2026
Summary of Benefits

Kansas

Wellcare Simple Open (PPO)

H9387 | 001 | 000

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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/KS. 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 this plan, 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 KanCare or by another third party.

Plan's service areas:

Our service area includes these counties in Kansas: Allen, Anderson, Atchison, Barber, Bourbon, Brown, Butler, Chase, Chautauqua, Cherokee, Cowley, Crawford, Dickinson, Doniphan, Douglas, Elk, Ellsworth, Franklin, Greenwood, Harper, Harvey, Jackson, Jefferson, Jewell, Johnson, Kingman, Labette, Leavenworth, Lincoln, Linn, Lyon, Marion, McPherson, Miami, Mitchell, Montgomery, Morris, Nemaha, Neosho, Osage, Osborne, Ottawa, Pawnee, Pottawatomie, Reno, Republic, Russell, Sedgwick, Shawnee, Stafford, Sumner, Wabaunsee, Washington, Wilson, Woodson, and Wyandotte.

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 plan uses 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) **H9387, Plan 001, 000**
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.
Deductible	No deductible for medical. See prescription drugs section for Part D deductible.
Maximum Out-of-Pocket (MOOP) Responsibility (does not include prescription drugs)	$4,500 in-network annually $6,800 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.
Inpatient Hospital Coverage	**In-Network** For each admission, you pay: • $375 copay per day for days 1 through 8 • $0 copay per day for days 9 through 90 * **Out-of-Network** Days 1-90: • 45% coinsurance for each Medicare-covered hospital stay.
Outpatient Hospital Coverage Outpatient Hospital Services	**In-Network** $0 copay for skin biopsies. $375 copay for outpatient surgical services. $325 copay for outpatient non-surgical services, including outpatient palliative care. * **Out-of-Network** 45% coinsurance for surgical and non-surgical services

Benefits

	Wellcare Simple Open (PPO) **H9387, Plan 001, 000**
Outpatient Hospital Observation Services	**In-Network** $130 copay for outpatient observation services when you enter observation status through an emergency room. $375 copay for outpatient observation services when you enter observation status through an outpatient facility. **Out-of-Network** 45% coinsurance
Ambulatory Surgical Center (ASC) Services	**In-Network** $245 copay for each Medicare-covered visit to an ambulatory surgical center. * **Out-of-Network** 45% coinsurance 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** $40 copay
Specialists	**In-Network** $25 copay * **Out-of-Network** $75 copay

Benefits

	Wellcare Simple Open (PPO) **H9387, Plan 001, 000**
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
Emergency Care	$130 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide Emergency Coverage	$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	$50 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide Urgent Care Coverage	$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.

Benefits

	Wellcare Simple Open (PPO) **H9387, Plan 001, 000**
Diagnostic Services/Labs/Imaging Lab Services	**In-Network** $50 copay for genetic testing. $0 copay for all other labs. * **Out-of-Network** 45% coinsurance
Diagnostic Tests and Procedures	**In-Network** $0 copay * **Out-of-Network** 45% coinsurance
Outpatient X-rays	**In-Network** $50 copay * **Out-of-Network** 45% coinsurance
Diagnostic Radiology Services (e.g. MRI, CAT Scan)	**In-Network** $0 copay for a diagnostic mammogram. $325 copay for all other diagnostic radiology services received in an outpatient setting. $150 copay for all other services received in all other locations. * **Out-of-Network** 45% coinsurance
Therapeutic Radiology	**In-Network** 20% coinsurance * **Out-of-Network** 45% coinsurance

Benefits

	Wellcare Simple Open (PPO) **H9387, Plan 001, 000**
Hearing Services Hearing Exam Medicare-covered	**In-Network** $25 copay * **Out-of-Network** $75 copay
Routine Hearing Exam	**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
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

Benefits

	Wellcare Simple Open (PPO) **H9387, Plan 001, 000**
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.
Dental Services	
Medicare-covered	**In-Network** $25 copay for each Medicare-covered service. * **Out-of-Network** $75 copay for each Medicare-covered service.
Routine Diagnostic and Preventive Services	**In-Network** $0 copay * **Out-of-Network** 70% 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
Fluoride Treatment	**In-Network** $0 copay * **Out-of-Network** 70% coinsurance 1 every year

Benefits

	Wellcare Simple Open (PPO) H9387, Plan 001, 000
Other Diagnostic Dental Services	**In-Network** $0 copay * **Out-of-Network** 70% 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** 70% coinsurance 1 every date of service to 3 plan years depending on type of service
Routine Comprehensive Services	
Restorative Services	**In-Network** 40% coinsurance * **Out-of-Network** 70% coinsurance
Endodontics/Periodontics	**In-Network** 40% coinsurance * **Out-of-Network** 70% coinsurance

Benefits

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Oral/Maxillofacial Surgery	**In-Network** 40% coinsurance * **Out-of-Network** 70% coinsurance
Adjunctive General Services	**In-Network** 40% coinsurance * **Out-of-Network** 70% coinsurance **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 includes coverage up to $1,000 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. Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays.

