

SUMMARY OF BENEFITS

2022



**WELLCARE PRIME BY
ABSOLUTE TOTAL CARE
(MEDICARE-MEDICAID PLAN)**



Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2022

Introduction

This document is a brief summary of the benefits and services covered by Wellcare Prime. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Wellcare Prime. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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? **If you have questions**, please call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.absolutetotalcare.com.

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A. Disclaimers



This is a summary of health services covered by Wellcare Prime for 2022. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees. This combined program is called Healthy Connections Prime. It is for people with both Medicare and Healthy Connections Medicaid who are 65 or older, have Medicare Parts A, B, and D, and are eligible for full Healthy Connections Medicaid benefits. More information about who is eligible can be found in Chapter 1 of the *Member Handbook*.
- ❖ Under Wellcare Prime you can get your Medicare and Healthy Connections Medicaid services in one health plan. A Wellcare Prime care coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Wellcare Prime *Member Handbook*.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat Wellcare Prime members, except in emergency situations. Please call our Member Services number or see your *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.
- ❖ ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711) de 8 a.m. a 8 p.m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados federales, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ❖ To always get this document and other material in another language or format, now and in the future, please call Member Services. This is called a “standing request”. We will document your choice. If you later want to change the language and/or format choice, please call



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Member Services. Find the Member Services phone number at the bottom of this page. You can also email ATC_SC_MMP@centene.com.

❖ You can access your *Member Handbook* in a few ways:

- If you have access to the internet, you can visit this webpage: <https://mmp.absolutetotalcare.com/mmp/benefits/member-handbook.html>
- If you want the *Member Handbook* to be mailed to you, call: 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday and ask us to mail you a copy. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Healthy Connections Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Healthy Connections Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a Wellcare Prime care coordinator?	A Wellcare Prime care coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.



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What are long-term services and supports?	<p>Long-term services and supports (LTSS) are a variety of services and supports that help people meet their daily needs for assistance and improve the quality of their lives. LTSS are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, and making food. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.</p>
Will I get the same Medicare and Medicaid benefits in Wellcare Prime that I get now?	<p>You will get your covered Medicare and Healthy Connections Medicaid benefits directly from Wellcare Prime. You will 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. You will get almost all of your covered Medicare and Healthy Connections Medicaid benefits directly from Wellcare Prime, but you may get some benefits the same way you do now, outside of the plan. This plan also offers services that are not usually covered by Medicare or Healthy Connections Medicaid.</p> <p>When you enroll in Wellcare Prime, you and your care team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs. During this time, you can keep using the providers you use now for 180 days. You can also continue to get the same services and any that were authorized prior to your enrollment in Wellcare Prime.</p> <p>When you join our plan, if you are taking any Medicare Part D prescription drugs that Wellcare Prime does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Wellcare Prime to cover your drug, if medically necessary.</p>



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Can I go to the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Wellcare Prime and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in Wellcare Prime’s network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Wellcare Prime’s plan. <p>To find out if your doctors are in the plan’s network, call Member Services or read Wellcare Prime’s <i>Provider and Pharmacy Directory</i> on the plan’s website at mmp.absolutetotalcare.com.</p> <p>If Wellcare Prime is new for you, you can continue using the doctors you go to now for 180 days after you first enroll, even if they are out-of-network. If you need to continue using your out-of-network providers after your first 180 days in our plan, we will only cover that care if the provider enters a single case agreement with us. If you are getting ongoing treatment from an out-of-network provider and think they may need a single case agreement in order to keep treating you, contact Member Services at 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.</p>
What happens if I need a service but no one in Wellcare Prime’s network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Wellcare Prime will pay for the cost of an out-of-network provider.</p>



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<p>Where is Wellcare Prime available?</p>	<p>The service area for this plan includes Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, and York counties in South Carolina. You must live in one of these areas to join the plan.</p>
<p>Do I pay a monthly amount (also called a premium) under Wellcare Prime?</p>	<p>You will not pay any monthly premiums to Wellcare Prime for your health coverage.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means that you must get approval from Wellcare Prime before you can get a specific service or drug or use an out-of-network provider. Wellcare Prime may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>



