

2019

Your Guide to Medicare & More

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

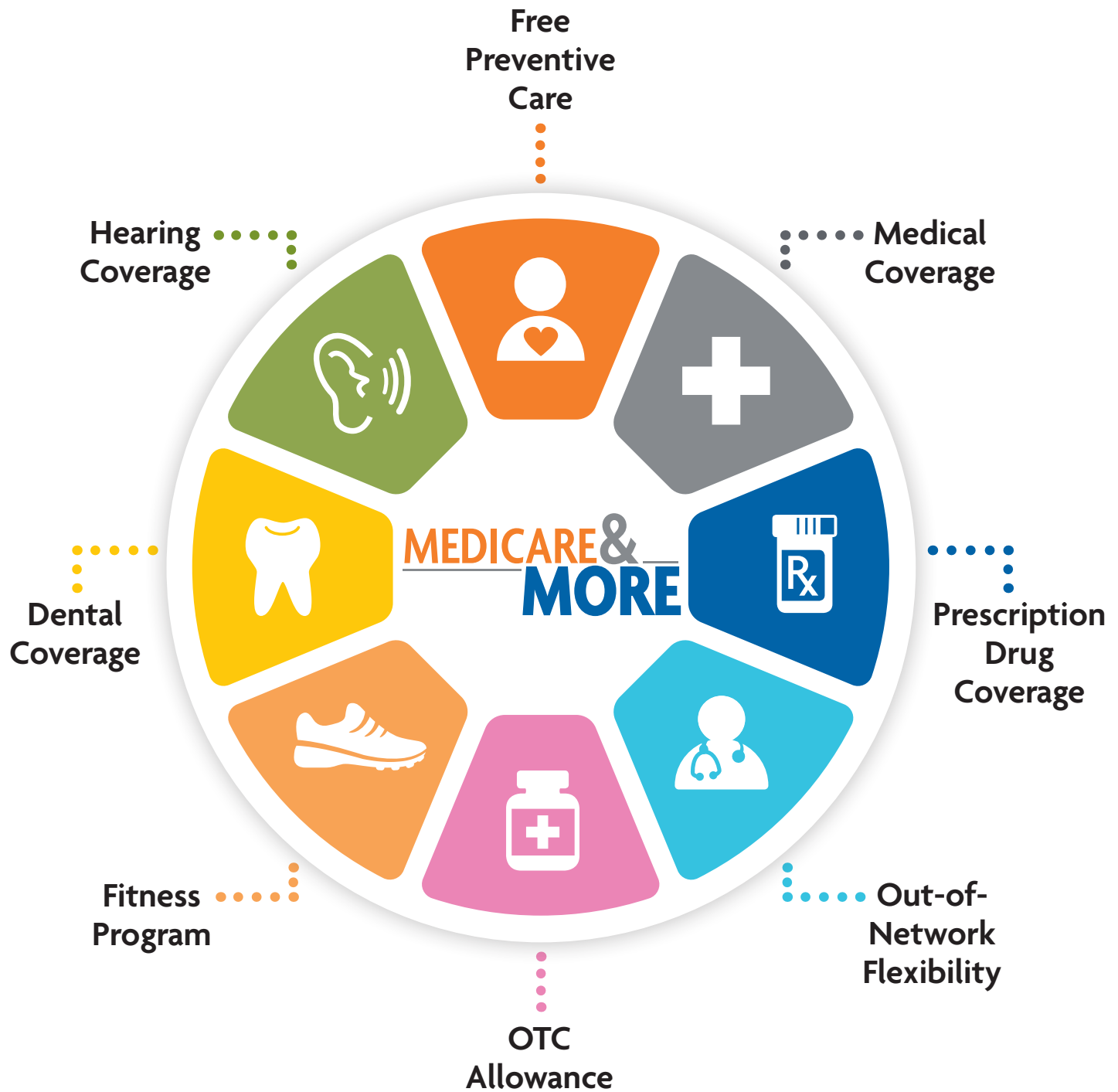
Enrollment Resource Guide Medicare Advantage Plans

New York
H0088-001-000



WellCare Premier (PPO)

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



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

Get the Medicare Plan That’s Right for You

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



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

Agent’s Name:

Phone Number:



If you are a current member of our plan, call 1-800-278-5155, (TTY 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 pm.



Or online at www.wellcare.com/medicare

What’s inside?

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

Table of Contents

Medicare Basics.....	Section 1
Benefits Beyond Original Medicare.....	Section 2
Summary of Benefits.....	Section 3
When and How to Enroll.....	Section 4
Enrollment Application.....	Section 5
Scope of Appointment.....	Section 6
Member Checklist.....	Section 7

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:

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

Find Out Why More People Choose Medicare Advantage

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

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



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

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

Now You Can Choose Medicare & More™



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

Our plan gives you:






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

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

More for Less

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

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

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

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

Health Benefits for a Better You

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

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



Prescription for savings

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



A dental benefit to smile about

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



The value of vision coverage

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



Benefits for better hearing

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



Shopping for OTC items – it's on us

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



A fitness program to get you moving

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



MyWellCare, healthcare on the go

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



Need some advice? Call a nurse 24/7

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



Help with life challenges

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



Your choice of doctors

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



Why Choose Our Plan?

