

# SUMMARY OF BENEFITS

# 2024

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



Healthy Connections  
**PRIME** 



# Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2024

## 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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# Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2024

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## A. Disclaimers



This is a summary of health services covered by Wellcare Prime for 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can get a copy of the *Member Handbook* by calling Wellcare Prime at 1-855-735-4398 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. Or you can access the *Member Handbook* on our website [mmp.absolutetotalcare.com](http://mmp.absolutetotalcare.com).

- ❖ 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.
- ❖ 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 Plan 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.



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- ❖ 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 Member Services. Find the Member Services phone number at the bottom of this page. You can also email [ATC\\_SC\\_MMP@centene.com](mailto: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: [mmp.absolutetotalcare.com](http://mmp.absolutetotalcare.com)
  - 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.

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## 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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Frequently Asked Questions (FAQ)	Answers
What are long-term services and supports?	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.
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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# Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2024

Frequently Asked Questions (FAQ)	Answers
Can I use 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 using them.</p> <ul style="list-style-type: none"><li>• Providers with an agreement with us are “in-network.” <b>You must use the providers in Wellcare Prime’s network.</b></li><li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Wellcare Prime’s plan.</li></ul> <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 <a href="http://mmp.absolutetotalcare.com">mmp.absolutetotalcare.com</a>.</p> <p>If Wellcare Prime is new for you, you can continue using the doctors you use 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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Frequently Asked Questions (FAQ)	Answers
<b>Where is Wellcare Prime available?</b>	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.
<b>Do I pay a monthly amount (also called a premium) under Wellcare Prime?</b>	You will not pay any monthly premiums to Wellcare Prime for your health coverage.
<b>What is prior authorization (PA)?</b>	<p>PA 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, Section D2 of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.</p>



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Frequently Asked Questions (FAQ)	Answers
<b>What is a referral?</b>	<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, Section B of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>
<b>Do I pay a deductible?</b>	No. You do not pay deductibles in Wellcare Prime.
<b>Do I have a coverage gap for drugs?</b>	No. Because you have Medicaid, you will not have a coverage gap stage for your drugs.



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Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help?	<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><b>If you have questions about your health, please call the Nurse Advice Call line:</b></p> <p><b>CALL</b>      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><b>TTY</b>      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)
You need drugs to treat your illness or condition (This service is continued on the next page)	Generic drugs (no brand name)	\$0 copay for up to a 100-day supply. A 100-day supply has the same copay as a one-month 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> <p><b>Important Message About What You Pay for Vaccines</b> – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs (Formulary)</i>. Our plan covers most Part D vaccines at no cost to you.</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 drugs to treat your illness or condition (continued)	Brand name drugs	\$0 copay for up to a 100-day supply. A 100-day supply has the same copay as a one-month 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 100-day supply. A 100-day supply has the same copay as a one-month 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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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care (continued)</b>	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.
<b>You need hospital care</b>	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.
<b>You need help getting better or have special health needs</b>	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 PA, 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)
<b>You have a chronic condition, such as diabetes or heart disease</b>	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 OneTouch when obtained at a pharmacy. Other brands are not covered unless pre-authorized.  Quantity limits may apply.
	Cardiac and pulmonary rehabilitation services	\$0	None.
<b>You have a mental health condition</b>	Mental or behavioral health services	\$0	None.
	Partial hospitalization	\$0	Prior authorization may be required.
<b>You have a substance abuse problem</b>	Substance abuse services	\$0	Prior authorization may be required.
	Opioid treatment services	\$0	None.
<b>You need long-term mental health services</b>	Inpatient care for people who need mental health care	\$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)
You need durable medical equipment (DME) (This service is continued on the next page)	Wheelchairs	\$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.
	Crutches	\$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.
	IV infusion pumps	\$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.
	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.



