|                                                        | accept plan payment as payment in full. They might charge you more than the plan pays.                                                                                                                                                                                                                                                                                                                                                         |
| <b>Vision Care</b><br><br>Eye Exam<br>Medicare-covered | <b>In-Network</b><br>\$0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam<br>\$0 copay for all other Medicare-covered eye exams<br>*<br><br><b>Out-of-Network</b><br>\$0 or 30% coinsurance for each Medicare-covered diabetic retinopathy screening or diabetic eye exam<br><br>\$0 or 30% coinsurance for all other Medicare-covered eye exams, depending on your Michigan Medicaid eligibility category. |
| Routine Eye Exam (Refraction)                          | <b>In-Network</b><br>\$0 copay<br>*<br><br><b>Out-of-Network</b><br>40% coinsurance<br><br>1 exam(s) every year                                                                                                                                                                                                                                                                                                                                |
| Glaucoma Screening                                     | <b>In-Network</b><br>\$0 copay for each Medicare-covered service.<br><br><b>Out-of-Network</b><br>\$0 or 30% coinsurance for each Medicare-covered service, depending on your Michigan Medicaid eligibility category.                                                                                                                                                                                                                          |

## Benefits

|                                                                                                                          | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                                                                                                                                                                                       |
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| Eyewear<br>Medicare-covered                                                                                              | <b>In-Network</b><br>\$0 copay<br><br><b>Out-of-Network</b><br>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category.                                                                                                                                                                    |
| Routine Eyewear<br><br>Contact Lenses/ Eyeglasses<br>(frame and lenses)/<br>Eyeglass Frames<br><br><br>Eyewear Allowance | <b>In-Network</b><br>\$0 copay<br>*<br><br><b>Out-of-Network</b><br>40% coinsurance<br><br>Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.                                                                                                                         |
| <b>Mental Health Services</b><br><br>Inpatient Visit                                                                     | <b>In-Network</b> <ul style="list-style-type: none"> <li>\$0 copay for each Medicare-covered hospital stay.</li> </ul> *<br><br><b>Out-of-Network</b><br>Days 1-90: <ul style="list-style-type: none"> <li>\$0 or \$2,050 copay per admission, depending on your Michigan Medicaid eligibility category.</li> </ul> |
| Outpatient Individual Therapy Visit                                                                                      | <b>In-Network</b><br>\$0 copay<br>*<br><br><b>Out-of-Network</b><br>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category.                                                                                                                                                               |

## Benefits

|                                                                          | <b>Wellcare Dual Access Open (PPO D-SNP)<br/>H2117, Plan 002, 000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Outpatient Group Therapy Visit                                           | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category.</p>                                                                                                                                                                                                                                                                                                                                       |
| <b>Skilled Nursing Facility (SNF)</b>                                    | <p><b>In-Network</b><br/>Days 1-100:<br/> <ul style="list-style-type: none"> <li>\$0 copay per benefit period</li> </ul>           *</p> <p><b>Out-of-Network</b><br/> <ul style="list-style-type: none"> <li>\$0 copay per day, for days 1 through 20,</li> <li>\$0 or \$218 copay per day, depending on your Michigan Medicaid eligibility category, for days 21 through 70</li> <li>\$0 copay per day, for days 71 through 100 for Medicare-covered skilled nursing facility care.</li> </ul> </p> |
| <b>Therapy and Rehabilitation Services</b><br><br>Physical Therapy       | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category.</p>                                                                                                                                                                                                                                                                                                                                       |
| Outpatient Rehabilitation Services Provided by an Occupational Therapist | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category.</p>                                                                                                                                                                                                                                                                                                                                       |

