2027
Summary of Benefits

Georgia

Wellcare Patriot Simple (HMO-POS)

H1112 | 034 | 000

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We know how important it is to have a health plan you can count on.

This is a summary of health services covered by Wellcare Patriot Simple (HMO-POS) from January 1, 2027 to December 31, 2027.

This booklet will provide you with a summary of what we cover and what you pay. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at go.wellcare.com/Medicare. To request a copy, please call 1-844-480-0680, (TTY 711). Hours are: Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones).

Who can join?

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area, and be a United States citizen or lawfully present in the United States. You must continue to pay your Medicare Part B premium if not otherwise paid for under Georgia Medicaid or by another third party.

Please contact the plan for further details.

Plan's service areas:

Our service area includes these counties in Georgia: Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dodge, Dooly, Douglas, Echols, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pike, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson, and Worth.

About this plan & how to get care

Health Maintenance Organizations (HMOs) are health care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to select a primary care provider (PCP) to coordinate care and if you need a specialist, the PCP will choose one who is also in our network.

Health Maintenance Organizations-Point of Service (HMO-POS) plans are HMOs with the Point-of-Service (POS) benefit. The POS benefit allows members to get care from out-of-network providers for routine dental services as shown in the "Benefits" section of this document. Your out-of-pocket costs may be higher if you use out-of-network providers. You don't need a referral to go out-of-network for your POS benefit. However, before getting services from out-of-network providers, you may want to confirm with us that the services are covered by us. If we later determine that the services are not covered, we may deny coverage and you will have to pay the costs. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Our plan gives you access to our network of skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. **Please note** that, if you go elsewhere without proper authorization, you will have to pay in full. Neither Medicare nor our plan will be responsible for the costs. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which Wellcare Patriot Simple (HMO-POS) authorizes use of out-of-network providers.

Our plan is for beneficiaries who receive creditable Part D coverage through a retiree plan, VA benefits, or other coverage.

Which doctors and hospitals can I use? Wellcare Patriot Simple (HMO-POS) has a network of doctors, hospitals, and other providers. You can save money by using our providers in the plan's network. You may use out-of-network providers for routine dental services. For all other services, you must use providers that are within our network, or the plan may not pay for the service.

You can see our plan's provider directory on our website at go.wellcare.com/2027providerdirectories.

We cover the services and items in this document and the Evidence of Coverage if they are medically necessary.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

We can send materials to you in a language other than English or in an alternate format (such as braille, audio, or large print). For more information, or to request information in an alternate format, please call us at 1-844-480-0680 (TTY users should call 711). Hours are: Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones).

Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
Note: *Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.*	
Monthly Plan Premium	$0 Plan does not cover Part D. You must continue to pay your Medicare Part B premium.
Deductible	No deductible
Maximum Out-of-Pocket (MOOP) Responsibility	$3,400 annually This is the most you will pay in copays and coinsurance for covered Part A and Part B services for the year.
Inpatient Hospital Coverage	For each admission, you pay: • $350 copay per day for days 1 through 5 • $0 copay per day for days 6 through 90 ▪ *
Outpatient Hospital Coverage Outpatient Hospital Services	$0 copay for skin biopsies. $300 copay for all other outpatient services. ▪ *
Outpatient Hospital Observation Services	$150 copay for outpatient observation services when you enter observation status through an emergency room. $300 copay for outpatient observation services when you enter observation status through an outpatient facility. ▪
Ambulatory Surgical Center (ASC) Services	$250 copay for each Medicare-covered visit to an ambulatory surgical center. ▪ *

Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
Doctor Visits Primary Care Providers	$0 copay
Specialists	$0 copay ▪ *
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	$0 copay
Emergency Care	$150 copay Copay is waived if you are admitted to a hospital within 24 hours.
Worldwide Emergency Coverage (outside of the United States)	$150 copay Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.
Urgently Needed Services	$35 copay Copay is waived if you are admitted to a hospital within 24 hours.

Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
Worldwide Urgent Care Coverage (outside of the United States)	$150 copay Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.
Diagnostic Services/Labs/Imaging Lab Services	$50 copay for genetic testing. $0 copay for all other labs. ▪ *
Diagnostic Tests and Procedures	$0 copay for Medicare-covered diagnostic colonoscopy, spirometry testing and specified testing related services. $20 copay for all other services. ▪ *
Outpatient X-rays	$20 copay ▪ *
Diagnostic Radiology Services (e.g. MRI, CAT Scan)	$0 copay for a diagnostic mammogram. $300 copay for all other diagnostic radiology services received in an outpatient hospital setting. $200 copay for all other services received in all other locations. ▪ *
Therapeutic Radiology	20% coinsurance ▪ *
Hearing Services Hearing Exam Medicare-covered	$0 copay *

Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
Routine Hearing Exam	$0 copay * 1 exam(s) every year
Hearing Aids Hearing Aid Fitting/Evaluation(s) Hearing Aid (All Types) Hearing Aid Allowance	 $0 copay * 1 fitting(s) / evaluation(s) every year $0 copay * Up to a $1,000 allowance per ear every year for hearing aids. Limited to 2 hearing aid(s) every year
Additional Hearing Information	**What you should know** Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
Dental Services Medicare-covered	 $0 copay for each Medicare-covered service. *
Routine Diagnostic and Preventive Services Cleanings	 **In-Network** $0 copay * **Out-of-Network** 25% coinsurance *

Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
Dental X-Rays	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance *
Oral exams	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance *
Fluoride Treatment	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance *
Other Diagnostic Dental Services	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance *

Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
Other Preventive Dental Services	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance *
Routine Comprehensive Services	
Restorative Services	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance *
Endodontics	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance *
Periodontics	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance *

Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
Oral/Maxillofacial Surgery	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance *
Prosthodontics, Fixed	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance *
Prosthodontics, Removable	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance *
Adjunctive General Services	**In-Network** $0 copay * **Out-of-Network** 25% coinsurance * **For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.**
Additional Dental Information	**What you should know:** This plan includes coverage up to $5,000 per plan year for all in-network and out-of-network covered routine comprehensive dental services.

Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
	You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). Your out-of-pocket costs may be higher if you use out-of-network providers. Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays.
Vision Services Eye Exam Medicare-covered	$0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam $0 copay for all other Medicare-covered eye exams *
Routine Eye Exam (Refraction)	$0 copay * 1 exam(s) every year
Glaucoma Screening	$0 copay for each Medicare-covered service. ▪
Eyewear Medicare-covered	$0 copay
Routine Eyewear Contact Lenses/ Eyeglasses (frame and/or lenses)	$0 copay *
Eyewear Allowance	Up to a $400 combined allowance towards contacts and glasses (lenses and/or frames) every year.

Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
Mental Health Services	
Inpatient Visit	For each admission, you pay: • $325 copay per day for days 1 through 4 • $0 copay per day for days 5 through 90 ▪ *
Outpatient Individual Therapy Visit	$0 copay ▪ *
Outpatient Group Therapy Visit	$0 copay ▪ *
Skilled Nursing Facility (SNF)	For each benefit period, you pay: • $0 copay per day for days 1 through 20 • $221 copay per day for days 21 through 40 • $0 copay per day for days 41 through 100 ▪ *
Therapy and Rehabilitation Services	
Physical Therapy	$0 copay ▪ *
Outpatient Rehabilitation Services Provided by an Occupational Therapist	$0 copay ▪ *
Pulmonary Rehabilitation Services	$40 copay ▪

Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
Ambulance Ground Ambulance	$200 copay *
Air Ambulance	$200 copay *
Transportation Services (Non-emergency medical transportation)	Up to 8 one-way rides every year to plan approved healthcare locations. This includes doctors, specialists, pharmacies, and dental or vision providers. $0 copay (per one-way trip) * **What you should know:** Mileage limitations may apply. Call the number on the back of your member ID card 72 hours in advance to reserve a ride for your appointment. Rides may also be reserved via mobile app.
Medicare Part B Drugs Chemotherapy Drugs and Other Part B Drugs	20% coinsurance * Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.
Insulin	$35 copay (maximum per month) *
Allergy Antigen	0% coinsurance *

Additional Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
Note: *Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.*	
Chiropractic Services Medicare-covered	$0 copay ▪ *
Acupuncture Medicare-covered	$0 copay for Medicare-covered Acupuncture received in a PCP office. $0 copay for Medicare-covered Acupuncture received in a Chiropractor office. $0 copay for Medicare-covered Acupuncture received in a Specialist office. ▪ *
Podiatry Services (Foot Care) Medicare-covered	$0 copay ▪ *

