2027
Summary of Benefits

South Carolina

Wellcare Absolute Total Care Dual Align (HMO D-SNP)

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Wellcare Absolute Total Care Dual Align (HMO D-SNP) | 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Wellcare Absolute Total Care Dual Align (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Wellcare Absolute Total Care Dual Align (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a summary of health services covered by Wellcare Absolute Total Care Dual Align (HMO D-SNP) for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can get a copy of the *Member Handbook* by calling Wellcare Absolute Total Care Dual Align (HMO D-SNP) at 1-833-998-5063 (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. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. If you leave a voicemail message, please include your name, and telephone number and a team member will return your call within one (1) business day. Or you can access the *Member Handbook* on our website go.wellcare.com/ATC.

- 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 Member Handbook for more information, including the cost-sharing that applies to out-of-network services.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- For more information about Wellcare Absolute Total Care Dual Align (HMO D-SNP), you can check the South Carolina Healthy Connections Medicaid program website www.scdhhs.gov/providers/managed-care/dual-special-needs-plans or call 1-888-549-0820 or TTY: 1-888-842-3620, Monday through Friday from 8 a.m. to 6 p.m. Eastern time. You can also call the Long Term Care Ombudsman from the South Carolina Department of Aging at 1-844-477-4632, TTY: 711, Monday through Friday, 8 a.m. to 6 p.m. Eastern time. The Ombudsman is for people of any age who have both Healthy Connections Medicaid and Medicare.

❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-833-998-5063 (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. The call is free.

❖ This document is available for free in Spanish.

- We can send materials to you in a language other than English (in addition to the language(s) listed above) or in an alternate format if you ask for it this way. This is called a "standing request". We will document your choice.
- To make a standing request, change a standing request or make a one-time request, please call Member Services at the phone number on the bottom of this page. 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.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a HIDE SNP?	Our plan is a highly integrated dual eligible (HIDE) SNP, also called an "integrated D-SNP." A HIDE SNP is a health plan that contracts with both Medicare and Healthy Connections Medicaid to provide benefits of both programs to enrollees. It's for people with both Medicare and Healthy Connections Medicaid. A HIDE SNP is an organization made up of doctors, hospitals, pharmacies, providers of behavioral health (mental health) services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.
Will I get the same Medicare and Medicaid benefits in Wellcare Absolute Total Care Dual Align (HMO D-SNP) that I get now? (continued on the next page)	You'll get most of your covered Medicare and Healthy Connections Medicaid benefits directly from Wellcare Absolute Total Care Dual Align (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now, outside of the plan. When you enroll in Wellcare Absolute Total Care Dual Align (HMO D-SNP), you and your care coordinator will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Wellcare Absolute Total Care Dual Align (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Wellcare Absolute Total Care Dual Align (HMO D-SNP) to

Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in Wellcare Absolute Total Care Dual Align (HMO D-SNP) that I get now? **(continued)**	cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.
Can I use the same doctors I use now? **(continued on the next page)**	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Wellcare Absolute Total Care Dual Align (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Wellcare Absolute Total Care Dual Align (HMO D-SNP)'s network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Wellcare Absolute Total Care Dual Align (HMO D-SNP)'s plan. If Wellcare Absolute Total Care Dual Align (HMO D-SNP) is new for you, you can continue using the doctors you use now for 90 days after you first enroll, even if they're out-of-network. If you need to continue using your out-of-network providers after your first 90 days in our plan, we'll only cover that care if the provider enters a single case agreement with us. If you're getting ongoing treatment from an out-of-network provider and think they may need a single case agreement in order to keep treating you, contact Wellcare Absolute Total Care Dual Align (HMO D-SNP) at 1-833-998-5063

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued)	(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. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Wellcare Absolute Total Care Dual Align (HMO D-SNP)'s *Provider and Pharmacy Directory* on the plan's website at go.wellcare.com/2027providerdirectories If Wellcare Absolute Total Care Dual Align (HMO D-SNP) is new for you, we'll work with you to develop a care plan to address your needs.
What's a Wellcare Absolute Total Care Dual Align (HMO D-SNP) care coordinator?	A Wellcare Absolute Total Care Dual Align (HMO D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What happens if I need a service but no one in Wellcare Absolute Total Care Dual Align (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Wellcare Absolute Total Care Dual Align (HMO D-SNP) will pay for the cost of an out-of-network provider.

