



2017  
**SUMMARY OF BENEFITS**  
MEDICARE ADVANTAGE PLANS

**New York**

Broome, Dutchess, Erie, Niagara, Oneida, Orange, Rockland, Saratoga, Schenectady, Suffolk,  
Wayne, Westchester

H3361

January 1, 2017 - December 31, 2017

**WellCare Access (HMO SNP)**

Plan 065



# 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 Access (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and the New York State Department of Health, and live in our service area. Our service area includes the following counties in New York: Broome, Dutchess, Erie, Niagara, Oneida, Orange, Rockland, Saratoga, Schenectady, Suffolk, Wayne, Westchester

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 **1-866-482-3363** (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 Access (HMO SNP)** 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.

# Summary of Benefits

January 1, 2017– December 31, 2017

For each benefit listed below, you can see what our plan covers in addition to what New York State Department of Health covers. Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.

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. No matter what your level of Medicaid eligibility is, WellCare Access (HMO SNP) will cover the benefits as described in the plan's column. If you have questions about your Medicaid eligibility and what benefits you are entitled to call: **1-866-482-3363**. Below are the different levels of Medicaid eligibility.

**Full Benefit Dual Eligible (FBDE):** Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and co-payments). Eligible beneficiaries also receive full Medicaid benefits.

**Qualified Medicare Beneficiary (QMB):** Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and co-payments). (Some people with QMB are also eligible for full Medicaid benefits (QMB+).)

**Specified Low-Income Medicare Beneficiary (SLMB):** Helps pay Part B premiums. (Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).)

**Qualifying Individual (QI):** Helps pay Part B premiums.

**Qualified Disabled & Working Individuals (QDWI):** Helps pay Part A premiums.

Benefits marked with a (3) may not be covered for all enrollees and, if covered, may require co-payment or coinsurance. Only members who have full Medicaid benefit coverage (Full Benefit Dual Eligible, Qualified Medicare Beneficiary-Plus, and Specified Low-Income Medicare Beneficiary-Plus), may receive these benefits.

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**

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## 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.
- SERVICES WITH A<sup>3</sup> MAY VARY DEPENDING ON YOUR LEVEL OF MEDICAID.

	WellCare Access (HMO SNP)	New York State Department of Health
<b>Premiums and Benefits</b>		
<b>Monthly Plan Premium</b>	You pay <b>\$0.00</b>  You must continue to pay your Medicare Part B premium.	
<b>Deductible</b>	No Deductible	
<b>Maximum Out-of-Pocket Responsibility</b> ( <i>does not include prescription drugs</i> )	<b>\$6,700</b> annually  The most you pay for co-pays, coinsurance and other costs for Medicare-covered 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</b> <sup>1,2,3</sup>	<b>\$0</b> co-pay up to 90 days per admission	Medicaid covers Medicare deductibles, co-pays, and coinsurances.  Up to 365 days per year (366 days for leap year).

	WellCare Access (HMO SNP)	New York State Department of Health
<b>Doctor Visits</b> <sup>1,2,3</sup>		
• <b>Primary</b>	You pay <b>\$0</b> co-pay per visit	Medicaid covers Medicare deductibles, co-pays, and coinsurances.
• <b>Specialists</b>	You pay <b>\$0</b> co-pay per visit	Medicaid covers Medicare deductibles, co-pays, and coinsurances.
<b>Preventive care</b>	<p>You pay nothing for the following</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> </ul>	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances.</p> <p><b>Bone Mass Measurement</b> (for people with Medicare who are at risk)</p> <p><b>Colorectal Screening Exams</b> (for people with Medicare age 50 and older)</p> <p><b>Immunizations</b> (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p> <p><b>Mammograms (Annual Screening)</b> (for women with Medicare age 40 and older)</p> <p><b>Pap Smears and Pelvic Exams</b> (for women with Medicare)</p> <p><b>Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)</p>

