A GUIDE TO YOUR NEW HEALTH PLAN
HOW TO GET THE MOST FROM YOUR HEALTH CARE SERVICES
WELCOME TO WELLCARE

Thank you for trusting us with your health care needs. We know that selecting a new health plan can be a big step. This guide can make getting started a little easier.

We’ll help you understand more about:

• How to rely on WellCare for good health
• Getting the care you need from your health care providers
• Managing your health care costs
• Prescription drug benefits, if applicable

URGENT NEEDS? TELL US RIGHT AWAY.

If you need help with any of the things listed below during your first 90 days, tell your Benefits Consultant or call our Transition Needs Assessment Team at 1-877-875-2003 (TTY 711). We’re here for you, Monday–Friday, 8 a.m. to 7 p.m.

• Prescriptions, if applicable
• Oxygen
• Diabetic supplies
• Durable medical equipment, such as walkers and wheelchairs
• Home health services such as visits by a Registered Nurse (RN)* or therapies in the home
• Scheduling appointments
• Finding specialists*
• Changing doctors
• Prior authorizations*

*For an explanation of terms with an asterisk, check the back of this guide – “Common Health Care Terms.”
WHAT TO EXPECT FROM YOUR PLAN

As a new member, you’ll get many things in the mail from us. Here are a few of the most important ones. We may even call you on the phone to talk about your health care needs. You can count on receiving the help and information you need to get started with your new plan.

Help with your enrollment. This may include a call to confirm your enrollment and make sure you understand your benefits. You will receive a letter letting you know Medicare approved your enrollment.

New WellCare member ID card. Show this card to your doctor, pharmacist and other providers. Please do not use your red, white and blue Medicare card. If you need services before your card arrives, contact Customer Service. (See example on Page 4.)

New member welcome kit. This will contain helpful information that applies to your plan. That may include the Evidence of Coverage (EOC)*, a formulary* and personalized pharmacy and provider directories. These directories are partial listings of doctors, pharmacies, hospitals and other providers in your area. This list is based on your ZIP code.

Coordination with your doctor, pharmacist and other providers. This may include services like appointment scheduling help, prior authorizations* for procedures, confirmation that your drugs are on our formulary* list, and health risk assessments for Care Management needs.

Please Keep in Touch. Getting to know you is the best way to be sure we’re meeting your needs for a health plan. So we’ll reach out to you for a variety of reasons. Whether it’s a fun and informative community event, or a survey for your opinion, we hope we’ll get to see you as well as hear from you! Your thoughts, comments and involvement are important to us.
QUICK START STEPS

We’ll explain more about these important items in detail, but here are some things you might want to take care of right away as a new WellCare member.

Carry Your ID Card With You

Your WellCare member ID card is your key to health care services. Take it with you when you visit your doctor or go to a pharmacy. If you’re eligible for both Medicare and Medicaid, you’ll need to show your WellCare ID and your Medicaid card. Keep your Original Medicare* card in a safe place. You will not need to show it.

Present to Your Health Care Provider

Why wait to get the help you need? Call today if you need prescriptions, medical equipment, oxygen or other supplies before your new member ID card comes in the mail. You can tell your Benefits Consultant or call our Transition Needs Assessment team at 1-877-875-2003.
Schedule your first visit with your Primary Care Provider (PCP)*. Your PCP is the doctor who will handle most of your health care services and refer you to specialists* when needed. If you need help setting your appointment, just give us a call!

Let us know if you have any appointments already scheduled. That way we can make sure you have any needed prior authorizations*.

Check the formulary* for your medications. If your plan has prescription drug coverage and your medications aren’t on our list, you can talk with your PCP about substitutes. Or you can ask for an exception – we may cover a medication that isn’t on our formulary*.

Find a network pharmacy* near you. You can find pharmacies in your area in your pharmacy directory, on our website, or by calling Customer Service. And remember that you’ll find the most savings at network pharmacies* that offer preferred cost-sharing*.

We’re always glad to help. Let us know if you have questions or need assistance with any of these steps.

