



# 2026 Summary of Benefits

California

**Wellcare Low Premium (HMO)**

H0562 | 097 | 000

**We know how important it is to have a health plan you can count on.**

This is a summary of drug and health services covered by Wellcare Low Premium (HMO) from January 1, 2026 to December 31, 2026.

This booklet will provide you with a summary of what we cover and what you pay. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at [go.wellcare.com/HealthNetCA](https://go.wellcare.com/HealthNetCA). To request a copy, please call 1-844-480-0680 (TTY 711). Hours are: Sunday-Saturday, 8 am to 8 pm.

**Who can join?**

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and be a United States citizen or lawfully present in the United States. You must continue to pay your Medicare Part B premium if not otherwise paid for under California Medi-Cal (Medicaid) or by another third party.

**Plan's service areas:**

Our service area includes San Francisco County in California.

**About this plan & how to get care**

**Health Maintenance Organizations (HMOs)** are health care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to select a primary care provider (PCP) to coordinate care and if you need a specialist, the PCP will choose one who is also in our network.

Our plan gives you access to our network of skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. **Please note** that, if you go elsewhere without proper authorization, you will have to pay in full. Neither Medicare nor our plan will be responsible for the costs. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which Wellcare Low Premium (HMO) authorizes use of out-of-network providers.

**Part D prescription drugs** are covered. You have access to our large network of pharmacies. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. Our plan uses a *formulary*. Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand name drugs.

**Which doctors, hospitals and pharmacies can I use?** Wellcare Low Premium (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

You can save money by using our preferred mail-order pharmacy and by using providers in the plan's network. You can see our plan's provider and pharmacy directory at [go.wellcare.com/2026providerdirectories](https://go.wellcare.com/2026providerdirectories). Our complete plan Formulary (list of Part D prescription drugs) is on our website at [go.wellcare.com/druglist-6718](https://go.wellcare.com/druglist-6718).

We cover the services and items in this document and the Evidence of Coverage if they are medically necessary.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). For more information, or to request information in an alternate format, please call us at 1-844-480-0680 (TTY users should call 711). Hours are: Sunday-Saturday, 8 am to 8 pm.

## Benefits

Wellcare Low Premium (HMO) H0562, Plan 097, 000	
<i><b>Note:</b> Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.</i>	
<b>Monthly Plan Premium</b> (includes both medical and drugs)	\$33  You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	No deductible for medical. See prescription drugs section for Part D deductible.
<b>Maximum Out-of-Pocket (MOOP) Responsibility</b> (does not include prescription drugs)	\$9,250 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
<b>Inpatient Hospital Coverage</b>	For each admission, you pay: <ul style="list-style-type: none"> <li>• \$405 copay per day for days 1 through 5</li> <li>• \$0 copay per day for days 6 through 90</li> <li>• \$0 copay per day for days 91 through 100</li> <li>■</li> <li>*</li> </ul>
<b>Outpatient Hospital Coverage</b>  Outpatient Hospital Services	\$0 copay for skin biopsies. \$250 copay for all other outpatient services. <ul style="list-style-type: none"> <li>■</li> <li>*</li> </ul>
Outpatient Hospital Observation Services	\$115 copay for outpatient observation services when you enter observation status through an emergency room. \$250 copay for outpatient observation services when you enter observation status through an outpatient facility. <ul style="list-style-type: none"> <li>■</li> </ul>
<b>Ambulatory Surgical Center (ASC) Services</b>	\$200 copay for each Medicare-covered visit to an ambulatory surgical center. <ul style="list-style-type: none"> <li>■</li> <li>*</li> </ul>

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Wellcare Low Premium (HMO) H0562, Plan 097, 000	
<b>Doctor Visits</b>	
Primary Care Providers	\$0 copay
Specialists	\$0 copay ▪ *
<b>Preventive Care</b> (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	\$0 copay
<b>Emergency Care</b>	\$115 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide Emergency Coverage	\$115 copay  Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is <u>not</u> waived if admitted to the hospital for worldwide emergency services.
<b>Urgently Needed Services</b>	\$25 copay Copay is waived if you are admitted to a hospital within 24 hours.

