2025
Summary of Benefits

Oregon

Wellcare Simple Value (HMO-POS)

H6815 | 038

Wellcare Simple (HMO-POS)

H6815 | 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 Simple Value (HMO-POS) and Wellcare Simple (HMO-POS) 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/healthnetor. 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 these 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 Oregon Health Plan (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 plans and service areas:
H6815038000 Wellcare Simple Value (HMO-POS) includes these counties in Oregon: Benton, Clackamas, Columbia, Coos, Douglas, Jackson, Josephine, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill.

H6815039000 Wellcare Simple (HMO-POS) includes these counties in Oregon: Benton, Clackamas, Columbia, Linn, Marion, Multnomah, Polk, Washington, and Yamhill.

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.

Health Maintenance Organizations-Point of Service (HMO-POS) plans are HMOs with the Point-of-Service (POS) benefit. The POS benefit allows members to get care from out-of-network providers for routine dental services as shown in the "Benefits" section of this document. Your out-of-pocket costs may be higher if you use out-of-network providers. You don't need a referral to go out-of-network for your POS benefit. However, before getting services from out-of-network providers, you may want to confirm with us that the services are covered by us. If we later

determine that the services are not covered, we may deny coverage and you will have to pay the costs. 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 give 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 Simple Value (HMO-POS) and Wellcare Simple (HMO-POS) authorizes use of out-of-network providers.

Our plans also include 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 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 Simple Value (HMO-POS) and Wellcare Simple (HMO-POS) have a network of doctors, hospitals, pharmacies, and other providers. You may use out-of-network providers for routine dental services. For all other services, you must use providers that are within our network, or the plan may not pay for the service.

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/healthnetOR.

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 Value (HMO-POS) H6815, Plan 038	Wellcare Simple (HMO-POS) H6815, Plan 039
Note: *Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.*		
Monthly plan premium (includes both medical and drugs)	$0 You must continue to pay your Medicare Part B premium.	$0 You must continue to pay your Medicare Part B premium.
Deductible	$150 in-network deductible for select Part B services	$140 in-network deductible for select Part B services
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$6,600 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	$6,000 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: • $673 copay per day for days 1 through 4 • $0 copay per day for days 5 through 90 *	For each admission, you pay: • $500 copay per day for days 1 through 5 • $0 copay per day for days 6 through 90 *
Outpatient Hospital coverage Outpatient hospital services	$0 copay for Medicare-covered diagnostic colonoscopy. $500 copay for all other outpatient services. *	$0 copay for Medicare-covered diagnostic colonoscopy. $400 copay for all other outpatient services. *

Benefits

	Wellcare Simple Value (HMO-POS) H6815, Plan 038	Wellcare Simple (HMO-POS) H6815, Plan 039
Outpatient hospital observation services	$125 copay for outpatient observation services when you enter observation status through an emergency room. $500 copay for outpatient observation services when you enter observation status through an outpatient facility.	$125 copay for outpatient observation services when you enter observation status through an emergency room. $400 copay for outpatient observation services when you enter observation status through an outpatient facility.
Ambulatory Surgical Center (ASC) services	$300 copay for each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy. *	$250 copay for each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy. *
Doctor Visits		
Primary Care Providers	$0 copay	$0 copay
Specialists	$25 copay *	$25 copay *

Benefits

	Wellcare Simple Value (HMO-POS) H6815, Plan 038	Wellcare Simple (HMO-POS) H6815, Plan 039
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	$0 copay
Emergency care	$125 copay Copay is waived if you are admitted to a hospital within 24 hours.	$125 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide Emergency Coverage	$125 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.	$125 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.

