

2019

Your Guide to Medicare & More

*Learn about your options and enroll
in the plan that works for you.*

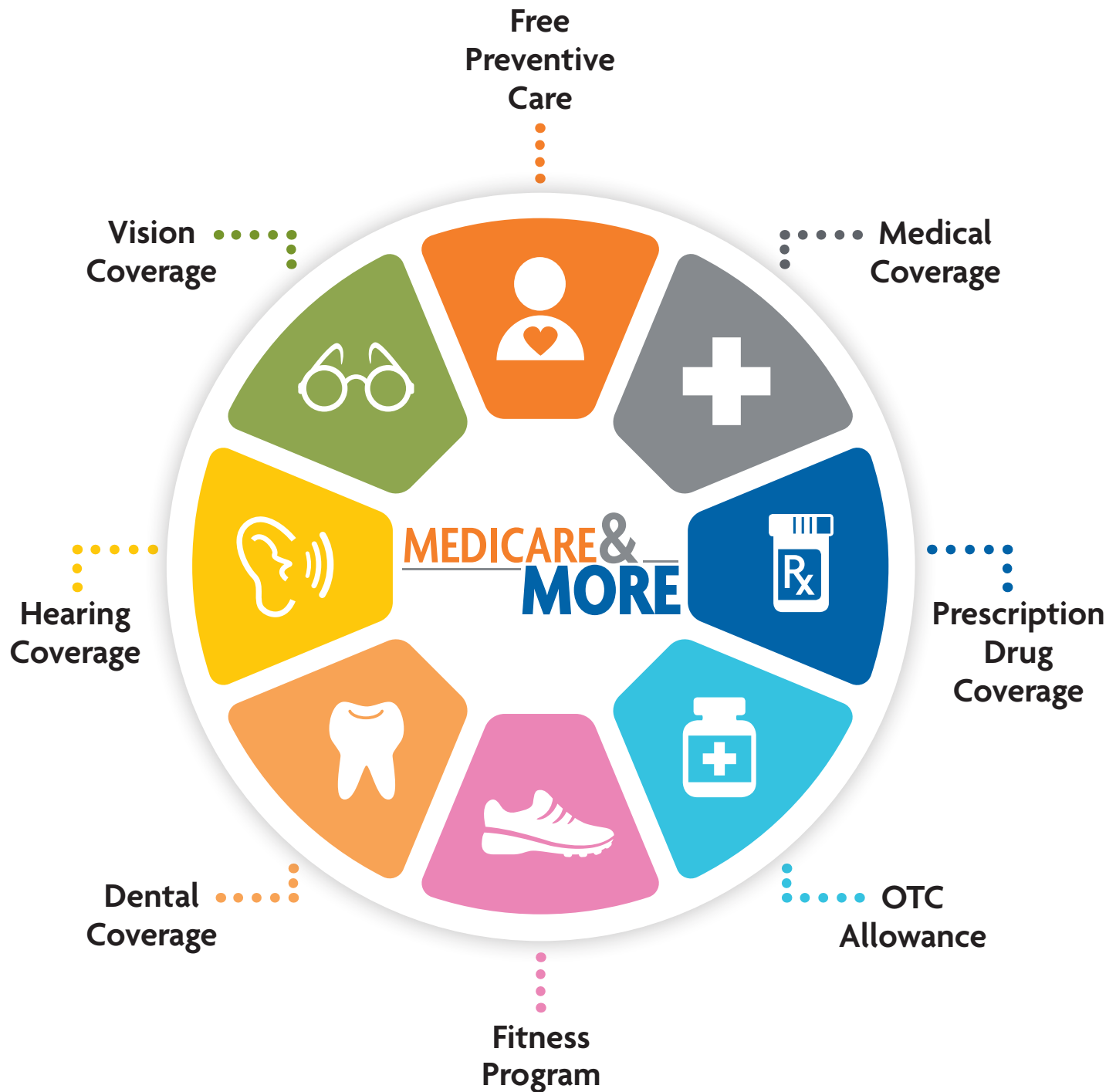
Enrollment Resource Guide Dual-Eligible Special Needs Plans

New York
H4868-005-003



WellCare Access (HMO SNP)

 **WellCare**[®]
Beyond Healthcare. A Better You.



This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Benefits, premiums and/or co-payments/coinsurance may change on January 1 of each year.

Get the Medicare Plan That’s Right for You

It’s possible to choose a Medicare plan that helps you get healthy and stay healthy. Keep reading to see how you can get more benefits than Original Medicare in a single, convenient plan.



If you’re ready to enroll or have questions about your plan options, please speak with a licensed insurance agent or call 1-866-527-0056 (TTY 711), 8 a.m. to 8 p.m., 7 days a week.

Agent’s Name:

Phone Number:



If you are a current member of our plan, call 1-866-482-3363, (TTY 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 pm.



Or online at www.wellcare.com/medicare

What’s inside?

- Medicare basics
- How to enroll
- Benefits beyond Original Medicare

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Medicare Basics: the ABC and Ds.

What is Medicare? And who's eligible?

Medicare is a federal health insurance program. Generally, you are eligible for Medicare if ...

- You or your spouse “paid into” Medicare through deductions from your paycheck for at least 10 years, *and*
- You're 65 years or older and a citizen or permanent resident of the United States

Medicare is also available to people under 65 with certain disabilities such as end-stage renal disease (permanent kidney failure).




What's covered?

Different parts of the Medicare insurance program cover different services. The parts of Medicare are:

<div><div>A</div><div>Hospital Coverage<ul style="list-style-type: none">• Helps cover inpatient hospital care• Care in a skilled nursing facility, hospice care or home health care</div></div>	Original Medicare
<div><div>B</div><div>Medical Coverage<ul style="list-style-type: none">• Helps cover doctor and outpatient services, as well as some outpatient prescription drugs• In many cases, if you have Part B coverage, you pay a monthly premium</div></div>	
<div><div>C</div><div>Medicare Advantage<ul style="list-style-type: none">• An alternative to Original Medicare• Offers Part A and Part B benefits, and may include Part D• May offer extras not found in Original Medicare such dental and hearing• Predictable costs with set co-pays and out-of-pocket cost limits</div></div>	Offered by private companies that have a contract with Medicare
<div><div>D</div><div>Prescription Drug Coverage<ul style="list-style-type: none">• Prescription drug coverage available with a stand-alone Prescription Drug Plan (PDP) or a Medicare Advantage plan with Part D prescription drug coverage (MAPD).</div></div>	

Find Out Why More People Choose Medicare Advantage

You may have asked, “*What’s the advantage of Medicare Advantage?*” When you become a member of our plan, you get more benefits, value and care on your journey to better health.

	More benefits Medicare Advantage plans give you Part A (hospital) and Part B (medical) coverage – the benefits found in Original Medicare – and many plans include Part D (prescription drug) coverage as well as extras like dental, vision and hearing.
	More value You typically pay lower out-of-pocket costs by choosing a Medicare Advantage plan. And unlike Original Medicare, our Medicare Advantage plans have a limit to your yearly out-of-pocket expenses.
	More care Medicare Advantage plans work with you and your providers to ensure you get the right care when it’s needed most.



Enrollment in Medicare Advantage has increased more than 33% from 2010 to 2017. It now accounts for 19 million people in the U.S. Almost one-third of all people with Medicare choose Medicare Advantage.

Source: Medicare Advantage 2017 Spotlight: Enrollment Market Update. June 6, 2017. Kaiser Family Foundation. Retrieved April 10, 2018, from www.kff.org/medicare/fact-sheet/medicare-advantage

Now You Can Choose Medicare & More™



Our all-in-one Medicare Advantage plans allow you to enjoy Original Medicare benefits, plus Medicare Part D prescription drug coverage, and additional benefits that you can't get from Medicare alone.

Our plan gives you:

- Original Medicare Benefits
- No or low-cost preventive screenings
- No or low co-pay for Primary Care Provider visits
- Choice of doctors
- Prescription drug coverage
- Dental
- Vision services
- Fitness program
- Allowance to buy over-the-counter items

2019 Supplemental Benefits:

If you have certain long-term conditions, you can qualify for benefits to help you with daily living. These benefits can help you stay independent and may include:






- **In-Home Support Services** – Help with chores and cooking.
- **Meal program** – Delivered right to your door.

Be sure to see the Summary of Benefits in this booklet for details on the specific additional benefits in this plan.

More for Less

You get more, but you won't pay high monthly premiums. In fact, some plans have no premium. (You must continue to pay your Medicare Part B premium.) Doctor visits and many prescription drugs have fixed, no or low co-pays. That means predictable out-of-pocket costs and limits on yearly out-of-pocket expenses (unlike in Original Medicare).

This chart offers you a side-by-side comparison of Original Medicare and our Medicare Advantage plans:

COMPARE	MEDICARE	MEDICARE ADVANTAGE
 Doctor Visits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
 Hospital Stays	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
 Prescription Drugs		<input checked="" type="checkbox"/>
 Additional Benefits*		<input checked="" type="checkbox"/>
 Cap on Yearly Expenses		<input checked="" type="checkbox"/>

**Be sure to see the Summary of Benefits in this booklet for details on the specific additional benefits in this plan.*

Health Benefits for a Better You

Our health plan benefits are designed to help you be a better you. We work with you and your doctors, hospitals and specialists so you can focus on the things that are important to you: staying active, being independent and spending time doing the things you enjoy most.

All of our plans offer hospital and medical coverage (parts A and B). But our plan also gives you:



Prescription for savings

This prescription benefit is just what the doctor ordered! When you sign up for our mail-order pharmacy service with preferred cost-sharing, you pay \$0 for a 90-day supply of many generic drugs – and we cover more generic drugs than ever before! Plus you can have your medications delivered right to your home.



A dental benefit to smile about

A healthy smile is important to your overall health. Our dental coverage goes beyond Original Medicare and includes cleanings, exams, X-rays and more. Some plans even cover comprehensive dental such as extractions, crowns and dentures.



The value of vision coverage

Take advantage of vision coverage that includes a yearly exam and an allowance for glasses, frames or contacts.



Benefits for better hearing

Get a yearly hearing evaluation and some plans even cover hearing aids.



Shopping for OTC items – it's on us

Our Over-the-Counter (OTC) program gives you an allowance to spend on things you use every day, like pain relievers, bandages, eye drops and much more.



A fitness program to get you moving

True to our focus on wellness and prevention, many of our plans offer a fitness membership at partner facilities. You can choose a participating fitness center in your area, and sign up for exercise classes if your plan has this benefit.



***MyWellCare*, healthcare on the go**

Stay connected with your plan anytime, anywhere. Download this app to your mobile device to find provider and urgent care searches quickly, get appointment reminders, view your plan benefits and more.



Need some advice? Call a nurse 24/7

If you're sick, hurt or need medical advice, the Nurse Advice Line is available 24 hours a day every day at no cost. Our nurses can also give you information about many general health topics and illnesses.



Help with life challenges

When a lack of basics like food and shelter get in the way of your good health, our CommUnity Assistance Line is available at **1-866-775-2192**, Monday–Friday, 9 a.m. to 6 p.m. (Video Relay: **1-855-628-7552**).



Your choice of doctors

You'll find a selection of qualified primary care providers, specialists and pharmacies in our network near you. Your primary care provider (PCP) will get to know your health needs and coordinate your care. We check providers in our network to make sure they have needed education, experience, licenses, skills and more. We inspect each provider's office to ensure it meets professional standards.



Why Choose Our Plan?

You want to be active, stay independent and live a full life. And your Medicare Advantage plan should help you towards those goals. It should go beyond treating illnesses and work to keep them from starting in the first place. It should be simple, easy to access and there when you need it.

Our Medicare Advantage plans make healthcare work for you. We give you choices in coverage, valuable benefits in one package and information to make good decisions about your health. We strive to help you meet the challenges in daily life that can affect your health. That's why the services we offer go beyond healthcare, so you can reach toward something more: **A Better You.**

Right care at the right time

Our plans make it affordable to see the right doctors and specialists. Low co-pays mean you can see your primary care provider (PCP) often to prevent and treat illness, manage chronic diseases, and have someone coordinate all your care.

We've built our network to include a variety of exceptional doctors, hospitals and specialists to see for your care. This ensures you can receive the right care when you need it. Your Primary Care Provider (PCP) will serve as your 'medical home' and give you most routine care service. He or she can refer you to specialists who can treat you for a variety of medical conditions. Our plans have built a network of quality providers in your area to give you a choice of doctors, hospitals and other providers. In most cases, you must get care from the doctors, hospitals and other providers in the plan network.

