Summary of Benefits



Summary of Benefits

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2027

Tennessee

All counties in Tennessee

Wellpoint Full Dual Advantage Support (HMO D-SNP)

27TNH5828001 27_WLP_DSNP_1

Introduction

This document is a brief summary of the benefits and services covered by Wellpoint Full Dual Advantage Support (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 Wellpoint Full Dual Advantage Support (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers

This is a summary of health services covered by Wellpoint Full Dual Advantage Support (HMO D-SNP) for January 1 – December 31, 2027. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. You may contact Member Services at the phone number listed below to request your *Evidence of Coverage*. You can also access your *Evidence of Coverage* at the plan's website listed on the bottom of this page.

- Wellpoint Tennessee, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in Wellpoint Tennessee, Inc. depends on contract renewal. Services provided by Wellpoint Tennessee, Inc.
- 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 TennCare, you can contact your Managed Care Organization (MCO). If you need your MCO's contact information, you can visit www.tn.gov/tenncare/contact-us and look under Additional Help or if you aren't sure who your MCO is you can contact TennCare Connect at 1-855-259-0701 or 1-800-848-0298 TTY, Monday – Friday 7 a.m. to 6 p.m. CST.
- You can get this document for free in other formats, such as large print, accessible electronic documents, language translations or audio. Call **1-844-614-3225** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free.
- This document is available for free in Spanish, Amharic, Arabic, Bengali, Chinese, Farsi, French, German, Gujarati, Hindi, Japanese, Korean, Laotian, Portuguese, Russian, Serbian, Tagalog, Telugu, and Vietnamese.

- We have free translation services for your member materials, like if you need a letter from us in a different language. Member materials are available at a minimum in Spanish and Arabic.

- If you don't understand a letter from us or your services, call your Care Coordinator. They can talk to you about your problems and try to help you with your issues. This is a free service to you.
- Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits.
- If you call us to request a change to your preferred language or format preference, let us know if you want this to be a standing order. That means we will send the same documents in your requested format and language every year. You can also call us to change or cancel a standing order. You can also find your documents online at **shop.wellpoint.com/medicare**.
- Contact Wellpoint Full Dual Advantage Support (HMO D-SNP) at the phone number listed at the bottom of this page if there are any changes in your personal information, such as your address or phone number.

Do you need help?

We have free auxiliary aids and services, like large print, to communicate effectively with you. Call us at 1-833-713-1074 (TRS: 711). If you speak a language other than English, help in your language is available for free. We have free interpretation and translation services to help you.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-713-1074 (TRS/TTY:866-503-0264).

Arabic: العربية

ملحوظة: إذا كنت تتكلم اللغة العربية، فخدمات المساعدة اللغوية بلغتك تتوفر مجانًا. اتصل برقم: 1-833-713-1074 (TRS: 711)

Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-833-713-1074 (TRS: 711).

Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-833-713-1074 (TRS: 711)

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-833-713-1074 (TRS: 711) 번으로 전화해 주십시오.

French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-833-713-1074 (TRS: 711).

Amharic: አማርኛ

ማስታወሻ፥ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፣ ወደ ሚከተለው ቁጥር ይደውሉ 1-833-713-1074 (TRS: 711)።

Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-833-713-1074 (TRS: 711) પર ફોન કરો.

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-833-713-1074 (TRS: 711).

German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-833-713-1074 (TRS: 711).

Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-833-713-1074 (TRS: 711).

Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते तो आपकेलिए मु त में भाषा सहायता सेवाएं उपलब्ध ।1-833-713-1074 (TRS: 711) पर कॉल करें।

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-713-1074 (TRS: 711).

Japanese: 日本語

日本語を話す方は、通訳や翻訳などの言語支援サービスを無料で利用できます。1-833-713-1074 (TRS: 711) までお問い合わせください。

Persian: فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-833-713-1074 (TRS: 711) تماس بگیرید.

The Beneficiary Support System (BSS) helps people who are enrolled in the CHOICES, Employment and Community First (ECF) CHOICES, and the Katie Beckett program. They also help people who want to enroll into these programs. For help call 888-723-8193.

