

Wellcare Giveback Open (PPO) *offered by American Progressive Life & Health Insurance Company of NY*

Annual Notice of Changes for 2025

You are currently enrolled as a member of Wellcare Giveback Open (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 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.**
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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 coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- ☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- ☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- ☐ 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 the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- ☐ 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, 2024, you will stay in Wellcare Giveback Open (PPO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Wellcare Giveback Open (PPO).
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day. 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 Giveback Open (PPO)

- 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 American Progressive Life & Health Insurance Company of NY. When it says “plan” or “our plan,” it means Wellcare Giveback Open (PPO).
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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Wellcare Giveback Open (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	\$0	\$0
Deductible	\$180 except for insulin furnished through an item of durable medical equipment.	\$180 except for insulin furnished through an item of durable medical equipment.
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$8,300 From network and out-of-network providers combined: \$11,300	From network providers: \$8,850 From network and out-of-network providers combined: \$13,300
Doctor office visits	In-Network: Primary care visits: \$0 copay per visit Specialist visits: \$50 copay per visit Out-of-Network: Primary care visits: \$25 copay per visit Specialist visits: 40% of the total cost per visit	In-Network: Primary care visits: \$0 copay per visit Specialist visits: \$35 copay per visit Out-of-Network: Primary care visits: \$25 copay per visit Specialist visits: \$60 copay per visit

Cost	2024 (this year)	2025 (next year)
Inpatient hospital stays	For covered admissions, per admission: In-Network: \$430 copay per day, for days 1 to 4 and a \$0 copay per day, for days 5 to 90 for each covered hospital stay. Additional days are <u>not</u> covered. Out-of-Network: 30% of the total cost for days 1 to 90 for each covered hospital stay	For covered admissions, per admission: In-Network: \$1,810 copay for each covered hospital stay \$0 copay per day, for days 91 to 100 for additional covered days Out-of-Network: 30% 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: \$500 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: - Drug Tier 1 - Preferred Generic Drugs: Standard cost sharing: You pay a \$1 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:	Deductible: \$420 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: - Drug Tier 1 - Preferred Generic Drugs: Standard cost sharing: You pay a \$5 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:

Cost	2024 (this year)	2025 (next year)
	You pay a \$2 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 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 a \$10 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 3 - Preferred Brand Drugs: Standard cost sharing: You pay 25% 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 25% 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.

Cost	2024 (this year)	2025 (next year)
	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. - Drug Tier 5 - Specialty Tier: Standard cost sharing: You pay 25% 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 25% 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.	Preferred cost sharing: You pay 44% 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: You pay 28% of the total cost for a one-month (30-day) supply. Preferred cost sharing: You pay 28% of the total cost 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.

Cost	2024 (this year)	2025 (next year)
	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.	Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Part B Premium Reduction	\$77	\$73

- 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 Amounts

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

Cost	2024 (this year)	2025 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from network providers 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.	\$8,300	\$8,850 Once you have paid \$8,850 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	2024 (this year)	2025 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	\$11,300	\$13,300 Once you have paid \$13,300 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

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at www.2025wellcaredirectories.com. 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 2025 *Provider & Pharmacy Directory* www.2025wellcaredirectories.com 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 2025 *Provider & Pharmacy Directory* www.2025wellcaredirectories.com 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	2024 (this year)	2025 (next year)
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 \$50 copay for Medicare-covered acupuncture received in a specialist office. You pay a \$15 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 \$35 copay for Medicare-covered acupuncture received in a specialist office. You pay a \$15 copay for Medicare-covered acupuncture received in a chiropractor office.
Acupuncture for chronic low back pain	Out-of-Network You pay a \$25 copay for Medicare-covered acupuncture received in a PCP office. You pay 40% of the total cost for Medicare-covered acupuncture received in a specialist office. You pay 40% of the total cost for Medicare-covered acupuncture received in a chiropractor office.	Out-of-Network You pay a \$25 copay for Medicare-covered acupuncture received in a PCP office. You pay a \$60 copay for Medicare-covered acupuncture received in a specialist office. You pay 40% of the total cost for Medicare-covered acupuncture received in a chiropractor office.
Ambulance services - Air transportation	In-Network You pay a \$270 copay per one-way trip for Medicare-covered air ambulance services. Cost-sharing is <u>not</u> waived if you are admitted to a hospital.	In-Network You pay a \$300 copay per one-way trip for Medicare-covered air ambulance services. Cost-sharing is <u>not</u> waived if you are admitted to a hospital.

