# 2027
# Summary of Benefits

Oregon

**Wellcare Patriot Giveback Open (PPO)**

H5439 | 010 | 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 Giveback Open (PPO) 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/OR. To request a copy, please call 1-844-480-0680, (TTY 711). Hours are Sunday-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 Oregon Health Plan (Medicaid) or by another third party.

Please contact the plan for further details.

**Plan's service areas:**

Our service area includes these counties in Oregon: Clackamas, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill.

**About this plan & how to get care**

**Preferred Provider Organizations (PPOs)** You'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracted providers in our network. Out-of-network providers may choose not to bill our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made. 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. PPO plans do not require a prior authorization or referral for out-of-network services.

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 Giveback Open (PPO) 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 doctors, hospitals and other providers that are not in our network, usually for a higher copay or coinsurance.

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 Sunday-Saturday, 8 a.m. to 8 p.m. (all time zones).

## Benefits

| | **Wellcare Patriot Giveback Open (PPO)**<br>**H5439, Plan 010, 000** |
|---|---|
| ***Note:*** *Services with an asterisk (*) may require prior authorization.*<br>*Services with a square (▪) means a referral may be required.* | |
| **Monthly Plan Premium** | $0<br>Plan does not cover Part D.<br>You must continue to pay your Medicare Part B premium. |
| **Part B Premium Reduction** | This plan offers a $10 give back every month in your Social Security check. |
| **Deductible** | $200 deductible for select Part B services. |
| **Maximum Out-of-Pocket (MOOP) Responsibility** | $6,750 in-network annually<br>$9,200 combined in and out-of-network annually<br>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** | **In-Network**<br>For each admission, you pay:<br>• $525 copay per day for days 1 through 5<br>• $0 copay per day for days 6 through 90<br>• $0 copay per day for days 91 through 95<br>*<br><br>**Out-of-Network**<br>Days 1-90:<br>• 30% coinsurance for each Medicare-covered hospital stay. |
| **Outpatient Hospital Coverage**<br><br>Outpatient Hospital Services | **In-Network**<br>$0 copay for skin biopsies.<br>$500 copay for all other outpatient services.<br>*<br><br>**Out-of-Network**<br>20% coinsurance for surgical and non-surgical services |

## Benefits

| | **Wellcare Patriot Giveback Open (PPO)**<br>**H5439, Plan 010, 000** |
|---|---|
| Outpatient Hospital Observation Services | **In-Network**<br>$130 copay for outpatient observation services when you enter observation status through an emergency room.<br>$500 copay for outpatient observation services when you enter observation status through an outpatient facility.<br><br>**Out-of-Network**<br>20% coinsurance |
| **Ambulatory Surgical Center (ASC) Services** | **In-Network**<br>$200 copay for each Medicare-covered visit to an ambulatory surgical center.<br>*<br><br>**Out-of-Network**<br>20% coinsurance<br><br>This amount applies to each Medicare-covered visit to an ambulatory surgical center. |
| **Doctor Visits**<br><br>Primary Care Providers | **In-Network**<br>$0 copay<br><br>**Out-of-Network**<br>$30 copay |
| Specialists | **In-Network**<br>$30 copay<br>*<br><br>**Out-of-Network**<br>$60 copay |

## Benefits

| | **Wellcare Patriot Giveback Open (PPO)**<br>**H5439, Plan 010, 000** |
|---|---|
| **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)) | **In-Network**<br>$0 copay<br><br>**Out-of-Network**<br>$0 copay |
| **Emergency Care** | $130 copay<br>Copay is waived if you are admitted to a hospital within 24 hours. |
| Worldwide Emergency Coverage (outside of the United States) | $130 copay<br><br>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** | $50 copay<br>Copay is waived if you are admitted to a hospital within 24 hours. |
| Worldwide Urgent Care Coverage (outside of the United States) | $130 copay<br><br>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. |

