# 2027
# Summary of Benefits

Nebraska

**Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)**

H1215 | 001 | 000


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**We know how important it is to have a health plan you can count on.**

This is a summary of drug and health services covered by Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP) from January 1, 2027 to December 31, 2027.

This booklet will provide you with a summary of what we cover and what you pay. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at go.wellcare.com/NE. To request a copy, please call 1-844-480-0680, (TTY 711). Hours are: Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones).

**Who can join?**

This is a Dual Eligible Needs Plan (D-SNP) for people who have both Medicare and Nebraska Medicaid.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and be a United States citizen or lawfully present in the United States. You must continue to pay your Medicare Part B premium if not otherwise paid for under Nebraska Medicaid or by another third party. You must be eligible for Medicare and Full Medicaid Benefits or Medicare cost sharing assistance under Medicaid.

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

**H1215001000 Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP) - FBDE, QMB+, SLMB+**

Refer to "Medicare Savings Program (MSP) Levels" section below for a description of all MSP levels.

Please contact the plan for further details.

**Plan's service areas:**

Our service area includes these counties in Nebraska: Adams, Antelope, Banner, Blaine, Boone, Boyd, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Custer, Dawson, Dixon, Dodge, Douglas, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Logan, Madison, Merrick, Nance, Nemaha, Otoe, Pawnee, Perkins, Phelps, Pierce, Polk, Saline, Sarpy, Saunders, Scotts Bluff, Seward, Sherman, Stanton, Thayer, Valley, Washington, Wayne, Webster, Wheeler, and York.

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

**Health Maintenance Organizations (HMOs)** are health care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to

select a primary care provider (PCP) to coordinate care and if you need a specialist, the PCP will choose one who is also in our network.

**Health Maintenance Organizations-Point of Service (HMO-POS)** plans are HMOs with the Point-of-Service (POS) benefit. The POS benefit allows members to get care from out-of-network providers for routine dental services as shown in the "Benefits" section of this document. Your out-of-pocket costs may be higher if you use out-of-network providers. You don't need a referral to go out-of-network for your POS benefit. However, before getting services from out-of-network providers, you may want to confirm with us that the services are covered by us. If we later determine that the services are not covered, we may deny coverage and you will have to pay the costs. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Our plan gives you access to our network of skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. **Please note** that, if you go elsewhere without proper authorization, you will have to pay in full. Neither Medicare nor our plan will be responsible for the costs. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP) authorizes use of out-of-network providers.

**Part D prescription drugs** are covered. You have access to our large network of pharmacies. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. Our plan uses a *formulary*. Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand name drugs.

**Which doctors, hospitals and pharmacies can I use?** Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. You may use out-of-network providers for routine dental services. For all other services, you must use providers that are within our network, or the plan may not pay for the service.

You can save money by using our preferred mail-order pharmacy and by using providers in the plan's network. You can see our plan's provider and pharmacy directory at go.wellcare.com/2027providerdirectories. Our complete plan Formulary (list of Part D prescription drugs) is on our website at go.wellcare.com/druglist-41.

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

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

We can send materials to you in a language other than English or in an alternate format (such as braille, audio, or large print). For more information, or to request information in an alternate format, please call us at 1-844-480-0680 (TTY users should call 711). Hours are: Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones).

**Understanding Dual Eligibility**

**Dual Eligible Special Needs Plans (DSNPs)** are specialized Medicare Advantage plans that provide healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage.

**Medicaid** is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Medicaid benefits are valuable because the state provides additional healthcare coverage and financial support based on your Medicare Savings Program (MSP) level. Medicaid coverage varies depending on the state and the type of Medicaid you have. What you pay for covered services may depend on your level of Medicaid eligibility. Some people with Medicaid get help paying for their Medicare premiums and other costs. Other people may also get coverage for additional services and drugs that are covered under Medicaid but not by Medicare.

**Medicare Savings Program (MSP) Levels**

- ***Full-Benefit Dual Eligible (FBDE):*** Medicaid may pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. Eligible beneficiaries also receive full Medicaid benefits.
- ***Qualified Medicare Beneficiary (QMB):*** Medicaid will pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. (Some people with QMB are also eligible for full Medicaid benefits (QMB+)).
- ***Specified Low-Income Medicare Beneficiary (SLMB):*** Medicaid will absorb the cost of your Medicare Part B Premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).
- ***Qualified Individual (QI):*** Medicaid will pay costs associated with Medicare Part B.
- ***Qualified Disabled Working Individual (QDWI):*** Medicaid will pay costs associated with Medicare Part A.