## Benefits

|                                                                           | <b>Wellcare Dual Access Open (PPO D-SNP)<br/>H2117, Plan 002, 000</b>                                                                                                                                                   |
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| Pulmonary Rehabilitation Services                                         | <p><b>In-Network</b><br/>\$0 copay</p> <p><b>Out-of-Network</b><br/>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category.</p>                                                               |
| <b>Ambulance</b><br><br>Ground Ambulance                                  | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 or 20% coinsurance, depending on your Michigan Medicaid eligibility category.</p>                                                         |
| Air Ambulance                                                             | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 or 20% coinsurance, depending on your Michigan Medicaid eligibility category.</p>                                                         |
| <b>Transportation Services<br/>(Non-emergency medical transportation)</b> | <p>Up to 12 rides every year to plan approved healthcare locations. This includes doctors, specialists, pharmacies, and dental or vision providers.</p> <p><b>In-Network</b><br/>\$0 copay (per one-way trip)<br/>*</p> |

## Benefits

|                                                                                          | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                                                                                                                                                                        |
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|                                                                                          | <p><b>Out-of-Network</b><br/>75% coinsurance (per one-way trip)</p> <p><b>What you should know:</b><br/>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> |
| <p><b>Medicare Part B Drugs</b></p> <p>Chemotherapy Drugs and<br/>Other Part B Drugs</p> | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 or 20% coinsurance, depending on your Michigan Medicaid eligibility category.<br/>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.</p>                                |
| Insulin                                                                                  | <p><b>In-Network</b><br/>\$0 copay (maximum per month)<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 or \$35 copay (maximum per month), depending on your Michigan Medicaid eligibility category.</p>                                                                                                   |
| Allergy Antigen                                                                          | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>0% coinsurance</p>                                                                                                                                                                                                         |

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| <b>Part D Prescription Drug Coverage</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Wellcare Dual Access Open (PPO D-SNP)<br/>H2117, Plan 002, 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Because you get Extra Help, you do not pay a deductible for Part D drugs. This payment stage doesn't apply. |
| <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><br>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><br><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).<br><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><br>The cost share you pay depends on your level of Extra Help.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |

| Part D Prescription Drug Coverage                                                          | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000     |                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued) |                                                                   |                                                                   |
| Retail cost-sharing (30-day / 100-day supply)                                              |                                                                   |                                                                   |
| For more details on tier descriptions, please see the Evidence of Coverage.                |                                                                   |                                                                   |
|                                                                                            | Preferred                                                         | Standard                                                          |
| Tier 1<br>(Preferred Generic)                                                              | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65 | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65 |
| Tier 2<br>(Generic)                                                                        | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65 | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65 |
| Tier 3<br>(Preferred Brand)                                                                | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65 | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65 |
| Tier 4<br>(Non-Preferred Drug)                                                             | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65 | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65 |
| Tier 5<br>(Specialty Tier)<br>Limited to 30 day supply                                     | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65 | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65 |
| Tier 6<br>(Select Care Drugs)                                                              | \$0 copay                                                         | \$0 copay                                                         |

|                                                                                                                                          |                                                                                                                                                                |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Part D Prescription Drug Coverage                                                                                                        | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                                  |                                                                   |
| Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)                                               |                                                                                                                                                                |                                                                   |
| Mail-order cost-sharing (100-day supply)                                                                                                 |                                                                                                                                                                |                                                                   |
|                                                                                                                                          | Preferred                                                                                                                                                      | Standard                                                          |
| Tier 1<br>(Preferred Generic)                                                                                                            | \$0 copay                                                                                                                                                      | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65 |
| Tier 2<br>(Generic)                                                                                                                      | \$0 copay                                                                                                                                                      | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65 |
| Tier 3<br>(Preferred Brand)                                                                                                              | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65                                                                                              | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65 |
| Tier 4<br>(Non-Preferred Drug)                                                                                                           | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65                                                                                              | Generics: \$0 / \$1.60 / \$5.10<br>Brands: \$0 / \$4.90 / \$12.65 |
| Tier 5<br>(Specialty Tier)<br>Limited to 30 day supply                                                                                   | Not Available                                                                                                                                                  | Not Available                                                     |
| Tier 6<br>(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 Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Note:</b> Services with an asterisk (*) may require prior authorization.<br/>Services with a square (■) means a referral may be required.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Chiropractic Services</b><br><br>Medicare-covered                                                                                                | <b>In-Network</b><br>\$0 copay<br>*<br><br><b>Out-of-Network</b><br>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category.                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Acupuncture</b><br><br>Medicare-covered                                                                                                          | <b>In-Network</b><br>\$0 copay<br>*<br><br><b>Out-of-Network</b><br>\$0 or 30% coinsurance for Medicare-covered Acupuncture received in a PCP office, depending on your Michigan Medicaid eligibility category.<br>\$0 or 30% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office, depending on your Michigan Medicaid eligibility category.<br>\$0 or 30% coinsurance for Medicare-covered Acupuncture received in a Specialist office, depending on your Michigan Medicaid eligibility category. |
| <b>Podiatry Services (Foot Care)</b><br><br>Medicare-covered                                                                                        | <b>In-Network</b><br>\$0 copay<br>*<br><br><b>Out-of-Network</b><br>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category.                                                                                                                                                                                                                                                                                                                                                                         |

