

WellCare/'Ohana/Easy Choice/WellCare TexanPlus 2019 Medicare Advantage Plans Individual Enrollment Form

How to Enroll with Our Plans

1. Please read this entire enrollment form to make sure you understand the information.
An incorrect or incomplete application may cause a delay or denial of coverage.
2. When you're ready, fill out the entire enrollment form. Where appropriate, write clearly in all capital letters or place an "X" in the appropriate box.
3. Once you're done, don't forget to sign and date it.
4. Return the completed and signed form in one of the following ways:
 - By fax to 1-866-473-9124, or
 - By mail to P.O. Box 31392, Tampa, FL 33631-3392, or
 - By using the postage-paid business reply envelope if one is included.
5. Contact your Licensed Insurance Agent with any questions you may have.

Licensed Insurance Agent: _____

Phone: (____) ____ - _____

3 Other Easy Ways to Enroll with WellCare/'Ohana/Easy Choice/WellCare TexanPlus



Call your plan at the Customer Service number on the inside front cover of this form.



Enroll online at www.wellcare.com/medicare or www.ohanahealthplan.com/medicare.



Enroll online at www.medicare.gov.





We're always just a phone call away!

If you're ready to enroll or have enrollment questions, call **1-866-999-3945** (CA), **1-800-265-8171** (HI), **1-866-556-4607** (TX)*, **1-866-245-4143** (TX)**, or **1-866-527-0056** (All Others).
Representatives are available from 8 a.m. to 8 p.m., 7 days a week.

If you're already a member, call the number for your state/plan listed below.

Alabama (AL):	WellCare Value (HMO).....	1-866-653-0981
Arkansas (AR):	WellCare Rx (HMO), WellCare Value (HMO-POS), WellCare Advance (HMO-POS), WellCare Preferred (HMO), WellCare Premier (PPO)	1-800-316-2273
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-855-292-0237
Arizona (AZ):	WellCare Value (HMO).....	1-866-797-2641
	WellCare Liberty (HMO SNP).....	1-877-778-1855
California (CA):	Easy Choice Plus Plan (HMO), Easy Choice Best Plan (HMO), Easy Choice Rx (HMO)	1-866-999-3945
	Easy Choice Freedom Plan (HMO SNP).....	1-866-999-3945
Connecticut (CT):	WellCare Preferred (HMO), WellCare Rx (HMO-POS), WellCare Value (HMO)	1-866-579-8006
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-866-635-7047
Florida (FL):	WellCare Dividend (HMO), WellCare Value (HMO), WellCare Value (HMO-POS), WellCare Essential (HMO-POS), WellCare Dividend Prime (HMO), WellCare Elite (HMO), WellCare Premier (PPO), WellCare Prime (PPO), WellCare Guardian (HMO SNP), WellCare Champion (HMO SNP).....	1-888-888-9355
	WellCare Select (HMO SNP), WellCare Access (HMO SNP), WellCare Liberty (HMO SNP), WellCare Reserve (HMO SNP)	1-866-637-8041
Georgia (GA):	WellCare Value (HMO), WellCare Advance (HMO-POS), WellCare Choice (HMO), WellCare Premier (PPO), WellCare Prime (PPO).....	1-866-334-7730
	WellCare Access (HMO SNP), WellCare Liberty (HMO SNP)	1-866-482-3361
Hawaii (HI):	'Ohana Value (HMO).....	1-888-505-1201
	'Ohana Liberty (HMO SNP).....	1-877-457-7621
Illinois (IL):	WellCare Advance (HMO-POS), WellCare Value (HMO-POS), WellCare Rx (HMO), WellCare Plus (HMO), WellCare Choice (HMO-POS).....	1-866-334-6876
Kentucky (KY):	WellCare Value (HMO), WellCare Essential (HMO-POS), WellCare Advance (HMO-POS).....	1-877-560-2766
	WellCare Access (HMO SNP), WellCare Liberty (HMO SNP)	1-877-560-3206

