



# 2017

## SUMMARY OF BENEFITS

### MEDICARE ADVANTAGE PLANS

#### **Florida**

Broward, Indian River, Lake, Manatee, Marion, Orange, Osceola, Palm Beach, Pasco, Polk,  
Seminole, Volusia

H1032

January 1, 2017 - December 31, 2017

#### **WellCare Dividend (HMO)**

Plan 179



# Summary of Benefits

January 1, 2017– December 31, 2017

This booklet gives you a brief overview of what we cover and what you can expect to pay. It doesn't list every service we cover or every limitation or exclusion. To get a complete list of services we cover, give us a call and ask for the "Evidence of Coverage." You can also find a copy on our website at [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

To join **WellCare Dividend (HMO)**, you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in Florida: Broward, Indian River, Lake, Manatee, Marion, Orange, Osceola, Palm Beach, Pasco, Polk, Seminole, Volusia.

Like all Medicare health plans, we cover everything that Original Medicare covers. And then we add some other benefits to help you stay your healthy best. For instance, when you have urgent health care needs, you can talk to our nurses on call. Our Nurse Advice Line is open to members 24 hours every day at **1-800-581-9952**. TTY users may call **1-877-247-6272**.

You can compare the coverage and costs in this booklet with the coverage and costs offered by Original Medicare by looking in your current "*Medicare & You*" handbook. You can view it online at <http://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 may call **1-877-486-2048**.

## Contact information and hours

- If you are not a member of this plan, call toll-free **1-866-527-0057** (TTY **1-877-247-6272**).
- If you are a member of this plan, call toll-free **1-888-888-9355** (TTY **1-877-247-6272**).
- Our website: [www.wellcare.com/medicare](http://www.wellcare.com/medicare)
- From October 1 to February 14, we're here for you 7 days per week, 8 a.m. to 8 p.m.
- From February 15 to September 30, you can call us Monday–Friday, 8 a.m. to 8 p.m.

## Which doctors, hospitals and pharmacies can I use?

**WellCare Dividend (HMO)** has a network of doctors, hospitals, pharmacies and other providers. You can save money by using providers in the plan's network. If you use providers that are not in our network, the plan may not pay for these services.

You can see our plan's provider directory and pharmacy directory and our complete plan formulary (list of Part D prescription drugs) at our website: [www.wellcare.com/medicare](http://www.wellcare.com/medicare). Or, call us at the number above and we'll send you a copy.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at **1-877-374-4056**, TTY **1-877-247-6272**.

# Summary of Benefits

January 1, 2017– December 31, 2017

## NOTE:

- SERVICES UNDER CATEGORIES WITH A <sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION.
- SERVICES UNDER CATEGORIES WITH A <sup>2</sup> MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.

	WellCare Dividend (HMO)
<b>Premiums and Benefits</b>	
<b>Monthly Plan Premium</b>	You pay <b>\$0.00</b> This plan offers a <b>\$50.00</b> give back every month in your Social Security check. You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	No Deductible
<b>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</b>	<b>\$6,700</b> annually The most you pay for co-pays, coinsurance and other costs for Medicare-covered Part A and B services for the year. If you reach this limit on out-of-pocket costs, you keep getting covered hospital and medical services while we pay the full cost for the rest of the year.
<b>Inpatient hospital coverage<sup>1,2</sup></b>	<b>\$150</b> co-pay per day for Days 1-5 <b>\$0</b> co-pay per day for Days 6-90 <b>\$0</b> co-pay for 30 additional hospital days.
<b>Doctor Visits<sup>1,2</sup></b>	
• <b>Primary</b>	You pay <b>\$0</b> co-pay per visit
• <b>Specialists</b>	You pay <b>\$20</b> co-pay per visit
<b>Preventive care</b>	You pay nothing for the following <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> </ul>

WellCare Dividend (HMO)

- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)
- Yearly "Wellness" visit

Any additional preventive services approved by Medicare during the contract year will be covered

There are other preventive services not covered at \$0 cost

**Emergency care**

You pay **\$75** co-pay per visit

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care

**Urgently needed services**

You pay **\$25** co-pay per visit

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services

WellCare Dividend (HMO)

**Diagnostic services/labs/  
imaging<sup>1,2</sup>**

- **Diagnostic radiology service (e.g., MRI)**

You pay **\$100** co-pay when performed at a specialist's office or free standing facility and **\$200** co-pay when performed in an outpatient setting

- **Lab services**

You pay **\$0** co-pay

- **Diagnostic tests and procedures**

You pay **\$30** co-pay for basic tests and procedures and **\$75** co-pay for advanced tests and procedures such as Echocardiogram

- **Outpatient x-rays**

You pay **\$0** co-pay

- **Therapeutic radiology services**

You pay **\$20** co-pay when performed at a specialist's office or free standing facility and **20%** of the cost when performed in an Outpatient setting

