



2026 Summary of Benefits

Connecticut

Wellcare Giveback Open (PPO)

H1914 | 002 | 000

Wellcare Simple Open (PPO)

H1914 | 001 | 000

We know how important it is to have a health plan you can count on.

This is a summary of drug and health services covered by Wellcare Giveback Open (PPO) and Wellcare Simple Open (PPO) from January 1, 2026 to December 31, 2026.

This booklet will provide you with a summary of what we cover and what you pay. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at go.wellcare.com/Medicare. To request a copy, please call 1-844-480-0680 (TTY 711). Hours are: Sunday-Saturday, 8 am to 8 pm.

Who can join?

To join these plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and be a United States citizen or lawfully present in the United States. You must continue to pay your Medicare Part B premium if not otherwise paid for under HUSKY Health For Connecticut Children & Adults (Medicaid) or by another third party.

Plan's service areas:

H1914002000 Wellcare Giveback Open (PPO) includes these counties in Connecticut: Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham.

H1914001000 Wellcare Simple Open (PPO) includes these counties in Connecticut: Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham.

About this plan & how to get care

Preferred Provider Organizations (PPOs) You'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracted providers in our network. Out-of-network providers may choose not to bill our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. PPO plans do not require a prior authorization or referral for out-of-network services.

Part D prescription drugs are covered. You have access to our large network of pharmacies. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. Our plans use a *formulary*. Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand name drugs.

Which doctors, hospitals and pharmacies can I use? Wellcare Giveback Open (PPO) and Wellcare Simple Open (PPO) have a network of doctors, hospitals, pharmacies, and other providers. You may use

doctors, hospitals and other providers that are not in our network, usually for a higher copay or coinsurance. You must generally use our network pharmacies for prescriptions covered under Part D drug benefit.

You can save money by using our preferred mail-order pharmacy and by using providers in the plan's network. You can see our plan's provider and pharmacy directory at go.wellcare.com/2026providerdirectories. Our complete plan Formulary (list of Part D prescription drugs) is on our website at go.wellcare.com/druglist-6718.

We cover the services and items in this document and the Evidence of Coverage if they are medically necessary.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). For more information, or to request information in an alternate format, please call us at 1-844-480-0680 (TTY users should call 711). Hours are: Sunday-Saturday, 8 am to 8 pm.

Benefits

	Wellcare Giveback Open (PPO) H1914, Plan 002, 000	Wellcare Simple Open (PPO) H1914, Plan 001, 000
Note: Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.		
Monthly Plan Premium (includes both medical and drugs)	\$0 You must continue to pay your Medicare Part B premium.	\$0 You must continue to pay your Medicare Part B premium.
Part B Premium Reduction	This plan offers a \$50 give back every month in your Social Security check.	<u>Not</u> Available
Deductible	\$260 deductible for select Part B services.	\$275 deductible for select Part B services.
Maximum Out-of-Pocket (MOOP) Responsibility (does not include prescription drugs)	\$9,250 in-network annually \$13,900 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	\$9,250 in-network annually \$13,900 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital Coverage	In-Network For each admission, you pay: \$725 copay per day for days 1 through 3 \$0 copay per day for days 4 through 90 *	In-Network For each admission, you pay: \$650 copay per day for days 1 through 3 \$0 copay per day for days 4 through 90 *

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	Wellcare Giveback Open (PPO) H1914, Plan 002, 000	Wellcare Simple Open (PPO) H1914, Plan 001, 000
	Out-of-Network Days 1-90: 40% coinsurance for each Medicare-covered hospital stay.	Out-of-Network Days 1-90: 30% coinsurance for each Medicare-covered hospital stay.
Outpatient Hospital Coverage Outpatient Hospital Services	In-Network \$0 copay for skin biopsies. 30% coinsurance for outpatient surgical services. \$500 copay for outpatient non-surgical services, including outpatient palliative care. * Out-of-Network 40% coinsurance for surgical and non-surgical services	In-Network \$0 copay for skin biopsies. 30% coinsurance for outpatient surgical services. \$500 copay for outpatient non-surgical services, including outpatient palliative care. * Out-of-Network 40% coinsurance for surgical and non-surgical services
Outpatient Hospital Observation Services	In-Network \$115 copay for outpatient observation services when you enter observation status through an emergency room. 30% coinsurance for outpatient observation services when you enter observation status through an outpatient facility. Out-of-Network 40% coinsurance	In-Network \$115 copay for outpatient observation services when you enter observation status through an emergency room. 30% coinsurance for outpatient observation services when you enter observation status through an outpatient facility. Out-of-Network 40% coinsurance