## Benefits

Wellcare Low Premium (HMO) H0562, Plan 097, 000	
Worldwide Urgent Care Coverage	<p>\$115 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is <u>not</u> waived if admitted to the hospital for worldwide urgently needed services.</p>
<b>Diagnostic Services/Labs/Imaging</b>  Lab Services	<p>\$50 copay for genetic testing. \$0 copay for all other labs.</p> <ul style="list-style-type: none"> <li>▪</li> <li>*</li> </ul>
Diagnostic Tests and Procedures	<p>\$0 copay for Medicare-covered diagnostic colonoscopy, spirometry testing and specified testing related services. \$25 copay for all other services.</p> <ul style="list-style-type: none"> <li>▪</li> <li>*</li> </ul>
Outpatient X-rays	<p>\$25 copay</p> <ul style="list-style-type: none"> <li>▪</li> <li>*</li> </ul>
Diagnostic Radiology Services (e.g. MRI, CAT Scan)	<p>\$0 copay for a diagnostic mammogram. \$250 copay for all other diagnostic radiology services received in an outpatient setting. \$200 copay for all other services received in all other locations.</p> <ul style="list-style-type: none"> <li>▪</li> <li>*</li> </ul>
Therapeutic Radiology	<p>20% coinsurance</p> <ul style="list-style-type: none"> <li>▪</li> <li>*</li> </ul>
<b>Hearing Services</b>  Hearing Exam Medicare-covered	<p>\$0 copay</p> <ul style="list-style-type: none"> <li>*</li> </ul>

## Benefits

Wellcare Low Premium (HMO) H0562, Plan 097, 000	
Routine Hearing Exam	\$0 copay *  1 exam(s) every year
Hearing Aids  Hearing Aid Fitting/Evaluation(s)	\$0 copay * 1 fitting(s) / evaluation(s) every year
Hearing Aid Allowance All Types	Up to a \$500 allowance per ear every year for hearing aids.  \$0 copay *  Limited to 2 hearing aid(s) every year
Additional Hearing Information	<b>What you should know</b> Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
<b>Dental Services</b>	
Medicare-covered	\$0 copay for each Medicare-covered service. *
Routine Diagnostic and Preventive Services	\$0 copay *  Cleanings 2 every year Dental x-rays 1 set(s) every year Oral exams 2 every year

## Benefits

	<b>Wellcare Low Premium (HMO) H0562, Plan 097, 000</b>
Fluoride Treatment	\$0 copay *  1 every year
Other Diagnostic Dental Services	\$15 copay *  1 every 2 calendar years depending on type of service
Other Preventive Dental Services	\$0 - \$55 copay *  Unlimited services every year
Routine Comprehensive Services	
Restorative Services	\$0 - \$300 copay *
Endodontics/Periodontics	\$0 - \$375 copay *
Oral/Maxillofacial Surgery	\$0 - \$70 copay *
Prosthodontics, Fixed	\$0 - \$225 copay *
Prosthodontics, Removable	\$70 - \$250 copay *
Orthodontics	\$0 - \$2,250 copay *
Adjunctive General Services	\$0 - \$125 copay *

## Benefits

Wellcare Low Premium (HMO) H0562, Plan 097, 000	
	<b>For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.</b>
Additional Dental Information	<b>What you should know:</b> This plan provides dental services with no annual maximum allowance.
<b>Vision Care</b>	
Eye Exam Medicare-covered	\$0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam  \$0 copay for all other Medicare-covered eye exams *
Routine Eye Exam (Refraction)	\$0 copay *  1 exam(s) every year
Glaucoma Screening	\$0 copay for each Medicare-covered service. ▪
Eyewear Medicare-covered	\$0 copay
Routine Eyewear	
Contact Lenses/ Eyeglasses (frame and lenses)/ Eyeglass Frames	\$0 copay *
Eyewear Allowance	Up to a \$100 combined allowance towards contacts and glasses (lenses and/or frames) every year.

## Benefits

Wellcare Low Premium (HMO) H0562, Plan 097, 000	
<b>Mental Health Services</b>	
Inpatient Visit	<p>For each admission, you pay:</p> <ul style="list-style-type: none"> <li>• \$400 copay per day for days 1 through 5</li> <li>• \$0 copay per day for days 6 through 90</li> <li>▪</li> <li>*</li> </ul>
Outpatient Individual Therapy Visit	<p>\$25 copay</p> <ul style="list-style-type: none"> <li>▪</li> <li>*</li> </ul>
Outpatient Group Therapy Visit	<p>\$25 copay</p> <ul style="list-style-type: none"> <li>▪</li> <li>*</li> </ul>
<b>Skilled Nursing Facility (SNF)</b>	
	<p>For each admission, you pay:</p> <ul style="list-style-type: none"> <li>• \$0 copay per day for days 1 through 20</li> <li>• \$218 copay per day for days 21 through 70</li> <li>• \$0 copay per day for days 71 through 100</li> <li>▪</li> <li>*</li> </ul>
<b>Therapy and Rehabilitation Services</b>	
Physical Therapy	<p>\$0 copay</p> <ul style="list-style-type: none"> <li>▪</li> <li>*</li> </ul>
Outpatient Rehabilitation Services Provided by an Occupational Therapist	<p>\$0 copay</p> <ul style="list-style-type: none"> <li>▪</li> <li>*</li> </ul>
Pulmonary Rehabilitation Services	<p>\$25 copay</p> <ul style="list-style-type: none"> <li>▪</li> </ul>

