



2025 Summary of Benefits

California

Wellcare Premium Ultra (HMO)

H0562 | 039

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 (HMO) from January 1, 2025 to December 31, 2025.

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/healthnetca. To request a copy, please call 1-800-225-8017 (TTY 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Who can join?

To enroll in this plan, 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 California Medi-Cal (Medicaid) or by another third party. To be eligible, you must also be a United States citizen or lawfully present in the United States.

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

Our service area includes Yolo County in California.

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 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.

Health Maintenance Organizations (HMOs) are health care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to select a primary care provider (PCP) to coordinate care and if you need a specialist, the PCP will choose one who is also in our network.

Our plan gives you access to our network of skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit www.2025wellcaredirectories.com. **Please note** that, if you go elsewhere without proper authorization, you will have to pay in full. Neither Medicare nor our plan will be responsible for the costs. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which Wellcare Premium Ultra (HMO) authorizes use of out-of-network providers.

Our plan also includes prescription drug coverage and 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 Premium Ultra (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

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 www.2025wellcaredirectories.com. For plans with prescription drug coverage, our complete plan Formulary (list of Part D prescription drugs) is on our website at www.wellcare.com/healthnetCA.

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.). For more information, or to request information in an alternate format, please call us at 1-800-225-8017 (TTY users should call 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Benefits

Wellcare Premium Ultra (HMO) H0562, Plan 039	
<i>Note: Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.</i>	
Monthly plan premium (includes both medical and drugs)	\$144 You must continue to pay your Medicare Part B premium.
Deductible	No deductible for medical. See prescription drugs section for Part D deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$6,750 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	For each admission, you pay: <ul style="list-style-type: none"> • \$380 copay per day for days 1 through 6 • \$0 copay per day for days 7 through 90 • \$0 copay per day for days 91 through 100 <ul style="list-style-type: none"> ▪ *
Outpatient Hospital coverage Outpatient hospital services	\$0 copay for Medicare-covered diagnostic colonoscopy. \$375 copay for all other outpatient services. <ul style="list-style-type: none"> ▪ *
Outpatient hospital observation services	\$125 copay for outpatient observation services when you enter observation status through an emergency room. \$375 copay for outpatient observation services when you enter observation status through an outpatient facility. <ul style="list-style-type: none"> ▪

Benefits

Wellcare Premium Ultra (HMO) H0562, Plan 039	
Ambulatory Surgical Center (ASC) services	\$300 copay for each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy. ▪ *
Doctor Visits	
Primary Care Providers	\$0 copay
Specialists	\$10 copay ▪ *
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))	\$0 copay
Emergency care	\$125 copay Copay is waived if you are admitted to a hospital within 24 hours.

Benefits

Wellcare Premium Ultra (HMO) H0562, Plan 039	
Worldwide Emergency Coverage	<p>\$125 copay</p> <p>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 <u>not</u> waived if admitted to the hospital for worldwide emergency services.</p>
Urgently needed services	<p>\$25 copay</p> <p>Copay is waived if you are admitted to a hospital within 24 hours.</p>
Worldwide Urgent Care Coverage	<p>\$125 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is <u>not</u> waived if admitted to the hospital for worldwide urgently needed services.</p>
Diagnostic Services/Labs/Imaging Lab services	<p>\$0 copay for all other labs. \$50 copay for genetic testing.</p> <ul style="list-style-type: none"> ▪ *
Diagnostic Tests and Procedures	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ *
Outpatient X-rays	<p>\$100 copay</p> <ul style="list-style-type: none"> ▪ *
Diagnostic radiology services (e.g. MRI, CAT Scan)	<p>\$0 copay for a diagnostic mammogram. \$375 copay for all other diagnostic radiology services received in an outpatient setting.</p>

Benefits

Wellcare Premium Ultra (HMO) H0562, Plan 039	
	<p>\$350 copay for all other services received in all other locations.</p> <ul style="list-style-type: none"> ▪ *
Therapeutic Radiology	<p>20% coinsurance</p> <ul style="list-style-type: none"> ▪ *
<p>Hearing services</p> <p>Hearing Exam Medicare-Covered</p>	<p>\$10 copay</p> <ul style="list-style-type: none"> *
Routine hearing exam	<p>\$0 copay</p> <ul style="list-style-type: none"> * <p>1 exam(s) every year</p>
<p>Hearing Aids</p> <p>Hearing Aid Fitting/Evaluation(s)</p> <p>Hearing aid allowance All types</p>	<p>\$0 copay</p> <ul style="list-style-type: none"> * <p>1 fitting(s) / evaluation(s) every year</p> <p>Up to a \$500 allowance per ear every year for hearing aids.</p> <p>\$0 copay</p> <ul style="list-style-type: none"> * <p>Limited to 2 hearing aid(s) every year</p>
Additional Hearing Information	<p>What you should know</p> <p>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.</p>

