

**2019**

# Your Guide to Medicare & More

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

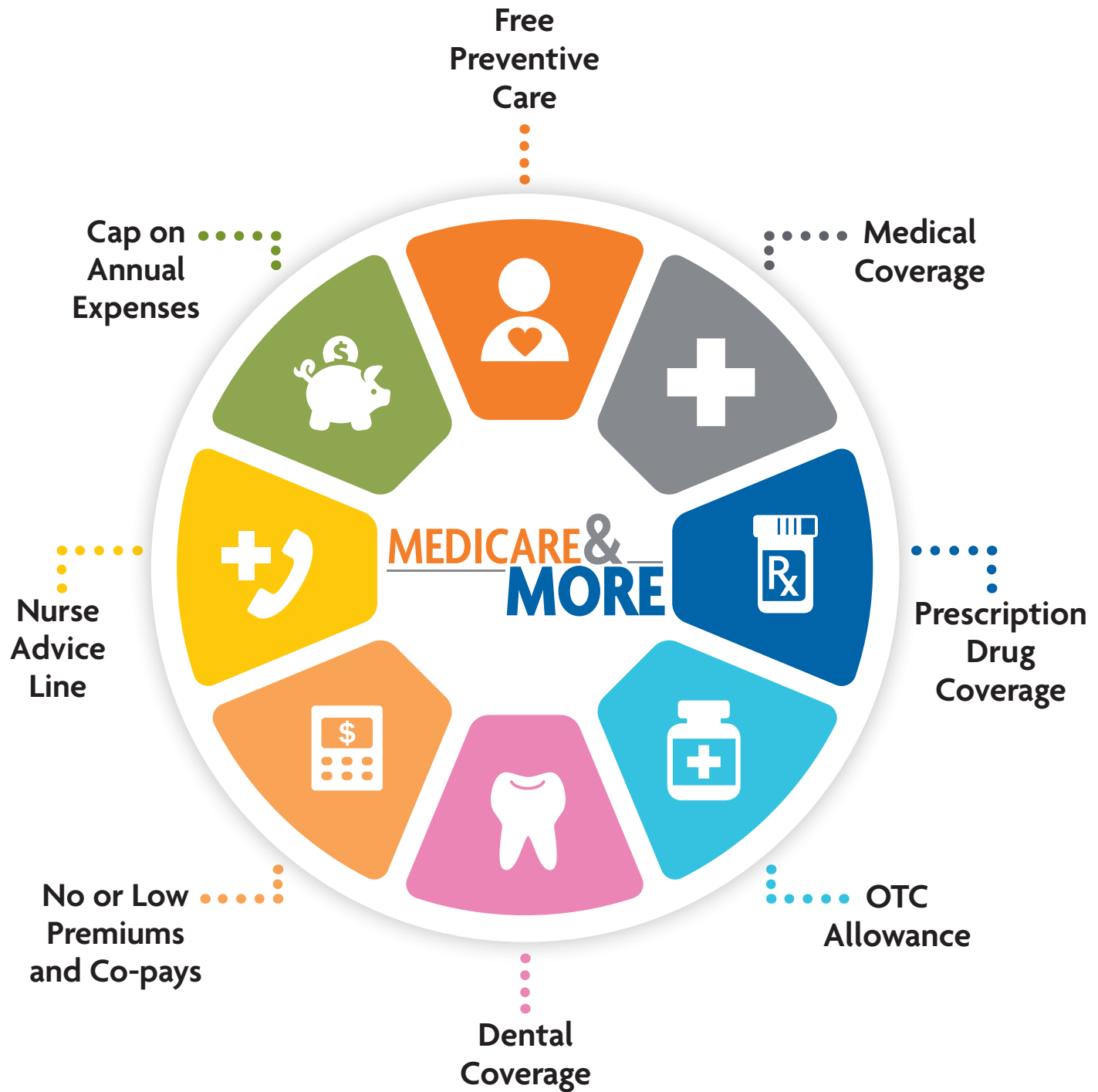
## Enrollment Resource Guide Medicare Advantage Plans

New York  
H4868-008-000



**WellCare Choice (HMO)**

 **WellCare**<sup>®</sup>  
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 1-800-278-5155, (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](http://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:

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

# 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.

	<b>More benefits</b> 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.
	<b>More value</b> 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.
	<b>More care</b> 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](http://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
- Allowance to buy over-the-counter items

*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.



### ***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.

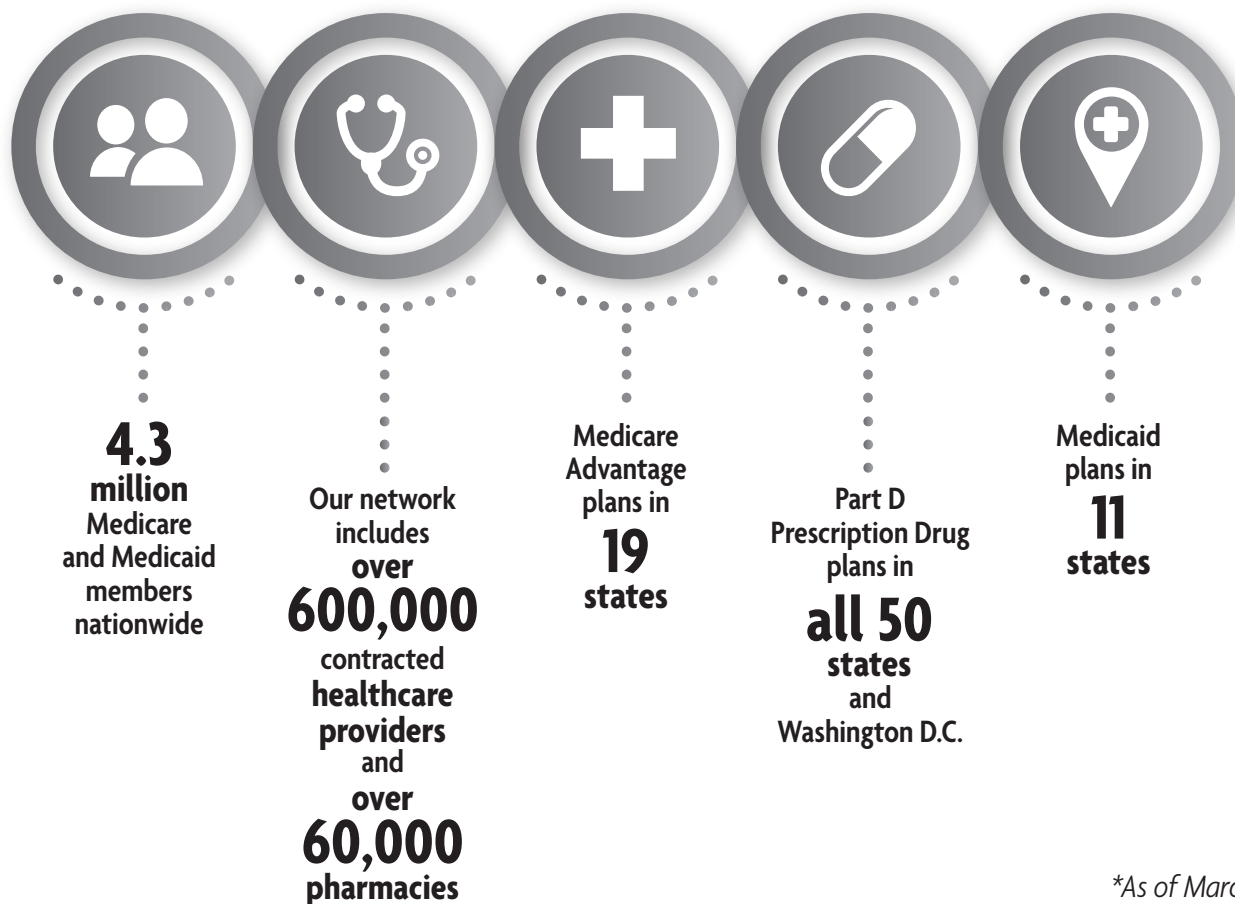
## **What our healthy collaboration means to you**

- 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 Us Save You Time and Money!

With our Medication Home Delivery service through CVS Caremark<sup>®†</sup>, 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<sup>®</sup>

\*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](http://mailrx.wellcare.com).**



<sup>†</sup>Other pharmacies are available in our network.

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– 2019 –

# Over-the-Counter (OTC) Catalog

Medicare Advantage Plans



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## The Benefits of WellCare/'Ohana/WellCare Texan Plus Add Up.

Want to save time and money? Enjoy the OTC benefit: it's an extra benefit WellCare/'Ohana/WellCare Texan Plus offers to help make life a bit easier. There is no out-of-pocket cost to you. It's a quick, easy way to get brand name or generic OTC items like bandages, pain relievers, cold medicine, toothpaste, vitamins and much more.

Browse through this catalog, then order online or by phone: we'll ship your items right to your door at no cost to you.

Each plan offers different OTC benefit amounts. Check your Evidence of Coverage or Summary of Benefits to find the specific amount for your plan. Your benefit and items are only for **your** use. Be sure to use your benefit! It does not roll over to the next month/quarter.



## How Do I Use My OTC Benefit?

Use your benefit dollars to stock up on all kinds of items you use every day.

There are two ways to order your items. Either way, we ship your order right to your door. It's simple! Allow 7-10 business days to receive your order. 'Ohana members please allow 30 days to receive your order. For information about member reimbursement, please contact Customer Service.

