CDA Insurance LLC

Please return signed applications via one of the following methods:

EMAIL: secure email link (Ctrl+Click)
tiffany@lowinsure.com

FAX: 1-541-284-2994

MAIL: CDA Insurance LLC
P.O. Box 26540
Eugene, OR 97402

CONTACT: **Tiffany Jackson**, independent agent, with any questions or concerns.
Email: tiffany@lowinsure.com or phone: 1-541-434-9613

If using the Annual Enrollment Period, please return between October 15th and December 7th for a January 1st effective date.

All other enrollments will be processed for the first of the month following receipt of the application. A valid Enrollment Period is required by CMS.

WELLCARE MEDICARE ADVANTAGE PLAN DOCUMENTS

Benefit Summaries:
Wellcare Simple Open PPO H5439-022-001 | Wellcare Simple Open PPO H5439-022-002 |
Wellcare Simple Open PPO H5439-022-003 | Wellcare Simple HMO-POS H6815-039 |
Wellcare Low Premium HMO-POS H6815-038 | Wellcare Low Premium Open PPO H5439-019 |
Wellcare Premium Ultra Open PPO H5439-011 | Wellcare Giveback Open PPO H5439-015 |
Wellcare Patriot Giveback Open PPO H5439-010 | Wellcare PeaceHealth Simple HMO-POS H6815-040

Links:
Application download: Available 10-15-2025, please email if you would like one sent out
Provider search
Star ratings HMO
Star ratings PPO
Formulary search
Pharmacy search

TPMO disclaimer: CDA Insurance LLC may not offer every plan available in your area. Currently represented in the Medicare Advantage market are all plans available from: 9 insurance companies in the state of Oregon, 9 in the state of Washington, 4 in the state of Idaho, and 3 in the state of Texas. Any information provided is limited to those plans we do offer in your area. For a breakdown by county, please visit our websites: Oregon, Washington, Idaho, Texas Please contact Medicare.gov, 1-800-MEDICARE , or your local SHIP to obtain information on all of your options.

2026
Summary of Benefits

Oregon

Wellcare Simple Open (PPO)

H5439 | 022 | 001

Wellcare Simple Open (PPO)

H5439 | 022 | 002

Wellcare Simple Open (PPO)

H5439 | 022 | 003

©Wellcare 2026

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 Simple Open (PPO) 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/OR. 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 Oregon Health Plan (Medicaid) or by another third party.

Plan's service areas:

H5439022001 Wellcare Simple Open (PPO) includes these counties in Oregon: Jackson and Josephine.

H5439022002 Wellcare Simple Open (PPO) includes these counties in Oregon: Clackamas, Marion, Multnomah, Polk, and Washington.

H5439022003 Wellcare Simple Open (PPO) includes these counties in Oregon: Benton, Douglas, Lane, Linn, and Yamhill.

About this plan & how to get care

Preferred Provider Organizations (PPOs) You'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracted providers in our network. Out-of-network providers may choose not to bill our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made. 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. PPO plans do not require a prior authorization or referral for out-of-network services.

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 Simple Open (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You may use doctors, hospitals and other providers that are not in our network, usually for a higher copay or coinsurance. You must generally use our network pharmacies for prescriptions covered under Part D drug benefit.

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 Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Note: *Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.*			
Monthly Plan Premium (includes both medical and drugs)	$0 You must continue to pay your Medicare Part B premium.	$0 You must continue to pay your Medicare Part B premium.	$0 You must continue to pay your Medicare Part B premium.
Deductible	$150 deductible for select Part B services.	$150 deductible for select Part B services.	No deductible for medical. See prescription drugs section for Part D deductible.
Maximum Out-of-Pocket (MOOP) Responsibility (does not include prescription drugs)	$8,500 in-network annually $13,200 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	$8,500 in-network annually $13,200 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	$6,750 in-network annually $6,750 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Inpatient Hospital Coverage	**In-Network** For each admission, you pay: • $600 copay per day for days 1 through 4 • $0 copay per day for days 5 through 90 • $0 copay per day for days 91 through 95 * **Out-of-Network** Days 1-90: • 30% coinsurance for each Medicare-covered hospital stay.	**In-Network** For each admission, you pay: • $600 copay per day for days 1 through 4 • $0 copay per day for days 5 through 90 • $0 copay per day for days 91 through 95 * **Out-of-Network** Days 1-90: • 30% coinsurance for each Medicare-covered hospital stay.	**In-Network** For each admission, you pay: • $600 copay per day for days 1 through 4 • $0 copay per day for days 5 through 90 • $0 copay per day for days 91 through 95 * **Out-of-Network** Days 1-90 • 30% coinsurance for each Medicare-covered hospital stay.

