2027
Summary of Benefits

Oregon

Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP)

H2174 | 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 Trillium Health Plan Dual Select Sync (HMO 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/OR. 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 Oregon Health Plan (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 Oregon Health Plan (Medicaid) or by another third party. You must be eligible for Medicare and some cost sharing assistance under Medicaid.

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

H2174001000 Wellcare Trillium Health Plan Dual Select Sync (HMO 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 Oregon: Clackamas, Lane, Multnomah, and Washington.

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.

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 Trillium Health Plan Dual Select Sync (HMO 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 Trillium Health Plan Dual Select Sync (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

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-50.

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 Oregon Health Plan (Medicaid). Refer to the Summary of Medicaid-Covered Benefits section later in this document for more information.

Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
Note: *Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.*	
Monthly Plan Premium (includes both medical and drugs)	$0 Because you get Extra Help, your plan premium is paid on your behalf. You must continue to pay your Medicare Part B premium, if not otherwise paid for by Oregon Health Plan (Medicaid) or another third party.
Deductible	$0 or The Part B deductible was $283 for select Part B services. This is based on Original Medicare's 2026 costs and may change in 2027. You can contact Member services or check the plan's website for updates after November 1. If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay $0. If you are eligible for full Medicare cost-sharing assistance under Medicaid, you pay a $0 copayment amount.
Maximum Out-of-Pocket (MOOP) Responsibility (does not include prescription drugs)	$9,850 annually If you are eligible for Medicare cost-sharing assistance under Oregon Health Plan (Medicaid) 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.
Inpatient Hospital Coverage	For each admission, you pay: • $0 or $2,240 copay per stay for days 1 through 90 If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *

Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
Outpatient Hospital Coverage Outpatient Hospital Services	$0 or 20% coinsurance for surgical and non-surgical services. If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *
Outpatient Hospital Observation Services	$0 or 20% coinsurance for outpatient observation If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪
Ambulatory Surgical Center (ASC) Services	$0 or 20% coinsurance for each Medicare-covered visit to an ambulatory surgical center. If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *
Doctor Visits Primary Care Providers	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount.
Specialists	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *

Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
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 or $115 copay If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide Emergency Coverage (outside of the United States)	$115 copay 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.
Urgently Needed Services	$0 or $40 copay If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. Copay is waived if you are admitted to a hospital within 24 hours.

Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
Worldwide Urgent Care Coverage (outside of the United States)	$115 copay 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 Lab Services	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *
Diagnostic Tests and Procedures	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *
Outpatient X-rays	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *
Diagnostic Radiology Services (e.g. MRI, CAT Scan)	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *

Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
Therapeutic Radiology	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *
Hearing Services Hearing Exam Medicare-covered	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. *
Additional Hearing Information	**What you should know** 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 or 20% coinsurance for each Medicare-covered service. If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. *
Vision Services Eye Exam Medicare-covered	$0 or 20% coinsurance for each Medicare-covered diabetic retinopathy screening or diabetic eye exam $0 or 20% coinsurance for all other Medicare-covered eye exams If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. *

Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
Routine Eye Exam (Refraction)	$0 copay * 1 exam(s) every year
Glaucoma Screening	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪
Eyewear Medicare-covered	$0 copay
Routine Eyewear Contact Lenses/ Eyeglasses (frame and/or lenses) Eyewear Allowance	 $0 copay * Up to a $200 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services Inpatient Visit	 For each admission, you pay: • $0 or $2,091 copay per stay for days 1 through 90 If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *

Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
Outpatient Individual Therapy Visit	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *
Outpatient Group Therapy Visit	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *
Skilled Nursing Facility (SNF)	For each admission, you pay: • $0 copay per day for days 1 through 20 • $0 or $221 copay per day for days 21 through 70 • $0 copay per day for days 71 through 100 If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *
Therapy and Rehabilitation Services	
Physical Therapy	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *

Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
Outpatient Rehabilitation Services Provided by an Occupational Therapist	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *
Pulmonary Rehabilitation Services	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪
Ambulance Ground Ambulance	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. *
Air Ambulance	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. *
Transportation Services (Non-emergency medical transportation)	**Not covered**
Medicare Part B Drugs Chemotherapy Drugs and Other Part B Drugs	$0 or 20% coinsurance

Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
	If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. * Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.
Insulin	$0 or $35 copay If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. *
Allergy Antigen	0% coinsurance *

Part D Prescription Drug Coverage	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, 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: 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: 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: The cost share you pay depends on your level of Extra Help.	

