# 2027
# Summary of Benefits

Oregon and Washington

**Wellcare Low Premium Open (PPO)**

H5439 | 015 | 000


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**We know how important it is to have a health plan you can count on.**

This is a summary of drug and health services covered by Wellcare Low Premium Open (PPO) from January 1, 2027 to December 31, 2027.

This booklet will provide you with a summary of what we cover and what you pay. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at go.wellcare.com/OR. To request a copy, please call 1-844-480-0680, (TTY 711). Hours are: Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones).

**Who can join?**

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and be a United States citizen or lawfully present in the United States. You must continue to pay your Medicare Part B premium if not otherwise paid for under Oregon Health Plan (Medicaid) or by another third party.

Please contact the plan for further details.

**Plan's service areas:**

Our service area includes:

- Oregon: Clackamas, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill
- Washington: Clark

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

**Preferred Provider Organizations (PPOs)** You'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracted providers in our network. Out-of-network providers may choose not to bill our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. PPO plans do not require a prior authorization or referral for out-of-network services.

**Part D prescription drugs** are covered. You have access to our large network of pharmacies. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

Our plan uses a *formulary*. Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand name drugs.

**Which doctors, hospitals and pharmacies can I use?** Wellcare Low Premium Open (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You may use doctors, hospitals and other providers that are not in our network, usually for a higher copay or coinsurance. You must generally use our network pharmacies for prescriptions covered under Part D drug benefit.

You can save money by using our preferred mail-order pharmacy and by using providers in the plan's network. You can see our plan's provider and pharmacy directory at go.wellcare.com/2027providerdirectories. Our complete plan Formulary (list of Part D prescription drugs) is on our website at go.wellcare.com/druglist-51.

We cover the services and items in this document and the Evidence of Coverage if they are medically necessary.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

We can send materials to you in a language other than English or in an alternate format (such as braille, audio, or large print). For more information, or to request information in an alternate format, please call us at 1-844-480-0680 (TTY users should call 711). Hours are: Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones).

## Benefits

| | **Wellcare Low Premium Open (PPO)**<br>**H5439, Plan 015, 000** |
|---|---|
| ***Note:*** *Services with an asterisk (*) may require prior authorization.*<br>*Services with a square (▪) means a referral may be required.* | |
| **Monthly Plan Premium**<br>(includes both medical and drugs) | $29<br>You must continue to pay your Medicare Part B premium. |
| **Deductible** | $250 deductible for select Part B services. |
| **Maximum Out-of-Pocket (MOOP) Responsibility**<br>(does not include prescription drugs) | $9,250 in-network annually<br>$13,700 combined in and out-of-network annually<br>This is the most you will pay in copays and coinsurance for covered Part A and Part B services for the year. |
| **Inpatient Hospital Coverage** | **In-Network**<br>For each admission, you pay:<br>• $475 copay per day for days 1 through 5<br>• $0 copay per day for days 6 through 90<br>• $0 copay per day for days 91 through 95<br>*<br><br>**Out-of-Network**<br>Days 1-90:<br>• 30% coinsurance for each Medicare-covered hospital stay. |
| **Outpatient Hospital Coverage**<br><br>Outpatient Hospital Services | **In-Network**<br>$0 copay for skin biopsies.<br>$500 copay for all other outpatient services.<br>*<br><br>**Out-of-Network**<br>30% coinsurance for surgical and non-surgical services |

## Benefits

| | **Wellcare Low Premium Open (PPO)**<br>**H5439, Plan 015, 000** |
|---|---|
| Outpatient Hospital Observation Services | **In-Network**<br>$115 copay for outpatient observation services when you enter observation status through an emergency room.<br>$500 copay for outpatient observation services when you enter observation status through an outpatient facility.<br><br>**Out-of-Network**<br>30% coinsurance |
| **Ambulatory Surgical Center (ASC) Services** | **In-Network**<br>$300 copay for each Medicare-covered visit to an ambulatory surgical center.<br>*<br><br>**Out-of-Network**<br>30% coinsurance<br><br>This amount applies to each Medicare-covered visit to an ambulatory surgical center. |
| **Doctor Visits**<br><br>Primary Care Providers | **In-Network**<br>$0 copay<br><br>**Out-of-Network**<br>30% coinsurance |
| Specialists | **In-Network**<br>$55 copay<br>*<br><br>**Out-of-Network**<br>30% coinsurance |

