

## 2025 Mississippi D-SNP Plans

### Categories of Medicare Cost Sharing

**Qualified Medicare Beneficiaries (QMB):** Medicaid pays Medicare premiums, deductibles, coinsurance and copayments. Total monthly income cannot exceed 100% of the federal poverty level for an individual or married couple and without regard to personal resource. Must be eligible for Medicare Part A.

**Qualified Medicare Beneficiaries Plus (QMB+):** Same benefits as QMB in addition to full Medicaid Benefits

**Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays only Part B premiums and are not qualified for any additional Medicaid benefits. Total monthly income cannot exceed 120% of the federal poverty level for an individual or married couple and without regard for personal resources. Must have Medicare Part A.

**Specified Low-Income Medicare Beneficiary Plus (SLMB+):** Same benefits as SLMB in addition to full Medicaid Benefits

**Qualifying Individual (QI):** Medicaid will pay only Part B premium and are not qualified for any additional Medicaid benefits. Total monthly income cannot exceed 135% of the federal poverty level for an individual or married couple and without regard to personal resource. Must have for Medicare Part A.

**Qualified Disabled Working Individual (QDWI):** Medicaid will pay costs associated with Medicare Part A

**Dual Special Needs Plans (FBDE):** Applies to those who are eligible for both Medicaid and Medicare (“dual eligibles”) DSNPs offer care coordination and provide supplemental benefits to their members to improve the coordination of services and enhance quality of care. Dual Eligible patient can enroll in a DSNP during their Medicare annual election period or at the start of every month.

**Aetna** (Well vision by Aetna Vision via EyeMed)

<https://www.aetna.com/health-care-professionals.html>

### **Aetna Medicare Dual Choice (PPO D-SNP) H5521 – 464**

FBDE, QMB, QMB+, SLMB+

Adams, Alcorn, Amite, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Claiborne, Clay, Coahoma, Copiah, Covington, DeSoto, Franklin, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Itawamba, Jackson, Jefferson, Jefferson Davis, Lafayette, Lawrence, Leake, Lee, Leflore, Lincoln, Lowndes, Madison, Marion, Marshall, Monroe, Montgomery, Noxubee, Oktibbeha, Panola, Pearl River, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Yalobusha, Yazoo

**Vision Benefits:** Well vision by Aetna Vision via EyeMed

**In-Network:** Eye Exams: 0% for Medicare-covered eye exams \$0 for non-Medicare covered eye exams  
(Maximum one non-Medicare covered eye exam every year in or out-of-network)

Eyewear: 0% for Medicare-covered prescription eyewear \$0 for Contacts \$0 for Eyeglasses  
\$0 for Eyeglass Frames \$0 for Eyeglass Lenses \$0 for Upgrades

**Out-of-Network:** Eye Exams: 0%-40% based on Medicaid eligibility for Medicare-covered eye exams  
0% for non-Medicare covered eye exams

(Maximum one non-Medicare covered eye exam every year in or out-of-network)

Eyewear: 0%-40% based Medicaid eligibility for Medicare-covered prescription eyewear

\$0 for Contacts \$0 for Eyeglass Frames \$0 for Eyeglass Lenses \$0 for Eyeglass Lenses and Frames

\$0 for Upgrades \$500 benefit amount (allowance) yearly for non-Medicare covered prescription eyewear

<https://content.medicareadvantage.com/2025/Aetna-Y0001-H5521-464-DS98-SB2025-M-SF20241125.pdf>

<https://content.medicareadvantage.com/2025/Aetna-Y0001-H5521-464-DS98-EOC2025-C-SF20241001.pdf>

### **Aetna Medicare Dual Preferred (HMO D-SNP) H3239 – 005**

FBDE, QMB, QMB+, SLMB+

Benton, Calhoun, Chickasaw, Clay, DeSoto, Itawamba, Lafayette, Lee, Lowndes, Marshall, Monroe, Oktibbeha, Panola, Pontotoc, Prentiss, Tate, Tippah, Tishomingo, Tunica, Union

**Vision Benefits:** Well vision by Aetna Vision via EyeMed

In-Network only: Eye Exams: 0% for Medicare-covered eye exams \$0 for non-Medicare covered eye exams  
(Maximum one non-Medicare covered eye exam every year)  
Eyewear: 0% for Medicare-covered prescription eyewear \$0 for Contacts \$0 for Eyeglasses  
\$0 for Eyeglass Frames \$0 for Eyeglass Lenses \$0 for Upgrades  
\$400 benefit amount (allowance) yearly for non-Medicare covered prescription eyewear.  
<https://content.medicareadvantage.com/2025/Aetna-Y0001-H3239-005-DS38-EOC2025-C-SF20241001.pdf>  
<https://content.medicareadvantage.com/2025/Aetna-Y0001-H3239-005-DS38-SB2025-M-SF20241125.pdf>

### **Aetna Medicare Dual Preferred (HMO D-SNP) H3239-008**

FBDE, QMB, QMB+, SLMB+

George, Hancock, Harrison, Jackson, Pearl River, Stone

**Vision Benefits:** Well vision by Aetna Vision via EyeMed

In-Network only: Eye Exams: 0% for Medicare-covered eye exams \$0 for non-Medicare covered eye exams  
(Maximum one non-Medicare covered eye exam every year)  
Eyewear: 0% for Medicare-covered prescription eyewear \$0 for Contacts \$0 for Eyeglasses  
\$0 for Eyeglass Frames \$0 for Eyeglass Lenses \$0 for Upgrades  
\$465 benefit amount (allowance) yearly for non-Medicare covered prescription eyewear.  
<https://content.medicareadvantage.com/2025/Aetna-Y0001-H3239-008-DS41-SB2025-M-SF20241125.pdf>  
<https://content.medicareadvantage.com/2025/Aetna-Y0001-H3239-008-DS41-EOC2025-C-SF20241001.pdf>