Retail cost-sharing chart:

Part D Prescription Drug Coverage	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000	
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)		
Retail cost-sharing (30-day / 100-day supply) For more details on tier descriptions, please see the Evidence of Coverage.		
	Preferred	**Standard**
Tier 1 (Generic)	$0 copay	Generics: $0 / $1.65 / $5.80 Brands: $0 / $5.00 / $14.40
Tier 2 (Preferred Brand)	Generics: $0 / $1.65 / $5.80 Brands: $0 / $5.00 / $14.40	Generics: $0 / $1.65 / $5.80 Brands: $0 / $5.00 / $14.40
Tier 3 (Non-Preferred Drug)	Generics: $0 / $1.65 / $5.80 Brands: $0 / $5.00 / $14.40	Generics: $0 / $1.65 / $5.80 Brands: $0 / $5.00 / $14.40
Tier 4 (Injectable Drugs)	$0 copay	Generics: $0 / $1.65 / $5.80 Brands: $0 / $5.00 / $14.40
Tier 5 (Specialty Tier) Limited to 30 day supply	Generics: $0 / $1.65 / $5.80 Brands: $0 / $5.00 / $14.40	Generics: $0 / $1.65 / $5.80 Brands: $0 / $5.00 / $14.40
Tier 6 (Select Care Drugs)	$0 copay	$0 copay

Mail-order cost-sharing chart:

Part D Prescription Drug Coverage	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, 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 Brands: $0 / $5.00 / $14.40
Tier 2 (Preferred Brand)	Generics: $0 / $1.65 / $5.80 Brands: $0 / $5.00 / $14.40	Generics: $0 / $1.65 / $5.80 Brands: $0 / $5.00 / $14.40
Tier 3 (Non-Preferred Drug)	Generics: $0 / $1.65 / $5.80 Brands: $0 / $5.00 / $14.40	Generics: $0 / $1.65 / $5.80 Brands: $0 / $5.00 / $14.40
Tier 4 (Injectable Drugs)	$0 copay	Generics: $0 / $1.65 / $5.80 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 Trillium Health Plan Dual Select Sync (HMO 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/OR-MPPP.

Additional Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
Note: *Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.*	
Chiropractic Services Medicare-covered	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *
Acupuncture Medicare-covered	$0 or 20% coinsurance for Medicare-covered Acupuncture received in a PCP office. If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. $0 or 20% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office. If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. $0 or 20% coinsurance for Medicare-covered Acupuncture received in a Specialist office. If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *
Podiatry Services (Foot Care) Medicare-covered	$0 copay ▪ *

Additional Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
Routine Podiatry Services (Foot Care)	$0 copay ▪ * 6 visit(s) every year
Virtual Visits	$0 copay for virtual visit services performed through your plan's virtual visit provider(s). 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. 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. For more information, please see your Evidence of Coverage. **What you should know:** 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*). ▪
Social Support Platform	$0 copay 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.

Additional Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
	Engage in interactive activities, meditations, and games tailored to your needs. The platform also features the ability to join social communities. Available online 24/7 - you can use it whenever you choose. For more information on how to access the social support platform, please see your Evidence of Coverage.
Home Health Agency Care	$0 copay ▪ *
Medical Equipment/Supplies Durable Medical Equipment (DME)	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. *
Prosthetics	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. *
Diabetic Therapeutic Shoes Or Inserts	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. *
Blood glucose monitors (traditional finger stick blood glucose monitor)	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. * For more information, limitations and exclusions, please see your Evidence of Coverage.

