



# Summary of Benefits

Medicare Advantage Plans



**Texas**

Bexar, Dallas, Denton, El Paso, Fort Bend, Galveston, Harris, Jefferson, Johnson, Montgomery, Tarrant

WellCare of Texas, Inc. | H1264

01/01/14–12/31/14

**WellCare Value (HMO-POS)**

**004**



# Section I - Introduction to Summary of Benefits

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Thank you for your interest in WellCare Value (HMO-POS). Our plan is offered by WellCare of Texas, Inc. which is also called WellCare, a Medicare Advantage Health Maintenance Organization (HMO), with a point-of-service option (POS) that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call WellCare Value (HMO-POS) and ask for the "Evidence of Coverage."

## **You have choices in your health care.**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (Fee-for-Service) Medicare Plan. Another option is a Medicare health plan, like WellCare Value (HMO-POS). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call WellCare Value (HMO-POS) at the number listed at the end of this introduction or **1-800-MEDICARE (1-800-633-4227)** for more information. TTY/TDD users should call **1-877-486-2048**. You can call this number 24 hours a day, 7 days a week.

## **How can I compare my options?**

You can compare WellCare Value (HMO-POS) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

## **Where is WellCare Value (HMO-POS) available?**

The service area for this plan includes: Bexar, Dallas, Denton, El Paso, Fort Bend, Galveston, Harris, Jefferson, Johnson, Montgomery, Tarrant Counties, TX. You must live in one of these areas to join the plan.

## **Who is eligible to join WellCare Value (HMO-POS)?**

You can join WellCare Value (HMO-POS) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease generally are not eligible to enroll in WellCare Value (HMO-POS) unless they are members of our organization and have been since their dialysis began.

## **Can I choose my doctors?**

WellCare Value (HMO-POS) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. In some cases, you may also go to doctors outside of our network. The health providers in our network can change at any time.

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You can ask for a current provider directory. For an updated list, visit us at [www.wellcare.com](http://www.wellcare.com). Our customer service number is listed at the end of this introduction.

## **What happens if I go to a doctor who's not in your network?**

Generally, you are restricted to a doctor who is part of our network. However, we will cover your care from any provider for emergency or urgently needed care. Also, our point of service benefit allows you to get care from providers not in our network under certain conditions. For more information, please call the customer service number listed at the end of this introduction.

## **Where can I get my prescriptions if I join this plan?**

WellCare Value (HMO-POS) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.wellcare.com](http://www.wellcare.com). Our customer service number is listed at the end of this introduction.

WellCare Value (HMO-POS) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or coinsurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

## **What if my doctor prescribes less than a month's supply?**

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand [and generic] drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a co-pay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a co-pay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

## **Does my plan cover Medicare Part B or Part D drugs?**

WellCare Value (HMO-POS) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

## **What is a prescription drug formulary?**

WellCare Value (HMO-POS) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage

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limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our website at [www.wellcare.com](http://www.wellcare.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY/TDD users should call **1-877-486-2048**, 24 hours a day/7 days a week; and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*.
- The Social Security Administration at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call **1-800-325-0778**; or
- Your State Medicaid Office.

## **What are my protections in this plan?**

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of WellCare Value (HMO-POS), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if

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you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of WellCare Value (HMO-POS), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

## **What is a Medication Therapy Management (MTM) program?**

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact WellCare Value (HMO-POS) for more details.

## **What types of drugs may be covered under Medicare Part B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact WellCare Value (HMO-POS) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable osteoporosis drugs for some women.
- Erythropoietin: By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.

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- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through Durable Medical Equipment.

## **Where can I find information on plan ratings?**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the Web, you can find the Plan Ratings information by using the “Find health & drug plans” Web tool on **medicare.gov** to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

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Please call WellCare for more information about WellCare Value (HMO-POS).



Visit us at **www.wellcare.com** or, call us:

Customer Service Hours for October 1 – February 14:



Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Local

Customer Service Hours for February 15 – September 30:

Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. - 8:00 p.m. Local



Current members should call toll-free and locally **(866) 687-8878** for questions related to the Medicare Advantage program or the Medicare Part D Prescription Drug program. (TTY/TDD **(877) 247-6272**)



Prospective members should call toll-free and locally **(877) 817-5794** for questions related to the Medicare Advantage program or the Medicare Part D Prescription Drug program. (TTY/TDD **(877) 247-6272**)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the Web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en un idioma diferente al inglés. Para información adicional, llame a Servicio al Cliente al número de teléfono indicado más arriba.