The TennCare Program does not discriminate against people because of their race, color, national origin including limited English proficiency and primary language, age, disability, religion, or sex. If you need reasonable modifications or think you were treated differently, or discriminated against you can file a grievance (complaint) with TennCare's Office of Civil Rights Compliance at HCFA.fairtreatment@tn.gov, https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html, 310 Great Circle Road Floor 3W, Nashville, TN 37243, or calling 615-507-6474 (TRS 711). Need help filing a grievance? Call TennCare Connect at 855-259-0701.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a FIDE SNP?	Wellpoint Full Dual Advantage Support (HMO D-SNP) is a Medicare Advantage plan. This is a Fully Integrated Dual Eligible Special needs plan (FIDE D-SNP), which means it coordinates all of your Medicare, Medicaid, and prescription drug benefits – including extra benefits and services – in one plan. To be eligible to enroll in Wellpoint Full Dual Advantage Support (HMO D-SNP) in Tennessee, you must be entitled to Medicare Parts A and enrolled in Medicare Part B, TennCare (the state's Medicaid program) and you must also be enrolled in CHOICES Groups 1, 2, 3 or ECF Choices 4, 5, 6, 7, 8 with Wellpoint. You must live in the plan's service area. Because you get assistance from TennCare, you pay nothing for your covered services as long as you follow our plan's rules. Refer to Chapter 3 of your *Evidence of Coverage* for details about the plan's rules. Our plan combines your Medicaid home care and long-term care services and your Medicare services. It also has care coordinators to help you manage all of your providers and services and supports. They all work together to provide the care you need. A Fully Integrated Dual Eligible or "FIDE" SNP plan manages both Medicare and TennCare under one health plan. A FIDE SNP is the most integrated D-SNP option for dually eligible individuals. Members receive a single member card, one handbook, an integrated provider directory, combined notices, and access to a unified appeals process. This plan is also known as an "aligned plan" Wellpoint TN has two FIDE SNP plans:

(Continued on next page)

Frequently Asked Questions	Answers
What's a FIDE SNP? (continued from previous page)	
	• Wellpoint Full Dual Advantage Support (HMO D-SNP): Enrollment is limited to individuals with Medicare and TennCare that are also enrolled in CHOICES or ECF CHOICES. • Wellpoint Full Dual Advantage 2 (HMO D-SNP): Enrollment is limited to individuals with Medicare and TennCare but aren't enrolled in CHOICES, ECF CHOICES, or 1915(c) waiver.
Will I get the same Medicare and TennCare benefits in Wellpoint Full Dual Advantage Support (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and TennCare benefits directly from Wellpoint Full Dual Advantage Support (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 team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services. When you enroll in Wellpoint Full Dual Advantage Support (HMO D-SNP), you and your care team will work together to develop an Individualized Care Plan (ICP) that addresses your health and support needs and reflects your personal preferences and goals. If you're taking any Medicare Part D drugs that Wellpoint Full Dual Advantage Support (HMO D-SNP) doesn't normally cover, you can get a temporary supply. We'll help you to transition to another drug or get an exception for Wellpoint Full Dual Advantage Support (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Wellpoint Full Dual Advantage Support (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 Wellpoint Full Dual Advantage Support (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 Wellpoint Full Dual Advantage Support (HMO D-SNP)’s plan. • If you are currently under treatment with a provider that is out of Wellpoint Full Dual Advantage Support (HMO D-SNP)'s network and have an established relationship with a provider that is out of Wellpoint Full Dual Advantage Support (HMO D-SNP)'s network, call Member Services to check about staying connected and ask for continuity of care. You can continue with the doctors you use now for up to 12 months for Medicare-covered services and up to 30 days for TennCare covered services. You will be notified within 30 calendar days before the end of your continuity of care period to transition your care to an in-network provider. Contact Member Services to request "Continuity of Care" at the number listed at the bottom of this page. To find out if your providers are in the plan’s network, call Member Services at the number at the bottom of this page or read Wellpoint Full Dual Advantage Support (HMO D-SNP)’s Provider and Pharmacy Directory on the plan’s website at **shop.wellpoint.com/medicare**. If Wellpoint Full Dual Advantage Support (HMO D-SNP) is new for you, we’ll work with you to develop an Individualized Plan of Care to address your needs.