Benefits

Wellcare Premium Ultra (HMO) H0562, Plan 039	
Dental services	
Comprehensive services Medicare-covered	\$10 copay for each Medicare-covered service. *
Routine Diagnostic and Preventive Services	\$0 copay * Cleanings 2 every year Dental x-rays 1 set(s) every year Oral exams 2 every year
Fluoride Treatment	\$0 copay * 1 every year
Other Diagnostic Dental services	\$15 copay * Unlimited services every year
Other Preventive Dental services	\$0 - \$55 copay * Unlimited services every year
Routine Comprehensive services	
Restorative Services	\$0 - \$300 copay *
Endodontics/Periodontics	\$0 - \$375 copay *

Benefits

Wellcare Premium Ultra (HMO) H0562, Plan 039	
Oral/Maxillofacial Surgery	\$0 - \$70 copay *
Prosthodontics - fixed	\$0 - \$225 copay *
Prosthodontics - removable	\$70 - \$250 copay *
Orthodontics	\$0 - \$2,250 copay *
Adjunctive General Services	\$0 - \$125 copay *
	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: This plan provides dental services with no annual maximum allowance.
Vision Services	
Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$10 copay (all other Medicare-covered eye exams) *
Routine eye exam (Refraction)	\$0 copay * 1 exam(s) every year
Glaucoma screening	\$0 copay for each Medicare-covered service. ▪
Eyewear Medicare Covered	\$0 copay *

Benefits

Wellcare Premium Ultra (HMO) H0562, Plan 039	
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	\$0 copay * Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services	
Inpatient visit	For each admission, you pay: <ul style="list-style-type: none"> • \$375 copay per day for days 1 through 6 • \$0 copay per day for days 7 through 90 ▪ *
Outpatient individual therapy visit	\$25 copay ▪ *
Outpatient group therapy visit	\$25 copay ▪ *
Skilled nursing facility (SNF)	For each admission, you pay: <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$214 copay per day for days 21 through 60 • \$0 copay per day for days 61 through 100 ▪ *
Therapy and Rehabilitation Services	
Physical Therapy	\$10 copay ▪ *

Benefits

Wellcare Premium Ultra (HMO) H0562, Plan 039	
Outpatient rehabilitation services provided by an occupational therapist	\$10 copay ▪ *
Pulmonary rehabilitation services	\$0 copay ▪
Ambulance Ground Ambulance	\$300 copay *
Air Ambulance	\$300 copay *
Transportation Services	<u>Not</u> covered
Medicare Part B Drugs Chemotherapy Drugs and Other Part B Drugs	20% coinsurance * Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. The list of Part B rebatable drugs that are subject to a lower coinsurance is published by the Centers for Medicare & Medicaid Services (CMS) and may change quarterly.
Insulin	\$35 copay (maximum per month) *
Allergy Antigen	0% coinsurance *

Part D Prescription Drug Coverage	Wellcare Premium Ultra (HMO) H0562, Plan 039	
Stage 1: Yearly Deductible Stage		
Deductible	\$420 for Part D prescription drugs (this applies to drugs on Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), Tier 5 (Specialty Tier)). For all other covered drugs, you will not have to pay any deductible and will start receiving coverage immediately. The deductible doesn't apply to covered insulin products and most adult Part D vaccines including shingles, tetanus, and travel vaccines.	
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 \$2,000. You then move on to the Catastrophic Coverage Stage.		
Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you, even if you have not paid your deductible (if your plan has a deductible).		
Important Message About What You Pay for Insulin: You won't pay more than \$35 for up to a one-month supply, \$70 for up to a two-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier, even if you have not paid your deductible (if your plan has a deductible).		
Retail cost-sharing (30-day/Up to a 100-day supply)		
	Preferred	Standard
Tier 1 (Preferred Generic Drugs) includes preferred generic drugs and may include some brand drugs.	\$0 / \$0 copay	\$5 / \$15 copay
Tier 2 (Generic Drugs) includes generic drugs and may include some brand drugs	\$0 / \$0 copay	\$10 / \$30 copay