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

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

Right care at the right time

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

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

Help when you need it

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

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

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

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



A commitment to quality

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

A local plan that's known

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

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

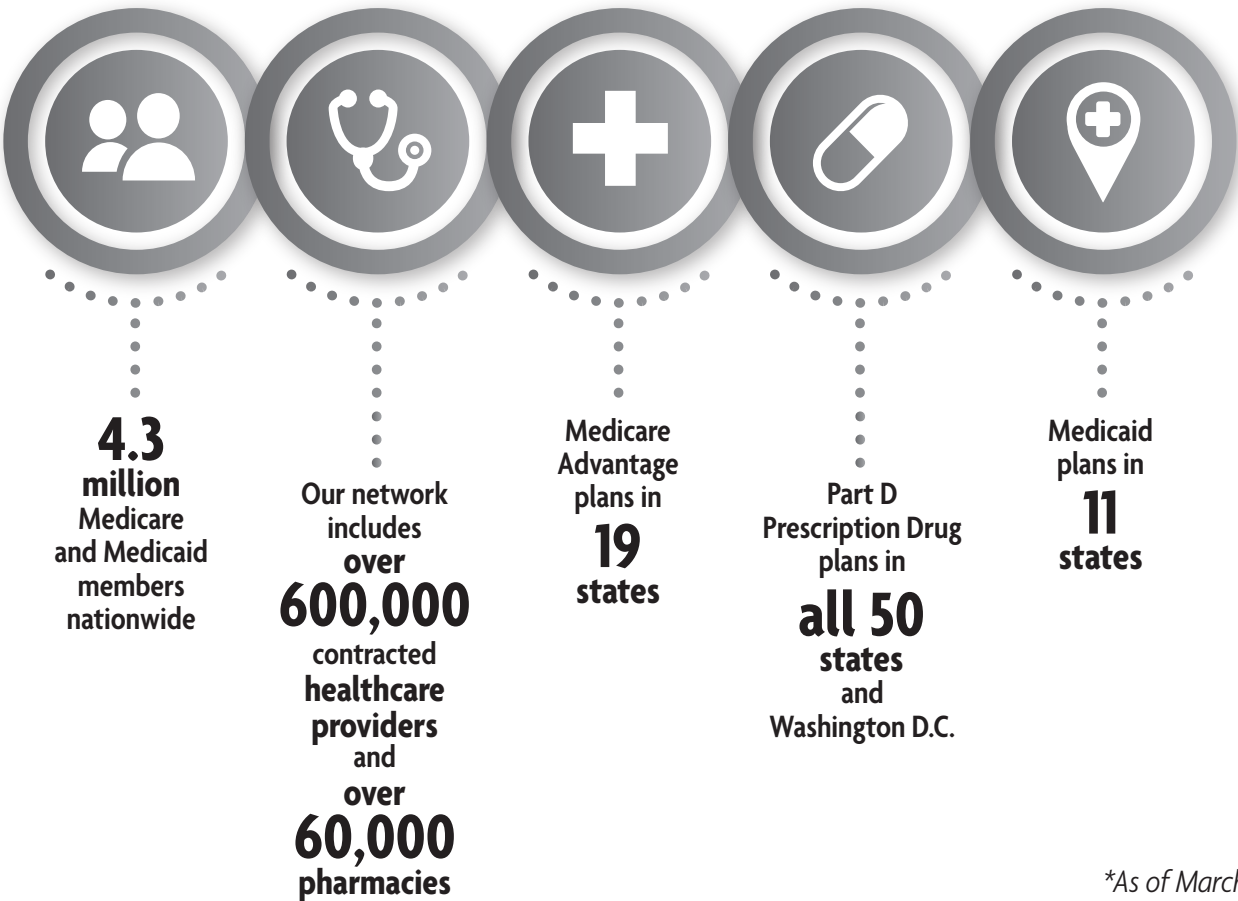
What our healthy collaboration means to you

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

Putting people first

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

WellCare at a Glance:*





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



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

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

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

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



[†]Other pharmacies are available in our network.

Y0070_WCM_15827E CMS Accepted 07152018
©WellCare 2018

NA9WCMFLY15827E_0000

Fitness Center Membership

Available to You at No Additional Cost!

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



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

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

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

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



– 2019 –

Over-the-Counter (OTC) Catalog

Medicare Advantage Plans





The Benefits of WellCare Add Up.

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

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

Each plan offers different OTC benefit amounts. Check your Evidence of Coverage or Summary of Benefits to find the specific amount for your plan. Your benefit and items are only for **your** use. If you don't use all of your benefit, don't worry! It will roll over to the next month/quarter.



How Do I Use My OTC Benefit?

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

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

Browse through this catalog. Then:

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

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

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

Happy shopping!

OVER-THE-COUNTER CATALOG

How to Read OTC Listings

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

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

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

* = Quantities and brands may vary depending upon availability.

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

† = Dual-purpose items

NA = There is no generic and/or brand available

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

Item cost may change from year to year.

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

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

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

Over-the-Counter Catalog

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

Over-the-Counter Catalog

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

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

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

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

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

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

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

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

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

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

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

Over-the-Counter Catalog

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



We're always just a phone call away!

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

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

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

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

Louisiana (LA):	WellCare Rx (HMO), WellCare Value (HMO).....	1-866-804-5926
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-866-530-9488
Maine (ME):	WellCare Value (HMO).....	1-866-682-0536
	WellCare Access (HMO SNP).....	1-866-682-0537
	WellCare Today's Options Advantage Plus 150A (PPO), WellCare Today's Options Advantage Plus 550B (PPO), WellCare Today's Options Advantage 300 (PPO)	1-866-422-5009
	WellCare Today's Options Premier 300 (PFFS), WellCare Today's Options Premier 200 (PFFS).....	1-866-568-8921
Mississippi (MS):	WellCare Value (HMO), WellCare Essential (HMO-POS), WellCare Advance (HMO-POS).....	1-800-316-2273
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-855-292-0237
North Carolina (NC):	WellCare Value (HMO).....	1-877-655-2425
	WellCare Access (HMO SNP).....	1-877-655-2422
New Jersey (NJ):	WellCare Rx (HMO), WellCare Value (HMO-POS).....	1-866-687-8570
	WellCare Liberty (HMO SNP).....	1-877-706-9509
New York (NY):	WellCare Value (HMO), WellCare Rx (HMO), WellCare Choice (HMO), WellCare Preferred (HMO), WellCare Essential (HMO), WellCare Advance (HMO), WellCare Today's Options Classic (HMO), WellCare Premier (PPO)	1-800-278-5155
	WellCare Access (HMO SNP).....	1-866-482-3363
	WellCare Liberty (HMO SNP).....	1-866-491-5746
	WellCare Today's Options Advantage Plus 750B (PPO), WellCare Today's Options Advantage Plus 450A (PPO), WellCare Today's Options Advantages 300 (PPO), WellCare Today's Options Advantages Plus 550B (PPO), WellCare Today's Options Advantages Plus 150A (PPO)	1-866-422-5009
	WellCare Today's Options Premier Plus 650B (PFFS), WellCare Today's Options Premier Plus 250A (PFFS), WellCare Today's Options Premier 300 (PFFS), WellCare Today's Options Premier 200 (PFFS).....	1-866-568-8921
South Carolina (SC):	WellCare Value (HMO), WellCare Elite (HMO), WellCare Advance (HMO-POS), WellCare Prime (PPO), WellCare Premier (PPO)	1-800-316-2273
	WellCare Access (HMO SNP).....	1-855-292-0237

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

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

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

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

Multi-Language Insert Multi-Language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Discrimination is Against the Law

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

WellCare Health Plans, Inc.:

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

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

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

WellCare Health Plans, Inc.