Benefits

	Wellcare Simple Value (HMO-POS) H6815, Plan 038	Wellcare Simple (HMO-POS) H6815, Plan 039
Urgently needed services	$55 copay Copay is waived if you are admitted to a hospital within 24 hours.	$55 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide Urgent Care Coverage	$125 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.	$125 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.
Diagnostic Services/Labs/Imaging Lab services	$0 copay for all other labs. $50 copay for genetic testing. *	$0 copay for all other labs. $50 copay for genetic testing. *
Diagnostic Tests and Procedures	$0 copay for each Medicare-covered spirometry test and specified testing-related services. 20% coinsurance for all other Medicare-covered diagnostic procedures and tests. *	$0 copay for each Medicare-covered spirometry test and specified testing-related services. 20% coinsurance for all other Medicare-covered diagnostic procedures and tests. *
Outpatient X-rays	$75 copay *	$25 copay *

Benefits

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Diagnostic radiology services (e.g. MRI, CAT Scan)	$0 copay for a diagnostic mammogram. $500 copay for all other diagnostic radiology services received in an outpatient setting. $200 copay for all other services received in all other locations. *	$0 copay for a diagnostic mammogram. $400 copay for all other diagnostic radiology services received in an outpatient setting. $100 copay for all other services received in all other locations. *
Therapeutic Radiology	20% coinsurance *	20% coinsurance *
Hearing services Hearing Exam Medicare-Covered	$25 copay *	$25 copay *
Routine hearing exam	$0 copay * 1 exam(s) every year	$0 copay * 1 exam(s) every year
Hearing Aids Hearing Aid Fitting/Evaluation(s)	$0 copay * 1 fitting(s) / evaluation(s) every year	$0 copay * 1 fitting(s) / evaluation(s) every year

Benefits

	Wellcare Simple Value (HMO-POS) H6815, Plan 038	Wellcare Simple (HMO-POS) H6815, Plan 039
Hearing aid allowance	Up to a $500 allowance per ear every year for hearing aids.	Up to a $500 allowance per ear every year for hearing aids.
All types	$0 copay *	$0 copay *
	Limited to 2 hearing aid(s) every year	Limited to 2 hearing aid(s) every year
Additional Hearing Information	**What you should know** 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.	**What you should know** Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
Dental services		
Comprehensive services Medicare-covered	$25 copay for each Medicare-covered service. *	$25 copay for each Medicare-covered service. *
Routine Diagnostic and Preventive Services	**In-Network** $0 copay *	**In-Network** $0 copay *
	Out-of-Network 25% coinsurance *	**Out-of-Network** 25% coinsurance *
	Cleanings 2 every year	Cleanings 2 every year
	Dental x-rays 1 set(s) every date of service to 36 months depending on type of service	Dental x-rays 1 set(s) every date of service to 36 months depending on type of service
	Oral exams 2 every year	Oral exams 2 every year

Benefits

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Fluoride Treatment	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance * 1 every year	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance * 1 every year
Other Diagnostic Dental services	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance * 1 every date of service to 36 months depending on type of service	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance * 1 every date of service to 36 months depending on type of service
Other Preventive Dental services	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance * 1 every date of service to 36 months depending on type of service	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance * 1 every date of service to 36 months depending on type of service

Benefits

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Routine Comprehensive services		
Restorative Services	**In-Network** Not covered **Out-of-Network** Not covered	**In-Network** 20% coinsurance * **Out-of-Network** 30% coinsurance *
Endodontics/Periodontics	**In-Network** Not covered **Out-of-Network** Not covered	**In-Network** 20% coinsurance * **Out-of-Network** 30% coinsurance *
Oral/Maxillofacial Surgery	**In-Network** Not covered **Out-of-Network** Not covered	**In-Network** 20% coinsurance * **Out-of-Network** 30% coinsurance *
Adjunctive General Services	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance *	**In-Network** 20% coinsurance * **Out-of-Network** 30% coinsurance *

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	For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.	**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. You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). Your out-of-pocket costs may be higher if you use out-of-network providers. Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays.	**What you should know:** This plan includes coverage up to $1,500 per plan year for all in-network and out-of-network covered routine comprehensive dental services. You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). Your out-of-pocket costs may be higher if you use out-of-network providers. Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays.