Part D Prescription Drug Coverage	Wellcare Premium Ultra (HMO) H0562, Plan 039	
	Preferred	Standard
Tier 3 (Preferred Brand Drugs) includes preferred brand drugs and may include some generic drugs.	25% / 25% coinsurance	25% / 25% coinsurance
Tier 4 (Non-Preferred Drugs) includes non-preferred brand and non-preferred generic drugs.	39% / 39% coinsurance	39% / 39% coinsurance
Tier 5 (Specialty Tier) includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.	28% coinsurance / <u>Not</u> Available Limited to 30 day supply	28% coinsurance / <u>Not</u> Available Limited to 30 day supply
Tier 6 (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

Part D Prescription Drug Coverage	Wellcare Premium Ultra (HMO) H0562, Plan 039	
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)		
Mail-order cost-sharing (30-day/Up to a 100-day supply)		
	Preferred	Standard
Tier 1 (Preferred Generic Drugs) includes preferred generic drugs and may include some brand drugs.	\$0 / \$0 copay	\$5 / \$15 copay
Tier 2 (Generic Drugs) includes generic drugs and may include some brand drugs	\$0 / \$0 copay	\$10 / \$30 copay
Tier 3 (Preferred Brand Drugs) includes preferred brand drugs and may include some generic drugs.	25% / 25% coinsurance	25% / 25% coinsurance
Tier 4 (Non-Preferred Drugs) includes non-preferred brand and non-preferred generic drugs.	39% / 39% coinsurance	39% / 39% coinsurance

Part D Prescription Drug Coverage	Wellcare Premium Ultra (HMO) H0562, Plan 039	
	Preferred	Standard
Tier 5 (Specialty Tier) includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.	28% coinsurance / <u>Not</u> Available Limited to 30 day supply	28% coinsurance / <u>Not</u> Available Limited to 30 day supply
Tier 6 (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: Catastrophic Coverage Stage		
	<p>You enter this stage after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,000.</p> <p>Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>	

Generic drugs may be covered on tiers other than Tier 1 and Tier 2. 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 whether the prescription is a short-term (30-day supply) or long-term (100-day supply).

Excluded Drugs:

Wellcare Premium Ultra (HMO) 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 new 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, 365 days a year or visit [wellcare.healthnetcalifornia.com/MPPP](https://www.wellcare.healthnetcalifornia.com/MPPP).

Additional Benefits

Wellcare Premium Ultra (HMO) H0562, Plan 039	
<p>Note: Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.</p>	
<p>Chiropractic Services Medicare-covered</p>	<p>\$10 copay</p> <ul style="list-style-type: none"> ▪ *
<p>Acupuncture Medicare-covered</p>	<p>\$0 copay for Medicare-covered Acupuncture received in a PCP office. \$10 copay for Medicare-covered Acupuncture received in a Chiropractor office. \$10 copay for Medicare-covered Acupuncture received in a Specialist office.</p> <ul style="list-style-type: none"> ▪ *
<p>Podiatry Services (Foot Care) Medicare Covered</p>	<p>\$10 copay</p> <ul style="list-style-type: none"> ▪ *

Additional Benefits

Wellcare Premium Ultra (HMO) H0562, Plan 039	
Virtual Visits	<p>\$0 copay for virtual visit services performed through Teladoc.</p> <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. For more information, or to schedule an appointment, call Teladoc at 1-800-835-2362 (TTY: 711) 24 hours a day, 7 days a week.</p> <p>What you should know: The \$0 copay above only applies when services are received from Teladoc. If you receive telemedicine services from a network provider and not the virtual visit vendor, 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).</p> <p>*</p>
Social Support Platform	<p>Our plan provides an online social support platform to support your overall well-being. You have access to community, therapeutic activities, and plan-sponsored resources to help manage stress and anxiety. The Twill platform makes it easy for you to join and stay involved to maintain a healthy behavioral health journey. It is available online 24/7, so you can use it whenever you want.</p> <p>For more information on how to access the platform please see your Evidence of Coverage.</p> <p>\$0 copay</p>

Additional Benefits

Wellcare Premium Ultra (HMO) H0562, Plan 039	
Home health agency care	\$0 copay ▪ *
Medical Equipment/Supplies Durable Medical Equipment (DME)	20% coinsurance *
Prosthetics	20% coinsurance *
Diabetic Supplies	\$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic therapeutic shoes or inserts	20% coinsurance *
Opioid treatment program services	\$10 copay ▪ *
Health and Wellness Education Programs Fitness	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage. \$0 copay What you should know: The benefit on this plan provides a membership to a flexible fitness benefit with monthly credits to use on a variety of larger gyms or local fitness studios. Members will have 32 credits each month to utilize. Credits will be sufficient to cover a monthly gym membership and/or fitness studio classes, or at-home fitness boxes and fitness videos.

