

# Wellcare Patriot No Premium Open (PPO) *offered by* Health Net Life Insurance Company

## Annual Notice of Changes for 2022

You are currently enrolled as a member of Health Net Aqua (PPO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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### What to do now

#### 1. **ASK:** Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 2.1 and 2.4 for information about benefit and cost changes for our plan.
- ☐ Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 2.3 for information about our Provider Directory.
- ☐ Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?

- ☐ Think about whether you are happy with our plan.

#### 2. **COMPARE:** Learn about other plan choices

- ❑ Check coverage and costs of plans in your area.
  - Use the personalized search feature on the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website.
  - Review the list in the back of your *Medicare & You 2022* handbook.
  - Look in Section 4.2 to learn more about your choices.
- ❑ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.
- 3. **CHOOSE:** Decide whether you want to change your plan
  - If you don't join another plan by December 7, 2021, you will be enrolled in Wellcare Patriot No Premium Open (PPO).
  - To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.
- 4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2021**
  - If you don't join another plan by **December 7, 2021**, you will be enrolled in Wellcare Patriot No Premium Open (PPO).
  - If you join another plan by **December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

### Additional Resources

- Please contact our member services number at 1-844-582-5177 for additional information. (TTY users should call 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.
- We must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call member services if you need plan information in another format.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Wellcare Patriot No Premium Open (PPO)

- 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.
- When this booklet says “we,” “us,” or “our,” it means Health Net Life Insurance Company.

When it says “plan” or “our plan,” it means Wellcare Patriot No Premium Open (PPO).

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## Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Wellcare Patriot No Premium Open (PPO) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [www.wellcare.com/healthnetor](http://www.wellcare.com/healthnetor). You may also call member services to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
<b>Monthly plan premium</b>	\$0	\$0
<b>Deductible</b>	\$125	\$125
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	From network providers: \$2,500  From in-network and out-of-network providers combined: \$5,100	From network providers: \$2,500  From in-network and out-of-network providers combined: \$5,100
<b>Doctor office visits</b>	<b>In-Network:</b>  Primary care visits: \$12 copay per visit  Specialist visits: \$25 copay per visit  <b>Out-of-Network:</b>  Primary care visits: \$20 copay per visit  Specialist visits: \$40 copay per visit	<b>In-Network:</b>  Primary care visits: \$12 copay per visit  Specialist visits: \$25 copay per visit  <b>Out-of-Network:</b>  Primary care visits: \$20 copay per visit  Specialist visits: \$40 copay per visit

Cost	2021 (this year)	2022 (next year)
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	For covered admissions, per admission:  <b>In-Network:</b> \$175 copay per day, for days 1 to 8 and \$0 copay per day, for days 9 to 90 for each covered hospital stay. \$0 copay for additional covered hospital days.  <b>Out-of-Network:</b> \$200 copay per day, for days 1 to 8 and \$0 copay per day, for days 9 to 90 for each covered hospital stay. \$0 copay for additional covered days.	For covered admissions, per admission:  <b>In-Network:</b> \$175 copay per day, for days 1 to 8 and \$0 copay per day, for days 9 to 90 for each covered hospital stay. \$0 copay for additional covered hospital days.  <b>Out-of-Network:</b> \$200 copay per day, for days 1 to 8 and \$0 copay per day, for days 9 to 90 for each covered hospital stay. \$0 copay for additional covered days.

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## SECTION 1 We Are Changing the Plan's Name

On January 1, 2022, our plan name will change from Health Net Aqua (PPO) to Wellcare Patriot No Premium Open (PPO).

You will receive a new ID Card in the mail that will display the new plan name on or before December 31, 2021. Going forward, all other communications regarding your 2022 plan and benefits will also reflect the new name.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1— Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

### Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
<b>In-network maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays and deductibles) from network providers count toward your in-network maximum out-of-pocket amount.	\$2,500	\$2,500 Once you have paid \$2,500 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2021 (this year)	2022 (next year)
<b>Combined maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	\$5,100	\$5,100 Once you have paid \$5,100 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

## Section 2.3— Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider Directory* is located on our website at [www.wellcare.com/healthnetor](http://www.wellcare.com/healthnetor). You may also call member services for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2022 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.



## Section 2.4— Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2022 Evidence of Coverage*.

### Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
<b>Acupuncture for chronic low back pain</b>	<b>In-Network</b> You pay a \$15 copay for Medicare-covered Acupuncture for chronic low back pain services.	<b>In-Network</b> You pay a \$12 copay for Medicare-covered Acupuncture received in a PCP office. You pay a \$25 copay for Medicare-covered Acupuncture received in a Specialist office. You pay a \$0 copay for Medicare-covered Acupuncture received in a Chiropractor office.

