

## Wellcare Patriot Simple (HMO-POS) offered by Wellcare of Oklahoma, Inc.

### Annual Notice of Changes for 2025

You are currently enrolled as a member of Wellcare Patriot No Premium (HMO). Next year, there will be changes to the plan's costs and benefits. *Please see page 5 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/OK](http://www.wellcare.com/OK). 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 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 the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, you will stay in Wellcare Patriot Simple (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Wellcare Patriot No Premium (HMO).
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### **Additional Resources**

- Please contact our Member Services number at 1-800-977-7522 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. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day. This call is free.
- 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Wellcare Patriot Simple (HMO-POS)**

- 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 Wellcare of Oklahoma, Inc. When it says “plan” or “our plan,” it means Wellcare Patriot Simple (HMO-POS).

- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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***Annual Notice of Changes for 2025***  
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## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Wellcare Patriot Simple (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium</b> See Section 2.1 for details.	\$0	\$0
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	From network providers: \$3,850	From network providers: \$3,850
<b>Doctor office visits</b>	Primary care visits: \$0 copay per visit  Specialist visits: \$35 copay per visit	Primary care visits: \$0 copay per visit  Specialist visits: \$25 copay per visit
<b>Inpatient hospital stays</b>	For covered admissions, per admission:  \$300 copay per day, for days 1 to 5 and a \$0 copay per day, for days 6 to 90 for each covered hospital stay \$0 copay for additional covered days.	For covered admissions, per admission:  \$350 copay per day, for days 1 to 5 and a \$0 copay per day, for days 6 to 90 for each covered hospital stay \$0 copay for additional covered days.

## SECTION 1 We Are Changing the Plan's Name

On January 1, 2025, our plan name will change from Wellcare Patriot No Premium (HMO) to Wellcare Patriot Simple (HMO-POS).

You will receive a new ID Card in the mail that displays the new plan name on or before December 31, 2024. Going forward, all other communications regarding your 2025 plan and benefits will also reflect the new name.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

### Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

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

Cost	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	\$3,850	\$3,850 Once you have paid \$3,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

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## Section 2.3 – Changes to the Provider Network

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Updated directories are located on our website at [www.2025wellcaredirectories.com](http://www.2025wellcaredirectories.com). You may also call Member Services for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory [www.2025wellcaredirectories.com](http://www.2025wellcaredirectories.com) 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.

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## Section 2.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2024 (this year)	2025 (next year)
<b>Out-of-Network Point-of-Service (POS) Coverage: Routine dental benefits</b>	There is no out-of-network POS benefit.	Out-of-network routine (non-Medicare-covered) dental services <u>only are covered</u> through your POS benefit. The routine dental benefit limits, if any, are combined between in-network and out-of-network providers. Your out-of-pocket costs may be higher when you use out-of-network dentist. Out-of-network dental providers are not contracted to accept plan payment as payment in full. If they charge you more than what the Plan pays, you are responsible for the difference, even for services that have \$0 copay.

Cost	2024 (this year)	2025 (next year)
<b>Acupuncture for chronic low back pain</b>	You pay a \$0 copay for Medicare-covered acupuncture received in a PCP office. You pay a \$35 copay for Medicare-covered acupuncture received in a specialist office. You pay a \$20 copay for Medicare-covered acupuncture received in a chiropractor office.	You pay a \$0 copay for Medicare-covered acupuncture received in a PCP office. You pay a \$25 copay for Medicare-covered acupuncture received in a specialist office. You pay a \$20 copay for Medicare-covered acupuncture received in a chiropractor office.
<b>Comprehensive Medicare-covered dental services</b>	You pay a \$35 copay for each Medicare-covered service.	You pay a \$25 copay for each Medicare-covered service.
<b>Routine dental services - Comprehensive dental services - Diagnostic and Preventive Dental Services</b>	Diagnostic dental services are covered under comprehensive dental services.	Diagnostic dental services are covered under diagnostic and preventive dental services.
<b>Routine dental services - Comprehensive dental services</b>	Up to a \$2,000 allowance for in-network covered comprehensive dental services every year.	Up to a \$2,000 allowance for all in-network and out-of-network covered comprehensive dental services every year.
<b>Out-of-Network Point-of-Service (POS) Coverage: Routine comprehensive dental benefits</b>	There is no out-of-network POS benefit.	<b>Out-of-Network</b> You pay 25% of the total cost for covered comprehensive dental services received from an out-of-network provider.
<b>Routine dental services - Diagnostic and Preventive Dental Services - Other Diagnostic Services</b>	Limited to 1 other diagnostic service(s) every year.	Limited to 1 other diagnostic service(s) every date of service to 36 months depending on type of service.
<b>Routine dental services - Comprehensive dental services - Oral and Maxillofacial Surgery</b>	Limited to 12 to 60 months or per lifetime or once per tooth per lifetime depending on the type of covered services.	Limited to 1 oral and maxillofacial surgeries every date of service to per lifetime depending on type of service.