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<p>What is a referral?</p>	<p>A referral means that your primary care provider (PCP) must give you approval before you can use someone who is not your PCP or use other providers in the plan’s network. If you don’t get approval, Wellcare Prime may not cover the services, and you may be billed for these services. You don’t need a referral to use some specialists, such as women’s health specialists.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>
<p>Who should I contact if I have questions or need help?</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Wellcare Prime Member Services at the number at the bottom of the page.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL 1-855-735-4398</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week, 365 days a year.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.</p>



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C. Overview of Services

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

Health need or problem	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	None.
	Wellness visits, such as a physical	\$0	None.
	Specialist care	\$0	None.
	Care to keep you from getting sick, such as flu shots	\$0	None.
	“Welcome to Medicare” preventive visit (one time only)	\$0	None.
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization may be required.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization may be required.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization may be required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (This service is continued on the next page)</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 copay for up to a 90-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Wellcare Prime's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of some drugs is available through mail order and certain retail pharmacies. Please refer to our <i>List of Covered Drugs</i> (Drug List) to view those drugs available for an extended-day supply.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	Brand name drugs	\$0 copay for up to a 90-day supply.	<p>There may be limitations on the types of drugs covered. Please refer to Wellcare Prime’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of some drugs is available through mail order and certain retail pharmacies. Please refer to our <i>List of Covered Drugs</i> (Drug List) to view those drugs available for an extended-day supply.</p>
	Over-the-counter drugs	\$0 copay for up to a 90-day supply.	There may be limitations on the types of drugs covered. Please refer to Wellcare Prime’s <i>List of Covered Drugs</i> (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	<p>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 <i>Member Handbook</i> for more information on these drugs.</p> <p>Prior authorization may be required.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be required.
	Chiropractic services (only for manual manipulation for certain approved conditions)	\$0	None.
You need emergency care (This service is continued on the next page)	Emergency room services	\$0	Emergency room services do not require a referral or prior authorization and can be provided at an in-network or out-of-network facility. Emergency room services are not covered outside the U.S. and its territories except under limited circumstances.
	Ambulance services	\$0	Ambulance services for emergencies do not require a referral or prior authorization and can be provided by an in-network or out-of-network provider. Prior authorization may be required for ambulance services in non-emergency situations.



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You need emergency care (continued)	Urgent care	\$0	Urgent care services do not require a referral or prior authorization. You can get urgent care services at in-network providers or at out-of-network providers if network providers are temporarily unavailable or inaccessible. Urgent care services are not covered outside the U.S. and its territories.
You need hospital care	Hospital stay	\$0	Prior authorization may be required, except in an emergency.
	Doctor or surgeon care	\$0	During an authorized hospital stay, doctor and surgeon care are covered.
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.
	Skilled nursing care	\$0	Medicare-covered stays (for example, rehabilitation) require a prior authorization, while Healthy Connections Medicaid-covered stays (for example, long-term skilled nursing facility (SNF) stays) only require a referral.



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You need eye care	Treatment for eye injuries or diseases	\$0	None.
	Initial replacement of lens due to cataract surgery	\$0	None.
You need dental care	Emergency medical procedures by oral surgeons	\$0	None.
	Dental procedures related to organ transplants, cancer, joint replacement, heart valve replacement, and trauma	\$0	None.
You need foot care	Podiatry services	\$0	None.
You need hearing/auditory services	Hearing screenings	\$0	The plan covers one routine hearing exam every calendar year.
	Hearing Aids	\$0	The plan covers one hearing aid fitting/evaluation and one hearing aid every calendar year. Coverage for hearing aids is limited to \$1,250 every calendar year.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	The plan offers disease management services for certain chronic conditions. Contact Member Services for more information.
	Diabetes supplies and services	\$0	Diabetic glucometer and supplies are limited to Accu-Chek and OneTouch when obtained at a pharmacy. Other brands are not covered unless pre-authorized.
	Cardiac and pulmonary rehabilitation services	\$0	None.
You have a mental health condition	Mental or behavioral health services	\$0	Referral may be required.
	Partial hospitalization	\$0	Prior authorization may be required.
You have a substance abuse problem	Substance abuse services	\$0	Prior authorization may be required.
	Opioid treatment services	\$0	None.
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior authorization and referral may be required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need durable medical equipment (DME) (This service is continued on the next page)</p>	Wheelchairs	\$0 or \$3.40	<p>The copay is \$0 for DME covered by Medicare. The copay is \$3.40 for medical supplies covered only by Healthy Connections Medicaid.</p> <p>Referral and prior authorization may be required.</p>
	Crutches	\$0 or \$3.40	<p>The copay is \$0 for DME covered by Medicare. The copay is \$3.40 for medical supplies covered only by Healthy Connections Medicaid.</p> <p>Referral and prior authorization may be required.</p>
	IV infusion pumps	\$0 or \$3.40	<p>The copay is \$0 for DME covered by Medicare. The copay is \$3.40 for medical supplies covered only by Healthy Connections Medicaid.</p> <p>Referral and prior authorization may be required.</p>