## Benefits

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<b>Ambulance</b>	
Ground Ambulance	\$275 copay *
Air Ambulance	\$275 copay *
<b>Transportation Services (Non-emergency medical transportation)</b>	<p>Up to 12 rides every year to plan approved healthcare locations. This includes doctors, specialists, pharmacies, and dental or vision providers.</p> <p>\$0 copay (per one-way trip) *</p> <p><b>What you should know:</b></p> <p>Mileage limitations may apply. Call the number on the back of your member ID card 72 hours in advance to reserve a ride for your appointment. Rides may also be reserved via mobile app.</p>
<b>Medicare Part B Drugs</b>	
Chemotherapy Drugs and Other Part B Drugs	<p>20% coinsurance *</p> <p>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.</p>
Insulin	\$35 copay (maximum per month) *
Allergy Antigen	0% coinsurance *

<b>Part D Prescription Drug Coverage</b>	<b>Wellcare Low Premium (HMO) H0562, Plan 097, 000</b>
<b>Stage 1: Yearly Deductible Stage</b>	
If a plan has a Part D drug deductible, the deductible doesn't apply to covered insulin products and most adult Part D vaccines including shingles, tetanus and travel vaccines.	
<b>Deductible</b>	\$615 for Part D prescription drugs (this applies to drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier)). For all other covered drugs, you will not have to pay any deductible and will start receiving coverage immediately.
<b>Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable)</b>	
You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,100. You then move on to the Catastrophic Coverage Stage.	
<b>What You Pay for Vaccines:</b> Our plan covers most Part D vaccines at no cost to you, even if you have not paid your deductible.	
<b>What You Pay for Insulin:</b> <b>Tier 3:</b> You won't pay more than the lesser of 25% of our negotiated price for the drug or \$35 for up to a 1-month supply, the lesser of 25% of our negotiated price for the drug or \$70 for up to a 2-month supply, or the lesser of 25% of our negotiated price for the drug or \$105 for up to a 3-month supply of each covered insulin product, even if you have not paid your deductible. <b>Tier 4:</b> You won't pay more than the lesser of 25% of our negotiated price for the drug or \$35 for up to a 1-month supply, the lesser of 25% of our negotiated price for the drug or \$70 for up to a 2-month supply, or the lesser of 25% of our negotiated price for the drug or \$105 for up to a 3-month supply of each covered insulin product, even if you have not paid your deductible.	

<b>Part D Prescription Drug Coverage</b>	<b>Wellcare Low Premium (HMO) H0562, Plan 097, 000</b>	
<b>Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)</b>		
<b>Retail cost-sharing (30-day / 100-day supply)</b>		
For more details on tier descriptions, please see the Evidence of Coverage.		
	<b>Preferred</b>	<b>Standard</b>
<b>Tier 1</b> (Preferred Generic)	\$0 / \$0 copay	\$5 / \$15 copay
<b>Tier 2</b> (Generic)	\$0 / \$0 copay	\$10 / \$30 copay
<b>Tier 3</b> (Preferred Brand)	25% / 25% coinsurance	25% / 25% coinsurance
<b>Tier 4</b> (Non-Preferred Drug)	35% / 35% coinsurance	35% / 35% coinsurance
<b>Tier 5</b> (Specialty Tier) Limited to 30 day supply	25% coinsurance / <u>Not</u> Available	25% coinsurance / <u>Not</u> Available
<b>Tier 6</b> (Select Care Drugs)	\$0 / \$0 copay	\$0 / \$0 copay

<b>Part D Prescription Drug Coverage</b>	<b>Wellcare Low Premium (HMO) H0562, Plan 097, 000</b>	
<b>Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)</b>		
<b>Mail-order cost-sharing (100-day supply)</b>		
	<b>Preferred</b>	<b>Standard</b>
<b>Tier 1</b> (Preferred Generic)	\$0 copay	\$15 copay
<b>Tier 2</b> (Generic)	\$0 copay	\$30 copay
<b>Tier 3</b> (Preferred Brand)	25% coinsurance	25% coinsurance
<b>Tier 4</b> (Non-Preferred Drug)	35% coinsurance	35% coinsurance
<b>Tier 5</b> (Specialty Tier) Limited to 30 day supply	<u>Not Available</u>	<u>Not Available</u>
<b>Tier 6</b> (Select Care Drugs)	\$0 copay	\$0 copay
<b>Stage 3: Catastrophic Coverage Stage</b>		
During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing for the rest of the calendar year.		
	You enter this stage after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,100.	