**Hearing Services<sup>1,2</sup>**

- **Hearing exam**

You pay **\$20** for hearing exam to diagnose and treat hearing and balance issues

You pay **\$0** for Routine hearing exam (1 per year)

- **Hearing aid**

Hearing aid covered with an Annual allowance of **\$500** towards the purchase of a hearing aid

You pay **\$0** for hearing aid fitting/evaluations (for up to 1 every year)

**Dental services<sup>1,2</sup>**

You pay nothing for the following preventive dental services:

- Cleaning (for up to 1 every six months)
- Dental x-ray(s) (for up to 1 every 12 to 36 months)
- Oral exam (for up to 1 every six months)
- Fluoride treatment (for up to 1 every year)

Our plan pays up to **\$500** every year for most dental services. Additional comprehensive dental services you will pay nothing for include one Periodontics procedure every 6 to 36 months

WellCare Dividend (HMO)

or one Extraction per year as well as 1 Oral Maxillofacial procedure every 60 months.

**Vision services<sup>1,2</sup>**

• **Vision exams**

You pay **\$0** for Medicare-covered diabetes retinopathy screening and you pay **\$20** for all other Medicare-covered eye exams

You pay **\$0** co-pay for Routine vision exam (1 per year)

You pay nothing for Medicare-covered Glaucoma screenings.

• **Eyewear**

Our plan pays up to **\$100** every year for up to 1 pair of contact lenses, eyeglasses (frames and lenses), eyeglass frames or eyeglass lenses.

You pay nothing for 1 pair of eyeglasses or contact lenses after cataract surgery.

**Mental Health Services<sup>1,2</sup>**

• **Inpatient visit**

**\$150** co-pay per day for Days 1-5

**\$0** co-pay per day for Days 6-90

• **Outpatient group or individual therapy visit**

You pay **\$40** co-pay per outpatient therapy visit

**Skilled Nursing Facility<sup>1,2</sup>**

You pay nothing per day for days 1 through 20

**\$164.50** co-pay per day for days 21 through 100

Our plan covers up to 100 days in a SNF

**Rehabilitation Services<sup>1,2</sup>**

• **Cardiac (heart) rehab services**

You pay **\$20** co-pay

• **Occupational therapy visit**

You pay **\$20** co-pay

WellCare Dividend (HMO)

	WellCare Dividend (HMO)
<ul style="list-style-type: none"> <li>• <b>Physical therapy and speech and language therapy visit</b></li> </ul>	You pay <b>\$20</b> co-pay
<b>Ambulance<sup>1</sup></b>	You pay <b>\$250</b> co-pay
<b>Transportation</b>	Not Covered
<b>Foot care (podiatry services)<sup>1,2</sup></b>	
<ul style="list-style-type: none"> <li>• <b>Foot exams and treatment</b></li> </ul>	You pay <b>\$20</b> co-pay
<ul style="list-style-type: none"> <li>• <b>Routine foot care</b></li> </ul>	Not Covered
<b>Medical equipment/supplies<sup>1</sup></b>	
<ul style="list-style-type: none"> <li>• <b>Durable medical equipment (e.g., wheelchairs, oxygen)</b></li> </ul>	You pay <b>20%</b> of the cost
<ul style="list-style-type: none"> <li>• <b>Prosthetics (e.g., braces, artificial limbs)</b></li> </ul>	You pay <b>20%</b> of the cost
<ul style="list-style-type: none"> <li>• <b>Diabetes supplies</b></li> </ul>	You pay nothing
<ul style="list-style-type: none"> <li>• <b>Diabetic Therapeutic Shoes and Inserts</b></li> </ul>	You pay <b>20%</b> of the cost
<b>Wellness Programs<sup>1</sup></b>	
<ul style="list-style-type: none"> <li>• <b>Fitness</b></li> </ul>	You pay nothing
<ul style="list-style-type: none"> <li>• <b>Annual physical</b></li> </ul>	You pay nothing

WellCare Dividend (HMO)

	WellCare Dividend (HMO)
<ul style="list-style-type: none"> <li>• <b>Nurse advice line – 24 hours</b></li> </ul>	You pay nothing
<p><b>Medicare Part B Drugs<sup>1</sup></b></p>	
<ul style="list-style-type: none"> <li>• <b>Chemotherapy drugs</b></li> </ul>	You pay <b>20%</b> of the cost for chemotherapy drugs
<ul style="list-style-type: none"> <li>• <b>Part B drugs</b></li> </ul>	You pay <b>20%</b> of the cost for other Part B drugs



WellCare Dividend (HMO)

