# 2027
# Summary of Benefits

Florida

**Wellcare Giveback (HMO-POS)**

H1032 | 195 | 000


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**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 (HMO-POS) from January 1, 2027 to December 31, 2027.

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 a.m. to 8 p.m. (all time zones).

**Who can join?**

To join this plan, 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 Florida Medicaid or by another third party.

Please contact the plan for further details.

**Plan's service areas:**

Our service area includes these counties in Florida: Broward, Miami-Dade, and Palm Beach.

**About this plan & how to get care**

**Health Maintenance Organizations (HMOs)** are health care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to select a primary care provider (PCP) to coordinate care and if you need a specialist, the PCP will choose one who is also in our network.

**Health Maintenance Organizations-Point of Service (HMO-POS)** plans are HMOs with the Point-of-Service (POS) benefit. The POS benefit allows members to get care from out-of-network providers for routine dental services as shown in the "Benefits" section of this document. Your out-of-pocket costs may be higher if you use out-of-network providers. You don't need a referral to go out-of-network for your POS benefit. However, before getting services from out-of-network providers, you may want to confirm with us that the services are covered by us. If we later determine that the services are not covered, we may deny coverage and you will have to pay the costs. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Our plan gives you access to our network of skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. **Please note** that, if you go elsewhere without proper authorization, you will have to pay in full. Neither Medicare nor our plan will be responsible for the costs. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to

obtain services in-network), out-of-area dialysis services, and cases in which Wellcare Giveback (HMO-POS) authorizes use of out-of-network providers.

**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 plan uses 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 (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers. You may use out-of-network providers for routine dental services. For all other services, you must use providers that are within our network, or the plan may not pay for the service.

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/2027providerdirectories. Our complete plan Formulary (list of Part D prescription drugs) is on our website at go.wellcare.com/druglist-51.

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 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 can send materials to you in a language other than English or in an alternate format (such as braille, audio, or large print). 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 a.m. to 8 p.m. (all time zones).

## Benefits

| | **Wellcare Giveback (HMO-POS)**<br>**H1032, Plan 195, 000** |
|---|---|
| ***Note:*** *Services with an asterisk (*) may require prior authorization.*<br>*Services with a square (▪) means a referral may be required.* | |
| **Monthly Plan Premium**<br>(includes both medical and drugs) | $0<br><br>You must continue to pay your Medicare Part B premium. |
| **Part B Premium Reduction** | This plan offers a $163.60 give back every month in your Social Security check. |
| **Deductible** | No deductible for medical.<br>See prescription drugs section for Part D deductible. |
| **Maximum Out-of-Pocket (MOOP) Responsibility**<br>(does not include prescription drugs) | $5,000 annually<br>This is the most you will pay in copays and coinsurance for covered Part A and Part B services for the year. |
| **Inpatient Hospital Coverage** | For each admission, you pay:<br>• $325 copay per day for days 1 through 8<br>• $0 copay per day for days 9 through 90<br>▪<br>* |
| **Outpatient Hospital Coverage**<br><br>Outpatient Hospital Services | <br><br>$0 copay for skin biopsies.<br>$375 copay for all other outpatient services.<br>▪<br>* |
| Outpatient Hospital Observation Services | $130 copay for outpatient observation services when you enter observation status through an emergency room.<br>$375 copay for outpatient observation services when you enter observation status through an outpatient facility.<br>▪ |

## Benefits

| | **Wellcare Giveback (HMO-POS)**<br>**H1032, Plan 195, 000** |
|---|---|
| **Ambulatory Surgical Center (ASC) Services** | $50 copay for each Medicare-covered visit to an ambulatory surgical center.<br>▪<br>* |
| **Doctor Visits**<br>Primary Care Providers | $0 copay |
| Specialists | $15 copay<br>▪<br>* |
| **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)) | $0 copay |
| **Emergency Care** | $130 copay<br>Copay is waived if you are admitted to a hospital within 24 hours. |
| Worldwide Emergency Coverage (outside of the United States) | $130 copay<br><br>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 not waived if admitted to the hospital for worldwide emergency services. |

## Benefits

| | **Wellcare Giveback (HMO-POS)<br>H1032, Plan 195, 000** |
|---|---|
| **Urgently Needed Services** | $20 copay<br>Copay is waived if you are admitted to a hospital within 24 hours. |
| Worldwide Urgent Care Coverage (outside of the United States) | $130 copay<br><br>Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services. |
| **Diagnostic Services/Labs/Imaging**<br>Lab Services | $50 copay for genetic testing.<br>$0 copay for all other labs.<br>▪<br>* |
| Diagnostic Tests and Procedures | $0 copay for Medicare-covered diagnostic colonoscopy, spirometry testing and specified testing related services.<br>$40 copay for all other services.<br>▪<br>* |
| Outpatient X-rays | $50 copay<br>▪<br>* |
| Diagnostic Radiology Services (e.g. MRI, CAT Scan) | $0 copay for a diagnostic mammogram.<br>$375 copay for all other diagnostic radiology services received in an outpatient hospital setting.<br>$100 copay for all other services received in all other locations.<br>▪<br>* |
| Therapeutic Radiology | 20% coinsurance<br>▪<br>* |