Generic drugs may be covered on tiers other than Tier 1 and Tier 2. Please check this plan's Formulary to validate the specific tier on which your drugs are covered.

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or the day supply received. Mail order prescriptions are dispensed at a quantity of 35 days or more.

**Excluded Drugs:**

Wellcare Low Premium (HMO) includes enhanced drug coverage of certain excluded drugs, such as Tier 1 folic acid, vitamin B12, vitamin D2, generic-only sildenafil and vardenafil. Generic sildenafil and vardenafil have a quantity limit of six pills every 30 days.

Because these drugs are excluded from Part D coverage under Medicare, they are not covered by Extra Help. Also, the amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.

Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.

**Medicare Prescription Payment Plan**

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).

To learn more about this payment option, please contact us at 1-833-750-9969. (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week or visit [go.wellcare.com/CA-MPPP](https://go.wellcare.com/CA-MPPP).

### Additional Benefits

Wellcare Low Premium (HMO) H0562, Plan 097, 000	
<p><b>Note:</b> Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.</p>	
<p><b>Chiropractic Services</b> Medicare-covered</p>	<p>\$0 copay ■ *</p>
<p><b>Acupuncture</b> Medicare-covered</p>	<p>\$0 copay for Medicare-covered Acupuncture received in a PCP office. \$0 copay for Medicare-covered Acupuncture received in a Chiropractor office. \$0 copay for Medicare-covered Acupuncture received in a Specialist office. ■ *</p>
<p><b>Podiatry Services (Foot Care)</b> Medicare-covered</p>	<p>\$0 copay ■ *</p>

## Additional Benefits

Wellcare Low Premium (HMO) H0562, Plan 097, 000	
<b>Virtual Visits</b>	<p>\$0 copay for virtual visit services performed through your plan’s virtual visit provider(s).</p> <p>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.</p> <p>A virtual visit (also known as telehealth or telemedicine) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device.</p> <p>For more information, please see your Evidence of Coverage.</p> <p><b>What you should know:</b></p> <p>The \$0 copay above only applies when services are received from your plan’s virtual visit provider(s). If you receive telemedicine services from a network provider and not your plan’s virtual visit provider(s), you will pay the cost shares listed for those providers, as outlined within the Evidence of Coverage (e.g., if you receive telehealth services from your PCP, you will pay the PCP cost share).</p>
<b>Social Support Platform</b>	<p>Our plan provides an online and app-based support platform for your overall well-being. The platform offers personalized therapeutic self-guided activities and programs to help manage stress, anxiety, and support your emotional and mental health.</p> <p>Engage in interactive activities, meditations and games tailored to your needs. The platform also features the ability to join social communities.</p> <p>Available online 24/7 - you can use it whenever you choose.</p> <p>For more information on how to access the social support platform, please see your Evidence of Coverage.</p> <p>\$0 copay</p>

## Additional Benefits

Wellcare Low Premium (HMO) H0562, Plan 097, 000	
<b>Home Health Agency Care</b>	\$0 copay ▪ *
<b>Medical Equipment/Supplies</b>  Durable Medical Equipment (DME)	20% coinsurance *
Prosthetics	20% coinsurance *
Diabetic Supplies	\$0 copay *  For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic Therapeutic Shoes Or Inserts	20% coinsurance *
<b>Opioid Treatment Program Services</b>	\$0 copay ▪ *
<b>Health and Wellness Education Programs</b>  Fitness	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage.  \$0 copay  <b>What you should know:</b>  To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. You may access one or more gyms within the fitness network.

## Additional Benefits

Wellcare Low Premium (HMO) H0562, Plan 097, 000	
	Members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits.
24-Hour Nurse Advice Line	\$0 copay
<b>Annual Routine Physical Exam</b>	<p>\$0 copay</p> <p><b>What you should know:</b> The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>
<b>Wellcare Spendables®</b>	<p>You will receive <b>\$25 monthly</b> preloaded on your Wellcare Spendables® card. Your monthly allowance <b>rolls over to the following month if unused and expires at the end of the plan year.</b></p> <p>Your card allowance can be used towards:  <b>Over-the-Counter items (OTC)</b> - Your card can be used at participating retail locations, through the mobile app, or online through your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items.</p> <p><b>Dental, Vision, and Hearing</b> - You may use your card to help reduce your out-of-pocket expenses for eligible dental, vision, and hearing services.</p> <p>For more information, limitations, and exclusions, please see your Evidence of Coverage.</p>
<b>My Wellcare Rewards</b>	<p>With <b>My Wellcare Rewards</b>, you can earn up to \$100 by completing eligible health activities and portal activities through your member portal.</p> <p>Rewards will be loaded onto your Wellcare Spendables® card.</p>

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-428-2224 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-844-428-2224 (TTY: 711).