Frequently Asked Questions	Answers
What's a Wellpoint Full Dual Advantage Support (HMO D-SNP) care coordinator?	A Wellpoint Full Dual Advantage Support (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 are Long-term Services and Supports (LTSS)?	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.
What happens if I need a service but no one in Wellpoint Full Dual Advantage Support (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, Wellpoint Full Dual Advantage Support (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's Wellpoint Full Dual Advantage Support (HMO D-SNP) available?	The service area for this plan includes: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson counties, Tennessee. You must live in one of these areas to join the plan.

Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization means an approval from Wellpoint Full Dual Advantage Support (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. Wellpoint Full Dual Advantage Support (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.** Wellpoint Full Dual Advantage Support (HMO D-SNP) can provide you or your provider a list of services or procedures that require you to get prior authorization from Wellpoint Full Dual Advantage Support (HMO D-SNP) before the service is provided. Refer to **Chapter 3** of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* 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 number listed at the bottom of this page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that's not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Wellpoint Full Dual Advantage Support (HMO D-SNP) may not cover the services. Wellpoint Full Dual Advantage Support (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. Refer to the *Evidence of Coverage* Chapter 3, Section 2.2, to learn more about when you'll need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under Wellpoint Full Dual Advantage Support (HMO D-SNP)?	No. Because you have Medical Assistance (Medicaid), you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.

Frequently Asked Questions	Answers
Do I pay a deductible as a member of Wellpoint Full Dual Advantage Support (HMO D-SNP)?	No. You don't pay deductibles in Wellpoint Full Dual Advantage Support (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Wellpoint Full Dual Advantage Support (HMO D-SNP)?	There's no cost sharing for medical services in Wellpoint Full Dual Advantage Support (HMO D-SNP), so your annual out-of-pocket costs will be $0.

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**	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. Once Medicare benefits are exhausted, Medicaid benefits will pick up for medically necessary services. Except in an emergency, your health care provider must tell the plan of your hospital admission. This benefit is covered when you have full Medicaid eligibility. Prior authorization may be required.
	Outpatient hospital services, including observation	**$0**	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	**$0**	Prior authorization may be required.
	Doctor or surgeon care	**$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 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.

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	Emergency room services	**$0**	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. In addition to the Medicare-covered emergency room services, this plan offers worldwide emergency room needed services when traveling outside of the United States and its territories for less than six months. Coverage is limited to **$100,000** per year for worldwide emergency room, emergency transportation, and urgent care. Contact the plan for details.
	Urgent care	**$0**	Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network. In addition to the Medicare-covered urgent care services, this plan offers worldwide urgently care needed services when traveling outside of the United States and its territories for less than six months. Coverage is limited to **$100,000** per year for worldwide emergency room, emergency transportation, and urgent care. Contact the plan for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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.
	Lab tests and diagnostic procedures, such as blood work	**$0**	Prior authorization may be required.
You need hearing/ auditory services	Hearing screenings	**$0**	In addition to the Medicare-covered hearing evaluation services, this plan covers one (1) supplemental routine hearing exam every year. Prior authorization may be required.
	Hearing aids	**$0**	This plan offers up to **$3,000** toward the purchase of one (1) pair of supplemental prescribed hearing aid(s) or up to **$300** towards the purchase of one (1) pair of over-the-counter hearing aid(s) and one (1) supplemental hearing aid fitting/evaluation every year. Prior authorization may be required.
You need dental care	Dental check-ups and preventive care	**$0**	In addition to the Medicare-covered dental services, this plan offers up to **$6,000** for covered supplemental preventive and comprehensive dental services every year. Any amount not used at the end of the calendar year will expire. You can use our coverage for these