Cost	2024 (this year)	2025 (next year)
<b>Routine dental services - Comprehensive dental services - Prosthodontics - fixed</b>	Limited to 1 prosthodontic fixed service(s) every 12 to 84 months depending on type of service.	Limited to 1 prosthodontic fixed service(s) every date of service to 84 months per tooth depending on type of service.
<b>Out-of-Network Point-of-Service (POS) Coverage: Routine diagnostic and preventive dental benefits</b>	There is no out-of-network POS benefit.	<b>Out-of-Network</b> You pay 25% of the total cost for covered preventive dental services received from an out-of-network provider.
<b>Routine dental services - Diagnostic and Preventive Dental Services - Dental X-Rays</b>	Limited to 1 set(s) every 12 to 36 months depending on type of service.	Limited to 1 set(s) Every date of service to 36 months depending on type of service.
<b>Routine dental services - Comprehensive dental services - Prosthodontics - removable</b>	Limited to 1 prosthodontic, removable service(s) every 12 to 84 months depending on type of service.	Limited to 1 prosthodontic, removable service(s) every date of service to 60 months depending on type of service.
<b>Routine dental services - Diagnostic and Preventive Dental Services - Other Preventive Dental services</b>	Limited to 1 other preventive dental service(s) every 6 to 60 months depending on type of service.	Limited to 1 other preventive dental services(s) every date of service to 36 months depending on type of service.
<b>Emergency services</b>	You pay a \$135 copay for each Medicare-covered service.  Copayment is waived if you are admitted to a hospital within 24 hours.	You pay a \$140 copay for each Medicare-covered service.  Copayment is waived if you are admitted to a hospital within 24 hours.
<b>Emergency care - Worldwide Emergency Coverage</b>	You pay a \$135 copay for each covered service.  Copayment is <u>not</u> waived if you are admitted to the hospital.	You pay a \$140 copay for each covered service.  Copayment is <u>not</u> waived if you are admitted to the hospital.

Cost	2024 (this year)	2025 (next year)
<p><b>Fitness Benefit</b></p>	<p>You pay a \$0 copay for the fitness benefit.</p> <p>The fitness benefit includes a fitness center membership at a participating fitness center or a home fitness kit including a wearable fitness tracker. You can receive up to 1 kit per benefit year. Members also have access to a digital fitness program, the 1:1 Healthy Aging Coaching program and the Well-Being Club.</p>	<p>You pay a \$0 copay for the fitness benefit.</p> <p>The fitness benefit includes a fitness center membership at a participating fitness center or a home fitness kit including a wearable fitness tracker. You can receive up to 1 kit per benefit year. Members also have access to digital fitness programs, the 1:1 Well-Being Coaching program and the Well-Being Club.</p>
<p><b>Hearing services - Medicare-covered hearing exam</b></p>	<p>You pay a \$35 copay for each Medicare-covered service.</p>	<p>You pay a \$25 copay for each Medicare-covered service.</p>
<p><b>Home infusion therapy</b></p>	<p>You pay a \$0 copay for each professional service from a Primary Care Provider, including nursing services training and education, remote monitoring and monitoring services.</p> <p>You pay a \$35 copay for each professional service from a specialist, including nursing services training and education, remote monitoring and monitoring services.</p>	<p>You pay a \$0 copay for each professional service from a Primary Care Provider, including nursing services training and education, remote monitoring and monitoring services.</p> <p>You pay a \$25 copay for each professional service from a specialist, including nursing services training and education, remote monitoring and monitoring services.</p>

