Wellcare No Premium (HMO-POS) *offered by* Harmony Health Plan, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of Wellcare No Premium (HMO-POS). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.wellcare.com/medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

2. **COMPARE**: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Wellcare No Premium (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Wellcare No Premium (HMO-POS).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-833-444-9088 for additional information. (TTY users should call 711.) 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.. This call is free.
- We must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Wellcare No Premium (HMO-POS)

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.
- When this document says "we," "us," or "our", it means Harmony Health Plan, Inc. When it says "plan" or "our plan," it means Wellcare No Premium (HMO-POS).

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Annual Notice of Changes for 2024
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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Wellcare No Premium (HMO-POS) in several important areas. **Please note this is only a summary of costs**.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: $3,450 From network and out-of-network providers combined: $3,450 From out-of-network providers: $3,450	From network providers: $2,700 From network and out-of-network providers combined: $2,700 From out-of-network providers: $2,700
Doctor office visits	**In-Network:** Primary care visits: $0 copay per visit Specialist visits: $20 copay per visit **Out-of-Network:** Primary care visits: 40% of the total cost per visit Specialist visits: 40% of the total cost per visit	**In-Network:** Primary care visits: $0 copay per visit Specialist visits: $10 copay per visit **Out-of-Network:** Primary care visits: 40% of the total cost per visit Specialist visits: 40% of the total cost per visit

Cost	2023 (this year)	2024 (next year)
Inpatient hospital stays	For covered admissions, per admission: **In-Network:** $275 copay per day, for days 1 to 8 and a $0 copay per day, for days 9 to 90 for each covered hospital stay. **Out-of-Network:** 40% of the total cost, for days 1 to 90 for each covered hospital stay.	For covered admissions, per admission: **In-Network:** $225 copay per day, for days 1 to 8 and a $0 copay per day, for days 9 to 90 for each covered hospital stay. **Out-of-Network:** 40% of the total cost, for days 1 to 90 for each covered hospital stay.
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1 - Preferred Generic Drugs: Standard cost sharing: You pay a $0 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a $0 copay for a one-month (30-day) supply. • Drug Tier 2 - Generic Drugs: Standard cost sharing: You pay a $15 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a $10 copay for a one-month (30-day) supply.	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1 - Preferred Generic Drugs: Standard cost sharing: You pay a $0 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a $0 copay for a one-month (30-day) supply. • Drug Tier 2 - Generic Drugs: Standard cost sharing: You pay a $10 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a $5 copay for a one-month (30-day) supply.

Cost	2023 (this year)	2024 (next year)
	• Drug Tier 3 - Preferred Brand Drugs: Standard cost sharing: You pay a $47 copay for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay a $37 copay for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier.	• Drug Tier 3 - Preferred Brand Drugs: Standard cost sharing: You pay a $47 copay for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay a $42 copay for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier.
	• Drug Tier 4 - Non-Preferred Drugs: Standard cost sharing: You pay 50% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay 48% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier.	• Drug Tier 4 - Non-Preferred Drugs: Standard cost sharing: You pay 45% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay 45% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier.
	• Drug Tier 5 - Specialty Tier: Standard cost sharing:	• Drug Tier 5 - Specialty Tier: Standard cost sharing:

Cost	2023 (this year)	2024 (next year)
	You pay 33% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay 33% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier.	You pay 33% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay 33% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier.
	• Drug Tier 6 - Select Care Drugs: Standard cost sharing: You pay a $0 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a $0 copay for a one-month (30-day) supply.	• Drug Tier 6 - Select Care Drugs: Standard cost sharing: You pay a $0 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a $0 copay for a one-month (30-day) supply.
	Catastrophic Coverage: • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called **coinsurance**),	Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs **and for excluded drugs that are covered under our enhanced benefit**. You pay nothing.

Cost	2023 (this year)	2024 (next year)
	or a copayment ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.)	

