



2026 Summary of Benefits

California

Wellcare Low Premium (HMO)

H0562 | 136 | 000

Wellcare Low Premium (HMO)

H0562 | 137 | 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. 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 these plans, 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:

H0562136000 Wellcare Low Premium (HMO) includes these counties in California: Los Angeles and Orange.

H0562137000 Wellcare Low Premium (HMO) includes these counties in California: Imperial, Riverside, San Bernardino, and San Diego.

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 plans give 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 plans use 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. Our complete plan Formulary (list of Part D prescription drugs) is on our website at 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 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 136, 000	Wellcare Low Premium (HMO) H0562, Plan 137, 000
<p>Note: Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.</p>		
<p>Monthly Plan Premium (includes both medical and drugs)</p>	<p>\$46</p> <p>You must continue to pay your Medicare Part B premium.</p>	<p>\$50</p> <p>You must continue to pay your Medicare Part B premium.</p>
<p>Deductible</p>	<p>No deductible for medical. See prescription drugs section for Part D deductible.</p>	<p>No deductible for medical. See prescription drugs section for Part D deductible.</p>
<p>Maximum Out-of-Pocket (MOOP) Responsibility (does not include prescription drugs)</p>	<p>\$4,150 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.</p>	<p>\$4,150 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.</p>
<p>Inpatient Hospital Coverage</p>	<p>For each admission, you pay:</p> <ul style="list-style-type: none"> • \$350 copay per day for days 1 through 6 • \$0 copay per day for days 7 through 90 • \$0 copay per day for days 91 through 120 <p>■ *</p>	<p>For each admission, you pay:</p> <ul style="list-style-type: none"> • \$375 copay per day for days 1 through 7 • \$0 copay per day for days 8 through 90 • \$0 copay per day for days 91 through 120 <p>■ *</p>
<p>Outpatient Hospital Coverage Outpatient Hospital Services</p>	<p>\$0 copay for skin biopsies. \$350 copay for all other outpatient services.</p> <p>■ *</p>	<p>\$0 copay for skin biopsies. \$350 copay for all other outpatient services.</p> <p>■ *</p>

Benefits

	Wellcare Low Premium (HMO) H0562, Plan 136, 000	Wellcare Low Premium (HMO) H0562, Plan 137, 000
Outpatient Hospital Observation Services	\$150 copay for outpatient observation services when you enter observation status through an emergency room. \$350 copay for outpatient observation services when you enter observation status through an outpatient facility. ▪	\$150 copay for outpatient observation services when you enter observation status through an emergency room. \$350 copay for outpatient observation services when you enter observation status through an outpatient facility. ▪
Ambulatory Surgical Center (ASC) Services	\$250 copay for each Medicare-covered visit to an ambulatory surgical center. ▪ *	\$250 copay for each Medicare-covered visit to an ambulatory surgical center. ▪ *
Doctor Visits		
Primary Care Providers	\$0 copay	\$0 copay
Specialists	\$0 copay ▪ *	\$0 copay ▪ *
Preventive Care (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	\$0 copay

Benefits

	Wellcare Low Premium (HMO) H0562, Plan 136, 000	Wellcare Low Premium (HMO) H0562, Plan 137, 000
Emergency Care	\$150 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$150 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide Emergency Coverage	\$150 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.	\$150 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.
Urgently Needed Services	\$25 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$25 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide Urgent Care Coverage	\$150 copay 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.	\$150 copay 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.

Benefits

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Diagnostic Services/Labs/Imaging		
Lab Services	\$50 copay for genetic testing. \$0 copay for all other labs. ■ *	\$50 copay for genetic testing. \$0 copay for all other labs. ■ *
Diagnostic Tests and Procedures	\$0 copay ■ *	\$0 copay ■ *
Outpatient X-rays	\$25 copay ■ *	\$0 copay ■ *
Diagnostic Radiology Services (e.g. MRI, CAT Scan)	\$0 copay for a diagnostic mammogram. \$350 copay for all other diagnostic radiology services. ■ *	\$0 copay for a diagnostic mammogram. \$350 copay for all other diagnostic radiology services. ■ *
Therapeutic Radiology	20% coinsurance ■ *	20% coinsurance ■ *
Hearing Services		
Hearing Exam Medicare-covered	\$0 copay *	\$0 copay *
Routine Hearing Exam	\$0 copay * 1 exam(s) every year	\$0 copay * 1 exam(s) every year

Benefits

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Hearing Aids		
Hearing Aid Fitting/Evaluation(s)	\$0 copay * 1 fitting(s) / evaluation(s) every year	\$0 copay * 1 fitting(s) / evaluation(s) every year
Hearing Aid Allowance All Types	Up to a \$350 allowance per ear every year for hearing aids. \$0 copay * Limited to 2 hearing aid(s) every year	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	What you should know 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.	What you should know 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.
Dental Services		
Medicare-covered	\$0 copay for each Medicare-covered service. *	\$0 copay for each Medicare-covered service. *
Routine Diagnostic and Preventive Services	\$0 copay *	\$0 copay *