## Additional Benefits

|                                       | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Routine Podiatry Services (Foot Care) | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>30% coinsurance</p> <p>6 visit(s) every year</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <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><br/>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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## Additional Benefits

|                                                                          | <b>Wellcare Dual Access Open (PPO D-SNP)<br/>H2117, Plan 002, 000</b>                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                          | <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><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 copay</p>                                                                                                                                                                                                                                                                       |
| <b>Meals</b><br><br>Post-Acute Meals                                     | <p>\$0 copay<br/>■</p> <p><b>What you should know:</b></p> <p>If you qualify, you pay nothing for home delivered meals up to 45 days following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.</p>               |
| <b>Medical Equipment/Supplies</b><br><br>Durable Medical Equipment (DME) | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 or 20% coinsurance, depending on your Michigan Medicaid eligibility category.</p>                                                                                                                                                                                               |

## Additional Benefits

|                                          | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                                                                                                                                  |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Prosthetics                              | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 or 20% coinsurance, depending on your Michigan Medicaid eligibility category.</p>                                                                                                |
| Diabetic Supplies                        | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 or 20% coinsurance, depending on your Michigan Medicaid eligibility category.</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p> |
| Diabetic Therapeutic Shoes Or Inserts    | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 or 20% coinsurance, depending on your Michigan Medicaid eligibility category.</p>                                                                                                |
| <b>Opioid Treatment Program Services</b> | <p><b>In-Network</b><br/>\$0 copay<br/>*</p> <p><b>Out-of-Network</b><br/>\$0 or 30% coinsurance, depending on your Michigan Medicaid eligibility category.</p>                                                                                                |

## Additional Benefits

|                                                                                                                                                                                                                                                                                                                     | <b>Wellcare Dual Access Open (PPO D-SNP)<br/>H2117, Plan 002, 000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Health and Wellness Education Programs</b><br><br>Fitness                                                                                                                                                                                                                                                        | <p>For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage.</p> <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>                            |
| 24-Hour Nurse Advice Line                                                                                                                                                                                                                                                                                           | \$0 copay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Annual Routine Physical Exam</b>                                                                                                                                                                                                                                                                                 | <p><b>In-Network</b><br/>\$0 copay</p> <p><b>Out-of-Network</b><br/>\$0 copay</p> <p><b>What you should know:</b><br/>The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>                                                                                                                                                                                                                                                                                                                     |
| <b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b><br>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 | <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</li> </ul> |

## Additional Benefits

|                                                                                                                                                                                                                                                                                                                                                                                                  | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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>in-person at the cash register. Your card can only be used up to the available allowance amount.</p> <ul style="list-style-type: none"> <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 toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet.</li> </ul> |
| <p><b>Wellcare Spendables®</b></p>                                                                                                                                                                                                                                                                                                                                                               | <p>You will receive <b>\$161 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>                                                                                                                                                                                                                                                                                                                                   |

Additional Benefits

|                            | Wellcare Dual Access Open (PPO D-SNP)<br>H2117, Plan 002, 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            | <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><u><b>If you qualify,</b> your card allowance can also be used towards:</u></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> |
| <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 Access Open (PPO 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 Michigan Medicaid eligibility.