Additional Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
Continuous Glucose Monitors (CGM)	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. * For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic Supplies	$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.
Opioid Treatment Program Services	$0 or 20% coinsurance If you are eligible for full Medicare cost sharing assistance under Oregon Health Plan (Medicaid), you pay a $0 copayment amount. ▪ *
Health and Wellness Education Programs Fitness	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage. $0 copay **What you should know:** 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. 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

Additional Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
Annual Routine Physical Exam	$0 copay **What you should know:** The exam includes a detailed medical/family history and recommendations for preventive screenings/care.
Special Supplemental Benefits for the Chronically Ill (SSBCI) 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 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. • Eligibility is determined based on medical claims and/or other supporting documentation after you are enrolled in the plan. • New members without sufficient claims history may have a provider submit an attestation to support the eligibility review.	**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. Your card allowance can be used towards: • **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. • **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. • **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. • **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. • **Rent Assistance** - You can use your card to help with the cost of rent/mortgage for your home. • **Robotic Companion Pet** – You can use your card to order a robotic companion pet, options may include a companion cat, dog, or bird.

Additional Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
• Wellcare will notify you if you are eligible and provide instructions on how to access SSBCI benefits.	• **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 **$107 monthly** preloaded on your Wellcare Spendables® card to spend on OTC items, and if eligible, SSBCI. Your monthly allowance **rolls over to the following month if unused and expires at the end of the plan year.** Your card allowance can be used towards: **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. **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.** **If you qualify,** your card allowance can also be used towards: • Gas pay-at-pump • Healthy Food • Personal Care Items • Pest Control Items • Rent Assistance • Robotic Companion Pet • Utility Assistance Refer to Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits. For more information, limitations, and exclusions, please see your Evidence of Coverage.

Additional Benefits

	Wellcare Trillium Health Plan Dual Select Sync (HMO D-SNP) H2174, Plan 001, 000
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. 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 Trillium Health Plan Dual Select Sync (HMO 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 Oregon Health Plan (Medicaid) eligibility.

Summary of Oregon Health Plan (Medicaid)-Covered Benefits

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

Coverage of the benefits may depend on your level of Oregon Health Plan (Medicaid) eligibility.

If you have questions about your Oregon Health Plan (Medicaid) eligibility, what benefits you are entitled to, or for the most current Oregon Health Plan (Medicaid) information, see your Medicaid Member Handbook. You can also visit https://www.oregon.gov/OHA/HSD/OHP/Pages/index.aspx, or call Oregon Health Plan (Medicaid) at 1-800-699-9075; TTY: 711. Hours are: 7:00 a.m. - 6:00 p.m. PT, Monday - Friday.

Oregon Health Plan (Medicaid)
• Behavioral Health Services
• Dental Services
• Diabetes Supplies and Services
• Diagnostic Imaging, Tests and Procedures
• Doctor's Office Visits
• Durable Medical Equipment

• Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
• Emergency Care
• End-Stage Renal Disease
• Family Planning Services
• Foot Care (podiatry services)
• Health and Wellness Education Programs
• Health Related Social Needs (HRSN) Nutrition-Related Supports Housing-Related Supports
• Healthier Oregon Program
• Hearing Services
• Home Health Care
• Hospice
• Incontinence Supplies
• In-Home Support Services

• Inpatient Hospital Services
• Meal Delivery Program
• Medicare Part B Drugs
• Medication Management
• Non-Emergent Medical Transportation
• Outpatient Hospital Services
• Over-the-Counter Drugs
• Personal Emergency Response System (PERS)
• Physical Therapy
• Post Hospital Extended Care Coordination
• Preventive Care
• Prosthetics Devices and Related Supplies
• Routine Immunizations
• Skilled Nursing Facility

• Special Supplemental Benefits for Hypertension
• Substance Abuse Services
• Telehealth
• Tobacco Cessation
• Travel help
• Urgently Needed Services
• Vision Services

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/OR 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.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ 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.

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

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Contact Us

For more information, please contact us:



By phone

Already a Member?

1-833-502-9438 (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/OR