Cost	2024 (this year)	2025 (next year)
<b>Inpatient hospital care</b>	<p>For covered admissions, per admission:</p> <p>You pay a \$300 copay per day, for days 1 to 5 and a \$0 copay per day, for days 6 to 90 for each covered hospital stay</p> <p>You pay a \$0 copay for additional covered days.</p>	<p>For covered admissions, per admission:</p> <p>You pay a \$350 copay per day, for days 1 to 5 and a \$0 copay per day, for days 6 to 90 for each covered hospital stay</p> <p>You pay a \$0 copay for additional covered days.</p>
<b>Nutritional/dietary counseling benefit</b>	<p>You pay a \$0 copay for each individual nutritional/dietary counseling visit.</p>	<p>Nutritional/dietary counseling visits are <u>not</u> covered.</p>
<b>Opioid treatment program services</b>	<p>You pay a \$35 copay for each Medicare-covered service.</p>	<p>You pay a \$25 copay for each Medicare-covered service.</p>
<b>Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services</b>	<p>You pay a \$0 copay for a diagnostic mammogram.</p> <p>You pay a \$225 copay for all other Medicare-covered diagnostic radiology services received in an outpatient setting.</p> <p>You pay a \$100 copay for all other Medicare-covered diagnostic radiology services received in all other locations.</p>	<p>You pay a \$0 copay for a diagnostic mammogram.</p> <p>You pay a \$275 copay for all other Medicare-covered diagnostic radiology services received in an outpatient setting.</p> <p>You pay a \$100 copay for all other Medicare-covered diagnostic radiology services received in all other locations.</p>
<b>Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services</b>	<p>You pay a \$0 copay for each Medicare-covered service.</p>	<p>You pay a \$25 copay for each Medicare-covered service.</p>
<b>Outpatient mental health care - Non-psychiatric services - Group sessions</b>	<p>You pay a \$35 copay for each Medicare-covered Group Session.</p> <p>Telehealth for this service is <u>not</u> covered.</p>	<p>You pay a \$0 copay for each Medicare-covered Group Session.</p> <p>Telehealth for this service is covered.</p>

Cost	2024 (this year)	2025 (next year)
<b>Outpatient mental health care - Non-psychiatric services - Individual sessions</b>	You pay a \$35 copay for each Medicare-covered Individual Session.	You pay a \$0 copay for each Medicare-covered Individual Session.
<b>Outpatient mental health care - Psychiatric services - Group sessions</b>	You pay a \$35 copay for each Medicare-covered Group Session. Telehealth for this service is <u>not</u> covered.	You pay a \$0 copay for each Medicare-covered Group Session. Telehealth for this service is covered.
<b>Outpatient mental health care - Psychiatric services - Individual sessions</b>	You pay a \$35 copay for each Medicare-covered Individual Session.	You pay a \$0 copay for each Medicare-covered Individual Session.
<b>Outpatient substance use disorder services - Group sessions</b>	You pay a \$35 copay for each Medicare-covered Group Session.  Telehealth for this service is <u>not</u> covered.	You pay a \$0 copay for each Medicare-covered Group Session.  Telehealth for this service is covered.
<b>Outpatient substance use disorder services - Individual sessions</b>	You pay a \$35 copay for each Medicare-covered Individual Session.	You pay a \$0 copay for each Medicare-covered Individual Session.
<b>Outpatient surgery - Outpatient hospital services</b>	You pay a \$0 copay for a Medicare-covered diagnostic colonoscopy. You pay a \$225 copay for all other Medicare-covered outpatient hospital services.	You pay a \$0 copay for a Medicare-covered diagnostic colonoscopy. You pay a \$275 copay for all other Medicare-covered outpatient hospital services.
<b>Outpatient surgery - Outpatient hospital observation</b>	You pay a \$135 copay for outpatient observation services when you enter observation status through an emergency room. You pay a \$225 copay for outpatient observation services when you enter observation status through an outpatient facility.	You pay a \$140 copay for outpatient observation services when you enter observation status through an emergency room. You pay a \$275 copay for outpatient observation services when you enter observation status through an outpatient facility.