Summary of Medicaid-Covered Benefits

The following information is for people with Medicare and Michigan Medicaid. If a benefit is covered by both our plan and Michigan Medicaid, you must fully use our plan benefit coverage before the benefit is covered by Michigan Medicaid.

Coverage of the benefits may depend on your level of Michigan Medicaid eligibility.

If you have questions about your Michigan Medicaid eligibility, what benefits you are entitled to, or for the most current Michigan Medicaid information, see your Medicaid Member Handbook. You can also visit [www.michigan.gov/medicaid](http://www.michigan.gov/medicaid), or call Michigan Medicaid at 1-517-241-3740; TTY: 711. Hours are: 8 a.m. - 5 p.m. ET, Monday - Friday.

| Michigan Medicaid                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>Ambulance and other emergency medical transportation</li></ul>                                                                 |
| <ul style="list-style-type: none"><li>Breast pumps; personal use, double-electric</li></ul>                                                                          |
| <ul style="list-style-type: none"><li>Outpatient mental health services consistent with Appendix 7,</li></ul>                                                        |
| <ul style="list-style-type: none"><li>Blood lead testing in accordance with Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) policy</li></ul> |
| <ul style="list-style-type: none"><li>Certified nurse midwife services</li></ul>                                                                                     |
| <ul style="list-style-type: none"><li>Certified pediatric and family nurse practitioner services</li></ul>                                                           |
| <ul style="list-style-type: none"><li>Chiropractic services</li></ul>                                                                                                |
| <ul style="list-style-type: none"><li>Diagnostic laboratory, x-ray and other imaging services</li></ul>                                                              |

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| <ul style="list-style-type: none"><li>• Durable medical equipment (DME) and supplies including those that may be supplied by a pharmacy</li></ul>                      |
| <ul style="list-style-type: none"><li>• Emergency services</li></ul>                                                                                                   |
| <ul style="list-style-type: none"><li>• End Stage Renal Disease (ESRD) services</li></ul>                                                                              |
| <ul style="list-style-type: none"><li>• Family planning services (e.g., examination, sterilization procedures, limited infertility screening, and diagnosis)</li></ul> |
| <ul style="list-style-type: none"><li>• Health education</li></ul>                                                                                                     |
| <ul style="list-style-type: none"><li>• Hearing and speech services</li></ul>                                                                                          |
| <ul style="list-style-type: none"><li>• Hearing aids</li></ul>                                                                                                         |
| <ul style="list-style-type: none"><li>• Home Health services</li></ul>                                                                                                 |
| <ul style="list-style-type: none"><li>• Hospice services (if requested by the Enrollee)</li></ul>                                                                      |
| <ul style="list-style-type: none"><li>• Immunizations</li></ul>                                                                                                        |
| <ul style="list-style-type: none"><li>• Inpatient and outpatient hospital services</li></ul>                                                                           |
| <ul style="list-style-type: none"><li>• Intermittent or short-term restorative or rehabilitative services, in a nursing facility, up to 45 Days</li></ul>              |
| <ul style="list-style-type: none"><li>• Maternal and Infant Health Program (MIHP) services</li></ul>                                                                   |
| <ul style="list-style-type: none"><li>• Medically Necessary weight reduction services</li></ul>                                                                        |
| <ul style="list-style-type: none"><li>• Non-emergent medical transportation (NEMT) to medically-necessary,</li></ul>                                                   |
| <ul style="list-style-type: none"><li>• Covered Services</li></ul>                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                      |
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| <ul style="list-style-type: none"><li>• Out-of-state services authorized by the Contractor</li></ul>                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"><li>• Parenting and birthing classes</li></ul>                                                                                                                                                                                                                                                                     |
| <ul style="list-style-type: none"><li>• Pharmacy services</li></ul>                                                                                                                                                                                                                                                                                  |
| <ul style="list-style-type: none"><li>• Podiatry services</li></ul>                                                                                                                                                                                                                                                                                  |
| <ul style="list-style-type: none"><li>• Practitioners' services</li></ul>                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"><li>• Preventive services required by the Patient Protection and Affordable Care Act as outline by MDHHS</li></ul>                                                                                                                                                                                                 |
| <ul style="list-style-type: none"><li>• Prosthetics and orthotics</li></ul>                                                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"><li>• Restorative or rehabilitative services in a place of service other than a nursing facility</li></ul>                                                                                                                                                                                                         |
| <ul style="list-style-type: none"><li>• Sexually transmitted infections (STI) treatment</li></ul>                                                                                                                                                                                                                                                    |
| <ul style="list-style-type: none"><li>• Tobacco cessation treatment including pharmaceutical and behavioral support</li></ul>                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"><li>• Therapies (speech, language, physical, occupational and therapies to support activities of daily living) excluding services provided to persons with development disabilities which are billed through Community Mental Health Services Program (CMHSP) providers or Intermediate School Districts</li></ul> |
| <ul style="list-style-type: none"><li>• Transplant services</li></ul>                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"><li>• Vision services</li></ul>                                                                                                                                                                                                                                                                                    |
| <ul style="list-style-type: none"><li>• Well-child/EPSTD for persons under age 21</li></ul>                                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"><li>• Long-term care acute hospital services (LTACH)</li></ul>                                                                                                                                                                                                                                                     |