Frequently Asked Questions	Answers
Where's Wellcare Absolute Total Care Dual Align (HMO D-SNP) available?	The service area for this plan includes: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York Counties, South Carolina. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means an approval from Wellcare Absolute Total Care Dual Align (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Wellcare Absolute Total Care Dual Align (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Wellcare Absolute Total Care Dual Align (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Wellcare Absolute Total Care Dual Align (HMO D-SNP) before the service is provided. Refer to **Chapter 3** of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Member Handbook* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.

If you have questions, please call Wellcare Absolute Total Care Dual Align (HMO D-SNP) at 1-833-998-5063 (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. The call is free. **For more information**, visit go.wellcare.com/ATC.

Frequently Asked Questions	Answers
What's a referral?	A referral means that your primary care provider (PCP) must give you approval before you can use someone who isn't your PCP or use other providers in the plan's network. If you don't get approval, Wellcare Absolute Total Care Dual Align (HMO D-SNP) may not cover the services, and you may be billed for these services. A referral is different than a prior authorization. You don't need a referral to use some specialists, such as women's health specialists. Refer to **Chapter 3** of the *Member Handbook* to learn more about when you'll need to get a referral from your PCP. Wellcare Absolute Total Care Dual Align (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided.
Do I pay a monthly amount (also called a premium) under Wellcare Absolute Total Care Dual Align (HMO D-SNP)?	No. Because you have Medicaid, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Wellcare Absolute Total Care Dual Align (HMO D-SNP)?	No. You don't pay deductibles in Wellcare Absolute Total Care Dual Align (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Wellcare Absolute Total Care Dual Align (HMO D-SNP)?	There's no cost sharing for medical services in Wellcare Absolute Total Care Dual Align (HMO D-SNP), so your annual out-of-pocket costs will be $0.

If you have questions, please call Wellcare Absolute Total Care Dual Align (HMO D-SNP) at 1-833-998-5063 (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. The call is free. **For more information**, visit go.wellcare.com/ATC.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization may be required, except in an emergency. Referral may be required.
	Outpatient hospital services, including observation	$0	Prior authorization may be required. Referral may be required.
	Ambulatory surgical center (ASC) services	$0	Prior authorization may be required. Referral may be required.
	Doctor or surgeon care	$0	During an authorized hospital stay, doctor and surgeon care are covered. Prior authorization may be required. Referral may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	$0	Prior authorization may be required.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	Wellness visits, such as a physical	$0	
	"Welcome to Medicare" (preventive visit one time only)	$0	
	Specialist care	$0	Prior authorization may be required. Referral may be required.
You need emergency care (continued on the next page)	Emergency room services	$0	You may get covered emergency care from either in-network or out-of-network providers whenever you need it. You do not need prior authorization for emergency care. $115 copay for worldwide emergency services. You are covered up to $50,000 every year for worldwide emergency and urgent care services.
	Urgent care	$0	You may get covered urgent care from either in-network or out-of-network providers whenever you need it. You do not need prior authorization for urgent care.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued)			$115 copay for worldwide emergency services. You are covered up to $50,000 every year for worldwide emergency and urgent care services.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization may be required. Referral may be required.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization may be required. Referral may be required.
You need hearing/auditory services	Hearing screenings	$0	Prior authorization may be required.
	Hearing aids	$0	Our plan covers hearing aids under your Medicare coverage for the following: 1 fitting/evaluation every year. Up to a $1,000 allowance per ear every year for hearing aids. Limited to 2 hearing aids every year. Prior authorization may be required.
	Routine hearing exam	$0	1 exam every year. Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued on the next page)	Emergency dental procedures by oral surgeons	$0	In addition to our plan's benefits, certain dental services are available through Healthy Connections Medicaid Dental Program. See "Routine dental care" below for more information.
	Dental procedures related to organ transplants, cancer, joint replacement, heart valve replacement, and trauma	$0	In addition to our plan's benefits, certain dental services are available through Healthy Connections Medicaid Dental Program. See "Routine dental care" below for more information.
	Routine dental care	$0	Our plan covers routine dental care under your Medicare coverage for the following: **Preventive services:** • Oral Exams* • Cleanings* • Dental X-rays* • Fluoride Treatment* • Other Diagnostic Services* • Other Preventive Services* **Comprehensive services (limited to $3,000 allowance every year):** • Restorative Services* • Endodontics* • Periodontics*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			• Oral/Maxillofacial Surgery* • Prosthodontics, Removable* • Oral/Maxillofacial Surgery* • Adjunctive General Services* Certain dental services are also available through Healthy Connections Medicaid Dental Program. For more information about Medicaid benefits and providers, visit: www.dentaquest.com/en/members/south-carolina-medicaid-dental-coverage/healthy-connections. Prior authorization may be required.
You need eye care	Treatment for eye injuries or diseases	$0	Prior authorization may be required.
	Initial replacement of lens due to cataract surgery	$0	Prior authorization may be required.
	Routine vision care	$0	Our plan covers routine vision exams under your Medicare coverage for the following: 1 exam every year Up to $300 combined allowance towards contacts and glasses (lenses and/or frames) every year. Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services (continued on next page)	Behavioral health services	$0	Our plan covers behavioral health care services including, but not limited to, inpatient stay, outpatient counseling, partial hospitalization, intensive outpatient services and opioid treatment services. Covered services include but are not limited to inpatient services in a psychiatric hospital; partial hospitalization services in a hospital outpatient department or by a community mental health center; intensive outpatient services provided at a hospital outpatient department, a community mental health center, a Federally qualified health center, or a rural health clinic; outpatient mental health care provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner (NP), physician assistant (PA), licensed marriage and family therapist (LMFT), licensed professional counselor (LPC), or any other qualified mental health care professional as allowed under applicable state laws. Prior authorization may be required. Referral may be required.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	Our plan covers inpatient and outpatient behavioral health services from a clinic or hospital. Covered services include but are not limited to inpatient services in a psychiatric hospital; partial hospitalization services in a hospital outpatient department or by a community

