

2019

# Your Guide to Medicare & More

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

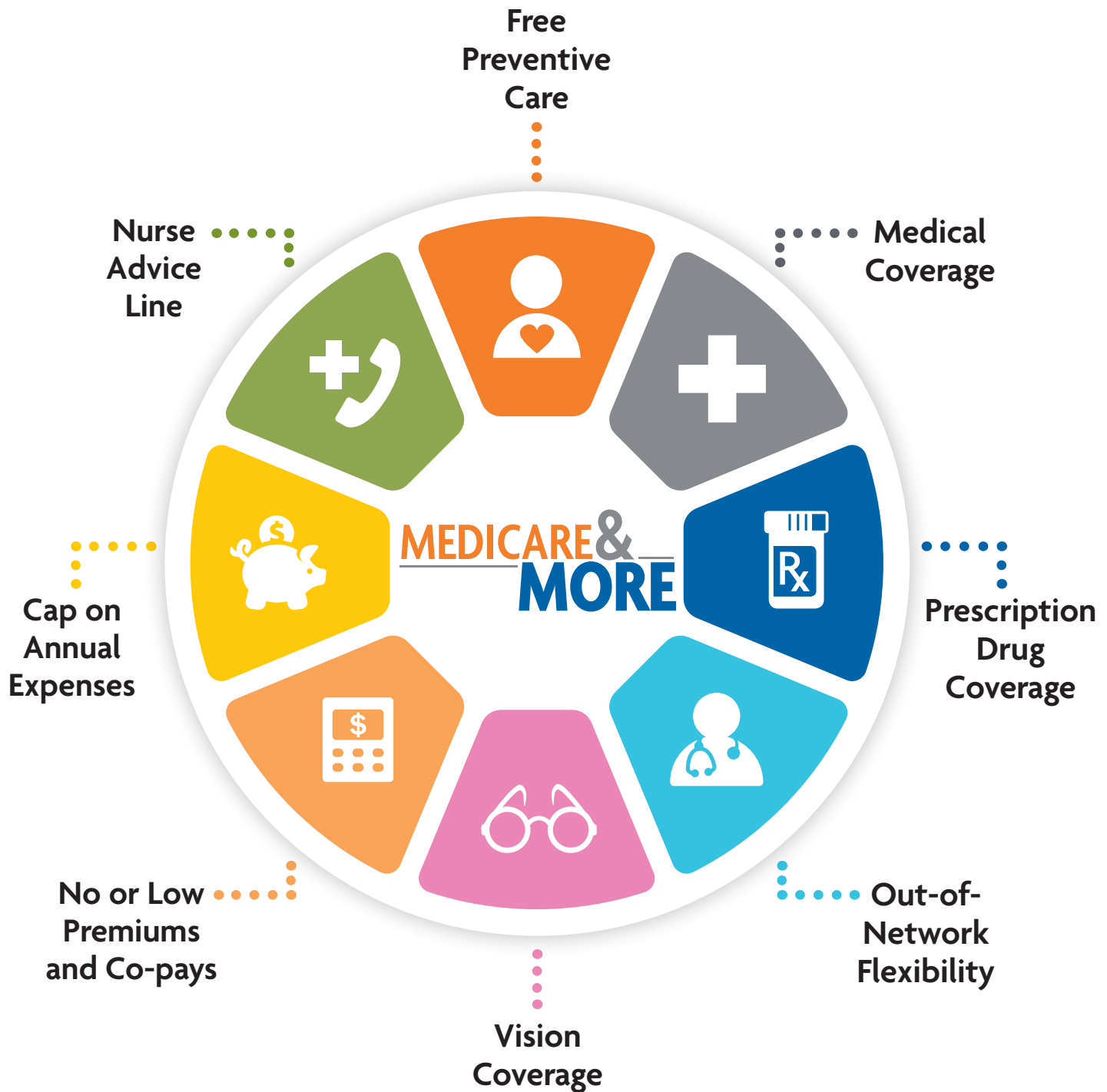
## Enrollment Resource Guide Medicare Advantage Plans

New York  
H2816-019-000



**WellCare Today's Options  
Premier Plus 650B (PFFS)**

 **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 1-866-568-8921, (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
- Vision services
- Fitness program

*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.



## The value of vision coverage

Take advantage of vision coverage that includes a yearly exam.



