

2010

Summary of Benefits

WellCare | Coordinated Care Plans



 **WellCare**[®]
Get more from your MedicareSM

CONNECTICUT

Fairfield, Hartford, New Haven, and Tolland
Counties

WellCare of Connecticut, Inc. | H0712

01/01/10 - 12/31/10

WellCare Choice (HMOPOS) | Plan 001

WellCare Premium (HMOPOS) | Plan 018

Section I - Introduction to the Summary of Benefits

Thank you for your interest in WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS). Our plans are offered by WellCare of Connecticut, Inc., a Medicare Advantage Health Maintenance Organization (HMO), with a point-of-service option (POS).

This Summary of Benefits tells you some features of our plans. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS) and ask for the "Evidence of Coverage".

You have choices in your health care.

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How can I compare my options?

You can compare WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plans cover and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS) available?

The service area for these plans includes: Fairfield, Hartford, New Haven, Tolland counties, CT. You must live in one of these areas to join the plan. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

Who is eligible to join WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS)?

You can join WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS) unless they

are members of our organization and have been since their dialysis began.

Can I choose my doctors?

WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS) have formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. In some cases, you may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list, visit us at our Web site.

Our Customer Service number is listed at the end of this introduction.

What happens if I go to a doctor who's not in your network?

You can go to doctors, specialists, or hospitals in- or out-of-network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in- and/or out-of-network. For more information, please call the Customer Service number at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS) do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Section I - Introduction to the Summary of Benefits

Where can I get my prescriptions if I join this plan?

WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS) have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.wellcare.com. Our Customer Service number is listed at the end of this introduction.

What is a prescription drug formulary?

WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS) use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.wellcare.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact

us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I get extra help with my prescription drug plan costs?

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week
- The Social Security Administration at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your state Medicaid office.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS), you have the right to request an organization determination, which

includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Qualidigm 1-800-553-7590 (TTY 711).

As a member of WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An

Section I - Introduction to the Summary of Benefits

exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost-utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Qualidigm 1-800-553-7590 (TTY 711).

What is a Medication Therapy Management (MTM) program?

A Medication Therapy Management (MTM) program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS) for more details.

What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS) for more details.

Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.

Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.

Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have End-Stage Renal Disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.

Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.

Injectable Drugs: Most injectable drugs administered incident to a physician's service.

Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.

Some Oral Cancer Drugs: If the same drug is available in injectable form.

Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.

Inhalation and Infusion Drugs provided through DME.

Plan Ratings

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the Web, you may use the Web tools on www.medicare.gov and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-866-579-8006 to obtain a copy of the plan ratings for this plan. TTY/TDD users call 1-877-247-6272.

Section I - Introduction to the Summary of Benefits

Please call WellCare for more information about WellCare Choice (HMOPOS) and WellCare Premium (HMOPOS).

Visit us at www.wellcare.com or call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8am to 9pm, Eastern

Current members should call toll-free 1-866-579-8006 for questions related to the **Medicare Advantage** program or the **Medicare Part D Prescription Drug** program (TTY/TDD 1-877-247-6272).

Prospective members should call toll-free 1-866-238-4344 for questions related to the **Medicare Advantage** program or the **Medicare Part D Prescription Drug** program (TTY/TDD 1-877-247-6272).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the Web.

If you have special needs, this document may be available in other formats.

If you have any questions about these plans' benefits or costs, please contact WellCare for details.