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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 from previous page)			
			supplemental services: 2 oral exams, 2 cleanings, 2 fluoride treatments, and 2 dental X-rays every year. Please refer to the *Evidence of Coverage* for a full list of the dental benefits, prior authorizations, limitations, and exclusions. Our plan partners with Liberty Dental to provide your dental benefits. To locate a network provider or for questions related to Liberty Dental Plan's clinical guidelines, you may call Liberty Dental Member Services at 1-888-291-3758 or search the Liberty Dental website at https://client.libertydentalplan.com/wellpointmedicare. Your FIDE Medicare dental benefit is your primary dental coverage. You have secondary dental benefit coverage through your Medicaid dental benefits manager, Renaissance that may provide additional coverage for eligible services after your primary dental benefit has been applied. Contact Renaissance at 1-866-864-2526 for further details.
	Restorative and emergency dental care	**$0**	In addition to the Medicare-covered dental services, this plan offers up to **$6,000** for covered supplemental preventive and comprehensive dental services every year. Any amount not used at the end of the calendar year
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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 from previous page)			
			will expire. You can use our coverage for these supplemental services: fillings and repairs, root canals (endodontics, dental crowns (caps, bridges, and dentures. Please note that dental crown services require prior authorization. Please refer to the *Evidence of Coverage* for a full list of the dental benefits, prior authorizations, limitations, and exclusions. Our plan partners with Liberty Dental to provide your dental benefits. To locate a network provider or for questions related to Liberty Dental Plan's clinical guidelines, you may call Liberty Dental Member Services at 1-888-291-3758 or search the Liberty Dental website at https://client.libertydentalplan.com/wellpointmedicare. Your FIDE Medicare dental benefit is your primary dental coverage. You have secondary dental benefit coverage through your Medicaid dental benefits manager, Renaissance that may provide additional coverage for eligible services after your primary dental benefit has been applied. Contact Renaissance at 1-866-864-2526 for further details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye Exams	**$0**	In addition to the Medicare-covered exam to treat an eye condition, this plan covers one (1) routine eye exam every year.
	Glasses or contact lenses	**$0**	In addition to Medicare-covered eye wear, this plan covers up to **$650** for supplemental eyeglasses or contact lenses every year.
	Other vision care	**$0**	Please refer to your *Evidence of Coverage* for details.

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	Behavioral Health Care (Mental health services)	**$0**	You do not need to see your PCP before getting Behavioral Health services. But, you will need to get your care from someone who is in our network. If you're getting care now, ask your provider if they take Wellpoint. A Community Mental Health Agency (CMHA) is one place you can go for mental health or substance use disorder services. Most CMHAs take TennCare. If you need help finding, or have questions about, mental health and substance use disorder services, call us at 1-833-731-2153 (TRS 711). It's a free call. Prior authorization may be required. Services may need to be ordered by a treating Physician. Please refer to your *Evidence of Coverage* for details.
	Inpatient and outpatient care and community-based services for people who need mental health services	**$0**	You do not need to see your PCP before getting Behavioral Health services. But, you will need to get your care from someone who is in our network. If you're getting care now, ask your provider if they take Wellpoint. A Community Mental Health Agency (CMHA) is one place you can go for mental health or substance use disorder services. Most CMHAs take TennCare. If you need help finding, or have

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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 from previous page)			
			questions about, mental health and substance use disorder services, call us at 1-833-731-2153 (TRS 711). It's a free call. Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. We pay for mental health care services that require a hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. Once Medicare benefits are exhausted, Medicaid benefits will pick up for medically necessary services. Prior authorization may be required. Please contact your care coordinator to get information on how to access these services. Services may need to be ordered by a treating Physician. Please refer to your *Evidence of Coverage* for more information.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	**$0**	You do not need to see your PCP before getting Behavioral Health services. But, you will need to get your care from someone who is in our network. If you're getting care now, ask your provider if they take Wellpoint. A Community Mental Health Agency (CMHA) is one place you can go for mental health or substance use disorder services. Most CMHAs take TennCare. If you need help finding, or have questions about, mental health and substance use disorder services, call us at 1-833-731-2153 (TRS 711). It's a free call. Prior authorization may be required. Services may need to be ordered by a treating Physician. Please see your *Evidence of Coverage* for more information.
You need a place to live with people available to help you	Skilled nursing care	**$0**	This plan covers up to 100 days in a Skilled Nursing Facility (SNF). Once Medicare benefits are exhausted, Medicaid benefits will pick up for medically necessary services. Prior authorization may be required. Additional services may be covered in accordance with your Medicaid benefits and guidelines.
	Nursing home care	**$0**	Prior authorization may be required.