## Benefits

| | **Wellcare Low Premium Open (PPO)**<br>**H5439, Plan 015, 000** |
|---|---|
| **Preventive Care** (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots)) | **In-Network**<br>$0 copay<br><br>**Out-of-Network**<br>$0 copay |
| **Emergency Care** | $115 copay<br>Copay is waived if you are admitted to a hospital within 24 hours. |
| Worldwide Emergency Coverage (outside of the United States) | $115 copay<br><br>Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services. |
| **Urgently Needed Services** | $40 copay<br>Copay is waived if you are admitted to a hospital within 24 hours. |
| Worldwide Urgent Care Coverage (outside of the United States) | $115 copay<br><br>Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services. |

## Benefits

| | **Wellcare Low Premium Open (PPO)**<br>**H5439, Plan 015, 000** |
|---|---|
| **Diagnostic Services/Labs/Imaging**<br>Lab Services | **In-Network**<br>$0 copay for labs related to A1C and kidney health evaluation.<br>$50 copay for genetic testing.<br>$10 copay for all other labs.<br>*<br><br>**Out-of-Network**<br>30% coinsurance |
| Diagnostic Tests and Procedures | **In-Network**<br>$0 copay for Medicare-covered diagnostic colonoscopy, spirometry testing and specified testing related services.<br>20% coinsurance for all other services.<br>*<br><br>**Out-of-Network**<br>30% coinsurance |
| Outpatient X-rays | **In-Network**<br>$50 copay<br>*<br><br>**Out-of-Network**<br>30% coinsurance |
| Diagnostic Radiology Services (e.g. MRI, CAT Scan) | **In-Network**<br>$0 copay for a diagnostic mammogram.<br>$500 copay for all other diagnostic radiology services received in an outpatient hospital setting.<br>$225 copay for all other services received in all other locations.<br>*<br><br>**Out-of-Network**<br>30% coinsurance |

## Benefits

| | **Wellcare Low Premium Open (PPO)**<br>**H5439, Plan 015, 000** |
|---|---|
| Therapeutic Radiology | **In-Network**<br>20% coinsurance<br>*<br><br>**Out-of-Network**<br>30% coinsurance |
| **Hearing Services**<br>Hearing Exam<br>Medicare-covered | **In-Network**<br>$55 copay<br>*<br><br>**Out-of-Network**<br>30% coinsurance |
| Routine Hearing Exam | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>40% coinsurance<br><br>1 exam(s) every year |
| Hearing Aids<br><br>Hearing Aid Fitting/Evaluation(s) | **In-Network**<br>$0 copay<br>*<br>**Out-of-Network**<br>40% coinsurance<br><br>1 fitting(s) / evaluation(s) every year |

## Benefits

| | **Wellcare Low Premium Open (PPO)<br>H5439, Plan 015, 000** |
|---|---|
| Hearing Aid (All Types) | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>40% coinsurance |
| Hearing Aid Allowance | Up to a $350 allowance per ear every year for hearing aids. Limited to 2 hearing aid(s) every year |
| Additional Hearing Information | **What you should know**<br>Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment. |
| **Dental Services**<br>Medicare-covered | **In-Network**<br>$55 copay for each Medicare-covered service.<br>*<br><br>**Out-of-Network**<br>30% coinsurance for each Medicare-covered service |
| Routine Diagnostic and Preventive Services<br>Cleanings | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |

## Benefits

| | **Wellcare Low Premium Open (PPO)<br>H5439, Plan 015, 000** |
|---|---|
| Dental X-Rays | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |
| Oral exams | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |
| Fluoride Treatment | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |
| Other Diagnostic Dental Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |
| Other Preventive Dental Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |

## Benefits

| | **Wellcare Low Premium Open (PPO)<br>H5439, Plan 015, 000** |
|---|---|
| Routine Comprehensive Services<br>Adjunctive General Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance<br><br>**For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.** |
| Additional Dental Information | **What you should know:**<br>This plan provides dental services with no annual maximum allowance.<br><br>You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). Your out-of-pocket costs may be higher if you use out-of-network providers. Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays. |
| **Vision Services**<br>Eye Exam<br>Medicare-covered | **In-Network**<br>$0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam<br><br>$55 copay for all other Medicare-covered eye exams<br>*<br><br>**Out-of-Network**<br>$0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam<br><br>30% coinsurance for all other Medicare-covered eye exams |