### Browse through this catalog. Then:

- ① Give us a call. You'll find the Customer Service number for your state in the back of this catalog. Friendly agents are waiting to help you.
- ② Order online at [www.wellcare.com/medicare](http://www.wellcare.com/medicare) or [www.ohanahealthplan.com/medicare](http://www.ohanahealthplan.com/medicare). Log on with your username and password. If you don't have a username, it's easy to sign up. Just follow the instructions. Order items until they add up to your benefit amount.

### Didn't use all your benefit amount or skipped a month/quarter ordering?

- ① Make sure to order your items each month or quarter. If you skip a month/quarter, the benefits don't carry over to the next month/quarter.
- ② The OTC catalog may change every year. Be sure you have the current catalog to see what items are new and to see changes from last year. Find the most up-to-date catalog online at [www.wellcare.com/medicare](http://www.wellcare.com/medicare) or [www.ohanahealthplan.com/medicare](http://www.ohanahealthplan.com/medicare). You may also call your state's Customer Service number in the back of this catalog to ask for a copy. We'll send one right out to you.

**Happy shopping!**

## OVER-THE-COUNTER CATALOG

### How to Read OTC Listings

Item Classification							
ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME*	QTY*	COST
ALLERGY PREVENTION AND TREATMENT							
1	Allergy Relief (Cetirizine) 10mg Tablets	30	\$10	501	Zyrtec®	14	\$17
Item ID#	Generic Item Name	Generic Item Quantity	Generic Item Price	Item ID#	Brand Item Name	Brand Item Quantity	Brand Item Price

Item Classification							
ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME*	QTY*	COST
ALLERGY PREVENTION AND TREATMENT							
26	Arthritis Pain Relief Tablets	24	\$5	N/A	Tylenol® Arthritis	N/A	N/A
Item ID#	Generic Item Name	Generic Item Quantity	Generic Item Price	Unavailable	Sample of Comparable	Brand Item Quantity	Brand Item Price

Items, quantities, sizes and values may change depending on availability.

\* = Quantities and brands may vary depending upon availability.

\*\* = Covered under either Part B or Part D (under certain circumstances). Items covered by Part B or Part D are Medicare-covered, and are not part of the supplemental OTC benefit.

† = Dual-purpose items

NA = There is no generic and/or brand available

For product comparisons, items may vary and not be exact equivalents.

Item cost may change from year to year.

Some items may vary depending on manufacturer (For example, caplets, tablets, capsules or soft gels may be substituted for one another).

ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
ALLERGY PREVENTION AND TREATMENT							
1	Allergy Relief Cetirizine 10mg Tablets	30	\$10	501	Zyrtec®	14	\$19
2	Allergy Relief Loratadine 10mg Tablets	30	\$7	502	Claritin®	10	\$14
280	Nasoflow Allergy Relief	60 Sprays	\$24	780	Flonase®	9.9 ml	\$37
ANALGESICS / ANTIPYRETICS							
3	Acetaminophen 325mg Tablets	100	\$4	503	Tylenol® 325mg Regular Strength Tablets	100	\$12
4	Acetaminophen 500mg Tablets	100	\$5	504	Tylenol® 500mg Extra Strength Tablets	100	\$18
5	Aspirin 325mg Tablets	100	\$3	505	Bayer® Aspirin 325mg	100	\$10
6	Aspirin 81mg Chewable	36	\$3	N/A	Bayer® Aspirin 81mg Chewable	N/A	N/A
7	Aspirin Enteric Coated 81mg Tablets	120	\$5	507	Bayer® EC Aspirin 81mg Adult Regimen	32	\$6
8	Aspirin Enteric Coated 325mg Tablets	100	\$4	508	Ecotrin® Tablets 325mg	N/A	N/A
459	Menstrual Pain Relief	24	\$5	N/A	Midol®	N/A	N/A
654	Menthol/Camphor 8G	N/A	N/A	N/A	TIGER BALM® 8G	8G	\$12
ANTACIDS AND ACID REDUCERS							
N/A	Acid Reducer Esomeprazole	N/A	N/A	686	Nexium® 22.3mg	14	\$26
9	Acid Reducer Famotidine 10mg Tablets	30	\$6	509	Pepcid® AC Tab 10mg	30	\$12
10	Acid Reducer Omeprazole 20mg	14	\$14	510	Prilosec OTC® 20mg	14	\$16
11	Acid Reducer Ranitidine 75mg Tablets	30	\$7	511	Zantac® OTC 75mg	30	\$17
12	Antacid Tablets	150	\$5	512	Tums® Tablets	150	\$10

ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
<b>ANTACIDS AND ACID REDUCERS (CONTINUED)</b>							
13	Effervescent Tablets	36	\$6	513	Alka-Seltzer®	24	\$9
14	Gas Relief Caplet Extra-Strength	30	\$4	514	Gas-X® Extra Strength	18	\$8
<b>ANTICANDIDAL YEAST</b>							
15	Miconazole Vaginal Suppository 3-Day	1	\$15	515	Monistat® Vaginal Suppository 3-Day	N/A	N/A
<b>ANTIDIARRHEAL AND LAXATIVES</b>							
16	Adult Glycerin Suppositories	25	\$3	516	Fleet® Adult Suppositories	50	\$6
17	Anti-Diarrheal Caplets	12	\$4	N/A	Imodium® A-D Caplets	N/A	N/A
18	Anti-Nausea Liquid	4 oz.	\$7	518	Emetrol®	N/A	N/A
19	Bisacodyl 5mg Tablets	25	\$4	519	Dulcolax® Tablets	25	\$8
231	Enema Mineral Oil†	4.5 oz.	\$4	N/A	Fleet® Mineral Oil†	N/A	N/A
279	Enema Saline Laxative	4.5 oz.	\$2	779	Fleet® Enema A24, Saline	4.5 oz.	\$4
20	Laxative Bisacodyl 10mg Suppositories	12	\$5	520	Dulcolax® Suppositories	N/A	N/A
290	Stomach Relief Flavored Liquid	8 oz.	\$6	790	Pepto-Bismol™	8 oz.	\$9
N/A	Stomach Relief Flavored Liquid	N/A	N/A	691	Pepto-Bismol™	16 oz.	\$15
21	Stomach Relief Flavored Tablets	30	\$4	521	Pepto-Bismol™ Tablets	30	\$7
22	Stool Softener Softgel	100	\$6	522	Colace® Softgels	30	\$15
<b>ANTI-INFLAMMATORY</b>							
23	Ibuprofen 200mg Liquid Gel Caps	20	\$5	523	Advil® Liqui-Gels Caps 200mg	20	\$8
24	Ibuprofen 200mg Tablets	50	\$6	524	Advil® Tablets 200mg	50	\$12

Over-the-Counter Catalog

ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
<b>ANTI-INFLAMMATORY (CONTINUED)</b>							
25	Naproxen Sodium 220mg Caplets	50	\$8	525	Aleve® Caplets 220mg	24	\$9
<b>ARTHRITIS MEDICINE</b>							
26	Arthritis Pain Relief Tablets	24	\$5	N/A	Tylenol® Arthritis	N/A	N/A
27	Hot/Cold Patches	5	\$6	527	Icy Hot® Patches	5	\$9
N/A	Hot/Cold Patches	N/A	N/A	695	Salonpas® Patch	5	\$15
N/A	Pain Relief Roll-On	N/A	\$6	696	Icy Hot®, Pain Relief Roll-on	1	\$12
N/A	Pain Relief Stick, Topical	N/A	N/A	700	Advocate® Pain Relief Stick, Topical	0.135 oz.	\$14
<b>BLADDER CONTROL ITEMS</b>							
170	Adult Bladder Control Pads	28	\$9	N/A	Depend® Adult Bladder Control Pads	N/A	N/A
167	Adult Protective Disposable Briefs S/M	20	\$18	N/A	Depend® Adult Protective Briefs S/M	N/A	N/A
168	Adult Protective Disposable Briefs LG	20	\$18	N/A	Depend® Adult Protective Briefs LG	N/A	N/A
169	Adult Protective Disposable Briefs XL	20	\$20	N/A	Depend® Adult Protective Briefs XL	N/A	N/A
200	Disposable Bed Underpads	5	\$6	N/A	Prevail® Disposable Bed Underpads	N/A	N/A
<b>COLD/COUGH/FLU REMEDIES</b>							
53	APAP Sinus Congestion	24	\$4	553	Tylenol® Sinus Congestion	24	\$9
54	Cough/Throat Drops	30	\$3	554	Halls® Cough Drops	30	\$5
55	Daytime Cold/Flu Relief Softgel	16	\$5	555	DayQuil™ Softgels	16	\$10
56	Daytime Cold/Flu Relief Liquid	4 oz.	\$5	556	DayQuil™ Liquid	8 oz.	\$10
174	Daytime/Nite-time Cold/Flu Caplets	20	\$5	674	Mucinex® Day/Night Caplets	30	\$20