Benefits

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Vision Services Eye Exam Medicare Covered	$0 copay (Medicare-covered diabetic retinopathy screening) $25 copay (all other Medicare-covered eye exams) *	$0 copay (Medicare-covered diabetic retinopathy screening) $25 copay (all other Medicare-covered eye exams) *
Routine eye exam (Refraction)	$0 copay * 1 exam(s) every year	$0 copay * 1 exam(s) every year
Glaucoma screening	$0 copay for each Medicare-covered service.	$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	$0 copay *	$0 copay *
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	$0 copay * Up to a $100 combined allowance towards contacts and glasses (lenses and/or frames) every year.	$0 copay * Up to a $100 combined allowance towards contacts and glasses (lenses and/or frames) every year.

Benefits

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Mental Health Services		
Inpatient visit	For each admission, you pay: • $458 copay per day for days 1 through 5 • $0 copay per day for days 6 through 90 *	For each admission, you pay: • $400 copay per day for days 1 through 5 • $0 copay per day for days 6 through 90 *
Outpatient individual therapy visit	$25 copay *	$25 copay *
Outpatient group therapy visit	$25 copay *	$25 copay *
Skilled nursing facility (SNF)	For each admission, you pay: • $0 copay per day for days 1 through 20 • $214 copay per day for days 21 through 50 • $0 copay per day for days 51 through 100 *	For each admission, you pay: • $0 copay per day for days 1 through 20 • $214 copay per day for days 21 through 50 • $0 copay per day for days 51 through 100 *
Therapy and Rehabilitation Services		
Physical Therapy	$45 copay *	$25 copay *
Outpatient rehabilitation services provided by an occupational therapist	$45 copay *	$25 copay *

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Pulmonary rehabilitation services	$30 copay	$20 copay
Ambulance Ground Ambulance	$310 copay *	$310 copay *
Air Ambulance	$310 copay *	$310 copay *
Transportation Services	Not covered	Not 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.	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) *	$35 copay (maximum per month) *
Allergy Antigen	0% coinsurance *	0% coinsurance *

Part D Prescription Drug Coverage	Wellcare Simple Value (HMO-POS) H6815, Plan 038	Wellcare Simple (HMO-POS) H6815, 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.	$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	Preferred	Standard
Tier 1 (Preferred Generic Drugs) includes preferred generic drugs and may include some brand drugs.	$0 / $0 copay	$5 / $15 copay	$0 / $0 copay	$5 / $15 copay

Part D Prescription Drug Coverage	Wellcare Simple Value (HMO-POS) H6815, Plan 038		Wellcare Simple (HMO-POS) H6815, Plan 039	
	Preferred	**Standard**	**Preferred**	**Standard**
Tier 2 (Generic Drugs) includes generic drugs and may include some brand drugs	$0 / $0 copay	$10 / $30 copay	$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	25% / 25% coinsurance	25% / 25% coinsurance
Tier 4 (Non-Preferred Drugs) includes non-preferred brand and non-preferred generic drugs.	42% / 42% coinsurance	43% / 43% coinsurance	37% / 37% coinsurance	37% / 37% 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 / Not Available Limited to 30 day supply	28% coinsurance / Not Available Limited to 30 day supply	28% coinsurance / Not Available Limited to 30 day supply	28% coinsurance / Not Available Limited to 30 day supply

Part D Prescription Drug Coverage	Wellcare Simple Value (HMO-POS) H6815, Plan 038		Wellcare Simple (HMO-POS) H6815, Plan 039	
	Preferred	**Standard**	**Preferred**	**Standard**
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	$0 / $0 copay	$0 / $0 copay