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Ambulatory Surgical Center (ASC) Services	In-Network \$475 copay for each Medicare-covered visit to an ambulatory surgical center. * Out-of-Network 40% coinsurance This amount applies to each Medicare-covered visit to an ambulatory surgical center.	In-Network \$400 copay for each Medicare-covered visit to an ambulatory surgical center. * Out-of-Network 40% coinsurance This amount applies to each Medicare-covered visit to an ambulatory surgical center.
Doctor Visits Primary Care Providers	In-Network \$0 copay Out-of-Network \$25 copay	In-Network \$0 copay Out-of-Network \$25 copay
Specialists	In-Network \$35 copay * Out-of-Network \$60 copay	In-Network \$30 copay * Out-of-Network \$60 copay

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Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	In-Network \$0 copay Out-of-Network \$0 copay	In-Network \$0 copay Out-of-Network \$0 copay
Emergency Care	\$115 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$115 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide Emergency Coverage	\$115 copay Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is <u>not</u> waived if admitted to the hospital for worldwide emergency services.	\$115 copay Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is <u>not</u> waived if admitted to the hospital for worldwide emergency services.

Benefits

	Wellcare Giveback Open (PPO) H1914, Plan 002, 000	Wellcare Simple Open (PPO) H1914, Plan 001, 000
Urgently Needed Services	\$40 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$40 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide Urgent Care Coverage	\$115 copay Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is <u>not</u> waived if admitted to the hospital for worldwide urgently needed services.	\$115 copay Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is <u>not</u> waived if admitted to the hospital for worldwide urgently needed services.
Diagnostic Services/Labs/Imaging Lab Services	In-Network \$50 copay for genetic testing. \$0 copay for all other labs. * Out-of-Network 40% coinsurance	In-Network \$50 copay for genetic testing. \$0 copay for all other labs. * Out-of-Network 40% coinsurance

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Diagnostic Tests and Procedures	In-Network \$0 copay for Medicare-covered diagnostic colonoscopy, spirometry testing and specified testing related services. \$75 copay for all other services. *	In-Network \$0 copay for Medicare-covered diagnostic colonoscopy, spirometry testing and specified testing related services. \$75 copay for all other services. *
	Out-of-Network 40% coinsurance	Out-of-Network 40% coinsurance
Outpatient X-rays	In-Network \$50 copay *	In-Network \$50 copay *
	Out-of-Network 40% coinsurance	Out-of-Network 40% coinsurance
Diagnostic Radiology Services (e.g. MRI, CAT Scan)	In-Network \$0 copay for a diagnostic mammogram. \$500 copay for all other diagnostic radiology services. *	In-Network \$0 copay for a diagnostic mammogram. \$500 copay for all other diagnostic radiology services. *
	Out-of-Network 40% coinsurance	Out-of-Network 40% coinsurance
Therapeutic Radiology	In-Network 20% coinsurance *	In-Network 20% coinsurance *
	Out-of-Network 40% coinsurance	Out-of-Network 40% coinsurance

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Hearing Services		
Hearing Exam Medicare-covered	In-Network \$35 copay * Out-of-Network \$60 copay	In-Network \$30 copay * Out-of-Network \$60 copay
Routine Hearing Exam	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 exam(s) every year	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 exam(s) every year
Hearing Aid Fitting/Evaluation(s)	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 fitting(s) / evaluation(s) every year Hearing aids are <u>not</u> covered	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 fitting(s) / evaluation(s) every year Hearing aids are <u>not</u> covered
Additional Hearing Information	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.	What you should know Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.

Benefits

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Dental Services		
Medicare-covered	In-Network \$35 copay for each Medicare-covered service. *	In-Network \$30 copay for each Medicare-covered service. *
	Out-of-Network \$60 copay for each Medicare-covered service.	Out-of-Network \$60 copay for each Medicare-covered service.
Routine Diagnostic and Preventive Services	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
	Cleanings 2 every year Dental x-rays 1 set(s) every date of service to 3 plan years depending on type of service Oral exams 2 every year	Cleanings 2 every year Dental x-rays 1 set(s) every date of service to 3 plan years depending on type of service Oral exams 2 every year
Fluoride Treatment	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 50% coinsurance	Out-of-Network 50% coinsurance
	1 every year	1 every year