## Benefits for better hearing

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



## A fitness program to get you moving

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





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

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



### **Need some advice? Call a nurse 24/7**

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



### **Help with life challenges**

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



### **Your choice of doctors**

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



## Why Choose Our Plan?

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

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

### Right care at the right time

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

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

### Help when you need it

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

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

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

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



## **A commitment to quality**

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

## **A local plan that's known**

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

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

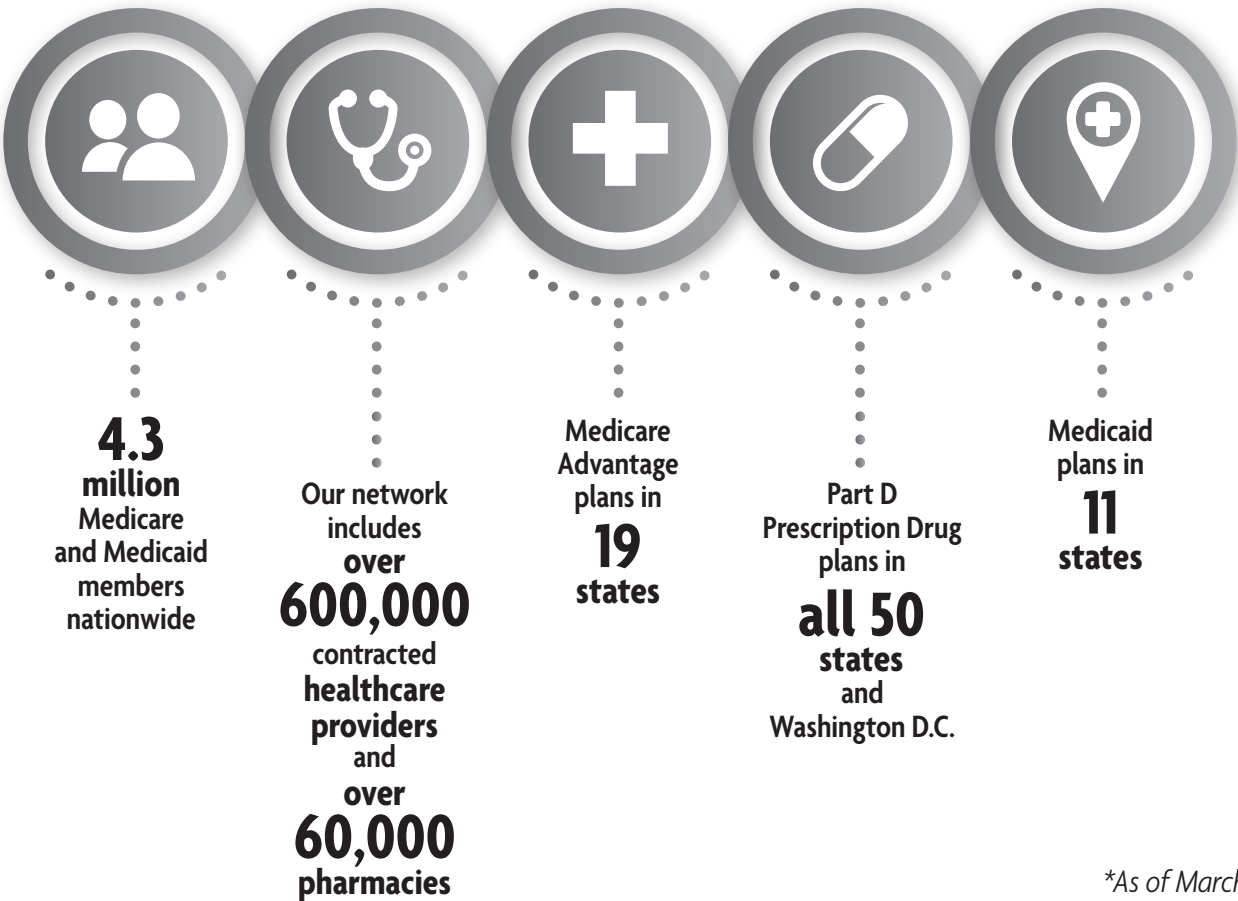
## **What our healthy collaboration means to you**

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

# Putting people first

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

## WellCare at a Glance:\*



*\*As of March 31, 2018.*



# **BENEFITS BEYOND ORIGINAL MEDICARE**

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

# Let 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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# Fitness Center Membership

Available to You at No Additional Cost!

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



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

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

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

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







## **MORE FLEXIBILITY TO CHOOSE THE PROVIDERS YOU TRUST**

You deserve more choices when it comes to your healthcare. That's why we've added options to make it easier for you to get care from the doctors and hospitals you choose. Your plan option allows you to save money by using the high-quality providers in our network. Yet it also allows you to choose any provider who accepts Medicare without plan approval. You will typically pay less out of pocket when you receive care from in network providers, except for emergencies or urgent care.

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

# **2019 Summary of Benefits**

## **Medicare Advantage Plans**

### **New York**

#### **WellCare Today's Options Premier Plus 650B (PFFS)**

Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland,  
Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida,  
Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady,  
Schoharie, Schuyler, Tioga, Warren, Washington

H2816 | Plan 019

#### **WellCare Today's Options Premier Plus 250A (PFFS)**

Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland,  
Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida,  
Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady,  
Schoharie, Schuyler, Tioga, Warren, Washington

H2816 | Plan 013



# 2019 Summary of Benefits

January 1, 2019 – December 31, 2019

Everyone deserves more choices when it comes to their health care. That's why we offer our PFFS plans. This booklet is a summary of drug and health services that are covered by **WellCare Today's Options Premier Plus 650B (PFFS)** and **WellCare Today's Options Premier Plus 250A (PFFS)**.

## Why should I join a PFFS plan?

With our PFFS plans, members have the freedom to select which doctors and hospitals will care for them. Our plans allow you to save money by using one of the plans' high-quality doctors, hospitals, or other providers in our network. While you may pay more, you also have the flexibility to see any provider outside of the network as long as they accept the plans' terms and conditions of payment and participate in the Medicare program. In addition, no plan approval is needed for medically necessary services received from out-of-network providers.

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).

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.

## 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: Deductible, Initial Coverage, Coverage Gap, and Catastrophic Coverage.

You can view our plans' Providers/Pharmacy Directory or formulary at our website, [www.wellcare.com/medicare](http://www.wellcare.com/medicare), or call us and we'll send you a copy.

## Who can join?

To join **WellCare Today's Options Premier Plus 650B (PFFS)** or **WellCare Today's Options Premier Plus 250A (PFFS)**, 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: Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida, Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Tioga, Warren, Washington.

## Where can I find out more?

If you would like learn more about the coverage and costs of Original Medicare, look 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**.

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 Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)	
PLAN BASICS			
Monthly plan premium	\$24.00	<p><b>What You Should Know:</b> You must continue to pay your Medicare Part B premium.</p>	<p><b>\$123.00</b></p> <p><b>What You Should Know:</b> You must continue to pay your Medicare Part B premium.</p>
Annual Medical Deductible	\$0.00	<p><b>What You Should Know:</b> This plan does not have an Annual Medical Deductible. See Prescription Drug Benefits below for Part D <b>Prescription Drug Deductible</b>.</p>	<p><b>\$0.00</b></p> <p><b>What You Should Know:</b> This plan does not have an Annual Medical Deductible. See Prescription Drug Benefits below for Part D <b>Prescription Drug Deductible</b>.</p>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p><b>In-Network and Out-of-Network Combined: \$3,400</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. The combined limit is the most you pay for co-pays, coinsurance and other costs for a combination of in-network and out-of-network medical services.</p>	<p><b>In-Network and Out-of-Network Combined: \$3,400</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. The combined limit is the most you pay for co-pays, coinsurance and other costs for a combination of in-network and out-of-network medical services.</p>	<p><b>In-Network and Out-of-Network Combined: \$3,400</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. The combined limit is the most you pay for co-pays, coinsurance and other costs for a combination of in-network and out-of-network medical services.</p>