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services (continued)			mental health center; intensive outpatient services provided at a hospital outpatient department, a community mental health center, a Federally qualified health center, or a rural health clinic; outpatient mental health care provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner (NP), physician assistant (PA), licensed marriage and family therapist (LMFT), licensed professional counselor (LPC), or any other qualified mental health care professional as allowed under applicable state laws. Prior authorization may be required. Referral may be required.
You need substance use disorder services	Substance use disorder services	$0	Our plan covers outpatient substance abuse treatment services such as medication assisted therapy (MAT), intensive outpatient programs and partial hospitalization programs from a clinic or hospital outpatient department. Medicaid-covered clinic substance use disorder services can be accessed through the South Carolina Department of Behavioral Health and Developmental Disabilities (BHDD) Office of Substance Use Services. Prior authorization may be required. Referral may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	$0	Prior authorization may be required. Referral may be required.
	Adult Foster Care and Group Adult Foster Care	$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization may be required. Referral may be required.
You need help getting to health services (continued on next page)	Ambulance services	$0	Prior authorization may be required.
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	Up to 12 one-way rides every year to plan approved healthcare locations. This includes doctors, specialists, pharmacies, and dental or vision providers. Mileage limitations may apply. Call the number on the back of your member ID card 72 hours in advance to reserve a ride for your appointment. Rides may also be reserved via mobile app. Healthy Connections Medicaid covers additional transportation services. Please contact Member Services or care coordinator for more information. Prior authorization may be required.

If you have questions, please call Wellcare Absolute Total Care Dual Align (HMO D-SNP) at 1-833-998-5063 (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. The call is free. **For more information**, visit go.wellcare.com/ATC.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs. Prior authorization may be required.
	Medicare Part D drugs Tier 1 (Generic) Tier 2 (Preferred Brand) Tier 3 (Non-Preferred Drug) Tier 4 (Injectable Drugs) Tier 5 (Specialty Tier) Tier 6 (Select Care Drugs)	$0 copay for up to a 100-day supply at a retail pharmacy. $0 copay for a 35 to 100-day supply at a mail order pharmacy.	There may be limitations on the types of drugs covered. Please refer to Wellcare Absolute Total Care Dual Align (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply. Tier 5 drugs are limited to a 30-day supply per fill. An extended-day supply of some drugs is available through mail order and certain retail pharmacies. For more information, please refer to our *List of Covered Drugs* to view those drugs available for an extended-day supply. An extended-day supply costs the same as a one-month supply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Wellcare Absolute Total Care Dual Align (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. Under your Medicare benefit, you get a monthly allowance under Wellcare Spendables® to spend on various services or items, including OTC items. See the Wellcare Spendables® benefit for more information.
You need help getting better or have special health needs	Rehabilitation services	$0	Prior authorization may be required. Referral may be required.
	Medical equipment for home care	$0	Prior authorization may be required.
	Dialysis services	$0	Referral may be required.
You need foot care	Podiatry services	$0	12 visits every year. Prior authorization may be required. Referral may be required.
	Orthotic services	$0	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Member Handbook*.	Wheelchairs, crutches, and walkers	$0	Prior authorization may be required.
	Nebulizers	$0	Prior authorization may be required.
	Oxygen equipment and supplies	$0	Prior authorization may be required.
Additional services (continued on the next page)	Chiropractic services	$0	Unlimited visits every year. Prior authorization may be required. Referral may be required.
	Diabetes supplies and services	$0	Therapeutic shoes or inserts are covered when medically necessary. Accu-Chek™ Guide and True Metrix™ are our preferred diabetic testing supplies (glucose monitors & test strips). Dexcom and FreeStyle Libre are our preferred continuous glucose monitor brands. To get more information about the items that are on the preferred diabetic