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,450	$2,700 Once you have paid $2,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2023 (this year)	2024 (next year)
Out-of-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from out-of-network providers count toward your out-of-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,450	$2,700 Once you have paid $2,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from out-of-network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,450	$2,700 Once you have paid $2,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.wellcare.com/medicare. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider & Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Provider & Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Prior Authorizations	The following in-network benefits have a change in prior authorization requirements.	
	• Outpatient hospital observation may require prior authorization.	• Outpatient hospital observation do(es) not require prior authorization.
Referrals	The following in-network benefits have a change in referral requirements.	
	• Hearing aids may require a referral. • Hearing exams may require a referral. • Eyewear may require a referral. • Eye exams may require a referral.	• Hearing aids do(es) not require a referral. • Hearing exams do(es) not require a referral. • Eyewear do(es) not require a referral. • Eye exams do(es) not require a referral.
Acupuncture for chronic low back pain	**In-Network** You pay a $0 copay for Medicare-covered acupuncture received in a PCP office. You pay a $20 copay for Medicare-covered acupuncture received in a specialist office. You pay a $20 copay for Medicare-covered acupuncture received in a chiropractor office.	**In-Network** You pay a $0 copay for Medicare-covered acupuncture received in a PCP office. You pay a $10 copay for Medicare-covered acupuncture received in a specialist office. You pay a $10 copay for Medicare-covered acupuncture received in a chiropractor office.
Chiropractic services	**In-Network** You pay a $20 copay for each Medicare-covered service.	**In-Network** You pay a $10 copay for each Medicare-covered service.

Cost	2023 (this year)	2024 (next year)
Comprehensive Medicare-covered dental services	**In-Network** You pay a $20 copay for each Medicare-covered service.	**In-Network** You pay a $10 copay for each Medicare-covered service.
Dental services - Comprehensive dental services	Your plan has up to a $3,000 allowance for all in-network covered comprehensive dental services every year.	Your plan has up to a $5,000 allowance for all in-network covered comprehensive dental services every year.
Dental services - Comprehensive dental services - Endodontics	Limited to 1 endodontic service(s) per tooth.	Once per tooth or once per tooth per lifetime depending on type of service.
Dental services - Comprehensive dental services - Restorative Services	Limited to 1 restorative service(s) every 12 to 84 months depending on type of service.	Limited to 1 restorative service(s) every 12 to 84 months per tooth depending on type of service.
Emergency services	You pay a $125 copay for each Medicare-covered service. Copayment is waived if you are admitted to a hospital within 24 hours.	You pay a $135 copay for each Medicare-covered service. Copayment is waived if you are admitted to a hospital within 24 hours.
Emergency care - Worldwide emergency coverage	You pay a $125 copay for each covered service. Copayment is not waived if admitted to the hospital.	You pay a $135 copay for each covered service. Copayment is not waived if admitted to the hospital.
Flex Card	You receive $1,000 on your Flex Card. The debit card is prepaid by the plan for covered dental, vision, or hearing services. Up to $250 may be used for vision-related services only. Your remaining benefit dollars may be spent between dental and hearing as you see fit. Please refer to your Evidence of Coverage for more information.	The debit Flex Card is now covered under Wellcare Spendables™. Please see the Wellcare Spendables™ section in this chart for more information.

Cost	2023 (this year)	2024 (next year)
Hearing services - Medicare-covered hearing exam	**In-Network** You pay a $20 copay for each Medicare-covered service.	**In-Network** You pay a $10 copay for each Medicare-covered service.
Home infusion therapy	**In-Network** You pay a $0 copay for each professional service from a Primary Care Provider, including nursing services training and education, remote monitoring and monitoring services. You pay a $20 copay for each professional service from a specialist, including nursing services training and education, remote monitoring and monitoring services.	**In-Network** You pay a $0 copay for each professional service from a Primary Care Provider, including nursing services training and education, remote monitoring and monitoring services. You pay a $10 copay for each professional service from a specialist, including nursing services training and education, remote monitoring and monitoring services.
Inpatient hospital care	For covered admissions, per admission: **In-Network** You pay a $275 copay per day, for days 1 to 8 and a $0 copay per day, for days 9 to 90 for each covered hospital stay.	For covered admissions, per admission: **In-Network** You pay a $225 copay per day, for days 1 to 8 and a $0 copay per day, for days 9 to 90 for each covered hospital stay.
Medicare Part B prescription drugs - Chemotherapy/Radiation drugs	**In-Network** You pay 20% of the total cost for Medicare-covered services.	**In-Network** You pay 20% of the total cost for Medicare-covered services. Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.