Connect to resources. Your overall well-being includes having access to basic resources. That’s why we believe in connecting people with social services such as food banks or meal delivery, housing assistance, financial assistance, transportation, and education. If you need help in any of these areas, please contact the CommUnity Assistance Line at 1-866-775-2192, Monday–Friday from 9 a.m. to 6 p.m. (Video Relay: 1-855-628-7552)
YOUR TEAM FOR GOOD HEALTH

WellCare provides coverage you can count on, but that’s only part of your health care picture. Now it’s time to team up with doctors and care coordinators who can give you the services you need.

If someone helps you with your care and can make decisions on your behalf, let us know. This could be an authorized representative* or power of attorney*.

Your Primary Care Provider (PCP) – key to your Health Care Team.
Schedule a visit with your PCP within your first 60 days of membership – it’s a great way to start a healthy partnership.

- Give your providers a copy of your new member ID card. That way they’ll have details about your coverage and know how to reach us.

- Discuss preventive care services with your PCP*. Preventive care includes the tests, screenings and vaccines your doctors will do to make sure your body is working as it should. Many of these are covered at no cost to you.

- Discuss any upcoming procedures, surgeries or special services you need, such as physical therapy. You’ll want to be sure you get any prior authorizations you might need.

Network providers help you save.
Our network gives you a choice of doctors, hospitals and pharmacies. To help avoid unnecessary costs, always visit providers who are part of the WellCare network. You can explore our network in your provider directory, but for the most up-to-date listings, call Customer Service at the number on the back of your member ID card.

Note: If you have a point-of-service (POS) plan*, it’s possible for you to visit out-of-network doctors. These visits may cost more and may require a prior authorization*, but POS plans offer flexibility when you need it. Call Customer Service if you have questions about your POS benefit.
# CHECKLIST FOR YOUR HEALTH CARE VISIT

To get the most out of your appointments, fill out the list below. That way, you’ll be sure to cover the issues that matter to you. Bring a friend or family member to help ask questions and take notes. It will give you more freedom to listen and ask questions.

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<th>1. Medications and vitamins:</th>
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<th>2. Issues and symptoms since last visit:</th>
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<th>3. Key questions:</th>
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<th>4. Treatment plan until next visit:</th>
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<th>5. Notes:</th>
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CARE MANAGEMENT: HELP WITH SERIOUS HEALTH ISSUES

Facing a serious health issue can be difficult, but WellCare offers support to help you manage your condition(s).

A member of our team works with you, your family and your health care providers. We make sure every part of your care works together for your benefit. Care management helps members with many conditions, such as:

- Heart disease
- Cancer
- Diabetes
- Long-term pain
- Congestive heart failure
- Hepatitis C
- HIV/AIDS
- Sickle cell anemia
- Anxiety disorders
- Developmental disorder

These services won’t cost you anything. They are part of the services provided to you by WellCare.

Find out if you’re eligible. Call Customer Service at the number listed on the back of your member ID card.

SUPPORT FOR BEHAVIORAL HEALTH ISSUES – ANYTIME AND ANYWHERE

You may want to address a behavioral health issue, but you can’t seem to find a convenient time or place for an appointment. We offer a solution through a partnership with Cobalt Therapeutics, a respected member of the health care industry. You can get behavioral health coaching and assistance just by using your smartphone or computer.

Each easy-to-use online program is confidential and self-guided, so you can work at your own pace. In a few short sessions, you can address common behavioral health conditions, such as:

- difficulty sleeping
- anxiety, panic and phobia
- alcohol and substance use
- mild to moderate depression

Members can enroll by going to wellcare.cobaltcbt.com and selecting Create Account Now.
UNDERSTANDING YOUR MEDICATION COVERAGE

Many people take medications to keep their health on track. They’re a big part of health care, so it’s important to understand your prescription benefits if they’re part of your plan.

• First, make sure the medications you take are on our formulary* – that’s our list of covered drugs. The list will also tell you what tiers your medications are in. Each one of 5 tiers has a different cost-sharing* level, so knowing what tiers your medications are in can help you plan for the costs. In general, the lower the tier a medication is in, the lower the cost.

• All new members with prescription drug benefits can get a temporary 30-day supply of Part D prescription drug(s) when they join our plan. However, if your medication is not on our formulary, or if it has quantity or usage limits, you and your doctor will get a written notice telling you how to choose an alternative drug. The notice will also let you know how to ask for a drug evaluation review, which is a request to cover a drug that isn’t on our formulary.