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Outpatient Hospital Coverage Outpatient Hospital Services	**In-Network** $0 copay for skin biopsies. 30% coinsurance for outpatient surgical services. $500 copay for outpatient non-surgical services, including outpatient palliative care. * **Out-of-Network** $500 copay for outpatient non-surgical services, including outpatient palliative care. 30% coinsurance for outpatient surgical services	**In-Network** $0 copay for skin biopsies. 30% coinsurance for outpatient surgical services. $500 copay for outpatient non-surgical services, including outpatient palliative care. * **Out-of-Network** $500 copay for outpatient non-surgical services, including outpatient palliative care. 30% coinsurance for outpatient surgical services.	**In-Network** $0 copay for skin biopsies. $500 copay for outpatient surgical services. $400 copay for outpatient non-surgical services, including outpatient palliative care. * **Out-of-Network** $400 copay for outpatient non-surgical services, including outpatient palliative care. $500 copay for outpatient surgical services.

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Outpatient Hospital Observation Services	**In-Network** $115 copay for outpatient observation services when you enter observation status through an emergency room. 30% coinsurance for outpatient observation services when you enter observation status through an outpatient facility. **Out-of-Network** $115 copay or a 30% coinsurance	**In-Network** $115 copay for outpatient observation services when you enter observation status through an emergency room. 30% coinsurance for outpatient observation services when you enter observation status through an outpatient facility. **Out-of-Network** $115 copay for outpatient observation services when you enter observation status through an emergency room. 30% coinsurance for outpatient observation services when you enter observation status through an outpatient facility.	**In-Network** $130 copay for outpatient observation services when you enter observation status through an emergency room. $500 copay for outpatient observation services when you enter observation status through an outpatient facility. **Out-of-Network** $130 - $500 copay

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Ambulatory Surgical Center (ASC) Services	**In-Network** $475 copay for each Medicare-covered visit to an ambulatory surgical center. * **Out-of-Network** $475 copay This amount applies to each Medicare-covered visit to an ambulatory surgical center.	**In-Network** $475 copay for each Medicare-covered visit to an ambulatory surgical center. * **Out-of-Network** $475 copay This amount applies to each Medicare-covered visit to an ambulatory surgical center.	**In-Network** $250 copay for each Medicare-covered visit to an ambulatory surgical center. * **Out-of-Network** $250 copay This amount applies to each Medicare-covered visit to an ambulatory surgical center.
Doctor Visits Primary Care Providers	**In-Network** $0 copay **Out-of-Network** $30 copay	**In-Network** $0 copay **Out-of-Network** $30 copay	**In-Network** $0 copay **Out-of-Network** $30 copay
Specialists	**In-Network** $30 copay * **Out-of-Network** $60 copay	**In-Network** $30 copay * **Out-of-Network** $60 copay	**In-Network** $30 copay * **Out-of-Network** $60 copay

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
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))	**In-Network** $0 copay **Out-of-Network** $0 copay	**In-Network** $0 copay **Out-of-Network** $0 copay	**In-Network** $0 copay **Out-of-Network** $0 copay
Emergency Care	$115 copay Copay is waived if you are admitted to a hospital within 24 hours.	$115 copay Copay is waived if you are admitted to a hospital within 24 hours.	$130 copay Copay is waived if you are admitted to a hospital within 24 hours.

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
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 not waived if admitted to the hospital for worldwide emergency services.	$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 not waived if admitted to the hospital for worldwide emergency services.	$130 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 not waived if admitted to the hospital for worldwide emergency services.
Urgently Needed Services	$40 copay Copay is waived if you are admitted to a hospital within 24 hours.	$40 copay Copay is waived if you are admitted to a hospital within 24 hours.	$50 copay Copay is waived if you are admitted to a hospital within 24 hours.

