

Wellcare TexanPlus Patriot Giveback (HMO) offered by Selectcare Of Texas, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of Wellcare TexanPlus Patriot Giveback (HMO). Next year, there will be changes to the plan's costs and benefits. *Please see page 4 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.wellcare.com/medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Wellcare TexanPlus Patriot Giveback (HMO).

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Wellcare TexanPlus Patriot Giveback (HMO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-833-444-9088 for additional information. (TTY users should call 711.) Hours are: Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.. This call is free.
- We must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Wellcare TexanPlus Patriot Giveback (HMO)

- 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.
- When this document says “we,” “us,” or “our,” it means Selectcare Of Texas, Inc. When it says “plan” or “our plan,” it means Wellcare TexanPlus Patriot Giveback (HMO).

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Annual Notice of Changes for 2024
Table of Contents

Summary of Important Costs for 2024 4

SECTION 1 Changes to Benefits and Costs for Next Year..... 5

 Section 1.1 – Changes to the Monthly Premium 5

 Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount..... 5

 Section 1.3 – Changes to the Provider Network..... 5

 Section 1.4 – Changes to Benefits and Costs for Medical Services 6

SECTION 2 Deciding Which Plan to Choose 10

 Section 2.1 – If you want to stay in Wellcare TexanPlus Patriot Giveback (HMO) 10

 Section 2.2 – If you want to change plans 10

SECTION 3 Deadline for Changing Plans 11

SECTION 4 Programs That Offer Free Counseling about Medicare..... 11

SECTION 5 Programs That Help Pay for Prescription Drugs..... 12

SECTION 6 Questions? 13

 Section 6.1 – Getting Help from Wellcare TexanPlus Patriot Giveback (HMO)..... 13

 Section 6.2 – Getting Help from Medicare 13

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Wellcare TexanPlus Patriot Giveback (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3,000	\$3,000
Doctor office visits	Primary care visits: \$0 copay per visit Specialist visits: \$35 copay per visit	Primary care visits: \$0 copay per visit Specialist visits: \$35 copay per visit
Inpatient hospital stays	For covered admissions, per admission: \$350 copay for each covered hospital stay. \$0 copay for additional covered days.	For covered admissions, per admission: \$350 copay for each covered hospital stay. \$0 copay for additional covered days.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Part B Premium Reduction	\$80	\$80

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	\$3,000	\$3,000 Once you have paid \$3,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at www.wellcare.com/medicare. You may also call Member Services for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Prior Authorizations	<p>The following in-network benefits have a change in prior authorization requirements.</p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%; vertical-align: top;">• Outpatient hospital observation may require prior authorization. <li style="display: inline-block; width: 45%; vertical-align: top;">• Outpatient hospital observation do(es) <u>not</u> require prior authorization. 	
Referrals	<p>The following in-network benefits have a change in referral requirements.</p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%; vertical-align: top;">• Hearing aids may require a referral. <li style="display: inline-block; width: 45%; vertical-align: top;">• Hearing aids do(es) <u>not</u> require a referral. <li style="display: inline-block; width: 45%; vertical-align: top;">• Hearing exams may require a referral. <li style="display: inline-block; width: 45%; vertical-align: top;">• Hearing exams do(es) <u>not</u> require a referral. <li style="display: inline-block; width: 45%; vertical-align: top;">• Eyewear may require a referral. <li style="display: inline-block; width: 45%; vertical-align: top;">• Eyewear do(es) <u>not</u> require a referral. <li style="display: inline-block; width: 45%; vertical-align: top;">• Eye exams may require a referral. <li style="display: inline-block; width: 45%; vertical-align: top;">• Eye exams do(es) <u>not</u> require a referral. 	
Dental services - Comprehensive dental services - Restorative Services	Limited to 1 restorative service(s) every 12 to 84 months depending on type of service.	Limited to 1 restorative service(s) every 12 to 84 months per tooth depending on type of service.
Emergency services	<p>You pay a \$125 copay for each Medicare-covered service.</p> <p>Copayment is waived if you are admitted to a hospital within 24 hours.</p>	<p>You pay a \$135 copay for each Medicare-covered service.</p> <p>Copayment is waived if you are admitted to a hospital within 24 hours.</p>