Grievance Department

P.O. Box 31384

Tampa, FL 33631-3384

Telephone: 1-866-530-9491

TTY: 711

Fax: 1-866-388-1769

Email: OperationalGrievance@wellcare.com

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

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

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

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

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

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

WCM_14439E

©WellCare 2018

NA9WCMINS14857E_0000

WellCare Health Plans, Inc., is an HMO, PPO plan with a Medicare contract. Our D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Benefits, premium and/or co-payments/coinsurance may change on January 1 of each year. Some plans are available to anyone with Medicare who has been diagnosed with Cardiovascular Disorders, Chronic Heart Failure or Diabetes. Some plans are available to those who have medical assistance from both the state and Medicare. Premiums, co-pays, coinsurance and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.



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





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

New York
H0088 | Plan 001
WellCare Premier (PPO)



H0088_PPO_16134E_M
©WellCare 2018

NY9NPRSOB16134E_0001

2019 Summary of Benefits

January 1, 2019 – December 31, 2019

Everyone deserves more choices when it comes to their healthcare. That's why we offer our PPO plan. Members have the freedom to select the doctors and hospitals that will care for them. This particular plan allows you to save money by using the high-quality providers in our network, yet it also gives you the flexibility to choose any provider you'd like to see outside of the network without having to get plan approval first. You'll pay more for services provided by any out-of-network providers, but the advantage is that all covered services you receive from out-of-network providers will not be denied.

This booklet gives you a brief overview of what we cover and what you can expect to pay. It doesn't list every service we cover or every limitation or exclusion. To get a complete list of services we cover, give us a call and ask for the "Evidence of Coverage." You can also find a copy on our website at www.wellcare.com/medicare.

To join **WellCare Premier (PPO)**, 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: New York.

Like all Medicare health plans, we cover everything that Original Medicare covers. And then we add some other benefits to help you stay your healthy best. For instance, when you have urgent health care needs, you can talk to our nurses on call. Our Nurse Advice Line is open to members 24 hours every day.

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

Which doctors, hospitals and pharmacies can I use?
WellCare Premier (PPO) has a network of doctors, hospitals, pharmacies and other providers. You can save money by using providers in the plan's network. If you use providers that are not in our network, your share of the costs for covered services may be higher. You can see our plan's provider and pharmacy directory at our website: www.wellcare.com/medicare. Or, call us and we'll send you a copy.

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 Premier (PPO)	
Premiums and Benefits Overview	
Monthly Plan Premium	<p>\$0.00</p> <p>What You Should Know: You must continue to pay your Medicare Part B premium.</p>
Deductible	<p>No Deductible</p> <p>What You Should Know: The deductible is the amount you must pay out of pocket for medical services before our plan begins to pay its share.</p>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>In-Network: \$6,700 annually In-Network and Out-of-Network Combined: \$10,000 annually</p> <p>What You Should Know: The most you pay for copays, coinsurance and other costs for Medicare-covered Part A and B services for the year. If you reach this limit on out-of-pocket costs, you will continue being covered for hospital and medical services while we pay the full cost for the rest of the year.</p>

WellCare Premier (PPO)	
COVERED MEDICAL AND HOSPITAL BENEFITS	
<p>① Services may require prior authorization</p> <p>② Services may require a referral from your doctor</p>	
<p>Inpatient Hospital Coverage ① ②</p>	<p>In-Network:</p> <p>Tier 1: \$300 co-pay per day for Days 1-5</p> <p>\$0 co-pay per day for Days 6-90</p> <p>\$0 co-pay for 10 additional hospital days.</p> <p>Tier 2: \$360 co-pay per day for Days 1-5</p> <p>\$0 co-pay per day for Days 6-90</p> <p>\$0 co-pay for 10 additional hospital days.</p> <p>Out-of-Network: 35% coinsurance per day for Days 1-210.</p> <p>What You Should Know:</p> <p>Once discharged from an inpatient hospital stay, talk to one of our care managers. Our care managers can help make sure you stay healthy and out of the hospital.</p>

WellCare Premier (PPO)

Outpatient Hospital Coverage, Surgery, and Services^{①②}

Ambulatory Surgical Center

In-Network:

Tier 1: **\$50** Co-pay at an Ambulatory Surgical Center

Tier 2: **\$100** Co-pay at an Ambulatory Surgical Center

Out-of-Network:

35% of the cost at an Ambulatory Surgical Center

Outpatient Hospital

In-Network:

Tier 1: **\$75** Co-pay for non-surgical services and **\$150** Co-pay for surgical services

Tier 2: **\$300** Co-pay for non-surgical services and **\$300** Co-pay for surgical services

Out-of-Network:

35% of the cost for Outpatient Hospital Services

Outpatient Hospital Observation Services

In-Network:

Tier 1: **\$90** Co-pay when you enter observation status through the ER and **\$150** when you enter observation status through an outpatient facility

Tier 2: **\$90** Co-pay when you enter observation status through the ER and **\$300** when you enter observation status through an outpatient facility

Out-of-Network:

35% of the cost for Outpatient Hospital Observation Services

WellCare Premier (PPO)

Doctor Visits^{①②}

Primary Care Physician

Specialist

In-Network:
Tier 1: **\$0** Co-pay
Tier 2: **\$25** Co-pay
Out-of-Network:
35% of the cost

In-Network:
Tier 1: **\$35** Co-pay
Tier 2: **\$50** Co-pay
Out-of-Network:
35% of the cost

What You Should Know:

Your primary care physician is the doctor who will handle most of your health care services. They will refer you to specialists when needed.