Section II - Summary of Benefits

For Contract H0712 | Plans 001, 018

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>Important Information</p> <p>1 - Premium and Other Important Information</p>	<p>In 2009 the monthly Part B Premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General</p> <p>\$29.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network</p> <p>\$3250 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p>	<p>General</p> <p>\$99.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network</p> <p>\$1,750 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network Referral required for network specialists (for certain benefits).</p>	<p>In-Network Referral required for network specialists (for certain benefits).</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>Inpatient Care</p> <p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> • Days 1 - 60: \$1068 deductible • Days 61 - 90: \$267 per day • Days 91 - 150: \$534 per lifetime reserve day <p>These amounts will change for 2010.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> • Days 1 - 7: \$200 co-pay per day • Days 8 - 90: \$0 co-pay per day <p>\$0 co-pay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> • Days 1 - 7: \$50 co-pay per day • Days 8 - 90: \$0 co-pay per day <p>\$0 co-pay for additional hospital days</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>4 - Inpatient Mental Health Care</p>	<p>Same deductible and co-pay as inpatient hospital care (see “Inpatient Hospital Care” above). 190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network For Medicare-covered hospital stays: <ul style="list-style-type: none"> • Days 1 - 7: \$200 co-pay per day • Days 8 - 90: \$0 co-pay per day You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network For Medicare-covered hospital stays: <ul style="list-style-type: none"> • Days 1 - 7: \$50 co-pay per day • Days 8 - 90: \$0 co-pay per day You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: <ul style="list-style-type: none"> • Days 1 - 20: \$0 per day • Days 21 - 100: \$133.50 per day These amounts will change for 2010. 100 days for each benefit period. A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorization rules may apply. In-Network In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: <ul style="list-style-type: none"> • Days 1 - 20: \$0 per day • Days 21 - 100: \$133.50 per day These amounts will change for 2010. You will not be charged additional cost-sharing for professional services. Plan covers up to 100 days each benefit period. No prior hospital stay is required.</p>	<p>General Authorization rules may apply. In-Network For SNF stays: <ul style="list-style-type: none"> • Days 1 - 100: \$0 co-pay per day Plan covers up to 100 days each benefit period. No prior hospital stay is required.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 co-pay.</p>	<p>General Authorization rules may apply. In-Network \$0 to \$25 co-pay for each Medicare-covered home health visit.</p>	<p>General Authorization rules may apply. In-Network \$0 to \$15 co-pay for each Medicare-covered home health visit.</p>
<p>7 - Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>
<p>Outpatient Care 8 - Doctor Office Visits</p>	<p>20% coinsurance</p>	<p>General See “Physical Exams,” for more information. In-Network \$10 co-pay for each primary care doctor visit for Medicare-covered benefits. \$25 co-pay for each in-area, network urgent care Medicare-covered visit. \$30 co-pay for each specialist visit for Medicare-covered benefits.</p>	<p>General See “Physical Exams,” for more information. In-Network \$0 co-pay for each primary care doctor visit for Medicare-covered benefits. \$25 co-pay for each in-area, network urgent care Medicare-covered visit. \$15 co-pay for each specialist visit for Medicare-covered benefits.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>9 - Chiropractic Services</p>	<p>Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>In-Network \$30 co-pay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>In-Network \$15 co-pay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
<p>10 - Podiatry Services</p>	<p>Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network \$30 co-pay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.</p>	<p>In-Network \$15 co-pay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.</p>
<p>11 - Outpatient Mental Health Care</p>	<p>45% coinsurance for most outpatient mental health services.</p>	<p>In-Network \$30 co-pay for each Medicare-covered individual therapy visit. \$20 co-pay for each Medicare-covered group therapy visit.</p>	<p>In-Network \$15 co-pay for each Medicare-covered individual therapy visit. \$5 co-pay for each Medicare-covered group therapy visit.</p>
<p>12 - Outpatient Substance Abuse Care</p>	<p>20% coinsurance</p>	<p>In-Network \$30 co-pay for Medicare-covered individual visits. \$20 co-pay for Medicare-covered group visits.</p>	<p>In-Network \$15 co-pay for Medicare-covered individual visits. \$5 co-pay for Medicare-covered group visits.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>13 - Outpatient Services/ Surgery</p>	<p>20% coinsurance for the doctor. 20% of outpatient facility charges.</p>	<p>General Authorization rules may apply. In-Network \$100 co-pay for each Medicare-covered ambulatory surgical center visit. \$150 co-pay for each Medicare-covered outpatient hospital facility visit.</p>	<p>General Authorization rules may apply. In-Network \$25 co-pay for each Medicare-covered ambulatory surgical center visit. \$25 co-pay for each Medicare-covered outpatient hospital facility visit.</p>
<p>14 - Ambulance Services (medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p>In-Network \$100 co-pay for Medicare-covered ambulance benefits.</p>	<p>In-Network \$100 co-pay for Medicare-covered ambulance benefits.</p>
<p>15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor. 20% of facility charge, or a set co-pay per emergency room visit. You don't have to pay the emergency room co-pay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$50 co-pay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p>General \$50 co-pay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set co-pay. NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$25 co-pay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>	<p>General \$25 co-pay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.</p>
<p>17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply. In-Network \$30 co-pay for Medicare-covered Occupational Therapy visits. \$30 co-pay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>	<p>General Authorization rules may apply. In-Network \$15 co-pay for Medicare-covered Occupational Therapy visits. \$15 co-pay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>Outpatient Medical Services and Supplies</p> <p>18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>
