






## Get to Know Wellcare

People across America trust Wellcare for coverage that goes beyond basic Medicare. Medicare Advantage plans from Wellcare support your total well-being and help you live a better, healthier life.

Like Original Medicare, we offer doctor and hospital coverage. Plus, our plans include extra benefits such as:

-  **prescription drug coverage**
-  **hearing**
-  **dental**
-  **vision**
-  **fitness membership**

Wellcare is committed to making sure you thrive by caring for you in every area of your life: physically, emotionally, and socially. We can connect you to resources that address other needs as well. From quitting tobacco and help managing prescriptions to community resources that help with nutrition and transportation, Wellcare is on your side. That way, you can feel and be your independent best.

If you're ready to take the first step toward a better, healthier life, choose a Medicare Advantage plan that cares for your total well-being.



 **1-877-892-6737 TTY 711**

 **8 a.m. to 8 p.m. 7 days a week**

 **WellcareNow.com**

## Choose the Plan That's Right for You

**Choosing a Medicare plan doesn't have to be complicated. We're here to help.** We give you all the information you need to make a good decision about your Medicare coverage and enrolling in a plan.

When you're ready to enroll, or if you have questions, Wellcare's professional, licensed representatives can help. They can answer all your questions and make sure you choose a plan that fits your needs.

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. Our plans use a formulary.

Please contact your plan for details.



# Benefit Highlights

**2023**

## NEW YORK Medicare Advantage Plans

Wellcare No Premium (HMO)  
H4868019000

Wellcare Assist (HMO)  
H4868016000

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## WELLCARE BENEFIT HIGHLIGHTS

Plan Name	Wellcare No Premium (HMO) H4868019000 <sup>3</sup>	Wellcare Assist (HMO) H4868016000 <sup>3</sup>
Plan available in these counties	Albany, Bronx, Broome, Cayuga, Chenango, Cortland, Dutchess, Erie, Jefferson, Kings, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Orange, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Ulster, Wayne, Westchester	Bronx, Kings, New York, Queens, Richmond
<b>Benefits &amp; Services</b>	<b>In-Network</b>	<b>In-Network</b>
Monthly Premium	\$0.00	\$16.90
Maximum Out-of-Pocket	\$8,300	\$6,700
Doctor Visits	Primary Care: \$0/visit Specialist: \$45/visit	Primary Care: \$0/visit Specialist: \$35/visit
Inpatient Hospital Stays	\$400 co-pay per day for days 1-5 and a \$0 co-pay per day for days 6-90 No additional hospital days	\$600 co-pay per day for days 1-3 and a \$0 co-pay per day for days 4-90 and a \$0 co-pay for unlimited additional hospital days
Outpatient (Non-Surgery/Surgery)	\$225   20%	\$125   \$250
Emergency Care	\$95/visit waived if admitted within 24 hours	\$95/visit waived if admitted within 24 hours
Urgently Needed Services	\$25/visit	\$25/visit
Ambulance	\$240/trip	\$250/trip
X-Rays/Lab Work	\$0/\$0/visit	\$0/\$0/visit
Diagnostic Services	Diagnostic Services \$0 - \$20 Diagnostic Imaging \$0 - \$225	Diagnostic Services \$0 - \$20 Diagnostic Imaging \$0 - \$125
Diabetic Supplies	\$0	\$0
Non-Emergency Medical Transportation	N/A	36 one-way trips every year
Hearing Services	\$750 per ear towards hearing aids every year	\$1000 per ear towards hearing aids every year
Vision Services	\$0 copay for a routine exam Plus get up to \$300 for unlimited contacts, glasses, lenses, and/or frames per year	\$0 copay for a routine exam Plus get up to \$200 for unlimited contacts, glasses, lenses, and/or frames per year
Dental	No annual preventive max plus \$2,000 in comprehensive dental services, including exams, fillings and minor restorative services (\$0 copay)	No annual preventive max plus \$2,000 in comprehensive dental services, including exams, fillings and minor restorative services (\$0 copay)
Over-the-Counter (OTC) Items	\$79 every quarter	\$100 every quarter
Fitness Membership	\$0	\$0
Prescription Drug Deductible <sup>4</sup>	\$0	\$505 Tiers 2-5
Preferred Generic Drug Copay (1 month supply) <sup>4</sup>	\$0 at preferred pharmacies	\$0 at preferred pharmacies
Mail-Service Preferred Cost-Sharing	\$0	\$0
In-Home Support Services <sup>7</sup>	N/A	6 visits every year