Additional Benefits

Wellcare Premium Ultra (HMO) H0562, Plan 039	
24-Hour Nurse Advice Line	\$0 copay
Annual Routine Physical Exam	\$0 copay What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.
My Wellcare Rewards	With My Wellcare Rewards , you earn points for completing eligible healthy activities. Points can be redeemed for gift cards, up to \$75 per year, from your favorite stores like Walmart®, and more. You can start earning points just by registering. Some qualifying healthy actions include: <ul style="list-style-type: none"> • Completing the Health Risk Assessment • Connecting a fitness device • Annual wellness visits • Annual flu vaccines • Cancer screenings • A1C testing Gift card restrictions may apply.

ATTENTION: If you need help in your language, call 1-844-428-2224 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-844-428-2224 (TTY: 711). These services are free.

انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على 1-844-428-2224 (TTY: 711). تتوفر أيضًا مساعدات وخدمات للأشخاص ذوي الإعاقات مثل المستندات بطريقة برايل وبطباعة كبيرة. اتصل على 1-844-428-2224 (TTY: 711). هذه الخدمات مجانية.

ՈՒՇԱԴԴՈՒԹՅՈՒՆ. Եթե ցանկանում եք օգնություն ստանալ ձեր լեզվով, զանգահարեք 1-844-428-2224 (TTY՝ 711): Հասանելի են նաև հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցներ և ծառայություններ, օրինակ՝ բրայլյան գրատեսակով և խոշոր տառաչափով փաստաթղթեր: Չանզանահարեք 1-844-428-2224 (TTY՝ 711): Այս ծառայություններն անվճար են:

注意：如果您需要以您的语言提供的帮助，请致电 1-844-428-2224 (TTY: 711)。此外，还为残疾人提供辅助和相关服务，如盲文文件和大字体文件。请致电 1-844-428-2224 (TTY: 711)。这些服务均免费提供。

注意：如果您需要以您母語提供的協助，請致電 1-844-428-2224 (TTY: 711)。我們也為殘疾人士提供輔助和服務，例如點字和大字體印刷的文件。請致電 1-844-428-2224 (TTY: 711)。這些服務均為免費。

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 1-844-428-2224 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ਾਂ ਵਰਗੀਆਂ ਅਸਮਰੱਥਾ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ। 1-844-428-2224 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਮੁਫਤ ਸੇਵਾਵਾਂ ਹਨ।

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है, तो 1-844-428-2224 (TTY: 711) पर कॉल करें। विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज जैसी सहायताएं और सेवाएं भी उपलब्ध हैं। 1-844-428-2224 (TTY: 711) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

THOV MUAB SIAB RAU: Yog tias koj xav tau kev pab ua koj hom lus, ces hu rau 1-844-428-2224 (TTY: 711). Tsis tas i ntawd, peb tseem muaj cov neeg pab thiab cov kev pab cuam rau cov neeg uas muaj cov kev xiam oob qhab, xws li cov ntaub ntawv ua ntawv su rau neeg dig muag thiab ntawv luam loj. Hu rau 1-844-428-2224 (TTY: 711). Cov kev pab cuam no pab dawb xwb.

注意：言語のヘルプが必要な場合は 1-844-428-2224 (TTY : 711) までお電話ください。障害をお持ちの方には、点字や大判プリントなどの補助機能やサービスもご利用になれます。1-844-428-2224 (TTY : 711) にお電話ください。これらのサービスは無料です。

주의: 귀하의 구사 언어로 도움을 받으셔야 한다면 1-844-428-2224(TTY: 711)번으로 연락해 주십시오. 점자 및 큰 활자 인쇄 형식으로 된 문서 등 장애인을 위한 도움 및 서비스도 제공됩니다. 1-844-428-2224(TTY: 711)번으로 연락해 주십시오. 이러한 서비스는 무료입니다.

