

Wellcare Patriot Giveback (HMO) *offered by* Health Net Of California, Inc.

Annual Notice of Changes for 2022

You are currently enrolled as a member of Health Net Green (HMO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **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.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 2.1 and 2.4 for information about benefit and cost changes for our plan.
- ☐ Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 2.3 for information about our Provider Directory.
- ☐ Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?

- ☐ 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 personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
 - Review the list in the back of your *Medicare & You 2022* handbook.
 - Look in Section 4.2 to learn more about your choices.
- ☐ 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, 2021, you will be enrolled in Wellcare Patriot Giveback (HMO).
 - To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.
- 4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2021**
- If you don't join another plan by **December 7, 2021**, you will be enrolled in Wellcare Patriot Giveback (HMO).
 - If you join another plan by **December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in:
 - Spanish
- Please contact our member services number at 1-800-275-4737 for additional information. (TTY users should call 711). 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.
- 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 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 booklet says “we,” “us,” or “our,” it means Health Net Of California, Inc. When it says “plan” or “our plan,” it means Wellcare Patriot Giveback (HMO).

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Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Wellcare Patriot Giveback (HMO) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at www.wellcare.com/healthnetca. You may also call member services to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium See Section 2.1 for details.	\$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 2.2 for details.)	\$3,400	\$3,400
Doctor office visits	Primary care visits: \$7 copay per visit Specialist visits: \$10 copay per visit	Primary care visits: \$5 copay per visit Specialist visits: \$10 copay per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	For covered admissions, per admission: \$200 copay per day, for days 1 to 5 and \$0 copay per day, for days 6 to 90 for each covered hospital stay. \$0 copay for additional covered hospital days.	For covered admissions, per admission: \$200 copay per day, for days 1 to 5 and \$0 copay per day, for days 6 to 90 for each covered hospital stay. \$0 copay for additional covered hospital days.

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SECTION 1 We Are Changing the Plan's Name

On January 1, 2022, our plan name will change from Health Net Green (HMO) to Wellcare Patriot Giveback (HMO).

You will receive a new ID Card in the mail that will display the new plan name on or before December 31, 2021. Going forward, all other communications regarding your 2022 plan and benefits will also reflect the new name.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1— Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Optional supplemental benefits monthly premium	Health Net Enhanced Dental FLEX \$25	Centene Enhanced Dental \$10
Part B Premium Reduction	Not available	\$25

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during 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	2021 (this year)	2022 (next year)
Maximum out-of-pocket amount	\$3,400	\$3,400
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.		Once you have paid \$3,400 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 2.3— Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider Directory* is located on our website at www.wellcare.com/healthnetca. You may also call member services for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2022 *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. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 2.4— Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2022 Evidence of Coverage*.

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
Acupuncture for chronic low back pain	You pay a \$0 copay for each Medicare-covered Acupuncture for chronic low back pain services.	You pay a \$5 copay for Medicare-covered Acupuncture received in a PCP office. You pay a \$10 copay for Medicare-covered Acupuncture received in a Specialist office. You pay a \$10 copay for Medicare-covered Acupuncture received in a Chiropractor office.
Acupuncture services - Routine acupuncture services	You pay a \$0 copay per visit, up to 30 visits every year for routine chiropractic and acupuncture services combined.	You pay a \$0 copay per visit, up to 36 visit(s) every year for routine acupuncture services.