Cost	2024 (this year)	2025 (next year)
Ambulance services - Air transportation	Out-of-Network You pay a \$270 copay per one-way trip for Medicare-covered air ambulance services. Cost-sharing is <u>not</u> waived if you are admitted to a hospital.	Out-of-Network You pay a \$300 copay per one-way trip for Medicare-covered air ambulance services. Cost-sharing is <u>not</u> waived if you are admitted to a hospital.
Ambulance services - Ground transportation	In-Network You pay a \$270 copay per one-way trip for Medicare-covered ground ambulance services. Cost-sharing is <u>not</u> waived if you are admitted to a hospital.	In-Network You pay a \$300 copay per one-way trip for Medicare-covered ground ambulance services. Cost-sharing is <u>not</u> waived if you are admitted to a hospital.
Ambulance services - Ground transportation	Out-of-Network You pay a \$270 copay per one-way trip for Medicare-covered ground ambulance services. Cost-sharing is <u>not</u> waived if you are admitted to a hospital.	Out-of-Network You pay a \$300 copay per one-way trip for Medicare-covered ground ambulance services. Cost-sharing is <u>not</u> waived if you are admitted to a hospital.
Comprehensive Medicare-covered dental services	In-Network You pay a \$50 copay for each Medicare-covered service.	In-Network You pay a \$35 copay for each Medicare-covered service.
Comprehensive Medicare-covered dental services	Out-of-Network You pay 40% of the total cost for each Medicare-covered service.	Out-of-Network You pay a \$60 copay for each Medicare-covered service.
Routine dental services - Comprehensive dental services - Diagnostic and Preventive Dental Services	Diagnostic dental services are covered under comprehensive dental services.	Diagnostic dental services are covered under diagnostic and preventive dental services.

Cost	2024 (this year)	2025 (next year)
Routine dental services - Diagnostic and Preventive Dental Services - Other Diagnostic Services	Limited to 1 other diagnostic service(s) every year.	Limited to 1 other diagnostic service(s) every date of service to 36 months depending on type of service.
Routine dental services - Diagnostic and Preventive Dental Services - Dental X-Rays	Limited to 1 set(s) every 12 to 36 months depending on type of service.	Limited to 1 set(s) Every date of service to 36 months depending on type of service.
Routine dental services - Diagnostic and Preventive Dental Services - Other Preventive Dental services	In-Network Routine Dental services - Diagnostic and Preventive dental services - Other Preventive Dental Services are <u>not</u> covered.	In-Network You pay a \$0 copay.
Routine dental services - Diagnostic and Preventive Dental Services - Other Preventive Dental services	Routine Dental services - Diagnostic and Preventive dental services - Other Preventive Dental Services are <u>not</u> covered.	Limited to 1 other preventive dental services(s) every date of service to 36 months depending on type of service.
Routine dental services - Diagnostic and Preventive Dental Services - Other Preventive Dental services	Out-of-Network Routine Dental services - Diagnostic and Preventive dental services - Other Preventive Dental Services are <u>not</u> covered.	Out-of-Network You pay 50% of the total cost.
Diabetic monitoring supplies	Out-of-Network You pay 20% of the total cost for Medicare-covered diabetes monitoring supplies.	Out-of-Network You pay 40% of the total cost for Medicare-covered diabetes monitoring supplies.
Diabetes self-management training	Out-of-Network You pay a \$0 copay for each Medicare-covered service.	Out-of-Network You pay 40% of the total cost for each Medicare-covered service.
Diabetic therapeutic shoes or inserts	Out-of-Network You pay 20% of the total cost for each Medicare-covered service.	Out-of-Network You pay 40% of the total cost for each Medicare-covered service.