\$30 Co-pay for each tier 1 in network visit to other health care professionals in a clinic or pharmacy setting for Medicare-covered services.

\$30 Co-pay for each tier 2 in network visit to other health care professionals in a clinic or pharmacy setting for Medicare-covered services.

\$30 Co-pay for each out of network visit to other health care professionals in a clinic or pharmacy setting for Medicare-covered services.

WellCare Premier (PPO)

<p>Preventive Care Abdominal Aortic Aneurysm Screening; Alcohol Misuse Screenings and Counseling; Bone Mass Measurements; Cardiovascular Disease Screenings; Cardiovascular Disease (behavioral therapy); Cervical and Vaginal Cancer Screening; Colorectal Cancer Screenings; Depression Screening; Diabetes Screenings; Glaucoma Screening; HIV Screening; Lung Cancer Screening; Screening Mammography; Medical Nutrition Therapy; Obesity Screening and Counseling; One-time "Welcome to Medicare" preventive visit; Prostate Cancer Screenings; Sexually Transmitted Infections Screening and Counseling; Tobacco Use Cessation Counseling; Vaccines (e.g., flu, pneumonia, Hepatitis B; Annual "Wellness" Visit</p>	<p>\$0 Co-pay</p> <p>Other preventive services are available. There are some covered services that have a cost.</p> <p>What You Should Know: Stay healthy by getting your Annual Wellness Visit. During the visit, you can work with your PCP to schedule all preventive screenings and care. Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>Emergency Care</p>	<p>In-Network: Tier 1: \$90 Co-pay per visit Tier 2: \$90 Co-pay per visit</p> <p>Out-of-Network: \$90 Co-pay per visit</p> <p>What You Should Know: If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>
<p>Urgently Needed Services</p>	<p>In-Network: Tier 1: \$30 Co-pay per visit Tier 2: \$30 Co-pay per visit</p> <p>Out-of-Network: \$30 Co-pay per visit</p> <p>What You Should Know: If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services.</p>
<p>Diagnostic Services/Labs/Imaging^{① ②} Diagnostic Radiology (MRI, CT scan)</p>	<p>In-Network: Tier 1: \$100 Co-pay when diagnostic radiology services are performed at a specialist's office or free standing facility \$200 Co-pay when diagnostic radiology services are performed in an outpatient setting</p>

WellCare Premier (PPO)

Tier 2: **\$250** Co-pay when diagnostic radiology services are performed at a specialist's office or free standing facility

\$250 Co-pay when diagnostic radiology services are performed in an outpatient setting

Out-of-Network:

You pay **35%** of the cost for diagnostic radiology services

Lab Services

In-Network:

Tier 1: **\$0** Co-pay for lab services

Tier 2: **\$50** Co-pay for lab services

Out-of-Network:

35% of the cost for lab services

Diagnostic Tests and Procedures

In-Network:

Tier 1: **\$20** Co-pay for basic diagnostic tests and procedures

\$50 Co-pay for advanced diagnostic tests and procedures such as a cardiac stress test

Tier 2: **\$40** Co-pay for basic diagnostic tests and procedures

\$75 Co-pay for advanced diagnostic tests and procedures such as a cardiac stress test

Out-of-Network:

35% of the cost for diagnostic tests and procedures

Outpatient X-Rays

In-Network:

Tier 1: **\$0** Co-pay for X-rays

Tier 2: **\$50** Co-pay for X-rays

Out-of-Network:

35% of the cost for X-rays

WellCare Premier (PPO)	
Therapeutic Radiology Services (Radiation treatment for cancer)	<p>In-Network: Tier 1: 20% of the cost for therapeutic radiology services Tier 2: 20% of the cost for therapeutic radiology services</p> <p>Out-of-Network: 35% of the cost for therapeutic radiology services in an outpatient setting</p>

WellCare Premier (PPO)

Hearing Services^{①②}
Medicare Covered

Routine Hearing Exams

In-Network:

Tier 1: **\$35** Co-pay for Medicare-covered Hearing Exams

Tier 2: **\$50** Co-pay for Medicare-covered Hearing Exams

Out-of-Network:

35% of the cost for Medicare covered Hearing Exams

In-Network:

Tier 1: **\$0** Co-pay for **1** Routine Hearing Exam every year

Tier 2: **\$0** Co-pay for **1** Routine Hearing Exam every year

Out-of-Network:

50% of the cost for **1** Routine Hearing Exam every year

Hearing Aids

In-Network:

Tier 1: **\$0** Co-pay for hearing aid fitting/evaluations (up to 1 every year)

Tier 2: **\$0** Co-pay for hearing aid fitting/evaluations (up to 1 every year)

Tier 1: **\$0** Co-pay for **1** Hearing Aid(s) every year with an annual allowance of **\$350** towards the purchase of the hearing aid

Tier 2: **\$0** Co-pay for **1** Hearing Aid(s) every year with an annual allowance of **\$350** towards the purchase of the hearing aid

Out-of-Network:

50% of the cost for hearing aid fitting/evaluations (up to 1 every year)

50% of the cost for **1** Hearing Aid(s) every year with an annual allowance of **\$350** towards the purchase of the hearing aid

What You Should Know:

Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.

Dental Services^{①②}

In-Network:

\$0 Co-pay for the following preventive dental services:

- Cleaning (for up to 1 every six months)
- Dental x-ray(s) (for up to 1 every 12 to 36 months)
- Oral exam (for up to 1 every six months)
- Fluoride treatment (for up to 1 every year)

Out-of-Network:

20% of the cost for the following preventive dental services:

- Cleaning (for up to 1 every six months)
- Dental x-ray(s) (for up to 1 every 12 to 36 months)
- Oral exam (for up to 1 every six months)
- Fluoride treatment (for up to 1 every year)

Our plan pays up to **\$500** every year for most dental services. Additional comprehensive dental services include one periodontics procedure every 6 to 36 months or one extraction per year, and one oral maxillofacial procedure every 60 months. Cost shares may vary by service and if you see an in network or an out of network provider.

This means the dental benefits on this plan include coverage for a deep cleaning and fillings.

