

Wellcare Patriot Giveback Open (PPO) offered by Sunflower State Health Plan, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of Wellcare Patriot Giveback Open (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.wellcare.com/allwellKS. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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What to do now

1. ASK: Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- ☐ Think about your overall health care costs.
- ☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Wellcare Patriot Giveback

Open (PPO).

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Wellcare Patriot Giveback Open (PPO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Member Services number at 1-855-565-9519 for additional information. (TTY users should call 711.) Hours are: Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.
- We must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Wellcare Patriot Giveback Open (PPO)

- 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.
- When this document says “we,” “us,” or “our,” it means Sunflower State Health Plan, Inc. When it says “plan” or “our plan,” it means Wellcare Patriot Giveback Open (PPO).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Wellcare Patriot Giveback Open (PPO) in several important areas. **Please note this is only a summary of costs.**

| Cost | 2022 (this year) | 2023 (next year) |
|--|---|---|
| Monthly plan premium | \$0 | \$0 |
| Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.) | From network providers: \$4,400 From in-network and out-of-network providers combined: \$10,000 | From network providers: \$4,400 From in-network and out-of-network providers combined: \$8,950 |
| Doctor office visits | In-Network: Primary care visits: \$0 copay per visit Specialist visits: \$35 copay per visit Out-of-Network: Primary care visits: 40% of the total cost per visit Specialist visits: 40% of the total cost per visit | In-Network: Primary care visits: \$0 copay per visit Specialist visits: \$35 copay per visit Out-of-Network: Primary care visits: 45% of the total cost per visit Specialist visits: 45% of the total cost per visit |

| Cost | 2022 (this year) | 2023 (next year) |
|---------------------------------|---|---|
| Inpatient hospital stays | <p>For covered admissions, per admission:</p> <p>In-Network: \$325 copay per day, for days 1 to 6 and \$0 copay per day, for days 7 to 90 for each covered hospital stay. \$0 copay for additional covered hospital days.</p> <p>Out-of-Network: 20% of the total cost for each covered hospital stay. 20% of the total cost for additional covered days.</p> | <p>For covered admissions, per admission:</p> <p>In-Network: \$325 copay per day, for days 1 to 6 and \$0 copay per day, for days 7 to 90 for each covered hospital stay. \$0 copay for additional covered hospital days.</p> <p>Out-of-Network: 40% of the total cost for each covered hospital stay. 40% of the total cost for additional covered days.</p> |

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

| Cost | 2022 (this year) | 2023 (next year) |
|---|------------------|------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium.) | \$0 | \$0 |
| Part B Premium Reduction | \$50 | \$50 |

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost | 2022 (this year) | 2023 (next year) |
|--|------------------|---|
| In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. | \$4,400 | \$4,400 Once you have paid \$4,400 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year. |
| Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. | \$10,000 | \$8,950 Once you have paid \$8,950 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year. |

Section 1.3 – Changes to the Provider Network

An updated *Provider Directory* is located on our website at www.wellcare.com/allwellKS. You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*.

Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

There are changes to our network of providers for next year. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost | 2022 (this year) | 2023 (next year) |
|--|---|---|
| Acupuncture for chronic low back pain | Out-of-Network You pay 40% of the total cost for Medicare-covered Acupuncture received in a PCP office. You pay 40% of the total cost for Medicare-covered Acupuncture received in a Specialist office. You pay 40% of the total cost for Medicare-covered Acupuncture received in a Chiropractor office. | Out-of-Network You pay 45% of the total cost for Medicare-covered Acupuncture received in a PCP office. You pay 45% of the total cost for Medicare-covered Acupuncture received in a Specialist office. You pay 45% of the total cost for Medicare-covered Acupuncture received in a Chiropractor office. |
| Cardiac rehabilitation services - Intensive | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |

| Cost | 2022 (this year) | 2023 (next year) |
|--|--|---|
| Cardiac rehabilitation services | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Chiropractic services | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Comprehensive Medicare-covered dental services | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Dental services - Comprehensive dental services | Your plan has up to a \$3,000 allowance for all in-network and out-of-network covered preventive and comprehensive dental services every year. | Your plan has up to a \$3,000 allowance for all in-network and out-of-network covered comprehensive dental services every year. |
| Dental services - Preventive dental services | Your plan has up to a \$3,000 allowance for all in-network and out-of-network covered preventive and comprehensive dental services every year. | Your plan has no maximum allowance for in-network and out-of-network covered preventive dental services every year. |
| Diabetes self-management training, diabetic services and supplies - Diabetic monitoring supplies | Out-of-Network You pay 40% of the total cost for Medicare-covered diabetes monitoring supplies. | Out-of-Network You pay 45% of the total cost for Medicare-covered diabetes monitoring supplies. |
| Diabetes self-management training, diabetic services and supplies - Diabetes self-management training | Out-of-Network You pay a \$0 copay for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Diabetes self-management training, diabetic services and supplies - Diabetic therapeutic shoes or inserts | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |

| Cost | 2022 (this year) | 2023 (next year) |
|--|--|--|
| Durable medical equipment (DME) - Durable medical equipment | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Emergency services | You pay a \$90 copay for each Medicare-covered service. Copayment is waived if you are admitted to a hospital within 24 hours. | You pay a \$110 copay for each Medicare-covered service. Copayment is waived if you are admitted to a hospital within 24 hours. |
| Emergency care - Worldwide emergency coverage | You pay a \$90 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital. | You pay a \$110 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital. |
| Hearing services - Medicare-covered hearing exam | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Home health agency care | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Home infusion therapy | Out-of-Network You pay 40% of the total cost for each professional service from a Primary Care Provider, including nursing services training and education, remote monitoring and monitoring services. You pay 40% of the total cost for each professional service from a specialist, including nursing services training and education, remote monitoring and monitoring services. | Out-of-Network You pay 45% of the total cost for each professional service from a Primary Care Provider, including nursing services training and education, remote monitoring and monitoring services. You pay 45% of the total cost for each professional service from a specialist, including nursing services training and education, remote monitoring and monitoring services. |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| Inpatient hospital care | Out-of-Network You pay 20% of the total cost for each covered hospital stay. 20% of the total cost for additional covered days. | Out-of-Network You pay 40% of the total cost for each covered hospital stay. 40% of the total cost for additional covered days. |
| Medicare-covered Barium Enema Preventive Services | Out-of-Network You pay a \$0 copay for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Medicare Part B prescription drugs - Chemotherapy/Radiation drugs | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Medicare Part B prescription drugs- Part B drugs | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Opioid treatment program services | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient diagnostic tests and therapeutic services and supplies - Lab services | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |

| Cost | 2022 (this year) | 2023 (next year) |
|--|---|---|
| Outpatient diagnostic tests and therapeutic services and supplies - Medical supplies | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient diagnostic tests and therapeutic services and supplies - Therapeutic radiological services | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient mental health care - Non-psychiatric services - Group sessions | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient mental health care - Non-psychiatric services - Individual sessions | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient mental health care - Psychiatric services - Group sessions | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient mental health care - Psychiatric services - Individual sessions | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |

| Cost | 2022 (this year) | 2023 (next year) |
|--|---|--|
| Outpatient rehabilitation services - Occupational therapy | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient rehabilitation services - Physical therapy and speech-language pathology | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient substance abuse services - Group sessions | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient substance abuse services - Individual sessions | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Ambulatory surgical center | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital services | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital observation | In-Network You pay a \$90 copay for outpatient observation services when you enter observation status through an emergency room. You pay a \$325 copay for outpatient observation services when you enter observation status through an outpatient facility. | In-Network You pay a \$110 copay for outpatient observation services when you enter observation status through an emergency room. You pay a \$325 copay for outpatient observation services when you enter observation status through an outpatient facility. |

| Cost | 2022 (this year) | 2023 (next year) |
|--|---|---|
| Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital observation | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Partial hospitalization services | Out-of-Network You pay 40% of the total cost per day for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost per day for each Medicare-covered service. |
| Physician/Practitioner services, including doctor's office visits - Primary care | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Physician/Practitioner services, including doctor's office visits - Specialist | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Physician/Practitioner services, including doctor's office visits- Other healthcare professionals | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Podiatry services - Medicare-covered | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Prostate cancer screening exams - Digital rectal exam | Out-of-Network You pay a \$0 copay for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Prosthetic devices and related supplies - Prosthetic devices | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |

| Cost | 2022 (this year) | 2023 (next year) |
|--|---|---|
| Pulmonary rehabilitation services | In-Network You pay a \$30 copay for each Medicare-covered service. | In-Network You pay a \$20 copay for each Medicare-covered service. |
| Pulmonary rehabilitation services | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Services to treat kidney disease and conditions - Dialysis Services | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 20% of the total cost for each Medicare-covered service. |
| Services to treat kidney disease and conditions - Kidney disease education services | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Skilled nursing facility (SNF) care | For Medicare-covered admission per benefit period: In-Network You pay a \$0 copay per day, for days 1 to 20 and \$184 copay per day, for days 21 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs. | For Medicare-covered admission per admission: In-Network You pay a \$0 copay per day, for days 1 to 20, \$196 copay per day, for days 21 to 50, and \$0 copay per day, for days 51 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs. |
| Skilled nursing facility (SNF) care | Out-of-Network You pay 20% of the total cost per day, for days 1 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs. | Out-of-Network You pay 40% of the total cost per day, for days 1 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs. |
| Supervised Exercise Therapy (SET) | In-Network You pay a \$30 copay for each Medicare-covered service. | In-Network You pay a \$20 copay for each Medicare-covered service. |