ຂໍ້ຄວນເອົາໃຈໃສ່: ຫາກທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາ 1-844-428-2224 (TTY: 711). ນອກຈາກນີ້ ຍັງມີຄວາມຊ່ວຍເຫຼືອສໍາລັບຜູ້ພິການ ເຊັ່ນ: ເອກະສານເປັນອັກສອນນູນ ແລະ ຕົວພິມໃຫຍ່ອີກດ້ວຍ. ໃຫ້ໂທຫາ 1-844-428-2224 (TTY: 711). ບໍລິການເຫຼົ່ານີ້ຟຣີ.

LIOUH EIX: Oix se nongc zuqc meih nyei wac jouh mienh bong zouc, cingv mboqv 1-844-428-2224 (TTY: 711). Hac haih weic waic fangx mienh zoux sic taengx qaqv, hnavg mangh wenh souh nzangc caux domh nzangc yenx benx nyei souh nzangc. Mboqv 1-844-428-2224 (TTY: 711). Naiv deix bong taengx meih se mv siou zinh.

ចំណាំ៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ 1-844-428-2224 (TTY: 711) ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្នាបសម្រាប់ជនពិការភ្នែក និងពុម្ពអក្សរធំ ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ 1-844-428-2224 (TTY: 711)។ សេវាទាំងនេះមិនគិតថ្លៃនោះទេ។

توجه: اگر به زبان خودتان نیاز به کمک دارید با شماره 1-844-428-2224 (TTY: 711) تماس بگیرید. پشتیبانی و خدمات برای افراد دارای معلولیت، مانند اسناد با خط بریل و چاپ درشت، نیز موجود است. با شماره 1-844-428-2224 (TTY: 711) تماس بگیرید. این خدمات رایگان است.

ВНИМАНИЕ: если вам требуется помощь на родном языке, позвоните по номеру 1-844-428-2224 (TTY: 711). Также доступны сопутствующая помощь и услуги для людей с ограниченными возможностями, такие как материалы, напечатанные крупным шрифтом и шрифтом Брайля. Позвоните по номеру 1-844-428-2224 (TTY: 711). Эти услуги предоставляются бесплатно.

ATENCIÓN: Si necesita ayuda en su idioma llame al 1-844-428-2224 (TTY: 711). También están disponibles ayudas y servicios para personas con discapacidades, como documentos en Braille y letra grande. Llame al 1-844-428-2224 (TTY: 711). Estos servicios son gratuitos.

ATENSYON: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa 1-844-428-2224 (TTY: 711). Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumento sa braille at malaking print. Tumawag sa 1-844-428-2224 (TTY: 711). Libre ang mga serbisyong ito.

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ โปรดโทร 1-844-428-2224 (TTY: 711) นอกจากนี้ ยังมีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารที่เป็นอักษรเบรลล์และเอกสารที่ใช้ตัวอักษรขนาดใหญ่ โปรดโทร 1-844-428-2224 (TTY: 711) บริการเหล่านี้ไม่มีค่าใช้จ่าย

УВАГА! Якщо ви потребуєте підтримки своєю мовою, телефонуйте за номером 1-844-428-2224 (TTY: 711). Також доступні засоби та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля та великим шрифтом. Телефонуйте за номером 1-844-428-2224 (TTY: 711). Ці послуги безкоштовні.

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi số 1-844-428-2224 (TTY: 711). Các hỗ trợ và dịch vụ dành cho người khuyết tật, chẳng hạn như tài liệu bằng chữ nổi và bản in cỡ chữ lớn cũng được cung cấp. Gọi số 1-844-428-2224 (TTY: 711). Các dịch vụ này miễn phí.

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 1-800-225-8017 (TTY: 711). Hours are Monday - Sunday, 8 am - 8 pm (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 www.wellcare.com/healthnetca or call 1-800-225-8017 (TTY: 711) to view a copy of the EOC. Hours are Monday - Sunday, 8 am - 8 pm (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, 2026.
- ❑ **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.
- ❑ 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).

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.

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

Toll-free at 1-800-225-8017 (TTY: 711). Your call may be answered by a licensed agent.



Hours of Operation

Monday - Sunday, 8 am - 8 pm (all time zones)



Online

www.wellcare.com/healthnetca