Benefits

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Other Diagnostic Dental Services	In-Network \$0 copay * Out-of-Network 50% coinsurance 1 every date of service to 3 plan years depending on type of service	In-Network \$0 copay * Out-of-Network 50% coinsurance 1 every date of service to 3 plan years depending on type of service
Other Preventive Dental Services	In-Network \$0 copay * Out-of-Network 50% coinsurance 1 every date of service to 3 plan years depending on type of service	In-Network \$0 copay * Out-of-Network 50% coinsurance 1 every date of service to 3 plan years depending on type of service
Routine Comprehensive Services		
Adjunctive General Services	In-Network \$0 copay * Out-of-Network 50% coinsurance	In-Network \$0 copay * Out-of-Network 50% coinsurance

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	For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.	For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.
Additional Dental Information	What you should know: This plan provides dental services with no annual maximum allowance. You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). Your out-of-pocket costs may be higher if you use out-of-network providers. Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays.	What you should know: This plan provides dental services with no annual maximum allowance. You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). Your out-of-pocket costs may be higher if you use out-of-network providers. Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays.

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Vision Care Eye Exam Medicare-covered	In-Network \$0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam \$35 copay for all other Medicare-covered eye exams * Out-of-Network \$0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam \$60 copay for all other Medicare-covered eye exams	In-Network \$0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam \$30 copay for all other Medicare-covered eye exams * Out-of-Network \$0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam \$60 copay for all other Medicare-covered eye exams
Routine Eye Exam (Refraction)	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 exam(s) every year	In-Network \$0 copay * Out-of-Network 40% coinsurance 1 exam(s) every year
Glaucoma Screening	In-Network \$0 copay for each Medicare-covered service. Out-of-Network 40% coinsurance for each Medicare-covered service	In-Network \$0 copay for each Medicare-covered service. Out-of-Network 40% coinsurance for each Medicare-covered service

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Eyewear Medicare-covered	In-Network \$0 copay Out-of-Network 40% coinsurance	In-Network \$0 copay Out-of-Network 40% coinsurance
Routine Eyewear Contact Lenses/ Eyeglasses (frame and lenses)/ Eyeglass Frames Eyewear Allowance	In-Network \$0 copay * Out-of-Network 40% coinsurance Up to a \$100 combined allowance towards contacts and glasses (lenses and/or frames) every year.	In-Network \$0 copay * Out-of-Network 40% coinsurance Up to a \$100 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services Inpatient Visit	In-Network For each admission, you pay: \$675 copay per day for days 1 through 3 \$0 copay per day for days 4 through 90 *	In-Network For each admission, you pay: \$675 copay per day for days 1 through 3 \$0 copay per day for days 4 through 90 *

Benefits

	Wellcare Giveback Open (PPO) H1914, Plan 002, 000	Wellcare Simple Open (PPO) H1914, Plan 001, 000
	Out-of-Network Days 1-90: 40% coinsurance for each Medicare-covered hospital stay.	Out-of-Network Days 1-90: 30% coinsurance for each Medicare-covered hospital stay.
Outpatient Individual Therapy Visit	In-Network \$35 copay * Out-of-Network 40% coinsurance	In-Network \$35 copay * Out-of-Network 40% coinsurance
Outpatient Group Therapy Visit	In-Network \$35 copay * Out-of-Network 40% coinsurance	In-Network \$35 copay * Out-of-Network 40% coinsurance
Skilled Nursing Facility (SNF)	In-Network For each benefit period, you pay: \$0 copay per day for days 1 through 20 \$175 copay per day for days 21 through 70 \$0 copay per day for days 71 through 100 *	In-Network For each benefit period, you pay: \$0 copay per day for days 1 through 20 \$218 copay per day for days 21 through 70 \$0 copay per day for days 71 through 100 *

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	Out-of-Network Days 1-100: 20% coinsurance per benefit period	Out-of-Network Days 1-100: 30% coinsurance per benefit period.
Therapy and Rehabilitation Services Physical Therapy	In-Network \$35 copay * Out-of-Network 40% coinsurance	In-Network \$35 copay * Out-of-Network 40% coinsurance
Outpatient Rehabilitation Services Provided by an Occupational Therapist	In-Network \$35 copay * Out-of-Network 40% coinsurance	In-Network \$35 copay * Out-of-Network 40% coinsurance
Pulmonary Rehabilitation Services	In-Network \$25 copay Out-of-Network 40% coinsurance	In-Network \$25 copay Out-of-Network 40% coinsurance

