

Optional Supplemental Benefits

2023

If you are enrolled in Wellcare Premium Ultra (HMO), you have the choice to customize and enhance your coverage with an Optional Supplemental Benefits Package. For an additional monthly premium, you can take advantage of these great benefits.



When Can I Enroll?

New members can enroll until the end of the first month of initial coverage. Benefits will become effective the first of the following month. To be eligible for the Optional Supplemental Benefits Package, you must remain a member of Wellcare Premium Ultra (HMO) Medicare Advantage plan. If you disenroll from your plan, you will be automatically disenrolled from the Optional Supplemental Benefits Package.

You may disenroll at any time from this option by providing written notice to Wellcare but once disenrolled, reenrollment during the same calendar year will be limited. The available election periods for the optional benefits are from October 15, 2022 through December 31, 2022, for a January 1, 2023 effective date; January 1, 2023 through January 31, 2023, for a February 1, 2023 effective date.

See the Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Prior Authorization (approval in advance) may be required to utilize some benefits in the Optional Supplemental Benefits Package.

Centene Enhanced Dental, Vision & Wellness Plus for Wellcare Premium Ultra (HMO)

Additional monthly premium: \$26



Preventive and Comprehensive Dental

| Preventive services | In-network |
|--|--------------|
| Oral exams Two every year | You pay \$0. |
| Cleanings (prophylaxis) Two every year | You pay \$0. |
| Fluoride treatment One every year | You pay \$0. |
| Dental X-rays One every year | You pay \$0. |

| Comprehensive services | In-network |
|--|----------------------|
| Non-routine services | You pay \$0. |
| Diagnostic services | You pay \$0-\$15. |
| Restorative services (Fillings) | You pay \$0-\$300. |
| Endodontic services (Root canals) | You pay \$5-\$275. |
| Periodontics (Dental implants and deep cleanings) Periodontal treatments are limited to four separate quadrants in any 12 consecutive months. Periodontal maintenance is limited to two per 12 consecutive months. Periodontal surgery is limited to once per quadrant in any 36 consecutive months. | You pay \$0-\$375. |
| Extractions (Tooth removal) | You pay \$15-\$150. |
| Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services | You pay \$0-\$2,250. |



Vision Benefits

You pay \$0 for a routine eye exam (available once every year).

There is an annual benefit maximum of \$300 every year for eyewear (frames and lenses or contact lenses).

Additional benefits and limits apply.



Supplemental Pain Management Services

| In-network | |
|--|------------------------|
| Combined Benefits for Pain Management: | You pay \$0 per visit. |
| Prior authorization (approval in advance) and referral may be required. | |
| Your plan offers members who meet certain clinical criteria access to medically-approved combined non-opioid pain treatment therapies. The benefit must be recommended by a healthcare professional to be considered primarily health-related. The non-opioid pain management item/service must treat or ameliorate an injury/illness such as pain, stiffness, or loss of range of motion. The therapies covered on your plan include: | |
| -Therapeutic massage* | |
| -Supplemental chiropractic services | |
| -Supplemental acupuncture services | |
| You have a combined limit of 36 visits to use on the above covered services. | |
| *Therapeutic massage is only covered when provided by a state-licensed and certified practitioner. | |

This information is not a complete description of benefits. Call 1-800-275-4737 (TTY: 711) for more information.

You must continue to pay your Medicare Part B premium. The actual complete terms and conditions of the health plan are set forth in the applicable Evidence of Coverage document.

From October 1 to March 31, you can call us Monday-Sunday from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday-Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

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.

Please contact your plan for details.

Multi-Language Insert

Multi-Language Interpreter Services

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que hable español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我們有免費的口譯服務來回答您就我們的健康或藥物計劃提出的任何問題。如需口譯員，只需撥打以下頁面上的計劃號碼致電聯系我們。會說中文普通話的人員可以協助您。此為免費服務。

Chinese Cantonese: 我們有免費的口譯服務來回答您就我們的健康或藥物計劃提出的任何問題。如需口譯員，只需撥打以下頁面上的計劃號碼致電聯絡我們。會說粵語的人員可以協助您。此為免費服務。

Tagalog: Meron kaming libreng serbisyo ng interpreter para sagutin anumang tanong na meron ka tungkol sa aming plano ng kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa sumusunod na mga pahina. Matutulungan ka ng sinumang nagsasalita ng Tagalog. Libreng serbisyo ito.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser au sujet de notre régime de soins médicaux ou de notre régime d'assurance-médicaments. Pour bénéficier des services d'un interprète, il suffit de nous appeler aux numéros de régime indiqués dans les pages suivantes. Quelqu'un qui parle français peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi cung cấp dịch vụ phiên dịch viên miễn phí để trả lời bất kỳ câu hỏi nào quý vị có về chương trình y tế hoặc thuốc của chúng tôi. Để nhận được dịch vụ phiên dịch, chỉ cần gọi cho chúng tôi theo số điện thoại của chương trình trong các trang sau. Người nào đó nói tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetscherdienst, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Um einen Dolmetscher zu finden, rufen Sie uns einfach unter den auf den folgenden Seiten angegebenen Plan-Nummern an. Jemand, der Deutsch spricht, kann Ihnen helfen. Dieser Service ist für Sie kostenlos.