Louisiana (LA):	WellCare Rx (HMO), WellCare Value (HMO).....	1-866-804-5926
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-866-530-9488
Maine (ME):	WellCare Value (HMO).....	1-866-682-0536
	WellCare Access (HMO SNP).....	1-866-682-0537
	WellCare Today's Options Advantage Plus 150A (PPO), WellCare Today's Options Advantage Plus 550B (PPO), WellCare Today's Options Advantage 300 (PPO)	1-866-422-5009
Mississippi (MS):	WellCare Value (HMO), WellCare Essential (HMO-POS), WellCare Advance (HMO-POS).....	1-800-316-2273
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-855-292-0237
North Carolina (NC):	WellCare Value (HMO).....	1-877-655-2425
	WellCare Access (HMO SNP).....	1-877-655-2422
New Jersey (NJ):	WellCare Rx (HMO), WellCare Value (HMO-POS)	1-866-687-8570
	WellCare Liberty (HMO SNP).....	1-877-706-9509
New York (NY):	WellCare Value (HMO), WellCare Rx (HMO), WellCare Choice (HMO), WellCare Preferred (HMO), WellCare Essential (HMO), WellCare Advance (HMO), WellCare Today's Options Classic (HMO), WellCare Premier (PPO)	1-800-278-5155
	WellCare Access (HMO SNP).....	1-866-482-3363
	WellCare Liberty (HMO SNP).....	1-866-491-5746
	WellCare Today's Options Advantage Plus 750B (PPO), WellCare Today's Options Advantage Plus 450A (PPO), WellCare Today's Options Advantage 300 (PPO), WellCare Today's Options Advantage Plus 550B (PPO), WellCare Today's Options Advantage Plus 150A (PPO)	1-866-422-5009
South Carolina (SC):	WellCare Value (HMO), WellCare Elite (HMO), WellCare Advance (HMO-POS), WellCare Prime (PPO), WellCare Premier (PPO)	1-888-345-8437
	WellCare Access (HMO SNP).....	1-888-345-9036
Tennessee (TN):	WellCare Dividend (HMO), WellCare Rx (HMO), WellCare Value (HMO-POS), WellCare Advance (HMO-POS)	1-800-316-2273
	WellCare Access (HMO SNP).....	1-855-292-0237

Texas (TX):	WellCare TexanPlus Classic (HMO)*, WellCare TexanPlus Value (HMO), WellCare TexanPlus Choice (HMO-POS).....	1-866-230-2513
	WellCare TexanPlus Classic (HMO)**	1-800-958-2707
	WellCare TexanPlus Classic (HMO)***, WellCare Dividend Prime (HMO), WellCare Value (HMO-POS).....	1-866-687-8878
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP), WellCare TexanPlus Star (HMO SNP).....	1-866-530-9495
	Retiree – MA – PD CY (HMO).....	1-866-230-2513

Hours of operation

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.,
 or visit us anytime at www.wellcare.com/medicare or www.ohanahealthplan.com/medicare

Nurse Advice Line	1-800-581-9952 (24 hours, 7 days a week)
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TTY for all of the above **711**

* Texas Service Area: Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller
 ** Texas Service Area: Colin, Dallas, Rockwall, Tarrant
 *** Texas Service Area: Bexar, El Paso, Travis, Williamson

Please Read and Answer These Important Questions (continued):

4. Are you enrolled in your State Medicaid program? If "yes" please provide your Medicaid number:
Yes No

5. Do you or your spouse work? Yes No

6. FOR WELLCARE GUARDIAN (HMO SNP) AND WELLCARE CHAMPION (HMO SNP)

Do you have one of the following conditions: Cardiovascular Disorder, Diabetes, Chronic Heart Failure? Yes No

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format:

Spanish (where available) Chinese (where available) Korean (where available) Vietnamese (where available)

Large Print

Please contact WellCare/'Ohana/Easy Choice/WellCare TexanPlus at the Customer Service number listed on the inside front cover of this application if you need information in an accessible format or language other than what is listed above. Our office 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. TTY users should call 711.

Please Choose a Primary Care Physician (PCP), Clinic or Health Center: (First and Last Name of PCP)

ID# Are You a Current Patient? Yes No

IPA ID#

IPA Name:

If you are the authorized representative, you must sign and provide the following information.