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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 (continued from previous page)			
			Please refer to your *Evidence of Coverage* for details.
	Adult Foster Care and Group Adult Foster Care	**$0**	Prior authorization may be required. Please refer to your *Evidence of Coverage* for details.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	**$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 help getting to health services	Emergency transportation	**$0**	In emergency situations this plan includes ground (ambulance) and air (airplane and helicopter) transportation. The transportation will take you to the nearest place that can give you care. In addition to the Medicare-covered emergency transportation services, this plan offers worldwide emergency transportation needed services when traveling outside of the United States and its territories for less than six months. Coverage is limited to **$100,000** per year for worldwide emergency room, emergency transportation, and urgent care. Contact the plan for details. Prior authorization may be required. Prior authorization required for non-emergency ambulance transport services.
	Transportation to medical appointments and services (Non-Emergency transportation services or NEMT)	**$0**	This plan offers **unlimited** one-way routine health related transportation every year. Trips are limited to 60 miles. Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends). Additional services may be covered in

(continued on next page)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services (continued from previous page)			
			accordance with your Medicaid benefits and guidelines.
You need drugs to treat your illness or condition	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 *Evidence of Coverage* for more information on these drugs. Prior authorization may be required.
	Medicare Part D drugs **Tier 1: Preferred Generic** Standard retail one-month supply Mail order three-month supply **Tier 2: Generic** Standard retail one-month supply Mail order three-month supply **Tier 3: Preferred Brand** Standard retail one-month supply	 **$0.00** **$0.00** **$0.00** **$0.00** **$0.00 - $14.40 OR 25%***	**Part D Drug Deductible:** **If you receive Extra Help**, this payment stage does not apply to you. **If you do not qualify for Extra Help**, the deductible is **$105.00** per year for Part D prescription drugs. Drugs listed on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier are included in the Part D deductible. There may be limitations on the types of drugs covered. Refer to Wellpoint Full Dual Advantage Support (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. Once you or others on your behalf pay **$2,400** you've reached the catastrophic coverage stage and you pay **$0** for all your Medicare drugs. Read the *Evidence of Coverage* for more information on this stage.
(continued on next page)			

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 from previous page)			
	Mail order three-month supply **Tier 4: Non-Preferred Drug** Standard retail one-month supply Mail order three-month supply **Tier 5: Specialty Tier** Standard retail one-month supply Mail order three-month supply	**$0.00 - $14.40 OR 25%*** **$0.00 - $14.40 OR 25%*** **$0.00 - $14.40 OR 25%*** **$0.00 - $14.40 OR 32%*** **Not Available** Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	Extended day supplies are available through retail and/or mail order. **Important message about what you pay for vaccines and insulin:**This plan covers most part D vaccines at no cost to you. If you receive Extra Help, you pay **$0.00**-**$14.40** for a one-month supply of any covered insulin. If you do not qualify for Extra Help, you will not pay more than **$35** for a one-month supply of any covered insulin. * If you receive Extra Help, the amount you pay is determined by your Extra Help low-income subsidy (LIS) coverage and whether you use a generic or brand drug. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.
(continued on next page)			