Part D Prescription Drug Coverage	Wellcare Simple Value (HMO-POS) H6815, Plan 038		Wellcare Simple (HMO-POS) H6815, 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**	**Preferred**	**Standard**
Tier 1 (Preferred Generic Drugs) includes preferred generic drugs and may include some brand drugs.	$0 / $0 copay	$5 / $15 copay	$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	$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	25% / 25% coinsurance	25% / 25% coinsurance
Tier 4 (Non-Preferred Drugs) includes non-preferred brand and non-preferred generic drugs.	42% / 42% coinsurance	43% / 43% coinsurance	37% / 37% coinsurance	37% / 37% coinsurance

Part D Prescription Drug Coverage	Wellcare Simple Value (HMO-POS) H6815, Plan 038		Wellcare Simple (HMO-POS) H6815, Plan 039	
	Preferred	**Standard**	**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 / Not Available Limited to 30 day supply	28% coinsurance / Not Available Limited to 30 day supply	28% coinsurance / Not Available Limited to 30 day supply	28% coinsurance / Not 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	$0 / $0 copay	$0 / $0 copay
Stage 3: Catastrophic Coverage Stage				
	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.		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 the 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 Value (HMO-POS) and Wellcare Simple (HMO-POS) include 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.healthnetoregon.com/MPPP.

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Note: *Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.*		
Chiropractic Services Medicare-covered	$20 copay *	$20 copay *
Routine chiropractic services	Not covered	$20 copay * 24 visit(s) every year
Acupuncture Medicare-covered	$0 copay for Medicare-covered Acupuncture received in a PCP office. $20 copay for Medicare-covered Acupuncture received in a Chiropractor office. $25 copay for Medicare-covered Acupuncture received in a Specialist office. *	$0 copay for Medicare-covered Acupuncture received in a PCP office. $20 copay for Medicare-covered Acupuncture received in a Chiropractor office. $25 copay for Medicare-covered Acupuncture received in a Specialist office. *
Routine acupuncture services	Not covered	$0 copay * Limited to 24 visit(s) every year

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Podiatry Services (Foot Care) Medicare Covered	$25 copay *	$25 copay *
Virtual Visits	$0 copay for virtual visit services performed through Teladoc. 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. 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. **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). *	

Additional Benefits

	Wellcare Simple Value (HMO-POS) H6815, Plan 038	Wellcare Simple (HMO-POS) H6815, Plan 039
Social Support Platform	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. For more information on how to access the platform please see your Evidence of Coverage. $0 copay	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. For more information on how to access the platform please see your Evidence of Coverage. $0 copay
Home health agency care	$0 copay *	$0 copay *
Medical Equipment/Supplies Durable Medical Equipment (DME)	20% coinsurance *	20% coinsurance *
Prosthetics	20% coinsurance *	20% coinsurance *

Additional Benefits

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Diabetic Supplies	$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.	$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic therapeutic shoes or inserts	20% coinsurance *	20% coinsurance *
Opioid treatment program services	$25 copay *	$25 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	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage. $0 copay

Additional Benefits

	Wellcare Simple Value (HMO-POS) H6815, Plan 038	Wellcare Simple (HMO-POS) H6815, Plan 039
	What you should know: To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. 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).	**What you should know:** To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. 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).
24-Hour Nurse Advice Line	$0 copay	$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.	$0 copay **What you should know:** The exam includes a detailed medical/family history and recommendations for preventive screenings/care.

Additional Benefits

	Wellcare Simple Value (HMO-POS) H6815, Plan 038	Wellcare Simple (HMO-POS) H6815, Plan 039
Wellcare Spendables™	You will receive **$35 every quarter** preloaded on your Wellcare Spendables™ card. Your allowance is loaded on the **first day of each quarter (January, April, July, October) and expires on the last day of each quarter.** Your card allowance can be used towards: **Over-the-Counter items (OTC)** - 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. For more information, limitations, and exclusions, please see your Evidence of Coverage.	You will receive **$30 every quarter** preloaded on your Wellcare Spendables™ card. Your allowance is loaded on the **first day of each quarter (January, April, July, October) and expires on the last day of each quarter.** Your card allowance can be used towards: **Over-the-Counter items (OTC)** - 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. For more information, limitations, and exclusions, please see your Evidence of Coverage.
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	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

