

WellCare/‘Ohana/Easy Choice/WellCare TexanPlus 2019 Medicare Advantage Plans Individual Enrollment Form

How to Enroll with Our Plans

1. Please read this entire enrollment form to make sure you understand the information.
An incorrect or incomplete application may cause a delay or denial of coverage.
2. When you're ready, fill out the entire enrollment form. Where appropriate, write clearly in all capital letters or place an "X" in the appropriate box.
3. Once you're done, don't forget to sign and date it.
4. Return the completed and signed form in one of the following ways:
 - By fax to 1-866-473-9124, or
 - By mail to P.O. Box 31392, Tampa, FL 33631-3392, or
 - By using the postage-paid business reply envelope if one is included.
5. Contact your Licensed Insurance Agent with any questions you may have.

Licensed Insurance Agent: _____

Phone: (____) ____ - _____

3 Other Easy Ways to Enroll with WellCare/‘Ohana/Easy Choice/WellCare TexanPlus



Call your plan at the Customer Service number on the inside front cover of this form.



Enroll online at www.wellcare.com/medicare or www.ohanahealthplan.com/medicare.



Enroll online at www.medicare.gov.





We're always just a phone call away!

If you're ready to enroll or have enrollment questions, call **1-866-999-3945** (CA), **1-800-265-8171** (HI), **1-866-556-4607** (TX)*, **1-866-245-4143** (TX)**, or **1-866-527-0056** (All Others).
Representatives are available from 8 a.m. to 8 p.m., 7 days a week.

If you're already a member, call the number for your state/plan listed below.

Alabama (AL):	WellCare Value (HMO).....	1-866-653-0981
Arkansas (AR):	WellCare Rx (HMO), WellCare Value (HMO-POS), WellCare Advance (HMO-POS), WellCare Preferred (HMO), WellCare Premier (PPO)	1-800-316-2273
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-855-292-0237
Arizona (AZ):	WellCare Value (HMO).....	1-866-797-2641
	WellCare Liberty (HMO SNP).....	1-877-778-1855
California (CA):	Easy Choice Plus Plan (HMO), Easy Choice Best Plan (HMO), Easy Choice Rx (HMO)	1-866-999-3945
	Easy Choice Freedom Plan (HMO SNP).....	1-866-999-3945
Connecticut (CT):	WellCare Preferred (HMO), WellCare Rx (HMO-POS), WellCare Value (HMO)	1-866-579-8006
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-866-635-7047
Florida (FL):	WellCare Dividend (HMO), WellCare Value (HMO), WellCare Value (HMO-POS), WellCare Essential (HMO-POS), WellCare Dividend Prime (HMO), WellCare Elite (HMO), WellCare Premier (PPO), WellCare Prime (PPO), WellCare Guardian (HMO SNP), WellCare Champion (HMO SNP).....	1-888-888-9355
	WellCare Select (HMO SNP), WellCare Access (HMO SNP), WellCare Liberty (HMO SNP), WellCare Reserve (HMO SNP)	1-866-637-8041
Georgia (GA):	WellCare Value (HMO), WellCare Advance (HMO-POS), WellCare Choice (HMO), WellCare Premier (PPO), WellCare Prime (PPO).....	1-866-334-7730
	WellCare Access (HMO SNP), WellCare Liberty (HMO SNP)	1-866-482-3361
Hawaii (HI):	'Ohana Value (HMO).....	1-888-505-1201
	'Ohana Liberty (HMO SNP).....	1-877-457-7621
Illinois (IL):	WellCare Advance (HMO-POS), WellCare Value (HMO-POS), WellCare Rx (HMO), WellCare Plus (HMO), WellCare Choice (HMO-POS)	1-866-334-6876
Kentucky (KY):	WellCare Value (HMO), WellCare Essential (HMO-POS), WellCare Advance (HMO-POS).....	1-877-560-2766
	WellCare Access (HMO SNP), WellCare Liberty (HMO SNP)	1-877-560-3206