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Worldwide Urgent Care Coverage	$115 copay Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.	$115 copay Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.	$130 copay Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.
Diagnostic Services/Labs/Imaging Lab Services	**In-Network** $50 copay for genetic testing. $0 copay for all other labs. * **Out-of-Network** $50 copay for genetic testing. $0 copay for all other labs.	**In-Network** $50 copay for genetic testing. $0 copay for all other labs. * **Out-of-Network** $50 copay for genetic testing. $0 copay for all other labs.	**In-Network** $50 copay for genetic testing. $0 copay for all other labs. * **Out-of-Network** $50 copay for genetic testing. $0 copay for all other labs.
Diagnostic Tests and Procedures	**In-Network** $0 copay for Medicare-covered diagnostic colonoscopy,	**In-Network** $0 copay for Medicare-covered diagnostic colonoscopy,	**In-Network** $0 copay for Medicare-covered diagnostic colonoscopy,

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
	spirometry testing and specified testing related services. 20% coinsurance for all other services. * **Out-of-Network** $0 copay for each Medicare-covered spirometry test and specified testing-related services. 20% coinsurance for all other Medicare-covered diagnostic procedures and tests.	spirometry testing and specified testing related services. 20% coinsurance for all other services. * **Out-of-Network** $0 copay for each Medicare-covered spirometry test and specified testing-related services. 20% coinsurance for all other Medicare-covered diagnostic procedures and tests.	spirometry testing and specified testing related services. 20% coinsurance for all other services. * **Out-of-Network** $0 copay for each Medicare-covered spirometry test and specified testing-related services. 20% coinsurance for all other Medicare-covered diagnostic procedures and tests.
Outpatient X-rays	**In-Network** $50 copay * **Out-of-Network** $50 copay	**In-Network** $50 copay * **Out-of-Network** $50 copay	**In-Network** $50 copay * **Out-of-Network** $50 copay
Diagnostic Radiology Services (e.g. MRI, CAT Scan)	**In-Network** $0 copay for a diagnostic mammogram. $500 copay for all other diagnostic radiology services. *	**In-Network** $0 copay for a diagnostic mammogram. $500 copay for all other diagnostic radiology services. *	**In-Network** $0 copay for a diagnostic mammogram. $400 copay for all other diagnostic radiology services received in an outpatient setting.

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
	Out-of-Network $0 copay for a diagnostic mammogram. $500 copay for all other diagnostic radiology services.	**Out-of-Network** $0 copay for a diagnostic mammogram. $500 copay for all other diagnostic radiology services.	$300 copay for all other services received in all other locations. * **Out-of-Network** $0 copay for a diagnostic mammogram. $400 copay for all other diagnostic radiology services received in an outpatient setting. $300 copay for all other services received in all other locations.
Therapeutic Radiology	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance
Hearing Services Hearing Exam Medicare-covered	**In-Network** $30 copay * **Out-of-Network** $60 copay	**In-Network** $30 copay * **Out-of-Network** $60 copay	**In-Network** $30 copay * **Out-of-Network** $60 copay

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Routine Hearing Exam	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 exam(s) every year	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 exam(s) every year	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 exam(s) every year
Hearing Aids Hearing Aid Fitting/Evaluation(s)	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 fitting(s) / evaluation(s) every year	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 fitting(s) / evaluation(s) every year	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 fitting(s) / evaluation(s) every year

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Hearing Aid Allowance All Types	Up to a $500 allowance per ear every year for hearing aids. **In-Network** $0 copay * **Out-of-Network** 40% coinsurance Limited to 2 hearing aid(s) every year	Up to a $500 allowance per ear every year for hearing aids. **In-Network** $0 copay * **Out-of-Network** 40% coinsurance Limited to 2 hearing aid(s) every year	Up to a $750 allowance per ear every year for hearing aids. **In-Network** $0 copay * **Out-of-Network** 40% coinsurance 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.	**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.

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Dental Services			
Medicare-covered	**In-Network** $30 copay for each Medicare-covered service. * **Out-of-Network** $60 copay for each Medicare-covered service.	**In-Network** $30 copay for each Medicare-covered service. * **Out-of-Network** $60 copay for each Medicare-covered service.	**In-Network** $30 copay for each Medicare-covered service. * **Out-of-Network** $60 copay for each Medicare-covered service.
Routine Diagnostic and Preventive Services	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance Cleanings 2 every year Dental x-rays 1 set(s) every date of service to 3 plan years depending on type of service Oral exams 2 every year	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance Cleanings 2 every year Dental x-rays 1 set(s) every date of service to 3 plan years depending on type of service Oral exams 2 every year	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance Cleanings 2 every year Dental x-rays 1 set(s) every date of service to 3 plan years depending on type of service Oral exams 2 every year

