



# 2022 Summary of Benefits

New York

**Wellcare Premium Ultra (PFFS)**

H2816 | 013

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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 Premium Ultra (PFFS) from January 1, 2022 to December 31, 2022.

This booklet will provide you with a summary of what we cover and the cost-sharing responsibilities. 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 [www.wellcare.com/medicare](http://www.wellcare.com/medicare). Or, you may call us to ask for a copy at the phone number listed on the back cover.

**Who can join?**

To enroll in one of our plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

Our service area includes these counties in New York: Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida, Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Tioga, Warren, and Washington.

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 [www.medicare.gov](http://www.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.

**A Private Fee-For-Service (PFFS)** plan determines how much it will pay to health care providers and how much the patient will pay when care is received. With a PFFS plan, you can typically receive care from any doctor, hospital or health care provider that accepts your plan's terms. However not all providers will accept these terms. 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 Wellcare Premium Ultra (PFFS) members, except in emergency situations. Please call our member services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Our plans also include prescription drug coverage and access to our large network of pharmacies. Our plans use 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 Premium Ultra (PFFS) has a network of doctors, hospitals, pharmacies, and other providers. You can save money by using our preferred mail-order pharmacy and by using providers in the plan's network. With some plans if you use providers that are not in our network, your share of the costs for covered services may be higher.

You can see our plan's provider and pharmacy directory and for plans with prescription drug coverage, our complete plan Formulary (list of Part D prescription drugs) on our website at [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

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For more information, please call us at 1-844-917-0175 (TTY users should call 711). Hours are Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. Visit us at [www.wellcare.com/medicare](http://www.wellcare.com/medicare).

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). Please call member services if you need plan information in another format.

**Benefits**

	<b>Wellcare Premium Ultra (PFFS) H2816, Plan 013</b>
<b>Service Area</b>	Our service area includes these counties in New York: Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida, Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Tioga, Warren, and Washington.
<b>Monthly plan premium</b> You must continue to pay your Medicare Part B premium.	\$156
<b>Deductible</b>	No deductible
<b>Maximum out-of-Pocket Responsibility</b> (does not include prescription drugs)	\$3,400 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
<b>Inpatient Hospital coverage</b>	<p><b>In-Network</b> For each admission, you pay:</p> <ul style="list-style-type: none"> <li>• \$500 copay per stay for days 1 through 120</li> </ul> <p><b>Out-of-Network</b> For each admission, you pay:</p> <ul style="list-style-type: none"> <li>• \$300 copay per day for days 1 through 7</li> <li>• \$0 copay per day for days 8 through 120</li> </ul>
<b>Outpatient Hospital coverage</b> Outpatient hospital services	<p><b>In-Network</b> \$200 copay for surgical and non-surgical services</p> <p><b>Out-of-Network</b> 30% coinsurance for surgical and non-surgical services</p>

**Benefits**

	<b>Wellcare Premium Ultra (PFFS) H2816, Plan 013</b>
Outpatient hospital observation services	<p><b>In-Network</b> \$120 copay for outpatient observation services when you enter observation status through an emergency room. \$200 copay for outpatient observation services when you enter observation status through an outpatient facility.</p> <p><b>Out-of-Network</b> 30% coinsurance</p>
<b>Ambulatory surgical center (ASC)</b>	<p><b>In-Network</b> \$150 copay</p> <p><b>Out-of-Network</b> 30% coinsurance</p>
<p><b>Doctor Visits</b></p> <p>Primary Care Providers</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$10 copay</p>
Specialists	<p><b>In-Network</b> \$25 copay</p> <p><b>Out-of-Network</b> \$35 copay</p>
<p><b>Preventive Care</b> (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 shots, Hepatitis B shots, Pneumococcal shots))</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 copay</p>

**Benefits**

	<b>Wellcare Premium Ultra (PFFS) H2816, Plan 013</b>
<b>Emergency care</b>	\$120 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide emergency coverage	\$120 copay 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.
<b>Urgently needed services</b>	\$35 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide urgent care coverage	\$120 copay 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.
<b>Diagnostic Services/Labs/Imaging</b>	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	<b>In-Network</b> \$0 copay  <b>Out-of-Network</b> 30% coinsurance
Diagnostic tests and procedures	<b>In-Network</b> \$0 copay  <b>Out-of-Network</b> 30% coinsurance
Outpatient X-rays	<b>In-Network</b> \$0 copay  <b>Out-of-Network</b> 30% coinsurance