If you have any questions about this plan's benefits or costs, please contact WellCare for details.

## Section II - Summary of Benefits

For Contract H1264, Plan 004

Benefit	Original Medicare	WellCare Value (HMO-POS)
Important Information		
<p><b>1 Premium and Other Important Information</b></p>	<p>In 2013 the monthly Part B Premium was <b>\$104.90</b> and may change for 2014 and the annual Part B deductible amount was <b>\$147</b> and may change for 2014.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over <b>\$85,000</b> for singles, <b>\$170,000</b> for married couples). For more information about Part B premiums based on income, call Medicare at <b>1-800-MEDICARE</b></p>	<p><b>General</b></p> <p><b>\$0</b> monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over <b>\$85,000</b> for singles, <b>\$170,000</b> for married couples). For more information about Part B and Part D premiums based on income, call Medicare at <b>1-800-MEDICARE (1-800-633-4227)</b>. TTY users should call <b>1-877-486-2048</b>. You may also call Social Security at <b>1-800-772-1213</b>. TTY users should call <b>1-800-325-0778</b>.</p> <p><b>In-Network</b></p> <p><b>\$6,700</b> out-of-pocket limit for Medicare-covered services.</p> <p><b>Out-of-Network</b></p> <p><b>\$6,700</b> out-of-pocket limit for select Medicare-covered services. Contact plan for details regarding Medicare-covered services under this limit.</p>



Benefit	Original Medicare	WellCare Value (HMO-POS)
<b>Important Information</b>		
<b>❶ Premium and Other Important Information</b>	<p>(1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	
<b>❷ Doctor and Hospital Choice</b> (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b>            Referral required for network specialists (for certain benefits).</p>
<b>Inpatient Care</b>		
<b>❸ Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)	<p>In 2013 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> <li>• Days 1 - 60: <b>\$1,184</b> deductible</li> <li>• Days 61 - 90: <b>\$296</b> per day</li> <li>• Days 91 - 150: <b>\$592</b> per lifetime reserve day</li> </ul> <p>These amounts may change for 2014.</p> <p>Call <b>1-800-MEDICARE</b> (1-800-633-4227) for information about lifetime reserve days.</p>	<p><b>In-Network</b></p> <p>Plan covers 150 days each benefit period.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> <li>• Days 1 - 4: <b>\$250</b> co-pay per day</li> <li>• Days 5 - 90: <b>\$0</b> co-pay per day</li> </ul> <p>Plan covers 60 lifetime reserve days. <b>\$0</b> co-pay per lifetime reserve day.</p> <p>For additional non-Medicare-covered hospital days:</p> <ul style="list-style-type: none"> <li>• Days 91-150: <b>\$0</b> co-pay per day.</li> </ul> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Inpatient Care		
<p><b>3 Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	
<p><b>4 Inpatient Mental Health Care</b></p>	<p>In 2013 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> <li>• Days 1 - 60: <b>\$1,184</b> deductible</li> <li>• Days 61 - 90: <b>\$296</b> per day</li> <li>• Days 91 - 150: <b>\$592</b> per lifetime reserve day</li> </ul> <p>These amounts may change for 2014.</p>	<p><b>In-Network</b></p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> <li>• Days 1 - 4: <b>\$250</b> co-pay per day</li> <li>• Days 5 - 90: <b>\$0</b> co-pay per day</li> </ul>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Inpatient Care		
<p><b>4 Inpatient Mental Health Care</b></p>	<p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>Plan covers 60 lifetime reserve days. <b>\$0</b> co-pay per lifetime reserve day.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>5 Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2013 the amounts for each benefit period after at least a 3-day Medicare-covered hospital stay were:</p> <ul style="list-style-type: none"> <li>• Days 1 - 20: <b>\$0</b> per day</li> <li>• Days 21 - 100: <b>\$148</b> per day</li> </ul> <p>These amounts may change for 2014.</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended,</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> <li>• Days 1 - 20: <b>\$0</b> co-pay per day</li> <li>• Days 21 - 100: <b>\$152</b> co-pay per day</li> </ul>