### **Aetna Medicare Dual Select (HMO D-SNP) H3239 – 012**

FBDE, QMB, QMB+, SLME, SLME+, QDWI, QI

Benton, Calhoun, Chickasaw, Clay, DeSoto, George, Hancock, Harrison, Itawamba, Jackson, Lafayette, Lee, Lowndes, Marshall, Monroe, Oktibbeha, Panola, Pearl River, Pontotoc, Prentiss, Stone, Tate, Tippah, Tishomingo, Tunica, Union

**Vision Benefits:** Well vision via Aetna Vision by EyeMed

In-Network only: Eye Exams: \$0 for Diabetic eye exams \$0-\$25 based on Medicaid eligibility for all other Medicare-covered eye exams \$0 for non-Medicare covered eye exams (Maximum one non-Medicare covered eye exam every year)  
Eyewear: \$0 for Medicare-covered prescription eyewear \$0 for Contacts \$0 for Eyeglasses  
\$0 for Eyeglass Frames \$0 for Eyeglass Lenses \$0 for Upgrades  
\$400 benefit amount (allowance) every year for non-Medicare covered prescription eyewear  
<https://content.medicareadvantage.com/2025/Aetna-Y0001-H3239-012-DS44-SB2025-M-SF20241125.pdf>  
<https://content.medicareadvantage.com/2025/Aetna-Y0001-H3239-012-DS44-EOC2025-C-SF20241001.pdf>

### **Aetna Medicare Dual Select Choice (PPO D-SNP) H5521 – 465**

FBDE, QMB, QMB+, SLME, SLME+, QDWI, QI

Adams, Alcorn, Amite, Attala, Bolivar, Carroll, Chickasaw, Choctaw, Claiborne, Clay, Coahoma, Copiah, Covington, DeSoto, Franklin, George, Greene, Grenada, Hancock, Hinds, Holmes, Humphreys, Issaquena, Itawamba, Jackson, Jefferson, Jefferson Davis, Lafayette, Lawrence, Leake, Lee, Leflore, Lincoln, Lowndes, Madison, Marion, Monroe, Montgomery, Noxubee, Panola, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tunica, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Yalobusha, Yazoo

**Vision Benefits:** Well vision by Aetna Vision via EyeMed

In-Network: Eye Exams: \$0-\$25 based Medicaid eligibility \$0 for non-Medicare covered eye exams  
(Maximum one non-Medicare covered eye exam every year in or out-of-network)  
Eyewear: \$0 for Medicare-covered prescription eyewear \$0 for Contacts \$0 for Upgrades  
Out-of-Network: Eye Exams: \$0-\$25 based on Medicaid eligibility for Medicare-covered eye exams  
0% for non-Medicare covered eye exams  
(Maximum one non-Medicare covered eye exam every year in or out-of-network)  
Eyewear: 0%-40% based on Medicaid eligibility for Medicare-covered prescription eyewear \$0 for Contacts  
\$0 for Eyeglass Lenses and Frames \$0 for Upgrades \$450 benefit amount (allowance)/year  
<https://content.medicareadvantage.com/2025/Aetna-Y0001-H5521-465-DS99-SB2025-M-SF20241125.pdf>  
<https://content.medicareadvantage.com/2025/Aetna-Y0001-H5521-465-DS99-EOC2025-C-SF20241001.pdf>

### **Aetna Medicare Dual Signature (HMO D-SNP): H3239-015**

FBDE, MQB, MQB+, SLMB+

Desoto, Hancock, Harrison, Hinds, Jackson

**Vision Benefits:** Well vision by Aetna Vision via EyeMed

**In-Network only:** Eye Exams: 0% for Medicare-covered eye exams      \$0 for non-Medicare covered eye exams 1/year

Eyewear: 0% for Medicare-covered prescription eyewear      \$0 for Contacts      \$0 for Upgrades

\$550 benefit amount (allowance) yearly for non-Medicare covered prescription eyewear

<https://content.medicareadvantage.com/2025/Aetna-Y0001-H3239-015-DS87-SB2025-M-SF20241125.pdf>

<https://content.medicareadvantage.com/2025/Aetna-Y0001-H3239-015-DS87-EOC2025-C-SF20241001.pdf>

### **Aetna Medicare Dual Signature Select (HMO D-SNP): H3239-016**

FBDE, QMB, QMB+, SLME, SLME+, QDWI, QI

DeSoto, Hancock, Harrison, Hinds, Jackson

**Vision Benefits:** Well Vision by Aetna Vision via EyeMed

**In-Network only:** Eye Exams: \$0-\$25 based on Medicaid eligibility for Medicare-covered eye exams

\$0 for non-Medicare covered eye exams (Maximum 1/year)

Eyewear: \$0 for Medicare-covered prescription eyewear    \$0 for Contacts    \$0 for Upgrades

\$300 benefit amount (allowance)/year

<https://content.medicareadvantage.com/2025/Aetna-Y0001-H3239-016-DS88-SB2025-M-SF20241125.pdf>

<https://content.medicareadvantage.com/2025/Aetna-Y0001-H3239-016-DS88-EOC2025-C-SF20241001.pdf>