**Benefits**

	<b>Wellcare Premium Ultra (PFFS) H2816, Plan 013</b>
Diagnostic radiology services (e.g. MRI, CAT Scan)	<p><b>In-Network</b> \$0 copay for a DEXA scan. \$0 copay for a Diagnostic Mammogram. \$100 copay for diagnostic radiology services at all other locations. \$200 copay for diagnostic radiology services received in an outpatient setting.</p> <p><b>Out-of-Network</b> 30% coinsurance</p>
Therapeutic Radiology	<p><b>In-Network</b> 20% coinsurance</p> <p><b>Out-of-Network</b> 30% coinsurance</p>
<b>Hearing services</b> Hearing Exam Medicare Covered	<p><b>In-Network</b> \$25 copay</p> <p><b>Out-of-Network</b> \$35 copay</p>
Routine hearing exam	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p>1 exam every year</p>
Hearing Aid Fitting/Evaluation(s)	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p>1 fitting(s) / evaluation(s) every year</p>

**Benefits**

	<b>Wellcare Premium Ultra (PFFS) H2816, Plan 013</b>
Additional Hearing Information	<b>What you should know</b> 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.
<b>Dental services</b>  Medicare Covered	<b>In-Network</b> \$25 copay for each Medicare-covered service.  <b>Out-of-Network</b> \$35 copay for each Medicare-covered service.
<b>Vision Services</b> Eye Exam Medicare Covered	<b>In-Network</b> \$0 copay (Medicare-covered diabetic retinopathy screening) \$25 copay (all other Medicare-covered eye exams)  <b>Out-of-Network</b> \$0 copay (Medicare-covered diabetic retinopathy screening) \$35 copay (all other Medicare-covered eye exams)
Routine eye exam (Refraction)	<b>In-Network</b> \$0 copay  <b>Out-of-Network</b> 40% coinsurance  1 exam every year
Glaucoma screening	<b>In-Network</b> \$0 copay for each Medicare-covered service.  <b>Out-of-Network</b> \$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	<b>In-Network</b> \$0 copay  <b>Out-of-Network</b> \$35 copay



**Benefits**

	<b>Wellcare Premium Ultra (PFFS) H2816, Plan 013</b>
<b>Mental Health Services</b>	
Inpatient visit	<p><b>In-Network</b> For each admission, you pay:</p> <ul style="list-style-type: none"> <li>• \$500 copay per stay for days 1 through 90</li> </ul> <p><b>Out-of-Network</b> For each admission, you pay:</p> <ul style="list-style-type: none"> <li>• \$300 copay per day for days 1 through 7</li> <li>• \$0 copay per day for days 8 through 90</li> </ul>
Outpatient individual therapy visit	<p><b>In-Network</b> \$25 copay</p> <p><b>Out-of-Network</b> 30% coinsurance</p>
Outpatient group therapy visit	<p><b>In-Network</b> \$25 copay</p> <p><b>Out-of-Network</b> 30% coinsurance</p>
<b>Skilled nursing facility (SNF)</b>	<p><b>In-Network</b> For each benefit period, you pay:</p> <ul style="list-style-type: none"> <li>• \$0 copay per day for days 1 through 20</li> <li>• \$150 copay per day for days 21 through 100</li> </ul> <p><b>Out-of-Network</b> For each benefit period, you pay:</p> <ul style="list-style-type: none"> <li>• \$0 copay per day for days 1 through 20</li> <li>• \$200 copay per day for days 21 through 100</li> </ul>