Benefit	Original Medicare	WellCare Value (HMO-POS)
<b>Inpatient Care</b>		
<b>5 Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)	a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	
<b>6 Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<b>\$0</b> co-pay.	<b>General</b> Authorization rules may apply. <b>In-Network</b> <b>\$0</b> co-pay for each Medicare-covered home health visit
<b>7 Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.
<b>Outpatient Care</b>		
<b>8 Doctor Office Visits</b>	<b>20%</b> coinsurance	<b>In-Network</b> <b>\$0</b> co-pay for each Medicare-covered primary care doctor visit. <b>\$40</b> co-pay for each Medicare-covered specialist visit.

Benefit	Original Medicare	WellCare Value (HMO-POS)
Outpatient Care		
<b>9 Chiropractic Services</b>	Supplemental routine care not covered <b>20%</b> coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).	<b>In-Network</b> <b>\$20</b> co-pay for each Medicare-covered chiropractic visit Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).
<b>10 Podiatry Services</b>	Supplemental routine care not covered. <b>20%</b> coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<b>In-Network</b> <b>\$40</b> co-pay for each Medicare-covered podiatry visit Medicare-covered podiatry visits are for medically necessary foot care.
<b>11 Outpatient Mental Health Care</b>	<b>20%</b> coinsurance for most outpatient mental health services Specified co-payment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Co-pay cannot exceed the Part A inpatient hospital deductible.	<b>General</b> Authorization rules may apply. <b>In-Network</b> <b>\$40</b> co-pay for each Medicare-covered individual therapy visit <b>\$30</b> co-pay for each Medicare-covered group therapy visit <b>\$40</b> co-pay for each Medicare-covered individual therapy visit with a psychiatrist <b>\$30</b> co-pay for each Medicare-covered group therapy visit with a psychiatrist

Benefit	Original Medicare	WellCare Value (HMO-POS)
Outpatient Care		
<b>11 Outpatient Mental Health Care</b>	"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.	<b>\$55</b> co-pay for Medicare-covered partial hospitalization program services
<b>12 Outpatient Substance Abuse Care</b>	<b>20%</b> coinsurance	<b>General</b> Authorization rules may apply. <b>In-Network</b> <b>\$40</b> co-pay for Medicare-covered individual substance abuse outpatient treatment visits <b>\$30</b> co-pay for Medicare-covered group substance abuse outpatient treatment visits
<b>13 Outpatient Services</b>	<b>20%</b> coinsurance for the doctor's services  Specified co-payment for outpatient hospital facility services. Co-pay cannot exceed the Part A inpatient hospital deductible.	<b>General</b> Authorization rules may apply. <b>In-Network</b> <b>\$100</b> co-pay for each Medicare-covered ambulatory surgical center visit <b>\$175</b> co-pay for each Medicare-covered outpatient hospital facility visit

Benefit	Original Medicare	WellCare Value (HMO-POS)
Outpatient Care		
<b>13 Outpatient Services</b>	<b>20%</b> coinsurance for ambulatory surgical center facility services	
<b>14 Ambulance Services</b> (medically necessary ambulance services)	<b>20%</b> coinsurance	<b>General</b> Authorization rules may apply. <b>In-Network</b> <b>\$100</b> co-pay for Medicare-covered ambulance benefits.
<b>15 Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	<b>20%</b> coinsurance for the doctor's services Specified co-payment for outpatient hospital facility emergency services. Emergency services co-pay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital. You don't have to pay the emergency room co-pay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.	<b>General</b> <b>\$65</b> co-pay for Medicare-covered emergency room visits Worldwide coverage. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay <b>\$0</b> for the emergency room visit.