Cost	2024 (this year)	2025 (next year)
Durable medical equipment (DME) - Durable medical equipment	Out-of-Network You pay 20% of the total cost for each Medicare-covered service.	Out-of-Network You pay 25% of the total cost for each Medicare-covered service.
Emergency services	You pay a \$100 copay for each Medicare-covered service. Copayment is waived if you are admitted to a hospital within 24 hours.	You pay a \$110 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 \$100 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to the hospital.	You pay a \$110 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to the hospital.
Hearing services - Medicare-covered hearing exam	In-Network You pay a \$50 copay for each Medicare-covered service.	In-Network You pay a \$35 copay for each Medicare-covered service.
Hearing services - Medicare-covered hearing exam	Out-of-Network You pay 40% of the total cost for each Medicare-covered service.	Out-of-Network You pay a \$60 copay for each Medicare-covered service.
Hearing services - Hearing aids	Up to a \$350 allowance per ear every year for hearing aids.	Hearing services - hearing aids are not covered.
Hearing services - Hearing aids - All types	In-Network You pay a \$0 copay.	In-Network Hearing services - Hearing aids – All types is <u>not</u> covered.
Hearing services - Hearing aids - All types	Limited to 2 hearing aid(s) every year.	<u>Not</u> covered
Hearing services - Hearing aids - All types	Out-of-Network You pay 40% of the total cost.	Out-of-Network <u>Not</u> covered

Cost	2024 (this year)	2025 (next year)
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 \$50 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 \$35 copay for each professional service from a specialist, including nursing services training and education, remote monitoring and monitoring services.
Home infusion therapy	Out-of-Network You pay a \$25 copay for each professional service from a Primary Care Provider, including nursing services training and education, remote monitoring and monitoring services. You pay 40% of the total cost for each professional service from a specialist, including nursing services training and education, remote monitoring and monitoring services.	Out-of-Network You pay a \$25 copay for each professional service from a Primary Care Provider, including nursing services training and education, remote monitoring and monitoring services. You pay a \$60 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 \$430 copay per day, for days 1 to 4 and a \$0 copay per day, for days 5 to 90 for each covered hospital stay Additional days are <u>not</u> covered.	For covered admissions, per admission: In-Network You pay a \$1,810 copay for each covered hospital stay You pay a \$0 copay per day, for days 91 to 100 for additional covered days.

Cost	2024 (this year)	2025 (next year)
Inpatient services in a psychiatric hospital	For Medicare-covered admissions, per admission: In-Network You pay a \$370 copay per day, for days 1 to 5 and a \$0 copay per day, for days 6 to 90 for each Medicare-covered hospital stay	For Medicare-covered admissions, per admission: In-Network You pay a \$1,950 copay for each Medicare-covered hospital stay
Medicare-covered Barium Enema Preventive Services	Out-of-Network You pay a \$0 copay for each Medicare-covered service.	Out-of-Network You pay 40% of the total cost for each Medicare-covered service.
Medical supplies	Out-of-Network You pay 20% of the total cost for each Medicare-covered service.	Out-of-Network You pay 40% of the total cost for each Medicare-covered service.
Nutritional/dietary counseling benefit	In-Network You pay a \$0 copay for each individual nutritional/dietary counseling visit.	In-Network Nutritional/dietary counseling visits are <u>not</u> covered.
Nutritional/dietary counseling benefit	Out-of-Network You pay a \$0 copay for each individual nutritional/dietary counseling visit.	Out-of-Network Nutritional/dietary counseling visits are <u>not</u> covered.
Opioid treatment program services	In-Network You pay a \$50 copay for each Medicare-covered service.	In-Network You pay a \$35 copay for each Medicare-covered service.
Opioid treatment program services	Out-of-Network You pay 40% of the total cost for each Medicare-covered service.	Out-of-Network You pay a \$60 copay for each Medicare-covered service.

Cost	2024 (this year)	2025 (next year)
Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests	In-Network You pay a \$0 copay for each Medicare-covered spirometry test and specified testing-related services. You pay a \$40 copay for all other Medicare-covered diagnostic procedures and tests.	In-Network You pay a \$0 copay for each Medicare-covered spirometry test and specified testing-related services. You pay a \$50 copay for all other Medicare-covered diagnostic procedures and tests.
Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services	In-Network You pay a \$0 copay for a diagnostic mammogram. You pay a \$400 copay for all other Medicare-covered diagnostic radiology services received in an outpatient setting. You pay a \$350 copay for all other Medicare-covered diagnostic radiology services received in all other locations.	In-Network You pay a \$0 copay for a diagnostic mammogram. You pay a \$500 copay for all other Medicare-covered diagnostic radiology services received in an outpatient setting. You pay a \$350 copay for all other Medicare-covered diagnostic radiology services received in all other locations.
Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services	Out-of-Network You pay a \$0 copay for each Medicare-covered service.	Out-of-Network You pay 40% of the total cost for each Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services	In-Network You pay a \$25 copay for each Medicare-covered service.	In-Network You pay a \$55 copay for each Medicare-covered service.
Outpatient mental health care - Non-psychiatric services - Group sessions	In-Network You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is <u>not</u> covered.	In-Network You pay a \$35 copay for each Medicare-covered Group Session. Telehealth for this service is covered.
Outpatient mental health care - Non-psychiatric services - Individual sessions	In-Network You pay a \$25 copay for each Medicare-covered Individual Session.	In-Network You pay a \$35 copay for each Medicare-covered Individual Session.