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			testing and monitoring supply lists, please contact Member Services. Quantity limits may apply. Prior authorization may be required.
	Prosthetic services	$0	Prior authorization may be required.
	Radiation therapy	$0	Prior authorization may be required.
	Services to help manage your disease	$0	Prior authorization may be required. Referral may be required.
	Acupuncture	$0	Prior authorization may be required. Referral may be required.
	Personal Emergency Response System (PERS)	$0	Members can choose from: In-home PERS, Mobile PERS (wearable options such as a neck pendant, watchband or belt clip), or PERS Smartwatch (with step tracking and heart rate monitoring). Included with the PERS benefit is an app that provides access to you and your family, or emergency contacts for real-time activity and alerts.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Post-Acute Meals	$0	If you qualify, you pay nothing for home delivered meals up to 45 days following an Inpatient hospital stay to aid in recovery with a maximum of 2 meals per day for up to 14 days for a total of 28 meals per occurrence for an unlimited number of occurrences per year. Referral may be required.
	Fitness	$0	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.
	Social Support Platform	$0	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. Engage in interactive activities, meditations, and games tailored to your needs. The platform also features the ability to join social communities.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			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 *Member Handbook*.
	Wellcare Spendables®	$0	You will receive $218 monthly preloaded on your Wellcare Spendables® card to spend on OTC items, and SSBCI benefits (for members who qualify). 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 by visiting participating retail locations, through the mobile app or by logging into the member portal (go.wellcare.com/member) to place an order for home delivery. Examples of covered items include brand name and generic

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			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 *Member Handbook*.
	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.
	Special Supplemental Benefits for 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.	$0	**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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	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 *Member Handbook*. • 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.		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 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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	• Wellcare will notify you if you are eligible and provide instructions on how to access SSBCI benefits.		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. • **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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Medicaid value-added benefits (extra benefits)	$0	We provide extra benefits, such as: • General Education Development (GED) testing: You can get vouchers to take the GED exam. • Housing assistance: You can get Housing Assistance Coordinator services and a Welcome Kit. • Postpartum meals: Up to 14 home-delivered postpartum meals after delivery of your child. • Pregnancy rewards: You can get a car seat, stroller or portable playpen after completing six prenatal visits. Limit one item per pregnancy Benefit limits and eligibility rules may apply. These extra benefits are offered by Wellcare Absolute Total Care Dual Align (HMO D-SNP) and are separate from standard Healthy Connections Medicaid program benefits. Benefits may change or end at any time.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			Contact Member Services at the number at the bottom of the page for the most current Medicaid value-added benefit information.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Wellcare Absolute Total Care Dual Align (HMO D-SNP)'s *Member Handbook*. If you don't have a *Member Handbook*, call Wellcare Absolute Total Care Dual Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit go.wellcare.com/ATC.

D. Benefits covered outside of Wellcare Absolute Total Care Dual Align (HMO D-SNP)

There are some services that you can get that aren't covered by Wellcare Absolute Total Care Dual Align (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Certain hospice care services covered outside of Wellcare Absolute Total Care Dual Align (HMO D-SNP)	$0

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Dental services •Diagnostics (oral evaluation and x-rays) •Preventive care (annual cleaning) •Restorative care (fillings) •Surgical care (extractions / removals)	$0
Long-Term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. These services are provided through programs called Healthy Connections Community Choices, HIV/AIDs, and/or Mechanical Vent Dependent waiver(s). Contact your care coordinator for more information about getting LTSS and referrals to an appropriate waiver.	$0
Hospice Room and Board	$0
Non-emergency medical transportation (in addition to what our plan covers)	$0
Nursing Facility Services	$0
Psychosocial rehabilitation	$0
Targeted case management	$0