Note: Some MSP levels automatically qualify for Extra Help for Medicare prescription drug coverage assistance. Some states do not cover Parts A & B cost sharing.

**What is Extra Help?**

A Low Income Subsidy (LIS), also referred to as Extra Help, may be available to help you with Part D out-of-pocket expenses such as premiums, deductibles, coinsurance, or copayments. Many people qualify for the Extra Help Program and don't even know it. Keep in mind that assistance may also depend on your Medicare Savings Program (MSP) level and your dual eligible status.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the number listed on the back cover of this document.

**There are services that are not covered by our plan but are available through Nebraska Medicaid. Refer to the Summary of Medicaid-Covered Benefits section later in this document for more information.**

## Benefits

| | **Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)**<br>**H1215, Plan 001, 000** |
|---|---|
| ***Note:*** *Services with an asterisk (*) may require prior authorization.*<br>*Services with a square (▪) means a referral may be required.* | |
| **Monthly Plan Premium**<br>(includes both medical and drugs) | $0<br>Because you get Extra Help, your plan premium is paid on your behalf.<br><br>You must continue to pay your Medicare Part B premium, if not otherwise paid for by Nebraska Medicaid or another third party. |
| **Deductible** | No deductible |
| **Maximum Out-of-Pocket (MOOP) Responsibility**<br>(does not include prescription drugs) | $9,850 annually<br>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services received in-network. However, depending on your Medicaid eligibility category, out-of-network providers that are not enrolled in your state Medicaid may charge out-of-pocket cost-sharing that would apply to your combined maximum out-of-pocket. |
| **Inpatient Hospital Coverage** | $0 copay for each Medicare-covered hospital stay.<br>▪<br>* |
| **Outpatient Hospital Coverage**<br>Outpatient Hospital Services | $0 copay for surgical and non-surgical services.<br>▪<br>* |
| Outpatient Hospital Observation Services | $0 copay for outpatient observation.<br>▪ |

## Benefits

| | **Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)**<br>**H1215, Plan 001, 000** |
|---|---|
| **Ambulatory Surgical Center (ASC) Services** | $0 copay for each Medicare-covered visit to an ambulatory surgical center.<br>▪<br>* |
| **Doctor Visits**<br>Primary Care Providers | $0 copay |
| Specialists | $0 copay<br>▪<br>* |
| **Preventive Care** (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots)) | $0 copay |
| **Emergency Care** | $0 copay |
| Worldwide Emergency Coverage (outside of the United States) | $115 copay<br>Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services. |

## Benefits

| | **Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)<br>H1215, Plan 001, 000** |
|---|---|
| **Urgently Needed Services** | $0 copay |
| Worldwide Urgent Care Coverage (outside of the United States) | $115 copay<br><br>Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services. |
| **Diagnostic Services/Labs/Imaging**<br>Lab Services | $0 copay<br>▪<br>* |
| Diagnostic Tests and Procedures | $0 copay<br>▪<br>* |
| Outpatient X-rays | $0 copay<br>▪<br>* |
| Diagnostic Radiology Services (e.g. MRI, CAT Scan) | $0 copay<br>▪<br>* |
| Therapeutic Radiology | $0 copay<br>▪<br>* |
| **Hearing Services**<br>Hearing Exam Medicare-covered | $0 copay<br>* |

## Benefits

| | **Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)<br>H1215, Plan 001, 000** |
|---|---|
| Routine Hearing Exam | $0 copay<br>*<br><br>1 exam(s) every year |
| Hearing Aids | |
| Hearing Aid Fitting/Evaluation(s) | $0 copay<br>*<br>1 fitting(s) / evaluation(s) every year |
| Hearing Aid (All Types) | $0 copay<br>* |
| Hearing Aid Allowance | Up to a $1,000 allowance per ear every year for hearing aids. Limited to 2 hearing aid(s) every year |
| Additional Hearing Information | **What you should know**<br>Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment. |
| **Dental Services** | |
| Medicare-covered | $0 copay for each Medicare-covered service<br><br>* |