| Cost | 2022 (this year) | 2023 (next year) |
|--|---|--|
| Supervised Exercise Therapy (SET) | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Urgently needed services - Worldwide urgent care coverage | You pay a \$90 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital. | You pay a \$110 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital. |
| Vision care - Glaucoma screening | Out-of-Network You pay a \$0 copay for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| Vision care - Medicare-covered eye exam | Out-of-Network You pay a \$0 copay for each Medicare-covered diabetic eye exam. You pay a 40% of the total cost for all other Medicare-covered eye exams. | Out-of-Network You pay a \$0 copay for each Medicare-covered diabetic eye exam. You pay 45% of the total cost for all other Medicare-covered eye exams. |
| Vision care - Medicare-covered eyewear | Out-of-Network You pay 40% of the total cost for each Medicare-covered service. | Out-of-Network You pay 45% of the total cost for each Medicare-covered service. |
| “Welcome to Medicare” preventive visit - Medicare-covered EKG following Welcome Visit Preventive Services | Out-of-Network You pay 40% of the total cost for each Medicare-covered EKG. | Out-of-Network You pay 45% of the total cost for each Medicare-covered EKG. |
| Prior Authorizations | <p>The following in-network benefits have a change in prior authorization requirements.</p> <ul style="list-style-type: none"> Outpatient mental health care - Non-psychiatric services do(es) <u>not</u> require prior authorization. Opioid treatment program services do(es) <u>not</u> require prior authorization. | |

| Cost | 2022 (this year) | 2023 (next year) |
|------|--|--|
| | <ul style="list-style-type: none"> Physician/Practitioner services, including doctor's office visits- Other healthcare professionals do(es) <u>not</u> require prior authorization. Physician/Practitioner services, including doctor's office visits - Specialist do(es) <u>not</u> require prior authorization. Podiatry services do(es) <u>not</u> require prior authorization. Outpatient mental health care - Psychiatric services do(es) <u>not</u> require prior authorization. | <ul style="list-style-type: none"> Physician/Practitioner services, including doctor's office visits- Other healthcare professionals may require prior authorization. Physician/Practitioner services, including doctor's office visits - Specialist may require prior authorization. Podiatry services may require prior authorization. Outpatient mental health care - Psychiatric services may require prior authorization. |

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Wellcare Patriot Giveback Open (PPO)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Wellcare Patriot Giveback Open (PPO).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Wellcare Patriot Giveback Open (PPO).
 - To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Wellcare Patriot Giveback Open (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Kansas, the SHIP is called Senior Health Insurance Counseling for Kansas (SHICK).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior Health Insurance Counseling for Kansas (SHICK) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Senior Health Insurance Counseling for

Kansas (SHICK) at 1-800-860-5260 (TTY users should call 711). You can learn more about Senior Health Insurance Counseling for Kansas (SHICK) by visiting their website (<https://kdads.ks.gov/kdads-commissions/long-term-services-supports/aging-services/medicare-programs/shick>).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through The Kansas Ryan White Part B Program, at 1-785-296-6174 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday. **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.
- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Call The Kansas Ryan White Part B Program, at 1-785-296-6174 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call The Kansas Ryan White Part B Program, at 1-785-296-6174 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday.

SECTION 6 Questions?

Section 6.1 – Getting Help from Wellcare Patriot Giveback Open (PPO)

Questions? We’re here to help. Please call Member Services at 1-855-565-9519. (TTY only, call 711.) We

are available for phone calls. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Calls to these numbers are free.

Read your 2023 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for Wellcare Patriot Giveback Open (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.wellcare.com/allwellKS. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.wellcare.com/allwellKS. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.