Over-the-Counter Catalog

ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
<b>COLD/COUGH/FLU REMEDIES (CONTINUED)</b>							
230	Diphenhydramine 25 Mg. Capsules	24	\$3	N/A	Benadryl®	N/A	N/A
433	Green Tea, Multi Flu/ Severe Cold Honey Lemon	6	\$9	933	TheraFlu®, Multi-Symptom Severe Cold Lemon	6	\$18
57	Mucus Relief DM Tablets	30	\$9	557	Mucinex® DM	20	\$19
58	Mucus Relief Tablets	30	\$8	558	Mucinex®	20	\$17
59	Nasal Decongestion Spray	1 oz.	\$4	559	Afrin® Nasal Spray	0.5 oz.	\$12
60	Nasal Decongestion PE Tablets	36	\$4	N/A	Sudafed PE®	N/A	N/A
61	Nite-Time Cold/Flu Relief Softgels	16	\$5	561	NyQuil™ Caplets	16	\$10
62	Nite-Time Cold/Flu Relief Liquid	4 oz.	\$7	562	NyQuil™ Liquid	8 oz.	\$10
63	Saline Nasal Spray	1.5 oz.	\$3	563	Ocean® Nasal Spray	1.5 oz.	\$8
64	Sore Throat Spray	6 oz.	\$5	N/A	Chloraseptic® Sore Throat Spray	N/A	N/A
211	Sugar-Free Cough/ Throat Drops	25	\$3	N/A	Halls® Sugar-Free Cough Drops	N/A	N/A
65	Tussin DM Syrup SF	4 oz.	\$4	565	Robitussin® DM Syrup	4 oz.	\$10
66	Tussin Syrup	4 oz.	\$4	N/A	Robitussin® Syrup	N/A	N/A
67	Vapor Rub	3.53 oz.	\$5	N/A	Vicks® Vaporub	N/A	N/A
451	HBP Cough Cold	16	\$6	651	Coricidin®	20	\$19
458	Acetaminophen PM 500mg	50	\$3	658	Tylenol® PM	24	\$15
<b>DENTAL AND DENTURE CARE</b>							
69	Denture Adhesive Cream	2.4 oz.	\$5	569	Fixodent®	2.4 oz.	\$8

ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
<b>DENTAL AND DENTURE CARE (CONTINUED)</b>							
70	Denture Cleaner	40	\$4	570	Efferdent®	20	\$5
71	Fluoride Toothpaste	6.4 oz.	\$4	571	Colgate®	4 oz.	\$5
72	Adult Toothbrush - Medium	1	\$2	572	Colgate® Toothbrush - Soft	1	\$4
73	Dental Floss	130 Yards	\$2	573	Reach® Dental Floss	55 yards	\$3
75	Sensitive Teeth Toothpaste	4.3 oz.	\$5	N/A	Sensodyne®	N/A	N/A
76	Toothache Relief Liquid/Gel	0.33 oz.	\$4	576	Anbesol® Liquid/Gel	0.41 oz.	\$11
313	Dental Floss, Waxed	55 Yards	\$1	573	Reach® Dental Floss	55 Yards	\$3
314	Dental Floss, Mint Waxed	55 Yards	\$1	N/A	Reach® Dental Floss	N/A	N/A
315	Denture Brush	1	\$1	N/A	GUM® Denture Brush	N/A	N/A
318	Toothpaste	0.85 oz.	\$1	N/A	Colgate® Toothpaste	N/A	N/A
330	Toothbrush, Rechargeable	1	\$42	N/A	Oral-B® Toothbrush, Rechargeable	N/A	N/A
331	Toothbrush, Rechargeable Replace Heads	2	\$9	N/A	Oral-B® Toothbrush, Heads	N/A	N/A
332	Flosser, Mechanical	1	\$12	N/A	Power Flosser	N/A	N/A
333	Water Jet, Battery Operated	1	\$23	N/A	Oral-B® Vitality Water Jet	N/A	N/A
<b>EAR CARE</b>							
77	Ear Syringe	1	\$3	N/A	Apex® Ear Syringe	N/A	N/A
78	Ear Wax Drops	0.5 oz.	\$7	578	Debrox® Ear Wax Drops	0.5 oz.	\$9

ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
EYE CARE							
79	Artificial Tears	0.5 oz.	\$6	579	Visine® Tears	0.5 oz.	\$9
437	Eye Drops, Sensitive, Single Use	0.4 oz., 30 ct.	\$6	N/A	Visine® Eye Drops Sensitive	N/A	N/A
238	Eye Wash	3.9 oz.	\$5	N/A	Collyrium® Eye Wash	N/A	N/A
93	Red Eye Relief Drops	0.5 oz.	\$4	593	Visine® Drops	0.5 oz.	\$8
452	Ketotifen Fumarate, Eye Itch Relief	0.17 oz.	\$21	N/A	Eye Itch Relief®	N/A	N/A
473	Lutein, 20mg, Eye Vitamin	30	\$17	N/A	Ocuvite®	N/A	N/A
FIBER SUPPLEMENTS							
94	Fiber Gummies	60	\$10	594	Vitafusion™ Fiber Well Gummies	90	\$20
95	Fibertab Tablets	90	\$9	N/A	FiberCon® Caplets	N/A	N/A
281	Psyllium Powder, Orange	13 oz.	\$10	781	Metamucil® Orange	114	\$40
N/A	Psyllium Powder, Orange Sugar Free	N/A	N/A	782	Metamucil® Orange Sugar Free	114	\$40
N/A	Psyllium Powder, Orange Sugar Free	N/A	N/A	783	Metamucil® Orange Sugar Free	72	\$35
FIRST AID AND MEDICAL SUPPLIES							
316	3" Elastic Bandage**	1	\$1	N/A	ACE™ 3" Elastic Bandage**	N/A	N/A
96	Adhesive First Aid Tape**	1	\$2	N/A	ACE™ Adhesive First-Aid Tape**	N/A	N/A
189	Aid Ankle Support	1	\$7	N/A	Futuro™ Aid Ankle Support	N/A	N/A
191	Aid Elbow Support	1	\$7	N/A	Futuro™ Aid Elbow Support	N/A	N/A
192	Aid Hand Support	1	\$7	N/A	Futuro™ Aid Hand Support	N/A	N/A



ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
<b>FIRST AID AND MEDICAL SUPPLIES (CONTINUED)</b>							
166	Aid Knee Support	1	\$7	N/A	Futuro™ Aid Knee Support	N/A	N/A
190	Aid Wrist Support	1	\$7	N/A	Futuro™ Aid Wrist Support	N/A	N/A
97	Alcohol Pads**	100	\$3	N/A	Dynarex® Alcohol Pads**	N/A	N/A
163	Anti-Embolism Stockings LG	1	\$13	N/A	Futuro™ Anti-Embolism Stockings LG	N/A	N/A
164	Anti-Embolism Stockings MED	1	\$13	N/A	Futuro™ Anti-Embolism Stockings MED	N/A	N/A
165	Anti-Embolism Stockings SM	1	\$13	N/A	Futuro™ Anti-Embolism Stockings SM	N/A	N/A
162	Anti-Embolism Stockings XL	1	\$13	N/A	Futuro™ Anti-Embolism Stockings XL	N/A	N/A
98	Athletic Bandage**	1	\$2	N/A	ACE™ Athletic Bandage**	N/A	N/A
340	Back Support, Curad**	1	\$39	N/A	Futuro™ Back Support, Curad**	N/A	N/A
339	Back Support, Generic with Suspenders**	1	\$19	N/A	Futuro™ Back Support With Suspenders**	N/A	N/A
99	Bandages Assorted**	100	\$6	599	BAND-AID® Bandages**	100	\$12
317	Bandages, 3/4" x 3"***	50	\$1	N/A	ACE™ Bandages, 3/4" x 3"***	N/A	N/A
326	Bath Mat, 27 x 13	1	\$13	N/A	Softex® Bath Mat	N/A	N/A
341	Blood Pressure Monitor Audio, Full Audio**	1	\$60	N/A	Omron® Blood Pressure Monitor Audio**	N/A	N/A
334	Blood Pressure Monitor, LG Cuff**	1	\$41	N/A	Omron® BP Monitor, LG Cuff**	N/A	N/A
342	Blood Pressure Monitor, Wrist**	1	\$25	N/A	Omron® Blood Pressure Monitor, Wrist**	N/A	N/A
335	Blood Pressure Monitor, XL Cuff**	1	\$41	N/A	Omron® BP Monitor XL Cuff**	N/A	N/A
366	Brace, Carpal Tunnel Night Brace**	1	\$53	N/A	Futuro™ Carpal Tunnel Night Brace**	N/A	N/A

ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
<b>FIRST AID AND MEDICAL SUPPLIES (CONTINUED)</b>							
373	Brace, Thumb**	1	\$10	N/A	Futuro™ Thumb Brace**	N/A	N/A
100	Butterfly Closures**	12	\$2	N/A	ACE™ Butterfly Closures**	N/A	N/A
346	Cane Adjustable 29" to 38"	1	\$20	N/A	NOVA® Adjustable Cane	N/A	N/A
347	Cane Folding Adjustable 32" to 36"	1	\$15	N/A	NOVA® Folding Cane	N/A	N/A
348	Cane, Adjustable Quad Bariatric**	1	\$41	N/A	NOVA® Quad Bariatric Cane**	N/A	N/A
349	Cane, Adjustable Quad Non-Bariatric**	1	\$28	N/A	NOVA® Quad Non-Bariatric Cane**	N/A	N/A
101	Corn and Callus Remover	0.33 oz.	\$4	N/A	Dr. Scholl's® Corn and Callus Remover	N/A	N/A
102	Cotton Balls	100	\$3	N/A	J & J® Cotton Balls	N/A	N/A
312	Cotton Balls	76	\$1	N/A	J & J® Cotton Balls	N/A	N/A
103	Cotton Swabs	150	\$3	603	Q-Tips® Cotton Swabs	170	\$5
250	Diabetic Socks Ladies Size 5-10 Black	3 Pack	\$7	N/A	Dr Scholl's® Diabetic Socks Ladies	N/A	N/A
249	Diabetic Socks Ladies Size 5-10 White	3 Pack	\$7	N/A	Dr Scholl's® Diabetic Socks Ladies	N/A	N/A
252	Diabetic Socks Men Size 6-12.5 Black	3 Pack	\$7	N/A	Dr Scholl's® Diabetic Socks Men	N/A	N/A
251	Diabetic Socks Men Size 6-12.5 White	3 Pack	\$7	N/A	Dr Scholl's® Diabetic Socks Men	N/A	N/A
344	Ear and Forehead Thermometer, 4-in-1	1	\$32	N/A	Innovo® Thermometer	N/A	N/A
258	Elastic Knee Support	1	\$3	N/A	Futuro™ Elastic Knee Support	N/A	N/A
104	First Aid Kit	1	\$8	N/A	ACE™ First Aid Kit	N/A	N/A
105	Flexible Tip Thermometer	1	\$10	N/A	Veridian® Flexible Tip Thermometer	N/A	N/A

ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
<b>FIRST AID AND MEDICAL SUPPLIES (CONTINUED)</b>							
376	Foam Pillow, 20x14x5**	1	\$33	N/A	Certa iComfort® Foam Pillow**	N/A	N/A
235	Gauze Pad Sterile 4"x4"***	100 12 ply	\$14	N/A	ACE™ Gauze Pad Sterile 4"x4"***	N/A	N/A
236	Gauze Surgical Sponge Sterile 4"x4"***	25 12 ply	\$6	N/A	ACE™ Gauze Surg. Sponge Sterile 4"x4"***	N/A	N/A
237	Gauze Value Surgical Sponges 4"x4"***	25 12 ply	\$5	N/A	ACE™ Gauze Value Surgical Sponges 4"x4"***	N/A	N/A
369	Glove, Carpal Tunnel - LG**	1	\$48	N/A	Thermoskin® Glove, Carpal Tunnel - LG**	N/A	N/A
368	Glove, Carpal Tunnel - MED**	1	\$48	N/A	Thermoskin® Glove, Carpal Tunnel - MED**	N/A	N/A
367	Glove, Carpal Tunnel - SM**	1	\$48	N/A	Thermoskin® Glove, Carpal Tunnel - SM**	N/A	N/A
338	Gloves, For Arthritis - LG**	1 Pair	\$29	N/A	IMAK® Gloves, For Arthritis - LG**	N/A	N/A
337	Gloves, For Arthritis - MED**	1 Pair	\$29	N/A	IMAK® Gloves, For Arthritis - MED**	N/A	N/A
336	Gloves, For Arthritis - SM**	1 Pair	\$29	N/A	IMAK® Gloves, For Arthritis - SM**	N/A	N/A
343	Heart Rate Monitor Watch**	1	\$30	N/A	Fitbit® Heart Rate Monitor Watch**	N/A	N/A
239	Heating Pad, Dry Heat, 12x15	1	\$21	N/A	ACE™ Heating Pad, Dry Heat, 12x15	N/A	N/A
329	Humidifier - Ultrasonic	1	\$57	N/A	Honeywell® Humidifier - Ultrasonic	N/A	N/A
221	Hydrogen Peroxide	8 oz.	\$2	N/A	Swan® Hydrogen Peroxide	N/A	N/A
320	Hydrogen Peroxide	4 oz.	\$1	N/A	Swan® Hydrogen Peroxide	N/A	N/A
106	Ice Bag	1	\$4	N/A	Carex® Ice Bag	N/A	N/A
284	Liquid Bandage	0.0225 oz.	\$6	784	New-Skin® Liquid Bandage	0.3 oz.	\$9
N/A	Liquid Bandage	0.0225 oz.	N/A	785	New-Skin® Liquid Bandage	1 oz.	\$13

ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
<b>FIRST AID AND MEDICAL SUPPLIES (CONTINUED)</b>							
107	Liquid Wart Remover	0.31 oz.	\$7	607	Compound W® Wart Remover	0.31 oz.	\$11
435	Medicated Foot Powder	4 oz.	\$8	N/A	Gold Bond® Medicated Foot Powder	N/A	N/A
108	Oral Digital Thermometer	1	\$5	N/A	Luminiscope® Oral Digital Thermometer	N/A	N/A
351	Pulse Oximeter**	1	\$40	N/A	SantaMedical® Pulse Oximeter**	N/A	N/A
220	Rubbing Alcohol 70%**	16 oz.	\$3	N/A	Swan® Rubbing Alcohol**	N/A	N/A
324	Shower Safety Benches, Without Back	1	\$45	N/A	NOVA® Shower Safety Benches, W/O Back	N/A	N/A
109	Stretch Gauze**	1	\$2	N/A	ACE™ Stretch Gauze**	N/A	N/A
370	Support, Knee with U Buttress, LG**	1	\$48	N/A	Copper Fit™ Knee Support, w/U Butt. LG**	N/A	N/A
371	Support, Knee with U Buttress, MED**	1	\$48	N/A	Copper Fit™ Knee Support, w/U Butt. MED**	N/A	N/A
372	Support, Knee with U Buttress, XL**	1	\$48	N/A	Copper Fit™ Knee Support, w/U Butt. XL**	N/A	N/A
319	Surgical Tape**	1" x 10Yd.	\$1	N/A	ACE™ Surgical Tape**	N/A	N/A
345	Thermometer, Audio Ear and Forehead	1	\$53	N/A	Dual Scan® Thermometer, Audio	N/A	N/A
322	Toilet Safety Rails	1	\$59	N/A	NOVA® Toilet Safety Rails	N/A	N/A
321	Toilet Seat, Raised	1	\$30	N/A	NOVA® Toilet Seat, Raised	N/A	N/A
323	Toilet Seat, Raised Lock Top with Arms	1	\$73	N/A	NOVA® Toilet Seat, With Arms	N/A	N/A
328	Transfer Bench, Adjustable	1	\$94	N/A	NOVA® Transfer Bench, Adjustable	N/A	N/A
327	Tub and Stair Safety Treads	4	\$3	N/A	Carex® Tub and Stair Safety Treads	N/A	N/A
325	Tub Safety Bar, Suction	1	\$60	N/A	Lumex® Tub Safety Bar, Suction	N/A	N/A

ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
FIRST AID AND MEDICAL SUPPLIES (CONTINUED)							
439	Wound Wash Spray	3 oz.	\$12	N/A	Arm & Hammer® Wound Wash Spray	N/A	N/A
444	Ear Dry Drops	1 oz.	\$10	N/A	Ear Clear® Swimmer's Ear	N/A	N/A
445	Snoring Nose Strips	10 ct.	\$12	N/A	Breathe Right®	N/A	N/A
446	Arm Sling	1	\$14	N/A	ACE™ Arm Sling	N/A	N/A
448	Ethyl Alcohol Gel	4 oz.	\$4	N/A	Hand Sanitizer Gel®	N/A	N/A
453	Flex Seal Spray Bandage	4 oz.	\$10	N/A	New-Skin® Liquid Bandage	N/A	N/A
454	Hydrogen Peroxide Spray	4 oz.	\$9	N/A	MEDI-FIRST® Hydrogen Peroxide Spray	N/A	N/A
N/A	Bandage-Antibiotics	N/A	N/A	653	BAND-AID® Plus Antibiotic	20	\$12
HEADACHE RELIEF							
110	Headache Relief Tablets	50	\$6	610	Excedrin® Migraine	24	\$7
HEMORRHOIDAL PREPARATIONS							
111	Hemorrhoid Ointment	2 oz.	\$7	611	Preparation H® Ointment	2 oz.	\$18
112	Hemorrhoid Pads	100	\$7	612	Tucks® Medicated Pads	100	\$12
113	Hemorrhoid Relief Suppositories	12	\$7	613	Preparation H® Suppositories	24	\$12
LACTOSE INTOLERANCE							
114	Lactase Enzyme	60	\$10	614	Lactaid® Tablets	32	\$11
MOTION SICKNESS MEDICATION							
115	Motion Sickness Tablets	12	\$3	615	Dramamine® Motion Sickness	12	\$7

ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
OTHER PRODUCTS							
447	Cooling Towel	1	\$10	N/A	Perfect Fitness® Cooling Towel	N/A	N/A
464	Men's Washable Underwear SM	1	\$30	N/A	Depend® Men's Washable Underwear SM	N/A	N/A
465	Men's Washable Underwear MD	1	\$30	N/A	Depend® Men's Washable Underwear MD	N/A	N/A
466	Men's Washable Underwear LG	1	\$30	N/A	Depend® Men's Washable Underwear LG	N/A	N/A
467	Men's Washable Underwear XL	1	\$30	N/A	Depend® Men's Washable Underwear XL	N/A	N/A
468	Ladies Washable Panty SM	1	\$30	N/A	Prevail® Ladies Washable Panty SM	N/A	N/A
469	Ladies Washable Panty MD	1	\$30	N/A	Prevail® Ladies Washable Panty MD	N/A	N/A
470	Ladies Washable Panty LG	1	\$30	N/A	Prevail® Ladies Washable Panty LG	N/A	N/A
471	Ladies Washable Panty XL	1	\$30	N/A	Prevail® Ladies Washable Panty XL	N/A	N/A
472	Adult Washcloths Disposable	48	\$5	N/A	Prevail® Washcloths Disposable	N/A	N/A
455	Unisex Overnight Briefs/XL	20	\$25	N/A	Depend® Overnight Briefs/XL	N/A	N/A
456	Unisex Overnight Briefs/L	20	\$20	N/A	Depend® Overnight Briefs/L	N/A	N/A
457	Unisex Overnight Briefs/M	20	\$20	N/A	Depend® Overnight Briefs/M	N/A	N/A
PEDICULICIDES-HEAD LICE TREATMENTS							
136	Lice Comb	1	\$3	N/A	RID® Lice Comb	N/A	N/A
137	Lice Treatment Shampoo	4 oz.	\$10	637	LiceMD® Lice Shampoo	4 oz.	\$14
SLEEPING AIDS							
138	Night Time Sleep Tablets	50	\$4	638	Sominex® Tablets	16	\$7
139	Sleep Aid Tablets Doxylamine	16	\$6	639	Unisom® Tablets	16	\$8

ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
SMOKING CESSATION PRODUCTS							
196	Nicotine Gum 2mg	20	\$10	N/A	Nicorette® 2mg	N/A	N/A
197	Nicotine Gum 4mg	20	\$10	N/A	Nicorette® 4mg	N/A	N/A
TOPICAL OINTMENTS AND CREAMS							
N/A	Antibiotic Ointment	N/A	N/A	697	Vitacilina® Antibiotic Ointment	0.5 oz.	\$5
N/A	Antibiotic Ointment	N/A	N/A	698	Vitacilina® Antibiotic Ointment	1 oz.	\$7
140	Anti-Itch Cream	1.25 oz.	\$4	640	Benadryl® Cream	1 oz.	\$8
278	Benzoyl Peroxide 10% Gel	42.5g	\$5	678	Clearasil® Vanishing Cream	1 oz.	\$13
141	Clotrimazole 1% Cream	0.5 oz.	\$6	641	Lotrimin® AF Cream	0.42 oz.	\$12
142	Cold Sore Treatment	1	\$7	N/A	Herpecin® Cold Sore Treatment	N/A	N/A
N/A	Cold Sore Treatment	N/A	N/A	675	Abreva® Cream	2 g.	\$32
N/A	Diaper Rash Ointment	N/A	N/A	699	Vitacilina® Bebe Diaper Rash Ointment	1.76 oz.	\$6
143	Hydrocortisone 1% Cream	1 oz.	\$5	N/A	Cortaid® Cream	N/A	N/A
413	Hydrocortisone Maximum Strength	1 oz.	\$3	N/A	Eczema® Maximum Strength Cream	N/A	N/A
144	Muscle Rub Cream	1.25 oz.	\$3	644	Bengay® Cream	2 oz.	\$8
145	Petroleum Jelly	4 oz.	\$3	645	Vaseline® Jelly	3.75 oz.	\$5
171	SPF 50 Sunblock	4 oz.	\$6	N/A	Coppertone® SPF 50 Sunblock	N/A	N/A
146	Tolnaftate 1% Cream	1.25 oz.	\$6	646	Tinactin® Cream	1 oz.	\$14
147	Triple Antibiotic Ointment	1 oz.	\$5	647	Neosporin® Ointment	0.5 oz.	\$8

ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
<b>VITAMINS AND MINERALS†</b>							
148	Adult Multi-Vitamins	100	\$8	648	Centrum® Vitamins	130	\$22
414	Biotin Gummy 5,000mcg	60	\$10	N/A	Vitafusion™ Biotin Gummy	N/A	N/A
419	Calcium 500Mg+Vitamin D3 1,000IU Gummy	60	\$16	N/A	Vitafusion™ Calcium + Vitamin D3 Gummy	N/A	N/A
149	Calcium 600 + Vitamin D	60	\$7	649	Caltrate® 600 + D Tablets	60	\$16
N/A	Calcium Chewable Tablets	N/A	N/A	692	Windmill® Calcium Chewable Tabs. 500Mg	60	\$5
150	Calcium Tablets	60	\$5	N/A	Calcium® Tablets	N/A	N/A
232	FDC Vit. B Complex with Vitamin C + Iron	100	\$6	694	Windmill® Vit. B Comp. with VIT. C+IRON	100	\$7
233	FDC Vitamin D Tablets 400IU	100	\$6	N/A	Nature's Bounty® Vitamin D 400IU	N/A	N/A
151	Ferrous Sulfate Iron 325mg Tablets	100	\$6	N/A	Nature Made® Ferrous Sulfate Iron 325mg	N/A	N/A
152	Folic Acid 400mcg Tablets	100	\$4	652	Windmill® Folic Acid Tablets - 400 Mcg.	100	\$7
153	Magnesium 500mg Tablets	100	\$5	N/A	Nature Made® Magnesium 500mg	N/A	N/A
416	Multi-Vitamin Gummy	60	\$10	N/A	Vitafusion™ Multi-Vitamin Gummy	N/A	N/A
N/A	Silver Multi-Vitamins	N/A	N/A	676	Centrum® Silver Vitamins	125	\$28
155	Vitamin A 10,000 IU Softgels	100	\$4	N/A	Nature's Way® Vitamin A 10,000 IU	N/A	N/A
156	Vitamin B-12 100mcg	100	\$8	N/A	Nature Made® B-12 Vitamins	N/A	N/A
157	Vitamin B-Complex	100	\$6	N/A	Nature Made® Vitamin B-Complex	N/A	N/A
158	Vitamin B-Complex Gummy	70	\$10	N/A	Vitafusion™ Vitamin B-Complex Gummy	N/A	N/A
159	Vitamin C 500mg Tablets	100	\$5	N/A	Nature Made® Vitamin C 500mg	N/A	N/A

Over-the-Counter Catalog



ID#	GENERIC NAME	QTY*	COST	ID#	BRAND NAME	QTY*	COST
<b>VITAMINS AND MINERALS† (CONTINUED)</b>							
193	Vitamin C Gummy	60	\$10	N/A	Vitafusion™ Vitamin C Gummy	N/A	N/A
418	Vitamin D3 Gummy, 2,000 IU	60	\$10	N/A	Vitafusion™ Vitamin D3 Gummy, 2,000 IU	N/A	N/A
160	Vitamin E 400 IU	100	\$8	N/A	Nature Made® Vitamin E 400 IU	N/A	N/A
161	Zinc 50mg Tablets	100	\$5	N/A	Sundown Naturals® Zinc 50mg	N/A	N/A
460	Potassium Gluconate 595Mg	100	\$7	N/A	Potassium Gluconate®	N/A	N/A
463	Glucose Tab	50 ct.	\$8	N/A	DEX4® Glucose Tab	N/A	N/A



## 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).

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	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP) .....	<b>1-855-292-0237</b>
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	WellCare Liberty (HMO SNP).....	<b>1-877-778-1855</b>
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	Easy Choice Freedom Plan (HMO SNP).....	<b>1-866-999-3945</b>
<b>Connecticut (CT):</b>	WellCare Preferred (HMO), WellCare Rx (HMO-POS), WellCare Value (HMO) .....	<b>1-866-579-8006</b>
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP) .....	<b>1-866-635-7047</b>
<b>Florida (FL):</b>	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) .....	<b>1-888-888-9355</b>
	WellCare Select (HMO SNP), WellCare Access (HMO SNP), WellCare Liberty (HMO SNP), WellCare Reserve (HMO SNP) .....	<b>1-866-637-8041</b>
<b>Georgia (GA):</b>	WellCare Value (HMO), WellCare Advance (HMO-POS), WellCare Choice (HMO), WellCare Premier (PPO), WellCare Prime (PPO) .....	<b>1-866-334-7730</b>
	WellCare Access (HMO SNP), WellCare Liberty (HMO SNP) .....	<b>1-866-482-3361</b>
<b>Hawaii (HI):</b>	'Ohana Value (HMO).....	<b>1-888-505-1201</b>
	'Ohana Liberty (HMO SNP).....	<b>1-877-457-7621</b>
<b>Illinois (IL):</b>	WellCare Advance (HMO-POS), WellCare Value (HMO-POS), WellCare Rx (HMO), WellCare Plus (HMO), WellCare Choice (HMO-POS) .....	<b>1-866-334-6876</b>
<b>Kentucky (KY):</b>	WellCare Value (HMO), WellCare Essential (HMO-POS), WellCare Advance (HMO-POS).....	<b>1-877-560-2766</b>
	WellCare Access (HMO SNP), WellCare Liberty (HMO SNP) .....	<b>1-877-560-3206</b>