Cost	2021 (this year)	2022 (next year)
Ambulance services - Air transportation	You pay 5% of the total cost per one-way trip for Medicare-covered air ambulance services.	You pay a \$125 copay per one-way trip for Medicare-covered air ambulance services.
Chiropractic services	You pay a \$0 copay for each Medicare-covered service.	You pay a \$10 copay for each Medicare-covered service.
Chiropractic services - Routine chiropractic care	You pay a \$0 copay per visit, up to 30 visits every year for routine chiropractic and acupuncture services combined.	You pay a \$10 copay per visit, up to 36 visit(s) every year for routine chiropractic services.
Complementary/ Alternative Medicine	You pay a \$0 copay per visit, up to 30 visits every year for routine chiropractic and acupuncture services combined.	No Complementary/ Alternative Medicine (CAM) bundle.
Diabetes self-management training, diabetic services and supplies - Diabetic monitoring supplies	You pay a \$0 copay for Medicare-covered preferred diabetes monitoring supplies. You pay 20% of the total cost for Medicare-covered non-preferred diabetes monitoring supplies.	You pay a \$0 copay for Medicare-covered diabetes monitoring supplies.
Diabetes self-management training, diabetic services and supplies - Diabetic monitoring supplies - Preferred vendors	AccuChek™ and OneTouch™ are our preferred diabetic testing supplies (glucose monitors & supplies). Other brands are not covered unless medically necessary and pre-authorized. If you receive authorization for another brand, you will pay 20% of the total cost.	OneTouch™ products by Lifescan are our preferred diabetic testing supplies (glucose monitors & test strips). Other brands are not covered unless medically necessary and pre-authorized.

Cost	2021 (this year)	2022 (next year)
Diabetes self-management training, diabetic services and supplies - Diabetes self-management training	You pay a \$0 copay for each Medicare-covered service. Telehealth for this service is <u>not</u> covered.	You pay a \$0 copay for each Medicare-covered service. Telehealth for this service is covered.
Diabetes self-management training, diabetic services and supplies - Diabetic therapeutic shoes or inserts	You pay a \$0 copay for each Medicare-covered service.	You pay 20% of the total cost for each Medicare-covered service.
Emergency services	You pay a \$120 copay for each Medicare-covered service. Copayment is waived if you are immediately admitted to the hospital.	You pay a \$120 copay for each Medicare-covered service. Copayment is waived if you are admitted to a hospital within 24 hours.
Emergency care - Worldwide emergency coverage	You pay a \$0 copay for each covered service.	You pay a \$120 copay for each covered service. Copayment is not waived if you are admitted to a hospital.
Emergency care - Worldwide emergency transportation	You pay a \$0 copay for each covered service.	Worldwide emergency transportation is <u>not</u> covered.

Cost	2021 (this year)	2022 (next year)
Fitness Membership	<p>You pay a \$0 copay for the fitness benefit.</p> <p>You have the following choices available at no cost to you:</p> <ul style="list-style-type: none"> • Fitness center membership: You can visit a participating fitness center near you that takes part in the program; and • Home fitness kits: You can choose from a variety of home fitness kits. You can receive up to 2 kits each benefit year. 	<p>You pay a \$0 copay in network. Peerfit Move, is a flexible fitness benefit with monthly credits to use on a variety of larger gyms or local fitness studios. Members will have 32 credits each month to utilize on their choice of fitness experiences. Credits can be used for a monthly gym membership with unlimited visits and access to all amenities and classes and/or fitness studio classes, FitKits which include at-home fitness boxes. Members also have access to unlimited fitness videos at \$0 copay which utilize zero credits.</p> <p>Any unused credits from the monthly allotment do not carry over to the next month but will be refreshed on the first of each month. Members will have the option of purchasing additional credits.</p>
Hearing services - Additional routine hearing exams	<p>You pay a \$10 copay. Limited to 1 visit(s) every year.</p>	<p>You pay a \$0 copay. Limited to 1 visit(s) every year.</p>
Home health agency care	<p>You pay a \$0 copay for each Medicare-covered service. Telehealth for this service is <u>not</u> covered.</p>	<p>You pay a \$0 copay for each Medicare-covered service. Telehealth for this service is covered.</p>