<p>19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietician or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 co-pay for Diabetes self-monitoring training.</p> <p>\$0 co-pay for Nutrition Therapy for Diabetes.</p> <p>0% of the cost for Diabetes supplies.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 co-pay for Diabetes self-monitoring training.</p> <p>\$0 co-pay for Nutrition Therapy for Diabetes.</p> <p>0% of the cost for Diabetes supplies.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>20% coinsurance for diagnostic tests and X-rays.</p> <p>\$0 co-pay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 to \$150 co-pay for Medicare-covered lab services.</p> <p>\$20 to \$200 co-pay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 to \$150 co-pay for Medicare-covered X-rays.</p> <p>\$50 to \$200 co-pay for Medicare-covered diagnostic radiology services.</p> <p>\$30 co-pay for Medicare-covered therapeutic radiology services.</p> <p>Separate office visit cost-sharing of \$10 to \$30 may apply.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 to \$25 co-pay for Medicare-covered lab services.</p> <p>\$20 to \$75 co-pay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 to \$25 co-pay for Medicare-covered X-rays.</p> <p>\$50 to \$75 co-pay for Medicare-covered diagnostic radiology services.</p> <p>\$15 co-pay for Medicare-covered therapeutic radiology services.</p> <p>Separate office visit cost-sharing of \$0 to \$15 may apply.</p>
<p>Preventive Services</p> <p>22 - Bone Mass Measurement (for people with Medicare who are at risk)</p>	<p>20% coinsurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>In-Network \$0 co-pay for Medicare-covered bone mass measurement.</p>	<p>In-Network \$0 co-pay for Medicare-covered bone mass measurement.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>23 - Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>20% coinsurance Covered when you are high risk or when you are age 50 and older.</p>	<p>In-Network \$0 co-pay for Medicare-covered colorectal screenings.</p>	<p>In-Network \$0 co-pay for Medicare-covered colorectal screenings.</p>
<p>24 - Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 co-pay for Flu and Pneumonia vaccines. 20% coinsurance for Hepatitis B vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network \$0 co-pay for Flu and Pneumonia vaccines. No referral needed for Flu and Pneumonia vaccines. \$0 co-pay for Hepatitis B vaccine.</p>	<p>In-Network \$0 co-pay for Flu and Pneumonia vaccines. No referral needed for Flu and Pneumonia vaccines. \$0 co-pay for Hepatitis B vaccine.</p>
<p>25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>20% coinsurance. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>In-Network \$0 co-pay for Medicare-covered screening mammograms.</p>	<p>In-Network \$0 co-pay for Medicare-covered screening mammograms.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>26 - Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>\$0 co-pay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams.</p>	<p>In-Network \$0 co-pay for Medicare-covered Pap smears and Pelvic Exams.</p>	<p>In-Network \$0 co-pay for Medicare-covered Pap smears and Pelvic Exams.</p>
<p>27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network \$0 co-pay for Medicare-covered prostate cancer screening.</p>	<p>In-Network \$0 co-pay for Medicare-covered prostate cancer screening.</p>
<p>28 - End-Stage Renal Disease</p>	<p>20% coinsurance for renal dialysis. 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietician or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network 20% of the cost for renal dialysis. \$0 co-pay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>In-Network 20% of the cost for renal dialysis. \$0 co-pay for Nutrition Therapy for End-Stage Renal Disease.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>29 - Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B General</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.wellcare.com on the Web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service) <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p>	<p>Drugs covered under Medicare Part B General</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.wellcare.com on the Web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service) <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>29 - Prescription Drugs (Continued)</p>		<p>Your provider must get prior authorization from WellCare Choice (HMOPOS) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and WellCare Choice (HMOPOS) approves the exception, you will pay Tier 3 cost-sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,830:</p>	<p>Your provider must get prior authorization from WellCare Premium (HMOPOS) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and WellCare Premium (HMOPOS) approves the exception, you will pay Tier 3 cost-sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,830:</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>29 - Prescription Drugs (Continued)</p>		<p>Retail Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$3 co-pay for a one-month (31-day) supply of drugs in this tier • \$9 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> • \$39 co-pay for a one-month (31-day) supply of drugs in this tier • \$117 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> • \$79 co-pay for a one-month (31-day) supply of drugs in this tier • \$237 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier • 33% coinsurance for a three-month (93-day) supply of drugs in this tier <p>Long Term Care Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$3 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> • \$39 co-pay for a one-month (31-day) supply of drugs in this tier 	<p>Retail Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$5 co-pay for a one-month (31-day) supply of drugs in this tier • \$15 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> • \$29 co-pay for a one-month (31-day) supply of drugs in this tier • \$87 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> • \$59 co-pay for a one-month (31-day) supply of drugs in this tier • \$177 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier • 33% coinsurance for a three-month (93-day) supply of drugs in this tier <p>Long Term Care Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$5 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> • \$29 co-pay for a one-month (31-day) supply of drugs in this tier