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 from previous page)			
	Over-the-counter (OTC) drugs	**$0**	There may be limitations on the types of drugs covered. Please refer to Wellpoint Full Dual Advantage Support (HMO D-SNP)'s *List of Covered Drugs (Drug List or Formulary)* for more information. This plan offers a supplemental Over-the-Counter (OTC) benefit through a combined monthly spending allowance. Please refer to the **Everyday Options Allowance** benefit later in this document for more information.
You need help getting better or have special health needs	Rehabilitation services	**$0**	Prior authorization may be required.
	Medical equipment for home care	**$0**	Prior authorization may be required.
	Dialysis services	**$0**	
You need foot care	Podiatry services	**$0**	In addition to the Medicare-covered podiatry services, this plan covers **unlimited** supplemental foot care visits every year. Prior authorization 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 *Evidence of Coverage*	Wheelchairs, crutches, and walkers	**$0**	Wellpoint Full Dual Advantage Support (HMO D-SNP) provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items. DME coverage is based on medical necessity and has no maximum benefit limits. Prior authorization may be required.
	Nebulizers	**$0**	Prior authorization may be required.
	Oxygen equipment and supplies	**$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 help living at home	Home health services	**$0**	Prior authorization may be required.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	**$0**	For home modifications such as grab bars: This plan offers a supplemental Home and Bathroom safety devices benefit through a combined monthly spending allowance. Please refer to the **Everyday Options Allowance** benefit later in this document for more information. For in-home services: please contact your care coordinator at the phone number listed on the bottom of this page to get information on how to access these services. Additional services may be covered in accordance with your Medicaid benefits and guidelines. Contact TennCare at 1-855-259-0701, 8:00am - 4:30pm CST. Prior authorization may be required.
	Adult day health, Community Based Adult Services (CBAS), or other support services	**$0**	For Adult day health, and Community Based Adult Services (CBAS): please contact your care coordinator to get information on how to access these services. For other support services: please refer to your *Evidence of Coverage* for details. Prior authorization may be required.

(continued on next page)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)			
	Day habilitation services	**$0**	Prior authorization may be required. These services are covered under CBAS (above). Please refer to your *Evidence of Coverage* for details.
	Services to help you live on your own (home health care services or personal care attendant services)	**$0**	
Additional services	Chiropractic services	**$0**	In addition to the Medicare-covered chiropractic services, this plan covers **unlimited** supplemental chiropractor visits every year. Prior authorization may be required.
	Diabetes supplies and services	**$0**	
	Donor organ/tissue procurement services	**$0**	
	Organ and tissue transplant services	**$0**	
	Private duty nursing services	**$0**	
(continued on next page)			

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)			
	Prosthetic services	**$0**	Prior authorization may be required.
	Radiation therapy	**$0**	Prior authorization may be required.
	Reconstructive breast surgery	**$0**	
	Services to help manage your disease	**$0**	Please refer to your *Evidence of Coverage* for details.
	24/7 NurseLine	**$0**	24-hour access to a nurse helpline, 7 days a week, 365 days a year: **1-866-805-4589**.
	Everyday Options Allowance	**$0**	This plan offers a spending allowance of **$423** every month for: • **Assistive Devices:** ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more. • **Over-the-Counter (OTC) products:** Health and wellness items like vitamins, first aid supplies, pain-relievers, and more. If you qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI), you may also be able to use this allowance on:
(continued on next page)			

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)			
			• **Healthy Foods:*** Healthy food items that assist in meeting your nutritional needs such as dairy products, fresh fruits, vegetables, meat, seafood, and other healthy pantry staples. • **Utilities:*** Use toward the payment of gas for your home, electric, water, cable, internet, or cell phone services. Unused amounts expire at the end of each month. * The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's *Evidence of Coverage*.
(continued on next page)			

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)			
	Healthy Meals-Post Discharge	**$0**	This plan offers up to 2 meals a day for 21 days following your discharge from the hospital or skilled nursing facility (SNF).
	LiveHealth Online	**$0**	Lets you talk to a board-certified doctor, or licensed psychiatrist, psychologist or therapist, by live, two-way video on a computer, smartphone or tablet. LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.
	Personal Emergency Response System (PERS)	**$0**	Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. For more details, please call the Member Services phone number listed at the bottom of this page.
(continued on next page)			

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)			
	SilverSneakers*® Fitness program	**$0**	When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET. * SilverSneakers is a registered trademark of Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.