Cost	2021 (this year)	2022 (next year)
Home infusion therapy	You pay a \$0 copay for each professional service, including nursing services training and education, remote monitoring and monitoring services.	<p>You pay a \$5 copay for each professional service from a Primary Care Provider, including nursing services training and education, remote monitoring and monitoring services.</p> <p>You pay a \$10 copay for each professional service from a specialist, including nursing services training and education, remote monitoring and monitoring services.</p>
Medical nutrition therapy - Additional medical nutrition therapy	You pay a \$0 copay.	Additional medical nutrition therapy is <u>not</u> covered.
Medical nutrition therapy - Additional medical nutrition therapy - Non-Medicare-covered diseases - Additional sessions	Unlimited visits for medical nutrition therapy for non-medicare-covered diseases.	Additional medical nutrition therapy is <u>not</u> covered.
Medical nutrition therapy - Additional medical nutrition therapy - Medicare-covered diseases - Additional sessions	Unlimited visits for medical nutrition therapy for medicare-covered diseases.	Additional medical nutrition therapy is <u>not</u> covered.
Opioid treatment program services	You pay a \$25 copay for each Medicare-covered service.	You pay a \$10 copay for each Medicare-covered service.
Optional supplemental benefits package #1 – You may purchase this optional supplemental benefits package for an additional premium.	<p>Health Net Enhanced Dental FLEX includes:</p> <p>Dental services There is an in- and out-of-network \$1,000 combined benefit maximum for preventive and comprehensive dental services each calendar year. Preventive dental services- Includes 2 exams, 2 cleanings,</p>	<p>Centene Enhanced Dental includes:</p> <p>Dental services Preventive dental services - Includes 2 exams, 2 cleanings, 1 fluoride treatment and 1 set of dental x-rays. You pay a \$0 copay per visit. Comprehensive dental services include:</p> <ul style="list-style-type: none"> • Non-Routine Services -

Cost	2021 (this year)	2022 (next year)
	<p>1 fluoride treatment and 1 set of dental x-rays. You pay a \$0 copay per visit.</p> <p>Comprehensive dental services include:</p> <p>In-network and out-of-network</p> <ul style="list-style-type: none"> • Non-Routine Services – You pay a \$0 copay per service. • Diagnostic services- You pay a \$0 copay per service. • Restorative service - You pay 20% of the total cost. • Endodontics - You pay 50% of the total cost. • Periodontics – You pay 50% of the total cost. • Extractions- You pay 50% of the total cost. • Prosthodontics, including dentures, other oral/maxillofacial surgery, and other services - You pay 50% of the total cost. <p>Centene Enhanced Dental <u>not</u> offered</p>	<p>You pay a \$0 copay per service.</p> <ul style="list-style-type: none"> • Diagnostic services- You pay a \$0-\$15 copay per service. • Restorative service - You pay a \$0-\$300 copay per service. • Endodontics - You pay a \$5-\$275 copay per service. • Periodontics - You pay a \$0-\$375 copay per service. • Extractions - You pay a \$15-\$150 copay per service. • Prosthodontics, including dentures, other oral/maxillofacial surgery, and other services - You pay a \$0-\$2,250 copay per service. <p>Health Net Enhanced Dental FLEX <u>not</u> offered</p>
Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services	<p>You pay a \$60 copay for each Medicare-covered service.</p>	<p>You pay a \$0 copay for a DEXA Scan.</p> <p>You pay a \$0 copay for a diagnostic mammogram.</p> <p>You pay a \$200 copay for all other diagnostic radiology services.</p>

Cost	2021 (this year)	2022 (next year)
Diagnostic Radiology, Therapeutic Radiology, X-rays - Multiple same day services	If you receive multiple services from the same service category on the same day at the same facility, you will be responsible for paying the cost-share for each service received.	If you receive multiple services from the same service category on the same day at the same facility, you will be responsible to pay the maximum copay amount for that service category at that location. However, if the benefit for one service is a copay and the benefit for another service is a coinsurance, you may be asked to pay both the copay and the coinsurance.
Outpatient diagnostic tests and therapeutic services and supplies - Medical supplies	You pay a \$0 copay for each Medicare-covered service.	You pay 20% of the total cost for each Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Therapeutic radiological services	You pay a \$60 copay for each Medicare-covered service.	You pay 20% of the total cost for each Medicare-covered service.
Outpatient mental health care - additional counseling services	Additional counseling services are not covered.	You pay a \$0 copay for each additional counseling visit with a Teladoc™ provider. Unlimited visits for 60 minute individual or group sessions every year.
Outpatient mental health care - Non-psychiatric services - Group sessions	You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is covered.	You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is <u>not</u> covered.
Outpatient mental health care - Psychiatric services - Group sessions	You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is covered.	You pay a \$25 copay for each Medicare-covered Group Session. Telehealth for this service is <u>not</u> covered.