• Need medications before your member ID card arrives? Simply call Customer Service. They’ll give you some information to share with your pharmacist. Or your pharmacist can call your plan to get information to fill your prescription.

If you need help understanding the formulary or your drug costs, call Customer Service at the number on the back of your member ID card, or use the formulary search tool at www.wellcare.com/medicare. Click on Where Are You Looking For A Plan? Select your state. On the next page, select your plan type, Medicare, enter your Zip code and click Search. After clicking Go To My Plan Details next to your name, scroll down to Formulary Documents.

WellCare uses a formulary. Beneficiaries must use network pharmacies to access their prescription drug benefit, except in non-routine or emergency circumstances. Quantity limitations and restrictions may apply.
MANAGING YOUR HEALTH CARE EXPENSES

• **Review your explanation of benefits (EOB)** regularly. After you visit a provider you will get an EOB in the mail. An EOB includes details on:
  – What services and treatments you got
  – The costs
  – Any co-pays* or deductibles* related to the services
  – The plan’s share of the costs

• The EOB is a summary of services, NOT A BILL you must pay. When you get an EOB, look it over to be sure the services and co-payments listed are accurate. You’ll also want to check on your deductible, to be sure the amount is current and what you expected.

• **Look for network pharmacies.** Using certain pharmacies can also save you money. Our network has more than 60,000 pharmacies you can choose from. Network pharmacies will offer you the best price. And some network pharmacies offer lower costs than others. Some offer standard cost-sharing* and others offer preferred cost-sharing*. You’ll save the most when you use network pharmacies with preferred cost-sharing. You can find network pharmacies near you in our pharmacy directory or by visiting [www.wellcare.com/FAP](http://www.wellcare.com/FAP).

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<th>OUT-OF-NETWORK PHARMACIES</th>
<th>NETWORK PHARMACIES WITH STANDARD COST-SHARING</th>
<th>NETWORK PHARMACIES WITH PREFERRED COST-SHARING</th>
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<tr>
<td>$$ HIGHEST COST</td>
<td>$$ HIGHEST SAVINGS $</td>
<td>$$ HIGHEST SAVINGS $</td>
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• **Know which tier(s) your drugs are on.** The drug formulary* is divided into five tiers. Drugs on the lowest tier (1) are usually the least expensive. Brand drugs are available in Tiers 3, 4 and 5. Generics are offered in all tiers.

**TIER 5: SPECIALTY**
**TIER 4: NON-PREFERRED BRANDS**
**TIER 3: PREFERRED BRANDS**
**TIER 2: GENERICS**
**TIER 1: PREFERRED GENERICS**

**some injectable and other high-cost drugs, available in up to 30-day supplies**
• Get the most savings from a network mail-service pharmacy that offers preferred cost-sharing. With these pharmacies, enjoy additional savings. You can get a 3-month supply of Preferred Generic Tier 1 medications for a $0 co-payment. For all other drugs, get a 3-month supply of medication for 2 1/2 co-pays. Plus, you’ll enjoy the extra convenience of having your medications safely and securely delivered to your home.

• Avoid a late enrollment penalty. Medicare beneficiaries who go for 63 days or more without “creditable prescription drug coverage” may pay a late enrollment penalty. Creditable coverage is prescription drug coverage that is at least as good as Original Medicare’s. Health plans are required by CMS to add the penalty amount to a member’s premium. If your plan doesn’t have prescription drug coverage, make sure you get coverage to avoid this penalty.

• Get discounts on healthy lifestyle products. WellCare partners with Healthways Wholehealth Network to bring you discounts that support your healthy lifestyle. You can get discounts of up to 30% on certain products and services available at more than 40,000 practitioners and outlets nationwide. Visit wellcare.wholehealthmd.com or call Customer Service for more information.