Cost	2024 (this year)	2025 (next year)
<b>Partial hospitalization services</b>	You pay a \$100 copay per day for each Medicare-covered service.	You pay a \$130 copay per day for each Medicare-covered service.
<b>Physician/Practitioner services, including doctor’s office visits - Specialist</b>	You pay a \$35 copay for each Medicare-covered service.	You pay a \$25 copay for each Medicare-covered service.
<b>Physician/Practitioner services, including doctor’s office visits- Other healthcare professionals</b>	You pay a \$0 copay for each Medicare-covered service at a Primary Care Provider. You pay a \$35 copay for each Medicare-covered service at all other locations.	You pay a \$0 copay for each Medicare-covered service at a Primary Care Provider. You pay a \$25 copay for each Medicare-covered service at all other locations.
<b>Podiatry services - Medicare-covered</b>	You pay a \$35 copay for each Medicare-covered service.	You pay a \$25 copay for each Medicare-covered service.
<b>Skilled nursing facility (SNF) care</b>	For Medicare-covered admissions, per admission:  You pay a \$0 copay per day, for days 1 to 20, a \$203 copay per day, for days 21 to 40, and a \$0 copay per day, for days 41 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs.	For Medicare-covered admissions, per admission:  You pay a \$0 copay per day, for days 1 to 20, a \$214 copay per day, for days 21 to 40, and a \$0 copay per day, for days 41 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs.
<b>Additional Smoking Cessation</b>	You pay a \$0 copay for each covered service, up to 5 visit(s) every year.	Additional smoking cessation services are <u>not</u> covered.
<b>Special Supplemental Benefits for Chronically Ill (SSBCI) - Utility Assistance</b>	You pay a \$0 copay. You receive a \$50 monthly allowance to help cover the cost of utilities for your home. The allowance will be automatically loaded onto your Wellcare Spendables™ card at the beginning of each month.	Utility Assistance is <u>not</u> offered.

Cost	2024 (this year)	2025 (next year)
	<p>Any unused allowance amount will expire at the end of every month.</p> <p>You can use your Wellcare Spendables™ card to help pay for plan approved utilities for your home including:</p> <ul style="list-style-type: none"> <li>• Electric, gas, sanitary//trash, and water utilities services</li> <li>• Landline and cell phone service</li> <li>• Internet service</li> <li>• Cable TV (excluding streaming services)</li> <li>• Certain petroleum expenses, such as home heating oil</li> </ul> <p>Benefits mentioned are a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. In addition to being high-risk, you must have one or more of the following chronic conditions: cancer, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, diabetes. There are other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.</p>	

Cost	2024 (this year)	2025 (next year)
<p><b>Urgently needed services - Worldwide Urgent Care Coverage</b></p>	<p>You pay a \$135 copay for each covered service.  Copayment is <u>not</u> waived if you are admitted to a hospital.</p>	<p>You pay a \$140 copay for each covered service.  Copayment is <u>not</u> waived if you are admitted to a hospital.</p>
<p><b>Vision care - Medicare-covered eye exam</b></p>	<p>You pay a \$0 copay for each Medicare-covered diabetic eye exam. You pay a \$35 copay for all other Medicare-covered eye exams.</p>	<p>You pay a \$0 copay for each Medicare-covered diabetic eye exam. You pay a \$25 copay for all other Medicare-covered eye exams.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Social Support Platform</b></p>	<p>Social support platform is <u>not</u> a covered benefit.</p>	<p>You pay a \$0 copay for each covered service. Unlimited social support platform services every year.</p> <p>Our plan provides an online social support platform to support your overall well-being. You have access to community, therapeutic activities, and plan-sponsored resources to help manage stress and anxiety. The platform makes it easy for you to join and stay involved to maintain a healthy behavioral health journey. It is available online 24/7, so you can use it whenever you want.</p> <p>The platform includes:</p> <ul style="list-style-type: none"> <li>• Tailored Well-Being Programs</li> <li>• Peer and Expert Support</li> <li>• Personalized Digital Health Tools</li> </ul> <p>Please refer to your Evidence of Coverage for more details.</p>

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Wellcare Patriot Simple (HMO-POS)

**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 Simple (HMO-POS).



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## Section 3.2 – If you want to change plans

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We hope to keep you as a member next year but if you want to change plans for 2025 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

### 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 Simple (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Wellcare Patriot Simple (HMO-POS).
- 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.

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## SECTION 4 Deadline for Changing Plans

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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, 2025.