## Benefits

| | Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)<br>H1215, Plan 001, 000 |
|---|---|
| Routine Diagnostic and Preventive Services | |
| Cleanings | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Dental X-Rays | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Oral exams | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Fluoride Treatment | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |

## Benefits

| | Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)<br>H1215, Plan 001, 000 |
|---|---|
| Other Diagnostic Dental Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Other Preventive Dental Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Routine Comprehensive Services | |
| Restorative Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Endodontics | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |

## Benefits

| | Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)<br>H1215, Plan 001, 000 |
|---|---|
| Periodontics | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Oral/Maxillofacial Surgery | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Adjunctive General Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>*<br><br>**For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.** |

## Benefits

| | **Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)<br>H1215, Plan 001, 000** |
|---|---|
| Additional Dental Information | **What you should know:**<br>This plan includes coverage up to $1,000 per plan year for all in-network and out-of-network covered routine comprehensive dental services.<br><br>You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). Your out-of-pocket costs may be higher if you use out-of-network providers. Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays. |
| **Vision Services**<br>Eye Exam<br>Medicare-covered | $0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam<br><br>$0 copay for all other Medicare-covered eye exams<br>* |
| Routine Eye Exam (Refraction) | $0 copay<br>*<br><br>1 exam(s) every year |
| Glaucoma Screening | $0 copay for each Medicare-covered service.<br>▪ |
| Eyewear<br>Medicare-covered | $0 copay |
| Routine Eyewear<br>Contact Lenses/ Eyeglasses (frame and/or lenses) | $0 copay<br>* |

## Benefits

| | **Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)<br>H1215, Plan 001, 000** |
|---|---|
| Eyewear Allowance | Up to a $400 combined allowance towards contacts and glasses (lenses and/or frames) every year. |
| **Mental Health Services** | |
| Inpatient Visit | $0 copay for each Medicare-covered hospital stay.<br>▪<br>* |
| Outpatient Individual Therapy Visit | $0 copay<br>▪<br>* |
| Outpatient Group Therapy Visit | $0 copay<br>▪<br>* |
| **Skilled Nursing Facility (SNF)** | Days 1-100:<br>• $0 copay per stay<br>▪<br>* |
| **Therapy and Rehabilitation Services** | |
| Physical Therapy | $0 copay<br>▪<br>* |
| Outpatient Rehabilitation Services Provided by an Occupational Therapist | $0 copay<br>▪<br>* |
| Pulmonary Rehabilitation Services | $0 copay<br>▪ |

## Benefits

| | **Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)<br>H1215, Plan 001, 000** |
|---|---|
| **Ambulance**<br>Ground Ambulance | $0 copay<br>* |
| Air Ambulance | $0 copay<br>* |
| **Transportation Services (Non-emergency medical transportation)** | **Not covered** |
| **Medicare Part B Drugs**<br>Chemotherapy Drugs and Other Part B Drugs | $0 copay<br>* |
| Insulin | $0 copay (maximum per month)<br>* |
| Allergy Antigen | $0 copay<br>* |

| Part D Prescription Drug Coverage | Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP) H1215, Plan 001, 000 |
|---|---|
| **Stage 1: Yearly Deductible Stage** | |
| If a plan has a Part D drug deductible, the deductible doesn't apply to covered insulin products and most adult Part D vaccines including shingles, tetanus and travel vaccines. | |
| **Deductible** | Because you get Extra Help, you do not pay a deductible for Part D drugs. This payment stage doesn't apply. |
| **Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable)** | |
| You stay in the Initial Coverage Stage until your total out-of-pocket costs reach $2,400. You then move on to the Catastrophic Coverage Stage. | |
| **What You Pay for Vaccines:**<br>Our plan covers most Part D vaccines at no cost to you, even if you have not paid your deductible (if your plan has a deductible). | |
| **What You Pay for Insulin:**<br>You won't pay more than $35 for a 1-month supply, $70 for up to a 2-month supply or $105 for up to a 3-month supply of each covered insulin product regardless of the cost-sharing tier, even if you have not paid your deductible (if your plan has a deductible). | |
| **What you pay for other Part D Drugs:**<br>The cost share you pay depends on your level of Extra Help. | |