WellCare Premier (PPO)

Vision Services^{①②}

Medicare Covered

In-Network:
Tier 1: **\$0** Co-pay for Medicare-covered diabetes retinopathy screening
\$35 Co-pay for all other Medicare-covered eye exams
Tier 2: **\$0** Co-pay for Medicare-covered diabetes retinopathy screening
\$50 Co-pay for all other Medicare-covered eye exams

Out-of-Network:
\$0 Co-pay for Medicare-covered diabetes retinopathy screening
35% of the cost for all other Medicare-covered eye exams

Routine Eye Exam

In-Network:
Tier 1: **\$0** Co-pay for routine vision exam (1 per year)
Tier 2: **\$0** Co-pay for routine vision exam (1 per year)

Out-of-Network:
50% of the cost for routine vision exam (1 per year)

Eyeglasses (frames and lenses)

In-Network:
\$0 Co-pay for **1** pair of contact lenses, eyeglasses (frames and lenses), eyeglass frames or eyeglass lenses up to **\$100** value every year

Out-of-Network:
50% of the cost for 1 pair of contact lenses, eyeglasses (frames and lenses), eyeglass frames or eyeglass lenses up to **\$100** value every year

What You Should Know:

You pay nothing for Medicare-covered Glaucoma screenings. These screenings are important for early detection and prevention of Glaucoma. You pay nothing for eyeglasses or contact lenses after cataract surgery at an in network provider.

WellCare Premier (PPO)

Mental Health Services^{①②}

Inpatient Visits

In-Network:
Tier 1: \$324 co-pay per day for Days 1-5
\$0 co-pay per day for Days 6-90
Tier 2: \$400 co-pay per day for Days 1-3
\$0 co-pay per day for Days 4-90
Out-of-Network:
35% coinsurance per day for Days 1-90

Outpatient Individual Therapy Visits

In-Network:
Tier 1: \$35 Co-pay per outpatient individual therapy visit
Tier 2: \$40 Co-pay per outpatient individual therapy visit
Out-of-Network:
35% of the cost per outpatient individual therapy visit

Outpatient Group Therapy Visits

In-Network:
Tier 1: \$35 Co-pay per outpatient group therapy visit
Tier 2: \$40 Co-pay per outpatient group therapy visit
Out-of-Network:
35% of the cost per outpatient group therapy visit

WellCare Premier (PPO)

<p>Skilled Nursing Facility (SNF) ①②</p>	<p>In-Network: Tier 1: \$0 co-pay per day for Days 1-20 \$167.50 co-pay per day for Days 21-100 Tier 2: \$0 co-pay per day for Days 1-20 \$167.50 co-pay per day for Days 21-100 Out-of-Network: 35% coinsurance per day for Days 1-100</p> <p>What You Should Know: Our plan covers up to 100 days in SNF.</p>
<p>Physical Therapy ①② Cardiac Rehab Services</p> <p>Occupational Therapy Visits</p> <p>Physical Therapy and Speech Language Therapy Visit</p>	<p>In-Network: Tier 1: \$35 Co-pay for cardiac rehab services Tier 2: \$50 Co-pay for cardiac rehab services Out-of-Network: 35% of the cost for cardiac rehab services</p> <p>In-Network: Tier 1: \$35 Co-pay for occupational therapy Tier 2: \$40 Co-pay for occupational therapy Out-of-Network: 35% of the cost for occupational therapy</p> <p>In-Network: Tier 1: \$35 Co-pay for physical and speech language therapy Tier 2: \$40 Co-pay for physical and speech language therapy Out-of-Network: 35% of the cost for physical and speech language therapy</p>

WellCare Premier (PPO)	
Ambulance ^①	<p>In-Network: Tier 1: \$300 Co-pay for ground ambulance services \$300 Co-pay for air ambulance services Tier 2: \$300 Co-pay for ground ambulance services \$300 Co-pay for air ambulance services Out-of-Network: \$300 Co-pay for ground ambulance services \$300 Co-pay for air ambulance services</p>
Transportation ^{① ②}	<p>In-Network and Out-of-Network: Transportation is not covered</p>
Medicare Part B Drugs ^① Chemotherapy drugs	<p>In-Network: Tier 1: 20% of the cost for chemotherapy drugs Tier 2: 20% of the cost for chemotherapy drugs Out-of-Network: 35% of the cost for chemotherapy drugs</p>
Part B drugs	<p>In-Network: Tier 1: 20% of the cost for other Part B drugs Tier 2: 20% of the cost for other Part B drugs Out-of-Network: 35% of the cost for other Part B drugs</p>

WellCare Premier (PPO)				
Part D Info	Part D Cost Shares			
Part D deductible	This plan does not have a deductible.			
Initial Coverage	You pay the following until your total yearly drug costs reach \$3,820 . Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.			
Phase 1: Initial Coverage (After you pay your deductible, if applicable)	Standard Retail, Mail and Preferred Mail for One Month Supply	Standard Retail and Mail for Three Month Supply	Preferred Mail for Three Month Supply	
Tier 1: Preferred Generic Drugs	\$0.00	\$0.00	\$0.00	
Tier 2: Generic Drugs	\$15.00	\$45.00	\$0.00	
Tier 3: Preferred Brand Drugs	\$47.00	\$141.00	\$94.00	
Tier 4: Non-Preferred Drugs	48%	48%	48%	
Tier 5: Specialty Drugs	33%	N/A	N/A	
What You Should Know: Cost-sharing may change depending on the pharmacy you choose, if you reside in a long term care (LTC) facility or if you get your medication at a retail location or through mail service. 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.				
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 \$3,820 . After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 37% of the plan's cost for covered generic drugs until your costs total \$5,100 which is the end of the coverage gap.			
Catastrophic Coverage	After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail order) reach \$5,100 you pay the greater of: <ul style="list-style-type: none">• 5% of the cost, or			

WellCare Premier (PPO)	
	<ul style="list-style-type: none"> • \$3.40 Co-pay for generic (including brand drugs treated as generic) and a \$8.50 Co-payment for all other drugs.