Cost	2021 (this year)	2022 (next year)
<b>Acupuncture for chronic low back pain</b>	<b>Out-of-Network</b> You pay a \$15 copay for Medicare-covered Acupuncture for chronic low back pain services.	<b>Out-of-Network</b> You pay a \$20 copay for Medicare-covered Acupuncture received in a PCP office. You pay a \$40 copay for Medicare-covered Acupuncture received in a Specialist office. You pay a \$0 copay for Medicare-covered Acupuncture received in a Chiropractor office.
<b>Chiropractic services</b>	<b>In-Network</b> You pay a \$15 copay for each Medicare-covered service.	<b>In-Network</b> You pay a \$0 copay for each Medicare-covered service.
<b>Chiropractic services</b>	<b>Out-of-Network</b> You pay a \$15 copay for each Medicare-covered service.	<b>Out-of-Network</b> You pay a \$0 copay for each Medicare-covered service.
<b>Complementary/ Alternative Medicine</b>	<b>In-Network</b> You pay a \$15 copay per visit	<b>In-Network</b> You pay a \$0 copay per visit
	<b>Out-of-Network</b> You pay \$15 copay per visit	<b>Out-of-Network</b> You pay 40% of the total cost per visit
	Up to 24 visits every year for routine chiropractic, naturopath, acupuncture services combined.	Up to 24 visits every year for routine chiropractic, naturopath, acupuncture services combined.
<b>Diabetes self-management training, diabetic services and supplies - Diabetic monitoring supplies - Preferred vendors</b>	AccuChek™ and OneTouch™ are our preferred diabetic testing supplies (glucose monitors & supplies). Other brands are not covered unless medically necessary and pre-authorized.	OneTouch™ products by Lifescan are our preferred diabetic testing supplies (glucose monitors & test strips). Other brands are not covered unless medically necessary and pre-authorized.

Cost	2021 (this year)	2022 (next year)
<b>Diabetes self-management training, diabetic services and supplies - Diabetes self-management training</b>	<b>In-Network</b> You pay a \$0 copay for each Medicare-covered service. Telehealth for this service is <u>not</u> covered.	<b>In-Network</b> You pay a \$0 copay for each Medicare-covered service. Telehealth for this service is covered.
<b>Diabetes self-management training, diabetic services and supplies - Diabetic therapeutic shoes or inserts</b>	<b>In-Network</b> You pay 15% of the total cost for each Medicare-covered service.	<b>In-Network</b> You pay 20% of the total cost for each Medicare-covered service.
<b>Diabetes self-management training, diabetic services and supplies - Diabetic therapeutic shoes or inserts</b>	<b>Out-of-Network</b> You pay 20% of the total cost for each Medicare-covered service.	<b>Out-of-Network</b> You pay 30% of the total cost for each Medicare-covered service.
<b>Durable medical equipment (DME) - Durable medical equipment</b>	<b>In-Network</b> You pay 15% of the total cost for each Medicare-covered service.	<b>In-Network</b> You pay 20% of the total cost for each Medicare-covered service.
<b>Durable medical equipment (DME) - Durable medical equipment</b>	<b>Out-of-Network</b> You pay 20% of the total cost for each Medicare-covered service.	<b>Out-of-Network</b> You pay 30% of the total cost for each Medicare-covered service.
<b>Emergency services</b>	You pay a \$120 copay for each Medicare-covered service. Copayment is waived if you are immediately admitted to the hospital.	You pay a \$120 copay for each Medicare-covered service. Copayment is waived if you are admitted to a hospital within 24 hours.
<b>Emergency care - Worldwide emergency coverage</b>	You pay a \$0 copay for each covered service.	You pay a \$120 copay for each covered service.  Copayment is not waived if you are admitted to a hospital.
<b>Emergency care - Worldwide emergency transportation</b>	You pay a \$0 copay for each covered service.	Worldwide emergency transportation is <u>not</u> covered.

Cost	2021 (this year)	2022 (next year)
<b>Fitness Membership</b>	<p>You pay a \$0 copay for the fitness benefit.</p> <p>Your Silver&amp;Fit membership does not include access to a new 1:1 Healthy Aging Coaching program.</p>	<p>You pay a \$0 copay for the fitness benefit.</p> <p>Your Silver&amp;Fit membership includes access to a 1:1 Healthy Aging Coaching program.</p>
<b>Home health agency care</b>	<p><b>In-Network</b>            You pay a \$0 copay for each Medicare-covered service. Telehealth for this service is <u>not</u> covered.</p>	<p><b>In-Network</b>            You pay a \$0 copay for each Medicare-covered service. Telehealth for this service is covered.</p>
<b>Home infusion therapy</b>	<p><b>In-Network</b>            You pay a \$0 copay for each professional service, including nursing services training and education, remote monitoring and monitoring services.</p>	<p><b>In-Network</b>            You pay a \$12 copay for each professional service from a Primary Care Provider, including nursing services training and education, remote monitoring and monitoring services.</p> <p>You pay a \$25 copay for each professional service from a specialist, including nursing services training and education, remote monitoring and monitoring services.</p>