Additional Benefits

	Wellcare Simple Value (HMO-POS) H6815, Plan 038	Wellcare Simple (HMO-POS) H6815, Plan 039
	points just by registering. Some qualifying healthy actions include: • Completing the Health Risk Assessment • Connecting a fitness device • Annual wellness visits • Annual flu vaccines • Cancer screenings • A1C testing Gift card restrictions may apply.	points just by registering. Some qualifying healthy actions include: • Completing the Health Risk Assessment • Connecting a fitness device • Annual wellness visits • Annual flu vaccines • Cancer screenings • A1C testing Gift card restrictions may apply.

Form Approved
OMB# 0938-1421

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 **1-844-428-2224 (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 **1-844-428-2224 (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 **1-844-428-2224（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 **1-844-428-2224 (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 **1-844-428-2224 (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 **1-844-428-2224 (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 **1-844-428-2224 (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: **1-844-428-2224 (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**, 1-844-428-2224(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 **1-844-428-2224 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوفّر 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 **1-844-428-2224 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Form CMS-10802
(Expires 12/31/25)
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Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-844-428-2224 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक निःशुल्क 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 **1-844-428-2224 (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 **1-844-428-2224 (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 **1-844-428-2224 (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 **1-844-428-2224 (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、**1-844-428-2224**（**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。

Bengali: আমাদের স্বাস্থ্য বা ড্রাগ বিষয়ক পরিকল্পনা সম্পর্কে আপনার সম্ভাব্য যে কোন প্রশ্নের উত্তর দেওয়ার জন্য আমাদের কাছে বিনামূল্যে ইন্টারপ্রেটার পরিষেবা রয়েছে। একজন ইন্টারপ্রেটার পেতে, খালি আমাদের **1-844-428-2224 (TTY: 711)** নম্বরে কল করুন। বাংলা বলতে পারে এমন কেউ আপনাকে সাহায্য করতে পারে। এই পরিষেবাটির জন্য কোনও খরচ নেই।

Nepali: हाम्रा स्वास्थ्य वा औषधिसम्बन्धी प्लानहरूको सम्बन्धमा तपाईंसँग हुन सक्ने जुनसुकै प्रश्नको जवाफ दिन हामीसँग निःशुल्क दोभासे सेवाहरू छन्। कुनै दोभासेको सेवा प्राप्त गर्न तपाईंले **1-844-428-2224 (TTY: 711)** मा हामीलाई कल मात्र गरे पुग्छ। नेपाली भाषा बोल्ने कुनै व्यक्तिले तपाईंलाई मद्दत गर्नुहुने छ। यो एक निःशुल्क सेवा हो।

Swahili: Tuna huduma za mkalimani zisizolipiwa wa kujibu maswali yoyote ambayo unaweza kuwa nayo kuhusu mpango wetu wa afya au dawa. Ili kupata mkalimani, tupigie tu simu kupitia **1-844-428-2224 (TTY: 711)**. Mtu anayezungumza Kiswahili anaweza kukusaidia. Huduma hii ni ya bila malipo.

Tamil: எங்கள் உடல்நலம் அல்லது மருந்துத் திட்டம் பற்றி உங்களுக்கு ஏதேனும் கேள்விகள் இருந்தால் பதிலளிப்பதற்காக இலவச மொழிபெயர்ப்பாளர் சேவைகளை வழங்குகிறோம். ஒரு மொழிபெயர்ப்பாளரை அணுக, **1-844-428-2224 (TTY: 711)** என்ற எண்ணில் எங்களை அழைக்கவும். தமிழ் பேசத் தெரிந்த ஒருவர் உங்களுக்கு உதவுவார். இது ஒரு இலவச சேவையாகும்.

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/healthnetor 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) for certain services. However, while we will pay for certain 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/healthnetor