<b>Louisiana (LA):</b>	WellCare Rx (HMO), WellCare Value (HMO).....	<b>1-866-804-5926</b>
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP) .....	<b>1-866-530-9488</b>
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	WellCare Access (HMO SNP).....	<b>1-866-682-0537</b>
	WellCare Today's Options Advantage Plus 150A (PPO), WellCare Today's Options Advantage Plus 550B (PPO), WellCare Today's Options Advantage 300 (PPO) .....	<b>1-866-422-5009</b>
	WellCare Today's Options Premier 300 (PFFS), WellCare Today's Options Premier 200 (PFFS).....	<b>1-866-568-8921</b>
<b>Mississippi (MS):</b>	WellCare Value (HMO), WellCare Essential (HMO-POS), WellCare Advance (HMO-POS).....	<b>1-800-316-2273</b>
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP) .....	<b>1-855-292-0237</b>
<b>North Carolina (NC):</b>	WellCare Value (HMO).....	<b>1-877-655-2425</b>
	WellCare Access (HMO SNP).....	<b>1-877-655-2422</b>
<b>New Jersey (NJ):</b>	WellCare Rx (HMO), WellCare Value (HMO-POS).....	<b>1-866-687-8570</b>
	WellCare Liberty (HMO SNP).....	<b>1-877-706-9509</b>
<b>New York (NY):</b>	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) .....	<b>1-800-278-5155</b>
	WellCare Access (HMO SNP).....	<b>1-866-482-3363</b>
	WellCare Liberty (HMO SNP).....	<b>1-866-491-5746</b>
	WellCare Today's Options Advantage Plus 750B (PPO), WellCare Today's Options Advantage Plus 450A (PPO), WellCare Today's Options Advantages 300 (PPO), WellCare Today's Options Advantages Plus 550B (PPO), WellCare Today's Options Advantages Plus 150A (PPO) .....	<b>1-866-422-5009</b>
	WellCare Today's Options Premier Plus 650B (PFFS), WellCare Today's Options Premier Plus 250A (PFFS), WellCare Today's Options Premier 300 (PFFS), WellCare Today's Options Premier 200 (PFFS).....	<b>1-866-568-8921</b>
<b>South Carolina (SC):</b>	WellCare Value (HMO), WellCare Elite (HMO), WellCare Advance (HMO-POS), WellCare Prime (PPO), WellCare Premier (PPO) .....	<b>1-800-316-2273</b>
	WellCare Access (HMO SNP).....	<b>1-855-292-0237</b>

<b>Tennessee (TN):</b>	WellCare Dividend (HMO), WellCare Rx (HMO), WellCare Value (HMO-POS), WellCare Advance (HMO-POS) .....	<b>1-800-316-2273</b>
	WellCare Access (HMO SNP).....	<b>1-855-292-0237</b>
<b>Texas (TX):</b>	WellCare TexanPlus Classic (HMO)*, WellCare TexanPlus Value (HMO), WellCare TexanPlus Choice (HMO-POS) .....	<b>1-866-230-2513</b>
	WellCare TexanPlus Classic (HMO)** .....	<b>1-800-958-2707</b>
	WellCare TexanPlus Classic (HMO)***, WellCare Dividend Prime (HMO), WellCare Value (HMO-POS).....	<b>1-866-687-8878</b>
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP), WellCare TexanPlus Star (HMO SNP).....	<b>1-866-530-9495</b>
	Retiree – MA – PD CY (HMO).....	<b>1-866-230-2513</b>
<p>Hours of operation are Monday–Friday, 8 a.m. to 8 p.m.  Between October 1 and February 14, representatives are available Monday–Sunday,  8 a.m. to 8 p.m., or visit us anytime at <b><a href="http://www.wellcare.com/medicare">www.wellcare.com/medicare</a></b> or <b><a href="http://www.ohanahealthplan.com/medicare">www.ohanahealthplan.com/medicare</a></b></p>		
<b>Nurse Advice Line</b> .....		<b>1-800-581-9952</b> (24 hours, 7 days a week)
<b>TTY for all of the above</b> .....		<b>711</b>

\* 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

## 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。

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

اب. دشاب یم مہارف امش یارب ناگیار تروصب ینابز تالی هست، 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](mailto: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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'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. WellCare Health Plans, Inc., is an HMO, PPO plan with a Medicare contract. Our D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. 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 plans are available to those who have medical assistance from both the state and Medicare. Premiums, co-pays, coinsurance and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits.



P.O. Box 31389 | Tampa, FL 33631-3389





## DELIVERING QUALITY, COST-EFFECTIVE CARE

### **Our Medicare Advantage plans put you first:**

**Access** – A choice of network providers in your area.

**Coordinated care** – Select a primary care provider from our network who will coordinate your care, ensure you get preventive services, refer you to specialists and make sure your care works together to treat the whole you.

**Quality** – Your satisfaction and the quality of care you receive matters to us. Medicare rates our plans on how well we care for you.

**Cost-savings** – Our plans focus on finding health issues before they become big – and more expensive to treat. This saves you money and promotes better health overall.

**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.

### SECTION 3

# **2019 Summary of Benefits**

## Medicare Advantage Plans

### **New York**

Ulster  
H4868 | Plan 008  
**WellCare Choice (HMO)**

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NY9UMRSOB16306E\_0008

# 2019 Summary of Benefits

January 1, 2019 – December 31, 2019

All **WellCare Choice (HMO)** 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 Choice (HMO)**.

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](http://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 Choice (HMO)** has a network of doctors, hospitals, pharmacies and other providers. You can save money by using providers in the plan's network. Except in emergency situations, if you use providers that are not in our network, the plan may not pay for these services.

## How will I determine my drug costs?

If your plan offers a drug benefit, you will generally have to use one of our network pharmacies to fill your prescriptions covered by Part D.

You will need to use our plan's formulary (list of covered drugs) to locate what tier your drug is on to determine how much it will cost you. Each medication will be grouped into one of the five "tiers." The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the drug benefit stages that occur, if applicable: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

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](http://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.

## Who can join?

To join **WellCare Choice (HMO)**, you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in NY: Ulster.

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 Choice (HMO)	
PLAN BASICS	
Monthly Plan Premium	<p><b>\$35.00</b></p> <p><b>What You Should Know:</b> You must continue to pay your Medicare Part B premium.</p>
Part B Premium Reduction	<p><b>\$0.00</b></p> <p><b>What You Should Know:</b> This plan does not offer a Part B Premium Reduction.</p>
Annual Medical Deductible	<p><b>\$175</b></p> <p><b>What You Should Know:</b> The deductible is the amount you must pay out-of-pocket for medical services before our plan begins to pay its share.</p>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p><b>\$6,700</b> annually</p> <p><b>What You Should Know:</b> 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, coinsurance and other costs for in-network hospital and medical services.</p>

WellCare Choice (HMO)	
COVERED MEDICAL AND HOSPITAL BENEFITS	
<sup>①</sup> Services may require prior authorization <sup>②</sup> Services may require a referral from your doctor	
<b>Inpatient Hospital Coverage</b> <sup>① ②</sup>	<b>\$500 co-pay per day for Days 1-3</b> <b>\$0 co-pay per day for Days 4-90</b> <b>\$0 co-pay for 20 additional hospital days.</b>
<b>Outpatient Hospital Coverage, Surgery, and Services</b> <sup>① ②</sup> Ambulatory Surgical Center  Outpatient Hospital	<b>\$100 Co-pay</b>  <b>20%</b> of the cost for non-surgical services <b>20%</b> of the cost for surgical services  <b>What You Should Know:</b> Covered services include surgery, heart catheterizations, oncology related services, respiratory services, wound care, infusion therapies and other therapeutic procedures done in an outpatient setting.



**WellCare Choice (HMO)**

<p><b>Doctor Visits</b> <sup>①②</sup></p> <p>Primary Care Physician</p> <p>Specialist</p> <p>Other Health Care Professionals</p>	<p><b>\$10</b> Co-pay</p> <p><b>\$50</b> Co-pay</p> <p><b>\$10</b> 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><b>\$50</b> 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><b>\$25</b> Co-pay for each in-network visit to other health care professionals in a clinic or pharmacy setting for Medicare-covered services.</p> <p><b>What You Should Know:</b> 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>
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**WellCare Choice (HMO)**

<p><b>Preventive Care</b>  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><b>\$0 Co-pay</b></p> <p><b>What You Should Know:</b>  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><b>Emergency Care</b>  Emergency Visit</p>	<p><b>\$90 Co-pay</b></p> <p><b>What You Should Know:</b>  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>

WellCare Choice (HMO)	
Urgently Needed Services	<p><b>\$25</b> Co-pay</p> <p><b>What You Should Know:</b> 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>
<b>Diagnostic Services/Labs/ Imaging</b> <sup>① ②</sup> Diagnostic Radiology (MRIs, CT Scans)	<p><b>\$150</b> Co-pay when performed at a specialist's office or free standing facility</p> <p><b>\$225</b> Co-pay when services are performed in an outpatient setting</p>
Diagnostic Tests and Procedures	<p><b>\$20</b> Co-pay for basic diagnostic tests and procedures</p> <p><b>\$50</b> Co-pay for advanced diagnostic tests and procedures such as a cardiac stress test</p>
Lab Services (Medicare approved lab work)	<b>\$0</b> Co-pay
Outpatient X-Rays	<b>\$0</b> Co-pay
Therapeutic Radiology Services (e.g., radiation treatment for cancer)	<b>\$50</b> Co-pay when performed at a Specialist's office or free-standing facility and <b>20%</b> of the cost when performed in an outpatient setting
Related Medical Supplies	<b>20%</b> of the cost
<b>Hearing Services</b> <sup>① ②</sup> Hearing Exam Medicare Covered	<b>\$50</b> Co-pay
Routine Hearing Exam <b>1 Every year</b>	<b>\$0</b> Co-pay