Cost	2021 (this year)	2022 (next year)
<b>Home infusion therapy</b>	<b>Out-of-Network</b> You pay a \$0 copay for each professional service, including nursing services training and education, remote monitoring and monitoring services.	<b>Out-of-Network</b> You pay a \$20 copay for each professional service from a Primary Care Provider, including nursing services training and education, remote monitoring and monitoring services. You pay a \$40 copay for each professional service from a specialist, including nursing services training and education, remote monitoring and monitoring services.
<b>Inpatient mental health care</b>	<b>Out-of-Network</b> You pay a \$200 copay per day, for days 1 to 8 and \$0 copay per day, for days 9 to 190 for each covered hospital stay.	<b>Out-of-Network</b> You pay a \$200 copay per day, for days 1 to 8 and \$0 copay per day, for days 9 to 90 for each covered hospital stay.
<b>Medical nutrition therapy - Additional medical nutrition therapy</b>	<b>In-Network</b> You pay a \$0 copay.	<b>In-Network</b> Additional medical nutrition therapy is <u>not</u> covered.
<b>Medical nutrition therapy - Additional medical nutrition therapy - Non-Medicare-covered diseases - Additional sessions</b>	Unlimited visits for medical nutrition therapy for non-medicare-covered diseases.	Additional medical nutrition therapy is <u>not</u> covered.
<b>Medical nutrition therapy - Additional medical nutrition therapy - Medicare-covered diseases - Additional sessions</b>	Unlimited visits for medical nutrition therapy for medicare-covered diseases.	Additional medical nutrition therapy is <u>not</u> covered.
<b>Medical nutrition therapy - Additional medical nutrition therapy</b>	<b>Out-of-Network</b> You pay a \$0 copay.	<b>Out-of-Network</b> <u>Not</u> covered
<b>Medicare Part B prescription drugs - Chemotherapy/Radiation drugs</b>	<b>In-Network</b> You pay 15% of the total cost for each Medicare-covered service.	<b>In-Network</b> You pay 20% of the total cost for each Medicare-covered service.

Cost	2021 (this year)	2022 (next year)
<b>Medicare Part B prescription drugs - Chemotherapy/Radiation drugs</b>	<b>Out-of-Network</b> You pay 20% of the total cost for each Medicare-covered service.	<b>Out-of-Network</b> You pay 30% of the total cost for each Medicare-covered service.
<b>Medicare Part B prescription drugs- Part B drugs</b>	<b>In-Network</b> You pay 15% of the total cost for Medicare-covered Part B drugs. Medicare-covered Part B drugs may be subject to Step Therapy requirements.	<b>In-Network</b> You pay 20% of the total cost for Medicare-covered Part B drugs. Medicare-covered Part B drugs may be subject to Step Therapy requirements.
<b>Medicare Part B prescription drugs- Part B drugs</b>	<b>Out-of-Network</b> You pay 20% of the total cost for each Medicare-covered service.	<b>Out-of-Network</b> You pay 30% of the total cost for each Medicare-covered service.
<b>Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests</b>	<b>In-Network</b> You pay 0% of the total cost for COVID-19 testing and specified testing-related services. You pay 0% of the total cost for Medicare-covered EKG. You pay 15% of the total cost for all other Medicare-covered diagnostic procedures and tests.	<b>In-Network</b> You pay a \$0 copay for each Medicare-covered spirometry test for members with a diagnosis of COPD. You pay a \$0 copay for the removal of abnormal tissue and/or polyps during a colonoscopy performed as a preventive screening for colorectal cancer. You pay a \$0 copay for COVID-19 testing and specified testing related services. You pay 15% of the total cost for all other Medicare-covered diagnostic procedures and tests.

Cost	2021 (this year)	2022 (next year)
<b>Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests</b>	<p><b>Out-of-Network</b>            You pay 0% of the total cost for COVID-19 testing and specified testing -related services.            You pay 0% of the total cost for each Medicare-covered EKG.            You pay 20% of the total cost for all other Medicare-covered diagnostic procedures and tests.</p>	<p><b>Out-of-Network</b>            You pay a \$0 copay for each Medicare-covered spirometry test for members with a diagnosis of COPD.            You pay a \$0 copay for the removal of abnormal tissue and/or polyps during a colonoscopy performed as a preventive screening for colorectal cancer.            You pay a \$0 copay for COVID-19 testing and specified testing related services.            You pay 20% of the total cost for all other Medicare-covered diagnostic procedures and tests performed at all other locations.</p>
<b>Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services</b>	<p><b>In-Network</b>            You pay 15% of the total cost for Medicare-covered diagnostic radiological services.</p>	<p><b>In-Network</b>            You pay a \$0 copay for a DEXA scan.            You pay a \$0 copay for a diagnostic mammogram.            You pay a \$225 copay for all other Medicare-covered diagnostic radiology services received in an outpatient setting.            You pay a \$125 copay for all other Medicare-covered diagnostic radiology services received in all other locations.</p>