## Benefits

| | **Wellcare Giveback (HMO-POS)<br>H1032, Plan 195, 000** |
|---|---|
| **Hearing Services**<br>Hearing Exam<br>Medicare-covered | $15 copay<br>* |
| Additional Hearing Information | **What you should know**<br>Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment. |
| **Dental Services**<br>Medicare-covered | $15 copay for each Medicare-covered service.<br>* |
| Routine Diagnostic and Preventive Services | |
| Cleanings | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Dental X-Rays | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Oral exams | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |

## Benefits

| | Wellcare Giveback (HMO-POS)<br>H1032, Plan 195, 000 |
|---|---|
| Fluoride Treatment | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Other Diagnostic Dental Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Other Preventive Dental Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Routine Comprehensive Services | |
| Restorative Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Endodontics | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |

## Benefits

| | **Wellcare Giveback (HMO-POS)<br>H1032, Plan 195, 000** |
|---|---|
| Periodontics | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Oral/Maxillofacial Surgery | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Prosthodontics, Removable | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>* |
| Adjunctive General Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>25% coinsurance<br>*<br><br>**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:**<br>This plan includes coverage up to $2,000 per plan year for all in-network and out-of-network covered routine comprehensive dental services. |

## Benefits

| | **Wellcare Giveback (HMO-POS)<br>H1032, Plan 195, 000** |
|---|---|
| | 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. |
| **Vision Services**<br>Eye Exam<br>Medicare-covered | $0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam<br><br>$15 copay for all other Medicare-covered eye exams<br>* |
| Routine Eye Exam (Refraction) | $0 copay<br>*<br>1 exam(s) every year |
| Glaucoma Screening | $0 copay for each Medicare-covered service.<br>▪ |
| Eyewear<br>Medicare-covered | $0 copay |
| Routine Eyewear<br>Contact Lenses/ Eyeglasses (frame and/or lenses)<br><br>Eyewear Allowance | $0 copay<br>*<br><br>Up to a $200 combined allowance towards contacts and glasses (lenses and/or frames) every year. |
| **Mental Health Services**<br>Inpatient Visit | For each admission, you pay:<br>• $2,000 copay per stay for days 1 through 90<br>▪<br>* |

## Benefits

| | Wellcare Giveback (HMO-POS)<br>H1032, Plan 195, 000 |
|---|---|
| Outpatient Individual Therapy Visit | $40 copay<br>▪<br>* |
| Outpatient Group Therapy Visit | $40 copay<br>▪<br>* |
| **Skilled Nursing Facility (SNF)** | For each benefit period, you pay:<br>• $0 copay per day for days 1 through 20<br>• $221 copay per day for days 21 through 50<br>• $0 copay per day for days 51 through 100<br>▪<br>* |
| **Therapy and Rehabilitation Services**<br>Physical Therapy | $20 copay<br>▪<br>* |
| Outpatient Rehabilitation Services Provided by an Occupational Therapist | $20 copay<br>▪<br>* |
| Pulmonary Rehabilitation Services | $35 copay<br>▪ |
| **Ambulance**<br>Ground Ambulance | $200 copay<br>* |
| Air Ambulance | $200 copay<br>* |

## Benefits

| | **Wellcare Giveback (HMO-POS)<br>H1032, Plan 195, 000** |
|---|---|
| **Transportation Services (Non-emergency medical transportation)** | **Not covered** |
| **Medicare Part B Drugs**<br>Chemotherapy Drugs and Other Part B Drugs | 20% coinsurance<br>*<br><br>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. |
| Insulin | $35 copay (maximum per month)<br>* |
| Allergy Antigen | 0% coinsurance<br>* |

| Part D Prescription Drug Coverage | Wellcare Giveback (HMO-POS) H1032, Plan 195, 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** | $700 for Part D prescription drugs (this applies to drugs on Tier 2 (Preferred Brand), Tier 3 (Non-Preferred Drug), Tier 4 (Injectable Drugs), 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 $2,400. You then move on to the Catastrophic Coverage Stage. | |
| **What You Pay for Vaccines:**<br>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:**<br>You won't pay more than $35 for a 1-month supply, $70 for up to a 2-month supply or $105 for up to a 3-month supply of each covered insulin product regardless of the cost-sharing tier, even if you have not paid your deductible. | |

## Retail cost-sharing chart:

| Part D Prescription Drug Coverage | Wellcare Giveback (HMO-POS) H1032, Plan 195, 000 | |
|---|---|---|
| **Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)** | | |
| **Retail cost-sharing (30-day / 100-day supply)**<br>For more details on tier descriptions, please see the Evidence of Coverage. | | |
| | **Preferred** | **Standard** |
| **Tier 1** (Generic) | $0 / $0 copay | $10 / $30 copay |
| **Tier 2** (Preferred Brand) | 24% / 24% coinsurance | 24% / 24% coinsurance |
| **Tier 3** (Non-Preferred Drug) | 40% / 40% coinsurance | 40% / 40% coinsurance |
| **Tier 4** (Injectable Drugs) | 1% / 1% coinsurance | 1% / 1% coinsurance |
| **Tier 5** (Specialty Tier) Limited to 30 day supply | 25% coinsurance / Not Available | 25% coinsurance / Not Available |
| **Tier 6** (Select Care Drugs) | $0 / $0 copay | $0 / $0 copay |