WellCare Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)
COVERED MEDICAL AND HOSPITAL BENEFITS		
<p>① Services may require prior authorization.</p> <p>② Services may require a referral from your doctor.</p>		
Inpatient Hospital Coverage ① ②	<p><b>In-Network:</b></p> <p><b>\$295</b> co-pay per day for Days 1-5</p> <p><b>\$0</b> co-pay per day for Days 6-90</p> <p><b>\$0</b> co-pay for 60 additional hospital days.</p> <p><b>Out-of-Network:</b></p> <p><b>\$300</b> co-pay per day for Days 1-7</p> <p><b>\$0</b> co-pay per day for Days 8-90</p> <p><b>\$0</b> co-pay for additional hospital days. No limit to the number of days covered by the plan</p> <p><b>What You Should Know:</b></p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	<p><b>In-Network:</b></p> <p><b>\$500</b> co-pay per stay</p> <p><b>\$0</b> co-pay for 30 additional hospital days.</p> <p><b>Out-of-Network:</b></p> <p><b>\$300</b> co-pay per day for Days 1-7</p> <p><b>\$0</b> co-pay per day for Days 8-90</p> <p><b>\$0</b> co-pay for additional hospital days. No limit to the number of days covered by the plan</p> <p><b>What You Should Know:</b></p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>

WellCare Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)
<b>Outpatient Hospital Coverage, Surgery and Services ①②</b> Ambulatory Surgical Center  Outpatient Hospital	<p><b>In-Network:</b> \$250 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> \$300 Co-pay for non-surgical services \$300 Co-pay for surgical services</p> <p><b>Out-of-Network:</b> 30% of the cost for non-surgical services 30% of the cost for surgical services</p> <p><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.</p>	<p><b>In-Network:</b> \$150 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> \$200 Co-pay for non-surgical services \$200 Co-pay for surgical services</p> <p><b>Out-of-Network:</b> 30% of the cost for non-surgical services 30% of the cost for surgical services</p> <p><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.</p>

WellCare Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)
<b>Doctor Visits</b> ①② Primary Care Physician  Specialist	<p><b>In-Network:</b> \$10 Co-pay</p> <p><b>Out-of-Network:</b> \$25 Co-pay</p> <p><b>In-Network:</b> \$35 Co-pay</p> <p><b>Out-of-Network:</b> \$60 Co-pay</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>	<p><b>In-Network:</b> \$0 Co-pay</p> <p><b>Out-of-Network:</b> \$10 Co-pay</p> <p><b>In-Network:</b> \$25 Co-pay</p> <p><b>Out-of-Network:</b> \$35 Co-pay</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>
	<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,</p> <p><b>In-Network:</b> \$0 Co-pay</p> <p><b>Out-of-Network:</b> \$0 Co-pay</p> <p><b>What You Should Know:</b> Medical Nutritional Therapy covers nutritional diagnostic, therapy, and counseling services for disease management furnished by a registered dietitian or nutrition professional. Plan covers one additional hour per year for members with diabetes and renal disease and three additional hours per year for members with medical necessity including but not limited to obesity and related comorbidities, as determined by care management.</p>	<p><b>In-Network:</b> \$0 Co-pay</p> <p><b>Out-of-Network:</b> \$0 Co-pay</p> <p><b>What You Should Know:</b> Medical Nutritional Therapy covers nutritional diagnostic, therapy, and counseling services for disease management furnished by a registered dietitian or nutrition professional. Plan covers one additional hour per year for members with diabetes and renal disease and three additional hours per year for members with medical necessity including but not limited to obesity and related comorbidities, as determined by care management.</p>



	WellCare Today's Options Premier Plus 650B (PFFS)	WellCare Today's Options Premier Plus 250A (PFFS)
fecal occult blood test, flexible sigmoidoscopy); Depression screenings; 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	During a colonoscopy that is being performed as a preventive screening for colorectal cancer, 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.	During a colonoscopy that is being performed as a preventive screening for colorectal cancer, 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.

WellCare Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)
Emergency Care Emergency Visit	<p><b>\$90 Co-pay</b></p> <p><b>What You Should Know:</b> For Emergency Care: if you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>	<p><b>\$120 Co-pay</b></p> <p><b>What You Should Know:</b> For Emergency Care: if you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>
Urgently Needed Services	<p><b>\$35 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 urgently needed services.</p>	<p><b>\$35 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 urgently needed services.</p>

	WellCare Today's Options Premier Plus 650B (PFFS)	WellCare Today's Options Premier Plus 250A (PFFS)
<b>Diagnostic Services/ Labs/Imaging<sup>①②</sup></b> (costs may vary based on place of service) Diagnostic Radiology (MRIs, CT Scans)	<p><b>In-Network:</b> \$100 Co-pay when performed at a specialist's office or free standing facility</p> <p>\$200 Co-pay when services are performed in an outpatient setting</p> <p><b>Out-of-Network:</b> 30% of the cost</p>	<p><b>In-Network:</b> \$100 Co-pay when performed at a specialist's office or free standing facility</p> <p>\$200 Co-pay when services are performed in an outpatient setting</p> <p><b>Out-of-Network:</b> 30% of the cost</p>
Diagnostic Tests and Procedures	<p><b>In-Network:</b> \$0 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p>	<p><b>In-Network:</b> \$0 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p>
Lab Services (Medicare approved labwork)	<p><b>In-Network:</b> \$0 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p>	<p><b>In-Network:</b> \$0 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p>
Outpatient X-Rays	<p><b>In-Network:</b> \$15 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p>	<p><b>In-Network:</b> \$15 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p>
Therapeutic Radiology Services	<p><b>In-Network:</b> 20% of the cost</p>	<p><b>In-Network:</b> 20% of the cost</p>

