



# 2025 Summary of Benefits

Kentucky

**Wellcare Simple Open (PPO)**

H3975 | 001

**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 Simple Open (PPO) 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/medicare](http://www.wellcare.com/medicare). 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 Kentucky Department for Medicaid Services (DMS) 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 these counties in Kentucky: Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Carter, Casey, Christian, Clark, Clay, Clinton, Crittenden, Cumberland, Daviess, Edmonson, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Fulton, Gallatin, Garrard, Grant, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henderson, Henry, Hickman, Hopkins, Jackson, Jefferson, Jessamine, Johnson, Kenton, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Martin, Mason, McCracken, McCreary, McLean, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, Whitley, Wolfe, and Woodford.

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.

**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.

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 Simple 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 [www.2025wellcaredirectories.com](http://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/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.). 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 Simple Open (PPO) H3975, Plan 001	
<i>Note: Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.</i>	
<b>Monthly plan premium</b> (includes both medical and drugs)	\$0  You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	No deductible for medical. See prescription drugs section for Part D deductible.
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	\$6,000 in-network annually \$8,950 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>• \$350 copay per day for days 1 through 5</li> <li>• \$0 copay per day for days 6 through 90</li> </ul> <p>*</p> <p><b>Out-of-Network</b> Days 1-90:</p> <ul style="list-style-type: none"> <li>• 35% coinsurance for each Medicare-covered hospital stay.</li> </ul>
<b>Outpatient Hospital coverage</b> Outpatient hospital services	<p><b>In-Network</b> \$0 copay for Medicare-covered diagnostic colonoscopy. \$300 copay for all other outpatient services. *</p> <p><b>Out-of-Network</b> 35% coinsurance for surgical and non-surgical services (includes Medicare-covered diagnostic colonoscopy)</p>

## Benefits

Wellcare Simple Open (PPO) H3975, Plan 001	
Outpatient hospital observation services	<p><b>In-Network</b> \$125 copay for outpatient observation services when you enter observation status through an emergency room. \$300 copay for outpatient observation services when you enter observation status through an outpatient facility.</p> <p><b>Out-of-Network</b> 35% coinsurance</p>
<b>Ambulatory Surgical Center (ASC) services</b>	<p><b>In-Network</b> \$250 copay for each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy. *</p> <p><b>Out-of-Network</b> 35% coinsurance</p> <p>This amount applies to each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy.</p>
<b>Doctor Visits</b>	
Primary Care Providers	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$25 copay</p>
Specialists	<p><b>In-Network</b> \$30 copay *</p> <p><b>Out-of-Network</b> \$40 copay</p>

## Benefits

Wellcare Simple Open (PPO) H3975, Plan 001	
<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/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 copay</p>
<b>Emergency care</b>	\$125 copay Copay is waived if you are admitted to a hospital within 24 hours.
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>
<b>Urgently needed services</b>	\$30 copay Copay is waived if you are admitted to a hospital within 24 hours.

## Benefits

<b>Wellcare Simple Open (PPO) H3975, Plan 001</b>	
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>
<b>Diagnostic Services/Labs/Imaging</b> Lab services	<p><b>In-Network</b>            \$0 copay for all other labs.            \$50 copay for genetic testing.            *</p> <p><b>Out-of-Network</b>            35% coinsurance</p>
Diagnostic Tests and Procedures	<p><b>In-Network</b>            \$0 copay for each Medicare-covered spirometry test and specified testing-related services.            \$70 copay for all other Medicare-covered diagnostic procedures and tests.            *</p> <p><b>Out-of-Network</b>            35% coinsurance</p>
Outpatient X-rays	<p><b>In-Network</b>            \$25 copay            *</p> <p><b>Out-of-Network</b>            35% coinsurance</p>
Diagnostic radiology services (e.g. MRI, CAT Scan)	<p><b>In-Network</b>            \$0 copay for a diagnostic mammogram.            \$300 copay for all other diagnostic radiology services received in an outpatient setting.</p>