Additional Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
Virtual Visits	$0 copay for virtual visit services performed through your plan's virtual visit provider(s). Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more. A virtual visit (also known as telehealth or telemedicine) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device. For more information, please see your Evidence of Coverage. **What you should know:** The $0 copay above only applies when services are received from your plan's virtual visit provider(s). If you receive telemedicine services from a network provider and not your plan's virtual visit provider(s), you will pay the cost shares listed for those providers, as outlined within the Evidence of Coverage (*e.g., if you receive telehealth services from your PCP, you will pay the PCP cost share*). ▪
Social Support Platform	$0 copay Our plan provides access to an online and app-based support platform designed to support your overall well-being. The platform offers personalized therapeutic self-guided activities and programs to help manage stress, anxiety, and support your emotional and mental health. Engage in interactive activities, meditations, and games tailored to your needs. The platform also features the ability to join social communities. Available online 24/7 - you can use it whenever you choose. For more information on how to access the social support platform, please see your Evidence of Coverage.

Additional Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
Home Health Agency Care	$0 copay ▪ *
Meals Post-Acute Meals	$0 copay ▪ **What you should know:** If you qualify, you pay nothing for home delivered meals up to 45 days following an Inpatient hospital stay to aid in recovery with a maximum of 2 meals per day for up to 14 days for a total of 28 meals per occurrence for an unlimited number of occurrences per year.
Medical Equipment/Supplies Durable Medical Equipment (DME)	20% coinsurance *
Prosthetics	20% coinsurance *
Diabetic Therapeutic Shoes Or Inserts	20% coinsurance *
Blood glucose monitors (traditional finger stick blood glucose monitor)	$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.
Continuous Glucose Monitors (CGM)	$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.

Additional Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
Diabetic Supplies	$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.
Opioid Treatment Program Services	$0 copay ▪ *
Health and Wellness Education Programs Fitness	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage. $0 copay **What you should know:** To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. You may access one or more gyms within the fitness network. Members have access to in-person fitness centers, available on-demand exercise programs, and choice of Home Fitness Kit.
Personal Emergency Response System (PERS)	$0 copay Members can choose from: In-home PERS, Mobile PERS (wearable options such as a neck pendant, watchband or belt clip), or PERS Smartwatch (with step tracking and heart rate monitoring). Included with the PERS benefit is an app that provides access to you and your family, or emergency contacts for real-time activity and alerts.
24-Hour Nurse Advice Line	$0 copay

Additional Benefits

	Wellcare Patriot Simple (HMO-POS) H1112, Plan 034, 000
Annual Routine Physical Exam	$0 copay **What you should know:** The exam includes a detailed medical/family history and recommendations for preventive screenings/care.
Wellcare Spendables®	You will receive a total of **$95 monthly** preloaded on your Wellcare Spendables® card to spend on OTC items, Dental, Vision, and Hearing services. Your monthly allowance **rolls over to the following month if unused and expires at the end of the plan year.** Your card allowance can be used towards: **Over-the-Counter items (OTC)-** Your card can be used at participating retail locations, through the mobile app, or by logging in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items, and diabetic items. **Dental, Vision, and Hearing** - You may use your card to help reduce your out-of-pocket expenses for eligible dental, vision, and hearing services . For more information, limitations, and exclusions, please see your Evidence of Coverage.
My Wellcare Rewards	With **My Wellcare Rewards**, you can earn up to $100 by completing eligible health activities and portal activities through your member portal. Rewards will be loaded onto your Wellcare Spendables® card.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-844-480-0680 (TTY: 711). Hours are Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit go.wellcare.com/Medicare or call 1-844-480-0680 (TTY: 711) to view a copy of the EOC. Hours are Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones).
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2028.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers) for certain services. However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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Contact Us

For more information, please contact us:



By phone

Already a Member?

1-866-892-8340 (TTY: 711)
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.

Not a Member yet?

Toll-free at 1-844-480-0680 (TTY: 711)
Your call may be answered by a licensed agent.
Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones)



Online

go.wellcare.com/Medicare