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Ambulance		
Ground Ambulance	In-Network \$330 copay *	In-Network \$325 copay *
	Out-of-Network \$330 copay	Out-of-Network \$325 copay
Air Ambulance	In-Network \$330 copay *	In-Network \$325 copay *
	Out-of-Network \$330 copay	Out-of-Network \$325 copay
Transportation Services (Non-emergency medical transportation)	In-Network <u>Not</u> covered	In-Network <u>Not</u> covered
	Out-of-Network <u>Not</u> covered	Out-of-Network <u>Not</u> covered
Medicare Part B Drugs		
Chemotherapy Drugs and Other Part B Drugs	In-Network 20% coinsurance *	In-Network 20% coinsurance *
	Out-of-Network 40% coinsurance Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.	Out-of-Network 40% coinsurance Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.

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Insulin	In-Network \$35 copay (maximum per month) * Out-of-Network \$35 copay (maximum per month)	In-Network \$35 copay (maximum per month) * Out-of-Network \$35 copay (maximum per month)
Allergy Antigen	In-Network 0% coinsurance * Out-of-Network 0% coinsurance	In-Network 0% coinsurance * Out-of-Network 0% coinsurance

Part D Prescription Drug Coverage	Wellcare Giveback Open (PPO) H1914, Plan 002, 000	Wellcare Simple Open (PPO) H1914, Plan 001, 000
Stage 1: Yearly Deductible Stage		
If a plan has a Part D drug deductible, the deductible doesn't apply to covered insulin products and most adult Part D vaccines including shingles, tetanus and travel vaccines.		
Deductible	\$615 for Part D prescription drugs (this applies to drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier)). For all other covered drugs, you will not have to pay any deductible and will start receiving coverage immediately.	\$615 for Part D prescription drugs (this applies to drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier)). For all other covered drugs, you will not have to pay any deductible and will start receiving coverage immediately.
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable)		
You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,100. You then move on to the Catastrophic Coverage Stage.		
What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you, even if you have not paid your deductible.		
What You Pay for Insulin: Tier 3: You won't pay more than the lesser of 25% of our negotiated price for the drug or \$35 for up to a 1-month supply, the lesser of 25% of our negotiated price for the drug or \$70 for up to a 2-month supply, or the lesser of 25% of our negotiated price for the drug or \$105 for up to a 3-month supply of each covered insulin product, even if you have not paid your deductible. Tier 4: You won't pay more than the lesser of 25% of our negotiated price for the drug or \$35 for up to a 1-month supply, the lesser of 25% of our negotiated price for the drug or \$70 for up to a 2-month supply, or the lesser of 25% of our negotiated price for the drug or \$105 for up to a 3-month supply of each covered insulin product, even if you have not paid your deductible.		

Part D Prescription Drug Coverage	Wellcare Giveback Open (PPO) H1914, Plan 002, 000	Wellcare Simple Open (PPO) H1914, Plan 001, 000		
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)				
Retail cost-sharing (30-day / 100-day supply)				
For more details on tier descriptions, please see the Evidence of Coverage.				
	Preferred	Standard	Preferred	Standard
Tier 1 (Preferred Generic)	\$0 / \$0 copay	\$5 / \$15 copay	\$0 / \$0 copay	\$5 / \$15 copay
Tier 2 (Generic)	\$0 / \$0 copay	\$10 / \$30 copay	\$0 / \$0 copay	\$10 / \$30 copay
Tier 3 (Preferred Brand)	25% / 25% coinsurance	25% / 25% coinsurance	25% / 25% coinsurance	25% / 25% coinsurance
Tier 4 (Non-Preferred Drug)	35% / 35% coinsurance	36% / 36% coinsurance	35% / 35% coinsurance	35% / 35% coinsurance
Tier 5 (Specialty Tier) Limited to 30 day supply	25% coinsurance / <u>Not</u> Available	25% coinsurance / <u>Not</u> Available	25% coinsurance / <u>Not</u> Available	25% coinsurance / <u>Not</u> Available
Tier 6 (Select Care Drugs)	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay

Part D Prescription Drug Coverage		Wellcare Giveback Open (PPO) H1914, Plan 002, 000		Wellcare Simple Open (PPO) H1914, Plan 001, 000	
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)					
Mail-order cost-sharing (100-day supply)					
	Preferred	Standard	Preferred	Standard	
Tier 1 (Preferred Generic)	\$0 copay	\$15 copay	\$0 copay	\$15 copay	
Tier 2 (Generic)	\$0 copay	\$30 copay	\$0 copay	\$30 copay	
Tier 3 (Preferred Brand)	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	
Tier 4 (Non-Preferred Drug)	35% coinsurance	36% coinsurance	35% coinsurance	35% coinsurance	
Tier 5 (Specialty Tier) Limited to 30 day supply	<u>Not</u> Available	<u>Not</u> Available	<u>Not</u> Available	<u>Not</u> Available	
Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Stage 3: Catastrophic Coverage Stage					
During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing for the rest of the calendar year.					
	You enter this stage after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,100.		You enter this stage after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,100.		

Generic drugs may be covered on tiers other than Tier 1 and Tier 2. Please check the plan's Formulary to validate the specific tier on which your drugs are covered.

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or the day supply received. Mail order prescriptions are dispensed at a quantity of 35 days or more.

Excluded Drugs:

Wellcare Giveback Open (PPO) and Wellcare Simple Open (PPO) include enhanced drug coverage of certain excluded drugs, such as Tier 1 folic acid, vitamin B12, vitamin D2, generic-only sildenafil and vardenafil. Generic sildenafil and vardenafil have a quantity limit of six pills every 30 days.

Because these drugs are excluded from Part D coverage under Medicare, they are not covered by Extra Help. Also, the amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.

Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a 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 or visit go.wellcare.com/MPPP.

Additional Benefits

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Chiropractic Services Medicare-covered	In-Network \$15 copay * Out-of-Network 40% coinsurance	In-Network \$15 copay * Out-of-Network 40% coinsurance
Acupuncture Medicare-covered	In-Network \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$15 copay for Medicare-covered Acupuncture received in a Chiropractor office. \$35 copay for Medicare-covered Acupuncture received in a Specialist office. *	In-Network \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$15 copay for Medicare-covered Acupuncture received in a Chiropractor office. \$30 copay for Medicare-covered Acupuncture received in a Specialist office. *

Additional Benefits

	Wellcare Giveback Open (PPO) H1914, Plan 002, 000	Wellcare Simple Open (PPO) H1914, Plan 001, 000
	Out-of-Network \$25 copay for Medicare-covered Acupuncture received in a PCP office. 40% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office. \$60 copay for Medicare-covered Acupuncture received in a Specialist office.	Out-of-Network \$25 copay for Medicare-covered Acupuncture received in a PCP office. 40% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office. \$60 copay for Medicare-covered Acupuncture received in a Specialist office.
Podiatry Services (Foot Care) Medicare-covered	In-Network \$35 copay * Out-of-Network 40% coinsurance	In-Network \$30 copay * Out-of-Network 40% coinsurance

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Virtual Visits	\$0 copay for virtual visit services performed through your plan's virtual visit provider(s). Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more. A virtual visit (also known as telehealth or telemedicine) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device. For more information, please see your Evidence of Coverage. What you should know: The \$0 copay above only applies when services are received from your plan's virtual visit provider(s). If you receive telemedicine services from a network provider and not your plan's virtual visit provider(s), you will pay the cost shares listed for those providers, as outlined within the Evidence of Coverage (e.g., if you receive telehealth services from your PCP, you will pay the PCP cost share).	
Social Support Platform	Our plan provides an online and app-based support platform for your overall well-being. The platform offers personalized therapeutic self-guided activities and programs to help manage stress, anxiety, and support your emotional and mental health. Engage in interactive activities, meditations and games tailored to your needs. The platform also features the ability to join social communities. Available online 24/7 - you can use it whenever you choose. For more information on how to access the social support platform, please see your Evidence of Coverage. \$0 copay	

Additional Benefits

	Wellcare Giveback Open (PPO) H1914, Plan 002, 000	Wellcare Simple Open (PPO) H1914, Plan 001, 000
Home Health Agency Care	In-Network \$0 copay * Out-of-Network 40% coinsurance	In-Network \$0 copay * Out-of-Network 40% coinsurance
Medical Equipment/Supplies Durable Medical Equipment (DME)	In-Network 20% coinsurance * Out-of-Network 40% coinsurance	In-Network 20% coinsurance * Out-of-Network 40% coinsurance
Prosthetics	In-Network 20% coinsurance * Out-of-Network 40% coinsurance	In-Network 20% coinsurance * Out-of-Network 40% coinsurance
Diabetic Supplies	In-Network \$0 copay * Out-of-Network 40% coinsurance For more information, limitations and exclusions, please see your Evidence of Coverage.	In-Network \$0 copay * Out-of-Network 40% coinsurance For more information, limitations and exclusions, please see your Evidence of Coverage.