Cost	2021 (this year)	2022 (next year)
<b>Diagnostic Radiology, Therapeutic Radiology, X-rays - Multiple same day services</b>	If you receive multiple services from the same service category on the same day at the same facility, you will be responsible for paying the cost-share for each service received.	If you receive multiple services from the same service category on the same day at the same facility, you will be responsible to pay the maximum copay amount for that service category at that location. However, if the benefit for one service is a copay and the benefit for another service is a coinsurance, you may be asked to pay both the copay and the coinsurance.
<b>Outpatient diagnostic tests and therapeutic services and supplies - Medical supplies</b>	<b>In-Network</b> You pay 15% of the total cost for each Medicare-covered service.	<b>In-Network</b> You pay 20% of the total cost for each Medicare-covered service.
<b>Outpatient diagnostic tests and therapeutic services and supplies - Medical supplies</b>	<b>Out-of-Network</b> You pay 20% of the total cost for each Medicare-covered service.	<b>Out-of-Network</b> You pay 30% of the total cost for each Medicare-covered service.
<b>Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services</b>	<b>In-Network</b> You pay a \$12 copay for each Medicare-covered service.	<b>In-Network</b> You pay a \$0 copay for each Medicare-covered service.
<b>Outpatient diagnostic tests and therapeutic services and supplies - Therapeutic radiological services</b>	<b>In-Network</b> You pay 15% of the total cost for each Medicare-covered service.	<b>In-Network</b> You pay 20% of the total cost for each Medicare-covered service.



Cost	2021 (this year)	2022 (next year)
<b>Outpatient mental health care - additional counseling services</b>	<b>In-Network</b> You pay a \$0 copay for each additional counseling visit with a Teladoc™ provider. You pay a \$25 copay for each additional counseling visit with a Medicare-qualified mental health provider in an office setting. Unlimited visits for 60 minute individual or group sessions every year.	<b>In-Network</b> You pay a \$0 copay for each additional counseling visit with a Teladoc™ provider. Unlimited visits for 60 minute individual or group sessions every year.
<b>Outpatient mental health care - additional counseling services</b>	<b>Out-of-Network</b> You pay a \$40 copay for each additional counseling visit with a Medicare-qualified mental health provider in an office setting or with a Teladoc™ provider.	<b>Out-of-Network</b> You pay a \$0 copay for each additional counseling visit with a Teladoc™ provider.
<b>Outpatient mental health care - Non-psychiatric services - Group sessions</b>	<b>In-Network</b> You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is covered.	<b>In-Network</b> You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is <u>not</u> covered.
<b>Outpatient mental health care - Psychiatric services - Group sessions</b>	<b>In-Network</b> You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is covered.	<b>In-Network</b> You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is <u>not</u> covered.
<b>Outpatient rehabilitation services - Occupational therapy</b>	<b>In-Network</b> You pay a \$25 copay for each Medicare-covered service. Telehealth for this service is <u>not</u> covered.	<b>In-Network</b> You pay a \$25 copay for each Medicare-covered service. Telehealth for this service is covered.

Cost	2021 (this year)	2022 (next year)
<b>Outpatient rehabilitation services - Physical therapy and speech-language pathology</b>	<b>In-Network</b> You pay a \$25 copay for each Medicare-covered service. Telehealth for this service is <u>not</u> covered.	<b>In-Network</b> You pay a \$25 copay for each Medicare-covered service. Telehealth for this service is covered.
<b>Outpatient substance abuse services - Individual sessions</b>	<b>In-Network</b> You pay a \$25 copay for each Medicare-covered Individual Session. Telehealth for this service is <u>not</u> covered.	<b>In-Network</b> You pay a \$25 copay for each Medicare-covered Individual Session. Telehealth for this service is covered.
<b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Ambulatory surgical center</b>	<b>In-Network</b> You pay 20% of the total cost, up to \$150 for each Medicare-covered service.	<b>In-Network</b> You pay a \$150 copay for each Medicare-covered service.
<b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital services</b>	<b>In-Network</b> You pay 20% of the total cost, up to \$175 for each Medicare-covered service.	<b>In-Network</b> You pay a \$225 copay for each Medicare-covered service.
<b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital services</b>	<b>Out-of-Network</b> You pay a \$200 copay for each Medicare-covered service.	<b>Out-of-Network</b> You pay a \$250 copay for each Medicare-covered service.
<b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital observation</b>	<b>In-Network</b> You pay a \$175 copay for each Medicare-covered observation service visit.	<b>In-Network</b> You pay a \$120 copay for outpatient observation services when you enter observation status through an emergency room. You pay a \$225 copay for outpatient observation services when you enter observation status through an outpatient facility.

Cost	2021 (this year)	2022 (next year)
<b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital observation</b>	<b>Out-of-Network</b> You pay a \$200 copay for each Medicare-covered service.	<b>Out-of-Network</b> You pay a \$200 copay if entering observation status through the emergency room. You pay a \$250 copay if entering observation status through an outpatient facility.
<b>Partial hospitalization services</b>	<b>In-Network</b> You pay a \$0 copay per day for each Medicare-covered service.	<b>In-Network</b> You pay a \$55 copay per day for each Medicare-covered service.
<b>Podiatry services - Medicare-covered</b>	<b>In-Network</b> You pay a \$25 copay for each Medicare-covered service. Telehealth for this service is <u>not</u> covered.	<b>In-Network</b> You pay a \$25 copay for each Medicare-covered service. Telehealth for this service is covered.
<b>Prosthetic devices and related supplies - Prosthetic devices</b>	<b>In-Network</b> You pay 15% of the total cost for each Medicare-covered service.	<b>In-Network</b> You pay 20% of the total cost for each Medicare-covered service.
<b>Prosthetic devices and related supplies - Prosthetic devices</b>	<b>Out-of-Network</b> You pay 20% of the total cost for each Medicare-covered service.	<b>Out-of-Network</b> You pay 30% of the total cost for each Medicare-covered service.
<b>Routine Dental (limitations and exclusions apply)</b>	Plan does not have max allowance for Preventive dental services Plan covers up to \$2,000 per year for Comprehensive dental services One (1) X-Ray covered every year You pay a \$0 copay Out-of-Network for Oral Exams, Cleanings, Fluoride Treatments, and X-rays You pay a \$0 copay In-Network and	Plan covers up to \$2,000 per year for Preventive and Comprehensive Dental services One (1) X-Ray covered every 12 to 36 months One (1) Non-Routine service covered once per day to 24 months One (1) Diagnostic service covered every year One (1) Restorative service covered every 12 to 84 months Endodontics covered once per tooth One (1) Periodontic service