# Take Advantage of Your Enrollment Window

## INITIAL COVERAGE ELECTION PERIOD (ICEP)

This is when someone first becomes eligible and can sign up for Medicare. For most people, it begins three months before their 65th birthday month and lasts three months after their 65th birthday month.

## ANNUAL ELECTION PERIOD (AEP)

 **The Annual Election Period for 2023 starts on Oct. 15, 2022, and ends on Dec. 7, 2022.**

This is when you can...

- Enroll in a Medicare Advantage plan from Original Medicare
- Enroll from one Medicare Advantage plan to another
- Enroll in Original Medicare from a Medicare Advantage plan

When you make changes to your coverage during this time, they take effect Jan. 1, 2023.

## MEDICARE ADVANTAGE OPEN ENROLLMENT (MA OEP)

 **Medicare Advantage's Open Enrollment Period starts Jan. 1 and ends March 31.**

During this period, you can...

- Enroll from one Medicare Advantage plan to another
- Enroll from a Medicare Advantage plan to Original Medicare (but not from Original Medicare to a Medicare Advantage plan)

## SPECIAL ELECTION PERIODS (SEP)

You could qualify for a Special Election Period when certain events happen. You may qualify for an SEP in situations such as...

- You move
- You are eligible for Medicaid
- You qualify for Extra Help with Medicare prescription drug costs
- You move to an institution, like a skilled nursing facility or long-term care hospital

<sup>3</sup>If you do not have an out-of-network benefit, you must use plan providers except in emergency or urgent care situations or for out-of-service area renal dialysis. If you obtain routine care from out-of-network providers, neither Medicare nor the plan will be responsible for the costs.

<sup>4</sup>For plans that cover prescription drugs, it is important that you review the formulary to understand which drugs are covered on the different tiers. If you qualify for Extra Help, you will pay the lower of the plan's copay or your Extra Help/Low Income Subsidy (LIS) copay.

<sup>7</sup>You must have certain chronic conditions to qualify for In-Home Support Services.



## Important Message About What You Pay for Vaccines and Insulin

On August 16, 2022, President Biden signed the Inflation Reduction Act of 2022 into law. This notice outlines changes to the enclosed Enrollment Guide, Summary of Benefits and/or Benefit Highlights due to this new law.

Benefit updates effective 01/1/2023:

- **What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you.
- **What You Pay for Insulin** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Please contact us for more information. Refer to the Member Services phone number on the back of your health plan member ID card. Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m.

## Mensaje importante sobre sus pagos de vacunas e insulina

El 16 de agosto de 2022, el presidente Biden firmó la Ley para la Reducción de la Inflación de 2022. En este aviso, se detallan cambios en la Guía de inscripción, el Resumen de beneficios o los Aspectos destacados adjuntos debido a esta nueva ley.

Actualizaciones de los beneficios a partir del 01/1/2023:

- **Lo que usted paga por las vacunas:** nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted.
- **Lo que usted paga por la insulina:** no pagará más de \$35 por cada suministro de un mes de cada producto de insulina cubierto por nuestro plan, independientemente del nivel de costo compartido en el que se encuentre.

Póngase en contacto con nosotros para obtener más información. Consulte el número de teléfono de Servicios al Miembro que aparece en el reverso de su tarjeta de ID de miembro del plan de salud. Entre el 1.º de octubre y el 31 de marzo, los representantes están disponibles de lunes a domingo, de 8 a. m. a 8 p. m. Entre el 1.º de abril y el 30 de septiembre, los representantes están disponibles de lunes a viernes, de 8 a. m. a 8 p. m.