Cost	2023 (this year)	2024 (next year)
<p>Emergency care - Worldwide emergency coverage</p>	<p>You pay a \$125 copay for each covered service. Copayment is <u>not</u> waived if admitted to the hospital.</p>	<p>You pay a \$135 copay for each covered service. Copayment is <u>not</u> waived if admitted to the hospital.</p>
<p>Medicare Part B prescription drugs - Chemotherapy/Radiation drugs</p>	<p>You pay 20% of the total cost for Medicare-covered services.</p>	<p>You pay 20% of the total cost for Medicare-covered services. 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.</p>
<p>Medicare Part B prescription drugs - Insulin drugs</p>	<p>You pay 20% of the total cost for Medicare-covered Part B insulin drugs.</p>	<p>You pay a \$35 copay for Medicare-covered Part B insulin drugs.</p>
<p>Medicare Part B prescription drugs- Part B drugs</p>	<p>You pay 20% of the total cost for Medicare-covered Part B drugs. Medicare-covered Part B drugs may be subject to Step Therapy requirements.</p>	<p>You pay 0% of the total cost for Medicare-covered Part B allergy antigens. You pay 20% of the total cost for all other Medicare-covered Part B drugs. 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. Medicare-covered Part B drugs may be subject to Step Therapy requirements.</p>

Cost	2023 (this year)	2024 (next year)
<p>Outpatient diagnostic tests and therapeutic services and supplies - Lab services</p>	<p>You pay a \$0 copay for each Medicare-covered service.</p>	<p>You pay a \$0 copay for COVID-19 testing and specified testing-related services. You pay a \$50 copay for Medicare-covered genetic testing. You pay a \$0 copay for all other Medicare-covered lab services.</p>
<p>Outpatient mental health care - Non-psychiatric services - Group sessions</p>	<p>You pay a \$25 copay for each Medicare-covered Group Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are <u>not</u> covered.</p>	<p>You pay a \$25 copay for each Medicare-covered Group Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are covered.</p>
<p>Outpatient mental health care - Non-psychiatric services - Individual sessions</p>	<p>You pay a \$25 copay for each Medicare-covered Individual Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are <u>not</u> covered.</p>	<p>You pay a \$25 copay for each Medicare-covered Individual Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are covered.</p>
<p>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital services</p>	<p>You pay a \$150 copay for Medicare-covered outpatient non-surgical services, including outpatient palliative care. You pay a \$175 copay for Medicare-covered outpatient surgical services.</p>	<p>You pay a \$0 copay for a Medicare-covered diagnostic colonoscopy. You pay a \$150 copay for Medicare-covered non-surgical services, including outpatient palliative care. You pay a \$175 copay for all other Medicare-covered outpatient surgical services.</p>

Cost	2023 (this year)	2024 (next year)
<p>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital observation</p>	<p>You pay a \$125 copay for outpatient observation services when you enter observation status through an emergency room. You pay a \$175 copay for outpatient observation services when you enter observation status through an outpatient facility.</p>	<p>You pay a \$135 copay for outpatient observation services when you enter observation status through an emergency room. You pay a \$175 copay for outpatient observation services when you enter observation status through an outpatient facility.</p>
<p>Over-the-counter benefit</p>	<p>You pay a \$0 copay. You receive a benefit of \$25 every quarter to spend on eligible over-the-counter (OTC) products via mail order or at participating retailers. This benefit does <u>not</u> carry over to the next period.</p>	<p>Over-the-Counter items are <u>not</u> covered.</p>
<p>Partial hospitalization services</p>	<p>You pay a \$55 copay per day for each Medicare-covered service.</p>	<p>You pay a \$100 copay per day for each Medicare-covered service.</p>
<p>Skilled nursing facility (SNF) care</p>	<p>For Medicare-covered admission per benefit period: You pay a \$0 copay per day, for days 1 to 20, a \$100 copay per day, for days 21 to 50, and a \$0 copay per day, for days 51 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs.</p>	<p>For Medicare-covered admission per benefit period: You pay a \$0 copay per day, for days 1 to 20, a \$203 copay per day, for days 21 to 50, and a \$0 copay per day, for days 51 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs.</p>