Multi-Language Insert

Multi-Language Interpreter Services

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que hable español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们有免费的口译服务来回答您就我们的健康或药物计划提出的任何问题。如需口译员，只需拨打以下页面上的计划号码致电联系我们。会说中文普通话的人员可以协助您。此为免费服务。

Chinese Cantonese: 我們有免費的口譯服務來回答您就我們的健康或藥物計劃提出的任何問題。如需口譯員，只需撥打以下頁面上的計劃號碼致電聯絡我們。會說粵語的人員可以協助您。此為免費服務。

Tagalog: Meron kaming libreng serbisyo ng interpreter para sagutin anumang tanong na meron ka tungkol sa aming plano ng kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa sumusunod na mga pahina. Matutulungan ka ng sinumang nagsasalita ng Tagalog. Libreng serbisyo ito.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser au sujet de notre régime de soins médicaux ou de notre régime d'assurance-médicaments. Pour bénéficier des services d'un interprète, il suffit de nous appeler aux numéros de régime indiqués dans les pages suivantes. Quelqu'un qui parle français peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi cung cấp dịch vụ phiên dịch viên miễn phí để trả lời bất kỳ câu hỏi nào quý vị có về chương trình y tế hoặc thuốc của chúng tôi. Để nhận được dịch vụ phiên dịch, chỉ cần gọi cho chúng tôi theo số điện thoại của chương trình trong các trang sau. Người nào đó nói tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetscherdienst, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Um einen Dolmetscher zu finden, rufen Sie uns einfach unter den auf den folgenden Seiten angegebenen Plan-Nummern an. Jemand, der Deutsch spricht, kann Ihnen helfen. Dieser Service ist für Sie kostenlos.

Korean: 저희의 건강 또는 약품 플랜에 대한 질문에 답해 드릴 수 있는 무료 통역 서비스를 제공합니다. 통역사에게 연결하려면 다음 페이지에 있는 플랜 번호로 전화하시기 바랍니다. 한국어를 하는 분이 도와드릴 수 있습니다. 이 통화는 무료 서비스입니다.

Russian: Мы предоставляем бесплатные услуги устного перевода, чтобы ответить на любые вопросы, которые могут возникнуть у вас о нашем плане медицинского страхования или страхового покрытия лекарственных препаратов. Чтобы получить устного переводчика, просто позвоните нам по номерам планов, указанным на следующих страницах. Вам поможет тот, кто говорит по-русски. Эта услуга предоставляется бесплатно.

Arabic: نوفر خدمات مترجم فوري للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للاستعانة بمترجم، ما عليك سوى الاتصال بنا على أرقام الخطة في الصفحات التالية. شخص يتحدث العربية يمكنه مساعدتك. هذه الخدمة تقدم مجاناً.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके होने वाले किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया प्राप्त करने के लिए, हमें निम्नलिखित पृष्ठों पर दिए गए प्लान नंबरों पर कॉल करें। कोई हिंदी भाषी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Disponiamo di servizi di interpretariato gratuiti per rispondere ad eventuali domande in merito al nostro piano sanitario o farmaceutico. Per ottenere un interprete, chiami i recapiti del piano disponibili nelle pagine successive. Qualcuno che parla italiano Le sarà d'aiuto. Si tratta di un servizio gratuito.

Portugués: Temos serviços de intérprete gratuitos para responder quaisquer perguntas que você possa ter sobre nossos planos de saúde ou de medicamentos. Para solicitar um intérprete, ligue para nós através dos números do plano nas páginas a seguir. Um funcionário que fala português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou ka genyen konsènan plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan nimewo plan yo ki sou paj annapre yo. Yon moun ki pale Kreyòl Franse kapab ede ou. Se yon sèvis gratis li ye.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe w przypadku pytań dotyczących naszego planu zdrowotnego i lekowego. Aby skorzystać z tłumacza, prosimy zadzwonić do nas pod numery podane na kolejnych stronach. Pomocą posłużą osoby mówiące po polsku. Usługa jest bezpłatna.

Japanese: 当社の医療プランまたは処方薬プランについての質問にお答えする無料の通訳サービスをご利用いただけます。通訳サービスをご利用になるには、以降のページにおけるプランの番号までお電話ください。日本語を話すスタッフが対応いたします。これは無料のサービスです。

Hawaiian: Aia iā mākou he mau lawelawe māhele 'ōlelo manuahi e pane i nā 'ano nīnau āu no ka mākou papahana mālama olakino a ho'olako lā'au. No ka 'imi i mea māhele 'ōlelo, e kelepona wale mai iā mākou ma nā helu kelepona e waiho nei ma kēia mau 'ao'ao e koe nei. Na kekahi māhele 'ōlelo Hawai'i e kōkua iā 'oe. He lawelawe manuahi kēia.