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Fluoride Treatment	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 every year	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 every year	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 every year
Other Diagnostic Dental Services	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 every date of service to 3 plan years depending on type of service	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 every date of service to 3 plan years depending on type of service	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 every date of service to 3 plan years depending on type of service
Other Preventive Dental Services	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 every date of service to 3 plan years depending on type of service	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 every date of service to 3 plan years depending on type of service	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance 1 every date of service to 3 plan years depending on type of service

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Routine Comprehensive Services			
Restorative Services	**In-Network** Not covered **Out-of-Network** Not covered	**In-Network** Not covered **Out-of-Network** Not covered	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance
Endodontics/Periodontics	**In-Network** Not covered **Out-of-Network** Not covered	**In-Network** Not covered **Out-of-Network** Not covered	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance
Oral/Maxillofacial Surgery	**In-Network** Not covered **Out-of-Network** Not covered	**In-Network** Not covered **Out-of-Network** Not covered	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance
Adjunctive General Services	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance	**In-Network** $0 copay * **Out-of-Network** 50% coinsurance

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
	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.**	**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. You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). Your out-of-pocket costs may be higher if you use out-of-network providers. Out-of-network providers are not contracted to accept plan	**What you should know:** This plan provides dental services with no annual maximum allowance. You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). Your out-of-pocket costs may be higher if you use out-of-network providers. Out-of-network providers are not contracted to accept plan payment as payment in full.	**What you should know:** This plan includes coverage up to $1,500 per plan year for all in-network and out-of-network covered routine comprehensive dental services. You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). Your out-of-pocket costs may be higher if you use out-of-network providers.

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
	payment as payment in full. They might charge you more than the plan pays.	They might charge you more than the plan pays.	Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays.
Vision Care Eye Exam Medicare-covered	**In-Network** $0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam $30 copay for all other Medicare-covered eye exams * **Out-of-Network** $0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam $60 copay for all other Medicare-covered eye exams	**In-Network** $0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam $30 copay for all other Medicare-covered eye exams * **Out-of-Network** $0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam $60 copay for all other Medicare-covered eye exams	**In-Network** $0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam $30 copay for all other Medicare-covered eye exams * **Out-of-Network** $0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam $60 copay for all other Medicare-covered eye exams

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Routine Eye Exam (Refraction)	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 exam(s) every year	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 exam(s) every year	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance 1 exam(s) every year
Glaucoma Screening	**In-Network** $0 copay for each Medicare-covered service. **Out-of-Network** $0 copay for each Medicare-covered service.	**In-Network** $0 copay for each Medicare-covered service. **Out-of-Network** $0 copay for each Medicare-covered service.	**In-Network** $0 copay for each Medicare-covered service. **Out-of-Network** $0 copay for each Medicare-covered service.
Eyewear Medicare-covered	**In-Network** $0 copay **Out-of-Network** $60 copay	**In-Network** $0 copay **Out-of-Network** $60 copay	**In-Network** $0 copay **Out-of-Network** $60 copay
Routine Eyewear Contact Lenses/ Eyeglasses (frame and lenses)/ Eyeglass Frames	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Eyewear Allowance	Up to a $100 combined allowance towards contacts and glasses (lenses and/or frames) every year.	Up to a $100 combined allowance towards contacts and glasses (lenses and/or frames) every year.	Up to a $200 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services Inpatient Visit	**In-Network** For each admission, you pay: • $400 copay per day for days 1 through 5 • $0 copay per day for days 6 through 90 * **Out-of-Network** Days 1-90: • 30% coinsurance for each Medicare-covered hospital stay.	**In-Network** For each admission, you pay: • $400 copay per day for days 1 through 5 • $0 copay per day for days 6 through 90 * **Out-of-Network** Days 1-90: • 30% coinsurance for each Medicare-covered hospital stay.	**In-Network** For each admission, you pay: • $400 copay per day for days 1 through 5 • $0 copay per day for days 6 through 90 * **Out-of-Network** Days 1-90: • 30% coinsurance for each Medicare-covered hospital stay.