Cost	2021 (this year)	2022 (next year)
Outpatient rehabilitation services - Occupational therapy	You pay a \$0 copay for each Medicare-covered service. Telehealth for this service is <u>not</u> covered.	You pay a \$0 copay for each Medicare-covered service. Telehealth for this service is covered.
Outpatient rehabilitation services - Physical therapy and speech-language pathology	You pay a \$0 copay for each Medicare-covered service. Telehealth for this service is <u>not</u> covered.	You pay a \$0 copay for each Medicare-covered service. Telehealth for this service is covered.
Outpatient substance abuse services - Individual sessions	You pay a \$25 copay for each Medicare-covered Individual Session. Telehealth for this service is <u>not</u> covered.	You pay a \$25 copay for each Medicare-covered Individual Session. Telehealth for this service is covered.
Partial hospitalization services	You pay a \$0 copay per day for each Medicare-covered service.	You pay a \$55 copay per day for each Medicare-covered service.
Comprehensive Medicare-covered dental services	You pay a \$0 copay for each Medicare-covered service.	You pay a \$10 copay for each Medicare-covered service.
Physician/Practitioner services, including doctor's office visits - Primary care	You pay a \$7 copay for each Medicare-covered service. Telehealth for this service is covered.	You pay a \$5 copay for each Medicare-covered service. Telehealth for this service is covered.
Physician/Practitioner services, including doctor's office visits - Other healthcare professionals	You pay a \$7 copay for each Medicare-covered service at a Primary Care Provider. You pay a \$10 copay for each Medicare-covered service at all other locations. Telehealth for this service is covered.	You pay a \$5 copay for each Medicare-covered service at a Primary Care Provider. You pay a \$10 copay for each Medicare-covered service at all other locations. Telehealth for this service is covered.
Podiatry services - Medicare-covered	You pay a \$10 copay for each Medicare-covered service. Telehealth for this service is <u>not</u> covered.	You pay a \$10 copay for each Medicare-covered service. Telehealth for this service is covered.

Cost	2021 (this year)	2022 (next year)
Routine Vision (limitations and exclusions apply).	Plan covers up to \$100 every year You pay a \$10 copay for Routine Eye Exams Upgrades not covered	Plan covers up to \$100 every year You pay a \$0 copay for Routine Eye Exams Upgrades are covered You pay a \$0 copay for Lenses, Frames, and Upgrades
Services to treat kidney disease and conditions - Kidney disease education services	You pay a \$0 copay for each Medicare-covered service.	You pay 20% of the total cost for each Medicare-covered service.
Urgently needed services	You pay a \$10 copay for each Medicare-covered service. Copayment is not waived if you are admitted to a hospital. Telehealth for this service is <u>not</u> covered.	You pay a \$10 copay for each Medicare-covered service. Copayment is waived if you are admitted to a hospital within 24 hours. Telehealth for this service is covered.
Urgently needed services - Worldwide urgent care coverage	You pay a \$0 copay for each covered service.	You pay a \$120 copay for each covered service. Copayment is not waived if you are admitted to a hospital.
Virtual Visits	You pay \$0 copay per call. Your telehealth services from Teladoc do <u>not</u> include behavioral health counseling and nutritional counseling.	You pay \$0 copay per call. Your telehealth services from Teladoc include behavioral health counseling and nutritional counseling.
Prior Authorizations	The following in-network benefits may require prior authorization: <ul style="list-style-type: none"> • Additional acupuncture services • Additional Telehealth Services • Ambulance services • Ambulatory surgical center • Cardiac rehabilitation services • Chiropractic services 	The following in-network benefits may require prior authorization: <ul style="list-style-type: none"> • Additional acupuncture services • Additional Telehealth Services • Ambulance services • Ambulatory surgical center • Chiropractic services • Comprehensive dental services