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| <ul style="list-style-type: none"><li>• Dental services for all MA Health Plan beneficiaries</li></ul> |
| <ul style="list-style-type: none"><li>• Doula services.</li></ul>                                      |
| <ul style="list-style-type: none"><li>• COVID 19 home test kits.</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).

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).

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)。

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).

አማርኛ ይነበብ:- ነጻ የቋንቋ አገልግሎቶች ለእርስዎ ይገኛሉ። በተጨማሪም አግባብነት ያላቸው ለእርስዎ ተደራሽ በሆኑ ቅርጾች መረጃ የሚያቀርቡልዎ አጋኙ 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).

বাংলা খেয়াল করুন: আপনার জন্য বিনামূল্যে ভাষা পরিষেবার সুবিধা রয়েছে। বিনামূল্যে অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য দিতে উপযুক্ত সহায়ক উপকরণ এবং পরিষেবাও উপলব্ধ রয়েছে। এখানে কল করুন 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).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फ़ॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-877-374-4056 (TTY: 711) पर कॉल करें.

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.

Polski UWAGA: usługi wsparcia językowego są dostępne nieodpłatnie. Bezpłatnie oferowane są również dodatkowe pomoce i usługi pozwalające na przekazanie informacji w formacie przystępnym dla odbiorcy. Zadzwoń pod numer 1-877-374-4056 (TTY: 711).

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయదగిన ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక టూల్‌లు, సేవలు కూడా ఉచితంగా అందుబాటులో ఉన్నాయి. 1-877-374-4056 (TTY: 711) నంబర్‌కి కాల్ చేయండి.

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).

יידיש אויפֿמערקזאַמקייט: פֿרייע שפּראַך הילף סערוויסעס זענען פֿאַר אײַך פֿאַראַן. פֿאַסיקע הילפֿסמיטלען און ערוויסעס צו צושטעלן אינפֿאָרמאַציע אין צוגעגלעכע פֿאָרמאַטן זענען אויך פֿאַראַן פֿריי פֿון אָפּצאָל. (TTY: 711) 1-877-374-4056 טאָפֿן

Pennsylvania Deutsch 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).

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).

## 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

- ☐ 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). However, while we will pay for 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.

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## 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)