WellCare Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)
(e.g., radiation treatment for cancer)	<p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 30% of the cost</p>	<p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 30% of the cost</p>
<b>Hearing Services</b> ① ② Hearing Exam Medicare Covered	<p><b>In-Network:</b> \$20 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> \$20 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</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 one routine hearing screening per year.</p>	<p><b>In-Network:</b> \$20 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</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 one routine hearing screening per year.</p>
Routine Hearing Exam		

WellCare Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)
<b>Dental Services ①②</b> Comprehensive Dental Visits Medicare Covered	<p><b>In-Network:</b> \$35 Co-pay</p> <p><b>Out-of-Network:</b> \$60 Co-pay</p> <p><b>What You Should Know:</b> This plan does not offer supplemental dental coverage.</p>	<p><b>In-Network:</b> \$25 Co-pay</p> <p><b>Out-of-Network:</b> \$35 Co-pay</p> <p><b>What You Should Know:</b> This plan does not offer supplemental dental coverage.</p>
<b>Vision Services ①②</b> Eye Exams Medicare Covered  Routine Eye Exams (Refraction)	<p><b>In-Network:</b> \$0 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> \$0 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p>	<p><b>In-Network:</b> \$0 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> \$0 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p>

WellCare Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)
Glaucoma Screenings	<p><b>In-Network:</b> \$0 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p>	<p><b>In-Network:</b> \$0 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p>
	<p><b>In-Network:</b> \$20 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>What You Should Know:</b> Our plan covers up to 1 routine eye exam (refraction) every year. Eyewear is limited to one pair of glasses or contacts after cataract surgery.</p>	<p><b>In-Network:</b> \$20 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>What You Should Know:</b> Our plan covers up to 1 routine eye exam (refraction) every year. Eyewear is limited to one pair of glasses or contacts after cataract surgery.</p>

WellCare Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)
<b>Mental Health Services ①②</b> Inpatient Hospital Visit  Outpatient Individual Therapy  Outpatient Group Therapy  Partial Hospitalization	<p><b>In-Network:</b> \$295 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90</p> <p><b>Out-of-Network:</b> \$300 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90</p> <p><b>In-Network:</b> \$40 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> \$40 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> \$55 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>What You Should Know:</b> Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p>	<p><b>In-Network:</b> \$500 co-pay per stay</p> <p><b>Out-of-Network:</b> \$300 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90</p> <p><b>In-Network:</b> \$30 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> \$30 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> \$55 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>What You Should Know:</b> Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p>

WellCare Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)
Skilled Nursing Facility (SNF) ① ②	<p><b>In-Network:</b> \$0 co-pay per day for Days 1-20 \$165.00 co-pay per day for Days 21-100</p> <p><b>Out-of-Network:</b> \$0 co-pay per day for Days 1-20 \$250.00 co-pay per day for Days 21-100</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>	<p><b>In-Network:</b> \$0 co-pay per day for Days 1-20 \$150.00 co-pay per day for Days 21-100</p> <p><b>Out-of-Network:</b> \$0 co-pay per day for Days 1-20 \$200.00 co-pay per day for Days 21-100</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>
Physical Therapy ① ② Occupational Therapy Visit  Physical, Speech, Language Therapy	<p><b>In-Network:</b> \$40 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> \$40 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p>	<p><b>In-Network:</b> \$15 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> \$15 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p>



WellCare Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)
Ambulance <sup>①</sup>	<p><b>In-Network:</b> \$300 Co-pay</p> <p><b>Out-of-Network:</b> \$300 Co-pay</p> <p><b>What You Should Know:</b> The cost share is not waived if you are admitted for inpatient hospital care.</p>	<p><b>In-Network:</b> \$300 Co-pay</p> <p><b>Out-of-Network:</b> \$300 Co-pay</p> <p><b>What You Should Know:</b> The cost share is not waived if you are admitted for inpatient hospital care.</p>
Transportation <sup>①②</sup>	<b>Not covered</b>	<b>Not covered</b>
Medicare Part B Drugs <sup>①</sup> Part B Drugs such as Chemotherapy drugs	<p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 30% of the cost</p>	<p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 30% of the cost</p>
Other Part B drugs	<p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 30% of the cost</p>	<p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 30% of the cost</p>

WellCare Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)	
PRESCRIPTION DRUG BENEFITS			
Part D Deductible	\$0		\$0
Initial Coverage Stage	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.		
Preferred Retail Cost-Share (In Network)	One-Month	Three-Month	One-Month Three-Month
Tier 1: Preferred Generic Drugs	\$1.00	\$2.50	\$0.00 \$0.00
Tier 2: Generic Drugs	\$7.00	\$17.50	\$5.00 \$12.50
Tier 3: Preferred Brand Drugs	\$37.00	\$92.50	\$35.00 \$87.50
Tier 4: Non-Preferred Drugs	\$90.00	\$225.00	\$75.00 \$187.50
Tier 5: Specialty Tier Drugs	33%	Not Available	33% Not Available

WellCare Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)		
Standard Retail and Mail Cost-Share (In Network)	One-Month	Three-Month	One-Month	Three-Month
Tier 1: Preferred Generic Drugs	<b>\$7.00</b>	<b>\$17.50</b>	<b>\$5.00</b>	<b>\$12.50</b>
Tier 2: Generic Drugs	<b>\$12.00</b>	<b>\$30.00</b>	<b>\$10.00</b>	<b>\$25.00</b>
Tier 3: Preferred Brand Drugs	<b>\$47.00</b>	<b>\$117.50</b>	<b>\$45.00</b>	<b>\$112.50</b>
Tier 4: Non-Preferred Drugs	<b>\$100.00</b>	<b>\$250.00</b>	<b>\$85.00</b>	<b>\$212.50</b>
Tier 5: Specialty Tier Drugs	<b>33%</b>	<b>Not Available</b>	<b>33%</b>	<b>Not Available</b>
<b>Standard Retail and Mail cont'd</b>	<p><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.</p>			