• Apply for Extra Help. On a limited income? You might qualify for Extra Help to pay for your prescription drug costs. Many people are eligible for these savings and don’t even know it. To find out more about help with drug costs:
  – Contact your Social Security office at 1-800-772-1213, between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. Or visit ssa.gov/prescription help.
  – Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users may call 1-877-486-2048.
  – Contact your State Medicaid Office.
  – WellCare Customer Service can also answer your questions about Extra Help.
WHAT TO KNOW ABOUT PAYING YOUR PREMIUMS*

Some of our plans don’t have a premium, but if yours does, be sure to choose your payment method. You may have done this already on your application. If not, Customer Service can set you up with one of these options:

- Electronic funds transfer (EFT)
- Paying online by credit card or your bank account
- Sending a check or money order to WellCare
- Social Security check or Railroad Retirement Board check deductions
- Using your coupon booklet to pay by mail
- Paying by phone

Social Security deductions take time. Social Security deductions are a convenient way to pay your premiums. But it takes a while for the process to get started. A couple things to remember:

- It takes 2 or more months from the time you select this option before you’ll see the deductions reflected in your Social Security check.
- Request Social Security deductions at least 2 months before your start date with WellCare. We’ll send you a coupon book in the mail with payment coupons to use during those 2 months.
- Once you start to see a deduction in your Social Security check (usually on the 3rd month) you will no longer need to use the rest of the monthly payment coupons. That’s because the Social Security deductions pay for the following month.
- In the example below, a member requests Social Security deductions in January.

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
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<tr>
<td>Member requests Social Security deductions to start in April.</td>
<td>Social Security processes the member’s request.</td>
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<tr>
<td>WellCare bills the member for January coverage.</td>
<td>WellCare bills the member for February coverage.</td>
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<tr>
<th>March</th>
<th>April</th>
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<tbody>
<tr>
<td>Social Security deductions start with pre-payment for April coverage.</td>
<td>Social Security deduction pays for April and deducts for May coverage.</td>
</tr>
<tr>
<td>WellCare bills the member for March coverage.</td>
<td>No more bills from WellCare.</td>
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</table>
HOW TO CONTACT US

When you have question or concerns, we’re listening. Here are some of the ways you can reach us. Our promise to you: When you need support, we’ll be on your side.

Call Customer Service.

You can reach Customer Service at the number listed on page 14. We’re here for you Monday–Sunday, 8 a.m. to 8 p.m. Between Oct. 1, 2016, and Feb. 14, 2017, we’re available Monday–Sunday, 8 a.m. to 8 p.m.

Visit us online.

Sign up for the member portal on our website. You’ll be able to see claims status, request new ID cards, pay your premium (if you have one) and update your address online. Visit https://portal.wellcare.com/login/member, and click Member Sign Up. You’ll be guided through the registration process.

Call a nurse anytime.

If you have health questions but your doctor’s office is closed, a nurse is standing by with answers. The Nurse Advice Line is free whenever you have a health-related question or concern. Nurses are there for you 24 hours a day, 7 days a week at 1-800-581-9952.

Talk with your agent.

If you have a local Benefits Consultant, there’s a place for his or her business card on the back of this guide.

If we’ve helped you, then you may know other Medicare-eligible people who could benefit from WellCare services.

If so, ask them to give us a call at 1-866-797-7651 (TTY 711) Monday–Sunday, 8 a.m. to 8 p.m.
## IMPORTANT NAMES & NUMBERS

Chances are you’ll need the important information below as you get started with your new plan. We’ve provided spaces for you to write these items down so you’ll have a handy reference when you need it. Talk with your Benefits Consultant or call Customer Service if you need help filling this out.

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<th>1. Your Plan</th>
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<tr>
<td>Plan name:</td>
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<td>Proposed date your coverage starts:</td>
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<td>Enrollment confirmation number**:</td>
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<th>2. Your Primary Care Provider (PCP)</th>
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<tr>
<td>PCP name:</td>
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<td>PCP phone number:</td>
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<td>Next appointment date:</td>
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<th>3. Your Pharmacy</th>
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<tr>
<td>Local network pharmacy:</td>
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<td>Check one:</td>
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<tr>
<td>Standard Cost-Sharing</td>
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<tr>
<td>Preferred Cost-Sharing</td>
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<tr>
<td>Pharmacy phone number:</td>
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See page 10 to learn how to save money on your prescriptions.

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<th>4. Your Support</th>
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<tr>
<td>WellCare Customer Service phone number:</td>
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<tr>
<td>Hours of operation:</td>
<td>Monday–Friday, 8 a.m. to 8 p.m. Between October 1 and February 14, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. TTY users may call 711.</td>
</tr>
<tr>
<td>Your WellCare Benefits Consultant name:</td>
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<tr>
<td>Benefits Consultant phone number:</td>
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**Please remember, your membership requires approval from the Centers for Medicare & Medicaid Services (CMS). This may take up to 10 business days.**
COMMON HEALTH CARE TERMS

**Authorized representative**
Someone you authorize to act on your behalf, such as a friend or family member.

**Co-pay**
A fixed amount that’s your portion to pay for a covered health care service, usually paid at the time you get the service.