Cost	2021 (this year)	2022 (next year)
	<p>Out-of-Network for unlimited Non-Routine services and Diagnostic services covered every year            You pay 50% of the total cost In-Network and Out-of-Network for unlimited Restorative services covered every year            Endodontics are not covered            Periodontics are not covered            Extractions are not covered            Prosthodontics are not covered            Other Oral/Maxillofacial Surgeries are not covered</p>	<p>covered every 6 to 36 months            Extractions covered once per tooth            One (1) Prosthodontic covered every 12 to 84 months            One (1) Other Oral/Maxillofacial Surgery covered every 12 to 60 months or per lifetime            You pay 40% of the total cost In-Network for Non-Routine services, Diagnostic services, Restorative services, Endodontics, Periodontics, Extractions, Prosthodontics, and Other Oral/Maxillofacial Surgery            You pay 70% of the total cost Out-of-Network for Oral Exams, Cleanings, Fluoride Treatments, X-Rays, Non-Routine services, Diagnostic services, Restorative services, Endodontics, Periodontics, Extractions, Prosthodontics, and Other Oral/Maxillofacial Surgery</p>
<b>Routine Hearing (limitations and exclusions apply)</b>	<p>Plan has no max allowance            You pay a \$0 copay            Out-of-Network for Routine Hearing Exams and Hearing Aid Fittings/Evaluations            You pay a \$0 - \$1,580 copay In-Network and Out-of-Network for Hearing Aids            Copay amount depends on technology level of hearing aid you purchase.</p>	<p>Plan covers up to \$2,000 per year for hearing aids, \$1,000 per ear            You pay a \$0 copay In-Network per Hearing Aid            You pay 40% of the total cost Out-of-Network for Hearing Aid Exams, Hearing Aid Fittings/Evaluations, and Hearing Aids</p>

Cost	2021 (this year)	2022 (next year)
<b>Routine Vision (limitations and exclusions apply).</b>	Plan covers up to \$250 every two years You pay a \$10 copay In-Network and Out-of-Network for Routine Eye Exams One (1) pair of Contacts covered every two years One (1) set of Glasses covered every two years Upgrades are not covered You pay a \$0 copay Out-of-Network for Glasses and Contacts	Plan covers up to \$200 every year Unlimited Contacts are covered Upgrades are covered You pay a \$0 copay In-Network for one (1) Routine Eye Exam, Lenses, Frames, and Upgrades You pay 40% of the total cost Out-of-Network for one (1) Routine Eye Exam, Glasses, Contacts, Lenses, Frames, and Upgrades
<b>Services to treat kidney disease and conditions - Dialysis Services</b>	<b>Out-of-Network</b> You pay 20% of the total cost for each Medicare-covered service.	<b>Out-of-Network</b> You pay 30% of the total cost for each Medicare-covered service.
<b>Services to treat kidney disease and conditions - Kidney disease education services</b>	<b>In-Network</b> You pay a \$0 copay for each Medicare-covered service.	<b>In-Network</b> You pay 20% of the total cost for each Medicare-covered service.
<b>Special supplemental benefits for the chronically ill</b>	Special supplemental benefits for the chronically ill are <u>not</u> covered	You must meet eligibility guidelines for the following plan benefits. Additionally, participation in a care management program with our plan may be required.  Robotic Companion Pet: You pay a \$0 copay. If eligible, you may receive an interactive companion cat or dog from the plan's contracted vendor. Type of pet is subject to availability. Benefit is limited to one pet per member per year.
<b>Supervised Exercise Therapy (SET)</b>	<b>In-Network</b> You pay a \$10 copay for each Medicare-covered service.	<b>In-Network</b> You pay a \$25 copay for each Medicare-covered service.