## Benefits

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|---|---|
| **Diagnostic Services/Labs/Imaging**<br>Lab Services | **In-Network**<br>$0 copay for labs related to A1C and kidney health evaluation.<br>$50 copay for genetic testing.<br>$10 copay for all other labs.<br>*<br><br>**Out-of-Network**<br>20% coinsurance |
| Diagnostic Tests and Procedures | **In-Network**<br>$0 copay for Medicare-covered diagnostic colonoscopy, spirometry testing and specified testing related services.<br>20% coinsurance for all other services.<br>*<br><br>**Out-of-Network**<br>20% coinsurance |
| Outpatient X-rays | **In-Network**<br>$50 copay<br>*<br><br>**Out-of-Network**<br>20% coinsurance |
| Diagnostic Radiology Services (e.g. MRI, CAT Scan) | **In-Network**<br>$0 copay for a diagnostic mammogram.<br>$500 copay for all other diagnostic radiology services received in an outpatient hospital setting.<br>$125 copay for all other services received in all other locations.<br>*<br><br>**Out-of-Network**<br>20% coinsurance |

## Benefits

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|---|---|
| Therapeutic Radiology | **In-Network**<br>20% coinsurance<br>*<br><br>**Out-of-Network**<br>20% coinsurance |
| **Hearing Services**<br>Hearing Exam<br>Medicare-covered | **In-Network**<br>$30 copay<br>*<br><br>**Out-of-Network**<br>$60 copay |
| Routine Hearing Exam | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>40% coinsurance<br><br>1 exam(s) every year |
| Hearing Aids<br><br>Hearing Aid Fitting/Evaluation(s) | **In-Network**<br>$0 copay<br>*<br>**Out-of-Network**<br>40% coinsurance<br><br>1 fitting(s) / evaluation(s) every year |

## Benefits

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|---|---|
| Hearing Aid (All Types) | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>40% coinsurance |
| Hearing Aid Allowance | Up to a $350 allowance per ear every year for hearing aids. Limited to 2 hearing aid(s) every year |
| Additional Hearing Information | **What you should know**<br>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**<br>Medicare-covered | **In-Network**<br>$30 copay for each Medicare-covered service.<br>*<br><br>**Out-of-Network**<br>$60 copay for each Medicare-covered service. |
| Routine Diagnostic and Preventive Services<br><br>Cleanings | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |

## Benefits

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|---|---|
| Dental X-Rays | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |
| Oral exams | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |
| Fluoride Treatment | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |
| Other Diagnostic Dental Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |
| Other Preventive Dental Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |

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| | **Wellcare Patriot Giveback Open (PPO)<br>H5439, Plan 010, 000** |
|---|---|
| Routine Comprehensive Services | |
| Restorative Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |
| Endodontics | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |
| Periodontics | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |
| Oral/Maxillofacial Surgery | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |
| Prosthodontics, Removable | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance |

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|---|---|
| Adjunctive General Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>50% coinsurance<br><br>**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:**<br>This plan includes coverage up to $1,000 per plan year for all in-network and out-of-network covered routine comprehensive dental services.<br><br>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**<br>Eye Exam<br>Medicare-covered | **In-Network**<br>$0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam<br><br>$30 copay for all other Medicare-covered eye exams<br>*<br><br>**Out-of-Network**<br>$0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam<br><br>$60 copay for all other Medicare-covered eye exams |

## Benefits

| | Wellcare Patriot Giveback Open (PPO)<br>H5439, Plan 010, 000 |
|---|---|
| Routine Eye Exam (Refraction) | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>40% coinsurance<br>1 exam(s) every year |
| Glaucoma Screening | **In-Network**<br>$0 copay for each Medicare-covered service.<br><br>**Out-of-Network**<br>20% coinsurance for each Medicare-covered service |
| Eyewear<br>Medicare-covered | **In-Network**<br>$0 copay<br><br>**Out-of-Network**<br>20% coinsurance |
| Routine Eyewear<br>Contact Lenses/ Eyeglasses (frame and/or lenses) | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>40% coinsurance |
| Eyewear Allowance | Up to a $100 combined allowance towards contacts and glasses (lenses and/or frames) every year. |
| **Mental Health Services**<br>Inpatient Visit | **In-Network**<br>For each admission, you pay:<br>• $400 copay per day for days 1 through 5<br>• $0 copay per day for days 6 through 90<br>* |