WellCare Choice (HMO)	
Annual Hearing Aid Allowance	<p><b>\$350</b> towards the purchase of one hearing aid</p> <p><b>\$0</b> Co-pay</p> <p><b>What You Should Know:</b>            Medicare covers diagnostic hearing and balance exams if your doctor or other healthcare provider orders these tests to see if you need medical treatment.            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.            This plan covers <b>1</b> routine hearing screening per year.            The hearing benefit on this plan includes a routine hearing exam. In addition, our plan pays up to <b>\$350</b> every year towards the purchase of <b>1</b> hearing aid.</p>
Hearing Aid Fittings/Evaluation <b>1 Every year</b>	

## WellCare Choice (HMO)

<p><b>Dental Services</b> <sup>①②</sup></p>	<p>You pay nothing for the following preventive dental services:</p> <ul style="list-style-type: none"> <li>• Cleaning (for up to 1 every six months)</li> <li>• Dental x-ray(s) (for up to 1 every 12 to 36 months)</li> <li>• Oral exam (for up to 1 every six months)</li> </ul> <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><b>Vision Services</b> <sup>①②</sup></p> <p>Eye Exams Medicare Covered</p> <p>Routine Eye Exams (1 every year)</p> <p>Eyewear Medicare Covered</p> <p>Contact Lenses, Eye Glass Frames and Lenses, Eye Glass Lenses, Eye Glass Frames</p>	<p><b>\$0</b> for Medicare-covered diabetes retinopathy screening and a <b>\$50</b> Co-pay for all other Medicare-covered eye exams</p> <p><b>\$0</b> Co-pay</p> <p><b>\$0</b> Co-pay</p> <p>The vision benefit on this plan includes a routine eye exam. In addition, our plan pays up to <b>\$100</b> every year for up to <b>1</b> pair of contact lenses, eyeglasses (frames and lenses), eyeglass frames or eyeglass lenses.</p> <p><b>What You Should Know:</b></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>

WellCare Choice (HMO)	
<b>Mental Health Services</b> <sup>①②</sup> Inpatient Hospital Visit  Outpatient Individual Therapy  Outpatient Group Therapy  Partial Hospitalization	<p><b>\$325 co-pay per day for Days 1-4</b>  <b>\$0 co-pay per day for Days 5-90</b></p> <p><b>\$40 Co-pay</b></p> <p><b>\$40 Co-pay</b></p> <p><b>\$55 Co-pay</b></p>
<b>Skilled Nursing Facility (SNF)</b> <sup>①②</sup>	<p><b>\$0 co-pay per day for Days 1-20</b>  <b>\$164.50 co-pay per day for Days 21-100</b></p> <p><b>What You Should Know:</b>            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>
<b>Physical Therapy</b> <sup>①②</sup> Occupational Therapy Visit  Physical, Speech, Language Therapy	<p><b>\$40 Co-pay</b></p> <p><b>\$40 Co-pay</b></p>
<b>Ambulance</b> <sup>①</sup>	<p><b>\$200 Co-pay</b></p> <p><b>What You Should Know:</b>            The cost share is not waived if you are admitted for inpatient hospital care.</p>

WellCare Choice (HMO)	
Transportation <sup>①②</sup>	Not covered
Medicare Part B Drugs <sup>①</sup>	
Chemotherapy drugs	20% of the cost
Other Part B drugs	20% of the cost

**WellCare Choice (HMO)**

<b>PRESCRIPTION DRUG BENEFITS</b>		
<b>Part D Deductible</b>	<b>\$0.00</b>	
<b>Initial Coverage Stage</b>	You pay these co-pays or coinsurance amounts until your total yearly drug cost reaches <b>\$3,820</b> . Total yearly drug costs are the total drug costs paid by both you and our Part D plan.	
<b>Standard Retail and Mail Cost-Share (In Network)</b>	<b>One-Month</b>	<b>Three-Month</b>
Tier 1: Preferred Generic Drugs	<b>\$2.00</b>	<b>\$6.00</b>
Tier 2: Generic Drugs	<b>\$12.00</b>	<b>\$36.00</b>
Tier 3: Preferred Brand Drugs	<b>\$47.00</b>	<b>\$141.00</b>
Tier 4: Non-Preferred Drugs	<b>48%</b>	<b>48%</b>
Tier 5: Specialty Tier Drugs	<b>33%</b>	<b>Not Available</b>
<b>Standard Retail and Mail cont'd</b>	<b>What You Should Know:</b> You may get your drugs at network retail pharmacies and mail order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy. You will be reimbursed up to the plan's cost of the drug minus the co-pay or co-insurance for drugs purchased out-of-network until total yearly drug costs reach <b>\$3,820</b> . You will likely have to pay the pharmacy's full charge for the drugs and submit documentation to receive reimbursement. Cost-sharing may change depending on the pharmacy you use and 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 phases of the benefit, please call us or access our Evidence of Coverage online.	



WellCare Choice (HMO)		
Preferred Mail Cost-Share (In Network)	One-Month	Three-Month
Tier 1: Preferred Generic Drugs	<b>\$2.00</b>	<b>\$0.00</b>
Tier 2: Generic Drugs	<b>\$12.00</b>	<b>\$0.00</b>
Tier 3: Preferred Brand Drugs	<b>\$47.00</b>	<b>\$94.00</b>
Tier 4: Non-Preferred Drugs	<b>48%</b>	<b>48%</b>
Tier 5: Specialty Tier Drugs	<b>33%</b>	<b>Not Available</b>
<b>Preferred Mail cont'd</b>	<p><b>What You Should Know:</b>            90-day supply of Tier 1 and Tier 2 prescription drugs for a \$0 co-pay; 90-day supply of Tier 3 and Tier 4 prescription drugs for two 30-day co-pays. Available only from a preferred mail service pharmacy and filled during the initial coverage stage. See the Formulary and Evidence of Coverage (EOC) for availability and co-pays.</p> <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 <b>\$3,820</b>.</p> <p>After you enter the coverage gap, you pay <b>25%</b> of the plan’s cost for covered brand name drugs and <b>37%</b> of the plan’s cost for covered generic drugs until your out-of-pocket costs total <b>\$5,100</b>, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	
<b>Coverage Gap Stage</b>		
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach <b>\$5,100</b>, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• <b>5%</b> of the cost; or</li> <li>• <b>\$3.40</b> co-pay for generics (including brand drugs treated as generic) or</li> <li>• <b>\$8.50</b> co-payment for all other drugs.</li> </ul>	

WellCare Choice (HMO)	
Additional Covered Benefits	
Worldwide Coverage (for Emergency and Urgent Care)	<p><b>\$90</b> Co-pay</p> <p><b>What You Should Know:</b> Worldwide Coverage is subject to a <b>\$25,000</b> maximum plan coverage. There is no coverage for medication purchases while outside of the United States.</p>
<b>Rehabilitation Services</b> <sup>①②</sup> Cardiac (Heart) Rehabilitation Services Pulmonary Rehabilitation	<p><b>\$45</b> Co-pay</p> <p><b>\$30</b> Co-pay</p>
<b>Foot Care (Podiatry Services)</b> <sup>①②</sup> Medicare Covered	<p><b>\$50</b> Co-pay</p>
<b>Medical Equipment/Supplies</b> <sup>①</sup> Durable Medical Equipment (e.g., wheelchairs, oxygen) Prosthetics (e.g., braces, artificial limbs) Diabetes Monitoring Supplies Diabetic Therapeutic Shoes or Inserts Diabetic Self-Management Training	<p><b>20%</b> of the cost</p> <p><b>20%</b> of the cost</p> <p><b>20%</b> of the cost</p> <p><b>20%</b> of the cost</p> <p><b>\$0</b> Co-pay</p> <p><b>What You Should Know:</b> Covered diabetes supplies include: blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions.</p>

WellCare Choice (HMO)	
<b>Wellness Programs</b> Additional Routine Annual Physical  24-Hour Nurse Advice Line  Enhanced Disease Management	\$0 Co-pay  \$0 Co-pay  \$0 Co-pay  <b>What You Should Know:</b> The Annual Physical Exam is a comprehensive physical examination and evaluation of the status of chronic diseases. It involves an actual physical exam and could include some testing and health history. 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.
<b>Chiropractic Care</b> <sup>① ②</sup> Medicare Covered  Routine Chiropractic Services	\$0 Co-pay  \$0 Co-pay

WellCare Choice (HMO)	
Home Health Care <sup>① ②</sup>	<p><b>\$0</b> Co-pay</p> <p><b>What You Should Know:</b> 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 &amp; supplies.</p>
Hospice	<p><b>What You Should Know:</b> 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.</p>
Outpatient Substance Abuse <sup>① ②</sup> Individual Therapy	<b>\$40</b> Co-pay
Group Therapy	<b>\$40</b> Co-pay
Renal Dialysis <sup>②</sup>	<b>20%</b> of the cost
Over-The-Counter (OTC) Health Items	<p>Our plan will pay up to <b>\$10 every month</b> for the purchase of covered over-the-counter items. Please visit our website to see our list of covered over-the-counter items.</p>

WellCare Health Plans, Inc., is an HMO, PPO, PDP, PFFS plan with a Medicare contract. Enrollment in WellCare Choice (HMO) depends on contract renewal. This information is not a complete description of benefits. Call 1-800-278-5155 / 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 Part B premium. 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](http://mailrx.wellcare.com). Please contact your plan for details.