WellCare Today's Options Premier Plus 650B (PFFS)			WellCare Today's Options Premier Plus 250A (PFFS)		
Preferred Mail Cost-Share (In Network)	One-Month	Three-Month	One-Month	Three-Month	
Tier 1: Preferred Generic Drugs	<b>\$7.00</b>	<b>\$0.00</b>	<b>\$5.00</b>	<b>\$0.00</b>	
Tier 2: Generic Drugs	<b>\$12.00</b>	<b>\$0.00</b>	<b>\$10.00</b>	<b>\$0.00</b>	
Tier 3: Preferred Brand Drugs	<b>\$47.00</b>	<b>\$74.00</b>	<b>\$45.00</b>	<b>\$70.00</b>	
Tier 4: Non-Preferred Drugs	<b>\$100.00</b>	<b>\$180.00</b>	<b>\$85.00</b>	<b>\$150.00</b>	
Tier 5: Specialty Tier Drugs	<b>33%</b>	<b>Not Available</b>	<b>33%</b>	<b>Not Available</b>	
<b>Preferred Mail cont'd</b>	<b>What You Should Know:</b> 90-day supply of Tier 1 and Tier 2 prescription drugs for a 30-day 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.		<b>What You Should Know:</b> 90-day supply of Tier 1 and Tier 2 prescription drugs for a 30-day 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.		
<b>Coverage Gap Stage</b>	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> . 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.		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> . 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.		

	WellCare Today's Options Premier Plus 650B (PFFS)	WellCare Today's Options Premier Plus 250A (PFFS)
<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>	<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 Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)
ADDITIONAL COVERED BENEFITS		
Worldwide Coverage (for Emergency and Urgent Care)	<p><b>\$90 Co-pay</b></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>	<p><b>\$120 Co-pay</b></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>Physical Therapy</b> <sup>① ②</sup> Cardiac (Heart) Rehabilitation Services  Pulmonary Rehabilitation	<p><b>In-Network:</b> <b>\$40 Co-pay</b> <b>Out-of-Network:</b> <b>30% of the cost</b></p> <p><b>In-Network:</b> <b>\$30 Co-pay</b> <b>Out-of-Network:</b> <b>30% of the cost</b></p>	<p><b>In-Network:</b> <b>\$15 Co-pay</b> <b>Out-of-Network:</b> <b>30% of the cost</b></p> <p><b>In-Network:</b> <b>\$15 Co-pay</b> <b>Out-of-Network:</b> <b>30% of the cost</b></p>

WellCare Today's Options Premier Plus 650B (PFFS)		WellCare Today's Options Premier Plus 250A (PFFS)
<b>Foot Care ① ②</b> (Podiatry Services) Medicare Covered	<p><b>In-Network:</b> \$50 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>What You Should Know:</b> Foot exams and treatment available if you have diabetes-related nerve damage and/or meet certain conditions. Additional routine podiatry services are not covered.</p>	<p><b>In-Network:</b> \$35 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>What You Should Know:</b> Foot exams and treatment available if you have diabetes-related nerve damage and/or meet certain conditions. Additional routine podiatry services are not covered.</p>
<b>Medical Equipment/Supplies ①</b> Durable Medical Equipment (e.g., wheelchairs, oxygen)  Prosthetics (e.g., braces, artificial limbs)  Diabetes Monitoring Supplies	<p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> \$0 Co-pay from a preferred supplier \$0 Co-pay from a non-preferred supplier</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b></p>	<p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b> \$0 Co-pay from a preferred supplier \$0 Co-pay from a non-preferred supplier</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>In-Network:</b></p>

	WellCare Today's Options Premier Plus 650B (PFFS)	WellCare Today's Options Premier Plus 250A (PFFS)
Diabetic Therapeutic Shoes or Inserts	<p>20% of the cost</p> <p><b>Out-of-Network:</b></p> <p>30% of the cost</p>	<p>20% of the cost</p> <p><b>Out-of-Network:</b></p> <p>30% of the cost</p>
Diabetic Self-Management Training	<p><b>In-Network:</b></p> <p>\$0 Co-pay</p> <p><b>Out-of-Network:</b></p> <p>\$0 Co-pay</p> <p><b>What You Should Know:</b></p> <p>Covered diabetes supplies include: blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions. The plan maintains a list of the preferred brand diabetic monitoring supplies that are subject to lower cost-sharing.</p>	<p><b>In-Network:</b></p> <p>\$0 Co-pay</p> <p><b>Out-of-Network:</b></p> <p>\$0 Co-pay</p> <p><b>What You Should Know:</b></p> <p>Covered diabetes supplies include: blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions. The plan maintains a list of the preferred brand diabetic monitoring supplies that are subject to lower cost-sharing.</p>



	WellCare Today's Options Premier Plus 650B (PFFS)	WellCare Today's Options Premier Plus 250A (PFFS)
<p><b>Wellness Programs</b> Additional routine annual physical</p> <p>Nurse Advice Line – 24 hours</p> <p>Enhanced Disease Management</p>	<p><b>In-Network:</b> \$0 Co-pay <b>Out-of-Network:</b> \$0 Co-pay</p> <p><b>In-Network:</b> \$0 Co-pay <b>Out-of-Network:</b> \$0 Co-pay</p> <p><b>In-Network:</b> \$0 Co-pay <b>Out-of-Network:</b> 30% of the cost</p> <p><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.</p>	<p><b>In-Network:</b> \$0 Co-pay <b>Out-of-Network:</b> \$0 Co-pay</p> <p><b>In-Network:</b> \$0 Co-pay <b>Out-of-Network:</b> \$0 Co-pay</p> <p><b>In-Network:</b> \$0 Co-pay <b>Out-of-Network:</b> 30% of the cost</p> <p><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.</p>