Benefit	Original Medicare	WellCare Value (HMO-POS)
<b>Outpatient Care</b>		
	Not covered outside the U.S. except under limited circumstances.	
<b>16 Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	<b>20%</b> coinsurance, or a set co-pay  If you are admitted to the hospital within 3 days for the same condition, you pay <b>\$0</b> for the urgently-needed-care visit.  NOT covered outside the U.S. except under limited circumstances.	<b>General</b> <b>\$50</b> co-pay for Medicare-covered urgently-needed-care visits  If you are admitted to the hospital within 24-hour(s) for the same condition, you pay <b>\$0</b> for the urgently-needed-care visit.
<b>17 Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<b>20%</b> coinsurance  Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.	<b>General</b> Authorization rules may apply. Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.  <b>In-Network</b> <b>\$40</b> co-pay for Medicare-covered Occupational Therapy visits <b>\$40</b> co-pay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits



Benefit	Original Medicare	WellCare Value (HMO-POS)
Outpatient Medical Services and Supplies		
<b>18 Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	<b>20%</b> coinsurance	<b>General</b> Authorization rules may apply. <b>In-Network</b> <b>20%</b> of the cost for Medicare-covered durable medical equipment
<b>19 Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	<b>20%</b> coinsurance <b>20%</b> coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices.	<b>General</b> Authorization rules may apply. <b>In-Network</b> <b>20%</b> of the cost for Medicare-covered prosthetic devices <b>20%</b> of the cost for Medicare-covered medical supplies related to prosthetics, splints, and other devices
<b>20 Diabetes Programs and Supplies</b>	<b>20%</b> coinsurance for diabetes self-management training <b>20%</b> coinsurance for diabetes supplies <b>20%</b> coinsurance for diabetic therapeutic shoes or inserts	<b>General</b> Authorization rules may apply. <b>In-Network</b> <b>\$0</b> co-pay for Medicare-covered Diabetes self-management training <b>20%</b> of the cost for Medicare-covered Diabetes monitoring supplies <b>20%</b> of the cost for Medicare-covered Therapeutic shoes or inserts

Benefit	Original Medicare	WellCare Value (HMO-POS)
Outpatient Medical Services and Supplies		
<b>20 Diabetes Programs and Supplies</b>		Diabetic Supplies and Services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies.
<b>21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 co-pay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$0 co-pay for Medicare-covered lab services</p> <p>\$0 to \$50 co-pay for Medicare-covered diagnostic procedures and tests</p> <p>\$0 co-pay for Medicare-covered X-rays</p> <p>20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays)</p> <p>\$40 co-pay for Medicare-covered therapeutic radiology services</p>

Benefit	Original Medicare	WellCare Value (HMO-POS)
<b>Outpatient Medical Services and Supplies</b>		
<b>22 Cardiac and Pulmonary Rehabilitation Services</b>	<p>20% coinsurance for Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p>	<p><b>In-Network</b></p> <p><b>\$40 to \$175</b> co-pay for Medicare-covered Cardiac Rehabilitation Services</p> <p><b>\$40 to \$175</b> co-pay for Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p><b>\$40 to \$175</b> co-pay for Medicare-covered Pulmonary Rehabilitation Services</p>
<b>Preventive Services</b>		
<b>23 Preventive Services</b>	<p>No coinsurance, co-payment or deductible for the following:</p> <ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm Screening</li> <li>• Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> <li>• Cardiovascular Screening</li> <li>• Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>• Colorectal Cancer Screening</li> </ul>	<p><b>General</b></p> <p><b>\$0</b> co-pay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Preventive Services		
<p><b>23 Preventive Services</b></p>	<ul style="list-style-type: none"> <li>• Diabetes Screening</li> <li>• Influenza Vaccine</li> <li>• Hepatitis B Vaccine for people with Medicare who are at risk</li> <li>• HIV Screening. <b>\$0</b> co-pay for the HIV screening, but you generally pay <b>20%</b> of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</li> <li>• Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.</li> </ul>	

Benefit	Original Medicare	WellCare Value (HMO-POS)
Preventive Services		
<p><b>23 Preventive Services</b></p>	<ul style="list-style-type: none"> <li>• Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</li> <li>• Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>• Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> <li>• Prostate Cancer Screening</li> <li>• Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</li> </ul>	

Benefit	Original Medicare	WellCare Value (HMO-POS)
Preventive Services		
<b>23 Preventive Services</b>	<ul style="list-style-type: none"> <li>• Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</li> <li>• Screening and behavioral counseling interventions in primary care to reduce alcohol misuse</li> <li>• Screening for depression in adults</li> <li>• Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs</li> <li>• Intensive behavioral counseling for Cardiovascular Disease (bi-annual)</li> <li>• Intensive behavioral therapy for obesity</li> </ul>	