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>29 - Prescription Drugs (Continued)</p>		<p>Tier 3</p> <ul style="list-style-type: none"> • \$79 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Mail Order</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$9 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> • \$117 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> • \$237 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> • 33% coinsurance for a three-month (93-day) supply of drugs in this tier <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> • A \$2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other drugs, or 	<p>Tier 3</p> <ul style="list-style-type: none"> • \$59 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Mail Order</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$15 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> • \$87 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> • \$177 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> • 33% coinsurance for a three-month (93-day) supply of drugs in this tier <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> • A \$2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other drugs, or

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>29 - Prescription Drugs (Continued)</p>		<ul style="list-style-type: none"> • 5% coinsurance <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from WellCare Choice (HMOPOS).</p> <p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$3 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> • \$39 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> • \$79 co-pay for a one-month (31-day) supply of drugs in this tier 	<ul style="list-style-type: none"> • 5% coinsurance <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from WellCare Premium (HMOPOS).</p> <p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$5 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> • \$29 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> • \$59 co-pay for a one-month (31-day) supply of drugs in this tier

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>29 - Prescription Drugs (Continued)</p>		<p>Tier 4</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Out-of-Network Coverage Gap</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by WellCare Choice (HMOPOS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to WellCare Choice (HMOPOS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> • A \$2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other drugs, or • 5% coinsurance 	<p>Tier 4</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Out-of-Network Coverage Gap</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by WellCare Premium (HMOPOS) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to WellCare Premium (HMOPOS) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> • A \$2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other drugs, or • 5% coinsurance