	WellCare Access (HMO SNP)	New York State Department of Health
	<ul style="list-style-type: none"> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• "Welcome to Medicare" preventive visit (one-time)</li> <li>• Yearly "Wellness" visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered</p>	<p><b>Welcome to Medicare; and Annual Wellness Visit</b></p> <p>Not Covered:</p> <p><b>Health/Wellness Education</b></p> <ul style="list-style-type: none"> <li>• Written health education materials, including Newsletters</li> <li>• Nutritional Training</li> <li>• Additional Smoking Cessation</li> <li>• Other Wellness Benefits</li> </ul>
<b>Emergency care</b>	<p>You pay <b>\$0</b> co-pay per visit</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care</p>	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances.</p>
<b>Urgently needed services</b>	<p>You pay <b>\$0</b> co-pay per visit</p> <p>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</p>	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances.</p>
<b>Diagnostic services/labs/imaging<sup>1,2,3</sup></b>		

	WellCare Access (HMO SNP)	New York State Department of Health
<ul style="list-style-type: none"> <li>• <b>Diagnostic radiology service</b> (<i>e.g., MRI</i>)</li> </ul>	You pay <b>\$0</b> co-pay when performed at a specialist's office or free standing facility and <b>\$0</b> co-pay when performed in an outpatient setting	Medicaid covers Medicare deductibles, co-pays, and coinsurances.
<ul style="list-style-type: none"> <li>• <b>Lab services</b></li> </ul>	You pay <b>\$0</b> co-pay	Medicaid covers Medicare deductibles, co-pays, and coinsurances.
<ul style="list-style-type: none"> <li>• <b>Diagnostic tests and procedures</b></li> </ul>	You pay <b>\$0</b> co-pay for basic tests and procedures and <b>\$0</b> co-pay for advanced tests and procedures such as Echocardiogram	Medicaid covers Medicare deductibles, co-pays, and coinsurances.
<ul style="list-style-type: none"> <li>• <b>Outpatient x-rays</b></li> </ul>	You pay <b>\$0</b> co-pay	Medicaid covers Medicare deductibles, co-pays, and coinsurances.
<ul style="list-style-type: none"> <li>• <b>Therapeutic radiology services</b></li> </ul>	You pay <b>\$0</b> co-pay when performed at a specialist's office or free standing facility and <b>\$0</b> co-pay when performed in an outpatient setting	Medicaid covers Medicare deductibles, co-pays, and coinsurances.
<b>Hearing services</b> <sup>1,2,3</sup>		
<ul style="list-style-type: none"> <li>• <b>Hearing exam</b></li> </ul>	<p>You pay <b>\$0</b> for hearing exam to diagnose and treat hearing and balance issues</p> <p>You pay <b>\$0</b> for Routine hearing exam (1 per year)</p>	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances</p> <p>Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing and selecting, fitting, and dispensing; hearing aid</p>

	WellCare Access (HMO SNP)	New York State Department of Health
		<p>checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.</p>
<ul style="list-style-type: none"> <li>• <b>Hearing aid</b></li> </ul>	<p>Hearing aid covered with an Annual allowance of <b>\$350</b> towards the purchase of a hearing aid.</p> <p>You pay <b>\$0</b> for hearing aid fitting/evaluations (for up to 1 every year)</p>	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances</p> <p>Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing and selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.</p>
<p><b>Dental services</b><sup>1,2,3</sup></p>	<p>Not Covered</p>	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances</p> <p>Medicaid covered dental services including necessary preventive, prophylactic and</p>



	WellCare Access (HMO SNP)	New York State Department of Health
		<p>other routine dental care, services and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.</p>
<p><b>Vision services</b><sup>1,2,3</sup></p>		
<ul style="list-style-type: none"> <li>• <b>Vision exams</b></li> </ul>	<p>You pay <b>\$0</b> for Medicare-covered diabetes retinopathy screening and you pay <b>\$0</b> for all other Medicare-covered eye exams</p>	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances</p> <p>Services of Optometrists, Ophthalmologists and Ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p>