WellCare Premier (PPO)	
Premiums and Benefits Overview	
Chiropractic Care ^{①②} Medical Chiropractic Services	<p>In-Network: Tier 1: \$20 Co-pay for medical chiropractic services Tier 2: \$20 Co-pay for medical chiropractic services Out-of-Network: 35% of the cost for medical chiropractic services</p> <p>In-Network: Tier 1: \$0 Co-pay for Unlimited visits every year Tier 2: \$0 Co-pay for Unlimited visits every year Out-of-Network: \$0 Co-pay for Unlimited visits every year</p>
Foot Care (Podiatry Services) ^{①②}	<p>In-Network: Tier 1: \$35 Co-pay for Medicare covered podiatry Tier 2: \$50 Co-pay for Medicare covered podiatry Out-of-Network: 35% of the cost for Medicare covered podiatry</p> <p>Additional routine podiatry services are not covered</p>

WellCare Premier (PPO)

Medical Equipment and Supplies^①

Durable medical equipment (e.g., wheelchairs, oxygen)

In-Network:
Tier 1: 20% of the cost for durable medical equipment
Tier 2: 20% of the cost for durable medical equipment
Out-of-Network:
35% of the cost for durable medical equipment

Prosthetics (e.g., braces, artificial limbs)

In-Network:
Tier 1: 20% of the cost for prosthetics
Tier 2: 20% of the cost for prosthetics
Out-of-Network:
35% of the cost for prosthetics

Diabetes supplies

In-Network:
\$0 Co-pay for diabetic supplies
Out-of-Network:
35% of the cost for diabetic supplies

Diabetic therapeutic shoes and inserts

In-Network:
20% of the cost for diabetic therapeutic shoes and inserts
Out-of-Network:
35% of the cost for diabetic therapeutic shoes and inserts

WellCare Premier (PPO)

Wellness Program
Fitness

In-Network:
Tier 1: **\$0** Co-pay for a basic fitness membership
Tier 2: **\$0** Co-pay for a basic fitness membership
Out-of-Network:
\$0 Co-pay for a basic fitness membership

Routine Annual Physical

In-Network:
\$0 Co-pay for a routine annual physical
Out-of-Network:
\$0 Co-pay for a routine annual physical

Nurse Advice Line - 24 Hours

In-Network:
\$0 Co-pay for Nurse Advice Line
Out-of-Network:
\$0 Co-pay for Nurse Advice Line

What You Should Know:

These programs are ways to stay healthy. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.

WellCare Premier (PPO)	
OTC	<p>Our plan will pay up to \$13 every month for the purchase of covered over-the-counter items.</p> <p>In-Network: Order items from the over-the-counter catalog</p> <p>Out-of-Network: Use the Direct Member Reimbursement (DMR) form for eligible items bought at the store. Call Customer Service with questions about this benefit.</p> <p>Please visit our website to see our list of covered over-the-counter items.</p>

WellCare Health Plans, Inc., is an HMO, PPO, PDP, PFFS plan with a Medicare contract. Enrollment in WellCare Premier (PPO) depends on contract renewal. This information is not a complete description of benefits. Call 1-800-278-5155 / TTY 711 for more information.

Limitations, co-payments and restrictions may apply. Benefits, premiums and/or co-payments/coinsurance may change on January 1 of each year. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Part B premium. Our plans use a formulary. You have the choice to sign up for automated mail service delivery. You can get prescription drugs shipped to your home through our network mail service delivery program. You should expect to receive your prescription drugs within 10–14 calendar days from the time that the mail service pharmacy receives the order.

If you do not receive your prescription drugs within this time, please contact us at 1-866-892-9006 (TTY 1-866-507-6135), 24 hours a day, seven days a week, or visit mailrx.wellcare.com. Please contact your plan for details. Out-of-network/non-contracted providers are under no obligation to treat WellCare members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Multi-Language Insert
Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Discrimination is Against the Law

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

WellCare Health Plans, Inc.:

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

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

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

WellCare Health Plans, Inc.

Grievance Department

P.O. Box 31384

Tampa, FL 33631-3384

Telephone: **1-866-530-9491**

TTY: **711**

Fax: **1-866-388-1769**

Email: **OperationalGrievance@wellcare.com**

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

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

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

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

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

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

Pre-Enrollment Checklist

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

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.wellcare.com/medicare 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.

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



Hours of Operation

- Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m.
- Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.



Formularies and Directories

You can see our plan's Provider/Pharmacy Directory and our complete plan formulary (list of Part D prescription drugs) at our website: **www.wellcare.com/medicare**. 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.

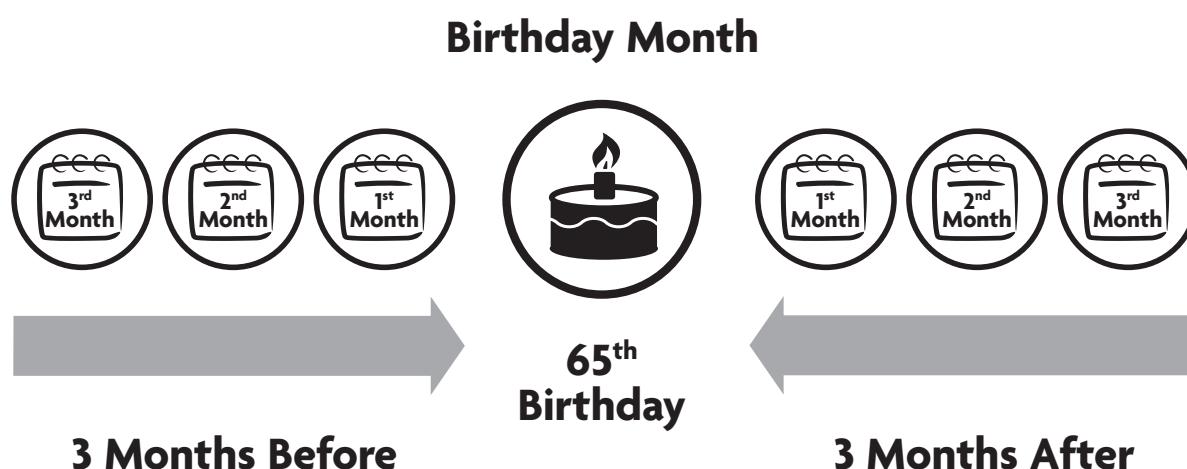
When is it?