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Outpatient Individual Therapy Visit	**In-Network** $25 copay * **Out-of-Network** $25 copay	**In-Network** $25 copay * **Out-of-Network** $25 copay	**In-Network** $25 copay * **Out-of-Network** $25 copay
Outpatient Group Therapy Visit	**In-Network** $25 copay * **Out-of-Network** $25 copay	**In-Network** $25 copay * **Out-of-Network** $25 copay	**In-Network** $25 copay * **Out-of-Network** $25 copay
Skilled Nursing Facility (SNF)	**In-Network** For each admission, you pay: • $0 copay per day for days 1 through 20 • $218 copay per day for days 21 through 60 • $0 copay per day for days 61 through 100 * **Out-of-Network** Days 1-100: • 30% coinsurance per stay	**In-Network** For each admission, you pay: • $0 copay per day for days 1 through 20 • $218 copay per day for days 21 through 60 • $0 copay per day for days 61 through 100 * **Out-of-Network** Days 1-100: 30% coinsurance per stay	**In-Network** For each admission, you pay: • $0 copay per day for days 1 through 20 • $218 copay per day for days 21 through 60 • $0 copay per day for days 61 through 100 * **Out-of-Network** Days 1 to 100: 30% coinsurance per stay

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Therapy and Rehabilitation Services			
Physical Therapy	**In-Network** $30 copay * **Out-of-Network** $30 copay	**In-Network** $30 copay * **Out-of-Network** $30 copay	**In-Network** $30 copay * **Out-of-Network** $30 copay
Outpatient Rehabilitation Services Provided by an Occupational Therapist	**In-Network** $30 copay * **Out-of-Network** $30 copay	**In-Network** $30 copay * **Out-of-Network** $30 copay	**In-Network** $30 copay * **Out-of-Network** $30 copay
Pulmonary Rehabilitation Services	**In-Network** $25 copay **Out-of-Network** $35 copay	**In-Network** $25 copay **Out-of-Network** $35 copay	**In-Network** $35 copay **Out-of-Network** $35 copay
Ambulance			
Ground Ambulance	**In-Network** $325 copay * **Out-of-Network** $325 copay	**In-Network** $325 copay * **Out-of-Network** $325 copay	**In-Network** $325 copay * **Out-of-Network** $325 copay
Air Ambulance	**In-Network** $325 copay * **Out-of-Network** $325 copay	**In-Network** $325 copay * **Out-of-Network** $325 copay	**In-Network** $325 copay * **Out-of-Network** $325 copay

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Transportation Services (Non-emergency medical transportation)	**In-Network** Not covered **Out-of-Network** Not covered	**In-Network** Not covered **Out-of-Network** Not covered	**In-Network** Not covered **Out-of-Network** Not covered
Medicare Part B Drugs Chemotherapy Drugs and Other Part B Drugs	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.
Insulin	**In-Network** $35 copay (maximum per month) * **Out-of-Network** $35 copay (maximum per month)	**In-Network** $35 copay (maximum per month) * **Out-of-Network** $35 copay (maximum per month)	**In-Network** $35 copay (maximum per month) * **Out-of-Network** $35 copay (maximum per month)

Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Allergy Antigen	**In-Network** 0% coinsurance * **Out-of-Network** 0% coinsurance	**In-Network** 0% coinsurance * **Out-of-Network** 0% coinsurance	**In-Network** 0% coinsurance * **Out-of-Network** 0% coinsurance

Part D Prescription Drug Coverage	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Stage 1: Yearly Deductible Stage			
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.			
Deductible	$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.	$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.	$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.
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable)			
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.			
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.			
What You Pay for Insulin: **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. **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.			

Part D Prescription Drug Coverage	Wellcare Simple Open (PPO) H5439, Plan 022, 001		Wellcare Simple Open (PPO) H5439, Plan 022, 002		Wellcare Simple Open (PPO) H5439, Plan 022, 003	
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**	**Preferred**	**Standard**
Tier 1 (Preferred Generic)	$0 / $0 copay	$5 / $15 copay	$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	$0 / $0 copay	$10 / $30 copay
Tier 3 (Preferred Brand)	25% / 25% co-insurance	25% / 25% co-insurance	25% / 25% co-insurance	25% / 25% co-insurance	25% / 25% co-insurance	25% / 25% co-insurance
Tier 4 (Non-Preferred Drug)	36% / 36% co-insurance	36% / 36% co-insurance	36% / 36% co-insurance	36% / 36% co-insurance	36% / 36% co-insurance	36% / 36% co-insurance
Tier 5 (Specialty Tier) Limited to 30 day supply	25% co-insurance/ Not Available	25% co-insurance / Not Available	25% co-insurance / Not Available	25% co-insurance / Not Available	25% co-insurance / Not Available	25% co-insurance / Not Available
Tier 6 (Select Care Drugs)	$0 / $0 copay	$0 / $0 copay	$0 / $0 copay	$0 / $0 copay	$0/$0 copay	$0 / $0 copay