Ilocano: Addaankami kadagiti libre a serbisio ti panagipatarus tapno masungbatan dagiti aniaman a saludsodmo maipapan iti salun-at wenno plano iti agas. Tapno makaala iti tagaipatarus, tawagannakami laeng kadagiti numero ti plano kadagiti sumaganad a panid. Matulongannaka ti maysa a tao nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

Samoaan: E iai a matou auaunaga fa'aliliu upu fua e tali ai so'o se fesili e te ono iai e uiga i la matou fuafuaga fa'alesoifua maloloina po'o vaila'au. Mo le mauaina o se fa'aliliu upu, na'o le vala'au mai i numera o fuafuaga o lo'o i itulau nei. E mafai e se tasi e tautala i le gagana Samoa ona fesoasoani ia te oe. Ose auaunaga e leai se totagi.

We're Just a Phone Call Away

ARKANSAS

+ HMO, HMO D-SNP

☎ 1-855-565-9518

💻 Or visit www.wellcare.com/allwellAR

ARIZONA

+ HMO, HMO C-SNP, HMO D-SNP

☎ 1-800-977-7522

💻 Or visit www.wellcare.com/allwellAZ

CALIFORNIA

+ HMO, HMO C-SNP, PPO

☎ 1-800-275-4737

+ HMO D-SNP

☎ 1-800-431-9007

💻 Or visit www.wellcare.com/healthnetCA

FLORIDA

+ HMO D-SNP

☎ 1-877-935-8022

💻 Or visit www.wellcare.com/allwellFL

GEORGIA

+ HMO

☎ 1-844-890-2326

+ HMO D-SNP

☎ 1-877-725-7748

💻 Or visit www.wellcare.com/allwellGA

INDIANA

+ HMO, PPO

☎ 1-855-766-1541

+ HMO D-SNP, PPO D-SNP

☎ 1-833-202-4704

💻 Or visit www.wellcare.com/allwellIN

KANSAS

+ HMO, PPO

☎ 1-855-565-9519

+ HMO D-SNP, PPO D-SNP

☎ 1-833-402-6707

💻 Or visit www.wellcare.com/allwellKS

LOUISIANA

+ HMO

☎ 1-855-766-1572

+ HMO D-SNP

☎ 1-833-541-0767

💻 Or visit www.wellcare.com/allwellLA

MISSOURI

+ HMO

☎ 1-855-766-1452


+ HMO D-SNP

☎ 1-833-298-3361

💻 Or visit www.wellcare.com/allwellMO

MISSISSIPPI

 HMO

 1-844-786-7711


 HMO D-SNP

 1-833-260-4124

 Or visit www.wellcare.com/allwellMS

NEBRASKA

 HMO, PPO

 1-833-542-0693

 HMO D-SNP, PPO D-SNP

 1-833-853-0864

 Or visit www.wellcare.com/NE

NEVADA

 HMO, HMO C-SNP, PPO

 1-833-854-4766


 HMO D-SNP

 1-833-717-0806

 Or visit www.wellcare.com/allwellNV

NEW MEXICO

 HMO, PPO

 1-833-543-0246


 HMO D-SNP

 1-844-810-7965

 Or visit www.wellcare.com/allwellNM

NEW YORK


 HMO, HMO-POS, HMO D-SNP

 1-800-247-1447

 Or visit www.wellcare.com/fidelisNY

OHIO

 HMO, PPO

 1-855-766-1851

 HMO D-SNP, PPO D-SNP

 1-866-389-7690

 Or visit www.wellcare.com/allwellOH

OKLAHOMA

 HMO, PPO

 1-833-853-0865

 HMO D-SNP, PPO D-SNP

 1-833-853-0866

 Or visit www.wellcare.com/OK

OREGON

 HMO, PPO

 1-888-445-8913

 Or visit www.wellcare.com/healthnetOR

 HMO D-SNP

 1-844-867-1156

 Or visit www.wellcare.com/trilliumOR

PENNSYLVANIA

 HMO, PPO

 1-855-766-1456

 HMO D-SNP, PPO D-SNP

 1-866-330-9368

 Or visit www.wellcare.com/allwellPA


SOUTH CAROLINA


 HMO, HMO D-SNP

 1-855-766-1497

 Or visit www.wellcare.com/allwellSC

TEXAS

 HMO

 1-844-796-6811

 HMO D-SNP

 1-877-935-8023

 Or visit www.wellcare.com/allwellTX

WISCONSIN


 HMO D-SNP

 1-877-935-8024

 Or visit www.wellcare.com/allwellWI

WASHINGTON

 PPO

 1-888-445-8913

 Or visit www.wellcare.com/healthnetOR

TTY FOR ALL STATES: 711

HOURS OF OPERATION

 **October 1 to March 31:** Monday–Sunday, 8 a.m. to 8 p.m.

 **April 1 to September 30:** Monday–Friday, 8 a.m. to 8 p.m.