### **CIGNA (Well vision via EyeMed)**

<https://www.cigna.com/health-care-providers/resources/>

### **Cigna TotalCare (HMO D-SNP) H4407-004**

SLMB, QI, QDWI

Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne

**Vision Benefits** (Well vision via EyeMed)

Eye Exams: Medicare Covered Copay= \$0 Routine Eye Exams Copay= \$0 Maximum 1 Routine Eye Exam/year

Eyewear: Copayment for Medicare-Covered Benefits **\$0** Copayment for Contact Lenses **\$0**

Copayment for Eyeglasses (lenses and frames) \$0      Maximum 1 Pair every year or contacts yearly

Copayment for Upgrades=\$0      Maximum Plan Benefit= \$300/year

Will not cover both corrective lenses/frames and contacts in the same benefit year

<https://content.medicareadvantage.com/2025/Cigna-sb-h4407-004-000-2025-SF20241114.pdf>

<https://content.medicareadvantage.com/2025/Cigna-eoc-h4407-004-000-2025-SF20241114.pdf>

### **Cigna TotalCare Plus (HMO D-SNP) H4407-029**

FBDE, QMB, QMB+, SLMB+

Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, and Wayne

**Vision Benefits** (well vision via EyeMed)

Eye Exams: Copayment for Medicare Covered Benefits **\$0**

Copayment for Routine Eye Exams **\$0**    Maximum 1 Routine Eye Exam every year

Eyewear: Copayment for Medicare-Covered Benefits **\$0** Copayment for Contact Lenses **\$0**

Copayment for Eyeglasses (lenses and frames) **\$0**      Maximum 1 Pair every year

Copayment for Upgrades **\$0**      Maximum Plan Benefit of **\$300** every year

Corrective lenses, frames and contacts are covered once per year. Will not cover corrective lenses/frames and contacts in same benefit year

<https://content.medicareadvantage.com/2025/Cigna-sb-h4407-029-000-2025-SF20241114.pdf>

<https://content.medicareadvantage.com/2025/Cigna-eoc-h4407-029-000-2025-SF20241114.pdf>

## **DEVOTED** (Well vision via Premier)(Changed to Premier in 2025)

[https://assets.devoted.com/Providers/18\\_25\\_DH\\_P\\_2025\\_Provider\\_Manual](https://assets.devoted.com/Providers/18_25_DH_P_2025_Provider_Manual)

<https://www.devoted.com/providers/>

### **Devoted CHOICE DUAL Mississippi (PPO D-SNP) - H7355-004-000**

FBDE, QMB, QMB+, SLMB, SLMB+, QDWI, QI

Benton, DeSoto, Hancock, Harrison, Hinds, Madison, Marshall, Panola, Rankin, Tate, Tippah, Tunica

**Vision Benefits:** Well vision administered via Premier

**In-Network:** Eye Exams: Coinsurance for Medicare Covered Benefits **0% or 35%** Copayment for Routine Eye Exams **\$0**  
Maximum 1 Routine Eye Exam every year

**Eyewear:** Copayment for Medicare-Covered Benefits **\$0**

Maximum Plan Allowance of **\$500** every year. May be combined with comprehensive dental benefits.

\$500 preloaded debit card/year towards Preventive Dental, Comprehensive Dental, and/or Eyewear combined.

See any eyewear retailer. Can use card at any dental or eyewear provider who accepts MasterCard.

Includes: Prescription frames and lenses, contact lenses, prescription sunglasses, upgrades such as AR and transitions but excludes any vision procedures, including elective vision procedures (corrective surgery, etc).

**Out-of-Network:** Medicare Covered Eye Exams Services: Coinsurance for Medicare Covered Eye Exams **0% or 35%**  
Copayment for Medicare Covered Eyewear **\$0**

<https://content.medicareadvantage.com/2025/2025-Devoted-CHOICE-DUAL-Mississippi-PPO-D-SNP-SB-H7355-004-ENG-SF20241016.pdf>

<https://content.medicareadvantage.com/2025/2025-Devoted-CHOICE-DUAL-Mississippi-PPO-D-SNP-EOC-H7355-004-ENG-SF20241016.pdf>

### **Devoted Choice Dual Plus Mississippi (PPO D-SNP) - H7355-003-000**

FBDE, MQB, MQB+, SLMB+

Benton, Desoto, Hancock, Harrison, Hinds, Madison, Marshall, Panola, Rankin, Tate, Tippah, Tunica

**Vision Benefits:** Well vision administered via Premier

**In-Network:** Eye Exams: Coinsurance for Medicare Covered Benefits **0% or 30%** Copayment for Routine Eye Exams **\$0**  
Maximum 1 Routine Eye Exam every year

**Eyewear:** Copayment for Medicare-Covered Benefits **\$0**

Maximum Plan Allowance of **\$500** every year. May be combined with comprehensive dental benefits.

\$500 preloaded debit card/year towards Preventive Dental, Comprehensive Dental, and/or Eyewear combined.

See any eyewear retailer. Can use card at any dental or eyewear provider who accepts MasterCard.

Includes: Prescription frames and lenses, contact lenses, prescription sunglasses, upgrades such as AR and transitions but excludes any vision procedures, including elective vision procedures (corrective surgery, etc).