Would you like all mail to be sent to the authorized representative? Yes No

Name:

Address:

City: State: ZIP:

Phone Number: Relationship to Enrollee:

Paying Your Plan Premium

If enrolling in a health plan with a \$0 monthly premium: If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, credit card, pay by phone, or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your

Licensed Insurance Agent:

Paying Your Plan Premium (continued)

Social Security or Railroad Retirement Board (RRB) benefit check each month, if eligible. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay the plan the Part D-IRMAA.

If enrolling in a plan with a monthly premium: You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, credit card, pay by phone, or through Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month, if eligible. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Wellcare/'Ohana/Easy Choice/WellCare Texan Plus the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and do not even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. Even if you have Extra Help now, you may need to reapply for it later. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. If you don't select a payment option, you will get a coupon book to pay your monthly premiums.

Please select a premium payment option:

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check (if eligible).

I get monthly benefits from: Social Security Railroad Retirement Board

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, or approves deductions to begin after the enrollment effective date, we will send you a bill for your monthly premiums.)

Electronic Funds Transfer (EFT) from your bank account each month.

To set up EFT you will need to send us a signed authorization form with a voided check or a letter from your bank if the account is a savings account. If you select this method, we will send you the EFT form with instructions on how to complete and return to us.

Get a coupon book for monthly premium payments.

Note: You may also pay your plan premiums by credit card or by deduction from your bank account (checking/savings) instead of using the monthly coupons. To set up your payment, visit our website at www.wellcare.com/medicare or www.ohanahealthplan.com/medicare or call Customer Service at the number on the inside cover.



Please Read This Important Information:

For MAPD Plans: If you currently have health coverage from an employer or union, joining a/an WellCare/'Ohana/Easy Choice/WellCare TexanPlus plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join WellCare/'Ohana/Easy Choice/WellCare Texan Plus. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign:

By completing this enrollment application, I agree to the following: 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Our D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or Prescription Drug Plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. **(MA only plans:** I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.) Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available, (Example: October 15–December 7 of every year) or under certain special circumstances. WellCare/'Ohana/Easy Choice/WellCare TexanPlus serves a specific service area. **If I move out of the area that WellCare/'Ohana/Easy Choice/WellCare TexanPlus serves, I need to notify the plan so I can disenroll and find a new plan in my new area.** Once I am a member of WellCare/'Ohana/Easy Choice/WellCare TexanPlus, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from WellCare/'Ohana/Easy Choice/WellCare TexanPlus when I receive it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

For Non-PPO Plans: I understand that beginning on the date WellCare/'Ohana/Easy Choice/WellCare TexanPlus coverage begins, I must get all of my health care from WellCare/'Ohana/Easy Choice/WellCare TexanPlus, except for emergency or urgently needed services or out-of-area dialysis services.

For PPO Plans Only: I understand that beginning on the date WellCare coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, WellCare provides refunds for all covered benefits, even if I get services out of network.

ALL PLANS: Services authorized by WellCare/'Ohana/Easy Choice/WellCare TexanPlus and other services contained in my WellCare/'Ohana/Easy Choice/WellCare TexanPlus Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR WELLCARE/'OHANA/EASY CHOICE/WELLCARE TEXAN PLUS WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with WellCare/'Ohana/Easy Choice/WellCare Texan Plus, he/she may be paid based on my enrollment in WellCare/'Ohana/Easy Choice/WellCare TexanPlus.

Release of Information: By joining this Medicare health plan, I acknowledge that WellCare/'Ohana/Easy Choice/WellCare TexanPlus will release my information to Medicare, other plans and providers as is necessary for treatment, payment and health care operations. I also acknowledge that WellCare/'Ohana/Easy Choice/WellCare TexanPlus will release my information (including my prescription drug event data) to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature: _____

Today's Date:

M	M	D	D	Y	Y	Y	Y

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the Annual Enrollment Period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and select the box if the statement applies to you. By filling in any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine that this information is incorrect, you may be disenrolled.

If the statement you select requires a date, please use the following format: MMDDYYYY

1. I am new to Medicare.

If you are new to Medicare due to loss of employer group or union coverage, please refer to number 13

2. I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

Licensed Insurance Agent:

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