## Benefits

<b>Wellcare Simple Open (PPO) H3975, Plan 001</b>	
	<p>\$150 copay for all other services received in all other locations. *</p> <p><b>Out-of-Network</b> 35% coinsurance</p>
Therapeutic Radiology	<p><b>In-Network</b> 20% coinsurance *</p> <p><b>Out-of-Network</b> 35% coinsurance</p>
<p><b>Hearing services</b></p> <p>Hearing Exam Medicare-Covered</p>	<p><b>In-Network</b> \$30 copay *</p> <p><b>Out-of-Network</b> \$40 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(s) every year</p>



## Benefits

Wellcare Simple Open (PPO) H3975, Plan 001	
<p>Hearing Aids</p> <p style="padding-left: 40px;">Hearing Aid Fitting/Evaluation(s)</p>	<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>
<p>Hearing aid allowance</p> <p style="padding-left: 40px;">All types</p>	<p>Up to a \$1,500 allowance per ear every year for hearing aids.</p> <p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p>Limited to 2 hearing aid(s) every year</p>
<p>Additional Hearing Information</p>	<p><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.</p>
<p><b>Dental services</b></p> <p style="padding-left: 40px;">Comprehensive services Medicare-covered</p>	<p><b>In-Network</b> \$30 copay for each Medicare-covered service. *</p> <p><b>Out-of-Network</b> \$40 copay for each Medicare-covered service.</p>

## Benefits

Wellcare Simple Open (PPO) H3975, Plan 001	
Routine Diagnostic and Preventive Services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>Cleanings 2 every year</p> <p>Dental x-rays 1 set(s) every date of service to 36 months depending on type of service</p> <p>Oral exams 2 every year</p>
Fluoride Treatment	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>1 every year</p>
Other Diagnostic Dental services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>1 every date of service to 36 months depending on type of service</p>

## Benefits

Wellcare Simple Open (PPO) H3975, Plan 001	
Other Preventive Dental services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p>1 every date of service to 36 months depending on type of service</p>
Routine Comprehensive services	
Restorative Services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p>
Endodontics/Periodontics	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p>
Oral/Maxillofacial Surgery	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p>

## Benefits

Wellcare Simple Open (PPO) H3975, Plan 001	
Prosthodontics - fixed	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p>
Prosthodontics - removable	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p>
Adjunctive General Services	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p><b>For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.</b></p>
Additional Dental Information	<p><b>What you should know:</b> This plan includes coverage up to \$3,000 per plan year for all in-network and out-of-network covered routine comprehensive dental services.</p>
<p><b>Vision Services</b></p> <p>Eye Exam Medicare Covered</p>	<p><b>In-Network</b> \$0 copay (Medicare-covered diabetic retinopathy screening) \$30 copay (all other Medicare-covered eye exams) *</p> <p><b>Out-of-Network</b> \$0 copay (Medicare-covered diabetic retinopathy screening) \$40 copay (all other Medicare-covered eye exams)</p>

## Benefits

<b>Wellcare Simple Open (PPO) H3975, Plan 001</b>	
Routine eye exam (Refraction)	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p>1 exam(s) every year</p>
Glaucoma screening	<p><b>In-Network</b> \$0 copay for each Medicare-covered service.</p> <p><b>Out-of-Network</b> 35% coinsurance for each Medicare-covered service</p>
Eyewear Medicare Covered	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 35% coinsurance</p>
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames  Eyewear allowance	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 40% coinsurance</p> <p>Up to a \$300 combined allowance towards contacts and glasses (lenses and/or frames) every year.</p>

## Benefits

Wellcare Simple Open (PPO) H3975, Plan 001	
<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>• \$350 copay per day for days 1 through 5</li> <li>• \$0 copay per day for days 6 through 90</li> </ul> <p>*</p> <p><b>Out-of-Network</b> Days 1-90:</p> <ul style="list-style-type: none"> <li>• 35% coinsurance for each Medicare-covered hospital stay.</li> </ul>
Outpatient individual therapy visit	<p><b>In-Network</b> \$40 copay</p> <p>*</p> <p><b>Out-of-Network</b> 35% coinsurance</p>
Outpatient group therapy visit	<p><b>In-Network</b> \$40 copay</p> <p>*</p> <p><b>Out-of-Network</b> 35% 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>• \$214 copay per day for days 21 through 60</li> <li>• \$0 copay per day for days 61 through 100</li> </ul> <p>*</p>