**Out-of-Network:** Medicare Covered Eye Exams Services: Coinsurance for Medicare Covered Eye Exams **0% or 30%**  
Copayment for Medicare Covered Eyewear **\$0**

<https://content.medicareadvantage.com/2025/2025-Devoted-CHOICE-DUAL-PLUS-Mississippi-PPO-D-SNP-SB-H7355-003-ENG-SF20241016.pdf>

<https://content.medicareadvantage.com/2025/2025-Devoted-CHOICE-DUAL-PLUS-Mississippi-PPO-D-SNP-EOC-H7355-003-ENG-SF20241016.pdf>

## **Harmony Health (see Wellcare Below)**

## **HUMANA** (Well vision via EyeMed)

<https://provider.humana.com/>

### **Humana Choice SNP-DE H5216-367 (PPO D-SNP)**

FBDE, QMB+, SLMB+

Adams, Alcorn, Amite, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Franklin, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Leflore, Lincoln, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Newton, Noxubee, Panola, Pearl River, Perry, Pike, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Winston, Yalobusha, Yazoo

**Vision Benefits:** Well vision via EyeMed

**In-Network:** Medicare-covered diabetic eye exam \$0 copay Eyewear (post cataract surgery) \$0 copay

**Out-of-Network:** Medicare Covered Eye Exams Services: Coinsurance for Medicare Covered Eye Exams 0% or 20% to 50%  
Copayment for Medicare Covered Eyewear \$0

<https://content.medicareadvantage.com/2025/Humana-H5216-367-000-SB-EN-2025-SF20240913.pdf>

<https://content.medicareadvantage.com/2025/Humana-H5216-367-000-EOC-EN-2025-SF20240915.pdf>

**Humana Gold Plus SNP-DE H1036-222 (HMO D-SNP): H1036-222-0**

FBDE, QMB, QMB+, SLMB+

Attala, Copiah, DeSoto, Hancock, Harrison, Hinds, Jackson, Madison, Pearl River, Rankin

**Vision Benefits:** Well vision via EyeMed - Humana Medicare Insight Network

**In-Network:** Eye Exams: Copayment for Medicare Covered Benefits \$0 Copayment for Routine Eye Exams \$0  
Maximum 1 Routine Eye Exam every year

Eyewear: Copayment for Medicare-Covered Benefits \$0 Copayment for Contact Lenses \$0

Maximum 1 Pair yearly Copayment for Eyeglasses (lenses and frames) \$0 Maximum Yearly Benefit=\$250

Members must use Humana's Medicare Insight Network, a national network of providers, which includes standard or PLUS providers. The allowance for the standard network is \$50 less than the PLUS network.

<https://content.medicareadvantage.com/2025/Humana-H1036-222-000-SB-EN-2025-SF20240913.pdf>

<https://content.medicareadvantage.com/2025/Humana-H1036-222-000-EOC-EN-2025-SF20240915.pdf>

**Humana Gold Plus SNP-DE H6622-048 (HMO D-SNP)**

FBDE, QMB, QMB+, SLMB+

Clarke, Covington, Forrest, George, Greene, Jasper, Jones, Lamar, Lauderdale, Leake, Marion, Marshall, Panola, Perry, Scott, Stone, Tate, Tunica, Wayne

**Vision Benefits:** Well vision via EyeMed - Humana Medicare Insight Network

**In-Network:** Eye Exams: Copayment for Medicare Covered Benefits \$0 Copayment for Routine Eye Exams \$0  
Maximum 1 Routine Eye Exam every year

Eyewear: Copayment for Medicare-Covered Benefits \$0 Copayment for Contact Lenses \$0

Maximum 1 Pair yearly Copayment for Eyeglasses (lenses and frames) \$0 Maximum Yearly Benefit=\$350

Members must use Humana's Medicare Insight Network, a national network of providers, which includes standard or PLUS providers. The allowance for the standard network is \$50 less than the PLUS network.

<https://content.medicareadvantage.com/2025/Humana-H6622-048-000-SB-EN-2025-SF20240913.pdf>

<https://content.medicareadvantage.com/2025/Humana-H6622-048-000-EOC-EN-2025-SF20240915.pdf>

**Humana Choice SNP-DE H5216-292 (PPO D-SNP)**

FBDE, QMB, QMB+, SLMB+

Adams, Alcorn, Attala, Benton, Bolivar, Calhoun, Chickasaw, Choctaw, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Franklin, George, Greene, Hancock, Harrison, Hinds, Humphreys, Issaquena, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Leake, Leflore, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Panola, Pearl River, Perry, Pike, Prentiss, Quitman, Rankin, Scott, Sharkey, Stone, Sunflower, Tallahatchie, Tate, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Winston, Yalobusha, Yazoo

**Vision Benefits:** Well vision via EyeMed

**In Network:** Eye Exams \$0 copay Eyewear (post cataract surgery) \$0 copay

Routine eye exam=\$0 copay 1/year \$75 combined maximum yearly benefit year for routine exam.

\$200 maximum yearly benefit for contact lenses or eyeglasses-lenses and frames

OR \$250 maximum yearly benefit - PLUS Provider for contact lenses or eyeglasses

Eyeglass lens options may be available with the maximum yearly benefit up to 1 pair per year

**Out-of-Network:** Medical Eye Exams \$0 or 20% or 50% of cost Eyewear (post cataract surgery) \$0 copay

Routine Eye Exams \$0 copay 1/year \$75 combined maximum yearly benefit year for routine exam.