	WellCare Access (HMO SNP)	New York State Department of Health
	<p>You pay <b>\$0</b> co-pay for Routine vision exam (1 per year)</p> <p>You pay nothing for Medicare-covered Glaucoma screenings.</p>	
<ul style="list-style-type: none"> <li>• <b>Eyewear</b></li> </ul>	<p>Our plan pays up to <b>\$100</b> every year for up to 1 pair of Contact lenses, Eyeglasses (frames and lenses), Eyeglass Frames or Eyeglass lenses.</p> <p>You pay nothing for eyeglasses or contact lenses after cataract surgery.</p>	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances</p> <p>Services of Optometrists, Ophthalmologists and Ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p>
<p><b>Mental health services</b><sup>1,2,3</sup></p>		

	WellCare Access (HMO SNP)	New York State Department of Health
<ul style="list-style-type: none"> <li>• <b>Inpatient visit</b></li> </ul>	<p><b>\$0</b> co-pay up to 90 days per admission</p>	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances</p> <p>All inpatient mental health services, including voluntary or involuntary admissions for mental health services over the Medicare 190-Day Lifetime Limit.</p>
<ul style="list-style-type: none"> <li>• <b>Outpatient group or individual therapy visit</b></li> </ul>	<p>You pay <b>\$0</b> co-pay per outpatient therapy visit</p>	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances.</p>
<p><b>Skilled Nursing Facility<sup>1,2,3</sup></b></p>	<p>You pay nothing per day for days 1 through 20</p> <p><b>\$0</b> co-pay per day for days 21 through 100</p> <p>Our plan covers up to 100 days in a SNF</p>	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances.</p> <p>Medicaid covers additional days beyond Medicare 100 day limit</p>
<p><b>Rehabilitation services<sup>1,2,3</sup></b></p>		
<ul style="list-style-type: none"> <li>• <b>Cardiac (heart) rehab services</b></li> </ul>	<p>You pay <b>\$0</b> co-pay</p>	<p>Covered if medically necessary for dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>
<ul style="list-style-type: none"> <li>• <b>Occupational therapy visit</b></li> </ul>	<p>You pay <b>\$0</b> co-pay</p>	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances.</p>
<ul style="list-style-type: none"> <li>• <b>Physical therapy and speech and language therapy visit</b></li> </ul>	<p>You pay <b>\$0</b> co-pay</p>	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances.</p>

	WellCare Access (HMO SNP)	New York State Department of Health
<b>Ambulance</b> <sup>1,3</sup>	You pay <b>\$0</b> co-pay	Medicaid covers Medicare deductibles, co-pays, and coinsurances.
<b>Transportation</b> <sup>3</sup>	Not Covered	Non-emergency transportation services covered. Medicaid covers Medicare deductibles, co-pays, and coinsurances.
<b>Foot care (podiatry services)</b> <sup>1,2,3</sup>		
• <b>Foot exams and treatment</b>	You pay <b>\$0</b> co-pay	Medicaid covers Medicare deductibles, co-pays, and coinsurances (QMB and QMB Plus Only)
• <b>Routine foot care</b>	Not Covered	Medicaid covers Medicare deductibles, co-pays, and coinsurances (QMB and QMB Plus Only)
<b>Medical equipment/supplies</b> <sup>1,3</sup>		
• <b>Durable medical equipment (e.g., wheelchairs, oxygen)</b>	You pay nothing	Medicaid covers Medicare deductibles, co-pays, and coinsurances Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, Enteral formula, and prosthetic or orthotic appliances having the following characteristics: can