Benefit	Original Medicare	WellCare Value (HMO-POS)
Preventive Services		
<b>23 Preventive Services</b>	<ul style="list-style-type: none"> <li>• Welcome to Medicare Preventive Visit (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</li> </ul>	
<b>24 Kidney Disease and Conditions</b>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for kidney disease education services</p>	<p><b>In-Network</b></p> <p>20% of the cost for Medicare-covered renal dialysis</p> <p>20% of the cost for Medicare-covered kidney disease education services</p>
Prescription Drug Benefits		
<b>25 Outpatient Prescription Drugs</b>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare</p>	<p><b>Drugs covered under Medicare Part B</b></p>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Prescription Drug Benefits		
<p><b>25 Outpatient Prescription Drugs</b></p>	<p>Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><b>General</b></p> <p>20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.wellcare.com">www.wellcare.com</a> on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>-have limited incomes,</li> <li>-live in long term care facilities, or</li> <li>-have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p>



Benefit	Original Medicare	WellCare Value (HMO-POS)
Prescription Drug Benefits		
<p><b>25 Outpatient Prescription Drugs</b></p>		<p>Your provider must get prior authorization from WellCare Value (HMO-POS) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>The plan charges a minimum cost sharing amount for certain low-cost drugs.</p> <p>If you request a formulary exception for a drug and WellCare Value (HMO-POS) approves the exception, you will pay Tier 4: Non-Preferred Brand cost sharing for that drug.</p> <p><b>In-Network</b> \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach <b>\$2,850</b>:</p> <p><b>Retail Pharmacy</b> Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs from a preferred and non-preferred pharmacy the following way(s):</p>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Prescription Drug Benefits		
<b>25 Outpatient Prescription Drugs</b>		<p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> <li>• <b>\$2</b> co-pay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• <b>\$4</b> co-pay for a two-month (62-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• <b>\$6</b> co-pay for a three-month (93-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• <b>\$5</b> co-pay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• <b>\$10</b> co-pay for a two-month (62-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• <b>\$15</b> co-pay for a three-month (93-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> <li>• <b>\$15</b> co-pay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• <b>\$30</b> co-pay for a two-month (62-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• <b>\$45</b> co-pay for a three-month (93-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• <b>\$22</b> co-pay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• <b>\$44</b> co-pay for a two-month (62-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• <b>\$66</b> co-pay for a three-month (93-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> <li>• <b>\$30</b> co-pay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy</li> </ul>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Prescription Drug Benefits		
<b>25 Outpatient Prescription Drugs</b>		<ul style="list-style-type: none"> <li>• <b>\$60</b> co-pay for a two-month (62-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• <b>\$90</b> co-pay for a three-month (93-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• <b>\$40</b> co-pay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• <b>\$80</b> co-pay for a two-month (62-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• <b>\$120</b> co-pay for a three-month (93-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• <b>\$60</b> co-pay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• <b>\$120</b> co-pay for a two-month (62-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• <b>\$180</b> co-pay for a three-month (93-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• <b>\$75</b> co-pay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• <b>\$150</b> co-pay for a two-month (62-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>• <b>\$225</b> co-pay for a three-month (93-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> <li>• <b>33%</b> coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy</li> <li>• <b>33%</b> coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Prescription Drug Benefits		
<p><b>25 Outpatient Prescription Drugs</b></p>		<p><b>Long Term Care Pharmacy</b></p> <p>Long term care pharmacies must dispense brand name drugs in amounts less than a 14 days supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> <li>• <b>\$5</b> co-pay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> <li>• <b>\$22</b> co-pay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> <li>• <b>\$40</b> co-pay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• <b>\$75</b> co-pay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> <li>• <b>33%</b> coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Prescription Drug Benefits		
<p><b>25 Outpatient Prescription Drugs</b></p>		<p><b>Mail Order</b></p> <p>Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs from a preferred and non-preferred mail order pharmacy the following way(s):</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> <li>• <b>\$2</b> co-pay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• <b>\$4</b> co-pay for a two-month (62-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• <b>\$0</b> co-pay for a three-month (93-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• <b>\$5</b> co-pay for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• <b>\$10</b> co-pay for a two-month (62-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• <b>\$15</b> co-pay for a three-month (93-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> <li>• <b>\$15</b> co-pay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• <b>\$30</b> co-pay for a two-month (62-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• <b>\$30</b> co-pay for a three-month (93-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• <b>\$22</b> co-pay for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Prescription Drug Benefits		
<b>25 Outpatient Prescription Drugs</b>		<ul style="list-style-type: none"> <li>• <b>\$44</b> co-pay for a two-month (62-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• <b>\$66</b> co-pay for a three-month (93-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> <li>• <b>\$30</b> co-pay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• <b>\$60</b> co-pay for a two-month (62-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• <b>\$60</b> co-pay for a three-month (93-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• <b>\$40</b> co-pay for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• <b>\$80</b> co-pay for a two-month (62-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• <b>\$120</b> co-pay for a three-month (93-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• <b>\$60</b> co-pay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• <b>\$120</b> co-pay for a two-month (62-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• <b>\$120</b> co-pay for a three-month (93-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• <b>\$75</b> co-pay for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> <li>• <b>\$150</b> co-pay for a two-month (62-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Prescription Drug Benefits		
<p><b>25 Outpatient Prescription Drugs</b></p>		<ul style="list-style-type: none"> <li>• <b>\$225</b> co-pay for a three-month (93-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> <li>• <b>33%</b> coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy.</li> <li>• <b>33%</b> coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy.</li> </ul> <p><b>Coverage Gap</b></p> <p>After your total yearly drug costs reach <b>\$2,850</b>, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than <b>47.5%</b> for the plan's costs for brand drugs and <b>72%</b> of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach <b>\$4,550</b>.</p> <p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach <b>\$4,550</b>, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• <b>5%</b> coinsurance, or</li> <li>• <b>\$2.55</b> co-pay for generic (including brand drugs treated as generic) and a <b>\$6.35</b> co-pay for all other drugs.</li> </ul> <p><b>Out-of-Network</b></p>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Prescription Drug Benefits		
<p><b>25 Outpatient Prescription Drugs</b></p>		<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from WellCare Value (HMO-POS).</p> <p>You can get out-of-network drugs the following way:</p> <p><b>Out-of-Network Initial Coverage</b></p> <p>You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach <b>\$2,850</b>:</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> <li>• <b>\$5</b> co-pay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic</p> <ul style="list-style-type: none"> <li>• <b>\$22</b> co-pay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> <li>• <b>\$40</b> co-pay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>• <b>\$75</b> co-pay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier</p> <ul style="list-style-type: none"> <li>• <b>33%</b> coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul>