\$200 maximum yearly benefit for contact lenses or eyeglasses

<https://content.medicareadvantage.com/2025/Humana-H5216-292-000-SB-EN-2025-SF20240913.pdf>  
<https://content.medicareadvantage.com/2025/Humana-H5216-292-000-EOC-EN-2025-SF20240915.pdf>

### **HumanaChoice SNP-DE H5216-298 (PPO D-SNP)**

QDWI, QI, SLMB

Adams, Alcorn, Attala, Benton, Bolivar, Calhoun, Chickasaw, Choctaw, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Franklin, George, Greene, Hancock, Harrison, Hinds, Humphreys, Issaquena, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Leake, Leflore, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Panola, Pearl River, Perry, Pike, Prentiss, Quitman, Rankin, Scott, Sharkey, Stone, Sunflower, Tallahatchie, Tate, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Winston, Yalobusha, Yazoo

**Vision Benefits:** Well vision via EyeMed - Humana Medicare Insight Network

**In-Network:** Eye Exams: Copayment for Medicare Covered Benefits \$0-\$50 Copayment for Routine Eye Exams \$0  
Maximum 1 Routine Eye Exam every year

Eyewear: Copayment for Medicare-Covered Benefits \$0 Copayment for Contact Lenses \$0  
Maximum 1 Pair yearly Copayment for Eyeglasses (lenses and frames) \$0 Maximum Yearly Benefit=\$250

Members must use Humana's Medicare Insight Network, a national network of providers, which includes standard or PLUS providers. The allowance for the standard network is \$50 less than the PLUS network.

**Out-of-Network:** Eye Exams \$0-\$55 Eyewear (post cataract surgery) \$0 copay

Eye Exams \$0 copay Eyewear (post cataract surgery) \$0 copay

Supplemental: \$0 copay- routine exam 1/ year \$75 combined maximum yearly benefit- routine exam  
\$200 maximum yearly benefit for contact lenses or eyeglasses

<https://content.medicareadvantage.com/2025/Humana-H5216-298-000-SB-EN-2025-SF20240913.pdf>  
<https://content.medicareadvantage.com/2025/Humana-H5216-298-000-EOC-EN-2025-SF20240915.pdf>

**MOLINA** Well vision via VSP

<https://www.molinahealthcare.com/members/ms/en-us/health-care-professionals/home.aspx>

### **Molina Medicare Complete Care (HMO D-SNP) - Plan ID: H8845-004-0**

FBDE, QMB, QMB+, SLMB+

Hinds, Madison, Rankin

**Vision Benefits:** Well vision via VSP

**In Network only:** Eye Exams: Copayment for Medicare Covered Benefits \$0  
Copayment for Routine Eye Exams \$0 1/year

Eyewear: Copayment for Medicare-Covered Benefits \$0 Maximum Plan Allowance of \$200 every year

<https://content.medicareadvantage.com/2025/Molina-2025-MS-H8845-004-SOB-SB-SF20240925.pdf>

<https://www.molinahealthcare.com/members/ms/en-us/mem/medicare/-/media/Molina/PublicWebsite/PDF/members/common/en-us/Medicare/2025%20Documents/Evidence%20of%20Coverage/MS004-2025-SNP-EOC-EN-508>

### **Molina Medicare Complete Care (HMO D-SNP) - H8845-005-000**

FBDE, QMB, QMB+, SLMB+

George, Hancock, Harrison, Pearl River, Stone

**Vision Benefits:** Well vision via VSP

**In-Network:** Eye Exams: Copayment for Medicare Covered Benefits \$0 Copayment for Routine Eye Exams \$0  
Maximum 1 Routine Eye Exam every year

Eyewear: Copayment for Medicare-Covered Benefits \$0 Maximum Plan Allowance of \$200 every year

<https://content.medicareadvantage.com/2025/Molina-2025-MS-H8845-005-SOB-SB-SF20240925.pdf>

<https://www.molinahealthcare.com/members/ms/en-us/mem/medicare/-/media/Molina/PublicWebsite/PDF/members/common/en-us/Medicare/2025%20Documents/Evidence%20of%20Coverage/MS005-2025-SNP-EOC-EN-508>

## **Primewell Health Plan of Mississippi** (Formerly Vantage Health Plan) Well vision via Premier (may require PA)

<https://www.primewellhealth.com/physicians/documents>

### **Primewell Dual Plus (HMO-POS D-SNP):H7163-003-0**

FBDE, QMB, QMB+, SLMB+

Adams, Amite, Attala, Bolivar, Calhoun, Carroll, Choctaw, Claiborne, Clarke, Coahoma, Copiah, Covington, Franklin, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lawrence, Leake, Leflore, Lincoln, Madison, Marion, Montgomery, Newton, Panola, Pearl River, Perry, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tunica, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Yalobusha, Yazoo

**Vision Benefits:** Via Premier (Some services may require prior approval)

**In-Network** Deductible applies. \$0 or 20% coinsurance for each Medicare-covered service

Medicare-covered eyeglasses or contact lenses: Deductible applies. \$0 or 20% coinsurance Upgrades are not covered

Routine exam: \$0 copay 1/year

Routine Eyeglasses: Flex card benefit of \$300 combined credit yearly from in- or out-of-network providers/retailers

Contact lenses = \$0 copay Limited to 12 pairs/year 1 contact lens fitting per year = \$0 copay

**Out-of-Network:** Deductible applies. 50% coinsurance for each Medicare-covered service

Medicare-covered eyeglasses or contact lenses: Deductible applies. 50% coinsurance

Providers must be a Medicare-approved supplier for DME

Routine exam: 50% coinsurance 1/year

Routine Eyeglasses: Flex card benefit of \$300 combined credit yearly from in- or out-of-network providers/retailers

Contact lenses: \$0 copay Limited to 12 pairs/year 1 contact lens fitting per year = \$0 copay

<https://www.primewellhealth.com/assets/pdfs/SOB/ma-phs-2025%20MS%20DUAL%20standalone%20SB-01VA1126%20R0924-proof.pdf>