	WellCare Access (HMO SNP)	New York State Department of Health
		withstand repeated use for a protracted period time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Must be ordered by a practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bars).
<ul style="list-style-type: none"> <li>• <b>Prosthetics (e.g., braces, artificial limbs)</b></li> </ul>	You pay <b>\$0</b> co-pay	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances</p> <p>Medicaid covered prosthetics, orthotics, and orthopedic footwear.</p> <p>No diabetic prerequisite for orthotics.</p>
<ul style="list-style-type: none"> <li>• <b>Diabetes supplies</b></li> </ul>	You pay nothing	Medicaid covers Medicare deductibles, co-pays, and coinsurances.
<ul style="list-style-type: none"> <li>• <b>Diabetic Therapeutic Shoes and Inserts</b></li> </ul>	You pay nothing	Medicaid covers Medicare deductibles, co-pays, and coinsurances.
<b>Wellness Programs<sup>1,3</sup></b>		Medicaid covers Medicare deductibles, co-pays, and coinsurances
<ul style="list-style-type: none"> <li>• <b>Fitness</b></li> </ul>	You pay nothing	Medicaid covers Medicare deductibles, co-pays, and coinsurances

	WellCare Access (HMO SNP)	New York State Department of Health
• <b>Additional Routine Annual Physical</b>	You pay nothing	Medicaid covers Medicare deductibles, co-pays, and coinsurances
• <b>Nurse Advice Line – 24 hours</b>	You pay nothing	Medicaid covers Medicare deductibles, co-pays, and coinsurances
• <b>Personal Emergency Response System (PERS)</b>	Not Covered	Medicaid coverage provided
<b>Medicare Part B Drugs<sup>1,3</sup></b>		
• <b>Chemotherapy drugs</b>	You pay <b>\$0</b> co-pay for chemotherapy drugs	Not Applicable
• <b>Part B drugs</b>	You pay <b>\$0</b> co-pay for other Part B drugs	Not Applicable

WellCare Access (HMO SNP)

Part D Information	Part D Cost Shares	
<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.	
	Retail 30-Day Supply	Preferred Mail Order 90-Day Supply
<b>Initial Coverage (After you pay your deductible, if applicable)</b>		
<b>Tier 1: Preferred Generic Drugs</b>	Generics: You pay <b>\$0</b> or <b>\$1.20</b> or <b>\$3.30</b>	You pay <b>\$0</b>
<b>Tier 2: Generic Drugs Tier 3: Preferred Brand Drugs Tier 4: Non-Preferred Drugs</b>	Generics: You pay <b>\$0</b> or <b>\$1.20</b> or <b>\$3.30</b> Brands: You pay <b>\$0</b> or <b>\$3.70</b> or <b>\$8.25</b>	
<b>Tier 5: Specialty Drugs</b>	Generics: You pay <b>\$0</b> or <b>\$1.20</b> or <b>\$3.30</b> Brands: You pay <b>\$0</b> or <b>\$3.70</b> or <b>\$8.25</b>	Not Covered
<b>If you reside in a long term care (LTC) facility, you pay the same as a retail pharmacy. 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 phase of the benefit, please call us or access our Evidence of Coverage online.</b>		
<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 the total yearly drug cost (including what our plan has paid and what you have paid) reaches <b>\$3,700</b> .  This stage does not apply to you	
<b>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through	

	WellCare Access (HMO SNP)
	your retail pharmacy and through Mail Service order) reach <b>\$4,950</b> , you pay nothing.

	WellCare Access (HMO SNP)	New York State Department of Health
<b>Benefits Continued</b>		
<b>Prescription Drug</b>	Please see the Part D information above	Medicaid does not cover Part D covered drugs or co-pays. Medicaid Pharmacy Benefits allowed by State Law (select drug categories excluded from the Medicare Part D benefit and certain medications included in the Part D benefit when the Enrollee is unable to receive them from his/her Medicare Advantage Plan), also certain Medical Supplies and Enteral Formula when not covered by Medicare.
<b>Outpatient Surgery<sup>1,2,3</sup></b>		
<ul style="list-style-type: none"> <li>• <b>Ambulatory surgical center</b></li> </ul>	You pay <b>\$0</b> co-pay	Medicaid covers Medicare deductibles, co-pays, and coinsurances.
<ul style="list-style-type: none"> <li>• <b>Outpatient hospital</b></li> </ul>	You pay nothing	Medicaid covers Medicare deductibles, co-pays, and coinsurances.
<b>Acupuncture</b>	Not Covered	Not Covered
<b>Chiropractic care<sup>1,2,3</sup></b>		
<ul style="list-style-type: none"> <li>• <b>Medical chiropractic services</b></li> </ul>	You pay <b>\$0</b> co-pay	Medicaid covers Medicare deductibles, co-pays, and