## Benefits

Wellcare Simple Open (PPO) H3975, Plan 001	
	<p><b>Out-of-Network</b> Days 1-100: 35% coinsurance per benefit period</p>
<p><b>Therapy and Rehabilitation Services</b></p> <p>Physical Therapy</p>	<p><b>In-Network</b> \$30 copay *</p> <p><b>Out-of-Network</b> 35% coinsurance</p>
<p>Outpatient rehabilitation services provided by an occupational therapist</p>	<p><b>In-Network</b> \$30 copay *</p> <p><b>Out-of-Network</b> 35% coinsurance</p>
<p>Pulmonary rehabilitation services</p>	<p><b>In-Network</b> \$15 copay</p> <p><b>Out-of-Network</b> 35% coinsurance</p>

## Benefits

Wellcare Simple Open (PPO) H3975, Plan 001	
<b>Ambulance</b> Ground Ambulance	<p><b>In-Network</b> \$300 copay *</p> <p><b>Out-of-Network</b> \$300 copay</p>
Air Ambulance	<p><b>In-Network</b> \$300 copay *</p> <p><b>Out-of-Network</b> \$300 copay</p>
<b>Transportation Services</b>	<p><b>In-Network</b> <u>Not</u> covered</p> <p><b>Out-of-Network</b> <u>Not</u> covered</p>
<b>Medicare Part B Drugs</b> Chemotherapy Drugs and Other Part B Drugs	<p><b>In-Network</b> 20% coinsurance *</p> <p><b>Out-of-Network</b> 35% 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 &amp; Medicaid Services (CMS) and may change quarterly.</p>
Insulin	<p><b>In-Network</b> \$35 copay (maximum per month) *</p> <p><b>Out-of-Network</b> \$35 copay (maximum per month)</p>



**Benefits**

	<b>Wellcare Simple Open (PPO) H3975, Plan 001</b>
Allergy Antigen	<b>In-Network</b> 0% coinsurance * <b>Out-of-Network</b> 0% coinsurance

<b>Part D Prescription Drug Coverage</b>	<b>Wellcare Simple Open (PPO) H3975, Plan 001</b>	
<b>Stage 1: Yearly Deductible Stage</b>		
<b>Deductible</b>	\$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.	
<b>Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable)</b>		
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.		
<b>Important Message About What You Pay for Vaccines:</b> 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).		
<b>Important Message About What You Pay for Insulin:</b> 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).		
<b>Retail cost-sharing (30-day/Up to a 100-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	\$0 / \$0 copay	\$10 / \$30 copay

Part D Prescription Drug Coverage	Wellcare Simple Open (PPO) H3975, Plan 001	
	Preferred	Standard
<b>Tier 3</b> (Preferred Brand Drugs) includes preferred brand drugs and may include some generic drugs.	25% / 25% coinsurance	25% / 25% coinsurance
<b>Tier 4</b> (Non-Preferred Drugs) includes non-preferred brand and non-preferred generic drugs.	39% / 39% coinsurance	39% / 39% 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.	28% coinsurance / <u>Not</u> Available  Limited to 30 day supply	28% coinsurance / <u>Not</u> Available  Limited to 30 day supply
<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

<b>Part D Prescription Drug Coverage</b>	<b>Wellcare Simple Open (PPO) H3975, Plan 001</b>	
<b>Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)</b>		
<b>Mail-order cost-sharing (30-day/Up to a 100-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	\$0 / \$0 copay	\$10 / \$30 copay
<b>Tier 3</b> (Preferred Brand Drugs) includes preferred brand drugs and may include some generic drugs.	25% / 25% coinsurance	25% / 25% coinsurance
<b>Tier 4</b> (Non-Preferred Drugs) includes non-preferred brand and non-preferred generic drugs.	39% / 39% coinsurance	39% / 39% coinsurance

Part D Prescription Drug Coverage	Wellcare Simple Open (PPO) H3975, Plan 001	
	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.	28% coinsurance / <u>Not</u> Available  Limited to 30 day supply	28% coinsurance / <u>Not</u> Available  Limited to 30 day supply
<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
<b>Stage 3: Catastrophic Coverage Stage</b>		
	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.  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.	