Additional Benefits

	Wellcare Giveback Open (PPO) H1914, Plan 002, 000	Wellcare Simple Open (PPO) H1914, Plan 001, 000
Diabetic Therapeutic Shoes Or Inserts	In-Network 20% coinsurance * Out-of-Network 40% coinsurance	In-Network 20% coinsurance * Out-of-Network 40% coinsurance
Opioid Treatment Program Services	In-Network \$35 copay * Out-of-Network \$60 copay	In-Network \$30 copay * Out-of-Network \$60 copay
Health and Wellness Education Programs Fitness	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage. \$0 copay What you should know: To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. You may access one or more gyms within the fitness network. Members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits.	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage. \$0 copay What you should know: To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. You may access one or more gyms within the fitness network. Members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits.
24-Hour Nurse Advice Line	\$0 copay	\$0 copay

Additional Benefits

	Wellcare Giveback Open (PPO) H1914, Plan 002, 000	Wellcare Simple Open (PPO) H1914, Plan 001, 000
Annual Routine Physical Exam	In-Network \$0 copay Out-of-Network \$0 copay What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.	In-Network \$0 copay Out-of-Network \$0 copay What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.
My Wellcare Rewards	With My Wellcare Rewards, you can earn up to \$100 by completing eligible health activities and portal activities through your member portal. Your earned rewards will be delivered to you in the form of a Debit card. Debit card restrictions may apply.	With My Wellcare Rewards, you can earn up to \$100 by completing eligible health activities and portal activities through your member portal. Your earned rewards will be delivered to you in the form of a Debit card. Debit card restrictions may apply.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-374-4056 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-877-374-4056 (TTY: 711).

Português ATENÇÃO: estão disponíveis serviços de assistência gratuitos no seu idioma. Também estão disponíveis apoios auxiliares e serviços adequados que oferecem informações em formatos acessíveis e sem custos. Ligue para 1-877-374-4056 (TTY: 711).

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-877-374-4056（TTY：711）。

繁體中文 注意：我們為您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-877-374-4056 (TTY：711)。

Polski UWAGA: usługi wsparcia językowego są dostępne nieodpłatnie. Bezpłatnie oferowane są również dodatkowe pomoce i usługi pozwalające na przekazanie informacji w formacie przystępnym dla odbiorcy. Zadzwoń pod numer 1-877-374-4056 (TTY: 711).

Italiano ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili supporti e servizi ausiliari gratuiti adatti a fornire le informazioni in formati accessibili. Chiamare il numero 1-877-374-4056 (TTY: 711).

Français REMARQUE : des services d'assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-374-4056 (TTY : 711).

Français cadien COMMUNIQUE: Des services d'aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-877-374-4056 (TTY : 711).

Kreyòl Ayisyen ATANSYON: Sèvis èd gratis pou lang disponib pou ou. Aparèy oksilyè ki bay asistans ak sèvis ki apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-877-374-4056 (TTY: 711).

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجاناً مساعدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-877-374-4056 (TTY: 711).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फ़ॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-877-374-4056 (TTY: 711) पर कॉल करें.

Русский ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Вы также можете бесплатно получить соответствующие вспомогательные средства и услуги, направленные на предоставление информации в доступных форматах. Позвоните по номеру 1-877-374-4056 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-877-374-4056 (TTY: 711).

Ελληνικά ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται επίσης δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-877-374-4056 (TTY: 711).

Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-877-374-4056 (TTY: 711).

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-844-480-0680 (TTY: 711). Hours are Sunday-Saturday, 8 am to 8 pm.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit go.wellcare.com/Medicare or call 1-844-480-0680 (TTY: 711) to view a copy of the EOC. Hours are Sunday-Saturday, 8 am to 8 pm.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

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.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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Contact Us

For more information, please contact us:



By phone

Toll-free at 1-844-480-0680 (TTY: 711). Your call may be answered by a licensed agent.



Hours of Operation

Sunday-Saturday, 8 am to 8 pm



Online

go.wellcare.com/Medicare