Cost	2023 (this year)	2024 (next year)
Medicare Part B prescription drugs - Chemotherapy/Radiation drugs	**Out-of-Network** You pay 40% of the total cost for each Medicare-covered service.	**Out-of-Network** You pay 20% of the total cost for each Medicare-covered service. Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.
Medicare Part B prescription drugs - Insulin drugs	**In-Network** You pay 20% of the total cost for Medicare-covered Part B insulin drugs.	**In-Network** You pay a $35 copay for Medicare-covered Part B insulin drugs.
Medicare Part B prescription drugs - Insulin drugs	**Out-of-Network** You pay 40% of the total cost for Medicare-covered Part B insulin drugs.	**Out-of-Network** You pay a $35 copay for Medicare-covered Part B insulin drugs.

Cost	2023 (this year)	2024 (next year)
Medicare Part B prescription drugs- Part B drugs	**In-Network** You pay 20% of the total cost for Medicare-covered Part B drugs. Medicare-covered Part B drugs may be subject to Step Therapy requirements.	**In-Network** You pay 0% of the total cost for Medicare-covered Part B allergy antigens. You pay 20% of the total cost for all other Medicare-covered Part B drugs. Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly. Medicare-covered Part B drugs may be subject to Step Therapy requirements.
Medicare Part B prescription drugs- Part B drugs	**Out-of-Network** You pay 40% of the total cost for each Medicare-covered service.	**Out-of-Network** You pay 0% of the total cost for Medicare-covered Part B allergy antigens. You pay 20% of the total cost for all other Medicare-covered Part B drugs. Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.
Opioid treatment program services	**In-Network** You pay a $20 copay for each Medicare-covered service.	**In-Network** You pay a $10 copay for each Medicare-covered service.

Cost	2023 (this year)	2024 (next year)
Outpatient diagnostic tests and therapeutic services and supplies - Lab services	**In-Network** You pay a $0 copay for each Medicare-covered service.	**In-Network** You pay a $0 copay for COVID-19 testing and specified testing-related services. You pay a $50 copay for Medicare-covered genetic testing. You pay a $0 copay for all other Medicare-covered lab services.
Outpatient mental health care - Non-psychiatric services - Group sessions	**In-Network** You pay a $40 copay for each Medicare-covered Group Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are not covered.	**In-Network** You pay a $40 copay for each Medicare-covered Group Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are covered.
Outpatient mental health care - Non-psychiatric services - Group sessions	**Out-of-Network** You pay 40% of the total cost for each Medicare-covered Group Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are not covered.	**Out-of-Network** You pay 40% of the total cost for each Medicare-covered Group Session.Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are covered.
Outpatient mental health care - Non-psychiatric services - Individual sessions	**In-Network** You pay a $40 copay for each Medicare-covered Individual Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are not covered.	**In-Network** You pay a $40 copay for each Medicare-covered Individual Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are covered.

Cost	2023 (this year)	2024 (next year)
Outpatient mental health care - Non-psychiatric services - Individual sessions	**Out-of-Network** You pay 40% of the total cost for each Medicare-covered Individual Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are not covered.	**Out-of-Network** You pay 40% of the total cost for each Medicare-covered Individual Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are covered.
Outpatient rehabilitation services - Occupational therapy	**In-Network** You pay a $20 copay for each Medicare-covered service.	**In-Network** You pay a $10 copay for each Medicare-covered service.
Outpatient rehabilitation services - Physical therapy and speech-language pathology	**In-Network** You pay a $20 copay for each Medicare-covered service.	**In-Network** You pay a $10 copay for each Medicare-covered service.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital services	**In-Network** You pay a $250 copay for each Medicare-covered service.	**In-Network** You pay a $0 copay for a Medicare-covered diagnostic colonoscopy. You pay a $250 copay for all other Medicare-covered outpatient hospital services.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital observation	**In-Network** You pay a $125 copay for outpatient observation services when you enter observation status through an emergency room. You pay a $250 copay for outpatient observation services when you enter observation status through an outpatient facility.	**In-Network** You pay a $135 copay for outpatient observation services when you enter observation status through an emergency room. You pay a $250 copay for outpatient observation services when you enter observation status through an outpatient facility.