## Retail cost-sharing chart:

| Part D Prescription Drug Coverage | Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP) H1215, Plan 001, 000 | |
|---|---|---|
| **Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)** | | |
| **Retail cost-sharing (30-day / 100-day supply)**<br>For more details on tier descriptions, please see the Evidence of Coverage. | | |
| | **Preferred** | **Standard** |
| **Tier 1**<br>(Generic) | $0 copay | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 |
| **Tier 2**<br>(Preferred Brand) | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 |
| **Tier 3**<br>(Non-Preferred Drug) | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 |
| **Tier 4**<br>(Injectable Drugs) | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 |
| **Tier 5**<br>(Specialty Tier)<br>Limited to 30 day supply | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 |
| **Tier 6**<br>(Select Care Drugs) | $0 copay | $0 copay |

## Mail-order cost-sharing chart:

| Part D Prescription Drug Coverage | Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP) H1215, Plan 001, 000 | |
|---|---|---|
| **Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)** | | |
| **Mail-order cost-sharing (100-day supply)** | | |
| | **Preferred** | **Standard** |
| **Tier 1** (Generic) | $0 copay | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 |
| **Tier 2** (Preferred Brand) | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 |
| **Tier 3** (Non-Preferred Drug) | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 |
| **Tier 4** (Injectable Drugs) | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 | Generics: $0 / $1.65 / $5.80<br>Brands: $0 / $5.00 / $14.40 |
| **Tier 5** (Specialty Tier) Limited to 30 day supply | Not Available | Not Available |
| **Tier 6** (Select Care Drugs) | $0 copay | $0 copay |
| **Stage 3: Catastrophic Coverage Stage** | | |
| During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing for the rest of the calendar year. | | |
| | You enter this stage after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $2,400. | |

Generic drugs may be covered on tiers other than Tier 1. Please check this plan's Formulary to validate the specific tier on which your drugs are covered.

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC), home infusion), whether the pharmacy is in our preferred or standard network, or the day supply received. A one-month (34-day or less) prescription is not covered at mail-order.

**Excluded Drugs:**

Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP) includes enhanced drug coverage of certain excluded drugs, such as Tier 1 folic acid, vitamin B12, vitamin D2, generic only sildenafil and vardenafil. Generic sildenafil and vardenafil have a quantity limit of six pills every 30 days.

Because these drugs are excluded from Part D coverage under Medicare, they are not covered by Extra Help. Also, the amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.

Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.

**Medicare Prescription Payment Plan**

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).

To learn more about this payment option, please contact us at 1-833-750-9969. (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week or visit go.wellcare.com/NE-MPPP.

## Additional Benefits

| | **Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)<br>H1215, Plan 001, 000** |
|---|---|
| ***Note:*** *Services with an asterisk (*) may require prior authorization.<br>Services with a square (▪) means a referral may be required.* | |
| **Chiropractic Services**<br>Medicare-covered | $0 copay<br>▪<br>* |
| **Acupuncture**<br>Medicare-covered | $0 copay<br>▪<br>* |
| **Podiatry Services (Foot Care)**<br>Medicare-covered | $0 copay<br>▪<br>* |
| Routine Podiatry Services (Foot Care) | $0 copay<br>▪<br>*<br><br>12 visit(s) every year |

## Additional Benefits

| | **Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)<br>H1215, Plan 001, 000** |
|---|---|
| **Virtual Visits** | $0 copay for virtual visit services performed through your plan's virtual visit provider(s).<br>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.<br>A virtual visit (also known as telehealth or telemedicine) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device.<br>For more information, please see your Evidence of Coverage.<br>**What you should know:**<br>The $0 copay above only applies when services are received from your plan's virtual visit provider(s). If you receive telemedicine services from a network provider and not your plan's virtual visit provider(s), you will pay the cost shares listed for those providers, as outlined within the Evidence of Coverage (*e.g., if you receive telehealth services from your PCP, you will pay the PCP cost share*).<br>▪ |
| **Social Support Platform** | $0 copay<br>Our plan provides access to an online and app-based support platform designed to support your overall well-being. The platform offers personalized therapeutic self-guided activities and programs to help manage stress, anxiety, and support your emotional and mental health.<br>Engage in interactive activities, meditations, and games tailored to your needs. The platform also features the ability to join social communities.<br>Available online 24/7 - you can use it whenever you choose.<br>For more information on how to access the social support platform, please see your Evidence of Coverage. |