	WellCare Today's Options Premier Plus 650B (PFFS)	WellCare Today's Options Premier Plus 250A (PFFS)
Chiropractic Care <sup>① ②</sup>	<p><b>In-Network:</b> \$20 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>What You Should Know:</b> Our plan only covers manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).</p>	<p><b>In-Network:</b> \$20 Co-pay</p> <p><b>Out-of-Network:</b> 30% of the cost</p> <p><b>What You Should Know:</b> Our plan only covers manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).</p>
Home Health Care <sup>① ②</sup>	<p><b>In-Network:</b> \$0 Co-pay for in-network Medicare-covered skilled nursing and home health aide services. \$0 Co-pay for in-network Medicare-covered occupational therapy, physical therapy, or speech-language therapy when performed as a home health service.</p> <p><b>Out-of-Network:</b> 30% of the cost for out-of-network Medicare-covered skilled nursing and home health aide services. 30% of the cost for out-of-network Medicare-covered occupational therapy, physical therapy, or speech-language therapy when performed as a home health service.</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>	<p><b>In-Network:</b> \$0 Co-pay for in-network Medicare-covered skilled nursing and home health aide services. \$0 Co-pay for in-network Medicare-covered occupational therapy, physical therapy, or speech-language therapy when performed as a home health service.</p> <p><b>Out-of-Network:</b> 30% of the cost for out-of-network Medicare-covered skilled nursing and home health aide services. 30% of the cost for out-of-network Medicare-covered occupational therapy, physical therapy, or speech-language therapy when performed as a home health service.</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	<b>What You Should Know:</b>	<b>What You Should Know:</b>

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		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.
<b>Outpatient Substance Abuse<sup>①②</sup></b> Individual Therapy  Group Therapy	<b>In-Network:</b> <b>\$40</b> Co-pay <b>Out-of-Network:</b> <b>30%</b> of the cost	<b>In-Network:</b> <b>\$30</b> Co-pay <b>Out-of-Network:</b> <b>30%</b> of the cost
	<b>In-Network:</b> <b>\$40</b> Co-pay <b>Out-of-Network:</b> <b>30%</b> of the cost	<b>In-Network:</b> <b>\$30</b> Co-pay <b>Out-of-Network:</b> <b>30%</b> of the cost
<b>Renal Dialysis<sup>②</sup></b>	<b>In-Network:</b> <b>20%</b> of the cost <b>Out-of-Network:</b> <b>30%</b> of the cost	<b>In-Network:</b> <b>20%</b> of the cost <b>Out-of-Network:</b> <b>30%</b> of the cost

WellCare Health Plans, Inc., is an HMO, PPO, PDP, PFFS plan with a Medicare contract. Enrollment in WellCare Today's Options Premier Plus 650B (PFFS), WellCare Today's Options Premier Plus 250A (PFFS) depends on contract renewal. This information is not a complete description of benefits. Call 1-866-568-8921 / 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](mailto:mailrx.wellcare.com). Please contact your plan for details. 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.

Notes:


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 number - 1-877-247-6272; Fax: 1-866-388-1769;

[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 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc., and Easy Choice Health Plan, a WellCare company.**

# 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 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).
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.



# 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 **1-866-568-8921 (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.

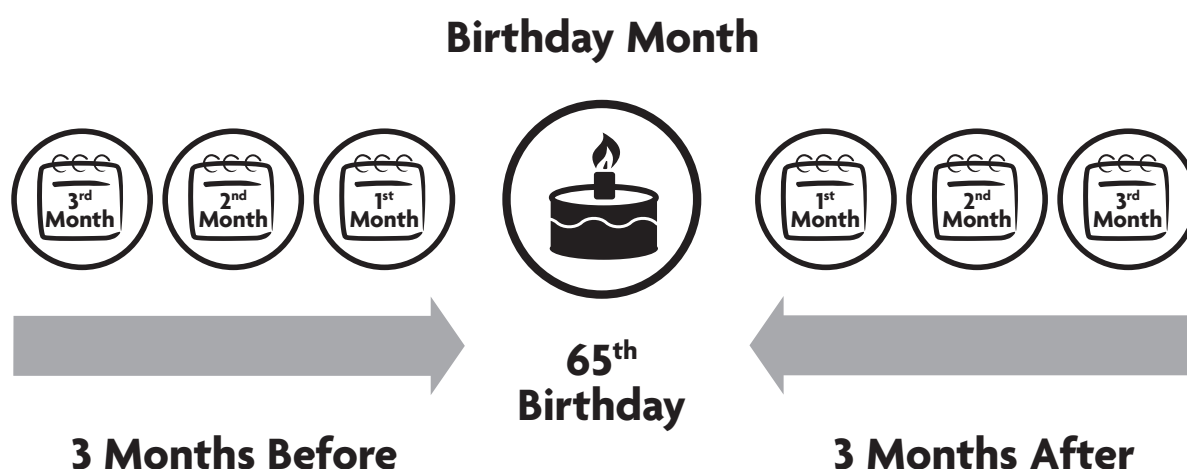
### When is it?

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?

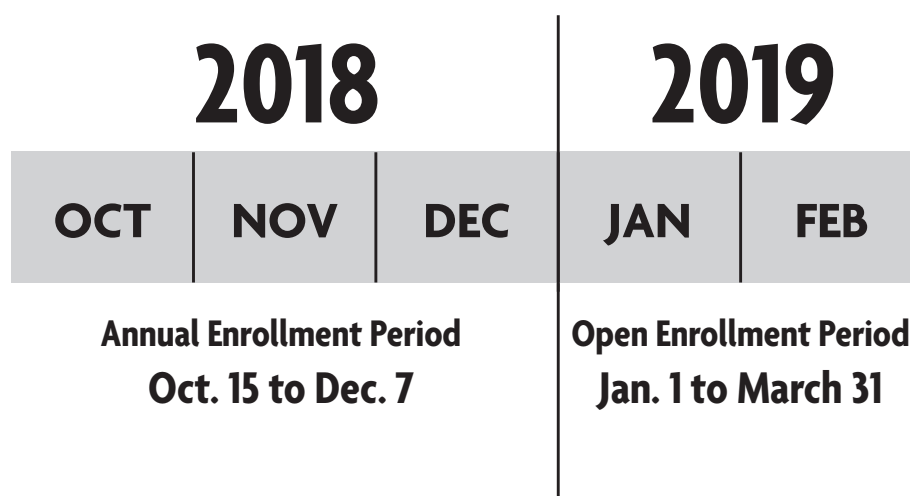
If you sign up in any of the three months before your 65th birthday month, coverage starts on the first day of your birthday month. If you sign up during or after your 65th birthday month, your coverage start date will be the first day of the following month your application is approved.