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-844-428-2224 (TTY: 711)。

繁體中文 注意：我們為您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-844-428-2224 (TTY: 711)。

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-844-428-2224 (TTY: 711).

Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-844-428-2224 (TTY: 711).

한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-844-428-2224 (TTY: 711)번으로 전화해 주십시오.

فارسی توجه: خدمات کمک زبانی رایگان برای شما در دسترس است. ابزارها و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس نیز به صورت رایگان ارائه می‌شوند. لطفاً با شماره 1-844-428-2224 (TTY: 711) تماس بگیرید.

دری توجه: خدمات رایگان کمک زبانی برای شما فراهم است. وسایل و خدمات کمکی مناسب برای ارائه اطلاعات به شکل قابل دسترس نیز به طور رایگان در دسترس می‌باشند. لطفاً با شماره 1-844-428-2224 (TTY: 711) تماس بگیرید.

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجاناً مساعدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-844-428-2224 (TTY: 711).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-844-428-2224 (TTY: 711) पर कॉल करें.

Հայերեն ՌԻՇԱԴՐՈՒԹՅՈՒՆ. Դուք կարող եք օգտվել անվճար լեզվական ծառայություններից: Անվճար հասանելի են նաև համապատասխան օժանդակ միջոցներ և ծառայություններ՝ մատչելի ձևաչափերով տեղեկություններ տրամադրելու համար: Չանգահարեք 1-844-428-2224 (TTY՝ 711):

Русский ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Вы также можете бесплатно получить соответствующие вспомогательные средства и услуги, направленные на предоставление информации в доступных форматах. Позвоните по номеру 1-844-428-2224 (TTY: 711).

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਣਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। 1-844-428-2224 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

日本語 注意：言語支援サービスを無料で提供しています。情報をアクセシビリティに対応した形式で提供する各種補助支援およびサービスも無料です。1-844-428-2224 (TTY: 711) にお電話ください。

Français REMARQUE : des services d'assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-428-2224 (TTY : 711).

Français cadien COMMUNIQUE: Des services d'aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-844-428-2224 (TTY : 711).

Iloko PALIWEN: Adda dagiti libre a serbisio a tulong iti pagsasao. Dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti nalaka a maawatan a pormat ket libre met a magun-odan. Tawagan ti 1-844-428-2224 (TTY: 711).

Gagana Sāmoa FAʻAALIGA: O loʻo avanoa fua ia te oe auaunaga fesoasoani i le gagana. E avanoa foʻi fua fesoasoani ma meafaigaluega talafeagai e tuʻuina atu ai faʻamatalaga i auala faigofie ona malamalama ai. Valaʻau 1-844-428-2224 (TTY: 711).

ʻŌlelo Hawaiʻi HOʻĀKAKA: Loaʻa iā ʻoe ke kōkua manuahi no ka unuhi ʻōlelo. Loaʻa pū kekahi mau pono kōkua kūpono a me nā lawelawe e hāʻawi ai i ka ʻike i nā ʻano ʻano hiki ke kiʻi ʻia, me ka uku ʻole. Kelepona i 1-844-428-2224 (TTY: 711).

Português ATENÇÃO: estão disponíveis serviços de assistência gratuitos no seu idioma. Também estão disponíveis apoios auxiliares e serviços adequados que oferecem informações em formatos acessíveis e sem custos. Ligue para 1-844-428-2224 (TTY: 711).

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-844-480-0680 (TTY: 711). Hours are Sunday-Saturday, 8 am to 8 pm.

### Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA) or call 1-844-480-0680 (TTY: 711) to view a copy of the EOC. Hours are Sunday-Saturday, 8 am to 8 pm.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

### Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

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.

## Contact Us

For more information, please contact us:



### By phone

Toll-free at 1-844-480-0680 (TTY: 711). Your call may be answered by a licensed agent.



### Hours of Operation

Sunday-Saturday, 8 am to 8 pm



### Online

[go.wellcare.com/HealthNetCA](https://go.wellcare.com/HealthNetCA)