Help when you need it

If you have chronic conditions or other health challenges, or if you are hospitalized, our community-based teams can give you the support you need. You may get a House Call visit in your home to gauge your health situation, help schedule doctor appointments, and develop a plan to help you feel your best.

Our services teach members how to take control of their health and get the care they need to live a healthy life. They can help you:

- Keep on top of your doctor visits
- Build everyday healthy behaviors
- Identify health issues as early as possible
- Get extra care and support when you need it

Also, with our Healthy Rewards program, you can earn gift cards just for getting preventive care services. Most preventive care service are covered at no cost to you!



A commitment to quality

Quality care includes the services you need to prevent illnesses before they start. From flu shots to annual physicals, our plans cover many preventive care services at no cost to members. And if you're missing a shot or screening that can keep you healthy, we'll even remind you. Also know that whether you're talking to your doctor or someone on our Customer Service team, you can expect to get information in a way you can understand.

A local plan that's known

We specialize in Medicare Advantage health coverage in the communities we serve.

Everyone at our plan, from the person who answers the phone to our care coordinators, understands you and what you're looking for in a health plan. Our local presence also allows us to understand the unique needs and character of each community we serve.

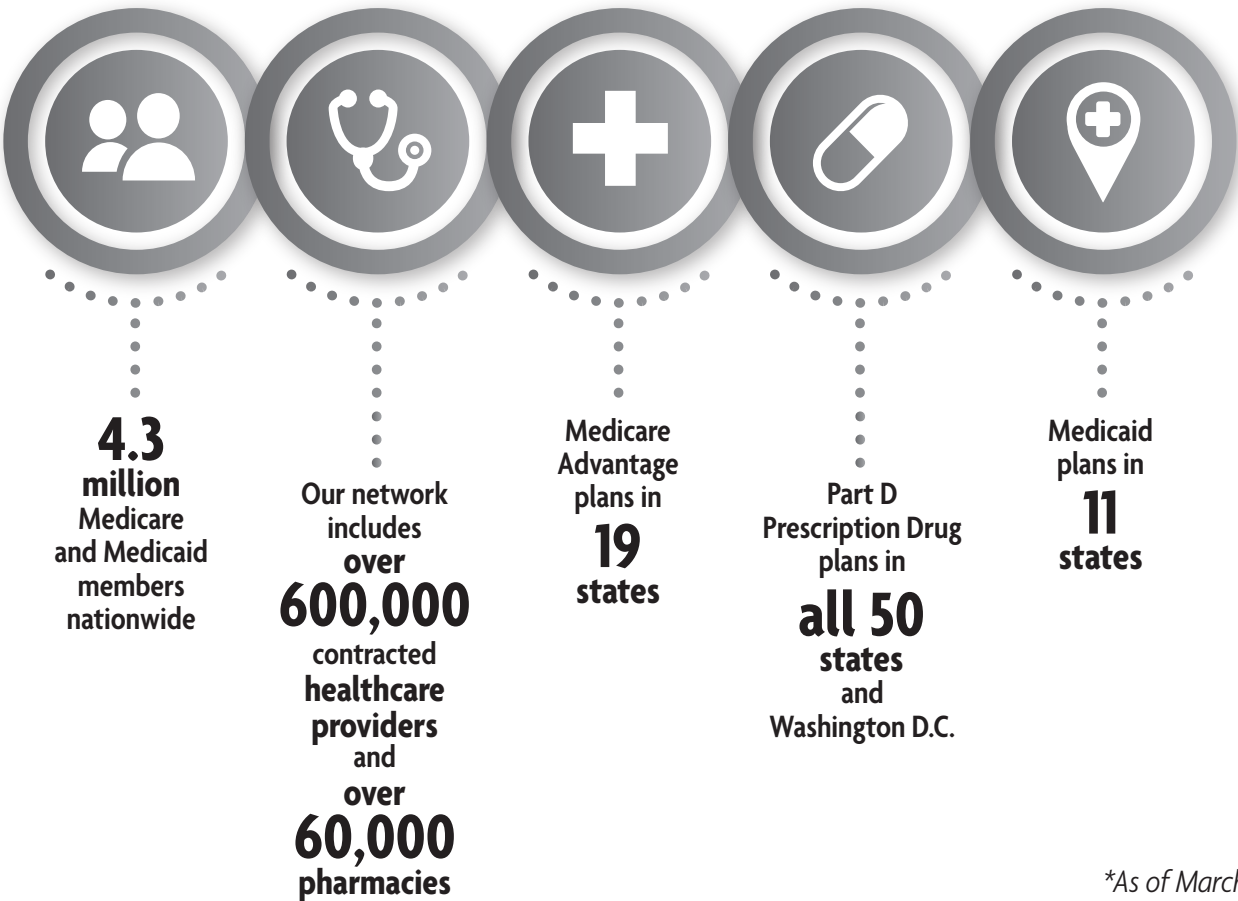
What our healthy collaboration means to you

- We will work together with your doctors, nurses, and specialists to get to know you and make sure we all understand your needs.
- We are connected to your network doctors, nurses, specialists to share information about your health.
- If you have a chronic disease or even if you need extra help for a short period of time, our care coordinators help you access the care you need to control your health.
- If you are hospitalized, we support you when you come home. Our personalized care plan helps you transition from hospital to home, including house calls if necessary.

Putting people first

Taking care of people is at the heart of what we do. For nearly three decades, we've been in communities like yours working to help improve quality of life. Every year, our associates volunteer to serve the communities in which we live and work, and the WellCare Community Foundation promotes the well-being of people who need a helping hand. These efforts are part of the reason *Fortune* magazine named WellCare a **2018 Most Admired Company**.

WellCare at a Glance:*



*As of March 31, 2018.



BENEFITS BEYOND ORIGINAL MEDICARE

Our plans give you more benefits than Original Medicare.
Turn the page to read about exciting offerings in your area.

Let's Get You on the Road to Great Care.

Going the Extra Mile:

The first step to staying healthy is getting to your doctor. That's why we provide rides to plan-approved healthcare providers. We want to make sure you get the care you need, when you need it.

Special Needs Are Never a Problem:

If you need to use a wheelchair or stretcher, just let us know when you call.

Our Service Is Easy to Use:

Just call Customer Service at the phone number on the first page of this book. The transportation service may need to confirm your appointment, so please have your doctor's phone number handy.



Transportation Services Overview

- Available during regular business hours and for urgent needs after hours.
- See your Summary of Benefits or Evidence of Coverage for details about your transportation benefits (i.e., number of one-way trips and trip-distance limits).

Approved Locations Include:

- Doctor offices
- Rehabilitation (occupational, physical and speech therapy)
- Wound care services
- Dialysis treatment
- Radiation
- You may also use your benefit as a trip home from the hospital, ER or urgent care clinic.

Important Information You Need to Know

- Please call in advance to schedule appointments (at least 48 hours ahead of time for members in California, 72 hours for all other members).
- Trip distances are limited unless approved by the plan due to medical necessity.
- In some cases, rides may be shared with other passengers. Please be patient and plan on extra trip time.

Let Us Save You Time and Money!

With our Medication Home Delivery service through CVS Caremark^{®†}, you can have a 90-day supply mailed safely to your door. You'll save time, and in many cases you'll save money too. We can even automatically refill and renew your home-delivery prescriptions at no extra cost.



Convenience – Your medications are delivered right to you, saving you trips to the pharmacy and time at the gas pump. Plus, shipping is always free! We'll even contact your doctor to ask for a 90-day prescription

Savings – \$0 copay for select medications* filled at CVS Caremark[®]

*Applies to Tier 1 and 2 medications. Refer to the plan Formulary online or call Customer Service at the number located on the back of your ID card (current members) or on the first page of your Resource Guide for more information.

Get started today!
Call CVS toll-free at 1-866-808-7471 (TTY 711),
24 hours a day 7 days a week.
Or visit mailrx.wellcare.com.



[†]Other pharmacies are available in our network.

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Fitness Center Membership

Available to You at No Additional Cost!

You know that working out is a great way to improve your health. We know it too. That's why we offer a network of fitness providers. Now you can visit one year-round at no extra cost.



You can enjoy a basic fitness center membership, plus access to amenities such as:

- Fitness equipment and free weights
- Access to any participating fitness partner
- Classes led by certified instructors
- Health education seminars and fun social activities

If you are a member in a Preferred Provider Organization (PPO) or a Private Fee-for-Service (PFFS) plan, you may choose the out-of-network fitness benefit and order a fitness kit in lieu of a fitness center membership. The kit will be delivered right to your door and includes items to help you develop a personal fitness plan that fits your needs!

**For additional information, please
call Customer Service at the phone number
on the first page of this book.**

2019 OTC Benefit Card

What is WellCare's over-the-counter (OTC) benefit? Simply put, we give you a monthly dollar amount; you spend it on some of the OTC items you use every day. The OTC card makes it easy. Use your OTC card to get brand-name or generic OTC items like bandages, pain relievers, cold medicine, toothpaste, vitamins and much more at no cost.

How do I use the OTC card?



Step 1 – Open your mail

We will send you a card with simple instructions for activation and use.



Step 2 – Go shopping

Use your card at any participating store.



Step 3 – Check out

Go to the regular checkout and pay for your eligible items with your OTC Card.



The value of your purchase of eligible items will be deducted from the card automatically when you swipe it, right up to the amount of your monthly OTC benefit. Your remaining balance for the month will print on your receipt. Pay for any cost above your benefit amount (and non-covered items) as you normally would at that store. Unused benefits don't roll over from month to month. For information on your balance or participating stores, go online to www.otcmember.com or call **1-888-682-2400** (TTY, call **711**) at any time. And remember: Your OTC benefit and any OTC items you select are for you and you alone.

See your Evidence of Coverage (EOC) or contact WellCare Customer Service at **1-800-482-3363** (TTY, call **711**) with any questions about your plan or benefit amount, Monday–Friday, 8 a.m. to 8 p.m. Between October 1 and February 14, we are available Monday–Sunday, 8 a.m. to 8 p.m. For information about member reimbursement, please contact Customer Service.

(continued on next page)



What's eligible for my OTC selection?

Eligible items include but are not limited to: fiber supplements, first aid supplies, medicines, ointments, sprays with active medical ingredients that alleviate symptoms, topical sunscreen, supportive items for comfort such as knee braces and adult incontinence products, and mouth care such as dental floss and toothbrushes.

Below is a sampling of the eligible items by product category. For a complete list of specific items, go online to www.otcmember.com. We apologize, but we do not offer a paper catalog.

- Abdominal supports
- Acid controllers
- Acne medication
- Adult cough, cold & flu
- Adult pain relief
- Allergy & sinus medications
- Antacids
- Antibiotic creams
- Antidiarrheal medications
- Antifungal medications
- Anti-gas medications
- Anti-itch medications
- Antiparasitic treatments
- Bandages (Band-Aids®)
- Contact lens care
- Cough drops, sore throat care
- Denture products
- Diagnostic products†
- Digestive aids
- Diuretics, weight loss, cleansing & detox†
- Drys (epsom salt & boric acid in first aid)
- Ear care
- Elastic bandages
- External pain relief
- Eye preparations
- Fiber supplements
- First aid dressings**
- First aid kits & supplies†
- First aid treatments
- Foot treatments
- Gauze**
- Hemorrhoidal preparations
- Incontinence supplies
- Interdental, gum care, etc.
- Laxatives
- Liquids (alcohol & peroxide in first aid)
- Medical support – high compression
- Nasal/sinus
- Nicotine patches, gum, etc.
- Oral remedies
- Orthopedic & surgical support
- Respiratory treatments
- Sleep aids and motion sickness
- Stomach remedies
- Support hose – low compression
- Thermometers
- Toothbrushes and toothpaste (without whitener)
- Topical sunscreen (SPF 15+)
- Urine testing
- Vitamins, multivitamins & minerals†
- Wart removal treatments
- Weight control (tablets, caps, etc.)†
- Wound care – specialized

Dual purpose items

What are dual-purpose items? They're medicines and products that can be used for either a medical condition or for general health and well-being. You can get dual-purpose items as part of your OTC benefit if you use them to treat a specific medical condition **and** your doctor recommends the product or medicine. Talk with your doctor before buying dual-purpose items. For your convenience, we've marked dual-purpose items with a (†).