	WellCare Access (HMO SNP)	New York State Department of Health
		coinsurances (QMB and QMB Plus Only)
<ul style="list-style-type: none"> <li>• <b>Routine chiropractic services</b></li> </ul>	You pay <b>\$0</b> co-pay for Unlimited visits every year	Medicaid covers Medicare deductibles, co-pays, and coinsurances (QMB and QMB Plus Only)
<b>Over-the-Counter items<sup>3</sup></b>	<p>Our plan will pay up to <b>\$10 every month</b> for the purchase of covered over-the-counter items.</p> <p>Please visit our website to see our list of covered over-the-counter items.</p>	Not Covered
<b>Home health</b>	You pay nothing	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances.</p> <p>Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).</p>
<b>Renal dialysis</b>	You pay nothing	Medicaid covers Medicare deductibles, co-pays, and coinsurances.
<b>Hospice</b>	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost of drugs and respite care. Hospice is covered outside of our plan.	Medicaid covers Medicare deductibles, co-pays, and coinsurances.

	WellCare Access (HMO SNP)	New York State Department of Health
	Please contact us for more details.	
<b>Out-of-network Family Planning services provided under the direct access provisions of the waiver</b>	Not Covered	Medicaid coverage provided
<b>Personal care services</b>	Not Covered	Medicaid coverage provided
<b>Certain mental health services</b>	You pay nothing for Medicare covered services	Medicaid coverage includes: <ul style="list-style-type: none"> <li>• Intensive Psychiatric Rehabilitation Treatment Programs</li> <li>• Day Treatment</li> <li>• Continuing Day Treatment</li> <li>• Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units)</li> <li>• Partial Hospitalizations</li> <li>• Assertive Community Treatment (ACT)</li> <li>• Personalized Recovery Oriented Services (PROS)</li> </ul>
<b>Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs</b>	Not Covered	Medicaid coverage provided
<b>Comprehensive Medicaid Case Management (CMCM)</b>	Not Covered	Medicaid coverage provided
<b>Directly observed therapy for tuberculosis disease</b>	You pay nothing for Medicare covered services	Medicaid coverage provided
<b>AIDS adult day case management</b>	Not Covered	Medicaid coverage provided

	WellCare Access (HMO SNP)	New York State Department of Health
<b>HIV COBRA case management</b>	Not Covered	Medicaid coverage provided
<b>Methadone maintenance Treatment Program (MMTP)</b>	You pay nothing for Medicare covered services	Medicaid coverage provided
<b>Office of Mental Retardation and Development Disabilities (OMRDD)</b>	Not Covered	Medicaid coverage provided
<b>Adult day health care</b>	Not Covered	Medicaid coverage provided

# 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 SNP) is a Medicare Advantage organization with a Medicare contract and a contract with the New York Medicaid program. Enrollment in WellCare (HMO SNP) 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. If you meet certain eligibility requirements for both Medicare and Medicaid, your Part B premiums may be covered in full. 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). Some plans are available to those who have medical assistance from both the state and Medicare. Premiums, co-pays, coinsurance and deductibles may vary based on the level of Extra Help you receive. 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.

本資訊免費提供其它語言版本。請撥打 1-877-374-4056 與我們的客戶服務部聯繫，服務時間為週一至週五，上午 8 點至晚上 8 點。在十月 1 日至二月 14 日之間，代表的服務時間為週一至週日，上午 8 點至晚上 8 點。TTY 用戶請撥打 1-877-247-6272。



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