Cost	2021 (this year)	2022 (next year)
	<ul style="list-style-type: none"> • Comprehensive dental services • Diabetic services and supplies • Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests • Outpatient diagnostic tests and therapeutic services and supplies - Lab services • Durable medical equipment (DME) and related supplies • Medicare-covered Eyewear • Home health agency care • Inpatient hospital care • Inpatient mental health care • Medicare-covered Preventive Services • Medicare Part B prescription drugs - Chemotherapy/Radiation drugs • Medicare Part B prescription drugs- Part B drugs • Pulmonary rehabilitation services • Outpatient mental health care - Non-psychiatric services • Outpatient rehabilitation services - Occupational therapy • Opioid treatment program services • Physician/Practitioner services, including doctor's office visits - Other healthcare professionals • Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services 	<ul style="list-style-type: none"> • Diabetic services and supplies • Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests • Outpatient diagnostic tests and therapeutic services and supplies - Lab services • Durable medical equipment (DME) and related supplies • Medicare-covered Eye Exams • Medicare-covered Eyewear • Medicare-covered Hearing Exams • Home health agency care • Inpatient hospital care • Inpatient mental health care • Medicare Part B prescription drugs - Chemotherapy/Radiation drugs • Medicare Part B prescription drugs- Part B drugs • Outpatient mental health care - Non-psychiatric services • Outpatient rehabilitation services - Occupational therapy • Opioid treatment program services • Physician/Practitioner services, including doctor's office visits - Other healthcare professionals • Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services • Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services

Cost	2021 (this year)	2022 (next year)
	<ul style="list-style-type: none"> • Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services • Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services • Outpatient diagnostic tests and therapeutic services and supplies - Therapeutic radiological services • Outpatient hospital observation • Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital services • Outpatient substance abuse services • Partial hospitalization services • Outpatient rehabilitation services - Physical therapy and speech-language pathology • Physician/Practitioner services, including doctor's office visits - Specialist • Prosthetic devices and related supplies • Outpatient mental health care - Psychiatric services • Skilled nursing facility (SNF) care • Supervised Exercise Therapy (SET) • Routine Eyewear • Diabetic Therapeutic Shoes and Inserts 	<ul style="list-style-type: none"> • Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services • Outpatient diagnostic tests and therapeutic services and supplies - Therapeutic radiological services • Outpatient hospital observation • Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital services • Outpatient substance abuse services • Partial hospitalization services • Outpatient rehabilitation services - Physical therapy and speech-language pathology • Physician/Practitioner services, including doctor's office visits - Specialist • Prosthetic devices and related supplies • Outpatient mental health care - Psychiatric services • Skilled nursing facility (SNF) care • Routine eye exam • Routine Eyewear • Routine hearing exam • Hearing Aid Fitting/Evaluation(s) • Diabetic Therapeutic Shoes and Inserts

SECTION 3 Administrative Changes

The information in the Administrative Changes grid below reflects year over year changes to your plan that do not directly impact benefits or cost-shares.

Description	2021 (this year)	2022 (next year)
Referrals	<p>The following in-network benefits may require referrals:</p> <ul style="list-style-type: none"> • Routine acupuncture services • Cardiac rehabilitation services • Pulmonary rehabilitation services • Chiropractic services • Comprehensive Dental • Hearing exams • Home health agency care • Inpatient hospital care • Medicare-covered preventive services • Medicare-covered Glaucoma Screening • Medicare-covered Diabetes Self-Management Training • Medicare-covered Barium Enemas • Medicare-covered Digital Rectal Exams • Medicare-covered EKG following Welcome Visit • Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services • Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services • Outpatient diagnostic tests and therapeutic services and supplies - Therapeutic radiological services • Physician/Practitioner services, including doctor's office visits - Other healthcare professionals 	<p>The following in-network benefits may require referrals:</p> <ul style="list-style-type: none"> • Routine acupuncture services • Cardiac rehabilitation services • Pulmonary rehabilitation services • Chiropractic services • Home health agency care • Inpatient hospital care • Medicare-covered Glaucoma Screening • Medicare-covered Diabetes Self-Management Training • Medicare-covered Barium Enemas • Medicare-covered Digital Rectal Exams • Medicare-covered EKG following Welcome Visit • Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services • Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services • Outpatient diagnostic tests and therapeutic services and supplies - Therapeutic radiological services • Physician/Practitioner services, including doctor's office visits - Other healthcare professionals • Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services