Korean: 저희의 건강 또는 약품 플랜에 대한 질문에 답해 드릴 수 있는 무료 통역 서비스를 제공합니다. 통역사에게 연결하려면 다음 페이지에 있는 플랜 번호로 전화하시기 바랍니다. 한국어를 하는 분이 도와드릴 수 있습니다. 이 통화는 무료 서비스입니다.

Russian: Мы предоставляем бесплатные услуги устного перевода, чтобы ответить на любые вопросы, которые могут возникнуть у вас о нашем плане медицинского страхования или страхового покрытия лекарственных препаратов. Чтобы получить устного переводчика, просто позвоните нам по номерам планов, указанным на следующих страницах. Вам поможет тот, кто говорит по-русски. Эта услуга предоставляется бесплатно.

Arabic: نوفر خدمات مترجم فوري للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للاستعانة بمترجم، ما عليك سوى الاتصال بنا على أرقام الخطة في الصفحات التالية. شخص يتحدث العربية يمكنه مساعدتك. هذه الخدمة تقدم مجانًا.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके होने वाले किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया प्राप्त करने के लिए, हमें निम्नलिखित पृष्ठों पर दिए गए प्लान नंबरों पर कॉल करें। कोई हिंदी भाषी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Disponiamo di servizi di interpretariato gratuiti per rispondere ad eventuali domande in merito al nostro piano sanitario o farmaceutico. Per ottenere un interprete, chiami i recapiti del piano disponibili nelle pagine successive. Qualcuno che parla italiano Le sarà d'aiuto. Si tratta di un servizio gratuito.

Português: Temos serviços de intérprete gratuitos para responder quaisquer perguntas que você possa ter sobre nossos planos de saúde ou de medicamentos. Para solicitar um intérprete, ligue para nós através dos números do plano nas páginas a seguir. Um funcionário que fala português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou ka genyen konsènan plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan nimewo plan yo ki sou paj annapre yo. Yon moun ki pale Kreyòl Franse kapab ede ou. Se yon sèvis gratis li ye.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe w przypadku pytań dotyczących naszego planu zdrowotnego i lekowego. Aby skorzystać z tłumacza, prosimy zadzwonić do nas pod numery podane na kolejnych stronach. Pomocą posłużą osoby mówiące po polsku. Usługa jest bezpłatna.

Japanese: 当社の医療プランまたは処方薬プランについての質問にお答えする無料の通訳サービスをご利用いただけます。通訳サービスをご利用になるには、以降のページにおけるプランの番号までお電話ください。日本語を話すスタッフが対応いたします。これは無料のサービスです。

Hawaiian: Aia iā mākou he mau lawelawe māhele 'ōlelo manuahi e pane i nā 'ano nīnau āu no ka mākou papahana mālama olakino a ho'olako lā'au. No ka 'imi i mea māhele 'ōlelo, e kelepona wale mai iā mākou ma nā helu kelepona e waiho nei ma kēia mau 'ao'ao e koe nei. Na kekahi māhele 'ōlelo Hawai'i e kōkua iā 'oe. He lawelawe manuahi kēia.

Ilocano: Addaankami kadagiti libre a serbisio ti panagipatarus tapno masungbatan dagiti aniaman a saludsodmo maipapan iti salun-at wenno plano iti agas. Tapno makaala iti tagaipatarus, tawagannakami laeng kadagiti numero ti plano kadagiti sumaganad a panid. Matulongannaka ti maysa a tao nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

Samoan: E iai a matou auaunaga fa'aliliu upu fua e tali ai so'o se fesili e te ono iai e uiga i la matou fuafuaga fa'alesoifua maloloina po'o vaila'au. Mo le mauaina o se fa'aliliu upu, na'o le vala'au mai i numera o fuafuaga o lo'o i itulau nei. E mafai e se tasi e tautala i le gagana Samoa ona fesoasoani ia te oe. Ose auaunaga e leai se tologi.

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, PPO

📞 1-800-275-4737

+ HMO D-SNP

📞 1-800-431-9007

💻 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.wellcare.com/fidelisNY



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
 1-888-445-8913



 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

 1-888-445-8913

 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.