Benefits

	Wellcare Low Premium (HMO) H0562, Plan 136, 000	Wellcare Low Premium (HMO) H0562, Plan 137, 000
	Cleanings 2 every year Dental x-rays 1 set(s) every year Oral exams 2 every year	Cleanings 2 every year Dental x-rays 1 set(s) every year Oral exams 2 every year
Fluoride Treatment	\$0 copay *	\$0 copay *
	1 every year	1 every year
Other Diagnostic Dental Services	\$15 copay *	\$15 copay *
	1 every 2 calendar years depending on type of service	1 every 2 calendar years depending on type of service
Other Preventive Dental Services	\$0 - \$55 copay *	\$0 - \$55 copay *
	Unlimited services every year	Unlimited services every year
Routine Comprehensive Services		
Restorative Services	\$0 - \$300 copay *	\$0 - \$300 copay *
Endodontics/Periodontics	\$0 - \$375 copay *	\$0 - \$375 copay *
Oral/Maxillofacial Surgery	\$0 - \$70 copay *	\$0 - \$70 copay *
Prosthodontics, Fixed	\$0 - \$225 copay *	\$0 - \$225 copay *

Benefits

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Prosthodontics, Removable	\$70 - \$250 copay *	\$70 - \$250 copay *
Orthodontics	\$0 - \$2,250 copay *	\$0 - \$2,250 copay *
Adjunctive General Services	\$0 - \$125 copay *	\$0 - \$125 copay *
	For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.	For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.
Additional Dental Information	What you should know: This plan provides dental services with no annual maximum allowance.	What you should know: This plan provides dental services with no annual maximum allowance.
Vision Care		
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 *	\$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	\$0 copay * 1 exam(s) every year

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Glaucoma Screening	\$0 copay for each Medicare-covered service. ▪	\$0 copay for each Medicare-covered service. ▪
Eyewear Medicare-covered	\$0 copay	\$0 copay
Routine Eyewear Contact Lenses/ Eyeglasses (frame and lenses)/ Eyeglass Frames Eyewear Allowance	\$0 copay * Up to a \$100 combined allowance towards contacts and glasses (lenses and/or frames) every year.	\$0 copay * Up to a \$100 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services Inpatient Visit	For each admission, you pay: • \$350 copay per day for days 1 through 6 • \$0 copay per day for days 7 through 90 ▪ *	For each admission, you pay: • \$325 copay per day for days 1 through 7 • \$0 copay per day for days 8 through 90 ▪ *
Outpatient Individual Therapy Visit	\$25 copay ▪ *	\$25 copay ▪ *
Outpatient Group Therapy Visit	\$25 copay ▪ *	\$25 copay ▪ *

Benefits

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Skilled Nursing Facility (SNF)	For each admission, you pay: <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$218 copay per day for days 21 through 40 • \$0 copay per day for days 41 through 100 ■ *	For each admission, you pay: <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$218 copay per day for days 21 through 40 • \$0 copay per day for days 41 through 100 ■ *
Therapy and Rehabilitation Services		
Physical Therapy	\$0 copay ■ *	\$0 copay ■ *
Outpatient Rehabilitation Services Provided by an Occupational Therapist	\$0 copay ■ *	\$0 copay ■ *
Pulmonary Rehabilitation Services	\$40 copay ■	\$40 copay ■
Ambulance		
Ground Ambulance	\$250 copay *	\$300 copay *
Air Ambulance	\$250 copay *	\$300 copay *
Transportation Services (Non-emergency medical transportation)	<u>Not covered</u>	<u>Not covered</u>

Benefits

	Wellcare Low Premium (HMO) H0562, Plan 136, 000	Wellcare Low Premium (HMO) H0562, Plan 137, 000
Medicare Part B Drugs Chemotherapy Drugs and Other Part B Drugs	20% coinsurance * Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.	20% coinsurance * Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.
Insulin	\$35 copay (maximum per month) *	\$35 copay (maximum per month) *
Allergy Antigen	0% coinsurance *	0% coinsurance *

Part D Prescription Drug Coverage	Wellcare Low Premium (HMO) H0562, Plan 136, 000	Wellcare Low Premium (HMO) H0562, Plan 137, 000
Stage 1: Yearly Deductible Stage		
<p>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.</p>		
Deductible	<p>\$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.</p>	<p>\$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.</p>
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable)		
<p>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.</p>		
<p>What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you, even if you have not paid your deductible.</p>		
<p>What You Pay for Insulin:</p> <p>Tier 3: 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.</p> <p>Tier 4: 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.</p>		