Description	2021 (this year)	2022 (next year)
	<ul style="list-style-type: none"> • Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services • Outpatient rehabilitation services - Physical therapy and speech-language pathology • Outpatient rehabilitation services - Occupational therapy • Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Ambulatory surgical center • Physician/Practitioner services, including doctor's office visits - Specialist • Physician/Practitioner services, including doctor's office visits - Additional telehealth services • Podiatry services • Eye exams • Services to treat kidney disease • Kidney dialysis • Services to treat kidney disease and conditions - Kidney disease education services 	<ul style="list-style-type: none"> • Outpatient rehabilitation services - Physical therapy and speech-language pathology • Outpatient rehabilitation services - Occupational therapy • Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Ambulatory surgical center • Physician/Practitioner services, including doctor's office visits - Specialist • Physician/Practitioner services, including doctor's office visits - Additional telehealth services • Podiatry services • Services to treat kidney disease • Kidney dialysis • Services to treat kidney disease and conditions - Kidney disease education services

SECTION 4 Deciding Which Plan to Choose

Section 4.1— If you want to stay in Wellcare 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 Patriot Giveback (HMO).

Section 4.2— If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- *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, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

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 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 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 this (phone numbers are in Section 8.1 of this booklet).
 - — *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 5 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, 2022.

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

In certain situations, changes are also allowed at other times of the year. For example, 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 may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2022, 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, 2022. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 6 Programs That Offer Free Counseling about Medicare

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

California Health Insurance Counseling and Advocacy Program (HICAP) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. California Health Insurance 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 California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222 (TTY users should call 711). You can learn more about California Health Insurance Counseling and Advocacy Program (HICAP) by visiting their website (<https://www.aging.ca.gov/hicap/>).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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. Many people are eligible and don't even know it. 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 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **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 AIDS Drug Assistance Program (ADAP), at 1-916 558-1784 (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 AIDS Drug Assistance Program (ADAP), at 1-916 558-1784 (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 AIDS Drug Assistance Program (ADAP), at 1-916 558-1784 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday.

SECTION 8 Questions?

Section 8.1— Getting Help from Wellcare Patriot Giveback (HMO)

Questions? We're here to help. Please call member services at 1-800-275-4737. (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 2022 *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 2022. For details, look in the 2022 *Evidence of Coverage* for Wellcare 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/healthnetca. 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/healthnetca. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

Section 8.2— 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

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet 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 booklet, you can get it at the Medicare website (www.medicare.gov) 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.

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al número de Servicios para Miembros que se indica para su estado en la página siguiente.

注意：如果您說中文，您可以免費獲得語言援助服務。請撥打針對您所在州列示於下一頁的會員服務部電話號碼。

Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí dành cho quý vị. Hãy gọi số điện thoại của bộ phận Dịch Vụ Thành Viên thuộc bang của quý vị ở trang tiếp theo.

주의사항: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 다음 페이지에서 가입자의 주에 해당하는 목록 내 가입자 서비스부 번호로 전화해 주십시오.

Atensyon: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa numero ng Mga Serbisyo para sa Miyembro na nakalista para sa iyong estado sa susunod na page.

Dumngeg: No agsasau ka iti Ilokano, dagiti tulong nga serbisio, a libre, ket available para kaniam. Awagam iti numero dagiti serbisio iti Miembro a nakalista para iti estadom iti sumaruno a panid.

La Silafia: Afai e te tautala i le gagana Samoa, o lo’o avanoa ia te oe ‘au’aunaga fesoasoani i le gagana, e leai se totogi. Vala’au le Member Services numera lisiina mo lou setete i le isi itulau.

Maliu: Ke wala’au Hawai’i ‘oe, loa’a ke kōkua ma ka unuhi ‘ōlelo me ke kākī ‘ole. E kelepona i ka helu kelepona o ka Māhele Kōkua Hoa i hō’ike ‘ia no kou moku’āina ma kēia ‘ao’ao a’e.