Part D Prescription Drug Coverage	Wellcare Simple Open (PPO) H5439, Plan 022, 001		Wellcare Simple Open (PPO) H5439, Plan 022, 002		Wellcare Simple Open (PPO) H5439, Plan 022, 003	
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)						
Mail-order cost-sharing (100-day supply)						
	Preferred	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**
Tier 1 (Preferred Generic)	$0 copay	$15 copay	$0 copay	$15 copay	$0 copay	$15 copay
Tier 2 (Generic)	$0 copay	$30 copay	$0 copay	$30 copay	$0 copay	$30 copay
Tier 3 (Preferred Brand)	25% co-insurance	25% co-insurance	25% co-insurance	25% co-insurance	25% co-insurance	25% co-insurance
Tier 4 (Non-Preferred Drug)	36% co-insurance	36% co-insurance	36% co-insurance	36% co-insurance	36% co-insurance	36% co-insurance
Tier 5 (Specialty Tier) Limited to 30 day supply	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Tier 6 (Select Care Drugs)	$0 copay	$0 copay	$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.		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 Simple Open (PPO) include 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/OR-MPPP.

Additional Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Note: *Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.*			
Chiropractic Services			
Medicare-covered	**In-Network** $15 copay * **Out-of-Network** 25% coinsurance	**In-Network** $15 copay * **Out-of-Network** 25% coinsurance	**In-Network** $15 copay * **Out-of-Network** 25% coinsurance
Routine Chiropractic Services	**In-Network** $15 copay * **Out-of-Network** 25% coinsurance 24 visit(s) every year	**In-Network** $15 copay * **Out-of-Network** 25% coinsurance 24 visit(s) every year	**In-Network** $15 copay * **Out-of-Network** 25% coinsurance 24 visit(s) every year

Additional Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Acupuncture			
Medicare-covered	**In-Network** $0 copay for Medicare-covered Acupuncture received in a PCP office. $15 copay for Medicare-covered Acupuncture received in a Chiropractor office. $30 copay for Medicare-covered Acupuncture received in a Specialist office. * **Out-of-Network** $30 copay for Medicare-covered Acupuncture received in a PCP office. 25% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office. $60 copay for Medicare-covered Acupuncture received in a Specialist office.	**In-Network** $0 copay for Medicare-covered Acupuncture received in a PCP office. $15 copay for Medicare-covered Acupuncture received in a Chiropractor office. $30 copay for Medicare-covered Acupuncture received in a Specialist office. * **Out-of-Network** $30 copay for Medicare-covered Acupuncture received in a PCP office. 25% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office. $60 copay for Medicare-covered Acupuncture received in a Specialist office.	**In-Network** $0 copay for Medicare-covered Acupuncture received in a PCP office. $15 copay for Medicare-covered Acupuncture received in a Chiropractor office. $30 copay for Medicare-covered Acupuncture received in a Specialist office. * **Out-of-Network** $30 copay for Medicare-covered Acupuncture received in a PCP office. 25% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office $60 copay for Medicare-covered Acupuncture received in a Specialist office.

Additional Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Routine Acupuncture Services	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance Limited to 24 visit(s) every year	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance Limited to 24 visit(s) every year	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance Limited to 24 visit(s) every year
Podiatry Services (Foot Care) Medicare-covered	**In-Network** $30 copay * **Out-of-Network** $30 copay	**In-Network** $30 copay * **Out-of-Network** $30 copay	**In-Network** $30 copay * **Out-of-Network** $30 copay

Additional Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Virtual Visits	$0 copay for virtual visit services performed through your plan's virtual visit provider(s). 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. 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. For more information, please see your Evidence of Coverage. **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*).		
Social Support Platform	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. Engage in interactive activities, meditations and games tailored to your needs. The platform also features the ability to join social communities. Available online 24/7 - you can use it whenever you choose. For more information on how to access the social support platform, please see your Evidence of Coverage. $0 copay		