Cost	2024 (this year)	2025 (next year)
Outpatient mental health care - Psychiatric services - Group sessions	In-Network You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is <u>not</u> covered.	In-Network You pay a \$35 copay for each Medicare-covered Group Session. Telehealth for this service is covered.
Outpatient mental health care - Psychiatric services - Individual sessions	In-Network You pay a \$25 copay for each Medicare-covered Individual Session.	In-Network You pay a \$35 copay for each Medicare-covered Individual Session.
Outpatient rehabilitation services - Occupational therapy	In-Network You pay a \$40 copay for each Medicare-covered service.	In-Network You pay a \$35 copay for each Medicare-covered service.
Outpatient rehabilitation services - Physical therapy and speech-language pathology	In-Network You pay a \$40 copay for each Medicare-covered service.	In-Network You pay a \$35 copay for each Medicare-covered service.
Outpatient substance use disorder services - Group sessions	In-Network You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is <u>not</u> covered.	In-Network You pay a \$35 copay for each Medicare-covered Group Session. Telehealth for this service is covered.
Outpatient substance use disorder services - Individual sessions	In-Network You pay a \$25 copay for each Medicare-covered Individual Session.	In-Network You pay a \$35 copay for each Medicare-covered Individual Session.
Outpatient surgery - Ambulatory surgical center	In-Network You pay a \$250 copay for each Medicare-covered service.	In-Network You pay a \$475 copay for each Medicare-covered service.

Cost	2024 (this year)	2025 (next year)
Outpatient surgery - Outpatient hospital services	In-Network You pay a \$0 copay for a Medicare-covered diagnostic colonoscopy. You pay 20% of the total cost for Medicare-covered outpatient surgical services. You pay a \$400 copay for Medicare-covered non-surgical services, including outpatient palliative care.	In-Network You pay a \$0 copay for a Medicare-covered diagnostic colonoscopy. You pay 30% of the total cost for Medicare-covered outpatient surgical services. You pay a \$500 copay for Medicare-covered non-surgical services, including outpatient palliative care.
Outpatient surgery - Outpatient hospital observation	In-Network You pay a \$100 copay for outpatient observation services when you enter observation status through an emergency room. You pay 20% of the total cost for outpatient observation services when you enter observation status through an outpatient facility.	In-Network You pay a \$110 copay for outpatient observation services when you enter observation status through an emergency room. You pay 30% of the total cost for outpatient observation services when you enter observation status through an outpatient facility.
Partial hospitalization services	In-Network You pay a \$70 copay per day for each Medicare-covered service.	In-Network You pay a \$80 copay per day for each Medicare-covered service.
Physician/Practitioner services, including doctor's office visits - Specialist	In-Network You pay a \$50 copay for each Medicare-covered service.	In-Network You pay a \$35 copay for each Medicare-covered service.
Physician/Practitioner services, including doctor's office visits - Specialist	Out-of-Network You pay 40% of the total cost for each Medicare-covered service.	Out-of-Network You pay a \$60 copay for each Medicare-covered service.

Cost	2024 (this year)	2025 (next year)
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 \$50 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 \$35 copay for each Medicare-covered service at all other locations.
Physician/Practitioner services, including doctor's office visits- Other healthcare professionals	Out-of-Network You pay a \$25 copay for each Medicare-covered service at a Primary Care Provider. You pay 40% of the total cost for each Medicare-covered service at all other locations.	Out-of-Network You pay a \$25 copay for each Medicare-covered service at a Primary Care Provider. You pay a \$60 copay for each Medicare-covered service at all other locations.
Podiatry services - Medicare-covered	In-Network You pay a \$50 copay for each Medicare-covered service.	In-Network You pay a \$35 copay for each Medicare-covered service.
Prostate cancer screening exams - Digital rectal exam	Out-of-Network You pay a \$0 copay for each Medicare-covered service.	Out-of-Network You pay 40% of the total cost for each Medicare-covered service.
Prosthetic and orthotic devices and related supplies - Prosthetic devices	Out-of-Network You pay 20% of the total cost for each Medicare-covered service.	Out-of-Network You pay 40% of the total cost for each Medicare-covered service.
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 \$203 copay per day, for days 21 to 70, and a \$0 copay per day, for days 71 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 \$214 copay per day, for days 21 to 70, and a \$0 copay per day, for days 71 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs.