Dual-purpose items include but are not limited to:

- Minerals and vitamins
- In-home testing and monitoring
- Hormone replacement
- Weight-loss items

Some items, under certain circumstances, may be covered under either Part B or Part D. For example, gauze may be covered under Part B when it is being used, as prescribed, to perform surgical wound dressing changes. For your convenience, we've marked these items with a (**).

What's not eligible?

The following categories and items listed are not eligible for the OTC benefit. Noneligible items include but are not limited to:

- Alternative medicines – botanicals, herbals, probiotics, and nutraceuticals
- Baby items
- Baby medicines
- ChapStick®/Lip balm
- Contraceptives
- Cosmetic products of any kind
- Cleansers or soaps
- Convenience items – scales, fans, magnifying glasses, foot insoles, gloves
- Dehydration/energy/nutritional drinks
- Dry skin moisturizers/lotions
- Deodorants
- Dietary supplements
- Echinacea
- Eye and facial makeup preparations
- Face cream
- Feminine products
- Fingernail polish
- Fish/krill oil
- Flaxseed
- Food products or supplements – including energy bars and sugar or salt supplements
- Glucosamine/chondroitin
- Grooming devices
- Hair color/hair products
- Herbal supplements (Resveratrol)
- Lipstick
- Men's grooming
- Mouthwash
- Omega-3
- Perfumes
- Replacement items – hearing aid batteries, contact lens containers
- Reishi mushroom
- Shampoo
- Teeth-whitening products
- Toiletries of any kind

OTC Network® Mobile App

A fast and convenient way to check your OTC card balance and find eligible items when shopping instore at participating retailers.

- View card balance
- Check item eligibility by scanning the barcode

Available for free in the App Store and on Google Play. To learn more, visit www.otcnetwork.com.

Multi-Language Insert Multi-Language Interpreter Services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-877-374-4056** (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-374-4056** (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-374-4056** (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-374-4056** (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-374-4056** (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-374-4056** (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-374-4056** (телетайп: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-374-4056** (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-374-4056** (رقم هاتف الصم والبكم: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-374-4056** (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-374-4056** (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-374-4056** (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 **1-877-374-4056** (TTY: 711) まで、お電話にてご連絡ください。

ՌԻՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարե՛ք **1-877-374-4056** (TTY 711):

اب. دشاب یم مہارف امش یارب ناگیار تروصب ینابز تالیست، دینک یم وگتفگ یسراف نابز مہ رگا: هجوت دیریگب سامت **1-877-374-4056** (TTY: 711)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-877-374-4056** (TTY: 711).

Discrimination is Against the Law

WellCare Health Plans, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. WellCare Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

WellCare Health Plans, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact WellCare Customer Service for help or you can ask Customer Service to put you in touch with a Civil Rights Coordinator who works for WellCare.

If you believe that WellCare Health Plans, Inc., has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

WellCare Health Plans, Inc.

Grievance Department

P.O. Box 31384

Tampa, FL 33631-3384

Telephone: 1-866-530-9491

TTY: 711

Fax: 1-866-388-1769

Email: OperationalGrievance@wellcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a WellCare Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

* This Nondiscrimination Notice also applies to all subsidiaries of WellCare Health Plans, Inc.

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WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Our D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premium and/or co-payments/coinsurance may change on January 1 of each year. Some OTC items may be available to you through Medicaid when you use your Medicaid Benefit Card. You must continue to pay your Medicare Part B premium. If you meet certain eligibility requirements for both Medicare and Medicaid, your Part B premiums may be covered in full. Some plans are available to those who have medical assistance from both the state and Medicare. Please contact your plan for details.





MEDICARE AND MEDICAID BENEFITS IN ONE PACKAGE

We design Special Needs Plans (SNPs) that bring value to our members who are eligible for both Medicare and Medicaid. Your Summary of Benefits will explain the benefits with each program.

As a SNP member, you'll choose a primary care provider who will get to know your health needs and history and refer you to specialists, if needed. That way, all the services you get from all your providers can fit together to help you be the healthiest you can be.

You may also work with a case manager who will develop a care plan for you and share your health goals with each of the providers involved in your care.

The best part is all of this comes at no cost to you.

Please read the Summary of Benefits on the next few pages for more detailed benefit information. The Summary of Benefits doesn't list every service, limitation or exclusion, but it allows you to see an overview of important benefits we offer to help you make an informed decision.

2019 Summary of Benefits

Medicare Advantage Plans

New York

Kings, Nassau, New York, Queens, Richmond

H4868 | Plan 005 | 003

WellCare Access (HMO SNP)



H4868_WCM_16190E_M
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NY9UMRSOB16190E_3005

2019 Summary of Benefits

January 1, 2019 – December 31, 2019

All **WellCare Access (HMO SNP)** members can be sure of one thing: The quality of their healthcare is our top priority. This is a summary of drug and health services that are covered by **WellCare Access (HMO SNP)**.

This booklet will give you a brief overview of what we cover and what members can expect to pay, but does not list every benefit, limitation or exclusion. To receive a complete list of what the plan covers, call Customer Service and ask for the plan's "Evidence of Coverage" or view a copy on our website at www.wellcare.com/medicare.

Like all Medicare health plans, our plans also cover everything that Original Medicare covers with additional benefits to support your well-being. This includes our Nurse Advice Line whose on-call nurses are available 24-hours a day to answer questions about your health care needs.

You can compare the coverage and costs in this booklet with the coverage and costs offered by Original Medicare by looking in your current "*Medicare & You*" handbook. You can view it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Which doctors, hospitals and pharmacies can I use?
WellCare Access (HMO SNP) is a Health Maintenance Organization-Special Needs Plan (HMO-SNP). That means you must generally receive care through our network of local doctors, hospitals, and other providers (except emergency care or out-of-area urgently needed services). If you use providers that are not in our network, the plan may not pay for these services.

You will generally have to use one of our network pharmacies to fill your prescriptions covered by Part D.

You can see our plan's provider and pharmacy directory and our complete plan formulary (list of Part D prescription drugs) at our website, www.wellcare.com/medicare. Or call us and we'll send you a copy. We're here with our members every step of the way.

How will I determine my drug costs?

The costs of your medications are based on a combination of four important factors:

- Which medication(s) you are prescribed: Generic or Brand
- Your Low Income Subsidy (LIS) or "Extra Help" level
- Your Medicare Savings Program (MSP) level
- Which stage of the benefit you have reached: Deductible, Initial Coverage or Catastrophic Coverage

What is "Extra Help?"

A Low Income Subsidy (LIS), also referred to as "Extra Help," may be available to help you with Part D out-of-pocket expenses such as premiums, deductibles, co-insurance or co-pays. Many people qualify for the "Extra Help" Program and don't even know it. Keep in mind that assistance may also depend on your Medicare Savings Program (MSP) level and your dual eligible status.

To find out more information and if you qualify for the "Extra Help" Program, call the Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**, 7:00 a.m. to 7:00 p.m., Monday thru Friday.

Who can join?

To join **WellCare Access (HMO SNP)**, you must be entitled to Medicare Part A, receive medical assistance from Medicaid through

the **New York State Department of Health**, enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in NY: Kings, Nassau, New York, Queens, Richmond.

Understanding Dual Eligibility

Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources. Medicaid coverage varies depending on the state and the type of Medicaid you have. What you pay for covered services may depend on your level of Medicaid eligibility. Some people with Medicaid get help paying for their Medicare premiums and other costs. Other people may also get coverage for additional services and drugs that are covered under Medicaid but not by Medicare.

In order for you to better understand your healthcare options, the following below provides you with information about the Medicaid portion of your dual eligibility. Medicaid benefits are valuable to you because the state provides additional healthcare coverage and financial support based on your Medicare Savings Program (MSP) aid level as seen below:

Full-Benefit Dual Eligible (FBDE): Medicaid will pay for your Medicare Part A & B premiums, deductibles, co-insurances, and co-payments. Eligible beneficiaries also receive full Medicaid benefits.

Qualified Medicare Beneficiary (QMB): Medicaid will pay for your Medicare Part A & B premiums, deductibles, co-insurances, and co-payments. (Some people with QMB are also eligible for full Medicaid benefits (QMB+))

Specified Low-Income Medicare Beneficiary (SLMB): Medicaid will absorb the cost of your Medicare Part B Premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+)

Note: Some MSP Levels automatically qualify for “Extra Help” for Medicare prescription drug coverage assistance.

For each benefit listed below, you can see what our plan covers in addition to what **New York State Department of Health** covers. No matter what your level of Medicaid eligibility is, **WellCare Access (HMO SNP)** will cover the benefits as described in the plan’s column. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call: **1-866-482-3363**.

This document is available in languages other than English. For additional information, call us at **1-877-374-4056**, (TTY **711**).

This booklet is also available in different formats, including Braille, large print and audio compact disc (CD).

Summary of Benefits

January 1, 2019– December 31, 2019

WellCare Access (HMO SNP)		New York State Department of Health
Plan Basics		
Monthly Plan Premium	<p>\$0.00</p> <p>What You Should Know: Your monthly plan premium may be as low as \$0, depending on your level of “Extra Help.” You must continue to pay your Medicare Part B premium. If you meet certain eligibility requirements for both Medicare and Medicaid, your Part B premiums may be covered in full.</p>	
Annual Medical Deductible	<p>\$0</p> <p>What You Should Know: This plan does not have an Annual Medical Deductible. See Prescription Drug Benefits below for Part D Prescription Drug Deductible.</p>	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>\$6,700 annually</p> <p>What You Should Know: Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. This is the most you pay for co-pays, co-insurance and other costs for in-network hospital and medical services. If you reach the limit on out-of-pocket costs, you will keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p>	

WellCare Access (HMO SNP)	New York State Department of Health
<p>Depending on your level of New York State Department of Health eligibility, you may pay nothing for Medicare-covered services.</p> <p>Refer to the “<i>Medicare & You</i>” handbook for Medicare-covered services. For New York State Department of Health-covered services, refer to the Medicaid Coverage section in this document.</p> <p>Please note that you may still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs, depending on your level of “Extra Help.”</p>	

WellCare Access (HMO SNP)		New York State Department of Health
COVERED MEDICAL AND HOSPITAL BENEFITS		
<p>① Services may require prior authorization</p> <p>② Services may require a referral from your doctor</p> <p>③ Services and/or cost-share may vary depending on your level of Medicaid</p>		
Inpatient Hospital Coverage ①②③	\$0 co-pay up to 90 days per admission	Medicaid covers Medicare deductibles, co-pays, and co-insurances. Up to 365 days per year (366 days for leap year).
Outpatient Hospital Coverage, Surgery and Services ①②③		
Ambulatory Surgical Center	\$0 Co-pay	Medicaid covers Medicare deductibles, co-pays, and co-insurances.
Outpatient Hospital	\$0 Co-pay for non-surgical services \$0 Co-pay for surgical services	
Doctor Visits ①②③		
Primary Care Physician	\$0 Co-pay	Medicaid covers Medicare deductibles, co-pays, and co-insurances.
Specialist	\$0 Co-pay	
Other Health Care Professionals	<p>\$0 Co-pay for each in-network visit to other health care professionals, such as a Physician's Assistant or Nurse Practitioner, in a PCP office for Medicare-covered services.</p> <p>\$0 Co-pay for each in-network visit to other health care professionals, such as a Physician's Assistant or Nurse Practitioner, in a Specialist's office for Medicare-covered services.</p> <p>\$0 Co-pay for each in-network visit to other health care professionals in a clinic or pharmacy setting for Medicare-covered services.</p>	

	WellCare Access (HMO SNP)	New York State Department of Health
<p>Preventive Care Abdominal aortic aneurysm screening; Alcohol misuse counseling; Bone mass measurement; Breast cancer screening (mammogram); Cardiovascular disease (behavioral therapy); Cardiovascular screenings; Cervical and vaginal cancer screening; Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy); Depression screening; Diabetes screenings; HIV screening; Medical nutrition therapy services; Obesity screening and counseling; Prostate cancer screenings (PSA); Sexually transmitted infections screening and counseling; Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease); Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots; "Welcome to Medicare" preventive visit (one-time); Annual Wellness visit</p>	<p>What You Should Know: Your primary care physician is the doctor who will handle most of your health care services. They will refer you to specialists when needed.</p> <p>\$0 Co-pay</p> <p>What You Should Know: During a colonoscopy that is being completed as a preventive screening, abnormal tissue and/or polyp removal will be covered at a \$0 co-payment. Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p>Medicaid covers Medicare deductibles, co-pays, and co-insurances.</p> <p>Bone Mass Measurement (for people with Medicare who are at risk)</p> <p>Colorectal Screening Exams (for people with Medicare age 50 and older)</p> <p>Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p> <p>Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p> <p>Pap Smears and Pelvic Exams (for women with Medicare)</p> <p>Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p> <p>Welcome to Medicare; and Annual Wellness Visit Not Covered:</p> <p>Health/Wellness Education • Written health education materials, including</p>