## Mail-order cost-sharing chart:

| Part D Prescription Drug Coverage | Wellcare Giveback (HMO-POS) H1032, Plan 195, 000 | |
|---|---|---|
| **Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)** | | |
| **Mail-order cost-sharing (100-day supply)** | | |
| | **Preferred** | **Standard** |
| **Tier 1** (Generic) | $0 copay | $30 copay |
| **Tier 2** (Preferred Brand) | 24% coinsurance | 24% coinsurance |
| **Tier 3** (Non-Preferred Drug) | 40% coinsurance | 40% coinsurance |
| **Tier 4** (Injectable Drugs) | 1% coinsurance | 1% coinsurance |
| **Tier 5** (Specialty Tier) Limited to 30 day supply | Not Available | Not Available |
| **Tier 6** (Select Care Drugs) | $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 $2,400. | |

Generic drugs may be covered on tiers other than Tier 1. Please check this 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. A one-month (34-day or less) prescription is not covered at mail-order.

**Excluded Drugs:**

Wellcare Giveback (HMO-POS) includes 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

| | **Wellcare Giveback (HMO-POS)<br>H1032, Plan 195, 000** |
|---|---|
| ***Note:*** *Services with an asterisk (*) may require prior authorization.<br>Services with a square (▪) means a referral may be required.* | |
| **Chiropractic Services**<br>Medicare-covered | $15 copay<br>▪<br>* |
| Routine Chiropractic Services | $15 copay<br>▪<br>*<br><br>12 visit(s) every year |
| **Acupuncture**<br>Medicare-covered | $0 copay for Medicare-covered Acupuncture received in a PCP office.<br>$15 copay for Medicare-covered Acupuncture received in a Chiropractor office.<br>$15 copay for Medicare-covered Acupuncture received in a Specialist office.<br>▪<br>* |
| **Podiatry Services (Foot Care)**<br>Medicare-covered | $15 copay<br>▪<br>* |

## Additional Benefits

| | **Wellcare Giveback (HMO-POS)<br>H1032, Plan 195, 000** |
|---|---|
| **Virtual Visits** | $0 copay for virtual visit services performed through your plan's virtual visit provider(s).<br>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.<br>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.<br>For more information, please see your Evidence of Coverage.<br>**What you should know:**<br>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*).<br>▪ |
| **Social Support Platform** | $0 copay<br>Our plan provides access to an online and app-based support platform designed to support 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.<br>Engage in interactive activities, meditations, and games tailored to your needs. The platform also features the ability to join social communities.<br>Available online 24/7 - you can use it whenever you choose.<br>For more information on how to access the social support platform, please see your Evidence of Coverage. |

## Additional Benefits

| | **Wellcare Giveback (HMO-POS)<br>H1032, Plan 195, 000** |
|---|---|
| **Home Health Agency Care** | $0 copay<br>▪<br>* |
| **Medical Equipment/Supplies**<br>Durable Medical Equipment (DME) | 20% coinsurance<br>* |
| Prosthetics | 20% coinsurance<br>* |
| Diabetic Therapeutic Shoes Or Inserts | 20% coinsurance<br>* |
| Blood glucose monitors (traditional finger stick blood glucose monitor) | $0 copay<br>*<br><br>For more information, limitations and exclusions, please see your Evidence of Coverage. |
| Continuous Glucose Monitors (CGM) | $0 copay<br>*<br><br>For more information, limitations and exclusions, please see your Evidence of Coverage. |
| Diabetic Supplies | $0 copay<br>*<br><br>For more information, limitations and exclusions, please see your Evidence of Coverage. |
| **Opioid Treatment Program Services** | $15 copay<br>▪<br>* |

## Additional Benefits

| | **Wellcare Giveback (HMO-POS)<br>H1032, Plan 195, 000** |
|---|---|
| **Health and Wellness Education Programs**<br>Fitness | For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage.<br>$0 copay<br>**What you should know:**<br>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.<br>Members have access to in-person fitness centers, available on-demand exercise programs, and choice of Home Fitness Kit. |
| 24-Hour Nurse Advice Line | $0 copay |
| **Annual Routine Physical Exam** | $0 copay<br>**What you should know:**<br>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.<br>Your earned rewards will be delivered to you in the form of a My Wellcare Rewards card. Debit card restrictions may apply. |

# 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 a.m. to 8 p.m. (all time zones).

## 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 a.m. to 8 p.m. (all time zones).
- ☐ 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, 2028.
- ☐ **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) for certain services. However, while we will pay for certain 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, 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**
**Already a Member?**
1-833-444-9088 (TTY: 711)
Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

**Not a Member yet?**

Toll-free at 1-844-480-0680 (TTY: 711)
Your call may be answered by a licensed agent.
Sunday-Saturday, 8 a.m. to 8 p.m. (all time zones)



**Online**

go.wellcare.com/Medicare