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

# 2019 Private Fee-for-Service Plan Individual Enrollment Form

## How to Enroll with WellCare Private Fee-for-Service Plan

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 to WellCare.
  - By fax to **1-855-840-7319**, 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 PFFS Plan



Call **1-866-527-0056**. (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 p.m. (If you are already a member, call Customer Service at **1-866-568-8921**.)



Enroll online at [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



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





Please contact WellCare if you need information in another language or format (Braille).

**Select the box for the plan you want to enroll in:**

Plan Name (Plan Type) \$ . per month

### Emergency Contact Information (Optional):

Emergency Contact:

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.

**Please complete this section if you have selected an MAPD plan.**

2. 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 prescription drug coverage in addition to WellCare PFFS Plan? Yes ☐ No ☐

If "yes" please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage:

ID # for this coverage:

Group # for this coverage:

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:

Address of Institution (number and street):

City:  State:  ZIP Code:

Phone Number:

4. Are you enrolled in your State Medicaid program? If "yes" please provide your Medicaid number:

Yes ☐ No ☐

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

**Please check one of the boxes below if you would prefer that we send you information in a language other than English or in an accessible format:**

Spanish (where available) ☐ Large Print ☐

Licensed Insurance Agent:

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

Please contact WellCare PFFS Customer Service number at **1-866-568-8921** Monday–Friday, 8 a.m. to 8 p.m. 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 call **711**) if you need information in an accessible format or language other than what is listed above.

**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 ☐

Name:

Address:

City:  State:  ZIP:

Phone Number:  Relationship to Enrollee:

**Paying Your Plan 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 WellCare the Part D-IRMAA. **If you have selected a \$0 premium plan without prescription drug coverage, you do not need to fill out this section.**

**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 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 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.)

Licensed Insurance Agent:

## Paying Your Plan Premium (continued)

☐ 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 call Customer Service at the number on the front cover.



### Please Read This Important Information:

WellCare PFFS, a Medicare Advantage Private Fee-for-Service plan, works differently than a Medicare Supplement plan as well as other Medicare Advantage plans. We have network providers (that is, providers who have signed contracts with our plan) for all services covered under Original Medicare. These providers have already agreed to see members of our plan. If your provider is not one of our network providers, then the provider is not required to agree to accept to the plan's terms and conditions of payment, they may choose not to provide healthcare services to you, except in emergencies. If this happens, you will need to find another provider that will accept our terms and conditions of payment. You should verify that your provider(s) will accept WellCare PFFS before each visit. Providers can find the plan's terms and conditions of payment on our website at: [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Once WellCare PFFS has your enrollment form, you will get a call from a plan representative. This call is to make sure that you understand how a Private Fee-for-Service plan works and to confirm your intent to enroll in WellCare PFFS. If WellCare PFFS is not able to reach you by telephone, then you will get a letter by mail that contains similar information.

If you currently have health coverage from an employer or union, joining WellCare PFFS could affect your employer or union health benefits. If you have health coverage from an employer or union, joining WellCare PFFS may change how your current coverage works. You or your dependents could lose your other health or drug coverage completely and not get it back if you join WellCare PFFS. 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 is no 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:

WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Enrollment in our plans depends on contract renewal. I will need to keep my Medicare Parts A and B. I understand that this plan is a Medicare Advantage Private Fee-for-Service plan and I can be in only one Medicare health plan at a time. I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or Medicare prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I choose a WellCare PFFS plan without prescription drug coverage, I may get coverage from another Medicare prescription drug plan. If I have not selected a plan that includes prescription drug coverage, and if I do not 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 if an enrollment period is available (Example: Annual Enrollment Period from October 15 – December 7 of every year), or under certain special circumstances.

As a Medicare Private Fee-for-Service plan, WellCare PFFS works differently than a Medicare supplement plan as well as other Medicare Advantage plans. WellCare PFFS pays instead of Medicare, and I will be responsible for the amounts that WellCare PFFS does not cover, such as copayments and co-insurances. Original Medicare will not pay for my healthcare while I am enrolled in WellCare PFFS. Before seeing a provider, I should verify that the provider will accept WellCare PFFS. I understand that my healthcare providers have the right to choose whether to accept WellCare PFFS payment terms and conditions every time I see them. I understand that if my provider does not accept WellCare PFFS, I will need to find another provider who will.

WellCare PFFS serves a specific service area. If I move out of the area that WellCare PFFS serves, I need to notify WellCare PFFS so I can disenroll and find a new plan in my new area. Once I am a member of WellCare PFFS, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage from WellCare PFFS when I get it to know which rules I must follow to get coverage with this Private Fee-for-Service plan. I understand that people with Medicare are not usually covered under Medicare while out of the country except for limited coverage near the U.S. border. I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with WellCare PFFS he or she may be paid based on my enrollment in WellCare PFFS.

**Release of Information:** By joining this Medicare health plan, I acknowledge that WellCare 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 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.

Licensed Insurance Agent:

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**Please Read and Sign (continued):**

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 

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

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

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

.
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 

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.

Licensed Insurance Agent:

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### Attestation of Eligibility for an Enrollment Period (continued)

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 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.

If none of these statements applies to you or you're not sure, please contact WellCare PFFS 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

AEF

☐ OEP

☐ SEP (type):

[illegible]

☐ Not Eligible

1

Cancel Application

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WellCare

# 2019 Private Fee-for-Service Plan Individual Enrollment Form

## How to Enroll with WellCare Private Fee-for-Service Plan

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 to WellCare.
  - By fax to **1-855-840-7319**, 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 PFFS Plan



Call **1-866-527-0056**. (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 p.m. (If you are already a member, call Customer Service at **1-866-568-8921**.)



Enroll online at [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



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





Please contact WellCare if you need information in another language or format (Braille).

**Select the box for the plan you want to enroll in:**

Plan Name (Plan Type) \$ . per month

### Emergency Contact Information (Optional):

Emergency Contact:

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.