Cost	2023 (this year)	2024 (next year)
Non-Emergency Medical Transportation	<p>You pay a \$0 copay for 36 one-way non-emergency trips within our service area every year.</p> <p>Rides (also called "trips") are limited to 75 miles one-way. For routine care, call up to 1 month and at least 3 days in advance. Same day rides are subject to availability. A trip is considered one-way transportation by taxi, van, or rideshare services to a healthcare location.</p>	<p>You pay a \$0 copay for 36 one-way non-emergency trips within our service area every year.</p> <p>Rides (also called "trips") are limited to 75 miles one-way and up to 4 one-way trips per day. For routine care, call up to 1 month and at least 3 days in advance. Same day rides are subject to availability. A trip is considered one-way transportation by taxi, van, or rideshare services to a healthcare location.</p>
Urgently needed services - Worldwide urgent care coverage	<p>You pay a \$125 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to a hospital.</p>	<p>You pay a \$135 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to a hospital.</p>

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Wellcare TexanPlus Patriot Giveback (HMO)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Wellcare TexanPlus Patriot Giveback (HMO).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Wellcare TexanPlus Patriot Giveback (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Wellcare TexanPlus Patriot Giveback (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Texas, the SHIP is called Health Information, Counseling and Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Health Information, Counseling and Advocacy Program (HICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Health Information, Counseling and Advocacy Program (HICAP) at 1-800-252-9240 (TTY users should call 1-800-735-2989). You can learn more about Health Information, Counseling and Advocacy Program (HICAP) by visiting their website (<https://www.hhs.texas.gov/services/health/medicare>).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Texas has a program called Texas Kidney Health Care Program (KHC) The Texas THMP State Pharmacy Assistance Program (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through The Texas HIV Medication Program (THMP), 1-800-255-1090 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday. **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Call The Texas HIV Medication Program (THMP), 1-800-255-1090 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call The Texas HIV Medication Program (THMP), 1-800-255-1090 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday.

SECTION 6 Questions?

Section 6.1 – Getting Help from Wellcare TexanPlus Patriot Giveback (HMO)

Questions? We're here to help. Please call Member Services at 1-833-444-9088. (TTY only, call 711.) We are available for phone calls 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. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Wellcare TexanPlus Patriot Giveback (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.wellcare.com/medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.wellcare.com/medicare. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2024

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked

questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.

Multi-Language Insert
Multi-language Interpreter Services

Form Approved
OMB# 0938-1421

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 the plan numbers on the following pages. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que habla español puede ayudarle. 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，请拨打以下页面上的计划号码联系我们。您将获得讲汉语普通话的译员的帮助。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，請致電下頁的計劃電話號碼。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 mga numero ng plano na nasa mga sumusunod na pahina. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, il suffit de nous appeler aux numéros figurant sur les pages suivantes. Quelqu'un parlant français 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 về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi chúng tôi theo số điện thoại chương trình ở các trang sau. 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 eine der Telefonnummern auf den folgenden Seiten an. 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 다음 페이지에 있는 플랜 번호로 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 номерам, представленным на следующих страницах. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوَقِّر 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 أرقام الخطة التي تظهر في الصفحات التالية. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें अगले पेज पर दिए गए प्लान नंबर पर कॉल करें। हिन्दी में बात करने वाला सहायक आपकी मदद करेगा। 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 i numeri del piano riportati nelle pagine seguenti. 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 dos números do plano nas páginas seguintes. 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 tradiktè nan bouch, annik rele nimewo yo pou plan an ki make sou paj ki annapre yo. Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis 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 podany na kolejnych stronach numer odnoszący się do planu. 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、次からのページに記載されている弊社の計画担当の電話番号にお問い合わせください。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。

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