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>30 - Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered dental benefits. \$0 co-pay for up to 1 oral exam(s) every six months. \$0 co-pay for up to 1 cleaning(s) every six months. \$0 co-pay for up to 1 dental X-ray visit(s) every three years.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 co-pay for Medicare-covered dental benefits. \$0 co-pay for up to 1 oral exam(s) every six months. \$0 co-pay for up to 1 cleaning(s) every six months. \$0 co-pay for up to 1 dental X-ray visit(s) every three years.</p>
<p>31 - Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$30 co-pay for Medicare-covered diagnostic hearing exams. \$0 co-pay for up to 1 routine hearing test(s) every year. \$0 co-pay for up to 1 hearing aid fitting evaluation(s) every three years. \$0 co-pay for up to 1 hearing aid(s) every three years. \$50 limit for routine hearing tests every year. \$350 limit for hearing aids every three years.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 co-pay for Medicare-covered diagnostic hearing exams. \$0 co-pay for up to 1 routine hearing test(s) every year. \$0 co-pay for up to 1 hearing aid fitting evaluation(s) every three years. \$0 co-pay for up to 1 hearing aid(s) every three years. \$50 limit for routine hearing tests every year. \$350 limit for hearing aids every three years.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>32 - Vision Services</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network</p> <p>\$0 co-pay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$30 co-pay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 co-pay for up to 1 routine eye exam(s) every year.</p> <p>\$0 co-pay for up to 1 pair(s) of glasses every year.</p> <p>\$0 co-pay for up to 1 pair(s) of contacts every year.</p> <p>\$0 co-pay for up to 1 pair(s) of lenses every year.</p> <p>\$0 co-pay for up to 1 frame(s) every year.</p> <p>\$50 limit for eye exams every year.</p> <p>\$100 limit for contact lenses every year.</p> <p>\$100 limit for eye glass frames every year.</p> <p>Plan offers additional vision benefits.</p>	<p>In-Network</p> <p>\$0 co-pay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$15 co-pay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 co-pay for up to 1 routine eye exam(s) every year.</p> <p>\$0 co-pay for up to 1 pair(s) of glasses every year.</p> <p>\$0 co-pay for up to 1 pair(s) of contacts every year.</p> <p>\$0 co-pay for up to 1 pair(s) of lenses every year.</p> <p>\$0 co-pay for up to 1 frame(s) every year.</p> <p>\$50 limit for eye exams every year.</p> <p>\$100 limit for contact lenses every year.</p> <p>\$100 limit for eye glass frames every year.</p> <p>Plan offers additional vision benefits.</p>
<p>33 - Physical Exams</p>	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one-time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network</p> <p>\$0 co-pay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$0 co-pay for Medicare-covered benefits.</p>	<p>In-Network</p> <p>\$0 co-pay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>\$0 co-pay for Medicare-covered benefits.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	<p>General Authorization rules may apply.</p> <p>In-Network The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters • Health Club Membership/Fitness Classes • Nursing Hotline • Other Wellness Benefits <p>\$0 co-pay for each Medicare-covered smoking cessation counseling session.</p>	<p>General Authorization rules may apply.</p> <p>In-Network The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters • Health Club Membership/Fitness Classes • Nursing Hotline • Other Wellness Benefits <p>\$0 co-pay for each Medicare-covered smoking cessation counseling session.</p>
Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover routine transportation.</p>	<p>In-Network This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p>In-Network This plan does not cover Acupuncture.</p>	<p>In-Network This plan does not cover Acupuncture.</p>