### 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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 5 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 Oklahoma, the SHIP is called Oklahoma Medicare Assistance Program (MAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Oklahoma Medicare Assistance Program (MAP) 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 Oklahoma Medicare Assistance Program (MAP) at 1-800-763-2828 (TTY users should call 711). You can learn more about Oklahoma Medicare Assistance Program (MAP) by visiting their website (<http://www.map.oid.ok.gov>).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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 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.
- **Help from your state’s pharmaceutical assistance program.** Oklahoma has a program called RX Oklahoma that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Wellcare Patriot Simple (HMO-POS)

Questions? We're here to help. Please call Member Services at 1-800-977-7522. (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. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day. Calls to these numbers are free.

#### **Read your 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for Wellcare Patriot Simple (HMO-POS). 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/OK](http://www.wellcare.com/OK). 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/OK](http://www.wellcare.com/OK). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

### Section 7.2 – 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](http://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](http://www.medicare.gov/plan-compare).

#### **Read Medicare & You 2025**

Read the *Medicare & You 2025* handbook. Every fall, this document 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**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-428-2224 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-844-428-2224 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

**Chinese (Mandarin):** 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-844-428-2224 (TTY: 711)**。您将获得中文普通话口译员的帮助。这是一项免费服务。

**Chinese (Cantonese):** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-844-428-2224 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

**Tagalog:** May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-844-428-2224 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-844-428-2224 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-844-428-2224 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-844-428-2224 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련하여 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-844-428-2224(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-844-428-2224 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

**Arabic:** نوّفر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-844-428-2224 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-844-428-2224 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक निःशुल्क सेवा है।

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il **1-844-428-2224 (TTY: 711)**. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número **1-844-428-2224 (TTY: 711)**. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan **1-844-428-2224 (TTY: 711)**. Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-844-428-2224 (TTY: 711)**. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-844-428-2224 (TTY: 711)** にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

**Bengali:** আমাদের স্বাস্থ্য বা ড্রাগ বিষয়ক পরিকল্পনা সম্পর্কে আপনার সম্ভাব্য যে কোন প্রশ্নের উত্তর দেওয়ার জন্য আমাদের কাছে বিনামূল্যে ইন্টারপ্রেটার পরিষেবা রয়েছে। একজন ইন্টারপ্রেটার পেতে, খালি আমাদের **1-844-428-2224 (TTY: 711)** নম্বরে কল করুন। বাংলা বলতে পারে এমন কেউ আপনাকে সাহায্য করতে পারে। এই পরিষেবাটির জন্য কোনও খরচ নেই।

**Nepali:** हाम्रा स्वास्थ्य वा औषधिसम्बन्धी प्लानहरूको सम्बन्धमा तपाईंसँग हुन सक्ने जुनसुकै प्रश्नको जवाफ दिन हामीसँग निःशुल्क दोभासे सेवाहरू छन्। कुनै दोभासेको सेवा प्राप्त गर्न तपाईंले **1-844-428-2224 (TTY: 711)** मा हामीलाई कल मात्र गरे पुग्छ। नेपाली भाषा बोल्ने कुनै व्यक्तिले तपाईंलाई मद्दत गर्नुहुने छ। यो एक निःशुल्क सेवा हो।

**Swahili:** Tuna huduma za mkalimani zisizolipiwa wa kujibu maswali yoyote ambayo unaweza kuwa nayo kuhusu mpango wetu wa afya au dawa. Ili kupata mkalimani, tupigie tu simu kupitia **1-844-428-2224 (TTY: 711)**. Mtu anayezungumza Kiswahili anaweza kukusaidia. Huduma hii ni ya bila malipo.

**Tamil:** எங்கள் உடல்நலம் அல்லது மருந்துத் திட்டம் பற்றி உங்களுக்கு ஏதேனும் கேள்விகள் இருந்தால் பதிலளிப்பதற்காக இலவச மொழிபெயர்ப்பாளர் சேவைகளை வழங்குகிறோம். ஒரு மொழிபெயர்ப்பாளரை அணுக, **1-844-428-2224 (TTY: 711)** என்ற எண்ணில் எங்களை அழைக்கவும். தமிழ் பேசத் தெரிந்த ஒருவர் உங்களுக்கு உதவுவார். இது ஒரு இலவச சேவையாகும்.