Additional Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Home Health Agency Care	**In-Network** $0 copay * **Out-of-Network** 20% coinsurance	**In-Network** $0 copay * **Out-of-Network** 20% coinsurance	**In-Network** $0 copay * **Out-of-Network** 20% coinsurance
Medical Equipment/Supplies Durable Medical Equipment (DME)	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance
Prosthetics	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance
Diabetic Supplies	**In-Network** $0 copay * **Out-of-Network** $0 copay For more information, limitations and exclusions, please see your Evidence of Coverage.	**In-Network** $0 copay * **Out-of-Network** $0 copay For more information, limitations and exclusions, please see your Evidence of Coverage.	**In-Network** $0 copay * **Out-of-Network** $0 copay For more information, limitations and exclusions, please see your Evidence of Coverage.

Additional Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
Diabetic Therapeutic Shoes Or Inserts	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance	**In-Network** 20% coinsurance * **Out-of-Network** 20% coinsurance
Opioid Treatment Program Services	**In-Network** $30 copay * **Out-of-Network** $60 copay	**In-Network** $30 copay * **Out-of-Network** $60 copay	**In-Network** $30 copay * **Out-of-Network** $60 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	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	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

Additional Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
	the fitness network. Members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits.	the fitness network. Members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits.	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	$0 copay
Annual Routine Physical Exam	**In-Network** $0 copay **Out-of-Network** $0 copay **What you should know:** The exam includes a detailed medical/family history and recommendations for preventive screenings/care.	**In-Network** $0 copay **Out-of-Network** $0 copay **What you should know:** The exam includes a detailed medical/family history and recommendations for preventive screenings/care.	**In-Network** $0 copay **Out-of-Network** $0 copay **What you should know:** The exam includes a detailed medical/family history and recommendations for preventive screenings/care.
My Wellcare Rewards	With **My Wellcare Rewards**, you can earn up to $100 by completing eligible health activities and portal	With **My Wellcare Rewards**, you can earn up to $100 by completing eligible health activities and portal	With **My Wellcare Rewards**, you can earn up to $100 by completing eligible health activities and portal

Additional Benefits

	Wellcare Simple Open (PPO) H5439, Plan 022, 001	Wellcare Simple Open (PPO) H5439, Plan 022, 002	Wellcare Simple Open (PPO) H5439, Plan 022, 003
	activities through your member portal. Your earned rewards will be delivered to you in the form of a Debit card. Debit card restrictions may apply.	activities through your member portal. Your earned rewards will be delivered to you in the form of a Debit card. Debit card restrictions may apply.	activities through your member portal. Your earned rewards will be delivered to you in the form of a Debit card. Debit card restrictions may apply.

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：我們爲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)。

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).

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).

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-844-428-2224 (TTY: 711).

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).

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).

Y0020_WCM_4336850_MLT_NAMA_C Internal Approved 06162025 OR LCnC
4591912_NA6WCMINSMLT_M_ORCN 06/25

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。

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.

Iloko PALIIWEN: 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 FA'AALIGA: O lo'o avanoa fua ia te oe auaunaga fesoasoani i le gagana. E avanoa fo'i fua fesoasoani ma meafaigaluega talafeagai e tu'uina atu ai fa'amatalaga i auala faigofie ona malamalama ai. Vala'au 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).

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

Українська УВАГА! Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-844-428-2224 (TTY: 711).

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

አማርኛ ይነበብ፦ ነጻ የቋንቋ እገዛ አገልግሎቶች ለእርስዎ ይገኛሉ። በተጨማሪም አግባብነት ያላቸው ለእርስዎ ተደራሽ በሆኑ ቅርጸቶች መረጃ የሚያቀርቡልዎ አጋዥ መሳሪያዎች እና አገልግሎቶችን ከክፍያ ነጻ ያገኛሉ። ወደ 1-844-428-2224 (TTY: 711) ይደውሉ።

Soomaali DIGNIIN: Adeegyada kaalmada luqadda bilaashka ah ayaa kuu diyaar ah. Sidoo kale, qalab iyo adeegyo kaabayaal ku habboon ayaa diyaar ah si macluumaadka loogu helo qaabab sahlan oo la heli karo, iyadoo aan wax kharash ah lagaaga qaadin. Wac 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/OR 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

- ☐ 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.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

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.

This page intentionally left blank

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/OR