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>Point-of-Service</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>General Authorization rules may apply.</p> <p>Out-of-Network Point-of-Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> • Inpatient Hospital Care • Skilled Nursing Facility (SNF) • Home Health Care • Doctor Office Visits • Chiropractic Services • Podiatry Services • Outpatient Services/Surgery • Ambulance Services • Outpatient Rehabilitation Services • Durable Medical Equipment • Prosthetic Devices • Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies • Diagnostic Tests, X-Rays, Lab Services, and Radiology Services • Bone Mass Measurement • Colorectal Screening Exam • Immunizations • Mammograms (Annual Screenings) • Pap Smears and Pelvic Exams • Prostate Cancer Screening Exams • Comprehensive Outpatient Rehabilitation Facility (CORF) • Other Health Care Professional Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Cardiac Rehabilitation Services • Outpatient Blood • Nutrition Therapy for Diabetes and Renal Disease 	<p>General Authorization rules may apply.</p> <p>Out-of-Network Point-of-Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> • Inpatient Hospital Care • Skilled Nursing Facility (SNF) • Home Health Care • Doctor Office Visits • Chiropractic Services • Podiatry Services • Outpatient Services/Surgery • Ambulance Services • Outpatient Rehabilitation Services • Durable Medical Equipment • Prosthetic Devices • Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies • Diagnostic Tests, X-Rays, Lab Services, and Radiology Services • Bone Mass Measurement • Colorectal Screening Exam • Immunizations • Mammograms (Annual Screenings) • Pap Smears and Pelvic Exams • Prostate Cancer Screening Exams • Comprehensive Outpatient Rehabilitation Facility (CORF) • Other Health Care Professional Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Cardiac Rehabilitation Services • Outpatient Blood • Nutrition Therapy for Diabetes and Renal Disease

BENEFIT	ORIGINAL MEDICARE	WELLCARE CHOICE (HMOPOS)	WELLCARE PREMIUM (HMOPOS)
<p>Point-of-Service (Continued)</p>		<p>You may need a referral for the following Point-of-Service benefits:</p> <ul style="list-style-type: none"> • Doctor Office Visits <p>20% of the cost per hospital stay.</p> <p>20% of the cost for each SNF stay.</p> <p>20% of the cost for:</p> <ul style="list-style-type: none"> • Home Health Care • Doctor Office Visits • Chiropractic Services • Podiatry Services • Outpatient Services/Surgery • Ambulance Services • Outpatient Rehabilitation Services • Durable Medical Equipment • Prosthetic Devices • Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies • Diagnostic Tests, X-Rays, Lab Services, and Radiology Services • Bone Mass Measurement • Colorectal Screening Exam • Immunizations • Mammograms (Annual Screenings) • Pap Smears and Pelvic Exams • Prostate Cancer Screening Exams • CORF • Other Health Care Professional Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Cardiac Rehabilitation Services • Outpatient Blood • Nutrition Therapy for Diabetes and Renal Disease 	<p>You may need a referral for the following Point-of-Service benefits:</p> <ul style="list-style-type: none"> • Doctor Office Visits <p>20% of the cost per hospital stay.</p> <p>20% of the cost for each SNF stay.</p> <p>20% of the cost for:</p> <ul style="list-style-type: none"> • Home Health Care • Doctor Office Visits • Chiropractic Services • Podiatry Services • Outpatient Services/Surgery • Ambulance Services • Outpatient Rehabilitation Services • Durable Medical Equipment • Prosthetic Devices • Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies • Diagnostic Tests, X-Rays, Lab Services, and Radiology Services • Bone Mass Measurement • Colorectal Screening Exam • Immunizations • Mammograms (Annual Screenings) • Pap Smears and Pelvic Exams • Prostate Cancer Screening Exams • CORF • Other Health Care Professional Services • Diagnostic Radiological Services • Therapeutic Radiological Services • Outpatient X-Rays • Cardiac Rehabilitation Services • Outpatient Blood • Nutrition Therapy for Diabetes and Renal Disease

WellCare is a health plan with a Medicare contract that is renewed annually, and the availability of coverage beyond the end of the current contract year is not guaranteed. Benefits and limitations may vary by plan and by county. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

 **WellCare**[®]
Get more from your MedicareSM



127 Washington Avenue, East Building, 4th Floor | North Haven, CT 06473

www.wellcare.com | 1-866-238-4344

TTY/TDD: 1-877-247-6272

Monday - Sunday, 8am to 9pm Eastern