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 Wellpoint Full Dual Advantage Support (HMO D-SNP)'s *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Wellpoint Full Dual Advantage Support (HMO D-SNP) Member Services at the number at the bottom of this page to get one. If you have questions, you can also call Member Services or visit **shop.wellpoint.com/medicare**.

D. Benefits covered outside of Wellpoint Full Dual Advantage Support (HMO D-SNP)

There are some services that you can get that aren't covered by Wellpoint Full Dual Advantage Support (HMO D-SNP) but are covered by Medicare or TennCare. This isn't a complete list. Call Member Services at the number at the bottom of this page to find out about these services.

In addition to the Medicare services described in the "Additional benefits" section on the previous pages, Wellpoint provides the following Medicaid benefits based on the level of your Medicaid coverage. For eligibility rules and additional information about these services, please visit .

There may be instances when the Medicaid limit is greater than the Medicare limit. In those instances where the Medicare limit has been exhausted, the Plan will cover the difference for those eligible recipients.

Other services covered by Medicare, TennCare, or a State Agency	Your costs
Community health services	**$0**
Early and periodic screening, diagnosis, and treatment (EPSDT) services for TennCare Medicaid-eligible children under age 21; preventive, diagnostic, and treatment services for TennCare Standard-eligible children under age 21	**$0**
Inpatient and outpatient substance abuse benefits	**$0**
Mental health case management	**$0**
Mental health crisis services	**$0**
Private duty nursing services	**$0**
Targeted case management	**$0**

E. Services that Wellpoint Full Dual Advantage Support (HMO D-SNP), Medicare, and TennCare don't cover

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

Services that Wellpoint Full Dual Advantage Support (HMO D-SNP), Medicare, and TennCare do not cover
Services considered not “reasonable and medically necessary”, according to Medicare and TennCare standards
Experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them.
Any medical or behavioral health (mental health, alcohol or substance use disorder) treatment outside of the United States.
Personal items in your room at a hospital or a nursing facility, such as a telephone or television
Fees charged by your immediate relatives or members of your household
Elective or voluntary enhancement procedures or services
Cosmetic surgery or other cosmetic work
Routine foot care, except as described in Podiatry services
Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease
Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease
Radial keratotomy, LASIK surgery, and other low-vision aids
Reversal of sterilization procedures and non-prescription contraceptive supplies
Naturopath services (the use of natural or alternative treatments)

F. Your rights as a member of the plan

As a member of Wellpoint Full Dual Advantage Support (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 *Evidence of Coverage*. 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, public assistance, or other groups protected by the civil rights laws. You have a right to report or file a written complaint if you think you've been treated differently. Being treated differently means you've been discriminated against. If you complain, you have the right to keep getting care without fear of bad treatment from Wellpoint Full Dual Advantage Support (HMO D-SNP), providers, or TennCare. To file a complaint or learn more about your rights visit: www.tn.gov/tenncare/members-applicants/civil-rights- compliance
    - Get information in other languages and formats (for example, large print, accessible electronic documents, 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. Wellpoint Full Dual Advantage Support (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
- **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 TennCare at 1-800-878-3192 or 1-866-771-7043 TTY. The Wellpoint Full Dual Advantage Support (HMO D-SNP) website **shop.wellpoint.com/medicare** has complaint forms and instructions available online.

- Ask for an Independent Medical Review (IMR) of TennCare services or items that are medical in nature**.**
- Appeal certain decisions made by State Department of Managed Health Care or our providers
- Ask for a State Hearing
- Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can also call Wellpoint Full Dual Advantage Support (HMO D-SNP) Member Services at the number listed at the bottom of this page.

You can also call TennCare Connect for people who have Medicare and TennCare at 1-800-259-0701.

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

If you have a complaint or think Wellpoint Full Dual Advantage Support (HMO D-SNP) should cover something we denied, call Member Services at **1-844-614-3225** (TTY: **711**) or 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 *Evidence of Coverage*. You can also call Wellpoint Full Dual Advantage Support (HMO D-SNP) Member Services at **1-844-614-3225** (TTY: 711).