	WellCare Access (HMO SNP)	New York State Department of Health
		<p>Newsletters</p> <ul style="list-style-type: none"> • Nutritional Training • Additional Smoking Cessation • Other Wellness Benefits
Emergency Care Emergency Visit	<p>\$0 Co-pay</p> <p>What You Should Know: If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency services.</p>	<p>Medicaid covers Medicare deductibles, co-pays, and co-insurances.</p>

	WellCare Access (HMO SNP)	New York State Department of Health
Urgently Needed Services	<p>\$0 Co-pay</p> <p>What You Should Know: If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services.</p>	Medicaid covers Medicare deductibles, co-pays, and co-insurances.
Diagnostic Services/Labs/ Imaging ^{①②③} Diagnostic Radiology (MRIs, CT scans)	<p>\$0 Co-pay when performed at a specialist's office or free standing facility and \$0 Co-pay when services are performed in an outpatient setting</p>	
Diagnostic Tests and Procedures	<p>\$0 Co-pay for basic diagnostic tests and procedures</p> <p>\$0 Co-pay for advanced diagnostic tests and procedures such as a cardiac stress test</p>	
Lab Services (Medicare approved lab work)	\$0 Co-pay	Medicaid covers Medicare deductibles, co-pays, and co-insurances.
Outpatient X-Rays	\$0 Co-pay	
Therapeutic Radiology Services (e.g., radiation treatment for cancer)	\$0 Co-pay	
Related Medical Supplies	\$0 Co-pay	

	WellCare Access (HMO SNP)	New York State Department of Health
Hearing Services ①②③ Hearing Exam Medicare Covered	\$0 Co-pay	Medicaid covers Medicare deductibles, co-pays, and co-insurances. Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid and selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.
Routine Hearing Exam 1 Every year	\$0 Co-pay	
Annual Hearing Aid Allowance	This benefit covers \$750 per ear every year, covering 2 ears with a maximum of \$1,500 towards the purchase of 2 hearing aids	
Hearing Aid Fittings/Evaluation 1 Every year	\$0 Co-pay What You Should Know: Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.	

WellCare Access (HMO SNP)	New York State Department of Health
<p>Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.</p> <p>This plan covers 1 routine hearing screening per year.</p>	

	WellCare Access (HMO SNP)	New York State Department of Health
Dental Services ①②③	<p>You pay nothing for the following preventive dental services:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months) • Dental x-ray(s) (for up to 1 every 12 to 36 months) • Oral exam (for up to 1 every six months) <p>Additional comprehensive dental services you will pay nothing for include one periodontics procedure every 6 to 36 months.</p> <p>The dental benefits on this plan include coverage of preventive services, including but not limited to cleanings, x-ray(s) and oral exams.</p>	<p>Medicaid covers Medicare deductibles, co-pays, and co-insurances</p> <p>Medicaid covered dental services including necessary preventive, prophylactic and other routine dental care, services and supplies and dental prosthetics to alleviate a serious health condition. Ambulatory or inpatient surgical dental services subject to prior authorization.</p>
Vision Services ①②③ Eye Exams Medicare Covered	<p>\$0 for Medicare-covered diabetes retinopathy screening and a \$0 Co-pay for all other Medicare-covered eye exams</p> <p>\$0 Co-pay</p>	<p>Medicaid covers Medicare deductibles, co-pays, and co-insurances</p> <p>Services of Optometrists, Ophthalmologists and Ophthalmic dispensers including eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease. Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.</p>
Routine Eye Exams 1 Every year		

	WellCare Access (HMO SNP)	New York State Department of Health
<p>Eyewear</p> <p>Medicare Covered</p> <p>Contact Lenses, Eye Glasses, Eye Glass Lenses, Eye Glass Frames</p>	<p>\$0 Co-pay</p> <p>You pay a \$0 co-pay for 1 routine eye exam every year. Our plan pays up to \$100 every year for up to 1 pair of contact lenses, eyeglasses (frames and lenses), eyeglass frames or eyeglass lenses.</p> <p>What You Should Know:</p> <p>You pay nothing for Medicare-covered Glaucoma screenings. These screenings are important for early detection and prevention of Glaucoma.</p> <p>You pay nothing for eyeglasses or contact lenses after cataract surgery.</p>	
<p>Mental Health Services ①②③</p> <p>Inpatient Hospital Visits</p> <p>Outpatient Individual Therapy</p> <p>Outpatient Group Therapy</p> <p>Partial Hospitalization</p>	<p>\$0 co-pay up to 90 days per admission</p> <p>\$0 Co-pay</p> <p>\$0 Co-pay</p> <p>\$0 Co-pay</p>	<p>Medicaid covers Medicare deductibles, co-pays, and co-insurances</p> <p>All inpatient mental health services, including voluntary or involuntary admissions for mental health services over the Medicare 190-Day Lifetime Limit.</p>

	WellCare Access (HMO SNP)	New York State Department of Health
Skilled Nursing Facility (SNF) ^{① ② ③}	<p>\$0 co-pay per day for Days 1-100</p> <p>What You Should Know: Our plan covers up to 100 days per benefit period in a SNF. A Benefit Period begins the first day you go into a facility (acute inpatient, long term care acute or SNF) and ends when you haven't received any inpatient facility care for 60 consecutive days. There is no limit to the number of benefit periods you may have.</p>	<p>Medicaid covers Medicare deductibles, co-pays, and co-insurances.</p> <p>Medicaid covers additional days beyond Medicare 100 day limit</p>
Physical Therapy ^{① ② ③} Occupational Therapy Visit Physical, Speech, Language Therapy	<p>\$0 Co-pay</p> <p>\$0 Co-pay</p>	Medicaid covers Medicare deductibles, co-pays, and co-insurances.
Ambulance ^{① ③}	\$0 Co-pay	Medicaid covers Medicare deductibles, co-pays, and co-insurances.
Transportation ^{① ② ③}	<p>\$0 Co-pay for 20 One-way trips every year</p> <p>What You Should Know: The first step to staying healthy is getting to your doctor. That's why we cover these non-emergency, shared trips to plan approved locations in the plan's service area. We want to make sure you get the care you need, when you need it. Call Customer Service 72 hours in advance to reserve a ride for your appointment.</p>	<p>Non-emergency transportation services covered.</p> <p>Medicaid covers Medicare deductibles, co-pays, and co-insurances.</p>
Medicare Part B Drugs ^{① ③} Chemotherapy drugs Other Part B drugs	<p>\$0 Co-pay</p> <p>\$0 Co-pay</p>	Not Applicable

WellCare Access (HMO SNP)		
PRESCRIPTION DRUG BENEFITS	Part D Cost Shares	
Initial Coverage Stage	<p>After you pay your deductible, You pay the following co-pays or co-insurance amounts until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail and mail order pharmacies.</p> <p>If you reside in a long term care (LTC) facility, you pay the same as a retail pharmacy. When you move from one phase of the Part D benefit to another, your cost-sharing may change as well. For more information on the additional pharmacy specific cost-sharing and the phase of the benefit, please call us or access our Evidence of Coverage online.</p>	
Initial Coverage (After you pay your deductible, if applicable)	Retail	Preferred Mail Order
Tier 1: Preferred Generic	30-Day Supply	90-Day Supply
Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug	\$0, \$1.25, or \$3.40	\$0
Tier 5: Specialty	Generics: \$0, \$1.25, or \$3.40 Brands: \$0, \$3.80, or \$8.50	Generics: \$0, \$1.25, or \$3.40 Brands: \$0, \$3.80, or \$8.50
Coverage Gap Stage	Generics: \$0, \$1.25, or \$3.40 Brands: \$0, \$3.80, or \$8.50	N/A
Catastrophic Coverage	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820.</p> <p>This stage does not apply to you.</p> <p>After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail order) reach \$5,100, you pay nothing.</p>	

WellCare Access (HMO SNP)		New York State Department of Health
Additional Covered Benefits		
Worldwide Emergency (for Emergency and Urgent Care)	<p>\$90 Co-pay</p> <p>What You Should Know: Worldwide Coverage is subject to a \$25,000 maximum plan coverage. There is no coverage for medication purchases while outside of the United States.</p>	
Rehabilitation Services ^{① ② ③} Cardiac (Heart) Rehabilitation Services Pulmonary Rehabilitation	<p>\$0 Co-pay</p> <p>\$0 Co-pay</p>	<p>Medicaid covers Medicare deductibles, co-pays, and coinsurances.</p>
Foot Care (Podiatry Services) ^{① ② ③} Medicare Covered	\$0 Co-pay	<p>Medicaid covers Medicare deductibles, co-pays, and co-insurances (QMB and QMB Plus Only)</p>

New York State Department of Health	WellCare Access (HMO SNP)	
<p>Medical Equipment/Supplies ^{① ③}</p> <p>Durable Medical Equipment (e.g., wheelchairs, oxygen)</p> <p>Prosthetics (e.g., braces, artificial limbs)</p>	<p>\$0 Co-pay</p> <p>\$0 Co-pay</p>	<p>Medicaid covers Medicare deductibles, co-pays, and co-insurances</p> <p>Medicaid covered durable medical equipment, including devices and equipment other than medical/surgical supplies, Enteral formula, and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury and are usually fitted, designed or fashioned for a particular individual's use. Must be ordered by a practitioner. No homebound prerequisite and including non-Medicare DME covered by Medicaid (e.g. tub stool; grab bars).</p> <p>Medicaid covers Medicare deductibles, co-pays, and co-insurances.</p> <p>Medicaid covered prosthetics, orthotics, and orthopedic footwear.</p> <p>No diabetic prerequisite for orthotics.</p>

	WellCare Access (HMO SNP)	New York State Department of Health
Diabetes Monitoring Supplies	\$0 Co-pay	
Diabetic Therapeutic Shoes or Inserts	\$0 Co-pay	
Diabetic Self-Management Training	\$0 Co-pay	
	What You Should Know: Covered diabetes supplies include: blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions.	
Wellness Programs		Medicaid covers Medicare deductibles, co-pays, and co-insurances.
Fitness	\$0 Co-pay	
Personal Emergency Response System (PERS)	\$0 Co-pay	Medicaid coverage provided
Additional Routine Annual Physical	\$0 Co-pay	
24-Hour Nurse Advice Line	\$0 Co-pay	
Medical Nutrition Therapy	\$0 Co-pay	
	What You Should Know: Wellness programs are a great way to maintain your health. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.	