We're Just a Phone Call Away

ARKANSAS

+ HMO, HMO D-SNP

📞 1-855-565-9518

💻 Or visit www.wellcare.com/allwellAR

ARIZONA

+ HMO, HMO C-SNP, HMO D-SNP

📞 1-800-977-7522

💻 Or visit www.wellcare.com/allwellAZ

CALIFORNIA

+ HMO, HMO C-SNP, HMO D-SNP, PPO

📞 1-800-275-4737

💻 Or visit www.wellcare.com/healthnetCA

FLORIDA

+ HMO D-SNP

📞 1-877-935-8022

💻 Or visit www.wellcare.com/allwellFL

GEORGIA

+ HMO

📞 1-844-890-2326

+ HMO D-SNP

📞 1-877-725-7748

💻 Or visit www.wellcare.com/allwellGA

INDIANA

+ HMO, PPO

📞 1-855-766-1541

+ HMO D-SNP

📞 1-833-202-4704

💻 Or visit www.wellcare.com/allwellIN

KANSAS

+ HMO, PPO

📞 1-855-565-9519

+ HMO D-SNP

📞 1-833-402-6707

💻 Or visit www.wellcare.com/allwellKS

LOUISIANA

+ HMO

📞 1-855-766-1572

+ HMO D-SNP

📞 1-833-541-0767

💻 Or visit www.wellcare.com/allwellLA

MISSOURI

+ HMO

📞 1-855-766-1452


+ HMO D-SNP

📞 1-833-298-3361


💻 Or visit www.wellcare.com/allwellMO

MISSISSIPPI

 HMO

 1-844-786-7711

 HMO D-SNP

 1-833-260-4124

 Or visit www.wellcare.com/allwellMS

NEBRASKA

 HMO, PPO

 1-833-542-0693

 HMO D-SNP, PPO D-SNP

 1-833-853-0864

 Or visit www.wellcare.com/NE

NEVADA

 HMO, HMO C-SNP, PPO

 1-833-854-4766

 HMO D-SNP

 1-833-717-0806


 Or visit www.wellcare.com/allwellNV

NEW MEXICO

 HMO, PPO

 1-833-543-0246


 HMO D-SNP

 1-844-810-7965

 Or visit www.wellcare.com/allwellNM

NEW YORK

 HMO, HMO-POS, HMO D-SNP

 1-800-247-1447

 Or visit www.fideliscare.org/wellcaremedicare

OHIO

 HMO, PPO

 1-855-766-1851

 HMO D-SNP

 1-866-389-7690

 Or visit www.wellcare.com/allwellOH

OKLAHOMA

 HMO, PPO

 1-833-853-0865

 HMO D-SNP

 1-833-853-0866

 Or visit www.wellcare.com/OK

OREGON

 HMO, PPO

 1-844-582-5177

 Or visit www.wellcare.com/healthnetOR

 HMO D-SNP

 1-844-867-1156


 Or visit www.wellcare.com/trilliumOR

PENNSYLVANIA

 HMO, PPO

 1-855-766-1456


 HMO D-SNP

 1-866-330-9368

 Or visit www.wellcare.com/allwellPA

SOUTH CAROLINA


 HMO, HMO D-SNP

 1-855-766-1497

 Or visit www.wellcare.com/allwellSC

TEXAS

 HMO

 1-844-796-6811

 HMO D-SNP

 1-877-935-8023

 Or visit www.wellcare.com/allwellTX

WISCONSIN


 HMO D-SNP

 1-877-935-8024

 Or visit www.wellcare.com/allwellWI

WASHINGTON

 PPO

 1-844-582-5177

 Or visit www.wellcare.com/healthnetOR

TTY FOR ALL STATES: 711

HOURS OF OPERATION

 **October 1 to March 31:** Monday–Sunday, 8 a.m. to 8 p.m.

 **April 1 to September 30:** Monday–Friday, 8 a.m. to 8 p.m.