Benefits

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Vision Care Eye Exam Medicare-covered	**In-Network** $0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam $25 copay for all other Medicare-covered eye exams * **Out-of-Network** $0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam $75 copay for all other Medicare-covered eye exams
Routine Eye Exam (Refraction)	**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** 45% coinsurance for each Medicare-covered service
Eyewear Medicare-covered	**In-Network** $0 copay **Out-of-Network** 45% coinsurance

Benefits

	Wellcare Simple Open (PPO) **H9387, Plan 001, 000**
Routine Eyewear	
Contact Lenses/ Eyeglasses (frame and lenses)/ Eyeglass Frames	**In-Network** $0 copay * **Out-of-Network** 40% coinsurance
Eyewear Allowance	Up to a $100 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services	
Inpatient Visit	**In-Network** For each admission, you pay: • $290 copay per day for days 1 through 8 • $0 copay per day for days 9 through 90 * **Out-of-Network** Days 1-90: • 45% coinsurance for each Medicare-covered hospital stay.
Outpatient Individual Therapy Visit	**In-Network** $30 copay * **Out-of-Network** 45% coinsurance
Outpatient Group Therapy Visit	**In-Network** $30 copay * **Out-of-Network** 45% coinsurance

Benefits

	Wellcare Simple Open (PPO) **H9387, Plan 001, 000**
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 50 • $0 copay per day for days 51 through 100 * **Out-of-Network** Days 1-100: • 45% coinsurance per stay
Therapy and Rehabilitation Services Physical Therapy	**In-Network** $25 copay * **Out-of-Network** 45% coinsurance
Outpatient Rehabilitation Services Provided by an Occupational Therapist	**In-Network** $25 copay * **Out-of-Network** 45% coinsurance
Pulmonary Rehabilitation Services	**In-Network** $35 copay **Out-of-Network** 45% coinsurance

Benefits

	Wellcare Simple Open (PPO) **H9387, Plan 001, 000**
Ambulance Ground Ambulance	**In-Network** $290 copay * **Out-of-Network** $290 copay
Air Ambulance	**In-Network** $290 copay * **Out-of-Network** $290 copay
Transportation Services (Non-emergency medical transportation)	**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** 45% 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)

Benefits

	Wellcare Simple Open (PPO) **H9387, Plan 001, 000**
Allergy Antigen	**In-Network** 0% coinsurance * **Out-of-Network** 0% coinsurance

Part D Prescription Drug Coverage	Wellcare Simple Open (PPO) H9387, Plan 001, 000
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.
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) H9387, Plan 001, 000**	
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)		
Retail cost-sharing (30-day / 100-day supply) For more details on tier descriptions, please see the Evidence of Coverage.		
	Preferred	**Standard**
Tier 1 (Preferred Generic)	$0 / $0 copay	$5 / $15 copay
Tier 2 (Generic)	$0 / $0 copay	$10 / $30 copay
Tier 3 (Preferred Brand)	25% / 25% coinsurance	25% / 25% coinsurance
Tier 4 (Non-Preferred Drug)	33% / 33% coinsurance	34% / 34% coinsurance
Tier 5 (Specialty Tier) Limited to 30 day supply	25% coinsurance / Not Available	25% coinsurance / Not Available
Tier 6 (Select Care Drugs)	$0 / $0 copay	$0 / $0 copay

Part D Prescription Drug Coverage	Wellcare Simple Open (PPO) H9387, Plan 001, 000	
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)		
Mail-order cost-sharing (100-day supply)		
	Preferred	**Standard**
Tier 1 (Preferred Generic)	$0 copay	$15 copay
Tier 2 (Generic)	$0 copay	$30 copay
Tier 3 (Preferred Brand)	25% coinsurance	25% coinsurance
Tier 4 (Non-Preferred Drug)	33% coinsurance	34% coinsurance
Tier 5 (Specialty Tier) Limited to 30 day supply	Not Available	Not Available
Tier 6 (Select Care Drugs)	$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.	

Generic drugs may be covered on tiers other than Tier 1 and Tier 2. Please check this 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) includes enhanced drug coverage of certain excluded drugs, such as Tier 1 folic acid, vitamin B12, vitamin D2, generic-only sildenafil and vardenafil. Generic sildenafil and vardenafil have a quantity limit of six pills every 30 days.