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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 durable medical equipment (DME) (continued)	Nebulizers	\$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>
	Walkers	\$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>
You need prosthetics	Prosthetic devices	\$0 or \$3.40	<p>The copay is \$0 for prosthetic devices covered by Medicare. The copay is \$3.40 for prosthetic devices covered only by Healthy Connections Medicaid.</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 help living at home (This service is continued on the next page)	Meals brought to your home	\$0	Up to two meals every day.  Prior authorization may be required.
	Homemaker services, such as cleaning or housekeeping	\$0	Prior authorization may be required.
	Changes to your home, such as ramps and wheelchair access	\$0	Environmental modifications benefit has a \$7,500 lifetime limit.  Referral and prior authorization may be required.
	Personal care services  (You may be able to choose your own aide. Call Member Services for more information.)	\$0	Referral and prior authorization may be required.
	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.



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You need help living at home (continued)	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.



**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](http://mmp.absolutetotalcare.com).

## Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Your caregiver needs some time off</b>	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.</p> <ul style="list-style-type: none"> <li>Up to 28 days of respite care can be in a CRCF.</li> <li>Up to 14 days of respite care can be in a nursing facility.</li> <li>Up to 14 days of respite care can be in your home.</li> </ul> <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>
<b>You need care for advanced illness or life-threatening injury</b>	Palliative care	\$0	Referral and prior authorization may be required.
<b>You need family planning services</b>	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.



**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](http://mmp.absolutetotalcare.com).

## Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2024

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.
	Fitness	\$0	Plan provides reimbursement for eligible members up to \$250 per year for gym memberships and fitness classes.
	Nursing home transition services	\$0	Prior authorization and referral may be required.
	Nurse Advice Call Line	\$0	Available 24 hours a day, 7 days a week.
	Nutritional benefit	\$0	Prior authorization may be required.



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## Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional covered services (continued)</b> <b>(This service is continued on the next page)</b>	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 amount 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>This benefit can only be used to order OTC products for the member.</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.



**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](http://mmp.absolutetotalcare.com).

## Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2024

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 from previous page)	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.



**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](http://mmp.absolutetotalcare.com).

# Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2024

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## 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"><li>Diagnostics (oral evaluation and x-rays)</li><li>Preventive care (annual cleaning)</li><li>Restorative care (fillings)</li><li>Surgical care (extractions / removals)</li></ul>	<div>\$3.40</div> <div>\$3.40</div> <div>\$3.40</div> <div>\$3.40</div>
Non-emergency medical transportation	\$0

# Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2024

## 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



**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](http://mmp.absolutetotalcare.com).

# Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2024

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## 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](http://mmp.absolutetotalcare.com).

# Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2024

- 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 PA 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.



**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](http://mmp.absolutetotalcare.com).

# Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2024

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## 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, Section D 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: 711).



**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](http://mmp.absolutetotalcare.com).

# Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2024

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## 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 our plan's toll-free Fraud Hotline at 1-866-685-8664 (TTY: 711). The Fraud Hotline operates 24 hours a day, seven days a week.
- 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](http://mmp.absolutetotalcare.com).

## Multi-Language Insert Multi-Language Interpreter Services

**Spanish:** Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos al **1-855-735-4398** (TTY: **711**), de lunes a viernes, de 8 a.m. a 8 p.m. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Se le devolverá la llamada al siguiente día hábil. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

**Chinese (Cantonese):** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，您僅需於週一至週五上午 8 點至晚上 8 點致電 **1-855-735-4398** (TTY : **711**) 與我們聯絡。非營業時間、週末及聯邦假日，可能會要求您留言。我們將在下一個工作日內回電給您。會說中文的人員可以幫助您。此為免費服務。

**Chinese (Mandarin):** 我们提供免费口译服务，可解答您对我们的健康或药物计划的有关疑问。要获得口译服务，请于周一至周五上午 8 点至晚上 8 点致电 **1-855-735-4398** (TTY : **711**)。下班后、周末和联邦假日，您可能需要留言。您的来电将在下一个工作日内得到回复。您将获得中文普通话口译员的帮助，而且这是一项免费服务。

