Medicare Advantage Sales Presentation

2027

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We’re Glad You’re Here

Who am I?

- I am a licensed and certified Wellcare plan representative with Wellcare.
- I do not represent the government, Medicare or Medicaid.

Thank you for joining me. Today, you’ll learn all about:

- Medicare Basics
- Medicare Advantage
- Prescription Drug Plans
- And, Wellcare Medicare Advantage plans

Get Help Choosing a Plan That’s Right for You

Selecting a Medicare plan can be complicated, but I’m here to help. This easy-to-follow presentation explains Medicare in simple language. It covers everything you need to make a good decision about your Medicare coverage and to enroll in a plan. It also explains how a Wellcare Medicare Advantage plan goes beyond the basics so you can live a better, healthier life.

Let's Start with the Basics

What is Medicare?

Medicare is a program administered and regulated by the Centers for Medicare & Medicaid Services (CMS).

You are eligible for Medicare if you are:

- A citizen or permanent resident of the United States
- Age 65 or older
- Under 65 with certain disabilities
- Any age with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS, also called Lou Gehrig's disease)

This presentation will help you understand Original Medicare and how it compares to Wellcare Medicare Advantage plans.

Medicare has four different parts:

PART A
Hospital Insurance

PART B
Medical Insurance

PART D
Prescription Drug Coverage

PART C
Medicare Advantage

Four Parts of Medicare

PART A

HOSPITAL INSURANCE

Part A covers inpatient care, a skilled nursing facility, hospice and some home healthcare. You will have out-of-pocket costs for your hospital stay, such as deductibles and coinsurance. If in a skilled nursing facility more than 20 days in a benefit period, there may be out-of-pocket costs. There may be a monthly premium as well.

PART B

MEDICAL INSURANCE

Part B helps with the costs of doctor visits, outpatient services and some preventive services. With Part B, there are additional costs, such as a monthly premium, annual deductible and coinsurance you have to pay. Parts A and B together are called Original Medicare.

PART D

PRESCRIPTION DRUG COVERAGE

Part D helps cover the cost of prescription drugs. To receive drug coverage, you have to purchase a Prescription Drug Plan (PDP) to add to your Original Medicare or enroll in a Medicare Advantage plan with Part D prescription drug coverage (MAPD).

PART C

MEDICARE ADVANTAGE

By joining a Medicare Advantage plan, you get Part A and Part B (and usually Part D) coverage to support your total health and well-being in one plan. Many of these plans offer additional benefits not found in Original Medicare, such as dental, vision, hearing and gym membership. Medicare Advantage plans have predictable costs with set co-pays and out-of-pocket cost limits Wellcare offers different kinds of Medicare Advantage plans. We explain them on the next slide.

MA Types of Medicare Advantage Plans:

HMO

Health Maintenance Organization (HMO)

In a **Health Maintenance Organization (HMO),** you choose from a network of doctors, specialists and other healthcare providers for your care. You usually need a referral from your primary care provider for tests or to see other doctors and specialists.

PPO

Preferred Provider Organization (PPO)

Preferred Provider Organization (PPO) plans give you the flexibility to see doctors and specialists in and out of network, although your costs are usually lower if you stay in network. You usually **do not** need a referral from your primary care provider to see other doctors and specialists.

PFFS

Private Fee-for-Service (PFFS)

In **Private Fee-for-Service (PFFS)** plans, you can go to any doctor, hospital or healthcare provider as long as they accept the plan's payment terms.

DSNP

Dual-Eligible Special Needs Plans (D-SNPs)

Do you qualify for both Medicare and Medicaid? If so, we have plans especially for you. Our Dual-Eligible Special Needs Plans (D-SNPs) offer some benefits that are not included in Original Medicare for qualifying members at no extra cost. For dual-eligible members enrolled in our integrated D-SNPs, we built an integrated care model that brings members, caregivers, and providers together in a more coordinated way. Integrated D-SNP members get one insurance card and one care manager. They don't have to guess which program covers a service or who to call.

CSNP

Chronic Special Needs Plans (C-SNPs)

Our **Chronic Special Needs Plans (C-SNPs)** offer coverage to help members with certain long-term health issues such as diabetes, chronic heart failure and cardiovascular disorder.

To see what's available in your area, please see the Summary of Benefits for details on the specific additional benefits in each plan. *Other types of plans may be available to you. Ask your licensed representative for details.*

Original Medicare vs. Medicare Advantage. Let's Compare.

Original Medicare

Original Medicare by itself is just a starting point: it covers doctor visits and hospital stays. You usually pay a monthly Part B premium and must meet yearly deductibles. Original Medicare will then cover 80% of the approved amount of Part B services and you're responsible for the remaining 20% of the cost of your care. *There is no limit to your out-of-pocket costs each year.*

Medicare Advantage

Wellcare Medicare Advantage plans support your entire well-being so you can live a better, healthier life. In one package, our plans give you Part A and Part B coverage, plus Part C coverage. Many of our plans also include Part D prescription drug coverage.