Cost	2024 (this year)	2025 (next year)
Skilled nursing facility (SNF) care	For Medicare-covered admission per benefit period: Out-of-Network You pay 20% of the total cost per day, for days 1 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: Out-of-Network You pay 30% of the total cost per day, for days 1 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs.
Additional Smoking Cessation	In-Network You pay a \$0 copay for each covered service, up to 5 visit(s) every year.	In-Network Additional smoking cessation services are <u>not</u> covered.
Additional Smoking Cessation	Out-of-Network You pay a \$0 copay for each covered service, up to 5 visit(s) every year.	Out-of-Network Additional smoking cessation services are <u>not</u> covered.
Urgently needed services - Worldwide Urgent Care Coverage	You pay a \$100 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital.	You pay a \$110 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital.
Vision care - Glaucoma screening	Out-of-Network You pay a \$0 copay for each Medicare-covered service.	Out-of-Network You pay 40% of the total cost for each Medicare-covered service.
Vision care - Medicare-covered eye exam	In-Network You pay a \$0 copay for each Medicare-covered diabetic eye exam. You pay a \$50 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 \$35 copay for all other Medicare-covered eye exams.

Cost	2024 (this year)	2025 (next year)
Vision care - Medicare-covered eye exam	Out-of-Network You pay a \$0 copay for each Medicare-covered diabetic eye exam. You pay 40% of the total cost for all other Medicare-covered eye exams.	Out-of-Network You pay a \$0 copay for each Medicare-covered diabetic eye exam. You pay a \$60 copay for all other Medicare-covered eye exams.
Social Support Platform	Social support platform is <u>not</u> a covered benefit.	You pay a \$0 copay for each covered service. Unlimited social support platform services every year. Our plan provides an online social support platform to support your overall well-being. You have access to community, therapeutic activities, and plan-sponsored resources to help manage stress and anxiety. The platform makes it easy for you to join and stay involved to maintain a healthy behavioral health journey. It is available online 24/7, so you can use it whenever you want. Twill platform includes: • Tailored Well-Being Programs • Peer and Expert Support • Personalized Digital Health Tools Please refer to your Evidence of Coverage for more details.

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, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and 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*.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier) drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	The deductible is \$500. During this stage, you pay either \$1 or \$0 cost sharing for drugs on Tier 1: Preferred Generic Drugs, either \$2 or \$0 cost sharing for drugs on Tier 2: Generic Drugs, and \$0 cost sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs, and Tier 5: Specialty Tier until you have reached the yearly deductible.	The deductible is \$420. During this stage, you pay either \$5 or \$0 cost sharing for drugs on Tier 1: Preferred Generic Drugs, either \$10 or \$0 cost sharing for drugs on Tier 2: Generic Drugs, and \$0 cost sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs, and Tier 5: Specialty Tier until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 3 - Preferred Brand Drugs, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Please see the following chart for the changes from 2024 to 2025.

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the 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 is: Drug Tier 1 - Preferred Generic Drugs: <i>Standard cost sharing:</i> You pay a \$1 copay per prescription. Your cost for a one-month mail-order prescription is \$1. <i>Preferred cost sharing:</i> You pay a \$0 copay per prescription. Drug Tier 2 - Generic Drugs: <i>Standard cost sharing:</i> You pay a \$2 copay per prescription. Your cost for a one-month mail-order prescription is \$2. <i>Preferred cost sharing:</i> You pay a \$0 copay per prescription.	Your cost for a one-month supply is: Drug Tier 1 - Preferred Generic Drugs: <i>Standard cost sharing:</i> You pay a \$5 copay per prescription. Your cost for a one-month mail-order prescription is \$5. <i>Preferred cost sharing:</i> You pay a \$0 copay per prescription. Drug Tier 2 - Generic Drugs: <i>Standard cost sharing:</i> You pay a \$10 copay per prescription. Your cost for a one-month mail-order prescription is \$10. <i>Preferred cost sharing:</i> You pay a \$0 copay per prescription.

