

Get to Know Wellcare

People across America trust Wellcare for coverage that goes beyond basic Medicare. Medicare Advantage plans from Wellcare support your total well-being and help you live a better, healthier life.

Like Original Medicare, we offer doctor and hospital coverage. Plus, our plans include extra benefits such as:

- ✓ prescription drug coverage
- ✓ dental
- ✓ hearing
- ✓ vision
- ✓ fitness membership

Wellcare is committed to making sure you thrive by caring for you in every area of your life: physically, emotionally, and socially. We can connect you to resources that address other needs as well. From quitting tobacco and help managing prescriptions to community resources that help with nutrition and transportation, Wellcare is on your side. That way, you can feel and be your independent best.

If you're ready to take the first step toward a better, healthier life, choose a Medicare Advantage plan that cares for your total well-being.

📞 1-877-892-6737 TTY 711

📅 8 a.m. to 8 p.m. 7 days a week

💻 WellcareNow.com

Choose the Plan That's Right for You

Choosing a Medicare plan doesn't have to be complicated. We're here to help. We give you all the information you need to make a good decision about your Medicare coverage and enrolling in a plan.

When you're ready to enroll, or if you have questions, Wellcare's professional, licensed representatives can help. They can answer all your questions and make sure you choose a plan that fits your needs.

Centene, Inc. is an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Enrollment in our plans depends on contract renewal.

Our plans use a formulary. Out-of-network/non-contracted providers are under no obligation to treat Wellcare 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.

Please contact your plan for details.



The Wellcare logo consists of a teal circle with the word "wellcare" in white lowercase letters inside it.

Benefit Highlights

2022

NEW YORK Medicare Advantage Plans

Wellcare Giveback Open (PPO)
H2775111000

Wellcare Assist Open (PPO)
H2775113000

WELLCARE BENEFIT HIGHLIGHTS

Plan Name	Wellcare Giveback Open (PPO) H2775111000 ¹	Wellcare Giveback Open (PPO) H2775111000 ¹	Wellcare Assist Open (PPO) H2775113000 ¹	Wellcare Assist Open (PPO) H2775113000 ¹
Plan available in these counties	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Oswego, Otsego, Queens, Rensselaer, Richmond, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, Yates	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Oswego, Otsego, Queens, Rensselaer, Richmond, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, Yates
Benefits & Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Monthly Premium	\$0.00, plus get \$74.00 back in your Social Security check	\$0.00, plus get \$74.00 back in your Social Security check	\$30.70	\$30.70
Maximum Out-of-Pocket	\$7,550	\$11,300 Combined	\$6,700	\$10,000 Combined
Doctor Visits	Primary Care: \$0/visit Specialist: \$50/visit	Primary Care: \$25/visit Specialist: 40%/visit	Primary Care: \$0/visit Specialist: \$35/visit	Primary Care: \$0/visit Specialist: \$35/visit
Inpatient Hospital Stays	\$370 copay per day for days 1-5 and a \$0 copay per day for days 6-90	20% of the total cost for days 1-90	\$500 copay per day for days 1-4 and a \$0 copay per day for days 5-90	\$500 copay per day for days 1-4 and a \$0 copay per day for days 5-90
Outpatient (Non-Surgery/Surgery)	\$350 / \$350	40% / 40%	\$300 / \$300	30% / 30%
Emergency Care	\$90/visit waived if admitted within 24 hours	\$90/visit waived if admitted within 24 hours	\$90/visit waived if admitted within 24 hours	\$90/visit waived if admitted within 24 hours
Urgently Needed Services	\$40/visit	\$40/visit	\$35/visit	\$35/visit
Ambulance	\$290/trip	\$290/trip	\$315/trip	\$315/trip
X-Rays/Lab Work	\$0/\$0	40%/40%	\$0/\$0	30%/30%
Diabetic Supplies	\$0	20%	\$0	20%
Hearing Services	\$700 per year for up to 2 hearing aids, max one per ear	40% coinsurance for hearing services and get up to \$700 for up to 2 hearing aids, max one per ear	\$1,500 per year for up to 2 hearing aids, max one per ear	40% coinsurance for hearing services and get up to \$1,500 or up to 2 hearing aids, max one per ear
Vision Services	\$0 copay for a routine exam Plus get up to \$100 for unlimited contacts, glasses, lenses, and/or frames per year	40% coinsurance for a routine exam 40% coinsurance for eyewear/services and get up to \$100 towards unlimited contacts, glasses, lenses, and/or frames per year	\$0 copay for a routine exam Plus get up to \$100 for unlimited contacts, glasses, lenses, and/or frames per year	40% coinsurance for a routine exam 40% coinsurance for eyewear/services and get up to \$100 towards unlimited contacts, glasses, lenses, and/or frames per year
Dental	\$500 in preventive and diagnostic dental services, including exams and fillings (\$0 copay)	\$500 in preventive and diagnostic dental services, including exams and fillings (50% cost-share)	\$3,000 in preventive and comprehensive dental services, including exams, fillings, major restorative services and dentures (\$0 copay)	\$3,000 in preventive and comprehensive dental services, including exams, fillings, major restorative services and dentures (50% cost share)
Over-the-Counter (OTC) Items ⁵	\$30 every quarter	\$30 every quarter	\$150 every quarter	\$150 every quarter
Fitness Membership	\$0	\$0	\$0	\$0
Prescription Drug Deductible ⁴	\$325 Tiers 3 to 5	\$325 Tiers 3 to 5	\$480 Tiers 2 to 5	\$480 Tiers 2 to 5
Preferred Generic Drug Copay (1 month supply) ⁴	\$1 at preferred pharmacies	\$1 at preferred pharmacies	\$0	\$0
Mail-Service Preferred Cost-Sharing	\$0	\$0	\$0	\$0
Flex Card ⁶	N/A	N/A	\$1,000 per year	\$1,000 per year
In-Home Support Services ⁷	N/A	N/A	6 visits every year.	6 visits every year.

¹If you have an out-of-network benefit, it's possible for you to visit out-of-network providers. However, these visits may cost more than visits to in-network providers.

⁴For plans that cover prescription drugs, it is important that you review the formulary to understand which drugs are covered on the different tiers. If you qualify for Extra Help, you will pay the lower of the plan's copay or your Extra Help/Low Income Subsidy (LIS) copay.

⁵Beneficiaries enrolling in a PPO or PFFS plan may be eligible to purchase items from a retailer for direct reimbursement.

⁶Flex Card benefit to be used to cover additional costs associated with dental, vision and hearing only.

⁷You must have certain chronic conditions to qualify for In-Home Support Services.