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You need durable medical equipment (DME) (continued)	Oxygen equipment and supplies	\$0 or \$3.40	The copay is \$0 for DME covered by Medicare. The copay is \$3.40 for medical supplies covered only by Healthy Connections Medicaid. Referral and prior authorization may be required.
	Nebulizers	\$0 or \$3.40	The copay is \$0 for DME covered by Medicare. The copay is \$3.40 for medical supplies covered only by Healthy Connections Medicaid. Referral and prior authorization may be required.
	Walkers	\$0 or \$3.40	The copay is \$0 for DME covered by Medicare. The copay is \$3.40 for medical supplies covered only by Healthy Connections Medicaid. Referral and prior authorization may be required.
You need prosthetics	Prosthetic devices	\$0 or \$3.40	The copay is \$0 for prosthetic devices covered by Medicare. The copay is \$3.40 for prosthetic devices covered only by Healthy Connections Medicaid. Prior authorization may be required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (This service is continued on the next page)</p>	Meals brought to your home	\$0	<p>Up to two meals every day.</p> <p>Prior authorization may be required.</p>
	Homemaker services, such as cleaning or housekeeping	\$0	<p>Prior authorization may be required.</p>
	Changes to your home, such as ramps and wheelchair access	\$0	<p>Environmental modifications benefit has a \$7,500 lifetime limit.</p> <p>Referral and prior authorization may be required.</p>
	<p>Personal care services</p> <p>(You may be able to choose your own aide. Call Member Services for more information.)</p>	\$0	<p>Referral and prior authorization may be required.</p>



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You need help living at home (continued)	Home health care services	\$0 or \$3.30	Home health care services covered by Medicare have a \$0 copay. Home health services covered by Healthy Connections Medicaid have a \$3.30 copay. Prior authorization may be required.
	Services to help you live on your own	\$0 or \$3.30	Home health care services covered by Medicare have a \$0 copay. Home health services covered by Healthy Connections Medicaid have a \$3.30 copay. Referral and prior authorization may be required.
	Adult day services or other support services	\$0	Referral and prior authorization may be required.
You need a place to live with people available to help you	Nursing home care	\$0 or amount based on income	You must contribute toward the cost of this service when your income is more than an allowable amount. This contribution, known as the patient pay amount, is required only for those living in a nursing home. You will not need to pay if you are in the nursing home for short-term rehabilitation.



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Your caregiver needs some time off	Respite care	\$0	<p>Respite care can be provided in a Community Residential Care Facility (CRCF), a nursing facility, or at your home. Members are limited to 28 total days of respite care per year. Up to 28 days of respite care can be in a CRCF. Up to 14 days of respite care can be in a nursing facility. Up to 14 days of respite care can be in your home.</p> <p>The type of care you are qualified to get will depend on your situation.</p> <p>Referral and prior authorization may be required.</p>
You need care for advanced illness or life-threatening injury	Palliative care	\$0	Referral and prior authorization may be required.
You need family planning services	Birth control (condoms)	\$0	Family planning supplies are covered only with a prescription.
	Family planning lab and diagnostic tests	\$0	None.
	Treatment for sexually transmitted infections (STIs)	\$0	None.