Benefit	Original Medicare	WellCare Value (HMO-POS)
Prescription Drug Benefits		
<p><b>25 Outpatient Prescription Drugs</b></p>		<p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p><b>Out-of-Network Coverage Gap</b></p> <p>You will be reimbursed up to <b>28%</b> of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach <b>\$4,550</b>. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>You will be reimbursed up to <b>52.5%</b> of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach <b>\$4,550</b>. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p><b>Out-of-Network Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach <b>\$4,550</b>, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> <li>• <b>5%</b> coinsurance, or</li> <li>• <b>\$2.55</b> co-pay for generic (including brand drugs treated as generic) and a <b>\$6.35</b> co-pay for all other drugs.</li> </ul> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Outpatient Medical Services and Supplies		
<b>26 Dental Services</b>	Preventive dental services (such as cleaning) not covered.	<b>In-Network</b> \$0 co-pay for Medicare-covered dental benefits \$0 co-pay for up to 1 supplemental oral exam(s) every six months \$0 co-pay for up to 1 supplemental cleaning(s) every six months \$0 co-pay for up to 1 supplemental dental x-ray(s)
<b>27 Hearing Services</b>	Supplemental routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	<b>General</b> Authorization rules may apply. <b>In-Network</b> \$40 co-pay for Medicare-covered diagnostic hearing exams \$0 co-pay for up to 1 supplemental routine hearing exam(s) every year \$0 co-pay for up to 1 supplemental hearing aid fitting-evaluation(s) every year \$0 co-pay each for up to 1 supplemental hearing aid(s) every year \$350 plan coverage limit for supplemental hearing aids every year.