**Benefits**

	<b>Wellcare Premium Ultra (PFFS) H2816, Plan 013</b>
<b>Therapy and Rehabilitation Services</b>	
Physical Therapy	<b>In-Network</b> \$15 copay  <b>Out-of-Network</b> 30% coinsurance
Outpatient rehabilitation services provided by an occupational therapist	<b>In-Network</b> \$15 copay  <b>Out-of-Network</b> 30% coinsurance
Pulmonary rehabilitation services	<b>In-Network</b> \$15 copay  <b>Out-of-Network</b> 30% coinsurance
<b>Ambulance</b>	
Ground Ambulance	<b>In-Network</b> \$350 copay  <b>Out-of-Network</b> \$350 copay
Air Ambulance	<b>In-Network</b> \$350 copay  <b>Out-of-Network</b> \$350 copay
<b>Transportation Services</b>	<b>In-Network</b> <u>Not covered</u>  <b>Out-of-Network</b> <u>Not covered</u>

**Benefits**

	<b>Wellcare Premium Ultra (PFFS) H2816, Plan 013</b>
<b>Medicare Part B Drugs</b> Chemotherapy drugs	<b>In-Network</b> 20% coinsurance  <b>Out-of-Network</b> 30% coinsurance
Other Part B drugs	<b>In-Network</b> 20% coinsurance  <b>Out-of-Network</b> 30% coinsurance

<b>Prescription Drug Coverage</b>	<b>Wellcare Premium Ultra (PFFS) H2816, Plan 013</b>	
<b>Stage 1: Annual Prescription Deductible</b>		
<b>Deductible</b>	This plan has no deductible for Part D covered drugs, this payment stage doesn't apply.	
<b>Stage 2: Initial Coverage (after you pay your deductible, if applicable)</b>		
You pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap.		
<b>Retail cost-sharing (30-day/90-day supply)</b>		
	<b>Preferred</b>	<b>Standard</b>
<b>Tier 1</b> (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 / \$0 copay	\$5 / \$15 copay
<b>Tier 2</b> (Generic Drugs - includes generic drugs and may include some brand drugs.)	\$5 / \$15 copay	\$10 / \$30 copay
<b>Tier 3</b> (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	\$35 / \$105 copay	\$45 / \$135 copay
<b>Tier 4</b> (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	42% / 42% coinsurance	44% / 44% coinsurance

Prescription Drug Coverage	Wellcare Premium Ultra (PFFS) H2816, Plan 013	
	Preferred	Standard
<b>Tier 5</b> (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	33% coinsurance / Not Available	33% coinsurance / Not Available
<b>Tier 6</b> (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	\$0 / \$0 copay	\$0 / \$0 copay

Prescription Drug Coverage	Wellcare Premium Ultra (PFFS) H2816, Plan 013	
Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)		
Mail-order cost-sharing (30-day/90-day supply)		
	Preferred	Standard
<b>Tier 1</b> (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 / \$0 copay	\$5 / \$15 copay
<b>Tier 2</b> (Generic Drugs - includes generic drugs and may include some brand drugs.)	\$5 / \$0 copay	\$10 / \$30 copay
<b>Tier 3</b> (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	\$35 / \$70 copay	\$45 / \$135 copay
<b>Tier 4</b> (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	42% / 42% coinsurance	44% / 44% coinsurance
<b>Tier 5</b> (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	33% coinsurance / Not Available	33% coinsurance / Not Available

Prescription Drug Coverage	Wellcare Premium Ultra (PFFS) H2816, Plan 013	
	Preferred	Standard
<b>Tier 6</b> (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	\$0 / \$0 copay	\$0 / \$0 copay
Stage 3: Coverage Gap		
	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	
Stage 4: Catastrophic Coverage		
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs.</li> </ul>	

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 whether the prescription is a short-term (30-day supply) or long term (90-day supply).

#### Excluded Drugs:

This plan includes enhanced drug coverage of certain excluded drugs. Generic only Sildenafil and Vardenafil on Tier 1 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.

## Additional Benefits

	<b>Wellcare Premium Ultra (PFFS) H2816, Plan 013</b>
<b>Chiropractic Services</b> Medicare-covered	<b>In-Network</b> \$20 copay  <b>Out-of-Network</b> 30% coinsurance
<b>Acupuncture</b> Medicare-covered	<b>In-Network</b> \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$25 copay for Medicare-covered Acupuncture received in a Specialist office. \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office.  <b>Out-of-Network</b> \$10 copay for Medicare-covered Acupuncture received in a PCP office. \$35 copay for Medicare-covered Acupuncture received in a Specialist office. 30% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office.
<b>Podiatry Services (Foot Care)</b> Medicare Covered	<b>In-Network</b> \$25 copay  <b>Out-of-Network</b> \$35 copay  <b>What you should know:</b> Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.