**Tagalog:** May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Upang makakuha ng interpreter, tumawag lang sa amin sa **1-855-735-4398** (TTY: **711**) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Para sa mga oras pagkatapos ng trabaho, Sabado at Linggo, at pista opisyal, maaaring magpaiwan sa inyo ng mensahe. May tatawag sa inyo sa susunod na araw na may pasok. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-855-735-4398** (TTY : **711**) du lundi au vendredi, de 8 h à 20 h. Si vous appelez en dehors des heures d'ouverture, ou pendant les week-ends et jours fériés, vous devrez peut-être laisser un message. Nous prendrons alors votre appel en compte le jour ouvrable suivant. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-855-735-4398** (TTY: **711**), từ 8 a.m. đến 8 p.m., thứ Hai đến thứ Sáu. Ngoài giờ làm việc, vào cuối tuần và ngày nghỉ lễ liên bang, quý vị có thể được yêu cầu để lại tin nhắn. Sẽ có người phản hồi cuộc gọi của quý vị vào ngày làm việc tiếp theo. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns von Montag bis Freitag zwischen 8 und 20 Uhr unter folgender Telefonnummer an: **1-855-735-4398** (TTY: **711**). Außerhalb der Geschäftszeiten, an Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 월요일~금요일, 오전 8시부터 오후 8시까지 **1-855-735-4398**(TTY: **711**) 번으로 당사에 연락해 주십시오. 근무시간 이후나 주말 및 공휴일에는 메시지를 남겨 주시면 됩니다. 그러면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-855-735-4398** (TTY: **711**). Часы работы: с 8 a.m. до 8 p.m. с понедельника по пятницу. В нерабочее время, в выходные и праздничные дни вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

**Arabic:** نوَقِّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، يرجى الاتصال بنا على الرقم **1-855-735-4398** (TTY: **711**) من الساعة 8 صباحًا لغاية الساعة 8 مساءً، من الاثنين إلى الجمعة. قد يُطلب منك ترك رسالة بعد انتهاء ساعات العمل وفي عطلات نهاية الأسبوع والإجازات الفيدرالية وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-855-735-4398** (TTY: **711**) dalle 8:00 alle 20:00, dal lunedì al venerdì. Al di fuori di questi orari, nei fine settimana e nei giorni festivi potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número **1-855-735-4398** (TTY: **711**). O serviço está disponível das 8:00 às 20:00, de segunda-feira a sexta-feira. Se ligar fora deste horário, ao fim de semana ou num feriado federal, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, senpleman rele nou nan **1-855-735-4398** (TTY: **711**). Lè fonksyònman yo se soti 8è a.m. rive 8è p.m., Lendi rive Vandredi. Aprè lè biwo yo fèmen, nan wikenn ak pandan jou ferye federal yo, yo gendwa mande w pou ou kite yon mesaj. Yo pral rele w pwochen jou biwo yo louvri a. Yon moun ki pale Kreyòl Ayisyen kapab ede w. Se yon sèvis gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-855-735-4398** (TTY : **711**) w godzinach od 8:00 do 20:00, od poniedziałku do piątku. Po godzinach pracy, w weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए बस हमें **1-855-735-4398** (TTY: **711**) पर कॉल करें। कॉल करने का समय है, सोमवार से शुक्रवार सुबह 8 बजे से रात 8 बजे तक। कार्य समय के बाद, सप्ताहांत और संधीय अवकाशों पर, आपसे एक संदेश छोड़ने के लिए कहा जा सकता है। अगले कार्य दिवस पर आपके कॉल का जवाब दिया जाएगा। हिंदी बोलने वाला कोई भी व्यक्ति आपकी मदद कर सकता है। यह एक मुफ्त सेवा है

**Ukrainian:** Ми безкоштовно надаємо послуги перекладачів, щоб ви могли отримати відповіді на будь-які запитання щодо нашого плану медичного обслуговування чи забезпечення лікарськими засобами. Щоб отримати допомогу перекладача, просто зателефонуйте нам за номером **1-855-735-4398** (TTY: **711**) з 8:00 до 20:00 з понеділка по п'ятницю. У неробочі години, вихідні та святкові дні вас можуть попросити залишити повідомлення. Вам передзвонять протягом наступного робочого дня. Спеціаліст, який володіє українською, допоможе вам. Ця послуга безкоштовна.