Benefit	Original Medicare	WellCare Value (HMO-POS)
Outpatient Medical Services and Supplies		
<b>23 Vision Services</b>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk</p> <p>Supplemental routine eye exams and eyeglasses (lenses and frames) not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p><b>In-Network</b></p> <p><b>\$0 to \$40</b> co-pay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for people at risk</p> <p><b>\$0</b> co-pay for up to 1 supplemental routine eye exam(s) every year</p> <p><b>\$0</b> co-pay for one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery.</p>
<b>Wellness/Education and Other Supplemental Benefits &amp; Services</b>	<p>Not covered.</p>	<p><b>In-Network</b></p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li>• Nursing Hotline</li> </ul>
<b>Over-the-Counter Items</b>	<p>Not covered.</p>	<p><b>General</b></p> <p>The plan does not cover Over-the-Counter items.</p>
<b>Transportation (Routine)</b>	<p>Not covered.</p>	<p><b>In-Network</b></p> <p>This plan does not cover supplemental routine transportation.</p>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Outpatient Medical Services and Supplies		
<b>Acupuncture and Other Alternative Therapies</b>	Not covered.	<p><b>In-Network</b></p> <p>This plan does not cover Acupuncture and other alternative therapies.</p>
<b>Point of Service</b>	You may go to any doctor, specialist or hospital that accepts Medicare.	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>Out-of-Network</b></p> <p>Point of Service coverage is available for the following benefits:</p> <p>Medicare-covered</p> <ul style="list-style-type: none"> <li>• Inpatient Hospital Acute</li> <li>• Skilled Nursing Facility (SNF)</li> <li>• Cardiac Rehabilitation Services</li> <li>• Intensive Cardiac Rehabilitation Services</li> <li>• Pulmonary Rehabilitation Services</li> <li>• Home Health Services</li> <li>• Chiropractic Services</li> <li>• Occupational Therapy Services</li> <li>• Physician Specialist Services</li> <li>• Podiatry Services</li> <li>• Other Health Care Professional</li> <li>• Physical Therapy and Speech-Language Pathology Services</li> <li>• Diagnostic Procedures/Tests</li> <li>• Laboratory Services</li> <li>• Diagnostic Radiological Services</li> <li>• Therapeutic Radiological Services</li> <li>• Outpatient X-Rays</li> </ul>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Outpatient Medical Services and Supplies		
<p><b>Point of Service</b></p>		<ul style="list-style-type: none"> <li>• Outpatient Hospital Services</li> <li>• Ambulatory Surgical Center (ASC) Services</li> <li>• Outpatient Blood Services</li> <li>• Ambulance Services</li> <li>• Prosthetics/Medical Supplies</li> <li>• Diabetic Supplies and Services</li> <li>• Kidney Disease Education Services</li> <li>• Diabetes Self-Management Training</li> <li>• Medicare Part B Rx Drugs</li> </ul> <p><b>20%</b> of the cost per Medicare-covered inpatient acute hospital stay.</p> <p><b>20%</b> of the cost for each Medicare-covered SNF stay.</p> <p><b>20%</b> of the cost for Medicare-covered</p> <ul style="list-style-type: none"> <li>• Cardiac Rehabilitation Services</li> <li>• Intensive Cardiac Rehabilitation Services</li> <li>• Pulmonary Rehabilitation Services</li> <li>• Home Health Services</li> <li>• Chiropractic Services</li> <li>• Occupational Therapy Services</li> <li>• Physician Specialist Services</li> <li>• Podiatry Services</li> <li>• Other Health Care Professional</li> <li>• Physical Therapy and Speech-Language Pathology Services</li> <li>• Diagnostic Procedures/Tests</li> <li>• Laboratory Services</li> <li>• Diagnostic Radiological Services</li> </ul>

Benefit	Original Medicare	WellCare Value (HMO-POS)
Outpatient Medical Services and Supplies		
<b>Point of Service</b>		<ul style="list-style-type: none"> <li>• Therapeutic Radiological Services</li> <li>• Outpatient X-Rays</li> <li>• Outpatient Hospital Services</li> <li>• Ambulatory Surgical Center (ASC) Services</li> <li>• Outpatient Blood Services</li> <li>• Ambulance Services</li> <li>• Prosthetics/Medical Supplies</li> <li>• Diabetic Supplies and Services</li> <li>• Kidney Disease Education Services</li> <li>• Diabetes Self-Management Training</li> <li>• Medicare Part B Rx Drugs</li> </ul>