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 Simple 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 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 [www.wellcare.com/MPPP](http://www.wellcare.com/MPPP).

### Additional Benefits

Wellcare Simple Open (PPO) H3975, Plan 001	
<p><i><b>Note:</b> Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.</i></p>	
<p><b>Chiropractic Services</b> Medicare-covered</p>	<p><b>In-Network</b> \$20 copay *</p> <p><b>Out-of-Network</b> 35% coinsurance</p>
<p><b>Acupuncture</b> Medicare-covered</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office. \$30 copay for Medicare-covered Acupuncture received in a Specialist office. *</p> <p><b>Out-of-Network</b> \$25 copay for Medicare-covered Acupuncture received in a PCP office. 35% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office \$40 copay for Medicare-covered Acupuncture received in a Specialist office.</p>
<p><b>Podiatry Services (Foot Care)</b> Medicare Covered</p>	<p><b>In-Network</b> \$30 copay *</p> <p><b>Out-of-Network</b> 35% coinsurance</p>

### Additional Benefits

Wellcare Simple Open (PPO) H3975, Plan 001	
<b>Virtual Visits</b>	<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><b>What you should know:</b> 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>
<b>Social Support Platform</b>	<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 Simple Open (PPO) H3975, Plan 001	
<b>Home health agency care</b>	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 35% 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> 35% coinsurance</p>
Prosthetics	<p><b>In-Network</b> 20% coinsurance *</p> <p><b>Out-of-Network</b> 35% coinsurance</p>
Diabetic Supplies	<p><b>In-Network</b> \$0 copay *</p> <p><b>Out-of-Network</b> 35% coinsurance</p> <p>For more information, limitations and exclusions, please see your Evidence of Coverage.</p>
Diabetic therapeutic shoes or inserts	<p><b>In-Network</b> 20% coinsurance *</p> <p><b>Out-of-Network</b> 35% coinsurance</p>

## Additional Benefits

Wellcare Simple Open (PPO) H3975, Plan 001	
<b>Opioid treatment program services</b>	<p><b>In-Network</b> \$30 copay *</p> <p><b>Out-of-Network</b> \$40 copay</p>
<b>Health and Wellness Education Programs</b> Fitness	<p>For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay</p> <p><b>What you should know:</b></p> <p>To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide.</p> <p>Members have access to in-person fitness centers, available on-demand exercise programs, 1:1 Well-Being Coaching, Well-Being Club, and a variety of Home Fitness Kits (including a wearable fitness tracker).</p>
Personal emergency response system (PERS)	\$0 copay
24-Hour Nurse Advice Line	\$0 copay

## Additional Benefits

Wellcare Simple Open (PPO) H3975, Plan 001	
<b>Annual Routine Physical Exam</b>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> \$0 copay</p> <p><b>What you should know:</b> The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>
<b>Wellcare Spendables™</b>	<p>You will receive <b>\$116 every quarter</b> preloaded on your Wellcare Spendables™ card. Your allowance is loaded on the <b>first day of each quarter (January, April, July, October) and expires on the last day of each quarter.</b></p> <p>Your card allowance can be used towards: <b>Over-the-Counter items (OTC)</b> - Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items.</p> <p>For more information, limitations, and exclusions, please see your Evidence of Coverage.</p>
<b>My Wellcare Rewards</b>	<p>With <b>My Wellcare Rewards</b>, you earn points for completing eligible healthy activities.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Completing the Health Risk Assessment</li> <li>• Connecting a fitness device</li> <li>• Annual wellness visits</li> <li>• Annual flu vaccines</li> <li>• Cancer screenings</li> <li>• A1C testing</li> </ul>

### Additional Benefits

	<b>Wellcare Simple Open (PPO) H3975, Plan 001</b>
	Gift card restrictions may apply.

