



wellcare

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Medicare Advantage Sales Presentation

2024



We're Glad You're Here

Who am I?

- I am a licensed and certified Wellcare plan representative.
- I do not represent the government, Medicare or Medicaid.

Thank you for joining me. Today, you'll learn all about:

- Medicare Basics
- Medicare Advantage
- Prescription Drug Plans
- And, Wellcare Medicare Advantage



Get Help Choosing a Plan That's Right for You

Selecting a Medicare plan can be complicated, but I'm here to help. This easy-to-follow presentation explains Medicare in simple language. It covers everything you need to make a good decision about your Medicare coverage and to enroll in a plan. It also explains how a Wellcare Medicare Advantage plan goes beyond the basics so you can live a better, healthier life.



Let's Start with the Basics

What is Medicare?

Medicare is a program administered and regulated by the Centers for Medicare & Medicaid Services (CMS).

You are eligible for Medicare if you are:

- A citizen or permanent resident of the United States
- Age 65 or older
- Under 65 with certain disabilities
- Any age with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS, also called Lou Gehrig's disease)

STAR RATINGS

Every year, Medicare evaluates plans based on a 5-star rating system.

Ask your licensed representative for details.

This presentation will help you understand Original Medicare and how it compares to Wellcare Medicare Advantage plans.

Medicare has four different parts:



PART A
Hospital Insurance



PART B
Medical Insurance



PART D
Prescription Drug Coverage



PART C
Medicare Advantage



PART A **HOSPITAL INSURANCE**

Part A covers inpatient care, a skilled nursing facility, hospice and some home healthcare. You will have out-of-pocket costs for your hospital stay, such as deductibles and coinsurance.



PART B **MEDICAL INSURANCE**

Part B helps with the costs of doctor visits, outpatient services and some preventive services. With Part B, there are additional costs, such as a monthly premium, annual deductible and coinsurance you have to pay. Parts A and B together are called Original Medicare.



PART D **PRESCRIPTION DRUG COVERAGE**

Part D helps cover the cost of prescription drugs. To receive drug coverage, you have to purchase a Prescription Drug Plan (PDP) to add to your Original Medicare or enroll in a Medicare Advantage plan with Part D prescription drug coverage (MAPD).



PART C **MEDICARE ADVANTAGE**

By joining a Medicare Advantage plan, you get Part A and Part B (and usually Part D) coverage to support your total health and well-being in one plan. Many of these plans offer extras not found in Original Medicare, such as dental, vision, hearing and gym membership. Medicare Advantage plans have predictable costs with set co-pays and out-of-pocket cost limits. Wellcare offers different kinds of Medicare Advantage plans. We explain them on the next slide.

MA Types of Medicare Advantage Plans:

HMO

Health Maintenance Organization (HMO)

In a **Health Maintenance Organization (HMO)**, you choose from a network of doctors, specialists and other healthcare providers for your care. You usually need a referral from your primary care provider for tests or to see other doctors and specialists.

PPO

Preferred Provider Organization (PPO)

Preferred Provider Organization (PPO) plans give you the flexibility to see doctors and specialists in and out of network, although your costs are usually lower if you stay in network. You usually **do not** need a referral from your primary care provider to see other doctors and specialists.

PFFS

Private Fee-for-Service (PFFS)

In **Private Fee-for-Service (PFFS)** plans, you can go to any doctor, hospital or healthcare provider as long as they accept the plan's payment terms.

DSNP

Dual-Eligible Special Needs Plans (D-SNPs)

Do you qualify for both Medicare and Medicaid? If so, we have plans especially for you. Our Dual-Eligible Special Needs Plans (D-SNPs) offer extra benefits for qualifying members at no extra cost.

CSNP

Chronic Special Needs Plans (C-SNPs)

Our **Chronic Special Needs Plans (C-SNPs)** offer coverage to help members with certain long-term health issues such as diabetes, chronic heart failure and cardiovascular disorder.

To see what's available in your area, please see the Summary of Benefits for details on the specific additional benefits in each plan. *Other types of plans may be available to you. Ask your licensed representative for details.*



Original Medicare vs. Medicare Advantage. Let's Compare.