Cost	2021 (this year)	2022 (next year)
<b>Urgently needed services</b>	You pay a \$25 copay for each Medicare-covered service. Copayment is not waived if you are admitted to a hospital. Telehealth for this service is <u>not</u> covered.	You pay a \$25 copay for each Medicare-covered service. Copayment is waived if you are admitted to a hospital within 24 hours. Telehealth for this service is covered.
<b>Urgently needed services - Worldwide urgent care coverage</b>	You pay a \$0 copay for each covered service.	You pay a \$120 copay for each covered service.  Copayment is not waived if you are admitted to a hospital.
<b>Vision care - Medicare-covered eye exam</b>	<b>In-Network</b> You pay a \$0 copay for each Medicare-covered diabetic eye exam. You pay a \$10 copay for all other Medicare-covered eye exams.	<b>In-Network</b> You pay a \$0 copay for each Medicare-covered diabetic eye exam. You pay a \$25 copay for all other Medicare-covered eye exams.
<b>Vision care - Medicare-covered eye exam</b>	<b>Out-of-Network</b> You pay a \$40 copay for each Medicare-covered service.	<b>Out-of-Network</b> You pay a \$0 copay for each Medicare-covered diabetic eye exam. You pay a \$250 copay for all other Medicare-covered eye exams.
<b>Vision care - Medicare-covered eyewear</b>	<b>Out-of-Network</b> You pay a \$0 copay for each Medicare-covered service.	<b>Out-of-Network</b> You pay a \$40 copay for each Medicare-covered service.
<b>Virtual Visits</b>	<b>In-Network</b> You pay \$0 copay per call. Your telehealth services from Teladoc do <u>not</u> include nutritional counseling.	<b>In-Network</b> You pay \$0 copay per call to Teladoc. Your telehealth services from Teladoc include nutritional counseling.
<b>Virtual Visits</b>	<b>Out-of-Network</b> You must use the in-network benefit.	<b>Out-of-Network</b> You must use the in-network benefit.

Cost	2021 (this year)	2022 (next year)
<b>Prior Authorizations</b>	<p>The following in-network benefits may require prior authorization:</p> <ul style="list-style-type: none"> <li>• Ambulance services</li> <li>• Ambulatory surgical center</li> <li>• Diabetic services and supplies</li> <li>• Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests</li> <li>• Outpatient diagnostic tests and therapeutic services and supplies - Lab services</li> <li>• Durable medical equipment (DME) and related supplies</li> <li>• Home health agency care</li> <li>• Inpatient hospital care</li> <li>• Inpatient mental health care</li> <li>• Medicare Part B prescription drugs - Chemotherapy/Radiation drugs</li> <li>• Medicare Part B prescription drugs- Part B drugs</li> <li>• Outpatient rehabilitation services - Occupational therapy</li> <li>• Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services</li> <li>• Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services</li> <li>• Outpatient diagnostic tests and therapeutic services and supplies - Therapeutic radiological services</li> <li>• Outpatient hospital observation</li> </ul>	<p>The following in-network benefits may require prior authorization:</p> <ul style="list-style-type: none"> <li>• Additional acupuncture services</li> <li>• Additional Telehealth Services</li> <li>• Ambulance services</li> <li>• Ambulatory surgical center</li> <li>• Chiropractic services</li> <li>• Comprehensive dental services</li> <li>• Diabetic services and supplies</li> <li>• Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests</li> <li>• Outpatient diagnostic tests and therapeutic services and supplies - Lab services</li> <li>• Durable medical equipment (DME) and related supplies</li> <li>• Medicare-covered Eye Exams</li> <li>• Medicare-covered Eyewear</li> <li>• Hearing aids</li> <li>• Medicare-covered Hearing Exams</li> <li>• Home health agency care</li> <li>• Inpatient hospital care</li> <li>• Inpatient mental health care</li> <li>• Medicare Part B prescription drugs - Chemotherapy/Radiation drugs</li> <li>• Medicare Part B prescription drugs- Part B drugs</li> <li>• Outpatient rehabilitation services - Occupational therapy</li> </ul>

Cost	2021 (this year)	2022 (next year)
	<ul style="list-style-type: none"> <li>• Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital services</li> <li>• Outpatient substance abuse services</li> <li>• Partial hospitalization services</li> <li>• Outpatient rehabilitation services - Physical therapy and speech-language pathology</li> <li>• Prosthetic devices and related supplies</li> <li>• Skilled nursing facility (SNF) care</li> <li>• Diabetic Therapeutic Shoes and Inserts</li> </ul>	<ul style="list-style-type: none"> <li>• Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services</li> <li>• Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services</li> <li>• Outpatient diagnostic tests and therapeutic services and supplies - Therapeutic radiological services</li> <li>• Outpatient hospital observation</li> <li>• Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital services</li> <li>• Outpatient substance abuse services</li> <li>• Partial hospitalization services</li> <li>• Outpatient rehabilitation services - Physical therapy and speech-language pathology</li> <li>• Preventive dental services</li> <li>• Prosthetic devices and related supplies</li> <li>• Skilled nursing facility (SNF) care</li> <li>• Special Supplemental Benefits for the Chronically Ill</li> <li>• Routine eye exam</li> <li>• Routine Eyewear</li> <li>• Routine hearing exam</li> <li>• Hearing Aid Fitting/Evaluation(s)</li> <li>• Diabetic Therapeutic Shoes and Inserts</li> </ul>



## SECTION 3 Administrative Changes

The information in the Administrative Changes grid below reflects year over year changes to your plan that do not directly impact benefits or cost-shares.

Description	2021 (this year)	2022 (next year)
Referrals	No referral required	The following in-network benefits may require referrals: <ul style="list-style-type: none"><li>• Special Supplemental Benefits for the Chronically Ill</li></ul>

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1— If you want to stay in Wellcare Patriot No Premium Open (PPO)

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Wellcare Patriot No Premium Open (PPO).