## Benefits

| | **Wellcare Low Premium Open (PPO)<br>H5439, Plan 015, 000** |
|---|---|
| Routine Eye Exam (Refraction) | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>40% coinsurance<br><br>1 exam(s) every year |
| Glaucoma Screening | **In-Network**<br>$0 copay for each Medicare-covered service.<br><br>**Out-of-Network**<br>30% coinsurance for each Medicare-covered service |
| Eyewear<br>Medicare-covered | **In-Network**<br>$0 copay<br><br>**Out-of-Network**<br>30% coinsurance |
| **Mental Health Services**<br><br>Inpatient Visit | **In-Network**<br>For each admission, you pay:<br>• $400 copay per day for days 1 through 5<br>• $0 copay per day for days 6 through 90<br>*<br><br>**Out-of-Network**<br>Days 1-90:<br>• 30% coinsurance for each Medicare-covered hospital stay. |

## Benefits

| | **Wellcare Low Premium Open (PPO)<br>H5439, Plan 015, 000** |
|---|---|
| Outpatient Individual Therapy Visit | **In-Network**<br>$25 copay<br>*<br><br>**Out-of-Network**<br>30% coinsurance |
| Outpatient Group Therapy Visit | **In-Network**<br>$25 copay<br>*<br><br>**Out-of-Network**<br>30% coinsurance |
| **Skilled Nursing Facility (SNF)** | **In-Network**<br>For each admission, you pay:<br>• $0 copay per day for days 1 through 20<br>• $221 copay per day for days 21 through 70<br>• $0 copay per day for days 71 through 100<br>*<br><br>**Out-of-Network**<br>Days 1-100:<br>• 30% coinsurance per stay |
| **Therapy and Rehabilitation Services** | |
| Physical Therapy | **In-Network**<br>$35 copay<br>*<br><br>**Out-of-Network**<br>30% coinsurance |

## Benefits

| | **Wellcare Low Premium Open (PPO)<br>H5439, Plan 015, 000** |
|---|---|
| Outpatient Rehabilitation Services Provided by an Occupational Therapist | **In-Network**<br>$35 copay<br>*<br><br>**Out-of-Network**<br>30% coinsurance |
| Pulmonary Rehabilitation Services | **In-Network**<br>$25 copay<br><br>**Out-of-Network**<br>30% coinsurance |
| **Ambulance**<br>Ground Ambulance | **In-Network**<br>$335 copay<br>*<br><br>**Out-of-Network**<br>$335 copay |
| Air Ambulance | **In-Network**<br>$335 copay<br>*<br><br>**Out-of-Network**<br>$335 copay |
| **Transportation Services (Non-emergency medical transportation)** | **In-Network**<br>**Not covered**<br><br>**Out-of-Network**<br>**Not covered** |

## Benefits

| | **Wellcare Low Premium Open (PPO)**<br>**H5439, Plan 015, 000** |
|---|---|
| **Medicare Part B Drugs**<br>Chemotherapy Drugs and Other Part B Drugs | **In-Network**<br>20% coinsurance<br>*<br><br>**Out-of-Network**<br>30% coinsurance<br><br>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. |
| Insulin | **In-Network**<br>$35 copay (maximum per month)<br>*<br><br>**Out-of-Network**<br>$35 copay (maximum per month) |
| Allergy Antigen | **In-Network**<br>0% coinsurance<br>*<br>**Out-of-Network**<br>0% coinsurance |

| Part D Prescription Drug Coverage | Wellcare Low Premium Open (PPO)<br>H5439, Plan 015, 000 |
|---|---|
| **Stage 1: Yearly Deductible Stage** | |
| If a plan has a Part D drug deductible, the deductible doesn't apply to covered insulin products and most adult Part D vaccines including shingles, tetanus and travel vaccines. | |
| **Deductible** | $700 for Part D prescription drugs (this applies to drugs on Tier 2 (Preferred Brand), Tier 3 (Non-Preferred Drug), Tier 4 (Injectable Drugs), and Tier 5 (Specialty Tier)). For all other covered drugs, you will not have to pay any deductible and will start receiving coverage immediately. |
| **Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable)** | |
| You stay in the Initial Coverage Stage until your total out-of-pocket costs reach $2,400. You then move on to the Catastrophic Coverage Stage. | |
| **What You Pay for Vaccines:**<br>Our plan covers most Part D vaccines at no cost to you, even if you have not paid your deductible. | |
| **What You Pay for Insulin:**<br>You won't pay more than $35 for a 1-month supply, $70 for up to a 2-month supply or $105 for up to a 3-month supply of each covered insulin product regardless of the cost-sharing tier, even if you have not paid your deductible. | |