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?

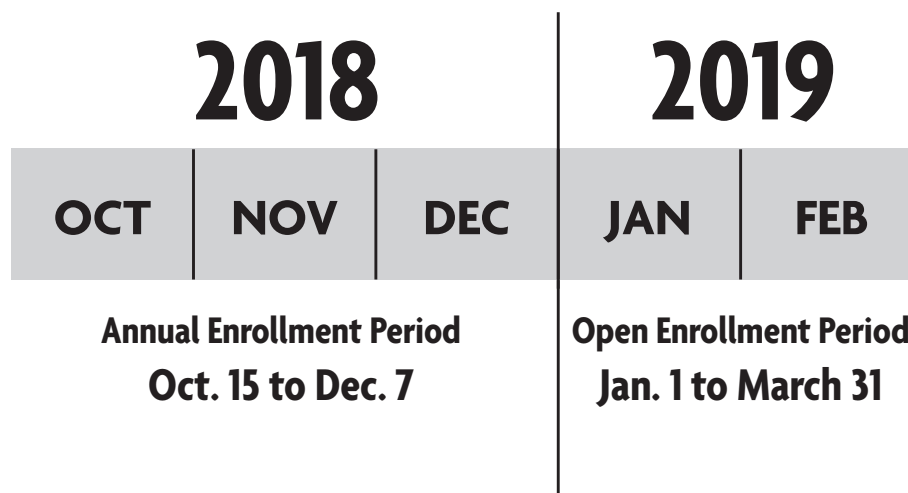
If you sign up in any of the three months before your 65th birthday month, coverage starts on the first day of your birthday month. If you sign up during or after your 65th birthday month, your coverage start date will be the first day of the following month your application is approved.

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**.

- You can also speak with your licensed insurance agent



What is a Late Enrollment Penalty?

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



What is Extra Help?

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



ENROLLMENT APPLICATION

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

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

How to Enroll with Our Plans

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

Licensed Insurance Agent: _____

Phone: (____) ____ - _____

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



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



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



Enroll online at www.medicare.gov.





We're always just a phone call away!

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

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

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

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

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

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

Hours of operation

Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m.,

Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.,

or visit us anytime at **www.wellcare.com/medicare** or **www.ohanahealthplan.com/medicare**

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

TTY for all of the above	711
---------------------------------------	------------

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

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

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

2019 MEDICARE ADVANTAGE PLANS INDIVIDUAL ENROLLMENT FORM

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

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

Select the box for the plan you want to enroll in: Plan: ☐ WellCare ☐ 'Ohana ☐ Easy Choice ☐ WellCare Texan Plus

Plan Type: ☐ HMO ☐ HMO-POS ☐ HMO SNP ☐ PPO \$. per month

Plan Name: ☐ Access ☐ Advance ☐ Today's Options Advantage 300 ☐ Today's Options Advantage Plus 150A

Today's Options Advantage Plus 450A Today's Options Advantage Plus 550B

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

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

☐ Prime ☐ Reserve ☐ Rx ☐ Select ☐ Star ☐ Value

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

Last Name:

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

 Middle Initial:

--

First Name: Primary Phone Number:

Alternate Phone Number (Optional):

Email Address (Optional):

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

Please Provide Your Medicare Insurance Information

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

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

Name (as it appears on your Medicare card):

Medicare Number:

[illegible]

Is Entitled To:

Effective Date: (MMDDYYYY)

HOSPITAL (Part A)

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

MEDICAL (Part B)

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

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

Licensed Insurance Agent:

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

Please Provide the Following Information (Continued):

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

[illegible][illegible]

City:

 State:

 ZIP Code:

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

Street Address:

City: State: ZIP Code:

Emergency Contact Information (Optional):

[illegible]

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

Please Read and Answer These Important Questions:

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

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

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

Will you have other <u>prescription</u> drug coverage in addition to WellCare/'Ohana/Easy Choice/WellCare TexanPlus? Yes	No
--------------------------------------------------------------------------------------------------------------------------	----

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

[illegible][illegible][illegible]

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

If “yes”, please provide the following information:

Name of Institution: _____

[illegible]

Address of Institution (number and street): _____

[illegible][illegible]

Phone Number:

Licensed Insurance Agent:						
---------------------------	--	--	--	--	--	--

Please Read and Answer These Important Questions (continued):

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

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

Do you have one of the following conditions: Cardiovascular Disorder, Diabetes, Chronic Heart Failure? Yes	No	
------------------------------------------------------------------------------------------------------------	----	--

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

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

Large Print ☐ ☐ ☐ ☐ ☐

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

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

[illegible][illegible]

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

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

[illegible]

Address:

City:

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

 State:

--	--

 ZIP:

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

[illegible]

Paying Your Plan Premium

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

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

Licensed Insurance Agent:

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

Paying Your Plan Premium (continued)

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

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

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

Please select a premium payment option:

☐

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

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

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

☐

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

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

☐

Get a coupon book for monthly premium payments.

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



Please Read This Important Information:

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

Please Read and Sign:

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

Licensed Insurance Agent:

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

Please Read and Sign (continued):

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

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

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

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

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

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

Signature: _____

Today's Date:

M	M	D	D	Y	Y	Y	Y

Attestation of Eligibility for an Enrollment Period

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

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

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

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

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

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

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

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

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

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

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

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

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

.

Licensed Insurance Agent:

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

Attestation of Eligibility for an Enrollment Period (continued)

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

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

Licensed Insurance Agent/Office Use Only:

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

[illegible]

Licensed Insurance Agent Signature: _____ Date Application Received: _____

M	M	D	D	Y	Y	Y	Y

Licensed Insurance Agent Initials:

--	--	--

Licensed Insurance Agent ID:

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

Scope of Appointment Verification #:

[illegible]

Licensed Insurance Agent Phone #:

[illegible]

Special Needs Plans Verification (if applicable):

[illegible]

Plan ID #: H

[illegible]

Effective Date of Coverage:

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

M M D D Y Y Y Y

ICEP/IEP

AEP

OEP

SEP (type):

[illegible]

Not Eligible

Cancel Application

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

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

How to Enroll with Our Plans

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

Licensed Insurance Agent: _____

Phone: (____) ____ - _____

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



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



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



Enroll online at www.medicare.gov.