### Section 4.2— If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

#### **Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan timely,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare). **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

## **Step 2: Change your coverage**

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Wellcare Patriot No Premium Open (PPO).
  - To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Wellcare Patriot No Premium Open (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact member services if you need more information on how to do this (phone numbers are in Section 8.1 of this booklet).
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## **SECTION 5      Deadline for Changing Plans**

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2022.

### **Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

## **SECTION 6      Programs That Offer Free Counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

- In Oregon, the SHIP is called Oregon Senior Health Insurance Benefits Assistance (SHIBA).
- In Washington, the SHIP is called Washington Statewide Health Insurance Benefits Advisors (SHIBA).

In Oregon, Oregon Senior Health Insurance Benefits Assistance (SHIBA) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Oregon Senior Health Insurance Benefits Assistance (SHIBA) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching

plans. You can call Oregon Senior Health Insurance Benefits Assistance (SHIBA) at 1-800-722-4134 (TTY 711). You can learn more about Oregon Senior Health Insurance Benefits Assistance (SHIBA) by visiting their website (<http://www.oregon.gov/DCBS/SHIBA/pages/index.aspx>).

In Washington, Washington Statewide Health Insurance Benefits Advisors (SHIBA) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Washington Statewide Health Insurance Benefits Advisors (SHIBA) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Washington Statewide Health Insurance Benefits Advisors (SHIBA) at 1-800-562-6900 (TTY 1-360-586-0241). You can learn more about Washington Statewide Health Insurance Benefits Advisors (SHIBA) by visiting their website (<https://www.insurance.wa.gov/statewide-health-insurance-benefits-advisors-shiba>).

## **SECTION 7      Programs That Help Pay for Prescription Drugs**

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Washington has a program called Washington State Health Insurance State Pharmacy Assistance Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 6 of this booklet).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance the AIDS Drug Assistance Program at the contact information below. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

- In Oregon, contact Oregon's AIDS Drug Assistance Program (ADAP) at 1-971-673-0144 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday.
- In Washington, contact The Early Intervention Program (EIP) at 1-877-376-9316 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday.
- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Call the AIDS Drug Assistance Program at the contact information below.
  - In Oregon, contact Oregon's AIDS Drug Assistance Program (ADAP) at 1-971-673-0144 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday.
  - In Washington, contact The Early Intervention Program (EIP) at 1-877-376-9316 (TTY 1-877-376-9316) from 8 a.m. - 5 p.m. local time, Monday - Friday.
- For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the AIDS Drug Assistance Program at the contact information below.
  - In Oregon, contact Oregon's AIDS Drug Assistance Program (ADAP) at 1-971-673-0144 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday.
  - In Washington, contact The Early Intervention Program (EIP) at 1-877-376-9316 (TTY 1-877-376-9316) from 8 a.m. - 5 p.m. local time, Monday - Friday.

## **SECTION 8                      Questions?**

### **Section 8.1— Getting Help from Wellcare Patriot No Premium Open (PPO)**

Questions? We're here to help. Please call member services at 1-844-582-5177. (TTY only, call 711.) We are available for phone calls. 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. Calls to these numbers are free.

#### **Read your 2022 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 *Evidence of Coverage* for Wellcare Patriot No Premium Open (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.wellcare.com/healthnetor](http://www.wellcare.com/healthnetor). You may also call member services to ask us to mail you an *Evidence of Coverage*.

## **Visit our Website**

You can also visit our website at [www.wellcare.com/healthnetor](http://www.wellcare.com/healthnetor). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

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## **Section 8.2— Getting Help from Medicare**

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)).

### **Read *Medicare & You 2022***

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or 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.

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al número de Servicios para Miembros que se indica para su estado en la página siguiente.

注意：如果您說中文，您可以免費獲得語言援助服務。請撥打針對您所在州列示於下一頁的會員服務部電話號碼。

Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí dành cho quý vị. Hãy gọi số điện thoại của bộ phận Dịch Vụ Thành Viên thuộc bang của quý vị ở trang tiếp theo.

주의사항: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 다음 페이지에서 가입자의 주에 해당하는 목록 내 가입자 서비스부 번호로 전화해 주십시오.

Atensyon: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa numero ng Mga Serbisyo para sa Miyembro na nakalista para sa iyong estado sa susunod na page.

Dumngeg: No agsasau ka iti Ilokano, dagiti tulong nga serbisio, a libre, ket available para kaniam. Awagam iti numero dagiti serbisio iti Miembro a nakalista para iti estadom iti sumaruno a panid.

La Silafia: Afai e te tautala i le gagana Samoa, o lo’o avanoa ia te oe ‘au’aunaga fesoasoani i le gagana, e leai se totogi. Vala’au le Member Services numera lisiina mo lou setete i le isi itulau.

Maliu: Ke wala’au Hawai’i ‘oe, loa’a ke kōkua ma ka unuhi ‘ōlelo me ke kākī ‘ole. E kelepona i ka helu kelepona o ka Māhele Kōkua Hoa i hō’ike ‘ia no kou moku’āina ma kēia ‘ao’ao a’e.

