

Get Greater Doctor and Hospital Choices

WITH A WELLCARE PPO PLAN

wellcare

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Choose a Wellcare Preferred Provider Organization (PPO) Medicare Advantage Plan! We now offer PPO plans in your area with Part A, B, and Part D coverage and additional benefits.



More Choices!

PPOs (unlike HMOs) don't limit you to seeing only doctors, hospitals, and specialists in the plan's network. PPO plans give you the flexibility to:

- Get services from providers outside our network.
- Have a portion of your claim covered by the plan for medically necessary services.



What are the Benefits?

- You can choose to see providers both in and out of network.
- You get access to a larger pool of providers — primary care providers, specialists, and hospitals.
- Unlike HMOs, PPOs do not require referrals and prior authorization for out-of-network providers, although it is highly encouraged that you ask for a pre-service evaluation before you get services.
- You have more control over which medical facilities will serve your healthcare needs.



How Does a PPO Work?

- You must select a primary care provider (PCP) when you enroll.
- You are encouraged to use an in-network PCP, but you're not required to.
- You can have long-standing patient/provider relationships through our large network of providers.



What About Referrals and Authorizations?

- You do not need a referral to see a specialist.
- You do not need a referral or prior authorization to see out-of-network providers.
- In-network providers must get prior authorization for specific services to make sure they are medically necessary before performing the service.
- You do not have to pay when in-network providers perform services without getting prior authorization for certain covered services.
- If you see an out-of-network provider for services, those services must be covered by the plan and considered medically necessary for the plan to pay a portion of the claim.
- When you go to an out-of-network provider, please ask for a pre-service evaluation. This is to make sure services are medically necessary.
- We will review services on our medical necessity list after you get a service, if a pre-service evaluation is not on file. You may be asked to assist in collection of medical records, or required documentation from the non-participating provider, if a pre-service evaluation is not on file.
- You must pay for non-covered services and covered services you get from out-of-network providers that do not meet medical necessity.



Paying for Services and Filing a Claim

- With the exception of emergency care, out-of-network providers rendering services must be eligible to participate in the Medicare program.
- As with all PPO plans, out-of-network providers are not obligated to see our members.
- Fill out a claim form. You can download a copy at www.wellcare.com/Claim or call Member Services. The phone number is on the back of your member ID card. We are here from 8 a.m. to 8 p.m. 7 days a week between October 1 and March 31, and from 8 a.m. to 8 p.m. Monday through Friday between April 1 and September 30.
- Include your bill and documentation of any payment you have made. Keep a copy for your records.
- Submit your claim within 365 days of the date you received the service, item, or drug.
- If you have additional information about a request you have already sent, please call Member Services at the phone number on the back of your member ID card. Also, contact us if you don't know what you should have paid or if you receive bills and don't know what to do.



**We're in this together and look forward to
serving as your partner in quality care!**

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 Health Insurance Company of Washington, Inc.

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.



Section 1557 Non-Discrimination Language

Notice of Non-Discrimination

Wellcare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Wellcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Member Services at **1-833-444-9089** (TTY: **711**). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Wellcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Wellcare Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>** or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019** (TDD: **1-800-537-7697**).

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

Sección 1557: Idioma de No Discriminación

Aviso de No Discriminación

Wellcare cumple con las leyes federales aplicables sobre derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Wellcare:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que puedan comunicarse adecuadamente con nosotros, tales como intérpretes calificados de lengua de señas e información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Proporciona servicios de idiomas gratuitos a personas cuyo idioma principal no es el inglés, tales como intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, llame a Servicios para Miembros al **1-833-444-9089** (TTY: **711**). Del 1 de octubre al 31 de marzo, puede llamarnos los 7 días de la semana, de 8 a.m. a 8 p.m. Del 1 de abril al 30 de septiembre, puede llamarnos de lunes a viernes, de 8 a.m. a 8 p.m. Se utiliza un sistema de mensajería fuera del horario de atención, los fines de semana y los días festivos federales.

Si cree que Wellcare no le ha brindado estos servicios o que lo ha discriminado de alguna manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja formal. Llame al número que aparece más arriba para informar que necesita ayuda para presentar esta queja formal. El Departamento de Servicios para Miembros de Wellcare está disponible para brindarle asistencia.

También puede presentar una queja de derechos civiles a la U.S. Department of Health and Human Services, Office for Civil Rights, de manera electrónica mediante el Portal de Reclamos de la Oficina de Derechos Civiles, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o por correo postal o teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019** (TDD: **1-800-537-7697**).

Los formularios de reclamo están disponibles en **<http://www.hhs.gov/ocr/office/file/index.html>**.

Multi-Language Insert
Multi-language Interpreter Services

Form Approved
OMB# 0938-1421

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-833-444-9089** (TTY: **711**). Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, llámenos al **1-833-444-9089** (TTY: **711**). Alguien que habla español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-833-444-9089** (TTY: **711**)。您将获得讲汉语普通话的译员的帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-833-444-9089** (TTY: **711**)。會說廣東話的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-833-444-9089** (TTY: **711**). May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-833-444-9089** (TTY: **711**). Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi chúng tôi theo số điện thoại **1-833-444-9089** (TTY: **711**). Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-833-444-9089** (TTY: **711**). Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-833-444-9089**(TTY: **711**)번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-833-444-9089** (TTY: **711**). Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوَقِّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-833-444-9089** (TTY: **711**). يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-833-444-9089** (TTY: **711**) पर कॉल करें। हिन्दी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-833-444-9089** (TTY: **711**). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número **1-833-444-9089** (TTY: **711**). Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-833-444-9089** (TTY: **711**). Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-833-444-9089** (TTY: **711**). Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-833-444-9089** (TTY : **711**) にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。