## Additional Benefits

	<b>Wellcare Premium Ultra (PFFS) H2816, Plan 013</b>
<b>Virtual Visits</b>	<p>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.</p> <p>A virtual visit (also known as a telehealth consult) 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.</p>
<b>Home health agency care</b>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> 30% coinsurance</p>
<b>Medical Equipment/Supplies</b> Durable Medical Equipment (DME)	<p><b>In-Network</b> 20% coinsurance</p> <p><b>Out-of-Network</b> 30% coinsurance</p>
Prosthetics	<p><b>In-Network</b> 20% coinsurance</p> <p><b>Out-of-Network</b> 30% coinsurance</p>
Diabetic supplies	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> 30% coinsurance</p>

## Additional Benefits

	<b>Wellcare Premium Ultra (PFFS) H2816, Plan 013</b>
Diabetic therapeutic shoes or inserts	<p><b>In-Network</b> 20% coinsurance</p> <p><b>Out-of-Network</b> 30% coinsurance</p>
<b>Opioid treatment program services</b>	<p><b>In-Network</b> \$25 copay</p> <p><b>Out-of-Network</b> \$35 copay</p>
<b>Over-the-Counter (OTC) Items</b>	<p>\$0 copay The maximum total benefit is \$5 every three months</p> <p><b>What you should know:</b> Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.</p>
<p><b>Wellness Programs</b></p> <p>Fitness</p>	<p>For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay Coverage includes: Activity Tracker and Physical Fitness</p> <p><b>What you should know:</b> This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A Fitbit or Garmin fitness tracker may be selected as part of a home fitness kit.</p>
Additional sessions of smoking and tobacco cessation counseling	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 copay</p> <p>Limited to 5 visit(s) every year</p>

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**Additional Benefits**

	<b>Wellcare Premium Ultra (PFFS) H2816, Plan 013</b>
Additional Routine Annual Physical	<b>In-Network</b> \$0 copay  <b>Out-of-Network</b> \$0 copay <b>What you should know:</b> Wellness programs are a great way to maintain your health. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.
24-Hour Nurse Advice Line	\$0 copay

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al 1-877-374-4056 (TTY: 711).

注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-877-374-4056 (TTY：711)。

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 1-877-374-4056 (TTY: 711).

주의사항: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 1-877-374-4056 (TTY: 711) 번으로 연락해 주십시오.

Atensyon: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa 1-877-374-4056 (TTY: 711).

Dumngeg: No agsasau ka iti Ilokano, dagiti tulong nga serbisio, a libre, ket available para kaniam. Awagan ti 1-877-374-4056 (TTY: 711).

La Silafia: Afai e te tautala i le gagana Sāmoa, gagana 'au'aunaga fesoasoani, fai fua leai se totogi, o lo'o avanoa ia te 'oe. Vala'au le 1-877-374-4056 (TTY: 711).

Maliu: Inā 'ōlelo Hawai'i 'oe, he lawelawe māhele 'ōlelo, manuahi, i lako iā 'oe. E kelepona iā 1-877-374-4056 (TTY: 711).

## 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 1-844-917-0175 (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.

## Understanding the Benefits

- Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. Visit [www.wellcare.com/medicare](http://www.wellcare.com/medicare) or call 1-844-917-0175 (TTY: 711) to view a copy of the EOC.
- 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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- For plans with a plan premium (Does not apply to plans with zero plan premium):** 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, 2023.
- For HMO plans only:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- For PPO and PFFS plans only:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- For C-SNP plans only:** This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- For D-SNP plans only:** This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

## Contact Us

For more information, please contact us:

### By phone

Toll-free at 1-844-917-0175 (TTY 711). Your call may be answered by a licensed agent.

### Hours of Operation

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

**Online** [www.wellcare.com/medicare](http://www.wellcare.com/medicare)

**We're with our members every step of the way.**

Centene, Inc. is 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.