Cost	2023 (this year)	2024 (next year)
Over-the-counter benefit	You pay a $0 copay. You receive a benefit of $208 every quarter to spend on eligible over-the-counter (OTC) products via mail order or at participating retailers. This benefit does not carry over to the next period.	Over-the-counter items are now covered under Wellcare Spendables™. Please see the Wellcare Spendables™ section in this chart for more information.
Partial hospitalization services	**In-Network** You pay a $55 copay per day for each Medicare-covered service.	**In-Network** You pay a $100 copay per day for each Medicare-covered service.
Physician/Practitioner services, including doctor's office visits - Specialist	**In-Network** You pay a $20 copay for each Medicare-covered service.	**In-Network** You pay a $10 copay for each Medicare-covered service.
Physician/Practitioner services, including doctor's office visits- Other healthcare professionals	**In-Network** You pay a $0 copay for each Medicare-covered service at a Primary Care Provider. You pay a $20 copay for each Medicare-covered service at all other locations.	**In-Network** You pay a $0 copay for each Medicare-covered service at a Primary Care Provider. You pay a $10 copay for each Medicare-covered service at all other locations.
Podiatry services - Medicare-covered	**In-Network** You pay a $20 copay for each Medicare-covered service.	**In-Network** You pay a $10 copay for each Medicare-covered service.
Services to treat kidney disease and conditions - Dialysis Services	**Out-of-Network** You pay 40% of the total cost for each Medicare-covered service.	**Out-of-Network** You pay a 20% of the total cost for each Medicare-covered service.

Cost	2023 (this year)	2024 (next year)
Skilled nursing facility (SNF) care	For Medicare-covered admission per benefit period: **In-Network** You pay a $0 copay per day, for days 1 to 20, a $196 copay per day, for days 21 to 40, and a $0 copay per day, for days 41 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs.	For Medicare-covered admission per benefit period: **In-Network** You pay a $0 copay per day, for days 1 to 20, a $203 copay per day, for days 21 to 40, and a $0 copay per day, for days 41 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs.
Special Supplemental Benefits for Chronically Ill (SSBCI) - Non-Medical Transportation Benefits mentioned may be a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. You must meet eligibility guidelines for the following plan benefits.	Non-Medical Transportation: You pay a $0 copay. If eligible, you may receive up to unlimited non-medical one-way trips every year to plan approved locations. Please note you must use the plan's contracted vendor in order for this service to be covered.	Non-Medical Transportation is not covered.
Non-Emergency Medical Transportation	You pay a $0 copay for 24 one-way non-emergency trips within our service area every year. Rides (also called "trips") are limited to 75 miles one-way. For routine care, call up to 1 month and at least 3 days in advance. Same day rides are subject to availability. A trip is considered one-way transportation by taxi, van, or rideshare services to a healthcare location.	Non-emergency medical transportation is not covered.

Cost	2023 (this year)	2024 (next year)
Urgently needed services - Worldwide urgent care coverage	You pay a $125 copay for each covered service. Copayment is not waived if you are admitted to a hospital.	You pay a $135 copay for each covered service. Copayment is not waived if you are admitted to a hospital.
Vision care - Medicare-covered eye exam	**In-Network** You pay a $0 copay for each Medicare-covered diabetic eye exam. You pay a $20 copay for all other Medicare-covered eye exams.	**In-Network** You pay a $0 copay for each Medicare-covered diabetic eye exam. You pay a $10 copay for all other Medicare-covered eye exams.
Vision care - Additional routine eyewear	Up to a $300 combined credit every year for all additional eyewear.	Up to a $400 combined credit every year for all additional eyewear.
Wellcare Spendables™	The Wellcare Spendables™ card is not covered.	You pay a $0 copay. You receive a $67 monthly allowance to be used towards any of the benefits described below. The allowance will be automatically loaded onto your Wellcare Spendables™ card at the beginning of each month. Any unused allowance amount will roll over into the next month and will expire at the end of every year. The maximum benefit is $804 every year. You can use the amount on this card for any of the following as you best see fit for your needs if it does not exceed the maximum balance on the card.

Cost	2023 (this year)	2024 (next year)
		Dental, Vision and Hearing You can use your Wellcare Spendables™ card allowance to reduce your out-of-pocket expenses for any dental, vision, and/or hearing services covered by the plan. **Over-the-Counter items (OTC)** You can use your Wellcare Spendables™ card on plan-approved over-the-counter items. Your card can be used at participating retail locations, online or via mobile app for home delivery.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our "Drug List"

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our "Drug List" is provided electronically.