Because these drugs are excluded from Part D coverage under Medicare, they are not covered by Extra Help. Also, the amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.

Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).

To learn more about this payment option, please contact us at 1-833-750-9969. (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week or visit go.wellcare.com/KS-MPPP.

Additional Benefits

	Wellcare Simple Open (PPO) H9387, Plan 001, 000
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** 45% coinsurance
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. $25 copay for Medicare-covered Acupuncture received in a Specialist office. * **Out-of-Network** $40 copay for Medicare-covered Acupuncture received in a PCP office. 45% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office. $75 copay for Medicare-covered Acupuncture received in a Specialist office.
Podiatry Services (Foot Care) Medicare-covered	**In-Network** $25 copay * **Out-of-Network** 45% coinsurance

Additional Benefits

	Wellcare Simple Open (PPO) H9387, Plan 001, 000
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) H9387, Plan 001, 000
Home Health Agency Care	**In-Network** $0 copay * **Out-of-Network** 45% coinsurance
Medical Equipment/Supplies Durable Medical Equipment (DME)	**In-Network** 20% coinsurance * **Out-of-Network** 45% coinsurance
Prosthetics	**In-Network** 20% coinsurance * **Out-of-Network** 45% coinsurance
Diabetic Supplies	**In-Network** $0 copay * **Out-of-Network** 45% coinsurance For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic Therapeutic Shoes Or Inserts	**In-Network** 20% coinsurance * **Out-of-Network** 45% coinsurance

Additional Benefits

	Wellcare Simple Open (PPO) H9387, Plan 001, 000
Opioid Treatment Program Services	**In-Network** $25 copay * **Out-of-Network** $75 copay
Health and Wellness Education Programs Fitness	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage. $0 copay **What you should know:** To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. You may access one or more gyms within the fitness network. Members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits (including a wearable fitness tracker).
Personal Emergency Response System (PERS)	$0 copay
24-Hour Nurse Advice Line	$0 copay

Additional Benefits

	Wellcare Simple Open (PPO) H9387, Plan 001, 000
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.
Wellcare Spendables®	You will receive **$15 monthly** preloaded on your Wellcare Spendables® card. Your monthly allowance **rolls over to the following month if unused and expires at the end of the plan year.** Your card allowance can be used towards: **Over-the-Counter items (OTC) -** Your card can be used at participating retail locations, through the mobile app, or online through your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. **Dental, Vision, and Hearing -** You may use your card to help reduce your out-of-pocket expenses for eligible dental, vision, and hearing services. For more information, limitations, and exclusions, please see your Evidence of Coverage.
My Wellcare Rewards	With **My Wellcare Rewards**, you can earn up to $100 by completing eligible health activities and portal activities through your member portal. Rewards will be loaded onto your Wellcare Spendables® card.

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).

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).

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)。

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).

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).

Kiswahili TANBIHI: Huduma za usaidizi wa lugha zinapatikana bila malipo kwako. Nyenzo na huduma sahihi za usaidizi za kutoa maelezo katika miundo inayoweza kufikiwa pia zinapatikana bila malipo. Piga simu 1-844-428-2224 (TTY: 711).

ไทย โปรดทราบ: พร้อมให้บริการความช่วยเหลือทางภาษาฟรีแก่คุณ และมีความช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่ายด้วยเช่นกัน โทร 1-844-428-2224 (TTY: 711)

ພາສາລາວ ໝາຍເຫດ: ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີສຳລັບທ່ານ ນອກຈາກນີ້ຍັງມີບໍລິການຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍເພີ່ມເຕີມ. ໂທ 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).

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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).

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).

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).

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయదగిన ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక టూల్‌లు, సేవలు కూడా ఉచితంగా అందుబాటులో ఉన్నాయి. 1-844-428-2224 (TTY: 711) నంబర్‌కి కాల్ చేయండి.

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.

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.

नेपाली ध्यान दिनुहोस्: तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन्। सुलभ फर्म्याटहरूमा जानकारी प्रदान गर्नका निम्ति उचित सहायक सामग्री र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। 1-844-428-2224 (TTY: 711) मा कल गर्नुहोस्।

तुमच्यासाठी विनामूल्य भाषा सहाय्य सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती प्रदान करण्यासाठी योग्य अतिरिक्त मदत आणि सेवादेखील विनामूल्य उपलब्ध आहेत. 1-844-428-2224 (TTY: 711) वर कॉल करा.

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/KS 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.

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Contact Us

For more information, please contact us:

By phone

Toll-free at 1-844-480-0680 (TTY: 711). Your call may be answered by a licensed agent.

Hours of Operation

Sunday-Saturday, 8 am to 8 pm

Online

go.wellcare.com/KS