[https://www.primewellhealth.com/assets/pdfs/EOC/EOC\\_H7163-003%20Dual%20Plus%20v2%2012.3.2024.pdf](https://www.primewellhealth.com/assets/pdfs/EOC/EOC_H7163-003%20Dual%20Plus%20v2%2012.3.2024.pdf)

## **Shared Health Mississippi** Well Vision via EyeMed

<https://provider.sharedhealthms.com/documents-forms>

### **Shared Health Dual Freedom (PPO D-SNP): H9946-001-0**

FBDE, QMB, QMB+, SLMB+

Amite, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Copiah, Covington, DeSoto, Franklin, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Itawamba, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lauderdale, Lawrence, Leake, Lee, Leflore, Lowndes, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Newton, Noxubee, Panola, Pearl River, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Winston, Yalobusha, Yazoo

**Vision Benefits:** Well Vision via EyeMed

**Medicare-covered:** Eye exam (diagnostic) Deductible + \$0 cost-sharing – Medicare glasses and contact lenses

**Well Vision:** One eye exam (routine or diagnostic) per year \$0 cost-sharing

Eyewear (frames, lenses \$300 combined annual allowance for glasses and/or lenses and fittings and/or contact lenses)

[https://www.sharedhealthms.com/wcm/connect/sharedhealth/49c65ca4-4f88-40fc-bc17-d28397d8e592/2025-summary-of-benefits.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE.Z18\\_0G121H01POJ620QJ46L8841UF3-49c65ca4-4f88-40fc-bc17-d28397d8e592-p8lbo4d](https://www.sharedhealthms.com/wcm/connect/sharedhealth/49c65ca4-4f88-40fc-bc17-d28397d8e592/2025-summary-of-benefits.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE.Z18_0G121H01POJ620QJ46L8841UF3-49c65ca4-4f88-40fc-bc17-d28397d8e592-p8lbo4d)

[https://www.sharedhealthms.com/wcm/connect/sharedhealth/9c0cbd8a-e4ca-444c-8c2e-728835467fd7/2025-evidence-of-coverage-freedom+%281%29.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE.Z18\\_0G121H01POJ620QJ46L8841UF3-9c0cbd8a-e4ca-444c-8c2e-728835467fd7-p8EYQzc](https://www.sharedhealthms.com/wcm/connect/sharedhealth/9c0cbd8a-e4ca-444c-8c2e-728835467fd7/2025-evidence-of-coverage-freedom+%281%29.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE.Z18_0G121H01POJ620QJ46L8841UF3-9c0cbd8a-e4ca-444c-8c2e-728835467fd7-p8EYQzc)

### **Shared Health Dual Plus (HMO D-SNP): H3015-001-0**

FBDE, QMD, QMB+, SLMB+

Alcorn, Amite, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Coahoma, Copiah, Covington, DeSoto, Franklin, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena,

Itawamba, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lauderdale, Lawrence, Leake, Lee, Leflore, Lincoln, Lowndes, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Newton, Noxubee, Oktibbeha, Panola, Pearl River, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Winston, Yalobusha, Yazoo

**Vision Benefits:** Well Vision via EyeMed

Medicare-covered: Eye exam (diagnostic) Deductible + \$0 cost-sharing – Medicare glasses and contact lenses

Well Vision: One eye exam (routine or diagnostic) per year \$0 cost-sharing

Eyewear (frames, lenses \$300 combined annual allowance for glasses and/or lenses and fittings and/or contact lenses)

[https://www.sharedhealthms.com/wcm/connect/sharedhealth/49c65ca4-4f88-40fc-bc17-d28397d8e592/2025-summary-of-benefits.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE.Z18\\_0G121H01POJ620QJ46L8841UF3-49c65ca4-4f88-40fc-bc17-d28397d8e592-p8Ibo4d](https://www.sharedhealthms.com/wcm/connect/sharedhealth/49c65ca4-4f88-40fc-bc17-d28397d8e592/2025-summary-of-benefits.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE.Z18_0G121H01POJ620QJ46L8841UF3-49c65ca4-4f88-40fc-bc17-d28397d8e592-p8Ibo4d)

[https://www.sharedhealthms.com/wcm/connect/sharedhealth/0885978d-c011-4e4d-af2c-8c789f30e028/2025-evidence-of-coverage-plus.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE.Z18\\_0G121H01POJ620QJ46L8841UF3-0885978d-c011-4e4d-af2c-8c789f30e028-p8EYD00](https://www.sharedhealthms.com/wcm/connect/sharedhealth/0885978d-c011-4e4d-af2c-8c789f30e028/2025-evidence-of-coverage-plus.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE.Z18_0G121H01POJ620QJ46L8841UF3-0885978d-c011-4e4d-af2c-8c789f30e028-p8EYD00)

**United Health Care** Well vision via United Health Care Vision

<https://www.uhcprovider.com/en/admin-guides.html>

<https://www.uhcprovider.com/en/health-plans-by-state/mississippi-health-plans/ms-medicare-plans/ms-dual-complete-snp-plans.html>

### **UHC Dual Complete MS-S001 (PPO D-SNP) H1889-011-000**

FBDE, QMB, QMB+, SLMB+

Adams, Alcorn, Amite, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Coahoma, Copiah, Covington, DeSoto, Forrest, Franklin, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Itawamba, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lauderdale, Lawrence, Leake, Lee, Leflore, Lincoln, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Newton, Noxubee, Oktibbeha, Panola, Pearl River, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Winston, Yalobusha, Yazoo

**Vision Benefits:** Well vision via UHC Vision administered by EyeMed

Medical Eye Exam: In-network: \$0 copay Out-of Network \$0 copay or 30% coinsurance

Eyewear after cataract surgery: In-network: \$0 copay Out-of-Network:\$0 copay or 30% coinsurance

Routine Eye Exam: In-network: \$0 copay, 1 per year Out-of Network: 30% coinsurance, 1 per year

Routine Eyewear: Up to \$400 every year for 1 pair of frames or contact lenses.