E. Services that Wellcare Absolute Total Care Dual Align (HMO D-SNP), Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Wellcare Absolute Total Care Dual Align (HMO D-SNP), Medicare, and Medicaid don't cover	
Certain visual procedures such as LASIK	Elective or voluntary enhancement procedures or services
Services not considered "reasonable and necessary"	Services provided to veterans in a VA facility
Cosmetic surgery or cosmetic work	Personal items in your hospital or nursing home room
Experimental medical and surgical treatments, items and drugs	Naturopath services
Full-time nursing care in your home	Surgical treatment for morbid obesity

F. Your rights as a member of the plan

As a member of Wellcare Absolute Total Care Dual Align (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year.
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. Wellcare Absolute Total Care Dual Align (HMO D-SNP) will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan

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If you have questions, please call Wellcare Absolute Total Care Dual Align (HMO D-SNP) at 1-833-998-5063 (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. The call is free. **For more information**, visit go.wellcare.com/ATC.

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a complaint with the South Carolina Department of Public Health at www.dph.sc.gov/professionals/healthcare-quality/file-complaint or by phone: 1-800-922-6735 and TTY: 711. The Wellcare Absolute Total Care Dual Align (HMO D-SNP) website go.wellcare.com/ATC.
  - Appeal certain decisions made by Healthy Connections Medicaid, our plan, or our providers
  - Ask for a state fair hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Wellcare Absolute Total Care Dual Align (HMO D-SNP) Member Services at the bottom of this page.

You can also call the special Long Term Care Ombudsman from the South Carolina Department of Aging at 1-844-477-4632, TTY: 711, Monday through Friday, 8 a.m. to 6 p.m. Eastern time. The Ombudsman is for people of any age who have both Healthy Connections Medicaid and Medicare.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Wellcare Absolute Total Care Dual Align (HMO D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call Wellcare Absolute Total Care Dual Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

Appeals for Part D (Drugs)
Wellcare Absolute Total Care Dual Align (HMO D-SNP)
Attn: Pharmacy Appeals
P.O. Box 31383
Tampa, FL 33631-3383
Phone: 1-833-998-5063 (TTY: 711)
Fax: 1-866-388-1766

Appeals for Part C (Medical and Part B Drugs)
Wellcare Absolute Total Care Dual Align (HMO D-SNP)
Appeals Department - Medical
P.O. Box 10052
Van Nuys, CA 91410-0052
Phone: 1-833-998-5063 (TTY: 711)
Fax: 1-844-273-2671

Grievances for Part C (Medical and Part B Drugs) and Part D (Drugs)
Wellcare Absolute Total Care Dual Align (HMO D-SNP)
Grievance Department
P.O. Box 10450
Van Nuys, CA 91410-0450
Phone: 1-833-998-5063 (TTY: 711)
Fax: 1-844-273-2671

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Wellcare Absolute Total Care Dual Align (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.
- Or call the Healthy Connections Medicaid Fraud Hotline at 1-888-364-3224. TTY users may call 711. You can also email fraudres@scdhhs.gov.
- Or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Wellcare Absolute Total Care Dual Align (HMO D-SNP) Member Services:
1-833-998-5063
Calls to this number are free. 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. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. If you leave a voicemail message, please include your name, and telephone number and a team member will return your call within one (1) business day.
Member Services also has free language interpreter services available for non-English speakers.
TTY: 711
Calls to this number are free. 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.

If you have questions about your health:
Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
If your PCP's office is closed, you can also call our Nurse Advice Line. A nurse will listen to your problem and tell you how to get care and whether to go to the emergency room (or urgent care). The numbers for the Nurse Advice Call Line are:
1-833-998-5063.
Calls to this number are free. 24 hours a day, 7 days a week.
Wellcare Absolute Total Care Dual Align (HMO D-SNP) also has free language interpreter services available for non-English speakers.
TTY: 711
Calls to this number are free. 24 hours a day, 7 days a week.

If you need immediate behavioral health care, please call the 24 Hour Behavioral Health Crisis Line:

1-833-998-5063
Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.
Wellcare Absolute Total Care Dual Align (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY: 711
Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.

If you have questions, please call Wellcare Absolute Total Care Dual Align (HMO D-SNP) at 1-833-998-5063 (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. The call is free. **For more information**, visit go.wellcare.com/ATC.

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