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Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (This service is continued on the next page)	Education and wellness programs	\$0	None.
	End-stage renal disease services	\$0	None.
	Enhanced disease management	\$0	None.
	Incontinence supplies	\$0	Prior authorization may be required.
	Infusion services	\$0	Prior authorization may be required.
	Membership in health club/fitness	\$0	Limited to a maximum member reimbursement of \$250 per year.
	Nursing home transition services	\$0	Prior authorization and referral may be required.
	Nursing Hotline	\$0	Available 24 hours a day, 7 days a week.
	Nutritional benefit	\$0	Prior authorization may be required.



If you have questions, please call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.absolutetotalcare.com.

Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued) (This service is continued on the next page)	Over-the-Counter (OTC) Items	\$0	<p>As an extra benefit, our plan covers up to \$100 per calendar quarter for eligible over-the-counter (OTC) items available via mail or at select CVS pharmacy retail stores.</p> <p>This OTC benefit is limited to one order per calendar quarter. Any unused cannot be carried over to the next benefit period.</p> <p>You can order up to nine of the same item per three calendar months unless otherwise noted in the catalog. There is no limit on the number of total items in your order.</p> <p>Multiples of single items may be limited, per order.</p> <p>Please contact the plan for more information.</p>
	Post discharge in-home medication reconciliation	\$0	None.
	Preventive services	\$0	None.
	Services provided at Federally Qualified Health Centers	\$0	None.
	Targeted case management	\$0	Referral and prior authorization may be required.



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Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	Telehealth Services	\$0	<p>Certain additional telehealth services are available, including those for: primary care, specialist and other health care professional services, and outpatient mental health specialty services, including psychiatric care. Contact the plan for additional details.</p> <p>The health plan offers 24 hours per day, 7 days a week, 365 days a year virtual visit access via Teladoc® to board certified doctors to help address a wide variety of health concerns/questions. A virtual visit (also known as a virtual consult) is a visit with a doctor either over the phone, smart phone app, or online.</p>
	Telemedicine	\$0	Referral may be required.



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Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2022

D. Benefits covered outside of Wellcare Prime

This is not a complete list. Call Member Services to find out about other services not covered by Wellcare Prime but available through Medicare or Healthy Connections Medicaid.

Other services covered by Medicare or Healthy Connections Medicaid Please contact your care coordinator for more information.	Your costs
Some hospice care services	\$0
Dental services <ul style="list-style-type: none">• Diagnostics (oral evaluation and x-rays)• Preventive care (annual cleaning)• Restorative care (fillings)• Surgical care (extractions / removals)	\$3.40 \$3.40 \$3.40 \$3.40
Non-emergency medical transportation	\$0



If you have questions, please call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.absolutetotalcare.com.

Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2022

E. Services that Wellcare Prime, Medicare, and Healthy Connections Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Wellcare Prime, Medicare, or Healthy Connections Medicaid	
Chiropractic care (except manual manipulation for certain approved conditions)	Non-prescription contraceptive supplies
Certain visual procedures such as LASIK	Orthopedic shoes (unless included with brace or for diabetic foot disease). Supportive devices for feet (except for diabetic foot disease)
Cosmetic surgery or cosmetic work	Personal items in your hospital or nursing home room
Dentures	Private room in hospital
Elective or voluntary enhancement procedures or services	Routine foot care (except for certain approved conditions)
Experimental medical and surgical treatments, items and drugs	Services not considered “reasonable and necessary”
Full-time nursing care in your home	Services provided to veterans in a VA facility
Naturopath services	Surgical treatment for morbid obesity



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Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2022

F. Your rights as a member of the plan

As a member of Wellcare Prime, 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 will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - Get information in other formats (e.g., large print, braille, audio)
 - Be free from any form of physical restraint or seclusion used as a means of coercion, discipline, convenience, a perceived safety measure, or retaliation
 - Not be billed by network providers
- **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 format you can understand. These rights include getting 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 managers
- **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
 - 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 are covered



If you have questions, please call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.absolutetotalcare.com.

Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2022

- Refuse treatment, even if your doctor advises against it
- Stop taking medicine
- Ask for a second opinion. Wellcare Prime will pay for the cost of your second opinion visit
- **You have the right to timely access to care that does not 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 doctors and your health plan
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency
 - Use an out-of-network or 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
- **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
 - Ask for a state fair hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the Wellcare Prime *Member Handbook*. If you have questions, you can also call Wellcare Prime Member Services.



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Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2022

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

If you have a complaint or think Wellcare Prime should cover something we denied, call Wellcare Prime at 1-855-735-4398 (TTY: 711). You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Wellcare Prime *Member Handbook*. You can also call Wellcare Prime Member Services. Additionally, you can fax your appeal to one of the fax numbers listed below or write to our plan at one of the following addresses:

Appeals for Part D (Drugs)

Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan)
Attn: Medicare Pharmacy Appeals
P.O. Box 31383
Tampa, FL 33631-3383

Phone: 1-855-735-4398 (TTY: 711)

Fax: 1-866-388-1766

Appeals for Part C (Medical and Part B Drugs) and Grievances for Part C (Medical and Part B Drugs) and Part D (Drugs)

Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan)
Attn: Appeals & Grievances – Medicare Operations
7700 Forsyth Blvd
St. Louis, MO 63105

Phone: 1-855-735-4398 (TTY: 711)

Fax Number: 1-844-273-2671

There is a special ombudsman for this program called the Healthy Connections Prime Advocate. The Healthy Connections Prime Advocate does not work for us or Healthy Connections Medicaid. They can help you understand your rights and the appeal process, and they can help you with your appeal. You can reach the Healthy Connections Prime Advocate at 1-844-477-4632. TTY users should call 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 Wellcare Prime Member Services. Phone numbers are at the bottom of the page and on the cover of this summary, or
- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



If you have questions, please call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.absolutetotalcare.com.

Language Services

ATTENTION: If you do not speak English, language assistance services are available to you, free of charge. Call 1-855-735-4398 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711).

ملحوظة: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-4398 (رقم هاتف الصم والبكم: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-4398 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-4398 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-4398 (TTY: 711).

ATENÇÃO: Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-855-735-4398 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請電 1-855-735-4398 (TTY : 711)。

RUAHSAKNAK: Mirang ttong hmang nan um silen, Mirang ttong thawn pehpar aw in a lak in bawm nak a um. Himi ah in contact thei asi: 1-855-735-4398 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-735-4398 (TTY: 711) पर कॉल करें।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-4398 (TTY: 711) 번으로 전화해 주십시오.

THEIHTERNAK: Mirang holh a thiammi na si ahcun, holh lei kongkau bawmchanh khawhnak a lak in nangmah caah a um. Hika hin au hna 1-855-735-4398 (TTY-711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-4398 (ATS : 711).

ဟ်သ့ၣ်ဟ်သးဘၣ်တက့ၢ်-ဖဲန့ၢ်တကတိၤအဲးကလံးအကျိၣ်ဘၣ်န့ၣ်,ကျိၣ်အတၢ်ဆိၣ်ထွဲမၤစၢၤအတၢ်ဖဲတၢ်မၤတဖၣ်အိၣ်ဝဲဒၣ်လၢန့ၢ်လၢတလိၣ် ဟ့ၣ်အပူၤဘၣ်န့ၣ်လီၤ.ကိးဘၣ် 1-855-735-4398 (TTY: 711) တက့ၢ်.

ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆነ የቋንቋ እገዛ አገልግሎቶች ያለ ምንም ክፍያ ለእርስዎ ሊሰጡ ይችላሉ። ወደ 1-855-735-4398 (TTY: 711) ይደውሉ።

သတိပြုရန်။ သင် မြန်မာစကားပြောပါက အခမဲ့ ဘာသာပြန် ဝန်ဆောင်မှုကို ရရှိနိုင်သည်။ 1-855-735-4398 (TTY: 711) ကိုခေါ်ပါ။



100 Center Point Circle
Columbia, SC 29210

1-855-735-4398
TTY: 711

mmp.AbsoluteTotalCare.com