## Benefits

| | **Wellcare Patriot Giveback Open (PPO)<br>H5439, Plan 010, 000** |
|---|---|
| | **Out-of-Network**<br>Days 1-90:<br>• 30% coinsurance for each Medicare-covered hospital stay. |
| Outpatient Individual Therapy Visit | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>20% coinsurance |
| Outpatient Group Therapy Visit | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>20% coinsurance |
| **Skilled Nursing Facility (SNF)** | **In-Network**<br>For each admission, you pay:<br>• $0 copay per day for days 1 through 20<br>• $221 copay per day for days 21 through 60<br>• $0 copay per day for days 61 through 100<br>*<br><br>**Out-of-Network**<br>Days 1-100:<br>• 30% coinsurance per stay |
| **Therapy and Rehabilitation Services**<br>Physical Therapy | **In-Network**<br>$25 copay<br>*<br><br>**Out-of-Network**<br>20% coinsurance |

## Benefits

| | **Wellcare Patriot Giveback Open (PPO)<br>H5439, Plan 010, 000** |
|---|---|
| Outpatient Rehabilitation Services Provided by an Occupational Therapist | **In-Network**<br>$25 copay<br>*<br><br>**Out-of-Network**<br>20% coinsurance |
| Pulmonary Rehabilitation Services | **In-Network**<br>$35 copay<br><br>**Out-of-Network**<br>20% coinsurance |
| **Ambulance**<br>Ground Ambulance | **In-Network**<br>$175 copay<br>*<br><br>**Out-of-Network**<br>$175 copay |
| Air Ambulance | **In-Network**<br>$175 copay<br>*<br><br>**Out-of-Network**<br>$175 copay |
| **Transportation Services (Non-emergency medical transportation)** | **In-Network**<br>**Not covered**<br><br>**Out-of-Network**<br>**Not covered** |
| **Medicare Part B Drugs**<br>Chemotherapy Drugs and Other Part B Drugs | **In-Network**<br>20% coinsurance<br>* |

## Benefits

| | **Wellcare Patriot Giveback Open (PPO)**<br>**H5439, Plan 010, 000** |
|---|---|
| | **Out-of-Network**<br>20% coinsurance<br><br>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above. |
| Insulin | **In-Network**<br>$35 copay (maximum per month)<br>*<br><br>**Out-of-Network**<br>$35 copay (maximum per month) |
| Allergy Antigen | **In-Network**<br>0% coinsurance<br>*<br>**Out-of-Network**<br>0% coinsurance |

## Additional Benefits

| | Wellcare Patriot Giveback Open (PPO)<br>H5439, Plan 010, 000 |
|---|---|
| ***Note:*** *Services with an asterisk (*) may require prior authorization.*<br>*Services with a square (▪) means a referral may be required.* | |
| **Chiropractic Services**<br>Medicare-covered | **In-Network**<br>$15 copay<br>*<br><br>**Out-of-Network**<br>20% coinsurance |
| Routine Chiropractic Services | **In-Network**<br>$15 copay<br>*<br><br>**Out-of-Network**<br>20% coinsurance<br><br>24 visit(s) every year |
| **Acupuncture**<br>Medicare-covered | **In-Network**<br>$0 copay for Medicare-covered Acupuncture received in a PCP office.<br>$15 copay for Medicare-covered Acupuncture received in a Chiropractor office.<br>$30 copay for Medicare-covered Acupuncture received in a Specialist office.<br>*<br><br>**Out-of-Network**<br>$30 copay for Medicare-covered Acupuncture received in a PCP office.<br>20% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office.<br>$60 copay for Medicare-covered Acupuncture received in a Specialist office. |

## Additional Benefits

| | **Wellcare Patriot Giveback Open (PPO)<br>H5439, Plan 010, 000** |
|---|---|
| Routine Acupuncture Services | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>20% coinsurance<br><br>Limited to 24 visit(s) every year |
| **Podiatry Services (Foot Care)**<br>Medicare-covered | **In-Network**<br>$30 copay<br>*<br><br>**Out-of-Network**<br>20% coinsurance |