**Please complete this section if you have selected an MAPD plan.**

2. 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 prescription drug coverage in addition to WellCare PFFS Plan? Yes ☐ No ☐

If "yes" please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage:

ID # for this coverage:

Group # for this coverage:

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:

Address of Institution (number and street):

City:  State:  ZIP Code:

Phone Number:

4. Are you enrolled in your State Medicaid program? If "yes" please provide your Medicaid number:

Yes ☐ No ☐

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

**Please check one of the boxes below if you would prefer that we send you information in a language other than English or in an accessible format:**

Spanish (where available) ☐ Large Print ☐

Licensed Insurance Agent:

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

Please contact WellCare PFFS Customer Service number at **1-866-568-8921** Monday–Friday, 8 a.m. to 8 p.m. 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 call **711**) if you need information in an accessible format or language other than what is listed above.

**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 ☐

Name:

Address:

City:  State:  ZIP:

Phone Number:  Relationship to Enrollee:

**Paying Your Plan 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 WellCare the Part D-IRMAA. **If you have selected a \$0 premium plan without prescription drug coverage, you do not need to fill out this section.**

**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 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 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.)

Licensed Insurance Agent:

## Paying Your Plan Premium (continued)

☐ 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 call Customer Service at the number on the front cover.



### Please Read This Important Information:

WellCare PFFS, a Medicare Advantage Private Fee-for-Service plan, works differently than a Medicare Supplement plan as well as other Medicare Advantage plans. We have network providers (that is, providers who have signed contracts with our plan) for all services covered under Original Medicare. These providers have already agreed to see members of our plan. If your provider is not one of our network providers, then the provider is not required to agree to accept to the plan's terms and conditions of payment, they may choose not to provide healthcare services to you, except in emergencies. If this happens, you will need to find another provider that will accept our terms and conditions of payment. You should verify that your provider(s) will accept WellCare PFFS before each visit. Providers can find the plan's terms and conditions of payment on our website at: [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

Once WellCare PFFS has your enrollment form, you will get a call from a plan representative. This call is to make sure that you understand how a Private Fee-for-Service plan works and to confirm your intent to enroll in WellCare PFFS. If WellCare PFFS is not able to reach you by telephone, then you will get a letter by mail that contains similar information.

If you currently have health coverage from an employer or union, joining WellCare PFFS could affect your employer or union health benefits. If you have health coverage from an employer or union, joining WellCare PFFS may change how your current coverage works. You or your dependents could lose your other health or drug coverage completely and not get it back if you join WellCare PFFS. 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 is no 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:

WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Enrollment in our plans depends on contract renewal. I will need to keep my Medicare Parts A and B. I understand that this plan is a Medicare Advantage Private Fee-for-Service plan and I can be in only one Medicare health plan at a time. I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or Medicare prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I choose a WellCare PFFS plan without prescription drug coverage, I may get coverage from another Medicare prescription drug plan. If I have not selected a plan that includes prescription drug coverage, and if I do not 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 if an enrollment period is available (Example: Annual Enrollment Period from October 15 – December 7 of every year), or under certain special circumstances.

As a Medicare Private Fee-for-Service plan, WellCare PFFS works differently than a Medicare supplement plan as well as other Medicare Advantage plans. WellCare PFFS pays instead of Medicare, and I will be responsible for the amounts that WellCare PFFS does not cover, such as copayments and co-insurances. Original Medicare will not pay for my healthcare while I am enrolled in WellCare PFFS. Before seeing a provider, I should verify that the provider will accept WellCare PFFS. I understand that my healthcare providers have the right to choose whether to accept WellCare PFFS payment terms and conditions every time I see them. I understand that if my provider does not accept WellCare PFFS, I will need to find another provider who will.

WellCare PFFS serves a specific service area. If I move out of the area that WellCare PFFS serves, I need to notify WellCare PFFS so I can disenroll and find a new plan in my new area. Once I am a member of WellCare PFFS, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage from WellCare PFFS when I get it to know which rules I must follow to get coverage with this Private Fee-for-Service plan. I understand that people with Medicare are not usually covered under Medicare while out of the country except for limited coverage near the U.S. border. I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with WellCare PFFS he or she may be paid based on my enrollment in WellCare PFFS.

**Release of Information:** By joining this Medicare health plan, I acknowledge that WellCare 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 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.

Licensed Insurance Agent:

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**Please Read and Sign (continued):**

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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.
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 

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.
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 

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.
11. ☐ I recently left a PACE program on 

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Licensed Insurance Agent:

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### Attestation of Eligibility for an Enrollment Period (continued)

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 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.

If none of these statements applies to you or you're not sure, please contact WellCare PFFS 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

AEF

☐ 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® PFFS

A WellCare Company

## Universal American, A WellCare Company – H2816

### 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.**

★★★★  
3.5 Stars

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

Health Plan Services: ★★★★★  
3.5 Stars

Drug Plan Services: ★★★★★  
5 Stars

#### 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 866-418-1923 (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 866-568-8921 (toll-free) or 711 (TTY).

Today's Options® PFFS is a Medicare Advantage plan with a Medicare contract. Enrollment in Today's Options® PFFS 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\_H2816\_PFFSPlanRating\_1017 CMS Accepted 10/12/2017

NY8WCMINS13621E\_0000

Today's Options® PFFS 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. |

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[illegible]

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[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 <b>www.wellcare.com/medicare</b> . I also understand that some of my drugs may not be covered under the plan's formulary. |

[illegible]




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[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.



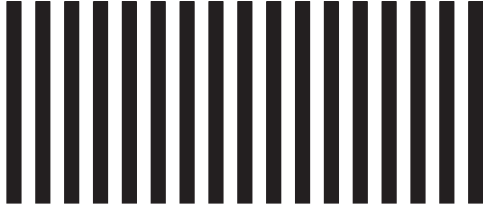
**BUSINESS REPLY MAIL**  
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POSTAGE WILL BE PAID BY ADDRESSEE

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:** Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida, Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Tioga, Warren, Washington



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