**Pashto:** موږ د ژباړونکي وړيا خدمتونه لرو چې زموږ د روغتيا يا درملو پلان په اړه پوښتنو ته ځواب ووايو. د ژباړونکي تر لاسه کولو لپاره يوازي موږ ته په **1-855-735-4398** (TTY: **711**) کې د سهار له 8 بجو څخه د ماسپینين تر 8 بجو پورې زنگ ووهئ. له کارۍ ساعتونو وروسته، د اونۍ په پای کې او په رخصتۍ کې، تاسو څخه د پیغام پریښودلو غوښتنه کېدۍ شي. ستاسو زنگ به په راتلونکې کاري ورځ کې بیرته ځواب شي. هغه څوک چې په پښتو خبرې کوی شي له تاسو سره به مرسته وکړي. دا یو وړیا خدمت دی.

**Bengali:** আমাদের স্বাস্থ্য বা ড্রাগ বিষয়ক পরিকল্পনা সম্পর্কে আপনার যে কোনও প্রশ্নের উত্তর দিতে আমরা বিনামূল্যে দোভাষীর পরিষেবা দিই। দোভাষীর পরিষেবা পেতে কেবল আমাদের **1-855-735-4398** (TTY: **711**) নম্বরে সোমবার থেকে শূক্রবার সকাল ৪টা থেকে রাত্রি ৪টার মধ্যে কল করুন। কাজের সময়ের বাইরে, সম্বাহন্তে এবং ছুটির দিনগুলিতে আপনাকে একটি মেসেজ দিয়ে রাখতে বলা হতে পারে। আপনাকে পরবর্তী কাজের দিন কল করা হবে। বাংলা বলতে পারেন এমন কেউ আপনাকে সাহায্য করতে পারেন। এই পরিষেবাটি বিনামূল্যে।

**Farsi:** ما برای پاسخگویی به همه پرسش‌هایی که ممکن است درباره طرح بهداشتی یا دارویی ما داشته باشید، خدمات ترجمه شفاهی رایگان ارائه می‌دهیم. برای در اختیار داشتن مترجم شفاهی می‌توانید دوشنبه تا جمعه از 8 صبح تا 8 شب از طریق شماره **1-855-735-4398** (TTY: **711**) با ما تماس بگیرید. بعد از ساعات اداری، آخر هفته‌ها و روزهای تعطیل ممکن است از شما خواسته شود که پیام بگذارید. در روز کاری بعدی با شما تماس گرفته خواهد شد. شخصی که به زبان فارسی صحبت می‌کند، می‌تواند به شما کمک کند. این خدمات به‌طور رایگان ارائه می‌شود.

**Albanian:** Ne disponojmë shërbime përkthimi falas për t'iu përgjigjur pyetjeve që mund të keni rreth planit tonë për shëndetin ose për barnat. Nëse dëshironi një përkthyes, thjesht na telefononi në numrin **1-855-735-4398** (TTY: **711**), nga e hëna në të premte, në orarin 08:00 - 20:00. Pas orarit të punës, fundjavave dhe festave, mund t'ju kërkohet të lini një mesazh. Ne do t'ju telefonojmë në ditën vijuese të punës. Dikush që flet shqip mund t'ju ndihmojë. Ky shërbim është pa pagesë.

**Dari:** ما خدمات ترجمان رایگان داریم تا به هر سوال که ممکن است شما در مورد پلان صحتی یا دوا خود داشته باشید پاسخ دهیم. برای دریافت ترجمان کافی است با شماره **1-855-735-4398** (TTY: **711**) از ساعت 8 صبح الی 8 شب از دوشنبه تا جمعه با ما تماس بگیرید. پس از ساعات ها، در رخصتی های آخر هفته و در روزهای رخصتی، ممکن است از شما خواسته شود که یک پیام بگذارید. در روز بعد کاری با شما تماس گرفته خواهد شد. کسی که دری صحبت می کند می تواند به شما کمک کند. این خدمات رایگان است.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、月曜日～金曜日の午前 8 時～午後 8 時に、**1-855-735-4398** (TTY : **711**) までお電話ください。営業時間外、週末、祝日は、留守番電話にメッセージを残す必要がある場合があります。その場合は、折り返しお電話いたします。日本語の通訳担当者が対応します。これは無料のサービスです。



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