## Additional Benefits

| | **Wellcare Patriot Giveback Open (PPO)<br>H5439, Plan 010, 000** |
|---|---|
| **Virtual Visits** | **In-Network**<br>$0 copay for virtual visit services performed through your plan's virtual visit provider(s).<br>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.<br>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.<br>For more information, please see your Evidence of Coverage.<br>**Out-of-Network**<br>You must use a network provider who offers the service by telehealth.<br>**What you should know:**<br>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<br>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.<br>Engage in interactive activities, meditations, and games tailored to your needs. The platform also features the ability to join social communities.<br>Available online 24/7 - you can use it whenever you choose. |

## Additional Benefits

| | **Wellcare Patriot Giveback Open (PPO)<br>H5439, Plan 010, 000** |
|---|---|
| | For more information on how to access the social support platform, please see your Evidence of Coverage. |
| **Home Health Agency Care** | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>20% coinsurance |
| **Medical Equipment/Supplies**<br>Durable Medical Equipment (DME) | **In-Network**<br>20% coinsurance<br>*<br><br>**Out-of-Network**<br>20% coinsurance |
| Prosthetics | **In-Network**<br>20% coinsurance<br>*<br><br>**Out-of-Network**<br>20% coinsurance |
| Diabetic Therapeutic Shoes Or Inserts | **In-Network**<br>20% coinsurance<br>*<br><br>**Out-of-Network**<br>20% coinsurance |

## Additional Benefits

| | **Wellcare Patriot Giveback Open (PPO)<br>H5439, Plan 010, 000** |
|---|---|
| Blood glucose monitors (traditional finger stick blood glucose monitor) | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>20% coinsurance<br><br>For more information, limitations and exclusions, please see your Evidence of Coverage. |
| Continuous Glucose Monitors (CGM) | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>20% coinsurance<br><br>For more information, limitations and exclusions, please see your Evidence of Coverage. |
| Diabetic Supplies | **In-Network**<br>$0 copay<br>*<br><br>**Out-of-Network**<br>20% coinsurance<br><br>For more information, limitations and exclusions, please see your Evidence of Coverage. |
| **Opioid Treatment Program Services** | **In-Network**<br>$30 copay<br>*<br><br>**Out-of-Network**<br>$60 copay |

## Additional Benefits

| | **Wellcare Patriot Giveback Open (PPO)<br>H5439, Plan 010, 000** |
|---|---|
| **Health and Wellness Education Programs**<br>Fitness | For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage.<br>$0 copay<br>**What you should know:**<br>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.<br>Members have access to in-person fitness centers, available on-demand exercise programs, and choice of Home Fitness Kit. |
| 24-Hour Nurse Advice Line | $0 copay |
| **Annual Routine Physical Exam** | **In-Network**<br>$0 copay<br>**Out-of-Network**<br>$0 copay<br>**What you should know:**<br>The exam includes a detailed medical/family history and recommendations for preventive screenings/care. |
| **Wellcare Spendables®** | You will receive a total of **$20 monthly** preloaded on your Wellcare Spendables® card to spend on OTC items, Dental, Vision, and Hearing services.<br>Your monthly allowance **rolls over to the following month if unused and expires at the end of the plan year.**<br>Your card allowance can be used towards:<br>**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. |

## Additional Benefits

| | **Wellcare Patriot Giveback Open (PPO)<br>H5439, Plan 010, 000** |
|---|---|
| | **Dental, Vision, and Hearing** - You may use your card to help reduce your out-of-pocket expenses for eligible dental, vision, and hearing services .<br><br>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.<br><br>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 Sunday-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/OR or call 1-844-480-0680 (TTY: 711) to view a copy of the EOC. Hours are Sunday-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). However, while we will pay for 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?**
1-844-582-5177 (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.
Sunday-Saturday, 8 a.m. to 8 p.m. (all time zones)



**Online**

go.wellcare.com/OR