How Medicare Advantage Helps You Control Costs

- ✔ Limited out-of-pocket costs.
- ✔ More predictable co-pays.
- ✔ Wellcare Medicare Advantage plans have a cap to your yearly out-of-pocket expenses. *If you reach the maximum out-of-pocket amount, you pay nothing for your covered in-network services for the rest of the calendar year.*

	Medicare	Medicare Advantage
Doctor Visits	✔	✔
Hospital Stays	✔	✔
Prescription Drugs		✔ *
Additional Benefits		✔

*Prescription drug coverage included in many Medicare Advantage plans.

To see what's available in your area, please see the Summary of Benefits for details on the specific additional benefits in each plan.

Get to Know Medicare Part D

Medicare Part D is coverage for prescription drugs. You don't automatically get this coverage when you become eligible for Medicare, yet many Americans rely on prescription drugs to maintain their health and well-being. It's important to consider whether you need a plan with prescription drug coverage. To receive drug coverage, you can join a Wellcare Medicare Advantage plan that includes prescription drug coverage or a standalone Prescription Drug Plan (PDP).

Medicare Part D covers brand-name and generic prescription drugs. You generally pay less – or nothing at all – for generic drugs.

A formulary lists the drugs your plan covers.

Coverage Stages

Medicare Part D Prescription Drug Coverage includes three cost-sharing stages. The amount you pay to fill your prescription drugs depends on the payment stage you are in.

1 Annual Deductible
The amount you pay before a plan covers your prescription drug costs, if applicable.*

2 Initial Coverage
During this stage, the plan pays its share of the cost, and you pay your share. You are in this stage until your payments total $2,400 for the year.

3 Catastrophic Coverage
After your out-of-pocket costs for prescription drugs reach $2,400, you pay $0 for both covered brand and generic medications for the remainder of the year.

**Deductibles vary by plan. Not all plans have a deductible.*

Find out if you qualify for Extra Help

Extra Help is a Medicare program that helps people with limited income and resources in covering the costs of their Medicare prescription drug program, including premiums, deductibles and co-payments. Depending on your income and resources, you may qualify for Extra Help. You may get more information, see if you qualify and apply with the Social Security Administration. They may be reached at **1-800-772-1213 (TTY: 1-800-325-0778)** Monday - Friday 8 a.m. to 7 p.m. or visit **https://www.ssa.gov/medicare/part-d-extra-help**

Let's Look at Wellcare Benefits (at No Extra Cost)

You need a plan and benefits that support the bigger picture of your health. Yes, that includes the hospital and medical coverage you would get with Original Medicare, but you deserve something more. Now you can choose a plan with benefits that add to a healthier you. Our plans include the benefits below:

Fitness for a better you

Do your health goals include regular exercise? Many of our plans offer a fitness membership at partner facilities.

MyWellcare, healthcare on the go

Stay connected with your plan anytime, anywhere. Download our app to your mobile device to quickly search for providers and urgent care clinics, get appointment reminders, view your plan benefits, and more.

Call a nurse 24/7

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

Help with life challenges

When a lack of basics, like nutrition and transportation, get in the way of your good health, our Community Connections Help Line is available at **1-866-775-2192 (TTY: 711)**, Monday–Friday, 9 a.m. to 6 p.m. This service is available to anyone, not just plan members.

And now I will cover all the benefits, services, and providers available on plans in your area!

To see what's available in your area, please see the Summary of Benefits for details on the specific additional benefits in each plan.

5 Good Reasons to Choose Wellcare

1 We care about the whole you

Wellcare helps support your well-being in every area of your life – physically, socially and emotionally. We offer more than just healthcare. When you need support for things like quitting smoking, losing weight or dealing with depression, Wellcare connects you to programs that can help.

2 More coverage than Original Medicare

You'll find that our plans cover EVERYTHING that Original Medicare covers...and then some!

3 Value that saves you money

With Wellcare, you'll pay less and get more. All plans have limits on how much you'll spend out of your own pocket each year.

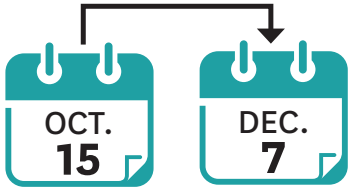
4 Preventive benefits to boost your good health

Quality healthcare should go beyond the basics to help you stay healthy in the first place. From flu shots to mammograms to annual checkups, our plans cover many preventive care services at no cost to you. We also remind your providers when you might be due for screenings. That way, you won't miss out on the care you need.