	WellCare Access (HMO SNP)	New York State Department of Health
Chiropractic Care ^{①②③} Medicare Covered Routine Chiropractic Services	\$0 Co-pay \$0 Co-pay	 Medicaid covers Medicare deductibles, co-pays, and co-insurances (QMB and QMB Plus Only)
	\$0 Co-pay What You Should Know: Covered services include part-time or intermittent Skilled Nursing and home health-aide services including physical therapy, occupational therapy, and speech therapy, medical and social services, medical equipment & supplies.	Medicaid covers Medicare deductibles, co-pays, and co-insurances. Medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Also includes non-Medicare covered home health services (e.g., home health aide services with nursing supervision to medically unstable individuals).
Hospice	What You Should Know: You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.	Medicaid covers Medicare deductibles, co-pays, and co-insurances.
Outpatient Substance Abuse ^{①②③} Individual Therapy Group Therapy	\$0 Co-pay	
	\$0 Co-pay	

	WellCare Access (HMO SNP)	New York State Department of Health
Renal Dialysis ^{②③}	\$0 Co-pay	Medicaid covers Medicare deductibles, co-pays, and co-insurances.
Acupuncture ^{②③}	\$0 Co-pay for 20 visits every year	Not Covered
Over-the-Counter (OTC) Health Items	Our plan will pay up to \$100 every month for the purchase of covered over-the-counter items. Please visit our website to see our list of covered over-the-counter items.	Not Covered
In-Home Support Services ^{①②③}	\$0 Co-pay for up to 6 visits per year What You Should Know: Members who meet clinical criteria have access to In-Home Support services including light cleaning, household chores, and meal preparation.	
Meals ^{①②③} Post-Acute Meals	\$0 Co-pay for post-acute meals immediately following an Inpatient hospital stay to aid in recovery with a max of 10 meals within 14 day benefit duration.	Not Covered
Chronic Meals	\$0 Co-pay for chronic meals as part of a supervised program designed to transition members with chronic conditions with a max of 84 meals per year, but not limited to number of days.	
Private Duty Nursing Services ^③	Not Covered	Medicaid coverage provided
Out-of-Network Family Planning Services Provided Under The Direct Access Provisions of the Waiver ^③	You pay nothing for Medicare covered services	Medicaid coverage provided
Personal Care Services ^③	You pay nothing for Medicare covered services	Medicaid coverage provided

	WellCare Access (HMO SNP)	New York State Department of Health
Directly Observed Therapy for Tuberculosis Disease ^③	You pay nothing for Medicare covered services	Medicaid coverage provided
Methadone Maintenance Treatment Program (MMTP) ^③	You pay nothing for Medicare covered services	Medicaid coverage provided
Certain Mental Health Services ^③	Not Covered	Medicaid coverage includes: <ul style="list-style-type: none"> • Intensive Psychiatric Rehabilitation Treatment Programs • Day Treatment • Continuing Day Treatment • Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units) • Partial Hospitalizations • Assertive Community Treatment (ACT) • Personalized Recovery Oriented Services (PROS)
Rehabilitation Services Provided to Residents of OMH-Licensed Community Residences (CRs) and Family-Based Treatment Program ^③	Not Covered	Medicaid coverage provided
AIDS Adult Day Health Care ^③	Not Covered	Medicaid coverage provided
HIV Cobra Case Management ^③	Not Covered	Medicaid coverage provided
Adult Day Health Care ^③	Not Covered	Medicaid coverage provided
Comprehensive Medicaid Case Management (CMCM) ^③	Not Covered	Medicaid coverage provided

Office of Mental Retardation and Development Disabilities (OMRDD) ③	WellCare Access (HMO SNP)	New York State Department of Health
	Not Covered	Medicaid coverage provided

WellCare Health Plans, Inc., is an HMO, PPO, PDP, PFFS plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNPs have contracts with State Medicaid programs. Enrollment in WellCare Access (HMO SNP) depends on contract renewal. This information is not a complete description of benefits. Call 1-866-482-3363 / TTY 711 for more information.

Limitations, co-payments and restrictions may apply. Benefits, premiums and/or co-payments/coinsurance may change on January 1 of each year. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium. If you meet certain eligibility requirements for both Medicare and Medicaid, your Part B premiums may be covered in full. Our plans use a formulary. You have the choice to sign up for automated mail service delivery. You can get prescription drugs shipped to your home through our network mail service delivery program. You should expect to receive your prescription drugs within 10–14 calendar days from the time that the mail service pharmacy receives the order. If you do not receive your prescription drugs within this time, please contact us at 1-866-892-9006 (TTY 1-866-507-6135), 24 hours a day, seven days a week, or visit mailrx.wellcare.com. Please contact your plan for details.



WHEN AND HOW TO ENROLL

If you're new to Medicare, you may have some questions about when you can enroll and how to enroll. This section has the answers you're looking for.

Medicare Enrollment Periods

Enrollment periods are specified times to join a Medicare Advantage and/or Prescription Drug Plan, or to make changes to your Medicare coverage. Here is a brief summary of some of the different types of enrollment periods:

Initial Enrollment Period

This is the time when someone first becomes eligible and can sign up for Medicare. For most people, this is when they turn 65.

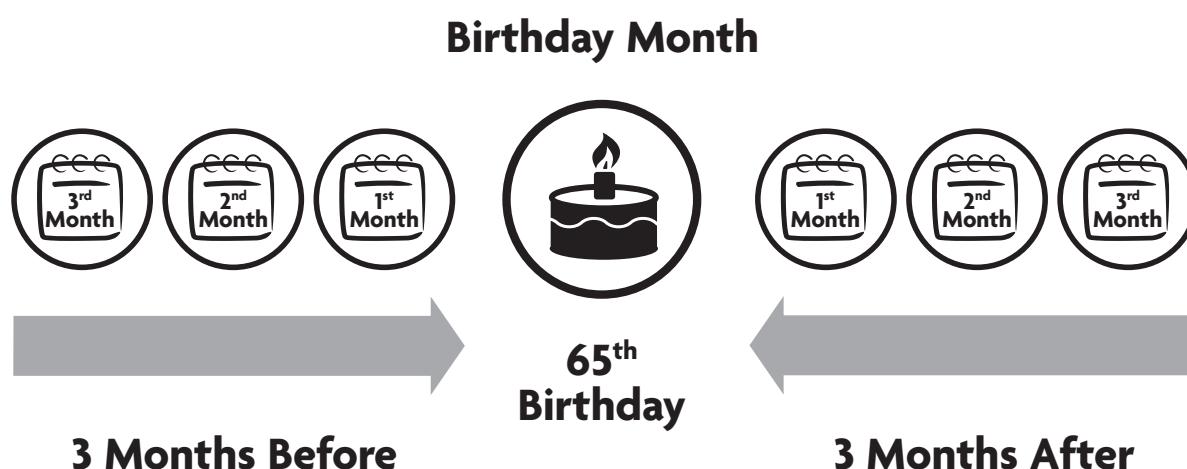
When is it?

It begins three months before your 65th birthday month and lasts three months after your 65th birthday month. For example, if you turn 65 in April, you can sign up in January, February, March, April, May, June or July.

When does coverage start?

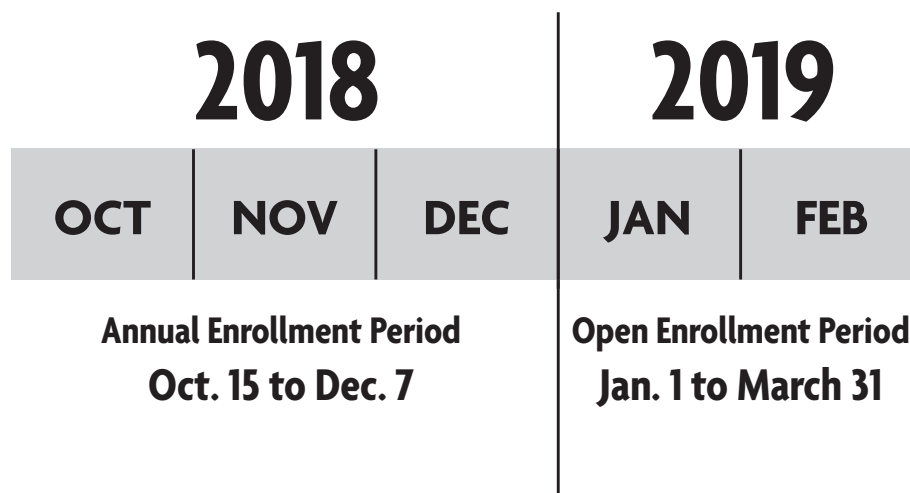
If you sign up in any of the three months before your 65th birthday month, coverage starts on the first day of your birthday month. If you sign up during or after your 65th birthday month, your coverage start date will be the first day of the following month your application is approved.

After your initial coverage starts, you have three months to make a one-time switch to another Medicare Advantage plan or to Original Medicare.



Annual Enrollment Period (AEP)

The Annual Enrollment Period is the time each year when beneficiaries may switch from a Medicare Advantage plan to Original Medicare or vice versa, or change Medicare Advantage or Prescription Drug Plans. This period starts on Oct. 15 and ends on Dec. 7. If you make any changes to your coverage during this time, these will become effective on Jan. 1.



Open Enrollment Period (OEP)

The Open Enrollment Period (OEP) is the time each year when Medicare Advantage beneficiaries may switch to another Medicare Advantage plan or join Original Medicare. This period starts on January 1 and ends on March 31.

For example, a member of a Medicare Advantage plan that does not have prescription drug coverage can join a plan that does during OEP. However, a beneficiary with Original Medicare could not make a switch during OEP.

If you decide to make any changes during this time, your new coverage will begin the first day of the following month that your request is received. This means that if you request a change in January, this will take effect February 1. If you request a change before February 14, your new coverage will take effect March 1.

Special Enrollment Periods

There are times other than the standard enrollment periods when you may join or leave a Medicare Advantage or Prescription Drug Plan. These include:

- If you move outside your plan's coverage area
- If you qualify for Extra Help

There are also other events that may qualify you for a special enrollment period.

Members covered by both Medicare and Medicaid may enroll in or make a change to a Medicare Advantage or Prescription Drug Plan in these situations:

- During AEP
- Once during each of the first three quarters of the year
- Within three months of a change in eligibility status
- Within three months of an automatic assignment to a plan or the effective date of such an assignment (whichever is later)

For more information on this or any of these subjects, please call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users may call **1-877-486-2048**. Or visit **www.medicare.gov**.

- You can also speak with your licensed insurance agent



What is a Late Enrollment Penalty?

Medicare beneficiaries who go for 63 days or more without "creditable drug coverage" must pay a late enrollment penalty. Creditable coverage is prescription drug coverage that meets Original Medicare's standards.



What is Extra Help?

Some people qualify for Extra Help paying for medications and don't even know it. If you do qualify, Medicare could help you pay for your drug costs, including your monthly prescription plan premiums, annual deductibles, co-payments and coinsurance. Additionally, those who qualify will not have a coverage gap or Late Enrollment Penalty.



ENROLLMENT APPLICATION

Now you're ready to enroll! Just review and fill out the Enrollment Application, and send it back to us in the attached business reply envelope we've provided.

WellCare/'Ohana/Easy Choice/WellCare TexanPlus 2019 Medicare Advantage Plans Individual Enrollment Form

How to Enroll with Our Plans

1. Please read this entire enrollment form to make sure you understand the information.
An incorrect or incomplete application may cause a delay or denial of coverage.
2. When you're ready, fill out the entire enrollment form. Where appropriate, write clearly in all capital letters or place an "X" in the appropriate box.
3. Once you're done, don't forget to sign and date it.
4. Return the completed and signed form in one of the following ways:
 - By fax to 1-866-473-9124, or
 - By mail to P.O. Box 31392, Tampa, FL 33631-3392, or
 - By using the postage-paid business reply envelope if one is included.
5. Contact your Licensed Insurance Agent with any questions you may have.

Licensed Insurance Agent: _____
Phone: (____) ____ - _____

3 Other Easy Ways to Enroll with WellCare/'Ohana/Easy Choice/WellCare TexanPlus



Call your plan at the Customer Service number on the inside front cover of this form.



Enroll online at www.wellcare.com/medicare or www.ohanahealthplan.com/medicare.



Enroll online at www.medicare.gov.





We're always just a phone call away!

If you're ready to enroll or have enrollment questions, call **1-866-999-3945** (CA), **1-800-265-8171** (HI), **1-866-556-4607** (TX)*, **1-866-245-4143** (TX)**, or **1-866-527-0056** (All Others).

Representatives are available from 8 a.m. to 8 p.m., 7 days a week.

If you're already a member, call the number for your state/plan listed below.