# We're Just a Phone Call Away

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## ARKANSAS

+ HMO, HMO D-SNP

📞 1-855-565-9518

💻 Or visit [www.wellcare.com/allwellAR](http://www.wellcare.com/allwellAR)

## ARIZONA

+ HMO, HMO C-SNP, HMO D-SNP

📞 1-800-977-7522

💻 Or visit [www.wellcare.com/allwellAZ](http://www.wellcare.com/allwellAZ)

## CALIFORNIA

+ HMO, HMO C-SNP, HMO D-SNP, PPO

📞 1-800-275-4737

💻 Or visit [www.wellcare.com/healthnetCA](http://www.wellcare.com/healthnetCA)

## FLORIDA

+ HMO D-SNP

📞 1-877-935-8022

💻 Or visit [www.wellcare.com/allwellFL](http://www.wellcare.com/allwellFL)

## GEORGIA

+ HMO

📞 1-844-890-2326

+ HMO D-SNP

📞 1-877-725-7748

💻 Or visit [www.wellcare.com/allwellGA](http://www.wellcare.com/allwellGA)

## INDIANA

+ HMO, PPO

📞 1-855-766-1541

+ HMO D-SNP

📞 1-833-202-4704

💻 Or visit [www.wellcare.com/allwellIN](http://www.wellcare.com/allwellIN)

## KANSAS

+ HMO, PPO

📞 1-855-565-9519

+ HMO D-SNP

📞 1-833-402-6707

💻 Or visit [www.wellcare.com/allwellKS](http://www.wellcare.com/allwellKS)

## LOUISIANA

+ HMO

📞 1-855-766-1572

+ HMO D-SNP

📞 1-833-541-0767

💻 Or visit [www.wellcare.com/allwellLA](http://www.wellcare.com/allwellLA)

## MISSOURI

+ HMO


📞 1-855-766-1452


+ HMO D-SNP

📞 1-833-298-3361


💻 Or visit [www.wellcare.com/allwellMO](http://www.wellcare.com/allwellMO)

## MISSISSIPPI

 HMO

 1-844-786-7711


 HMO D-SNP

 1-833-260-4124

 Or visit [www.wellcare.com/allwellMS](http://www.wellcare.com/allwellMS)

## NEBRASKA

 HMO, PPO

 1-833-542-0693

 HMO D-SNP, PPO D-SNP

 1-833-853-0864

 Or visit [www.wellcare.com/NE](http://www.wellcare.com/NE)

## NEVADA

 HMO, HMO C-SNP, PPO

 1-833-854-4766


 HMO D-SNP

 1-833-717-0806


 Or visit [www.wellcare.com/allwellNV](http://www.wellcare.com/allwellNV)

## NEW MEXICO

 HMO, PPO

 1-833-543-0246


 HMO D-SNP

 1-844-810-7965

 Or visit [www.wellcare.com/allwellNM](http://www.wellcare.com/allwellNM)

## NEW YORK


 HMO, HMO-POS, HMO D-SNP

 1-800-247-1447

 Or visit [www.fideliscare.org/wellcaremedicare](http://www.fideliscare.org/wellcaremedicare)

## OHIO

 HMO, PPO

 1-855-766-1851

 HMO D-SNP

 1-866-389-7690

 Or visit [www.wellcare.com/allwellOH](http://www.wellcare.com/allwellOH)

## OKLAHOMA

 HMO, PPO

 1-833-853-0865

 HMO D-SNP

 1-833-853-0866

 Or visit [www.wellcare.com/OK](http://www.wellcare.com/OK)

## OREGON

 HMO, PPO

 1-844-582-5177

 Or visit [www.wellcare.com/healthnetOR](http://www.wellcare.com/healthnetOR)

 HMO D-SNP

 1-844-867-1156


 Or visit [www.wellcare.com/trilliumOR](http://www.wellcare.com/trilliumOR)

## PENNSYLVANIA

 HMO, PPO

 1-855-766-1456


 HMO D-SNP

 1-866-330-9368

 Or visit [www.wellcare.com/allwellPA](http://www.wellcare.com/allwellPA)

## SOUTH CAROLINA

 HMO, HMO D-SNP


 1-855-766-1497

 Or visit [www.wellcare.com/allwellSC](http://www.wellcare.com/allwellSC)



## TEXAS

 HMO

 1-844-796-6811

 HMO D-SNP

 1-877-935-8023

 Or visit [www.wellcare.com/allwellTX](http://www.wellcare.com/allwellTX)

## WISCONSIN

 HMO D-SNP

 1-877-935-8024

 Or visit [www.wellcare.com/allwellWI](http://www.wellcare.com/allwellWI)

## WASHINGTON

 PPO

 1-844-582-5177

 Or visit [www.wellcare.com/healthnetOR](http://www.wellcare.com/healthnetOR)

**TTY FOR ALL STATES: 711**

## HOURS OF OPERATION

 **October 1 to March 31:** Monday–Sunday, 8 a.m. to 8 p.m.

 **April 1 to September 30:** Monday–Friday, 8 a.m. to 8 p.m.