Original Medicare

Basic Original Medicare by itself is just a starting point: it covers doctor visits and hospital stays. You usually pay a monthly Part B premium and must meet yearly deductibles. Original Medicare will then cover 80% of the approved amount and you're responsible for the remaining 20% of the cost of your care. *There is no limit to your out-of-pocket costs each year.*

Medicare Advantage

Wellcare Medicare Advantage plans support your entire well-being so you can live a better, healthier life. In one package, our plans give you Part A and Part B coverage, plus Part C coverage. Many of our plans also include Part D prescription drug coverage.

How Medicare Advantage Helps You Control Costs

- ✓ Limited out-of-pocket costs.
- ✓ More predictable co-pays.
- ✓ Wellcare Medicare Advantage plans have a cap to your yearly out-of-pocket expenses. *If you reach the maximum out-of-pocket amount, you pay nothing for your covered in-network services for the rest of the calendar year.*

	Medicare	Medicare Advantage
Doctor Visits	✓	✓
Hospital Stays	✓	✓
Prescription Drugs		✓*
Additional Benefits		✓

*Prescription drug coverage included in many Medicare Advantage plans.



Get to Know Medicare Part D

Medicare Part D is coverage for prescription drugs. You don't automatically get this coverage when you become eligible for Medicare, yet many Americans rely on prescription drugs to maintain their health and well-being. It's important to consider whether you need a plan with prescription drug coverage. To receive drug coverage, you can join a Wellcare Medicare Advantage plan that includes prescription drug coverage or a standalone Prescription Drug Plan (PDP).

Medicare Part D covers brand-name and generic prescription drugs. You generally pay less – or nothing at all – for generic drugs.

A formulary lists the drugs your plan covers.

Coverage Stages

Medicare Part D Prescription Drug Coverage includes four cost-sharing stages. The amount you pay to fill your prescription drugs depends on the payment stage you are in.

1 | Deductible
The amount you pay before a plan covers your prescription drug costs. Some Plan Name plans have no deductible.

2 | Initial Coverage
During this stage, the plan pays its share of the cost and you pay your share. You are in this stage until your payments and the plan's payments total \$5,030 for the year.

3 | Coverage Gap
When your drug costs and plan payments for the year reach \$5,030, you enter the Coverage Gap Stage, commonly known as the Donut Hole. You will pay 25% of the cost for formulary generic and brand-name drugs. You will stay in this stage until your out-of-pocket costs for the year reach \$8,000.

4 | Catastrophic Coverage
After your out-of-pocket costs for prescription drugs reach \$8,000, you pay \$0 for brand and generic drugs for the remainder of the year.

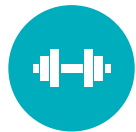
Find out if you qualify for Extra Help

Extra Help is a Medicare program that helps people who have limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles and coinsurance. Depending on your income and resources, you may qualify for Extra Help. You may get more information, see if you qualify and apply with the Social Security Administration. They may be reached at 1-800-772-1213 or TTY: 1-800-325-0778 Monday - Friday 8 am to 7 pm or visit <https://www.ssa.gov/medicare/part-d-extra-help>.



Let's Look at Extra Benefits (at No Extra Cost)

You need a plan and benefits that support the bigger picture of your health. Yes, that includes the hospital and medical coverage you would get with Original Medicare. But you deserve something more. Now you can choose a plan with extras that add to a healthier you. Our plans include the benefits below:



Fitness for a better you

Do your health goals include regular exercise? Many of Our plans offer a fitness membership at partner facilities.



MyWellcare, healthcare on the go

Stay connected with your plan anytime, anywhere. Download our app to your mobile device to quickly search for providers and urgent care clinics, get appointment reminders, view your plan benefits, and more.



Call a nurse 24/7

If you're sick or need medical advice after hours, the Nurse Advice Line is available 24 hours a day every day at no cost. Our nurses can also give you information about many general health topics and illnesses.