Standard single, bifocal, trifocal, or progressive lenses are covered in full.

<https://content.medicareadvantage.com/2025/UHC-CSMS25LP0239954-000-H1889011000-SB-06092024-040353-2025-SF20240923.pdf>

<https://content.medicareadvantage.com/2025/UHC-CSMS25LP0243575-000-H1889011000-EOC-25092024-043253-2025-SF20241009.pdf>

### **UHC Dual Complete MS-S002 (HMO-POS D-SNP) H5008-011-000**

Alcorn, Amite, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Coahoma, Copiah, Covington, DeSoto, Forrest, Franklin, George, Greene, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Itawamba, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lauderdale, Lawrence, Leake, Lee, Leflore, Lincoln, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Newton, Noxubee, Oktibbeha, Panola, Pearl River, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Winston, Yalobusha, Yazoo

**Vision Benefits:** Well vision via UHC Vision

Medical Eye Exam: In-network: \$0 copay Out-of Network \$0 copay or 30% coinsurance

Eyewear after cataract surgery: In-network: \$0 copay Out-of-Network: \$0 copay or 30% coinsurance

Routine Eye Exam: In-network: \$0 copay, 1 per year Out-of-Network: 30% coinsurance, 1 per year

Routine Eyewear: Up to \$400 every year for 1 pair of frames or contact lenses.



Standard single, bifocal, trifocal, or progressive lenses are covered in full.

<https://content.medicareadvantage.com/2025/UHC-CSMS25HP0240359-000-H5008011000-SB-06092024-041121-2025-SF20240923.pdf>  
<https://content.medicareadvantage.com/2025/UHC-CSMS25HP0243985-000-H5008011000-EOC-25092024-045951-2025-SF20241009.pdf>

### **UHC Dual Complete MS-S3 (PPO D-SNP) H1889-032-000**

FBDE, QMB+, SLMB+

Adams, Alcorn, Amite, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Coahoma, Copiah, Covington, DeSoto, Forrest, Franklin, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Itawamba, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lauderdale, Lawrence, Leake, Lee, Leflore, Lincoln, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Newton, Noxubee, Oktibbeha, Panola, Pearl River, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Winston, Yalobusha, Yazoo

**Vision Benefits:** Well vision via UHC Vision

Medical Eye Exam: In-network: \$0 copay Out-of-Network \$0 copay or 35% coinsurance

Eyewear after cataract surgery: In-network: \$0 copay Out-of-Network: \$0 copay or 20% coinsurance

Routine Eye Exam: In-network: \$0 copay, 1 per year Out-of-Network: 35% coinsurance, 1 per year

Routine Eyewear: In or out of network: Up to \$700 every year for 1 pair of frames or contact lenses.

Standard single, bifocal, trifocal, or progressive lenses are covered in full.

<https://content.medicareadvantage.com/2025/UHC-CSMS25LP0239972-000-H1889032000-SB-06092024-040413-2025-SF20240923.pdf>  
<https://content.medicareadvantage.com/2025/UHC-CSMS25LP0243593-000-H1889032000-EOC-27092024-064022-2025-SF20241009.pdf>

### **UHC Dual Complete MS-S4 (HMO-POS D-SNP) H5008-017-000**

FBDE, QMB+, SLMB+

Alcorn, Amite, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Coahoma, Copiah, Covington, DeSoto, Forrest, Franklin, George, Greene, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Itawamba, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lauderdale, Lawrence, Leake, Lee, Leflore, Lincoln, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Newton, Noxubee, Oktibbeha, Panola, Pearl River, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Winston, Yalobusha, Yazoo

**Vision Benefits:** Well vision via UHC Vision

Medical Eye Exam: In-network: \$0 copay

Eyewear after cataract surgery: In-network: \$0 copay

\$550 allowance for 1 pair of frames or contacts

<https://content.medicareadvantage.com/2025/UHC-CSMS25HP0240362-000-H5008017000-SB-06092024-041143-2025-SF20240923.pdf>  
<https://content.medicareadvantage.com/2025/UHC-CSMS25HP0243988-000-H5008017000-EOC-26092024-103825-2025-SF20241009.pdf>

### **UHC Dual Complete MS-V001 (HMO-POS D-SNP) H5008-016-000 -**

FBDE, QMB, QMB+, SLMB, SLMB+, QI

Alcorn, Amite, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Coahoma, Copiah, Covington, DeSoto, Forrest, Franklin, George, Greene, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Itawamba, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lafayette, Lauderdale, Lawrence, Leake, Lee, Leflore, Lincoln, Madison, Marion, Marshall, Monroe, Montgomery, Neshoba, Newton, Noxubee, Oktibbeha, Panola, Pearl River, Perry, Pike, Pontotoc, Prentiss, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Warren, Washington, Wayne, Webster, Wilkinson, Winston, Yalobusha, Yazoo

