

Medicare Advantage Sales Presentation

2023

We're Glad You're Here

Who am I?

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

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

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



Get Help Choosing a Plan That's Right for You

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



Let's Start with the Basics

What is Medicare?

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

You are eligible for Medicare if you are:

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

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

Medicare has four different parts:





PART B
Medical Insurance



PART D
Prescription Drug Coverage







PART C
Medicare Advantage

STAR RATINGS

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

Ask your licensed representative for details.



PART A

HOSPITAL INSURANCE

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



PART B

MEDICAL INSURANCE

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



PART D

PRESCRIPTION DRUG COVERAGE

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



PART C

MEDICARE ADVANTAGE

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

MA Types of Medicare Advantage Plans:



Health Maintenance Organization (HMO)

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



Preferred Provider Organization (PPO)

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



Private Fee-for-Service (PFFS)

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



Dual-Eligible Special Needs Plans (D-SNPs)

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



Chronic Special Needs Plans (C-SNPs)

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

Plans vary by region and not all benefits are covered on all plans. To see what's available in your area, please see the Summary of Benefits for details on the specific additional benefits in each plan. Other types of plans may be available to you. Ask your licensed representative for details.



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

Original Medicare

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

Medicare Advantage

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

How Medicare Advantage Helps You Control Costs

- ✓ Many of our plans have no additional premium.
- ✓ Primary Care visits and many prescription drugs have no or low co-pays.
- ✓ Wellcare Medicare Advantage plans have a cap to your yearly out-of-pocket expenses. If you reach the maximum out-of-pocket amount, you pay nothing for your covered in-network services for the rest of the calendar year.

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

^{*}Prescription drug coverage included in many Medicare Advantage plans.



Get to Know Medicare Part D

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

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

A formulary lists the drugs your plan covers.

Coverage Stages

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

| Deductible

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

Coverage Gap

When your drug costs and plan payments for the year reach \$4,660, you enter the Coverage Gap Stage, commonly known as the Donut Hole. You will pay 25% of the cost for formulary generic and brand-name drugs. You will stay in this stage until your out-of-pocket costs for the year reach \$7,400.

Initial Coverage

During this stage, the plan pays its share of the cost and you pay your share. You are in this stage until your payments and the plan's payments total \$4,660 for the year.

Catastrophic Coverage

After your out-of-pocket costs for prescription drugs reach \$7,400, the plan will pay most of your drug costs for the rest of the year. You will pay either 5% of the cost of the drug, or a co-pay of \$4.15 for generic drugs or \$10.35 for all other drugs.

Find out if you qualify for Extra Help

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



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

You need a plan and benefits that support the bigger picture of your health. Yes, that includes the hospital and medical coverage you would get with Original Medicare. But you deserve something more. Now you can choose a plan with extras that add to a healthier you. Best of all, these extra benefits may come with no or low premiums, deductibles or co-pays. Many of our plans include the benefits below:



An Rx for savings

Prescription medications can keep your health on track. Now you can save time and money with our mail-order pharmacy service with preferred cost-sharing. You'll pay \$0 for a 90-day supply of many generic medications. And you can have your medications delivered right to your home.



Smile! Your dental is covered

Our dental coverage goes beyond Original Medicare. With many plans you pay nothing for preventive care like cleanings, exams, X-rays and fluoride treatment. You may also get coverage for comprehensive services like fillings and extractions.



See the value of a vision benefit

Vision coverage may include a yearly exam and an allowance for glasses, frames or contact lenses.



Fitness for a better you

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

Plans vary by region and not all benefits are covered on all plans. To see what's available in your area, please see the Summary of Benefits for details on the specific additional benefits in each plan.



How does hearing coverage sound?

Many plans include a yearly evaluation and an allowance toward a hearing aid.



Go shopping for healthy stuff. It's on us!

It's like a trip to the drugstore, but we pick up the tab. Some of our plans offer an Over-the-Counter (OTC) program that gives you an allowance to spend on things you use for your healthy lifestyle, like vitamins, toothpaste, pain relievers and much more.



Need a lift? We're going your way

Lack of transportation won't keep you from seeing the doctor. Your plan may include non-emergency transportation to approved healthcare providers.



MyWellcare, healthcare on the go

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



Call a nurse 24/7

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



Help with life challenges

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

Plans vary by region and not all benefits are covered on all plans. To see what's available in your area, please see the Summary of Benefits for details on the specific additional benefits in each plan.