Part D Prescription Drug Coverage	Wellcare Low Premium (HMO) H0562, Plan 136, 000		Wellcare Low Premium (HMO) H0562, Plan 137, 000	
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)				
Retail cost-sharing (30-day / 100-day supply)				
For more details on tier descriptions, please see the Evidence of Coverage.				
	Preferred	Standard	Preferred	Standard
Tier 1 (Preferred Generic)	\$0 / \$0 copay	\$5 / \$15 copay	\$0 / \$0 copay	\$5 / \$15 copay
Tier 2 (Generic)	\$0 / \$0 copay	\$10 / \$30 copay	\$0 / \$0 copay	\$10 / \$30 copay
Tier 3 (Preferred Brand)	25% / 25% coinsurance	25% / 25% coinsurance	25% / 25% coinsurance	25% / 25% coinsurance
Tier 4 (Non-Preferred Drug)	35% / 35% coinsurance	36% / 36% coinsurance	39% / 39% coinsurance	40% / 40% coinsurance
Tier 5 (Specialty Tier) Limited to 30 day supply	25% coinsurance / <u>Not Available</u>	25% coinsurance / <u>Not Available</u>	25% coinsurance / <u>Not Available</u>	25% coinsurance / <u>Not Available</u>
Tier 6 (Select Care Drugs)	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay

Part D Prescription Drug Coverage	Wellcare Low Premium (HMO) H0562, Plan 136, 000		Wellcare Low Premium (HMO) H0562, Plan 137, 000	
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)				
Mail-order cost-sharing (100-day supply)				
	Preferred	Standard	Preferred	Standard
Tier 1 (Preferred Generic)	\$0 copay	\$15 copay	\$0 copay	\$15 copay
Tier 2 (Generic)	\$0 copay	\$30 copay	\$0 copay	\$30 copay
Tier 3 (Preferred Brand)	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 4 (Non-Preferred Drug)	35% coinsurance	36% coinsurance	39% coinsurance	40% coinsurance
Tier 5 (Specialty Tier) Limited to 30 day supply	<u>Not Available</u>	<u>Not Available</u>	<u>Not Available</u>	<u>Not Available</u>
Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Stage 3: Catastrophic Coverage Stage				
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.		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 the 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.

Additional Benefits

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<p>Note: Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.</p>		
Chiropractic Services		
Medicare-covered	\$0 copay ■ *	\$0 copay ■ *
Routine Chiropractic Services	\$0 copay ■ * 24 visit(s) every year	\$0 copay ■ * 12 visit(s) every year
Acupuncture		
Medicare-covered	\$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. ■ *	\$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. ■ *
Routine Acupuncture Services	\$0 copay ■ * Limited to 24 visit(s) every year	\$0 copay ■ * Limited to 12 visit(s) every year

Additional Benefits

	Wellcare Low Premium (HMO) H0562, Plan 136, 000	Wellcare Low Premium (HMO) H0562, Plan 137, 000
<p>Podiatry Services (Foot Care) Medicare-covered</p>	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ * 	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ *
<p>Routine Podiatry Services (Foot Care)</p>	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ * <p>12 visit(s) every year</p>	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ * <p>12 visit(s) every year</p>
<p>Virtual Visits</p>	<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>What you should know: 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>	
<p>Social Support Platform</p>	<p>Our plan provides an online and app-based support platform for your overall well-being. The platform offers personalized</p>	

Additional Benefits

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	<p>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>	
Home Health Agency Care	\$0 copay ■ *	\$0 copay ■ *
Medical Equipment/Supplies		
Durable Medical Equipment (DME)	20% coinsurance *	20% coinsurance *
Prosthetics	20% coinsurance *	20% coinsurance *
Diabetic Supplies	\$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.	\$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic Therapeutic Shoes Or Inserts	20% coinsurance *	20% coinsurance *

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Opioid Treatment Program Services	\$0 copay ▪ *	\$0 copay ▪ *
Health and Wellness Education Programs Fitness	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage. \$0 copay What you should know: 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. Members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits.	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage. \$0 copay What you should know: 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. 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	\$0 copay
Annual Routine Physical Exam	\$0 copay What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.	\$0 copay What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.

Additional Benefits

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My Wellcare Rewards	<p>With My Wellcare Rewards, you can earn up to \$100 by completing eligible health activities and portal activities through your member portal.</p> <p>Your earned rewards will be delivered to you in the form of a Debit card. Debit card restrictions may apply.</p>	<p>With My Wellcare Rewards, you can earn up to \$100 by completing eligible health activities and portal activities through your member portal.</p> <p>Your earned rewards will be delivered to you in the form of a Debit card. Debit card restrictions may apply.</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).

ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਣਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ 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 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.

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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