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。

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-877-374-4056 (TTY (հեռատիպ)՝ 711):

اب. دشاب یم مہارف امش یارب ناگیار تروصب ینابز تالی هست، دینک یم وگتفگ یسراف نابز مہ رگا: هجوت  
دیری گب 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](mailto: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.

# Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-866-527-0056 (TTY 711)**.

## Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare) or [www.ohanahealthplan.com/medicare](http://www.ohanahealthplan.com/medicare) or call 1-866-527-0056 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).



# Contact Us



**For more information, please call us at the phone number below or visit us at [www.wellcare.com/medicare](http://www.wellcare.com/medicare).**

- Not yet a member? Please call us toll-free at **1-866-527-0056 (TTY 711)**. Your call may be answered by a licensed agent.
- Already a member? Please call us toll-free at **1-800-278-5155 (TTY 711)**.



## 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.



## Formularies and Directories

You can see our plan's Provider/Pharmacy Directory and our complete plan formulary (list of Part D prescription drugs) at our website: **[www.wellcare.com/medicare](http://www.wellcare.com/medicare)**. Or, call us and we'll send you a copy. We're with our members every step of the way.







# 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.

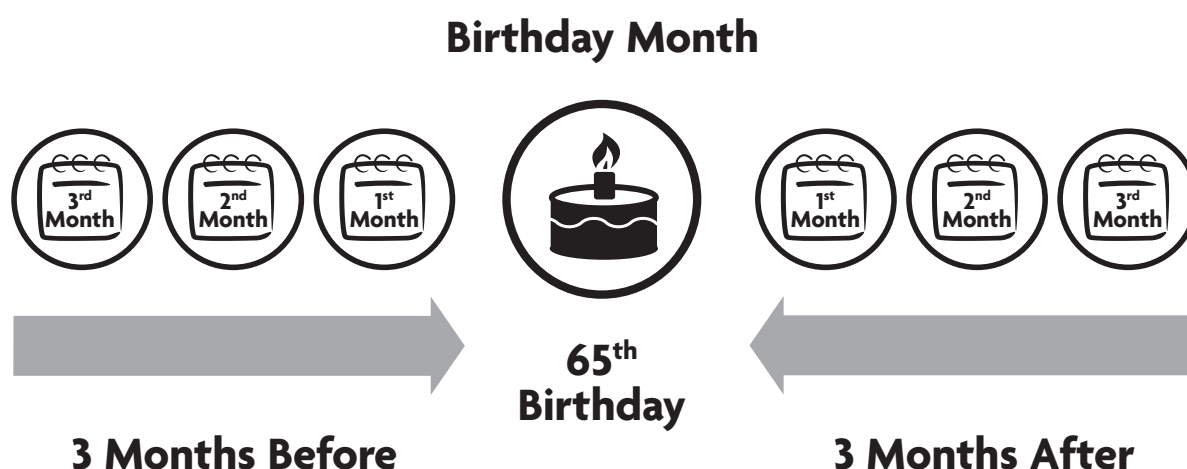
### When is it?

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?

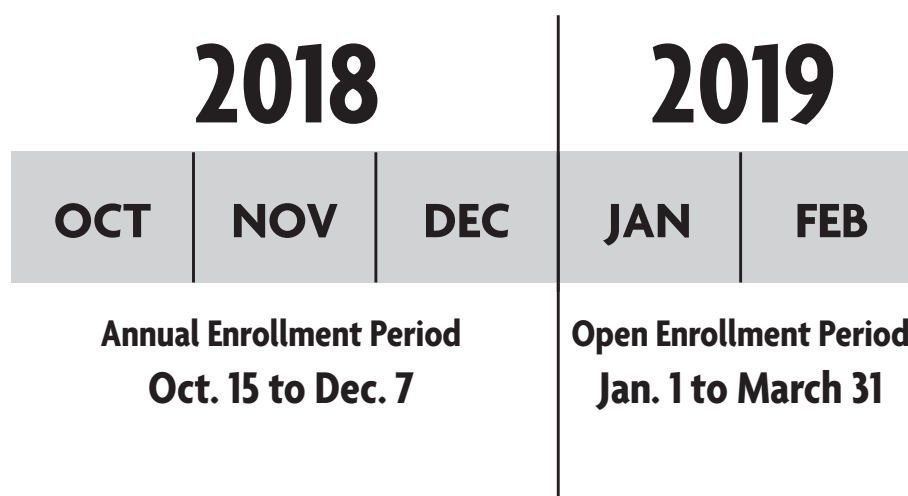
If you sign up in any of the three months before your 65th birthday month, coverage starts on the first day of your birthday month. If you sign up during or after your 65th birthday month, your coverage start date will be the first day of the following month your application is approved.

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](http://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](http://www.wellcare.com/medicare) or [www.ohanahealthplan.com/medicare](http://www.ohanahealthplan.com/medicare).



Enroll online at [www.medicare.gov](http://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.**

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

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

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

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](http://www.wellcare.com/medicare)** or **[www.ohanahealthplan.com/medicare](http://www.ohanahealthplan.com/medicare)**

<b>Nurse Advice Line</b> .....	<b>1-800-581-9952</b> (24 hours, 7 days a week)
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<b>TTY for all of the above</b> .....	<b>711</b>
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\* 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

**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

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

[illegible]

Last Name: 

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 Middle Initial: 

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First Name: 



 Primary Phone Number:

Alternate Phone Number (Optional):

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:

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## Please Provide the Following Information (Continued):

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

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

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**Emergency Contact Information (Optional):**

[illegible]

**Please Read and Answer These Important Questions:**

- [illegible]

- [illegible]

NA9WCMAPP14824E 0000



**Please Read and Answer These Important Questions (continued):**

[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 ☐

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][illegible]

City: 

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 State: 

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 ZIP: 

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[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](http://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](http://www.wellcare.com/medicare) or [www.ohanahealthplan.com/medicare](http://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

7

SEP (type):

[illegible]

5

Not Eligible

7

Cancel Application

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# 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](http://www.wellcare.com/medicare) or [www.ohanahealthplan.com/medicare](http://www.ohanahealthplan.com/medicare).



Enroll online at [www.medicare.gov](http://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.**

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

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

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

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](http://www.wellcare.com/medicare)** or **[www.ohanahealthplan.com/medicare](http://www.ohanahealthplan.com/medicare)**

<b>Nurse Advice Line</b> .....	<b>1-800-581-9952</b> (24 hours, 7 days a week)
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<b>TTY for all of the above</b> .....	<b>711</b>
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\* 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

**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

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: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Middle Initial: 

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First Name: 



 Primary Phone Number:

Alternate Phone Number (Optional):

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:

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## 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]

Phone Number:		Relationship to You:	
---------------	--	----------------------	--

**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
--	----

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]

Address of Institution (number and street):

[illegible][illegible]

Phone Number:

Licensed Insurance Agent:						
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**Please Read and Answer These Important Questions (continued):**

4. Are you enrolled in your State Medicaid program? 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	
--	----	--

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](http://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](http://www.wellcare.com/medicare) or [www.ohanahealthplan.com/medicare](http://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 

--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--

.
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:

--	--	--	--	--	--

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:

--	--	--	--	--	--	--	--

M M D D Y Y Y Y

ICEP/IEP

AEP

OEP

SEP (type):

[illegible]

Not Eligible

Cancel Application

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# 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](http://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)。

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# 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)**

<b>Medicare Prescription Drug Plan (PDP)</b>	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**

<b>Medicare Health Maintenance Organization (HMO)</b>	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).
<b>Medicare Preferred Provider Organization (PPO) Plan</b>	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.
<b>Medicare Private Fee-For-Service (PFFS) Plan</b>	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.

<b>Medicare Special Needs Plan (SNP)</b>	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.
<b>Medicare Medical Savings Account (MSA) Plan</b>	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.
<b>Medicare Cost Plan</b>	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 <a href="http://www.wellcare.com/medicare">www.wellcare.com/medicare</a> . I also understand that some of my drugs may not be covered under the plan's formulary. |

[illegible][illegible]

# 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 <a href="http://www.wellcare.com/medicare">www.wellcare.com/medicare</a> . I also understand that some of my drugs may not be covered under the plan's formulary. |

[illegible][illegible]

# 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 <b>keep it in a safe place.</b>
 Member Welcome Kit	<p>Your Member Welcome Kit has helpful information about your health plan.</p> <ul style="list-style-type: none"><li>• Getting started</li><li>• Official acceptance of enrollment</li><li>• Plan start date</li><li>• List of covered drugs (formulary), if your plan covers Part D</li><li>• (OTC) catalog/flyer, depending on your plan</li><li>• Evidence of Coverage (EOC)</li></ul> <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.



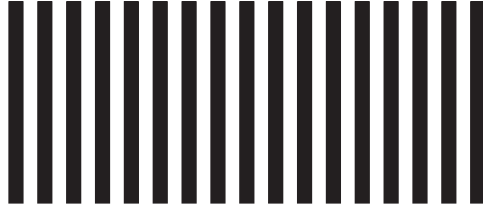
**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 9074 TAMPA FL

POSTAGE WILL BE PAID BY ADDRESSEE

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:** Ulster



**Medicare**<sub>Rx</sub>  
Prescription Drug Coverage