## Retail cost-sharing chart:

| Part D Prescription Drug Coverage | Wellcare Low Premium Open (PPO) H5439, Plan 015, 000 | |
|---|---|---|
| **Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)** | | |
| **Retail cost-sharing (30-day / 100-day supply)**<br>For more details on tier descriptions, please see the Evidence of Coverage. | | |
| | **Preferred** | **Standard** |
| **Tier 1** (Generic) | $0 / $0 copay | $10 / $30 copay |
| **Tier 2** (Preferred Brand) | 25% / 25% coinsurance | 25% / 25% coinsurance |
| **Tier 3** (Non-Preferred Drug) | 40% / 40% coinsurance | 41% / 41% coinsurance |
| **Tier 4** (Injectable Drugs) | 1% / 1% coinsurance | 1% / 1% coinsurance |
| **Tier 5** (Specialty Tier) Limited to 30 day supply | 25% coinsurance / Not Available | 25% coinsurance / Not Available |
| **Tier 6** (Select Care Drugs) | $0 / $0 copay | $0 / $0 copay |

## Mail-order cost-sharing chart:

| Part D Prescription Drug Coverage | Wellcare Low Premium Open (PPO) H5439, Plan 015, 000 | |
|---|---|---|
| **Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)** | | |
| **Mail-order cost-sharing (100-day supply)** | | |
| | **Preferred** | **Standard** |
| **Tier 1** (Generic) | $0 copay | $30 copay |
| **Tier 2** (Preferred Brand) | 25% coinsurance | 25% coinsurance |
| **Tier 3** (Non-Preferred Drug) | 40% coinsurance | 41% coinsurance |
| **Tier 4** (Injectable Drugs) | 1% coinsurance | 1% coinsurance |
| **Tier 5** (Specialty Tier) Limited to 30 day supply | Not Available | Not Available |
| **Tier 6** (Select Care Drugs) | $0 copay | $0 copay |
| **Stage 3: Catastrophic Coverage Stage** | | |
| During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing for the rest of the calendar year. | | |
| | You enter this stage after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $2,400. | |

Generic drugs may be covered on tiers other than Tier 1. Please check this plan's Formulary to validate the specific tier on which your drugs are covered.

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC), home infusion), whether the pharmacy is in our preferred or standard network, or the day supply received. A one-month (34-day or less) prescription is not covered at mail-order.

**Excluded Drugs:**

Wellcare Low Premium Open (PPO) includes enhanced drug coverage of certain excluded drugs, such as Tier 1 folic acid, vitamin B12, vitamin D2, generic only sildenafil and vardenafil. Generic sildenafil and vardenafil have a quantity limit of six pills every 30 days.

Because these drugs are excluded from Part D coverage under Medicare, they are not covered by Extra Help. Also, the amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.

Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.

**Medicare Prescription Payment Plan**

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).

To learn more about this payment option, please contact us at 1-833-750-9969. (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week or visit go.wellcare.com/OR-MPPP.

## Additional Benefits

| | **Wellcare Low Premium Open (PPO)<br>H5439, Plan 015, 000** |
|---|---|
| ***Note:*** *Services with an asterisk (*) may require prior authorization.<br>Services with a square (▪) means a referral may be required.* | |
| **Chiropractic Services**<br>Medicare-covered | **In-Network**<br>$15 copay<br>*<br><br>**Out-of-Network**<br>30% coinsurance |
| **Acupuncture**<br>Medicare-covered | **In-Network**<br>$0 copay for Medicare-covered Acupuncture received in a PCP office.<br>$15 copay for Medicare-covered Acupuncture received in a Chiropractor office.<br>$55 copay for Medicare-covered Acupuncture received in a Specialist office.<br>*<br><br>**Out-of-Network**<br>30% coinsurance. |
| **Podiatry Services (Foot Care)**<br>Medicare-covered | **In-Network**<br>$55 copay<br>*<br><br>**Out-of-Network**<br>30% coinsurance |