Alabama (AL):	WellCare Value (HMO).....	1-866-653-0981
Arkansas (AR):	WellCare Rx (HMO), WellCare Value (HMO-POS), WellCare Advance (HMO-POS), WellCare Preferred (HMO), WellCare Premier (PPO)	1-800-316-2273
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-855-292-0237
Arizona (AZ):	WellCare Value (HMO).....	1-866-797-2641
	WellCare Liberty (HMO SNP).....	1-877-778-1855
California (CA):	Easy Choice Plus Plan (HMO), Easy Choice Best Plan (HMO), Easy Choice Rx (HMO)	1-866-999-3945
	Easy Choice Freedom Plan (HMO SNP).....	1-866-999-3945
Connecticut (CT):	WellCare Preferred (HMO), WellCare Rx (HMO-POS), WellCare Value (HMO)	1-866-579-8006
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-866-635-7047
Florida (FL):	WellCare Dividend (HMO), WellCare Value (HMO), WellCare Value (HMO-POS), WellCare Essential (HMO-POS), WellCare Dividend Prime (HMO), WellCare Elite (HMO), WellCare Premier (PPO), WellCare Prime (PPO), WellCare Guardian (HMO SNP), WellCare Champion (HMO SNP)	1-888-888-9355
	WellCare Select (HMO SNP), WellCare Access (HMO SNP), WellCare Liberty (HMO SNP), WellCare Reserve (HMO SNP)	1-866-637-8041
Georgia (GA):	WellCare Value (HMO), WellCare Advance (HMO-POS), WellCare Choice (HMO), WellCare Premier (PPO), WellCare Prime (PPO)	1-866-334-7730
	WellCare Access (HMO SNP), WellCare Liberty (HMO SNP)	1-866-482-3361
Hawaii (HI):	‘Ohana Value (HMO).....	1-888-505-1201
	‘Ohana Liberty (HMO SNP).....	1-877-457-7621
Illinois (IL):	WellCare Advance (HMO-POS), WellCare Value (HMO-POS), WellCare Rx (HMO), WellCare Plus (HMO), WellCare Choice (HMO-POS)	1-866-334-6876
Kentucky (KY):	WellCare Value (HMO), WellCare Essential (HMO-POS), WellCare Advance (HMO-POS).....	1-877-560-2766
	WellCare Access (HMO SNP), WellCare Liberty (HMO SNP)	1-877-560-3206

Louisiana (LA):	WellCare Rx (HMO), WellCare Value (HMO).....	1-866-804-5926
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-866-530-9488
Maine (ME):	WellCare Value (HMO).....	1-866-682-0536
	WellCare Access (HMO SNP).....	1-866-682-0537
	WellCare Today's Options Advantage Plus 150A (PPO), WellCare Today's Options Advantage Plus 550B (PPO), WellCare Today's Options Advantage 300 (PPO)	1-866-422-5009
Mississippi (MS):	WellCare Value (HMO), WellCare Essential (HMO-POS), WellCare Advance (HMO-POS).....	1-800-316-2273
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-855-292-0237
North Carolina (NC):	WellCare Value (HMO).....	1-877-655-2425
	WellCare Access (HMO SNP).....	1-877-655-2422
New Jersey (NJ):	WellCare Rx (HMO), WellCare Value (HMO-POS)	1-866-687-8570
	WellCare Liberty (HMO SNP).....	1-877-706-9509
New York (NY):	WellCare Value (HMO), WellCare Rx (HMO), WellCare Choice (HMO), WellCare Preferred (HMO), WellCare Essential (HMO), WellCare Advance (HMO), WellCare Today's Options Classic (HMO), WellCare Premier (PPO)	1-800-278-5155
	WellCare Access (HMO SNP).....	1-866-482-3363
	WellCare Liberty (HMO SNP).....	1-866-491-5746
	WellCare Today's Options Advantage Plus 750B (PPO), WellCare Today's Options Advantage Plus 450A (PPO), WellCare Today's Options Advantage 300 (PPO), WellCare Today's Options Advantage Plus 550B (PPO), WellCare Today's Options Advantage Plus 150A (PPO)	1-866-422-5009
South Carolina (SC):	WellCare Value (HMO), WellCare Elite (HMO), WellCare Advance (HMO-POS), WellCare Prime (PPO), WellCare Premier (PPO)	1-888-345-8437
	WellCare Access (HMO SNP).....	1-888-345-9036
Tennessee (TN):	WellCare Dividend (HMO), WellCare Rx (HMO), WellCare Value (HMO-POS), WellCare Advance (HMO-POS)	1-800-316-2273
	WellCare Access (HMO SNP).....	1-855-292-0237

Texas (TX):

WellCare TexanPlus Classic (HMO)*, WellCare TexanPlus Value (HMO), WellCare TexanPlus Choice (HMO-POS).....	1-866-230-2513
WellCare TexanPlus Classic (HMO)**.....	1-800-958-2707
WellCare TexanPlus Classic (HMO)***, WellCare Dividend Prime (HMO), WellCare Value (HMO-POS).....	1-866-687-8878
WellCare Liberty (HMO SNP), WellCare Access (HMO SNP), WellCare TexanPlus Star (HMO SNP).....	1-866-530-9495
Retiree – MA – PD CY (HMO).....	1-866-230-2513

Hours of operation

Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m.,
Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.,
or visit us anytime at www.wellcare.com/medicare or www.ohanahealthplan.com/medicare

Nurse Advice Line.....1-800-581-9952 (24 hours, 7 days a week)

TTY for all of the above711

* Texas Service Area: Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller

** Texas Service Area: Colin, Dallas, Rockwall, Tarrant

*** Texas Service Area: Bexar, El Paso, Travis, Williamson

2019 MEDICARE ADVANTAGE PLANS INDIVIDUAL ENROLLMENT FORM

Please contact WellCare/'Ohana/Easy Choice/WellCare TexanPlus if you need information in another language or format (Braille).

**To Enroll in a WellCare/'Ohana/Easy Choice/WellCare TexanPlus Plan,
Please Provide the Following Information:**

Select the box for the plan you want to enroll in: Plan:	WellCare	'Ohana	Easy Choice	WellCare Texan Plus
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Plan Type: HMO HMO-POS HMO SNP PPO \$. per month

Plan Name:	Access	Advance	Today's Options Advantage 300	Today's Options Advantage Plus 150A
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Today's Options Advantage Plus 450A Today's Options Advantage Plus 550B

☐ Today's Options Advantage Plus 750B
 ☐ Best
 ☐ Champion
 ☐ Choice
 ☐ Classic
 ☐ Dividend

☐ Dividend Prime
 ☐ Elite
 ☐ Essential
 ☐ Freedom
 ☐ Guardian
 ☐ Liberty
 ☐ Plus
 ☐ Preferred
 ☐ Premier

Prime Reserve Rx Select Star Value

☐ Mr. ☐ Mrs. ☐ Ms. Sex: ☐ M ☐ F Birth Date: (MMDDYYYY)

Last Name:

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 Middle Initial:

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First Name:

 Primary Phone Number:

Alternate Phone Number (Optional):									
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[illegible]

Please know that by providing your email address, you are agreeing to receive emails from us. We will give you the opportunity to opt in and you may always opt out of future email communications.

Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.
- OR -
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

Medicare Number:

[illegible]

Is Entitled To:

Effective Date: (MMDDYYYY)

HOSPITAL (Part A)

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MEDICAL (Part B)

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You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Licensed Insurance Agent:

Please Provide the Following Information (Continued):

Permanent Residence Street Address: (P.O. Box is not allowed)

[illegible][illegible]

City: State: ZIP Code:

Mailing Address: (only if different from your Permanent Residence Street Address)

Street Address:

City: State: ZIP Code:

Emergency Contact Information (Optional):

[illegible][illegible]

Please Read and Answer These Important Questions:

1. Do you have end-stage renal disease (ESRD)? Yes ☐ No ☐

If you have had a successful kidney transplant and/or you do not need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you do not need dialysis; otherwise, we may need to contact you to obtain additional information.

2. For MAPD Plans: Some individuals may have other drug coverage, including other private insurance, TRICARE, federal employee health benefits coverage, VA benefits or State Pharmaceutical Assistance Programs.

Will you have other <u>prescription</u> drug coverage in addition to WellCare/'Ohana/Easy Choice/WellCare TexanPlus? Yes	No
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If "yes" please list your other coverage and your identification (ID) number(s) for this coverage:

[illegible][illegible][illegible]

3. Are you a resident of a long-term care facility, such as a nursing home? Yes ☐ No ☐

If “yes”, please provide the following information:

City:

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 State:

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 ZIP Code:

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Phone Number:

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Licensed Insurance Agent:

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Please Read and Answer These Important Questions (continued):

If “yes” please provide your Medicaid number:

[illegible]

5. Do you or your spouse work? Yes ☐ No ☐

6. FOR WELLCARE GUARDIAN (HMO SNP) AND WELLCARE CHAMPION (HMO SNP)

Do you have one of the following conditions: Cardiovascular Disorder, Diabetes, Chronic Heart Failure?	Yes	No
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Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format:

Spanish (where available) ☐ Chinese (where available) ☐ Korean (where available) ☐ Vietnamese (where available) ☐

Large Print ☐

Please contact WellCare/‘Ohana/Easy Choice/WellCare TexanPlus at the Customer Service number listed on the inside front cover of this application if you need information in an accessible format or language other than what is listed above. Our office hours are between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. TTY users should call 711.

Please Choose a Primary Care Physician (PCP), Clinic or Health Center: (First and Last Name of PCP)

[illegible][illegible]

If you are the authorized representative, you must sign and provide the following information.

Would you like all mail to be sent to the authorized representative? Yes ☐ No ☐

[illegible]

Address:

City:

 State:

 ZIP:

[illegible]

Paying Your Plan Premium

If enrolling in a health plan with a \$0 monthly premium: If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, credit card, pay by phone, or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month, if eligible. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. **DO NOT** pay the plan the Part D-IRMAA.

If enrolling in a plan with a monthly premium: You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, credit card, pay by phone, or through Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month, if eligible. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you

Licensed Insurance Agent:

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Paying Your Plan Premium (continued)

will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay WellCare/'Ohana/Easy Choice/WellCare Texan Plus the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and do not even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. Even if you have Extra Help now, you may need to reapply for it later. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. If you don't select a payment option, you will get a coupon book to pay your monthly premiums.

Please select a premium payment option:

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check (if eligible).

I get monthly benefits from: ☐ Social Security ☐ Railroad Retirement Board

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, or approves deductions to begin after the enrollment effective date, we will send you a bill for your monthly premiums.)

☐ Electronic Funds Transfer (EFT) from your bank account each month.

To set up EFT you will need to send us a signed authorization form with a voided check or a letter from your bank if the account is a savings account. If you select this method, we will send you the EFT form with instructions on how to complete and return to us.

☐ Get a coupon book for monthly premium payments.

Note: You may also pay your plan premiums by credit card or by deduction from your bank account (checking/savings) instead of using the monthly coupons. To set up your payment, visit our website at www.wellcare.com/medicare or www.ohanahealthplan.com/medicare or call Customer Service at the number on the inside cover.



Please Read This Important Information:

For MAPD Plans: If you currently have health coverage from an employer or union, joining a/an WellCare/'Ohana/Easy Choice/WellCare TexanPlus plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join WellCare/'Ohana/Easy Choice/WellCare Texan Plus. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign:

By completing this enrollment application, I agree to the following: 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Our D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or Prescription Drug Plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. **(MA only plans:** I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.) Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available, (Example: October 15–December 7 of every year) or under certain special circumstances. WellCare/'Ohana/Easy Choice/WellCare TexanPlus serves a specific service area. **If I move out of the area that WellCare/'Ohana/Easy Choice/WellCare Texan Plus serves, I need to notify the plan so I can disenroll and find a new plan in my new area.** Once I am a member of WellCare/'Ohana/Easy Choice/WellCare TexanPlus, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from WellCare/'Ohana/Easy Choice/WellCare TexanPlus when I receive it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

Licensed Insurance Agent:

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Please Read and Sign (continued):

For Non-PPO Plans: I understand that beginning on the date WellCare/'Ohana/Easy Choice/WellCare TexanPlus coverage begins, I must get all of my health care from WellCare/'Ohana/Easy Choice/WellCare TexanPlus, except for emergency or urgently needed services or out-of-area dialysis services.

For PPO Plans Only: I understand that beginning on the date WellCare coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, WellCare provides refunds for all covered benefits, even if I get services out of network.

ALL PLANS: Services authorized by WellCare/'Ohana/Easy Choice/WellCare TexanPlus and other services contained in my WellCare/'Ohana/Easy Choice/WellCare TexanPlus Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR WELLCARE/'OHANA/EASY CHOICE/WELLCARE TEXAN PLUS WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with WellCare/'Ohana/Easy Choice/WellCare Texan Plus, he/she may be paid based on my enrollment in WellCare/'Ohana/Easy Choice/WellCare TexanPlus.

Release of Information: By joining this Medicare health plan, I acknowledge that WellCare/'Ohana/Easy Choice/WellCare TexanPlus will release my information to Medicare, other plans and providers as is necessary for treatment, payment and health care operations. I also acknowledge that WellCare/'Ohana/Easy Choice/WellCare TexanPlus will release my information (including my prescription drug event data) to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature: _____

Today's Date:

M	M	D	D	Y	Y	Y	Y

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the Annual Enrollment Period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and select the box if the statement applies to you. By filling in any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine that this information is incorrect, you may be disenrolled.

If the statement you select requires a date, please use the following format: MMDDYYYY

1. ☐ I am new to Medicare.
If you are new to Medicare due to loss of employer group or union coverage, please refer to number 13
2. ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
3. ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me.
I moved on

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4. ☐ I recently was released from incarceration. I was released on

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5. ☐ I recently returned to the United States after living permanently outside of the U.S.
I returned to the U.S. on

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6. ☐ I recently obtained lawful presence status in the United States. I got this status on

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7. ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on

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Licensed Insurance Agent:

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Attestation of Eligibility for an Enrollment Period (continued)

8. ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on .
9. ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
10. ☐ I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on .
11. ☐ I recently left a PACE program on .
12. ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on .
13. ☐ I am leaving employer or union coverage on .
14. ☐ I belong to a pharmacy assistance program provided by my state.
15. ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
16. ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on .
17. ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on .
18. ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.
19. ☐ Other _____

If none of these statements applies to you or you're not sure, please contact WellCare/'Ohana/Easy Choice/WellCare TexanPlus at **1-866-527-0056** to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m., 7 days a week. TTY users should call **711**.