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage (continued)		
For 2024 you paid a \$47 or \$42 copayment for drugs on Tier 3: Preferred Brand Drugs. For 2025 you will pay 25% coinsurance for drugs on this tier.	Drug Tier 3 - Preferred Brand Drugs:	Drug Tier 3 - Preferred Brand Drugs:
	<i>Standard cost sharing:</i>	<i>Standard cost sharing:</i>
	You pay a \$47 copay per prescription.	You pay 25% of the total cost.
	Your cost for a one-month mail-order prescription is \$47.	Your cost for a one-month mail-order prescription is 25%.
	<i>Preferred cost sharing:</i>	<i>Preferred cost sharing:</i>
	You pay a \$42 copay per prescription.	You pay 25% of the total cost.
	Your cost for a one-month mail-order prescription is 25%.	Your cost for a one-month mail-order prescription is 25%.
	Drug Tier 4 - Non-Preferred Drugs:	Drug Tier 4 - Non-Preferred Drugs:
	<i>Standard cost sharing:</i>	<i>Standard cost sharing:</i>
	You pay 50% of the total cost.	You pay 45% of the total cost.
	Your cost for a one-month mail-order prescription is 50%.	Your cost for a one-month mail-order prescription is 45%.
	<i>Preferred cost sharing:</i>	<i>Preferred cost sharing:</i>
	You pay 50% of the total cost.	You pay 44% of the total cost.
	Your cost for a one-month mail-order prescription is 50%.	Your cost for a one-month mail-order prescription is 44%.

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage (continued)	Drug Tier 5 - Specialty Tier: <i>Standard cost sharing:</i> You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 25%. <i>Preferred cost sharing:</i> You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 25%. Drug Tier 6 - Select Care Drugs: <i>Standard cost sharing:</i> You pay a \$0 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$0 copay per prescription. Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).	Drug Tier 5 - Specialty Tier: <i>Standard cost sharing:</i> You pay 28% of the total cost. Insulin products are <u>not</u> covered on this tier. Your cost for a one-month mail-order prescription is 28%. <i>Preferred cost sharing:</i> You pay 28% of the total cost. Insulin products are <u>not</u> covered on this tier. Your cost for a one-month mail-order prescription is 28%. Drug Tier 6 - Select Care Drugs: <i>Standard cost sharing:</i> You pay a \$0 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$0 copay per prescription. Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).
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.		

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 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	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	<u>Not</u> Applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). To learn more about this payment option, please contact us at 1-833-750-9969. (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week, 365 days a year or visit <u>Medicare.gov</u>.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Wellcare Giveback Open (PPO)

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 Giveback Open (PPO).

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 2025 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 2025* 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 Giveback Open (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Wellcare Giveback Open (PPO).
- 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, 2025.

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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 New York, the SHIP is called New York Health Insurance Information, Counseling and Assistance Program (HIICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. New York Health Insurance Information, Counseling and Assistance Program (HIICAP) 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 New York Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501 (TTY users should call 711). You can learn more about New York Health Insurance Information, Counseling and Assistance Program (HIICAP) by visiting their website (<https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap>).

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, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a 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.
- **Help from your state’s pharmaceutical assistance program.** New York has a program called New York State Elderly Pharmaceutical Insurance Coverage (EPIC) 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. To be eligible for the ADAP operating in your State, 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 New York AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call New York AIDS Drug Assistance Program (ADAP) at 1-800-542-2437 (TTY 711) from 9 a.m. - 5 p.m. local time, Monday - Friday. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-833-750-9969 (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week, 365 days a year or visit [Medicare.gov](https://www.medicare.gov).

SECTION 7 Questions?

Section 7.1 – Getting Help from Wellcare Giveback Open (PPO)

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. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day. Calls to these numbers are free.