**Vision Benefits:** Well vision via UHC Vision

Medical Eye Exam: In-network: \$0 copay

Eyewear after cataract surgery: In-network: \$0 copay

\$300 allowance for 1 pair of frames or contacts • Free standard prescription lenses including single vision, bifocals, trifocals and Tier I (standard) progressives • Other covered lenses available with copays from \$40 – \$153

<https://content.medicareadvantage.com/2025/UHC-CSMS25HP0240361-000-H5008016000-SB-06092024-041122-2025-SF20240923.pdf>

<https://content.medicareadvantage.com/2025/UHC-CSMS25HP0243987-000-H5008016000-EOC-25092024-045958-2025-SF20241009.pdf>

## **Wellcare (Allwell from Magnolia, Harmony Health)** (Well vision benefits via Premier)

<https://www.wellcare.com/en/mississippi/providers/medicare>

### **Wellcare Dual Access (HMO D-SNP) H1416-034**

FBDE, QMB, QMB+, SLMB+

Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Jackson, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Leflore, Lincoln, Madison, Marion, Marshall, Montgomery, Neshoba, Newton, Panola, Pearl River, Perry, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yalobusha, Yazoo

**Vision Benefit:** Well vision via Premier

In-Network: Eye Exams: Copayment-Medicare Covered Benefits \$0 Copayment-Routine Eye Exams \$0

Maximum 1 Routine Eye Exam every year

Eyewear: Copayment for Medicare-Covered Benefits \$0 Maximum Plan Allowance of \$400 every year

<https://content.medicareadvantage.com/2025/Wellcare-H116-2025-MS-SB-DSNP-155733E-M-SF20240924.pdf>

<https://content.medicareadvantage.com/2025/Wellcare-H1416-034-2025-MS-EOC-DSNP-155239E-C-SF20241003.pdf>

### **Wellcare Dual Access Open (PPO D-SNP) H0074-004**

FBDE, QMB, QMB+, SLMB+

Adams, Benton, Ferry, Franklin, Grant, King, Kitsap, Lewis, Mason, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Yakima

**Vision Benefits:** Well vision via Premier

Out-of-Network-Medicare Covered Eye Exams: Copayment for Medicare Covered Eye Exams- 0 -20%

Coinsurance for Medicare Covered Eyewear 0% - 20%

1 routine eye exam every year. In-Network \$0 copay for 1 routine eye exam every year.

Out-of-Network 40% coinsurance for 1 routine eye exam every year

Unlimited pairs of prescription eyewear every year up to a maximum benefit of \$400 every year.

<https://content.medicareadvantage.com/2025/Wellcare-H0074-2025-MS-SB-PDSNP-155736E-M-SF20240924.pdf>

<https://content.medicareadvantage.com/2025/Wellcare-H0074-004-2025-MS-EOC-PDSNP-155256E-C-SF20241003.pdf>

### **Wellcare Dual Liberty (HMO D-SNP) H1416-044**

FBDE, QMB+, SLM+

Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Jackson, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Leflore, Lincoln, Madison, Marion, Marshall, Montgomery, Neshoba, Newton, Panola, Pearl River, Perry, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yalobusha, Yazoo

**Vision Benefit:** Well vision via Premier

Eye Exams: Copayment-Medicare Covered Benefits \$0 Copayment-Routine Eye Exams \$0

Maximum 1 Routine Eye Exam every year

Eyewear: Copayment for Medicare-Covered Benefits \$0 Maximum Plan Allowance of \$500 every year

<https://content.medicareadvantage.com/2025/Wellcare-H1416-2025-MS-SB-DSNP-155733E-M-SF20240924.pdf>

<https://content.medicareadvantage.com/2025/Wellcare-H1416-044-2025-MS-EOC-DSNP-155283E-C-SF20241003.pdf>

## **Wellcare All Dual Assure (HMO D-SNP) H1416-081 –**

SLMB, QI, QDWI

Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Jackson, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Leflore, Lincoln, Madison, Marion, Marshall, Montgomery, Neshoba, Newton, Panola, Pearl River, Perry, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yalobusha, Yazoo

**Vision Benefit:** Well vision via Premier

Eye Exams: Copayment for Medicare Covered Benefits **\$0 to \$20**

Copayment for Routine Eye Exams **\$0** Maximum 1 Routine Eye Exam every year

Eyewear: Copayment for Medicare-Covered Benefits **\$0** Maximum Plan Allowance of **\$200** every year

<https://content.medicareadvantage.com/2025/Wellcare-H1416-2025-MS-SB-DSNP-155734E-M-SF20240924.pdf>

<https://content.medicareadvantage.com/2025/Wellcare-H1416-081-2025-MS-EOC-DSNP-155303E-C-SF20241003.pdf>

## **Wellcare Dual Reserve (HMO-POS D-SNP) H1416-081**

SLMB, QI, QDWI

Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Jackson, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Leflore, Lincoln, Madison, Marion, Marshall, Montgomery, Neshoba, Newton, Panola, Pearl River, Perry, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yalobusha, Yazoo

**Vision Benefits:** Well vision via Premier

Eye Exams: Copayment-Medicare Covered Benefits **\$0- \$20**

Copayment-Routine Eye Exams **\$0** Maximum 1 Routine Eye Exam every year

Eyewear: Copayment for Medicare-Covered Benefits **\$0** Maximum Plan Allowance of **\$200** every year

<https://content.medicareadvantage.com/2025/Wellcare-H1416-2025-MS-SB-DSNP-155734E-M-SF20240924.pdf>

<https://content.medicareadvantage.com/2025/Wellcare-H1416-081-2025-MS-EOC-DSNP-155303E-C-SF20241003.pdf>