Help with life challenges

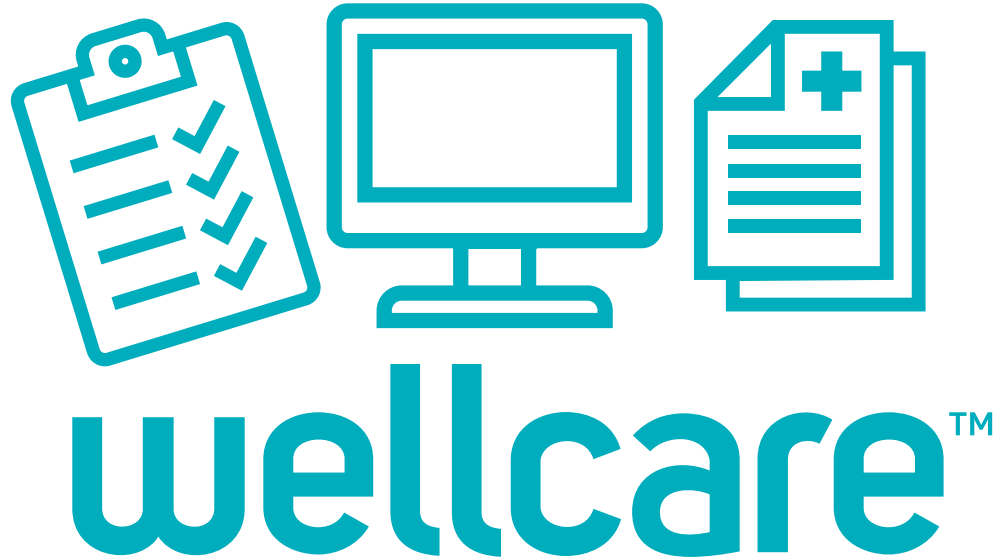
When a lack of basics, like nutrition and transportation, get in the way of your good health, our Community Connections Help Line is available at **1-866-775-2192 (TTY: 711)**, Monday–Friday, 9 a.m. to 6 p.m. This service is available to anyone, not just plan members.

And now I will cover all the benefits, services, and providers available on plans in your area!

To see what's available in your area, please see the Summary of Benefits for details on the specific additional benefits in each plan.



Reviewing Benefits



To see what's available in your area, please see the Summary of Benefits for details on the specific additional benefits in each plan.



5 Good Reasons to Choose Wellcare

1 | We care about the whole you
Wellcare helps support your well-being in every area of your life – physically, socially and emotionally. We offer more than just healthcare. When you need extra support for things like quitting smoking, losing weight or dealing with depression, Wellcare connects you to programs that can help.

2 | More coverage than Original Medicare
You'll find that our plans cover EVERYTHING that Original Medicare covers...and then some!

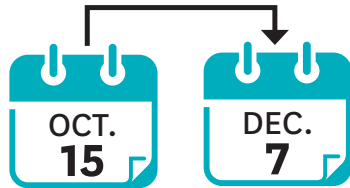
3 | Value that saves you money
With Wellcare, you'll pay less and get more. All plans have limits on how much you'll spend out of your own pocket each year.

4 | Preventive benefits to boost your good health
Quality healthcare should go beyond the basics to help you stay healthy in the first place. From flu shots to mammograms to annual checkups, our plans cover many preventive care services at no cost to you. We also remind your providers when you might be due for screenings. That way, you won't miss out on the care you need.

5 | Experienced medical providers in your area
You'll find a network of qualified primary care providers, specialists, hospitals and pharmacies near you. We partner with experienced providers who have the education, experience and skills to treat you. And because our members come from many backgrounds and speak many languages, our providers do as well.



When to Enroll



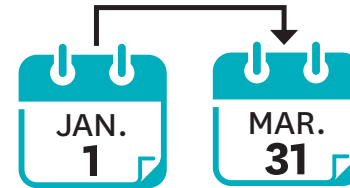
Annual Enrollment Period (AEP)

People eligible for Medicare can change their health plan from Oct. 15, 2023 through Dec. 7, 2023. Any change during this time becomes effective on Jan. 1, 2024.



Initial Coverage Election Period (ICEP)

This is when most people are first eligible to enroll in Medicare. This period starts three months before the month of your 65th birthday, continues through your birth month, and lasts for three months after it. For example, if you were born in June, you become eligible to enroll any time from March through September.