5 Experienced medical providers in your area

You'll find a network of qualified primary care providers, specialists, hospitals and pharmacies near you. We partner with experienced providers who have the education, experience and skills to treat you. And because our members come from many backgrounds and speak many languages, our providers do as well.

When to Enroll

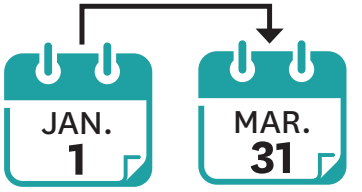


Annual Enrollment Period (AEP)

The Annual Enrollment Period occurs from October 15 through December 7. This is also referred to as the "Open Enrollment." Health plan coverage begins on January 1 of the following year.

Initial Coverage Enrollment Period (ICEP)

You become eligible to enroll into a Medicare Advantage plan three months before you get Medicare Parts A and B, and that enrollment period ends three months after you get Medicare Parts A and B. Your coverage would start the same day your Medicare entitlement month starts if you enroll before your Medicare entitlement month begins, or the first of the month after the plan gets your enrollment request if enrolling after your Medicare entitlement month starts.



Medicare Advantage Open Enrollment Period (MA OEP)

People enrolled in a Medicare Advantage plan can disenroll and return to Original Medicare or make one change to a different Medicare Advantage plan any time from Jan. 1, 2027 to March 31, 2027. If you choose to return to Original Medicare, you have until March 31, 2027 to sign up for a Prescription Drug Plan. The effective date for a change made during the MA OEP is the first day of the month after the enrollment request is received.

Special Enrollment Period (SEP)

You may qualify to make plan changes based on special circumstances (e.g., you move, a natural disaster occurs in your area, you are diagnosed with specific chronic conditions, you qualify for or lose eligibility for Medicaid).

Be sure to sign up when you're eligible

If you don't, you might owe a penalty. Medicare beneficiaries who go 63 days or more without "creditable drug coverage" must pay a late enrollment penalty. Creditable coverage is prescription drug coverage that meets Original Medicare's standards.

You're Ready to Sign Up

If Wellcare benefits, value, and quality-focused care sound good to you, let's take the next step. You can enroll in one of the following ways:

- Through your Licensed and Certified Representative
- By visiting us online at **URL**
- By calling **877-MY-WELLCARE** (TTY: **711**),
  October 1 to December 15: 8 a.m.-8 p.m., 7 days a week
  December 16 to September 30: 8 a.m.-8 p.m., Monday to Saturday

We look forward to serving you.

What to Expect After You Enroll

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

What will I get?	Why do I need it?
Wellcare ID Card	Your ID card is like your key to getting healthcare services. Use it every time you access your plan benefits. Keep it with you at all times. Please do not use your red, white and blue Medicare card, but keep it in a safe place.
Member Welcome Kit	Your Member Welcome Kit includes helpful information and details that can get you started with your new plan: • Official acceptance of enrollment • Plan start date • Over-the-counter (OTC) catalog/flyer, depending on your plan
Welcome Call	During the call, we'll ask you about your health needs and make sure you have everything you need for a smooth transition.

Thank You!

Please tell your friends and family about your decision and the reasons why you have selected Wellcare as your Medicare Advantage health plan.

Benefits and allowance amounts vary by plan. Please call for more details. Allowance amounts cannot be combined with other benefit allowances which may be on the prepaid card. Limitations and restrictions may apply.

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. Wellcare is a DSNP with a Florida Medicaid Contract. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the DSNP. Limitations, copayments, and/or restrictions may apply. Benefits, preferred drug list, pharmacy network, premium and/or copayments/coinsurance may change. Washington residents: "Wellcare" is issued by Coordinated Care of Washington, Inc. Washington residents: Health Net Life Insurance Company is contracted with Medicare for PPO plans. "Wellcare" is issued by Health Net Life Insurance Company. "Wellcare" is issued by WellCare Prescription Insurance, Inc. Arizona D-SNP plans: Contract services are funded in part under contract with the State of Arizona. Wellcare By Allwell (HMO and HMO SNP) includes products that are underwritten by Superior HealthPlan, Inc. Wellcare (HMO, HMO SNP, and PPO) includes products that are underwritten by WellCare of Texas, Inc., WellCare National Health Insurance Company, Superior HealthPlan, Inc., and SelectCare of Texas, Inc. Louisiana D-SNP prospective enrollees: For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at https://ldh.la.gov/medicaid or https://www.louisianahealthconnect.com. To request a written copy of our Medicaid Provider Directory, please contact us.

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WellcareNow.com
877-MY-WELLCARE (TTY: 711)
October 1 to December 15: 8 a.m.-8 p.m., 7 days a week
December 16 to September 30: 8 a.m.-8 p.m., Monday to Saturday for more information.