## Additional Benefits

| | **Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)<br>H1215, Plan 001, 000** |
|---|---|
| **Home Health Agency Care** | $0 copay<br>▪<br>* |
| **Medical Equipment/Supplies**<br>Durable Medical Equipment (DME) | $0 copay<br>* |
| Prosthetics | $0 copay<br>* |
| Diabetic Therapeutic Shoes Or Inserts | $0 copay<br>* |
| Blood glucose monitors (traditional finger stick blood glucose monitor) | $0 copay<br>*<br><br>For more information, limitations and exclusions, please see your Evidence of Coverage. |
| Continuous Glucose Monitors (CGM) | $0 copay<br>*<br><br>For more information, limitations and exclusions, please see your Evidence of Coverage. |
| Diabetic Supplies | $0 copay<br>*<br><br>For more information, limitations and exclusions, please see your Evidence of Coverage. |
| **Opioid Treatment Program Services** | $0 copay<br>▪<br>* |

## Additional Benefits

| | **Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)<br>H1215, Plan 001, 000** |
|---|---|
| **Health and Wellness Education Programs**<br>Fitness | For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage.<br>$0 copay<br>**What you should know:**<br>To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. You may access one or more gyms within the fitness network.<br>Members have access to in-person fitness centers, available on-demand exercise programs, and choice of Home Fitness Kit. |
| 24-Hour Nurse Advice Line | $0 copay |
| **Annual Routine Physical Exam** | $0 copay<br>**What you should know:**<br>The exam includes a detailed medical/family history and recommendations for preventive screenings/care. |
| **Special Supplemental Benefits for the Chronically Ill (SSBCI)**<br>Benefits mentioned are a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. In addition to being high-risk, you must have one or more of the following chronic conditions: cancer, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, diabetes. There are other eligible conditions not listed. Eligibility for this benefit cannot be | **If eligible,** you can use your Wellcare Spendables® allowance towards the additional benefits shown below. Once determined eligible, these expanded benefits will be available in 7-10 business days. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card.<br>Your card allowance can be used towards:<br>• **Gas pay-at-pump** - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. Electric vehicle (EV) charging may also be covered at participating locations where card payment is accepted. |

## Additional Benefits

| | Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)<br>H1215, Plan 001, 000 |
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| guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us or see the plan's Evidence of Coverage.<br><br>• Eligibility is determined based on medical claims and/or other supporting documentation after you are enrolled in the plan.<br><br>• New members without sufficient claims history may have a provider submit an attestation to support the eligibility review.<br>• Wellcare will notify you if you are eligible and provide instructions on how to access SSBCI benefits. | • **Healthy Food** - You can use your card to pay for healthy foods and produce at participating retailers. Delivery options for eligible grocery items may be available. Prepared meals and produce boxes are available for order via online portal.<br>• **Personal Care Items** – You can use your card to purchase personal care items and household essentials at participating retailers. Delivery options for eligible items may be available.<br>• **Pest Control Items** – You can use your card to purchase items for use in and around your home at participating retailers. Delivery options for eligible items may be available.<br>• **Rent Assistance** - You can use your card to help with the cost of rent/mortgage for your home.<br>• **Robotic Companion Pet** – You can use your card to order a robotic companion pet, options may include a companion cat, dog, or bird.<br>• **Utility Assistance** - You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet. |
| **Wellcare Spendables®** | You will receive a total of **$84 monthly** preloaded on your Wellcare Spendables® card to spend on OTC items, and if eligible, SSBCI.<br>Your monthly allowance **rolls over to the following month if unused and expires at the end of the plan year.**<br><br>Your card allowance can be used towards:<br><br>**Over-the-Counter items (OTC) -** Your card can be used at participating retail locations, through the mobile app, or by logging in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items, and diabetic items. |

## Additional Benefits

| | **Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP)**<br>**H1215, Plan 001, 000** |
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| | **Special Supplemental Benefits for the Chronically Ill (SSBCI)** Benefits mentioned below are SSBCI. Not all members will qualify. **You must meet eligibility criteria for the following plan benefits.**<br><br>**If you qualify,** your card allowance can also be used towards:<br>• Gas pay-at-pump<br>• Healthy Food<br>• Personal Care Items<br>• Pest Control Items<br>• Rent Assistance<br>• Robotic Companion Pet<br>• Utility Assistance<br><br>Refer to Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits.<br><br>For more information, limitations, and exclusions, please see your Evidence of Coverage. |
| **My Wellcare Rewards** | With **My Wellcare Rewards**, you can earn up to $100 by completing eligible health activities and portal activities through your member portal.<br><br>Rewards will be loaded onto your Wellcare Spendables® card. |

## Comprehensive Written Statement for Prospective Enrollees

The benefits described earlier in this Summary of Benefits are covered by our Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP) plan. For each benefit listed, you can see what our plan covers. What you pay for covered services under our plan may depend on your level of Nebraska Medicaid eligibility.