5 Good Reasons to Choose Wellcare

■ We care about the whole you

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

More coverage than Original Medicare

All of our plans offer more benefits than Original Medicare – with many plans offering extra benefits that matter to your health and wallet, like dental, vision and hearing coverage. You can even select a plan that includes prescription drug benefits – all in one convenient package.

2 Value that saves you money

With Wellcare, you'll pay less and get more. Many of our plans have \$0 or low premiums, \$0 or low deductibles, and \$0 or low co-pays. All plans have limits on how much you'll spend out of your own pocket each year.

■ Preventive benefits to boost your good health

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

Leading medical providers in your area

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



When to Enroll



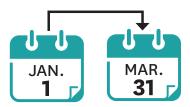
Annual Enrollment Period (AEP)

People eligible for Medicare can change their health plan from Oct. 15, 2022 through Dec. 7, 2022. Any change during this time becomes effective on Jan. 1, 2023.



Initial Coverage Election Period (ICEP)

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



Medicare Advantage Open Enrollment Period (MA OEP)

People enrolled in a Medicare Advantage plan can disenroll and return to Original Medicare or make one change to a different Medicare Advantage plan any time from Jan. 1, 2023 to March 31, 2023. If you choose to return to Original Medicare, you have until March 31, 2023 to sign up for a Prescription Drug Plan. The effective date for a change made during the MA OEP is the first day of the month after the enrollment request is received.



Special Enrollment Period (SEP)

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

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



Be sure to sign up when you're eligible

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



You're Ready to Sign Up

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

- By meeting with your Licensed Representative
- By visiting us online at Wellcarenow.com
- By calling 1-877-MY-WELLCARE (TTY: 711), 8 a.m.-8 p.m., Monday-Friday.

We look forward to serving you.

What to Expect After You Enroll

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

What will I get?	Why do I need it?
Wellcare ID Card	Your ID card is like your key to getting healthcare services. Use it every time you access your plan benefits. Keep it with you at all times. Please do not use your red, white and blue Medicare card, but keep it in a safe place.
Member Welcome Kit	Your Member Welcome Kit includes helpful information and details that can get you started with your new plan: Official acceptance of enrollment Plan start date (OTC) catalog/flyer, depending on your plan
Welcome Call	During the call, we'll ask you about your health needs and make sure you have everything you need for a smooth transition.

Thank You!

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

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal. Washington residents: Health Net Life Insurance Company is contracted with Medicare for PPO plans. "Wellcare by Health Net" is issued by Health Net Life Insurance Company. Washington residents: "Wellcare" is issued by Wellcare of Washington, Inc. Every year, Medicare evaluates plans based on a 5-star rating system. 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. For Arizona D-SNP plans: Contract services are funded in part under contract with the State of Arizona. For New Mexico (NM) Dual-Special Needs Population (D-SNP) Members: As an Allwell D-SNP member, you have coverage from both Medicare and Medicaid. Medicaid sérvices are funded in part by the state of New Mexico. NM Medicaid benefits may be limited to payment of Medicare premiums for some members. For Louisiana D-SNP members: As a WellCare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through WellCare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting https://www.myplan.healthy.la.gov/myaccount/choose/find-provider. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at https://ldh.la.gov/medicaid and select the "Learn about Medicaid Services" link. For Louisiana D-SNP prospective enrollees: For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at https://ldh.la.gov/medicaid. Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any benefits above and beyond traditional Medicare benefits are applicable to Wellcare Medicare Advantage only and do not indicate increased Medicaid benefits. For Indiana D-SNP prospective enrollees: For detailed information about Indiana Medicaid benefits, please visit the Medicaid website at https://www.in.gov/medicaid/. Please contact your plan for details. +Other Pharmacies/ Physicians/Providers are available in our network. Wellcare by Allwell (HMO and HMO SNP) includes products that are underwritten by Superior HealthPlan, Inc. and Superior HealthPlan Community Solutions, Inc. Wellcare (HMO and HMO SNP) includes products that are underwritten by WellCare of Texas, Inc., WellCare National Health Insurance Company, and SelectCare of Texas, Inc. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-374-4056 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-374-4056 (TTY: 711). 注意:如果您使用繁體中文,您可以免費獲得 語言援助服務。請 致電 1-877-374-4056 (TTY: 711)。 PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-877-374-4056 (TTY: 711). PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-374-4056 (TTY: 711).



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

8 a.m.-8 p.m., 7 days a week for more information. | Wellcarenow.com