**Cost-sharing**
Cost-sharing is what you pay when you get medications or health care services. One kind of cost-sharing can be a co-payment, which is a fixed dollar amount. These are usually paid at the doctor’s office. Another kind of cost-sharing is coinsurance, which is a percentage of the total cost of the service. These payments may be paid at the doctor’s office or after billing. – Preferred cost-sharing - greater savings for certain Part D drugs at certain network mail service pharmacies.

**Deductible**
The amount you owe for covered health care services before your health insurance plan begins to pay. For example, if your deductible is $1,000, your plan won’t pay anything until you’ve paid $1,000 for covered services.

**Evidence of Coverage (EOC)**
If you’re in a Medicare plan, you will get an Evidence of Coverage (EOC) each year, usually in the fall. The EOC gives you details about what the plan covers, how much you pay, and more.

**Explanation of benefits (EOB)**
An EOB is a statement explaining any treatments or services that you recently received. The EOB usually includes the date(s) of service, provider(s), fees, amounts you may be responsible for and any adjustments.

**Formulary**
The list of brand name and generic prescription drugs that a health plan covers for its members.

**Network pharmacy**
A pharmacy that works with the plan to provide services to members at preferred in-network rates.

**Point-of-service (POS) plan**
A health plan option that lets you use doctors and hospitals outside the plan for an additional cost.

**Power of attorney**
The power of attorney is a legal document giving someone else authority to act for you. You can create a power of attorney for times when you may be unable to make your own health care decisions.

**Premium**
A premium is the amount you pay for your health plan, in order to receive all of your benefits. Your premium can be monthly, quarterly or even yearly.

**Primary care provider (PCP)**
A doctor or other health care provider who gives, coordinates or helps you access the range of health care services you need.

**Prior authorization**
A prior authorization is an OK from the plan before a member gets a health care service. Your Medicare drug plan may require prior authorization for certain drugs.

**Registered Nurse (RN)**
A Registered Nurse has completed specialized education and training, plus meets licensing requirements for the state that they practice in.

**Specialist**
Your primary care provider might refer you to a specialist – a doctor trained in a specific area of medicine.

BENEFITS CONSULTANT
BUSINESS CARD
WellCare (HMO) is a Medicare Advantage organization with a Medicare. Enrollment in WellCare (HMO) depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Benefits, premiums and/or co-payments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium. If you meet certain eligibility requirements for both Medicare and Medicaid, your Part B premiums may be covered in full. WellCare uses a formulary. You have the choice to sign up for automated mail service delivery. You can get prescription drugs shipped to your home through our network mail service delivery program. You should expect to receive your prescription drugs within 7–10 business days from the time that the mail service pharmacy receives the order. If you do not receive your prescription drugs within this time, please contact us at 1-866-892-9006 (TTY 1-866-507-6135), 24 hours a day, seven days a week, or visit www.wellcare.com/medicare/mail_order_pharmacy_coverage. Some plans are available to those who have medical assistance from both the state and Medicare. Premiums, co-pays, coinsurance and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Please contact WellCare for details.

This information is available for free in other languages. Please call our Customer Service number at 1-877-374-4056, Monday–Friday, 8 a.m. to 8 p.m. Between October 1 and February 14, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. TTY users should call 1-877-247-6272.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de Servicio al Cliente al 1-877-374-4056, de lunes a viernes, de 8 a.m. a 8 p.m. Entre el 1 de octubre y el 14 de febrero, los representantes están disponibles de lunes a domingo de 8 a.m. a 8 p.m. Los usuarios de TTY deben llamar al 1-877-247-6272.

本資訊免費提供其它語言版本。請撥打 1-877-374-4056 與我們的客戶服務部聯繫，服務時間為週一至週五，上午 8 點至晚上 8 點。在十月 1 日至二月 14 日之間，代表的服務時間為週一至週日，上午 8 點至晚上 8 點。TTY 用戶請撥打 1-877-247-6272。