Read your 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for Wellcare Giveback Open (PPO). 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 2025

Read the *Medicare & You 2025* 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

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 **1-877-374-4056 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-877-374-4056 (TTY: 711)**. Alguien que hable español puede ayudarlo. 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 **1-877-374-4056 (TTY: 711)**。您将获得中文普通话口译员的帮助。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 **1-877-374-4056 (TTY: 711)**。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 **1-877-374-4056 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-877-374-4056 (TTY: 711)**. Un interlocuteur francophone 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 của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-877-374-4056 (TTY: 711)**. 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 uns unter folgender Telefonnummer an: **1-877-374-4056 (TTY: 711)**. 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, **1-877-374-4056(TTY: 711)**번으로 당사에 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 номеру **1-877-374-4056 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوَقّر 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 الرقم **1-877-374-4056 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-877-374-4056 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। 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 il **1-877-374-4056 (TTY: 711)**. 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 do número **1-877-374-4056 (TTY: 711)**. 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 entèprèt, annik rele nou nan **1-877-374-4056 (TTY: 711)**. Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki 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 numer **1-877-374-4056 (TTY: 711)**. 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、**1-877-374-4056 (TTY: 711)** にお電話ください。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。

Hawaiian: Loa‘a iā mākou nā lawelawe unuhi ‘ōlelo manuahi e pane i nā nīnau āu e pili ana i kā mākou papahana olakino a lā‘au paha. No ka loa‘a ‘ana o ka unuhi ‘ōlelo e kelepona iā mākou ma **1-877-374-4056 (TTY: 711)**. Hiki i kekahi kanaka ‘ōlelo Hawai‘i ke kōkua iā ‘oe. He lawelawe manuahi kēia.

Ilocano: Adda iti libre a serbisyo ti panagpatarus mi tapno masungbatan ti anyaman a saludsod mo maipanggep iti plano ti salun-at wenno agas mi. Tapno makaala ti maysa nga agipatpatarus pakiawagan dakami laeng iti **1-877-374-4056 (TTY: 711)**. Mabalin nga makatulung kenka ti maysa nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

Samoaan: E iai matou auaunaga faamatala upu e tali atu i soo se fesili e te ono fesili ai e uiga ia matou fuafuaga tau soifua maloloina poo fualaau. Ina ia maua se tagata faamatala upu na'o le vili mai a matou i le **1-877-374-4056 (TTY: 711)**. E mafai ona fesoasoani atu ia te oe se tasi e tautala i le gagana Samoan. E leai se totogi o lenei auaunaga.

Ukrainian: Ми безкоштовно надаємо послуги перекладачів, щоб ви могли отримати відповіді на будь-які запитання щодо нашого плану медичного обслуговування чи забезпечення лікарськими засобами. Щоб отримати допомогу перекладача, просто зателефонуйте нам за номером **1-877-374-4056 (TTY: 711)**. Спеціаліст, який володіє українською, допоможе вам. Ця послуга безкоштовна.

Lao: ພວກເຮົາມີບໍລິການຄົ້ນພາສາຟຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ເພື່ອຂໍຄືນແປພາສາ ພຽງແຕ່ໂທຫາພວກເຮົາໄດ້ທີ່ເບີ **1-877-374-4056 (TTY: 711)**. ມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນບໍລິການຟຣີ.

Cambodian: យើងមានសេវាកម្មប្រែប្រួលមាត់ដោយឥតគិតថ្លៃសម្រាប់ឆ្លើយរាល់សំណួរដែលអ្នកមានអំពីគម្រោងឱសថបូគម្រោងសុខភាពរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមរយៈលេខ **1-877-374-4056 (TTY: 711)**។ មនុស្សម្នាក់ដែលនិយាយភាសាខ្មែរបានអាចជួយអ្នកបាន។ នេះជាសេវាកម្មឥតគិតថ្លៃ។

Hmong: Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb cov nqe lus nug twg uas koj yuav muaj hais txog peb lub phiaj xwm duav roos kev noj qab haus huv thiab tshuaj. Yog xav tau ib tug kws txhais lus ces tsuas hu rau peb tau ntawm **1-877-374-4056 (TTY: 711)**. Ib tug neeg twg uas hais tau lus Hmoob yuav pab tau koj. Qhov no yog kev pab cuam pab dawb xwb.

Thai: เรามีบริการล่ามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการล่ามแปลภาษา โปรดติดต่อเราที่หมายเลข **1-877-374-4056 (TTY: 711)** คนที่พูดภาษาไทยได้สามารถช่วยคุณได้ บริการนี้ไม่มีค่าใช้จ่าย