We're always just a phone call away!

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

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

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

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

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

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

Hours of operation

Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m.,

Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.,

or visit us anytime at **www.wellcare.com/medicare** or **www.ohanahealthplan.com/medicare**

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

TTY for all of the above	711
---------------------------------------	------------

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

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

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

2019 MEDICARE ADVANTAGE PLANS INDIVIDUAL ENROLLMENT FORM

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

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

Select the box for the plan you want to enroll in: Plan: ☐ WellCare ☐ 'Ohana ☐ Easy Choice ☐ WellCare Texan Plus

Plan Type: ☐ HMO ☐ HMO-POS ☐ HMO SNP ☐ PPO \$. per month

Plan Name: ☐ Access ☐ Advance ☐ Today's Options Advantage 300 ☐ Today's Options Advantage Plus 150A

Today's Options Advantage Plus 450A Today's Options Advantage Plus 550B

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

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

☐ Prime ☐ Reserve ☐ Rx ☐ Select ☐ Star ☐ Value

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

Last Name:

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

 Middle Initial:

--

First Name:

 Primary Phone Number:

Alternate Phone Number (Optional):

Email Address (Optional):

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

Please Provide Your Medicare Insurance Information

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

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

Name (as it appears on your Medicare card):

Medicare Number:

[illegible]

Is Entitled To:

Effective Date: (MMDDYYYY)

HOSPITAL (Part A)

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

MEDICAL (Part B)

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

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

Licensed Insurance Agent:

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

Please Provide the Following Information (Continued):

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

[illegible][illegible]

City:

 State:

 ZIP Code:

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

Street Address:

City: State: ZIP Code:

Emergency Contact Information (Optional):

[illegible]

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

Please Read and Answer These Important Questions:

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

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

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

Will you have other <u>prescription</u> drug coverage in addition to WellCare/'Ohana/Easy Choice/WellCare TexanPlus? Yes	No
--------------------------------------------------------------------------------------------------------------------------	----

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

[illegible][illegible][illegible]

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

If “yes”, please provide the following information:

[illegible][illegible][illegible]

Phone Number:

Licensed Insurance Agent:					
---------------------------	--	--	--	--	--

Please Read and Answer These Important Questions (continued):

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

[illegible]

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

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

Do you have one of the following conditions: Cardiovascular Disorder, Diabetes, Chronic Heart Failure? Yes	No	
------------------------------------------------------------------------------------------------------------	----	--

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

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

Large Print ☐ ☐ ☐ ☐ ☐

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

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

[illegible][illegible]

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

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

[illegible]

Address:

City:

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

 State:

--	--

 ZIP:

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

Phone Number: Relationship to Enrollee:

Paying Your Plan Premium

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

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

Licensed Insurance Agent:

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

Paying Your Plan Premium (continued)

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

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

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

Please select a premium payment option:

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

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

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

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

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

☐ Get a coupon book for monthly premium payments.

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



Please Read This Important Information:

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

Please Read and Sign:

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

Licensed Insurance Agent:

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

Please Read and Sign (continued):

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

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

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

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

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

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

Signature: _____

Today's Date:

M	M	D	D	Y	Y	Y	Y

Attestation of Eligibility for an Enrollment Period

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

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

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

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

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

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

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

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

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

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

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

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

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

.

Licensed Insurance Agent:

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

Attestation of Eligibility for an Enrollment Period (continued)

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

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

Licensed Insurance Agent/Office Use Only:

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

[illegible]

Licensed Insurance Agent Signature: _____ Date Application Received: _____

M	M	D	D	Y	Y	Y	Y

Licensed Insurance Agent Initials:

--	--	--

Licensed Insurance Agent ID:

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

Scope of Appointment Verification #:

[illegible]

Licensed Insurance Agent Phone #:

[illegible]

Special Needs Plans Verification (if applicable):

[illegible]

Plan ID #: H

[illegible]

Effective Date of Coverage:

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

M M D D Y Y Y Y

ICEP/IEP

AEP

OEP

7

SEP (type):

[illegible]

7

Not Eligible

7

Cancel Application

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



SCOPE OF APPOINTMENT

2019 Scope of Sales Appointment Confirmation Form

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

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



Stand-Alone Medicare Prescription Drug Plans (Part D)

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



Medicare Advantage Plans (Part C) and Cost Plans

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

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

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

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____

Signature Date: _____

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

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name: _____ Agent Phone: _____

Beneficiary Name: _____ Beneficiary Phone: _____

Beneficiary Address: _____

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

Agent's Signature: _____

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

Date Appointment Completed: _____ Appointment ID: _____

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

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

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



MEMBER CHECKLIST

Enrollment Receipt and New Member Checklist

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

Member Name _____

Date _____



Plan Information Here are some details about your new plan

The name of my new plan is _____

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

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

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

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

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

Circle the correct answer:

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



My monthly premium will be \$ _____.

Checklist

YES | NO

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

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

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

[illegible]

--	--	--	--	--

[illegible]

Agent Signature: _____

Member Signature: _____

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

Enrollment Receipt and New Member Checklist

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

Member Name _____

Date _____



Plan Information Here are some details about your new plan

The name of my new plan is _____

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

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

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

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

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

Circle the correct answer:

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



My monthly premium will be \$ _____.

Checklist

YES | NO

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

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

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

Y0070_WCM_12667E

©WellCare 2018

NA9WCMINS12667E_0000

[illegible]

--	--	--	--	--

[illegible]




Agent Signature: _____

Member Signature: _____

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

What to Expect After You Enroll

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

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

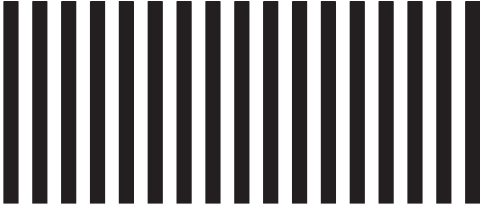
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 9074 TAMPA FL

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: New York



Medicare_{Rx}
Prescription Drug Coverage