WellCare/'Ohana/Easy Choice/WellCare TexanPlus 2019 Medicare Advantage Plans Individual Enrollment Form

How to Enroll with Our Plans

1. Please read this entire enrollment form to make sure you understand the information.
An incorrect or incomplete application may cause a delay or denial of coverage.
2. When you're ready, fill out the entire enrollment form. Where appropriate, write clearly in all capital letters or place an "X" in the appropriate box.
3. Once you're done, don't forget to sign and date it.
4. Return the completed and signed form in one of the following ways:
 - By fax to 1-866-473-9124, or
 - By mail to P.O. Box 31392, Tampa, FL 33631-3392, or
 - By using the postage-paid business reply envelope if one is included.
5. Contact your Licensed Insurance Agent with any questions you may have.

Licensed Insurance Agent: _____
Phone: (____) ____ - _____

3 Other Easy Ways to Enroll with WellCare/'Ohana/Easy Choice/WellCare TexanPlus



Call your plan at the Customer Service number on the inside front cover of this form.



Enroll online at www.wellcare.com/medicare or www.ohanahealthplan.com/medicare.



Enroll online at www.medicare.gov.





We're always just a phone call away!

If you're ready to enroll or have enrollment questions, call **1-866-999-3945** (CA), **1-800-265-8171** (HI), **1-866-556-4607** (TX)*, **1-866-245-4143** (TX)**, or **1-866-527-0056** (All Others).

Representatives are available from 8 a.m. to 8 p.m., 7 days a week.

If you're already a member, call the number for your state/plan listed below.

Alabama (AL):	WellCare Value (HMO).....	1-866-653-0981
Arkansas (AR):	WellCare Rx (HMO), WellCare Value (HMO-POS), WellCare Advance (HMO-POS), WellCare Preferred (HMO), WellCare Premier (PPO)	1-800-316-2273
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-855-292-0237
Arizona (AZ):	WellCare Value (HMO).....	1-866-797-2641
	WellCare Liberty (HMO SNP).....	1-877-778-1855
California (CA):	Easy Choice Plus Plan (HMO), Easy Choice Best Plan (HMO), Easy Choice Rx (HMO)	1-866-999-3945
	Easy Choice Freedom Plan (HMO SNP).....	1-866-999-3945
Connecticut (CT):	WellCare Preferred (HMO), WellCare Rx (HMO-POS), WellCare Value (HMO)	1-866-579-8006
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-866-635-7047
Florida (FL):	WellCare Dividend (HMO), WellCare Value (HMO), WellCare Value (HMO-POS), WellCare Essential (HMO-POS), WellCare Dividend Prime (HMO), WellCare Elite (HMO), WellCare Premier (PPO), WellCare Prime (PPO), WellCare Guardian (HMO SNP), WellCare Champion (HMO SNP)	1-888-888-9355
	WellCare Select (HMO SNP), WellCare Access (HMO SNP), WellCare Liberty (HMO SNP), WellCare Reserve (HMO SNP)	1-866-637-8041
Georgia (GA):	WellCare Value (HMO), WellCare Advance (HMO-POS), WellCare Choice (HMO), WellCare Premier (PPO), WellCare Prime (PPO)	1-866-334-7730
	WellCare Access (HMO SNP), WellCare Liberty (HMO SNP)	1-866-482-3361
Hawaii (HI):	'Ohana Value (HMO).....	1-888-505-1201
	'Ohana Liberty (HMO SNP).....	1-877-457-7621
Illinois (IL):	WellCare Advance (HMO-POS), WellCare Value (HMO-POS), WellCare Rx (HMO), WellCare Plus (HMO), WellCare Choice (HMO-POS)	1-866-334-6876
Kentucky (KY):	WellCare Value (HMO), WellCare Essential (HMO-POS), WellCare Advance (HMO-POS).....	1-877-560-2766
	WellCare Access (HMO SNP), WellCare Liberty (HMO SNP)	1-877-560-3206

Louisiana (LA):	WellCare Rx (HMO), WellCare Value (HMO).....	1-866-804-5926
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-866-530-9488
Maine (ME):	WellCare Value (HMO).....	1-866-682-0536
	WellCare Access (HMO SNP).....	1-866-682-0537
	WellCare Today's Options Advantage Plus 150A (PPO), WellCare Today's Options Advantage Plus 550B (PPO), WellCare Today's Options Advantage 300 (PPO)	1-866-422-5009
Mississippi (MS):	WellCare Value (HMO), WellCare Essential (HMO-POS), WellCare Advance (HMO-POS).....	1-800-316-2273
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-855-292-0237
North Carolina (NC):	WellCare Value (HMO).....	1-877-655-2425
	WellCare Access (HMO SNP).....	1-877-655-2422
New Jersey (NJ):	WellCare Rx (HMO), WellCare Value (HMO-POS)	1-866-687-8570
	WellCare Liberty (HMO SNP).....	1-877-706-9509
New York (NY):	WellCare Value (HMO), WellCare Rx (HMO), WellCare Choice (HMO), WellCare Preferred (HMO), WellCare Essential (HMO), WellCare Advance (HMO), WellCare Today's Options Classic (HMO), WellCare Premier (PPO)	1-800-278-5155
	WellCare Access (HMO SNP).....	1-866-482-3363
	WellCare Liberty (HMO SNP).....	1-866-491-5746
	WellCare Today's Options Advantage Plus 750B (PPO), WellCare Today's Options Advantage Plus 450A (PPO), WellCare Today's Options Advantage 300 (PPO), WellCare Today's Options Advantage Plus 550B (PPO), WellCare Today's Options Advantage Plus 150A (PPO)	1-866-422-5009
South Carolina (SC):	WellCare Value (HMO), WellCare Elite (HMO), WellCare Advance (HMO-POS), WellCare Prime (PPO), WellCare Premier (PPO)	1-888-345-8437
	WellCare Access (HMO SNP).....	1-888-345-9036
Tennessee (TN):	WellCare Dividend (HMO), WellCare Rx (HMO), WellCare Value (HMO-POS), WellCare Advance (HMO-POS)	1-800-316-2273
	WellCare Access (HMO SNP).....	1-855-292-0237

Texas (TX):

WellCare TexanPlus Classic (HMO)*, WellCare TexanPlus Value (HMO), WellCare TexanPlus Choice (HMO-POS).....	1-866-230-2513
WellCare TexanPlus Classic (HMO)**.....	1-800-958-2707
WellCare TexanPlus Classic (HMO)***, WellCare Dividend Prime (HMO), WellCare Value (HMO-POS).....	1-866-687-8878
WellCare Liberty (HMO SNP), WellCare Access (HMO SNP), WellCare TexanPlus Star (HMO SNP).....	1-866-530-9495
Retiree – MA – PD CY (HMO).....	1-866-230-2513

Hours of operation

Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m.,
Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.,
or visit us anytime at www.wellcare.com/medicare or www.ohanahealthplan.com/medicare

Nurse Advice Line.....1-800-581-9952 (24 hours, 7 days a week)

TTY for all of the above711

* Texas Service Area: Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller

** Texas Service Area: Colin, Dallas, Rockwall, Tarrant

*** Texas Service Area: Bexar, El Paso, Travis, Williamson

2019 MEDICARE ADVANTAGE PLANS INDIVIDUAL ENROLLMENT FORM

Please contact WellCare/'Ohana/Easy Choice/WellCare TexanPlus if you need information in another language or format (Braille).

**To Enroll in a WellCare/'Ohana/Easy Choice/WellCare TexanPlus Plan,
Please Provide the Following Information:**

Select the box for the plan you want to enroll in: Plan:	WellCare	'Ohana	Easy Choice	WellCare Texan Plus
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Plan Type: HMO HMO-POS HMO SNP PPO \$. per month

Plan Name:	Access	Advance	Today's Options Advantage 300	Today's Options Advantage Plus 150A
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Today's Options Advantage Plus 450A Today's Options Advantage Plus 550B

☐ Today's Options Advantage Plus 750B
 ☐ Best
 ☐ Champion
 ☐ Choice
 ☐ Classic
 ☐ Dividend

☐ Dividend Prime
 ☐ Elite
 ☐ Essential
 ☐ Freedom
 ☐ Guardian
 ☐ Liberty
 ☐ Plus
 ☐ Preferred
 ☐ Premier

Prime Reserve Rx Select Star Value

☐ Mr. ☐ Mrs. ☐ Ms. Sex: ☐ M ☐ F Birth Date: (MMDDYYYY)

Last Name:

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 Middle Initial:

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First Name:

 Primary Phone Number:

[illegible]

Email Address (Optional):

Please know that by providing your email address, you are agreeing to receive emails from us. We will give you the opportunity to opt in and you may always opt out of future email communications.

Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.
- OR -
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

Medicare Number:

[illegible]

Is Entitled To:

Effective Date: (MMDDYYYY)

HOSPITAL (Part A)

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MEDICAL (Part B)

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You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Licensed Insurance Agent:

Please Provide the Following Information (Continued):

Permanent Residence Street Address: (P.O. Box is not allowed)

[illegible][illegible]

City: State: ZIP Code:

Mailing Address: (only if different from your Permanent Residence Street Address)

Street Address:

City:

 State:

 ZIP Code:

Emergency Contact Information (Optional):

[illegible][illegible]

Please Read and Answer These Important Questions:

1. Do you have end-stage renal disease (ESRD)? Yes ☐ No ☐

If you have had a successful kidney transplant and/or you do not need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you do not need dialysis; otherwise, we may need to contact you to obtain additional information.

2. For MAPD Plans: Some individuals may have other drug coverage, including other private insurance, TRICARE, federal employee health benefits coverage, VA benefits or State Pharmaceutical Assistance Programs.

Will you have other <u>prescription</u> drug coverage in addition to WellCare/'Ohana/Easy Choice/WellCare TexanPlus? Yes	No
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If "yes" please list your other coverage and your identification (ID) number(s) for this coverage:

[illegible][illegible][illegible]

3. Are you a resident of a long-term care facility, such as a nursing home? Yes ☐ No ☐

If “yes”, please provide the following information:

Name of Institution:

[illegible]

City: State: ZIP Code:

Phone Number:

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Licensed Insurance Agent:

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Please Read and Answer These Important Questions (continued):

If “yes” please provide your Medicaid number:

[illegible]

5. Do you or your spouse work? Yes ☐ No ☐

6. FOR WELLCARE GUARDIAN (HMO SNP) AND WELLCARE CHAMPION (HMO SNP)

Do you have one of the following conditions: Cardiovascular Disorder, Diabetes, Chronic Heart Failure?	Yes	No
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Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format:

Spanish (where available) ☐ Chinese (where available) ☐ Korean (where available) ☐ Vietnamese (where available) ☐

Large Print ☐

Please contact WellCare/“Ohana/Easy Choice/WellCare TexanPlus at the Customer Service number listed on the inside front cover of this application if you need information in an accessible format or language other than what is listed above. Our office hours are between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. TTY users should call **711**.

Please Choose a Primary Care Physician (PCP), Clinic or Health Center: (First and Last Name of PCP)

[illegible][illegible]

If you are the authorized representative, you must sign and provide the following information.

Would you like all mail to be sent to the authorized representative? Yes ☐ No ☐

[illegible]

Address:

City:

 State:

 ZIP:

Phone Number:

 Relationship to Enrollee:

Paying Your Plan Premium

If enrolling in a health plan with a \$0 monthly premium: If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, credit card, pay by phone, or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month, if eligible. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. **DO NOT** pay the plan the Part D-IRMAA.

If enrolling in a plan with a monthly premium: You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, credit card, pay by phone, or through Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month, if eligible. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you

Licensed Insurance Agent:

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Paying Your Plan Premium (continued)

will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay WellCare/'Ohana/Easy Choice/WellCare Texan Plus the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and do not even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. Even if you have Extra Help now, you may need to reapply for it later. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. If you don't select a payment option, you will get a coupon book to pay your monthly premiums.

Please select a premium payment option:

☐

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check (if eligible).