Medicare Advantage Open Enrollment Period (MA OEP)

People enrolled in a Medicare Advantage plan can disenroll and return to Original Medicare or make one change to a different Medicare Advantage plan any time from Jan. 1, 2024 to March 31, 2024. If you choose to return to Original Medicare, you have until March 31, 2024 to sign up for a Prescription Drug Plan. The effective date for a change made during the MA OEP is the first day of the month after the enrollment request is received.



Special Enrollment Period (SEP)

This is when people who have special circumstances can enroll in Medicare outside of regular enrollment periods.

Some of those circumstances include moving to a new service area, losing active employer group coverage, or becoming eligible for a Dual Special Needs plan. Give us a call if you want to learn more about this or you think you may be eligible for a SEP.



Be sure to sign up when you're eligible

If you don't, you might owe a penalty. Medicare beneficiaries who go for 63 days or more without "creditable drug coverage" must pay a late enrollment penalty. Creditable coverage is prescription drug coverage that meets Original Medicare's standards.



You're Ready to Sign Up

If extra benefits, more value and quality-focused care sound good to you, let's take the next step. You can enroll in one of the following ways:

- Through your Licensed Representative
- By visiting us online at **WellcareNow.com**
- By calling **1-877-MY-WELLCARE** (TTY: 711), 8 a.m.–8 p.m., 7 days a week.

We look forward to serving you.

What to Expect After You Enroll

After you've completed your enrollment application, you'll receive important information and materials about your new plan.

What will I get?	Why do I need it?
Wellcare ID Card	Your ID card is like your key to getting healthcare services. Use it every time you access your plan benefits. Keep it with you at all times. Please do not use your red, white and blue Medicare card, but keep it in a safe place.
Member Welcome Kit	Your Member Welcome Kit includes helpful information and details that can get you started with your new plan: <ul style="list-style-type: none">• Official acceptance of enrollment• Plan start date• Over-the-Counter (OTC) catalog/flyer, depending on your plan
Welcome Call	During the call, we'll ask you about your health needs and make sure you have everything you need for a smooth transition.

Thank You!

Please tell your friends and family about your decision and the reasons why you have selected Wellcare as your Medicare Advantage health plan.

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. 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. Washington residents: Health Net Life Insurance Company is contracted with Medicare for PPO plans. "Wellcare by Health Net" is issued by Health Net Life Insurance Company. Washington residents: "Wellcare" is issued by Wellcare of Washington, Inc. Washington residents: "Wellcare" is issued by WellCare Health Insurance Company of Washington, Inc. "Wellcare" is issued by WellCare Prescription Insurance, Inc. For accommodations of persons with special needs at meetings, call 1-877-MY-WELLCARE TTY 711. There is no obligation to enroll. Arizona D-SNP plans: Contract services are funded in part under contract with the State of Arizona. New Mexico (NM) Dual Eligible Special Needs Plan (D-SNP) Members: As a Wellcare by Allwell D-SNP member, you have coverage from both Medicare and Medicaid. Medicaid services are funded in part by the state of New Mexico. NM Medicaid benefits may be limited to payment of Medicare premiums for some members. Louisiana D-SNP prospective enrollees: For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at <https://ldh.la.gov/medicaid> or <https://www.louisianahealthconnect.com>. To request a written copy of our Medicaid Provider Directory, please contact us. 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. Any benefits above and beyond traditional Medicare benefits are applicable to Wellcare Medicare Advantage only and do not indicate increased Medicaid benefits. Indiana D-SNP prospective enrollees: For detailed information about Indiana Medicaid benefits, please visit the Medicaid website at <https://www.in.gov/medicaid>. Wellcare by Allwell (HMO and HMO SNP) includes products that are underwritten by Superior HealthPlan, Inc. and Superior HealthPlan Community Solutions, Inc. Wellcare (HMO and HMO SNP) includes products that are underwritten by WellCare of Texas, Inc., WellCare National Health Insurance Company, and SelectCare of Texas, Inc. Currently we represent organizations which offer products in your area. You can always contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program for help with plan choices. *Other pharmacies/physicians/providers are available in our network.

wellcare™

1-877-MY-WELLCARE (TTY: 711)

8 a.m.–8 p.m., 7 days a week for more information.

WellcareNow.com