**Multi-Language Insert**  
**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-374-4056 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-877-374-4056 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

**Chinese (Mandarin):** 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-877-374-4056 (TTY: 711)**。您将获得中文普通话口译员的帮助。这是一项免费服务。

**Chinese (Cantonese):** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-877-374-4056 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

**Tagalog:** May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-877-374-4056 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-877-374-4056 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-877-374-4056 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-877-374-4056 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-877-374-4056(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-877-374-4056 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

**Arabic:** نوّقر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-877-374-4056 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-877-374-4056 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक नि:शुल्क सेवा है।

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il **1-877-374-4056 (TTY: 711)**. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número **1-877-374-4056 (TTY: 711)**. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan **1-877-374-4056 (TTY: 711)**. Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-877-374-4056 (TTY: 711)**. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-877-374-4056 (TTY: 711)** にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

**Hawaiian:** Loa‘a iā mākou nā lawelawe unuhi ‘ōlelo manuahi e pane i nā nīnau āu e pili ana i kā mākou papahana olakino a lā‘au paha. No ka loa‘a ‘ana o ka unuhi ‘ōlelo e kelepona iā mākou ma **1-877-374-4056 (TTY: 711)**. Hiki i kekahi kanaka ‘ōlelo Hawai‘i ke kōkua iā ‘oe. He lawelawe manuahi kēia.

**Ilocano:** Adda iti libre a serbisyo ti panagpatarus mi tapno masungbatan ti anyaman a saludsod mo maipanggep iti plano ti salun-at wenno agas mi. Tapno makaala ti maysa nga agipatpatarus pakiawagan dakami laeng iti **1-877-374-4056 (TTY: 711)**. Mabalín nga makatulóng kenka ti maysa nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

**Samoan:** E iai matou auaunaga faamatala upu e tali atu i soo se fesili e te ono fesili ai e uiga ia matou fuafuaga tau soifua maloloina poo fualaa. Ina ia maua se tagata faamatala upu na’o le vili mai a matou i le **1-877-374-4056 (TTY: 711)**. E mafai ona fesoasoani atu ia te oe se tasi e tautala i le gagana Samoan. E leai se totogi o lenei auaunaga.

**Ukrainian:** Ми безкоштовно надаємо послуги перекладачів, щоб ви могли отримати відповіді на будь-які запитання щодо нашого плану медичного обслуговування чи забезпечення лікарськими засобами. Щоб отримати допомогу перекладача, просто зателефонуйте нам за номером **1-877-374-4056 (TTY: 711)**. Спеціаліст, який володіє українською, допоможе вам. Ця послуга безкоштовна.

**Lao:** ພວກເຮົາມີບໍລິການຄົນພາສາພຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ເພື່ອຂໍຄືນແປພາສາ ພຽງແຕ່ໂທຫາພວກເຮົາໄດ້ທີ່ເບີ 1-877-374-4056 (TTY: 711). ມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນບໍລິການພຣີ.

**Cambodian:** យើងមានសេវាកម្មប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃសម្រាប់ឆ្លើយរាល់សំណួរដែលអ្នកមានអំពីគម្រោងឱសថបូគម្រោងសុខភាពរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមរយៈលេខ 1-877-374-4056 (TTY: 711)។ មនុស្សម្នាក់ដែលនិយាយភាសាខ្មែរបានអាចជួយអ្នកបាន។ នេះជាសេវាកម្មឥតគិតថ្លៃ។

**Hmong:** Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb cov nqe lus nug twg uas koj yuav muaj hais txog peb lub phiaj xwm duav roos kev noj qab haus huv thiab tshuaj. Yog xav tau ib tug kws txhais lus ces tsuas hu rau peb tau ntawm 1-877-374-4056 (TTY: 711). Ib tug neeg twg uas hais tau lus Hmoob yuav pab tau koj. Qhov no yog kev pab cuam pab dawb xwb.

**Thai:** เรามีบริการล่ามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการล่ามแปลภาษา โปรดติดต่อเราที่หมายเลข 1-877-374-4056 (TTY: 711) คนที่พูดภาษาไทยได้สามารถช่วยคุณได้ บริการนี้ไม่มีค่าใช้จ่าย

## 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/medicare](http://www.wellcare.com/medicare) 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

- ❑ 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.
- ❑ 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, 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/medicare](http://www.wellcare.com/medicare)