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 Wellpoint Full Dual Advantage Support (HMO D-SNP) Member Services. The phone number is listed in the footer of each page of this document.
- 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.
- TennCare's Office of Program Integrity (OPI), call the toll-free hotline 1-800-433-3982 or TTY users may call 1-877-779-3103.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Wellpoint Full Dual Advantage Support (HMO D-SNP) Member Services:

CALL: 1-844-614-3225
Calls to this number are free.
8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

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 Wellpoint Full Dual Advantage Support (HMO D-SNP)'s 24/7 NurseLine at **1-866-805-4589** (TTY: **711**). A nurse will listen to your problem and tell you how to get care.
- Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
- Wellpoint Full Dual Advantage Support (HMO D-SNP) also has free language interpreter service available for non-English speakers.
- TTY: **711**. Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Do you need help?

We have free auxiliary aids and services, like large print, to communicate effectively with you. Call us at 1-844-614-3225 (TRS: 711). If you speak a language other than English, help in your language is available for free. We have free interpretation and translation services to help you.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-614-3225 (TRS/TTY:866-503-0264).

Arabic: العربية

ملحوظة: إذا كنت تتكلم اللغة العربية، فخدمات المساعدة اللغوية بلغتك تتوفر مجانًا. اتصل برقم: 1-844-614-3225 (TRS: 711)

Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-614-3225 (TRS: 711).

Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-614-3225 (TRS: 711)

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-614-3225 (TRS: 711) 번으로 전화해 주십시오.

French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-614-3225 (TRS: 711).

Amharic: አማርኛ

ማስታወሻ፥ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፣ ወደ ሚከተለው ቁጥር ይደውሉ 1-844-614-3225 (TRS: 711)።

Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

1-844-614-3225 (TRS: 711) પર ફોન કરો.

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມ ໃຫ້ທ່ານ. ໂທ 1-844-614-3225 (TRS: 711).

German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-614-3225 (TRS: 711).

Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-614-3225 (TRS: 711).

Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।1-844-614-3225 (TRS: 711) पर कॉल करें।

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-614-3225 (TRS: 711).

Japanese: 日本語

日本語を話す方は、通訳や翻訳などの言語支援サービスを無料で利用できます。1-844-614-3225 (TRS: 711) までお問い合わせください。

Persian: فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-844-614-3225 (TRS: 711) تماس بگیرید.

The Beneficiary Support System (BSS) helps people who are enrolled in the CHOICES, Employment and Community First (ECF) CHOICES, and the Katie Beckett program. They also help people who want to enroll into these programs. For help call 888-723-8193.

The TennCare Program does not discriminate against people because of their race, color, national origin including limited English proficiency and primary language, age, disability, religion, or sex. If you need reasonable modifications or think you were treated differently, or discriminated against you can file a grievance (complaint) with TennCare's Office of Civil Rights Compliance at HCFA.fairtreatment@tn.gov, https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html, 310 Great Circle Road Floor 3W, Nashville, TN 37243, or calling 615-507-6474 (TRS 711). Need help filing a grievance? Call TennCare Connect at 855-259-0701.

IMPORTANT INFORMATION:
2027 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Wellpoint - H5828

For 2027, Wellpoint - H5828 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★☆☆

Health Services Rating: ★★★☆☆

Drug Services Rating: ★★★☆☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at **Medicare.gov/plan-compare.**

Questions about this plan?

Contact Wellpoint 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-844-615-5445 (toll-free) or 711 (TTY).
Current members please call 1-844-614-3225 (toll-free) or 711 (TTY).

Wellpoint plans are HMO, HMO-POS and PPO plans with Medicare contracts. Wellpoint plans are SNP plans with a Medicare contract and a contract with the state Medicaid program. Enrollment in Wellpoint depends on contract renewal.

Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits.

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 **1-844-615-5445** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

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 https://shop.wellpoint.com/medicare or call **1-844-615-5445** to view a copy of the EOC.
- ☐ 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 medicines 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

- ☐ **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.
- ☐ In addition to your monthly plan premium, 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, 2027.
- ☐ 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.