We made changes to our "Drug List," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the "Drug List" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as

asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive "Extra Help" and didn't receive this insert with this packet, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages.** The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.**	Your cost for a one-month supply at a network pharmacy:	Your cost for a one-month supply at a network pharmacy:

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage (continued)		
	Drug Tier 1 - Preferred Generic Drugs: *Standard cost sharing:* You pay a $0 copay per prescription. *Preferred cost sharing*: You pay a $0 copay per prescription.	**Drug Tier 1 - Preferred Generic Drugs:** *Standard cost sharing:* You pay a $0 copay per prescription. *Preferred cost sharing*: You pay a $0 copay per prescription.
	Drug Tier 2 - Generic Drugs: *Standard cost sharing:* You pay a $15 copay per prescription. *Preferred cost sharing*: You pay a $10 copay per prescription.	**Drug Tier 2 - Generic Drugs:** *Standard cost sharing:* You pay a $10 copay per prescription. *Preferred cost sharing*: You pay a $5 copay per prescription.
	Drug Tier 3 - Preferred Brand Drugs: *Standard cost sharing:* You pay a $47 copay per prescription. You pay $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing*: You pay a $37 copay per prescription. You pay $35 per month supply of each covered insulin product on this tier.	**Drug Tier 3 - Preferred Brand Drugs:** *Standard cost sharing:* You pay a $47 copay per prescription. You pay $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing*: You pay a $42 copay per prescription. You pay $35 per month supply of each covered insulin product on this tier.

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage (continued)		
	Drug Tier 4 - Non-Preferred Drugs: *Standard cost sharing:* You pay 50% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing*: You pay 48% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.	**Drug Tier 4 - Non-Preferred Drugs:** *Standard cost sharing:* You pay 45% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing*: You pay 45% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.
	Drug Tier 5 - Specialty Tier: *Standard cost sharing:* You pay 33% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing*: You pay 33% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.	**Drug Tier 5 - Specialty Tier:** *Standard cost sharing:* You pay 33% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing*: You pay 33% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.
	Drug Tier 6 - Select Care Drugs: *Standard cost sharing:* You pay a $0 copay per prescription. *Preferred cost sharing*: You pay a $0 copay per prescription.	**Drug Tier 6 - Select Care Drugs:** *Standard cost sharing:* You pay a $0 copay per prescription. *Preferred cost sharing*: You pay a $0 copay per prescription.

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage (continued) The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. We changed the tier for some of the drugs on our "Drug List." To see if your drugs will be in a different tier, look them up on the "Drug List." Most adult Part D vaccines are covered at no cost to you.	_____ Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).	_____ Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

The information in the Administrative Changes grid below reflects year over year changes to your plan that do not directly impact benefits or cost-shares.

Description	2023 (this year)	2024 (next year)
Pharmacy Benefit Manager (PBM) Change Wellcare partners with a Pharmacy Benefit Manager (PBM) to administer our pharmacy benefit. Our PBM partner for the 2024 plan year is changing to Express Scripts®. You will receive an updated Wellcare ID card. **Please begin using your updated ID card on 1/1/24.** To ensure your pharmacy has your most up to date information, **please show your new Wellcare ID card when you fill a prescription for the first time on or after 1/1/24.** If you don't have your new ID card with you when you fill your prescription, ask the pharmacy to call the plan to obtain the necessary information. If the pharmacy is not able to obtain the necessary information, you may have to pay the full cost of the prescription when you pick it up and then submit for reimbursement.	CVS Caremark	Express Scripts®

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Wellcare No Premium (HMO-POS)

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Wellcare No Premium (HMO-POS).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Wellcare No Premium (HMO-POS).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Wellcare No Premium (HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - — *or* — Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Illinois, the SHIP is called Illinois Senior Health Insurance Program (SHIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Illinois Senior Health Insurance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Illinois Senior Health Insurance Program (SHIP) at 1-800-252-8966 (TTY users should call 711). You can learn more about Illinois Senior Health Insurance Program (SHIP) by visiting their website (https://ilaging.illinois.gov/ship/aboutship.html).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
    - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Illinois has a program called Illinois State Pharmacy Assistance Programs that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription

cost-sharing assistance through the Illinois AIDS Drug Assistance Program (ADAP-Medication Assistance). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Illinois AIDS Drug Assistance Program (ADAP-Medication Assistance), 1-800-243-2437 (TTY 711) from 8:30 a.m. - 5 p.m. local time, Monday - Friday.