	WellCare Dividend (HMO)		
Part D Information	Part D Cost Shares		
<b>Part D deductible</b>	This plan does not have a deductible		
<b>Initial Coverage</b>	You pay the following until your total yearly drug costs reach <b>\$3,700</b> . Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail service pharmacies.		
<b>Initial Coverage (After you pay your deductible, if applicable)</b>	<b>Standard retail and mail service and preferred mail service cost-sharing (in-network)</b> (up to a 30-day supply)	<b>Standard retail and mail service cost-sharing (in-network)</b> (up to a 90-day supply)	<b>Preferred mail service cost-sharing</b> (up to a 90-day supply)
<b>Tier 1: Preferred Generic Drugs</b>	You pay <b>\$0.00</b>	You pay <b>\$0.00</b>	You pay <b>\$0.00</b>
<b>Tier 2: Generic Drugs</b>	You pay <b>\$0.00</b>	You pay <b>\$0.00</b>	You pay <b>\$0.00</b>
<b>Tier 3: Preferred Brand Drugs</b>	You pay <b>\$35.00</b>	You pay <b>\$105.00</b>	You pay <b>\$87.50</b>
<b>Tier 4: Non-Preferred Drugs</b>	You pay <b>\$75.00</b>	You pay <b>\$225.00</b>	You pay <b>\$187.50</b>
<b>Tier 5: Specialty Drugs</b>	You pay <b>33%</b>	Not Covered	Not Covered

Cost-sharing may change depending on the pharmacy you choose, if you reside in a long term care (LTC) facility or if you get your medication at a retail location or through mail service. When you move from one phase of the Part D benefit to another, your cost-sharing may change as well. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

<b>Coverage Gap</b>	Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after
---------------------	--

	WellCare Dividend (HMO)
	<p>the total yearly drug cost (including what our plan has paid and what you have paid) reaches <b>\$3,700</b>.</p> <p>After you enter the coverage gap, you pay <b>40%</b> of the plan's cost for covered brand name drugs and <b>51%</b> of the plan's cost for covered generic drugs until your costs total <b>\$4,950</b>, which is the end of the coverage gap.</p>
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through Mail Service order) reach <b>\$4,950</b>, you pay the greater of:</p> <p><b>5%</b> of the cost, or</p> <p><b>\$3.30</b> co-pay for generic (including brand drugs treated as generic) and a <b>\$8.25</b> co-payment for all other drugs.</p>

WellCare Dividend (HMO)

**Benefits Continued**

**Outpatient Surgery<sup>1,2</sup>**

- **Ambulatory surgical center**

You pay **\$25** co-pay

- **Outpatient hospital**

You pay **\$200** co-pay for non-surgical services and **\$200** co-pay for surgical services

**Chiropractic care<sup>1,2</sup>**

- **Medical chiropractic services**

You pay **\$20** co-pay

- **Routine chiropractic services**

You pay **\$20** co-pay for 12 visits every year

**Over the counter items**

Our plan will pay up to **\$30 every month** for the purchase of covered over-the-counter items.

Please visit our website to see our list of covered over-the-counter items.

# Multi-Language Insert

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-374-4056. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-374-4056. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-374-4056。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-374-4056。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-374-4056. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-374-4056. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-374-4056 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher

erreichen Sie unter 1-877-374-4056. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-374-4056번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-374-4056. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:**

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-374-4056. سيقوم شخص ما بمساعدتك. هذه خدمة مجانية يتحدث العربية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-374-4056 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-374-4056. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-374-4056. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-374-4056. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język

polski, należy zadzwonić pod numer 1-877-374-4056. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-374-4056にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

WellCare (HMO) is a Medicare Advantage organization with a Medicare contract. Enrollment in WellCare (HMO) depends on contract renewal. We Cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You must continue to pay your Medicare Part B premium. WellCare uses a formulary. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Benefits, premiums and/or co-payments/coinsurance may change on January 1 of each year. You have the choice to sign up for automated mail service delivery. You can get prescription drugs shipped to your home through our network mail service delivery program. You should expect to receive your prescription drugs within 7–10 business days from the time that the mail service pharmacy receives the order. If you do not receive your prescription drugs within this time, please contact us at 1-866-892-9006 (TTY 1-866-507-6135), 24 hours a day, seven days a week, or visit [www.wellcare.com/medicare/mail\\_order\\_pharmacy\\_coverage](http://www.wellcare.com/medicare/mail_order_pharmacy_coverage). \*Beneficiaries who do not have their Medicare Part B premium withheld will not be required to pay up to **\$50.00** each month to Social Security. Please contact WellCare for details.

This information is available for free in other languages. Please call our customer service number at **1-877-374-4056** (TTY **1-877-247-6272**), Monday-Friday, 8 a.m. to 8 p.m. Between October 1 and February 14, representatives are available Monday-Sunday, 8 a.m. to 8 p.m.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de Servicio al Cliente al 1-877-374-4056, de lunes a viernes, de 8 a.m. a 8 p.m. Entre el 1 de octubre y el 14 de febrero, los representantes están disponibles de lunes a domingo de 8 a.m. a 8 p.m. Los usuarios de TTY deben llamar al 1-877-247-6272.



[www.wellcare.com/medicare](http://www.wellcare.com/medicare)

MedicareRx  
Prescription Drug Coverage X