## Additional Benefits

| | **Wellcare Low Premium Open (PPO)<br>H5439, Plan 015, 000** |
|---|---|
| **Virtual Visits** | **In-Network**<br>$0 copay for virtual visit services performed through your plan's virtual visit provider(s).<br>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.<br>A virtual visit (also known as telehealth or telemedicine) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device.<br>For more information, please see your Evidence of Coverage.<br>**Out-of-Network**<br>You must use a network provider who offers the service by telehealth.<br>**What you should know:**<br>The $0 copay above only applies when services are received from your plan's virtual visit provider(s). If you receive telemedicine services from a network provider and not your plan's virtual visit provider(s), you will pay the cost shares listed for those providers, as outlined within the Evidence of Coverage (*e.g., if you receive telehealth services from your PCP, you will pay the PCP cost share*). |
| **Social Support Platform** | $0 copay<br>Our plan provides access to an online and app-based support platform designed to support your overall well-being. The platform offers personalized therapeutic self-guided activities and programs to help manage stress, anxiety, and support your emotional and mental health.<br>Engage in interactive activities, meditations, and games tailored to your needs. The platform also features the ability to join social communities.<br>Available online 24/7 - you can use it whenever you choose. |

## Additional Benefits

| | **Wellcare Low Premium Open (PPO)<br>H5439, Plan 015, 000** |
|---|---|
| | For more information on how to access the social support platform, please see your Evidence of Coverage. |
| **Home Health Agency Care** | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>30% coinsurance |
| **Medical Equipment/Supplies**<br>Durable Medical Equipment (DME) | **In-Network**<br>20% coinsurance<br>*<br><br>**Out-of-Network**<br>30% coinsurance |
| Prosthetics | **In-Network**<br>20% coinsurance<br>*<br><br>**Out-of-Network**<br>30% coinsurance |
| Diabetic Therapeutic Shoes Or Inserts | **In-Network**<br>20% coinsurance<br>*<br><br>**Out-of-Network**<br>30% coinsurance |

## Additional Benefits

| | **Wellcare Low Premium Open (PPO)<br>H5439, Plan 015, 000** |
|---|---|
| Blood glucose monitors (traditional finger stick blood glucose monitor) | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>30% coinsurance<br><br>For more information, limitations and exclusions, please see your Evidence of Coverage. |
| Continuous Glucose Monitors (CGM) | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>30% coinsurance<br><br>For more information, limitations and exclusions, please see your Evidence of Coverage. |
| Diabetic Supplies | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>30% coinsurance<br><br>For more information, limitations and exclusions, please see your Evidence of Coverage. |
| **Opioid Treatment Program Services** | **In-Network**<br>$55 copay<br>*<br><br>**Out-of-Network**<br>30% coinsurance |

## Additional Benefits

| | **Wellcare Low Premium Open (PPO)<br>H5439, Plan 015, 000** |
|---|---|
| **Health and Wellness Education Programs**<br>Fitness | For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage.<br>$0 copay<br>**What you should know:**<br>To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. You may access one or more gyms within the fitness network.<br>Members have access to in-person fitness centers, available on-demand exercise programs, and choice of Home Fitness Kit. |
| 24-Hour Nurse Advice Line | $0 copay |
| **Annual Routine Physical Exam** | **In-Network**<br>$0 copay<br>**Out-of-Network**<br>$0 copay<br>**What you should know:**<br>The exam includes a detailed medical/family history and recommendations for preventive screenings/care. |
| **My Wellcare Rewards** | With **My Wellcare Rewards**, you can earn up to $100 by completing eligible health activities and portal activities through your member portal.<br>Your earned rewards will be delivered to you in the form of a My Wellcare Rewards card. Debit card restrictions may apply. |

# Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-844-480-0680 (TTY: 711). Hours are Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones).

## Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit go.wellcare.com/OR or call 1-844-480-0680 (TTY: 711) to view a copy of the EOC. Hours are Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones).
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

## Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2028.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

Washington residents:  Health Net Life Insurance Company is contracted with Medicare for PPO plans. “Wellcare” is issued by Health Net Life Insurance Company.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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## Contact Us

**For more information, please contact us:**

**By phone**

**Already a Member?**

1-844-582-5177 (TTY: 711)

Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

**Not a Member yet?**

Toll-free at 1-844-480-0680 (TTY: 711)

Your call may be answered by a licensed agent.

Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones)

**Online**

go.wellcare.com/OR