SECTION 7 Questions?

Section 7.1 – Getting Help from Wellcare No Premium (HMO-POS)

Questions? We're here to help. Please call Member Services at 1-833-444-9088. (TTY only, call 711). We are available for phone calls. 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. Calls to these numbers are free.

Read your *2024 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Wellcare No Premium (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.wellcare.com/medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.wellcare.com/medicare. As a reminder, our website has the most up-to-date information about our provider network (*Provider & Pharmacy Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Multi-Language Insert
Multi-language Interpreter Services

Form Approved
OMB# 0938-1421

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at the plan numbers on the following pages. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que habla español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打以下页面上的计划号码联系我们。您将获得讲汉语普通话的译员的帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電下頁的計劃電話號碼。會說廣東話的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa mga sumusunod na pahina. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, il suffit de nous appeler aux numéros figurant sur les pages suivantes. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi chúng tôi theo số điện thoại chương trình ở các trang sau. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie eine der Telefonnummern auf den folgenden Seiten an. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 다음 페이지에 있는 플랜 번호로 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номерам, представленным на следующих страницах. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على أرقام الخطة التي تظهر في الصفحات التالية. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें अगले पेज पर दिए गए प्लान नंबर पर कॉल करें। हिन्दी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare i numeri del piano riportati nelle pagine seguenti. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através dos números do plano nas páginas seguintes. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon tradiktè nan bouch, annik rele nimewo yo pou plan an ki make sou paj ki annapre yo. Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod podany na kolejnych stronach numer odnoszący się do planu. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、次からのページに記載されている弊社の計画担当の電話番号にお問い合わせください。日本語の通訳担当者が対応します。これは無料のサービスです。

ALABAMA

HMO, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare

ARIZONA

PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

ARKANSAS

HMO, HMO-POS, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO-POS D-SNP, PPO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare

CALIFORNIA

HMO
1-866-999-3945 (TTY: 711)
wellcare.com/medicare

CONNECTICUT

HMO, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare

FLORIDA

HMO, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare

GEORGIA

HMO, HMO-POS, HMO D-SNP, PPO,
PPO D-SNP
1-866-892-8340 (TTY: 711)
wellcare.com/medicare

HAWAII

HMO, PPO, HMO D-SNP
1-877-457-7621 (TTY: 711)
wellcare.com/ohana

ILLINOIS

Wellcare Assist Compass (HMO),
Wellcare Giveback Open (PPO),
Wellcare No Premium (HMO-POS),
Wellcare No Premium Open (PPO),
Wellcare No Premium Value (HMO-POS)
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

Wellcare No Premium Essential (HMO),
Wellcare No Premium Essential Value (HMO),
Wellcare No Premium Exclusive (HMO)
1-866-892-8340 (TTY: 711)
wellcare.com/medicare

KENTUCKY

HMO, HMO-POS, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare

LOUISIANA

HMO, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare

MAINE

HMO, PPO, PFFS
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare

MASSACHUSETTS

HMO, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

MICHIGAN

HMO, HMO-POS, PPO, HMO D-SNP,
HMO-POS D-SNP, PPO D-SNP
1-866-892-8340 (TTY: 711)
wellcare.com/medicare

MISSOURI

HMO, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare

MISSISSIPPI

HMO, HMO-POS, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare

NEW HAMPSHIRE

HMO, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

NEW JERSEY

HMO, HMO-POS, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

NEW YORK

HMO, PPO, PFFS
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare

NORTH CAROLINA

HMO, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare

OHIO

HMO, HMO-POS, HMO D-SNP, HMO-POS D-SNP
1-866-892-8340 (TTY: 711)
wellcare.com/medicare

RHODE ISLAND

HMO, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

PPO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare

SOUTH CAROLINA

HMO, HMO-POS, PPO, HMO D-SNP, PPO D-SNP
1-866-892-8340 (TTY: 711)
wellcare.com/medicare

TENNESSEE

HMO, HMO-POS, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare

TEXAS

HMO, HMO-POS, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare

VERMONT

HMO, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

WASHINGTON

HMO, PPO
1-833-444-9088 (TTY: 711)
wellcare.com/medicare

HMO D-SNP, PPO D-SNP
1-833-444-9089 (TTY: 711)
wellcare.com/medicare