I get monthly benefits from: ☐ Social Security ☐ Railroad Retirement Board

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, or approves deductions to begin after the enrollment effective date, we will send you a bill for your monthly premiums.)

☐

Electronic Funds Transfer (EFT) from your bank account each month.

To set up EFT you will need to send us a signed authorization form with a voided check or a letter from your bank if the account is a savings account. If you select this method, we will send you the EFT form with instructions on how to complete and return to us.

☐

Get a coupon book for monthly premium payments.

Note: You may also pay your plan premiums by credit card or by deduction from your bank account (checking/savings) instead of using the monthly coupons. To set up your payment, visit our website at www.wellcare.com/medicare or www.ohanahealthplan.com/medicare or call Customer Service at the number on the inside cover.



Please Read This Important Information:

For MAPD Plans: If you currently have health coverage from an employer or union, joining a/an WellCare/'Ohana/Easy Choice/WellCare TexanPlus plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join WellCare/'Ohana/Easy Choice/WellCare Texan Plus. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign:

By completing this enrollment application, I agree to the following: 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Our D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or Prescription Drug Plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. **(MA only plans:** I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.) Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available, (Example: October 15–December 7 of every year) or under certain special circumstances. WellCare/'Ohana/Easy Choice/WellCare TexanPlus serves a specific service area. **If I move out of the area that WellCare/'Ohana/Easy Choice/WellCare Texan Plus serves, I need to notify the plan so I can disenroll and find a new plan in my new area.** Once I am a member of WellCare/'Ohana/Easy Choice/WellCare TexanPlus, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from WellCare/'Ohana/Easy Choice/WellCare TexanPlus when I receive it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

Licensed Insurance Agent:

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Please Read and Sign (continued):

For Non-PPO Plans: I understand that beginning on the date WellCare/'Ohana/Easy Choice/WellCare TexanPlus coverage begins, I must get all of my health care from WellCare/'Ohana/Easy Choice/WellCare TexanPlus, except for emergency or urgently needed services or out-of-area dialysis services.

For PPO Plans Only: I understand that beginning on the date WellCare coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, WellCare provides refunds for all covered benefits, even if I get services out of network.

ALL PLANS: Services authorized by WellCare/'Ohana/Easy Choice/WellCare TexanPlus and other services contained in my WellCare/'Ohana/Easy Choice/WellCare TexanPlus Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR WELLCARE/'OHANA/EASY CHOICE/WELLCARE TEXAN PLUS WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with WellCare/'Ohana/Easy Choice/WellCare Texan Plus, he/she may be paid based on my enrollment in WellCare/'Ohana/Easy Choice/WellCare TexanPlus.

Release of Information: By joining this Medicare health plan, I acknowledge that WellCare/'Ohana/Easy Choice/WellCare TexanPlus will release my information to Medicare, other plans and providers as is necessary for treatment, payment and health care operations. I also acknowledge that WellCare/'Ohana/Easy Choice/WellCare TexanPlus will release my information (including my prescription drug event data) to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature: _____

Today's Date:

M	M	D	D	Y	Y	Y	Y

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the Annual Enrollment Period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and select the box if the statement applies to you. By filling in any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine that this information is incorrect, you may be disenrolled.

If the statement you select requires a date, please use the following format: MMDDYYYY

1. ☐ I am new to Medicare.
If you are new to Medicare due to loss of employer group or union coverage, please refer to number 13
2. ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
3. ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me.
I moved on

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4. ☐ I recently was released from incarceration. I was released on

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5. ☐ I recently returned to the United States after living permanently outside of the U.S.
I returned to the U.S. on

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6. ☐ I recently obtained lawful presence status in the United States. I got this status on

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7. ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on

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Licensed Insurance Agent:

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Attestation of Eligibility for an Enrollment Period (continued)

8. ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on .
9. ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
10. ☐ I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on .
11. ☐ I recently left a PACE program on .
12. ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on .
13. ☐ I am leaving employer or union coverage on .
14. ☐ I belong to a pharmacy assistance program provided by my state.
15. ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
16. ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on .
17. ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on .
18. ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.
19. ☐ Other _____

If none of these statements applies to you or you're not sure, please contact WellCare/'Ohana/Easy Choice/WellCare TexanPlus at **1-866-527-0056** to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m., 7 days a week. TTY users should call **711**.

Licensed Insurance Agent/Office Use Only:

Name of Staff Member/Agent/Broker/Licensed Insurance Agent (if assisted in enrollment):

[illegible]

Licensed Insurance Agent Signature: _____ Date Application Received: _____

M	M	D	D	Y	Y	Y	Y

Licensed Insurance Agent Initials:

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Licensed Insurance Agent ID:

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Scope of Appointment Verification #:

[illegible]

Licensed Insurance Agent Phone #:

[illegible]

Special Needs Plans Verification (if applicable):

[illegible]

Plan ID #: H

[illegible]

Effective Date of Coverage:

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M M D D Y Y Y Y

ICEP/IEP

AEP

OEP

SEP (type):

[illegible]

Not Eligible

Y0070_WCM_20864E_M CMS Approved 08092018
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PAGE 7 OF 7

Licensed Insurance Agent:

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NA9WCMAPP14824E 0000



STAR RATINGS

Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

Today's Options® HMO

A WellCare Company

Universal American, A WellCare Company – H4868

2018 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, Universal American, A WellCare Company received the following Overall Star Rating from Medicare.

Plan too new to be measured

We received the following Summary Star Rating for Universal American, A WellCare Company's health/drug plan services:

Health Plan Services: Plan too new to be measured

Drug Plan Services: Plan too new to be measured

The number of stars shows how well our plan performs.

- | | |
|-------|-------------------------|
| ★★★★★ | 5 stars – excellent |
| ★★★★ | 4 stars – above average |
| ★★★ | 3 stars – average |
| ★★ | 2 stars – below average |
| ★ | 1 star – poor |

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 855-225-1488 (toll-free) or 711 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Current members please call 800-895-7560 (toll-free) or 711 (TTY).

Today's Options® HMO is a Medicare Advantage plan with a Medicare contract. Enrollment in Today's Options® HMO depends on contract renewal. *Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Y0067_PRE_H4868_HMOPlanRating_1017 CMS Accepted 10/12/2017

NY8WCMINS13798E_0000

Today's Options® HMO complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-736-7442 (TTY: 711). Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-736-7442 (TTY: 711). Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-736-7442 (TTY: 711)。



SCOPE OF APPOINTMENT

2019 Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.



Stand-Alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP)	A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
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Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO)	A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).
Medicare Preferred Provider Organization (PPO) Plan	A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.
Medicare Private Fee-For-Service (PFFS) Plan	A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions, and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP)	A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
Medicare Medical Savings Account (MSA) Plan	MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.
Medicare Cost Plan	In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare, but you will be responsible for Medicare coinsurance and deductibles.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____

Signature Date: _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name: _____ Agent Phone: _____

Beneficiary Name: _____ Beneficiary Phone: _____

Beneficiary Address: _____

Initial Method of Contact (Indicate here if beneficiary was a walk-in.): _____

Agent's Signature: _____

Plan(s) the Agent Represented During this Meeting: _____

Date Appointment Completed: _____ Appointment ID: _____

Scope of Appointment documentation is subject to CMS record retention requirements.

Agent: if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. WellCare Health Plans, Inc., is an HMO, PPO, PDP, PFFS plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. A Private Fee-for-Service Plan is not Medicare supplement insurance. Providers who do not contract with our plan are not required to see you except in an emergency. Please contact your plan for details.



MEMBER CHECKLIST

Enrollment Receipt and New Member Checklist

Agent Instructions: Please review the New Member Checklist carefully with each new member enrolling in our plan.

Member Name _____

Date _____



Plan Information Here are some details about your new plan

The name of my new plan is _____

My Plan type is a (circle): HMO HMO-POS PFFS HMO-SNP PPO

My plan will provide: all my Medicare health coverage | all my Medicare prescription drug coverage

My plan coverage is expected to begin on (effective date): _____

I must live in the plan's service area, which is: _____.

If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

Circle the correct answer:

I should / should not have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time. (There is one exception: Medicare Advantage Private Fee-for-Service plans that do not include prescription drug coverage.)



My monthly premium will be \$ _____.

Checklist

YES | NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. If my plan has a monthly plan premium, I understand that I am responsible for this premium, in addition to my Part B monthly premium. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. I understand that I may be responsible for certain co-pays or coinsurance for covered medical services. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. My Agent left me a copy of the 2019 Resource Guide, which includes the 2019 Summary of Benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. My agent reviewed and confirmed that my current doctors are in the plan's network. |

For Medicare Advantage Prescription Drug (MA-PD) plans only:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. My sales agent explained the co-pays and coinsurance |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. My sales agent explained the Coverage Gap, sometimes referred to as the "donut hole." |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. I have reviewed my currently prescribed drugs with my agent and have confirmed that they are in the plan's list of covered drugs, also called a "formulary," which is available to view at www.wellcare.com/medicare . I also understand that some of my drugs may not be covered under the plan's formulary. |

[illegible][illegible]

Agent Signature: _____

Member Signature: _____

WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Our D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

Enrollment Receipt and New Member Checklist

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Date _____



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The name of my new plan is _____

My Plan type is a (circle): HMO HMO-POS PFFS HMO-SNP PPO

My plan will provide: all my Medicare health coverage | all my Medicare prescription drug coverage

My plan coverage is expected to begin on (effective date): _____

I must live in the plan's service area, which is: _____.

If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

Circle the correct answer:

I should / should not have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time. (There is one exception: Medicare Advantage Private Fee-for-Service plans that do not include prescription drug coverage.)



My monthly premium will be \$ _____.

Checklist

YES | NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. If my plan has a monthly plan premium, I understand that I am responsible for this premium, in addition to my Part B monthly premium. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. I understand that I may be responsible for certain co-pays or coinsurance for covered medical services. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. My Agent left me a copy of the 2019 Resource Guide, which includes the 2019 Summary of Benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. My agent reviewed and confirmed that my current doctors are in the plan's network. |

For Medicare Advantage Prescription Drug (MA-PD) plans only:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. My sales agent explained the co-pays and coinsurance |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. My sales agent explained the Coverage Gap, sometimes referred to as the "donut hole." |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. I have reviewed my currently prescribed drugs with my agent and have confirmed that they are in the plan's list of covered drugs, also called a "formulary," which is available to view at www.wellcare.com/medicare . I also understand that some of my drugs may not be covered under the plan's formulary. |

[illegible]

--	--	--	--

[illegible]




Agent Signature: _____

Member Signature: _____

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What to Expect After You Enroll

After you've completed your enrollment application, you will receive important information and materials about your new plan.

WHAT WILL I GET?	WHY DO I NEED IT?
 WellCare ID Card	Use this every time you access your WellCare benefits. Keep it with you at all times. Please do not use your red, white and blue Medicare card, but keep it in a safe place.
 Member Welcome Kit	<p>Your Member Welcome Kit has helpful information about your health plan.</p> <ul style="list-style-type: none">• Getting started• Official acceptance of enrollment• Plan start date• List of covered drugs (formulary), if your plan covers Part D• (OTC) catalog/flyer, depending on your plan• Evidence of Coverage (EOC) <p>This information will walk you through how to use your benefits.</p>
 Welcome Call	Medicare Advantage plans work with you and your providers to ensure you get the right care when it's needed most.

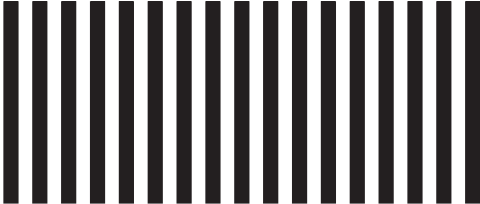
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 9074 TAMPA FL

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WELLCARE HEALTH PLANS
PO BOX 31392
TAMPA, FL 33633-1664



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



Remember to ...

- Fill out your application
- Return your completed application in this postage-paid envelope

請記得

- 填妥申請表
- 用隨附的郵資已付信封寄回填妥的申請表

잊지 마세요 ...

- 귀하의 지원서 작성하기
- 우표값이 미리 지불된 이 봉투에 작성한 지원서를 넣어 우편으로 보내기

Xin nhớ ...

- Điền đơn
- Dùng phong bì đính kèm và gửi trở lại lá đơn quý vị đã điền

Recuerde ...

- Complete su solicitud
- Envíe su solicitud diligenciada en este sobre con porte postal pago



Available in these counties: Kings, Nassau, New York, Queens, Richmond



Medicare_{Rx}
Prescription Drug Coverage