Louisiana (LA):	WellCare Rx (HMO), WellCare Value (HMO).....	1-866-804-5926
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-866-530-9488
Maine (ME):	WellCare Value (HMO).....	1-866-682-0536
	WellCare Access (HMO SNP).....	1-866-682-0537
	WellCare Today's Options Advantage Plus 150A (PPO), WellCare Today's Options Advantage Plus 550B (PPO), WellCare Today's Options Advantage 300 (PPO)	1-866-422-5009
	WellCare Value (HMO), WellCare Essential (HMO-POS), WellCare Advance (HMO-POS).....	1-800-316-2273
Mississippi (MS):	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP)	1-855-292-0237
	WellCare Value (HMO).....	1-877-655-2425
North Carolina (NC):	WellCare Access (HMO SNP).....	1-877-655-2422
	WellCare Rx (HMO), WellCare Value (HMO-POS).....	1-866-687-8570
New Jersey (NJ):	WellCare Liberty (HMO SNP).....	1-877-706-9509
	WellCare Value (HMO), WellCare Rx (HMO), WellCare Choice (HMO), WellCare Preferred (HMO), WellCare Essential (HMO), WellCare Advance (HMO), WellCare Today's Options Classic (HMO), WellCare Premier (PPO)	1-800-278-5155
New York (NY):	WellCare Access (HMO SNP).....	1-866-482-3363
	WellCare Liberty (HMO SNP).....	1-866-491-5746
	WellCare Today's Options Advantage Plus 750B (PPO), WellCare Today's Options Advantage Plus 450A (PPO), WellCare Today's Options Advantage 300 (PPO), WellCare Today's Options Advantage Plus 550B (PPO), WellCare Today's Options Advantage Plus 150A (PPO)	1-866-422-5009
	WellCare Value (HMO), WellCare Elite (HMO), WellCare Advance (HMO-POS), WellCare Prime (PPO), WellCare Premier (PPO).....	1-888-345-8437
	WellCare Access (HMO SNP).....	1-888-345-9036
Tennessee (TN):	WellCare Dividend (HMO), WellCare Rx (HMO), WellCare Value (HMO-POS), WellCare Advance (HMO-POS)	1-800-316-2273
	WellCare Access (HMO SNP).....	1-855-292-0237

Texas (TX):	WellCare TexanPlus Classic (HMO)*, WellCare TexanPlus Value (HMO), WellCare TexanPlus Choice (HMO-POS).....	1-866-230-2513
	WellCare TexanPlus Classic (HMO)**.....	1-800-958-2707
	WellCare TexanPlus Classic (HMO)***, WellCare Dividend Prime (HMO), WellCare Value (HMO-POS).....	1-866-687-8878
	WellCare Liberty (HMO SNP), WellCare Access (HMO SNP), WellCare TexanPlus Star (HMO SNP).....	1-866-530-9495
	Retiree – MA – PD CY (HMO).....	1-866-230-2513

Hours of operation

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.,
 or visit us anytime at www.wellcare.com/medicare or www.ohanahealthplan.com/medicare

Nurse Advice Line	1-800-581-9952 (24 hours, 7 days a week)
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TTY for all of the above	711
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- * Texas Service Area: Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller
 - ** Texas Service Area: Colin, Dallas, Rockwall, Tarrant
 - *** Texas Service Area: Bexar, El Paso, Travis, Williamson

2019 MEDICARE ADVANTAGE PLANS INDIVIDUAL ENROLLMENT FORM

Please contact WellCare/'Ohana/Easy Choice/WellCare TexanPlus if you need information in another language or format (Braille).

To Enroll in a WellCare/'Ohana/Easy Choice/WellCare TexanPlus Plan, Please Provide the Following Information:

Select the box for the plan you want to enroll in: Plan: WellCare 'Ohana Easy Choice WellCare Texan Plus

Plan Type: HMO HMO-POS HMO SNP PPO \$. per month

Plan Name: Access Advance Today's Options Advantage 300 Today's Options Advantage Plus 150A
 Today's Options Advantage Plus 450A Today's Options Advantage Plus 550B
 Today's Options Advantage Plus 750B Best Champion Choice Classic Dividend
 Dividend Prime Elite Essential Freedom Guardian Liberty Plus Preferred Premier
 Prime Reserve Rx Select Star Value

Mr. Mrs. Ms. Sex: M F Birth Date: (MMDDYYYY)

Last Name: Middle Initial:

First Name: Primary Phone Number:

Alternate Phone Number (Optional):

Email Address (Optional):

Please know that by providing your email address, you are agreeing to receive emails from us. We will give you the opportunity to opt in and you may always opt out of future email communications.

Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.
- OR -
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

Medicare Number:

Is Entitled To:

Effective Date: (MMDDYYYY)

HOSPITAL (Part A)

MEDICAL (Part B)

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Licensed Insurance Agent:

Paying Your Plan Premium (continued)

will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay WellCare/'Ohana/Easy Choice/WellCare Texan Plus the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and do not even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. Even if you have Extra Help now, you may need to reapply for it later. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. If you don't select a payment option, you will get a coupon book to pay your monthly premiums.

Please select a premium payment option:

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check (if eligible).

I get monthly benefits from: Social Security Railroad Retirement Board

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, or approves deductions to begin after the enrollment effective date, we will send you a bill for your monthly premiums.)

Electronic Funds Transfer (EFT) from your bank account each month.

To set up EFT you will need to send us a signed authorization form with a voided check or a letter from your bank if the account is a savings account. If you select this method, we will send you the EFT form with instructions on how to complete and return to us.

Get a coupon book for monthly premium payments.

Note: You may also pay your plan premiums by credit card or by deduction from your bank account (checking/savings) instead of using the monthly coupons. To set up your payment, visit our website at www.wellcare.com/medicare or www.ohanahealthplan.com/medicare or call Customer Service at the number on the inside cover.



Please Read This Important Information:

For MAPD Plans: If you currently have health coverage from an employer or union, joining a/an WellCare/'Ohana/Easy Choice/WellCare TexanPlus plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join WellCare/'Ohana/Easy Choice/WellCare Texan Plus. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign:

By completing this enrollment application, I agree to the following: 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Our D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or Prescription Drug Plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. **(MA only plans:** I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.) Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available. (Example: October 15–December 7 of every year) or under certain special circumstances. WellCare/'Ohana/Easy Choice/WellCare TexanPlus serves a specific service area. **If I move out of the area that WellCare/'Ohana/Easy Choice/WellCare Texan Plus serves, I need to notify the plan so I can disenroll and find a new plan in my new area.** Once I am a member of WellCare/'Ohana/Easy Choice/WellCare TexanPlus, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from WellCare/'Ohana/Easy Choice/WellCare TexanPlus when I receive it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

Licensed Insurance Agent:

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Please Read and Sign (continued):

For Non-PPO Plans: I understand that beginning on the date WellCare/'Ohana/Easy Choice/WellCare TexanPlus coverage begins, I must get all of my health care from WellCare/'Ohana/Easy Choice/WellCare TexanPlus, except for emergency or urgently needed services or out-of-area dialysis services.

For PPO Plans Only: I understand that beginning on the date WellCare coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, WellCare provides refunds for all covered benefits, even if I get services out of network.

ALL PLANS: Services authorized by WellCare/'Ohana/Easy Choice/WellCare TexanPlus and other services contained in my WellCare/'Ohana/Easy Choice/WellCare TexanPlus Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR WELLCARE/'OHANA/EASY CHOICE/WELLCARE TEXAN PLUS WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with WellCare/'Ohana/Easy Choice/WellCare Texan Plus, he/she may be paid based on my enrollment in WellCare/'Ohana/Easy Choice/WellCare TexanPlus.

Release of Information: By joining this Medicare health plan, I acknowledge that WellCare/'Ohana/Easy Choice/WellCare TexanPlus will release my information to Medicare, other plans and providers as is necessary for treatment, payment and health care operations. I also acknowledge that WellCare/'Ohana/Easy Choice/WellCare TexanPlus will release my information (including my prescription drug event data) to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature: _____

Today's Date:

M	M	D	D	Y	Y	Y	Y

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the Annual Enrollment Period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and select the box if the statement applies to you. By filling in any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine that this information is incorrect, you may be disenrolled.

If the statement you select requires a date, please use the following format: MMDDYYYY

1. I am new to Medicare.
If you are new to Medicare due to loss of employer group or union coverage, please refer to number 13
2. I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
3. I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me.
I moved on

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4. I recently was released from incarceration. I was released on

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5. I recently returned to the United States after living permanently outside of the U.S.
I returned to the U.S. on

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6. I recently obtained lawful presence status in the United States. I got this status on

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7. I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on

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Licensed Insurance Agent:

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