## Summary of Nebraska Medicaid-Covered Benefits

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

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

If you have questions about your Nebraska Medicaid eligibility, what benefits you are entitled to, or for the most current Nebraska Medicaid information, see your Medicaid Member Handbook. You can also visit https://dhhs.ne.gov/Pages/Medicaid-Eligibility.aspx, or call Nebraska Medicaid at 1-402-471-3121; TTY: 1-800-833-7352. Hours are: 8:00 a.m. - 5:00 p.m., Monday - Friday.

| Nebraska Medicaid |
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| • Physical Health Services |
| • Inpatient Hospital Services; Outpatient Hospital Services; |
| • Ambulatory Surgical Center (ASC) Services |
| • Acute Rehabilitation Services |
| • Skilled (Rehabilitation) Nursing Facility Services |
| • Swing-bed Services |
| • Transplant Services |

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| • Free-standing Birth Center Services |
| • Hospice Services, except when provided in a Nursing Facility |
| • Physician Services, including services provided by Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants; |
| • Anesthesia Services including those provided by a Certified Registered Nurse Anesthetist |
| • Services provided by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) |
| • Services provided in Indian Health Services (IHS) facilities |
| • Clinical and Anatomical Laboratory Services, including specimen collection when applicable, and blood draws in a Behavioral Health Clinic |
| • Radiology Services |
| • Early and Periodic Screening, Diagnostic, and Therapeutic (EPSDT) Services |
| • Home Health Services; Private Duty Nursing Services |
| • Therapy Services such as Physical Therapy, Occupational Therapy, Speech Therapy, Audiology, and Respiratory Therapy |
| • Durable Medical Equipment and Medical Supplies, including Hearing Aids, Orthotics, Prosthetics, and Nutritional Supplements |
| • Podiatry Services |

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| • Chiropractic Services |
| • Eye Care and Vision Services |
| • Clinic-administered injections/medications |
| • Nutrition Services |
| • Ambulance Services; and Non-Emergency Medical Transportation |
| • Behavioral Health services |
| • Rehabilitation Services |
| • MHSUD Services<br>1. Substance Use Assessment<br>2. Neuropsychological testing evaluation<br>3. Neurobehavioral Status Exam<br>4. Family Assessment<br>5. In Home Psychiatric Nursing<br>6. Therapeutic Group Home<br>7. Withdrawal Management (medically monitored residential withdrawal management) |
| • Telehealth & Telemonitoring as specified by the Division of Medicaid and Long Term Care (MLTC) |
| • Pharmacy Services |
| • Immunizations; |
| • Emergency Medical and Post-Stabilization Services |

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| • Emergency Ancillary Services provided at a Hospital, including radiology, laboratory, emergency medicine, and anesthesia |
| • Family Planning Services |
| • Prenatal and Maternity Care Services |
| • Dialysis |
| • Dental Services as defined in the Nebraska Medicaid State Plan |

# Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-844-480-0680 (TTY: 711). Hours are Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones).

## Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit go.wellcare.com/NE or call 1-844-480-0680 (TTY: 711) to view a copy of the EOC. Hours are Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones).
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

## Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2028.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers) for certain services. However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

Wellcare's pharmacy network includes limited lower-cost, preferred pharmacies in rural areas of Nebraska. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-844-796-6811 (TTY: 711) for Wellcare Nebraska Total Care Dual Liberty Sync (HMO-POS D-SNP); or call 1-800-977-7522 (TTY: 711) for Wellcare Giveback (HMO-POS) and Wellcare Simple (HMO-POS); or consult the online pharmacy directory at go.wellcare.com/NE.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

## Contact Us

**For more information, please contact us:**



**By phone**

**Already a Member?**

1-844-796-6811 (TTY: 711)

Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

**Not a Member yet?**

Toll-free at 1-844-480-0680 (TTY: 711)

Your call may be answered by a licensed agent.

Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones)



**Online**

go.wellcare.com/NE