



WellCare/‘Ohana Medicare Advantage Plans

— Individual Enrollment Form —

How to Enroll with WellCare/‘Ohana

- ① Please contact WellCare/‘Ohana if you need an enrollment form or information in another language or format (Braille or large print). The toll-free number for Customer Service is listed on the inside cover of this form.
- ② Please read this entire enrollment form to make sure you understand the information.
- ③ When you’re ready, fill out the entire enrollment form. Where appropriate, write clearly in block letters or select the appropriate box.
- ④ Once you’re done, don’t forget to sign and date it.
- ⑤ Return the completed/signed form to WellCare/‘Ohana using the attached postage-paid business reply envelope.
- ⑥ Contact your Benefit Consultant with any questions you may have.

Benefit Consultant: _____ Phone: (____) ____ - _____

3 Other Easy Ways to Enroll with WellCare/‘Ohana



Call WellCare/‘Ohana at the Customer Service number listed 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 1-877-817-5793, 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.

Arkansas:	All Plans	1-800-316-2273
Connecticut:	WellCare Access (HMO SNP).....	1-866-635-7047
	WellCare Value or Rx (HMO)	1-866-579-8006
Florida:	WellCare Access, Liberty or Select (HMO SNP/HMO-POS SNP)	1-866-637-8041
	WellCare Advance, Choice, Dividend, Essential, Rx or Value (HMO/HMO-POS).....	1-888-888-9355
Georgia:	WellCare Access (HMO SNP).....	1-866-482-3361
	WellCare Value (HMO).....	1-866-334-7730
Hawai'i:	'Ohana Liberty (HMO-POS SNP).....	1-877-457-7621
	'Ohana Choice or Value (HMO-POS).....	1-888-505-1201
Illinois:	WellCare Access (HMO SNP).....	1-866-439-1190
	WellCare Rx or Value (HMO/HMO-POS)	1-866-334-6876
Kentucky:	WellCare Access (HMO SNP).....	1-877-560-3206
	WellCare Value (HMO POS).....	1-877-560-2766
Louisiana:	WellCare Access (HMO SNP).....	1-866-530-9488
	WellCare Value (HMO).....	1-866-804-5926
Mississippi:	All Plans	1-800-316-2273
New Jersey:	WellCare Value (HMO).....	1-866-687-8570
	All Other Plans.....	1-866-530-9496
New York:	WellCare Access (HMO SNP).....	1-866-482-3363
	WellCare Liberty (HMO SNP)	1-866-491-5746
	WellCare Advance, Choice, Rx or Value (HMO/HMO-POS)	1-800-278-5155
South Carolina:	WellCare Comp Access (HMO SNP)	
	WellCare Emerald Value or Silver Advance (HMO)	1-800-316-2273
Tennessee:	WellCare Comp Access (HMO SNP)	
	WellCare Dividend, Emerald Value or Silver Advance (HMO/HMO-POS)	1-800-316-2273
Texas:	WellCare Access (HMO SNP).....	1-866-530-9495
	WellCare Dividend or Value (HMO/HMO-POS)	1-866-687-8878
Hours of operation are Monday–Friday, 8 a.m. to 8 p.m. Between October 1 and February 14, representatives are available Monday–Sunday, 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)
TTY for all of the above		1-877-247-6272

This information is available for free in other languages. Please call our Customer Service number at 1-877-374-4056, Monday–Friday, 8 a.m. to 8 p.m. Between October 1 and February 14, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. TTY users should call 1-877-247-6272.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de Servicio al Cliente al 1-877-374-4056, de lunes a viernes, de 8 a.m. a 8 p.m. Entre el 1 de octubre y el 14 de febrero, los representantes están disponibles de lunes a domingo de 8 a.m. a 8 p.m. Los usuarios de TTY deben llamar al 1-877-247-6272.

本資訊免費提供其它語言版本。請撥打 1-877-374-4056 與我們的客戶服務部聯繫，服務時間為週一至週五，上午 8 點至晚上 8 點。在十月 1 日至二月 14 日之間，代表的服務時間為週一至週日，上午 8 點至晚上 8 點。TTY 用戶請撥打 1-877-247-6272。

Thông tin này hiện có miễn phí bằng các ngôn ngữ khác. Xin gọi Dịch Vụ Khách Hàng của chúng tôi tại số 1-877-374-4056, Thứ Hai–Thứ Sáu, 8 sáng tới 8 tối Trong khoảng Ngày 1 Tháng Mười và 14 Tháng Hai, các đại diện có sẵn Thứ Hai–Chủ Nhật, 8 sáng tới 8 tối những người sử dụng TTY nên gọi số 1-877-247-6272.

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 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, 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 WellCare/'Ohana 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, by credit card, or through Electronic Funds Transfer (EFT) or by having it automatically deducted from your bank (checking/savings) account 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, 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 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. 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:

Social Security Railroad Retirement Board

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

Get a coupon book for monthly premium payments.

Note: You may pay your plan premiums by credit card, or through Electronic Funds Transfer (EFT) or by automatic 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. Once we receive your paperwork, it can take up to two months for your changes to take effect. Please keep paying your monthly bill until then.

Yellow: Member Copy)

(White: Office Copy

Please Read and Answer These Important Questions:

1. Do you have end-stage renal disease (ESRD)? Yes No

If you have had a successful kidney transplant and/or you do not need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you do not need dialysis; otherwise, we may need to contact you to obtain additional information.

2. For MAPD Plans: Some individuals may have other drug coverage, including other private insurance, TRICARE, federal employee health benefits coverage, VA benefits or State Pharmaceutical Assistance Programs.

Will you have other prescription drug coverage in addition to WellCare/'Ohana? Yes No

If "yes" please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage:

ID # for this coverage:

Group # for this coverage:

3. Are you a resident of a long-term care facility, such as a nursing home? Yes No

If "yes" please provide the following information:

Name of Institution:

Address & Phone Number of Institution:

4. Are you enrolled in your State Medicaid program?

Yes No

If "yes" please provide your Medicaid number:

5. Do you or your spouse work? Yes No

Please select ONE box for the language in which you prefer to receive information:

English Spanish (where available) Chinese (where available) Vietnamese (where available)

Please select in the box if you prefer to receive information in large print:

Please contact WellCare/'Ohana at the Customer Service number listed on the inside front cover of this booklet regarding the availability of information in a format or language other than what is listed above.

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

White: Office Copy Yellow: Member Copy

