

Changes to Our Plan's Formulary

Our Plan may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

The table below outlines changes to our formulary that may impact you.

| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug(s) * | Alternative Drug(s) Cost-Sharing Tier | Effective Date |
|-------------------------|---------------------------------|---|-----------------------------------|---------------------------------------|----------------|
| AVITA CRE 0.025% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | TRETINOIN CREAM 0.025% | Tier 4 | 11/01/2023 |
| AVITA GEL 0.025% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | TRETINOIN GEL 0.025% | Tier 4 | 07/01/2023 |
| BYDUREON BC INJ | Prior Authorization Added** | PA Added To Ensure Use Is For A Part D Covered Indication | Consult Your Health Care Provider | | 11/01/2023 |
| BYETTA INJ 10 MCG | Prior Authorization Added** | PA Added To Ensure Use Is For A Part D Covered Indication | Consult Your Health Care Provider | | 11/01/2023 |
| CALCITRIOL INJ 1 MCG/ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CALCITRIOL SOL 1 MCG/ML | Tier 4 | 07/01/2023 |

| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug(s) * | Alternative Drug(s) Cost-Sharing Tier | Effective Date |
|------------------------------|---------------------------------|-------------------------------|--------------------------------------|--|-----------------------|
| CAZIANP PAK | Deletion Of Drug From Formulary | Manufacturer Discontinuation | VELIVET PAK | Tier 3 | 01/01/2023 |
| CEFACLOP SUS 125 MG / 5 ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFACLOP SUS 250 MG / 5 ML | Tier 4 | 12/01/2023 |
| CEFACLOP SUS 375 MG / 5 ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFACLOP SUS 250 MG / 5 ML | Tier 4 | 12/01/2023 |
| CEFTAZIDIME D5W IV SOL | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFTAZIDIME INJ | Tier 4 | 12/01/2023 |
| DALIRESP TAB | Deletion Of Drug From Formulary | Generic Available | ROFLUMILAST TAB | Tier 4 | 05/01/2023 |
| DIGOX TAB 0.125 MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | DIGOXIN TAB 0.125 MG | Tier 2 | 01/01/2023 |
| DIGOX TAB 0.25 MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | DIGOXIN TAB 0.25 MG | Tier 2 | 01/01/2023 |
| ELLA TAB 30 MG | Deletion Of Drug From Formulary | Medicare Will No Longer Cover | Consult Your Health Care Provider | | 04/01/2023 |
| ESBRIET CAP 267 MG | Deletion Of Drug From Formulary | Generic Available | PIRFENIDONE CAP 267 MG | Tier 5 | 05/01/2023 |
| FREAMINE III INJ 10% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | TROPHAMINE INJ 10%, TRAVASOL INJ 10% | Tier 4 | 10/01/2023 |
| GILENYA CAP 0.5 MG | Deletion Of Drug From Formulary | Generic Available | FINGOLIMOD CAP 0.5 MG | Tier 5 | 05/01/2023 |
| HETLIOZ CAP 20 MG | Deletion Of Drug From Formulary | Generic Available | TASIMELTEON CAP 20 MG | Tier 5 | 05/01/2023 |

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|------------------------------|---------------------------------|---|---|--|-----------------------|
| ISOPTO ATROP SOL 1% OP | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ATROPINE SULFATE OPHTH SOLN 1% | Tier 3 | 11/01/2023 |
| KYNMOBI FILM | Deletion Of Drug From Formulary | Manufacturer Discontinuation | APOKYN INJ 10 MG/ML | Tier 5 | 08/01/2023 |
| LARISSIA TAB | Deletion Of Drug From Formulary | Manufacturer Discontinuation | AVIANE TAB | Tier 2 | 02/01/2023 |
| LEVO-T TAB | Deletion Of Drug From Formulary | Medicare Will No Longer Cover | LEVOTHYROXINE SODIUM TAB | Tier 1 | 08/01/2023 |
| LIDOCAINE HCL GEL 2% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | GLYDO GEL 2% | Tier 4 | 07/01/2023 |
| LILLOW TAB 0.15-30 MG-MCG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | LEVONORGESTREL-ETHINYL ESTRADIOL TAB 0.15-30 MG-MCG | Tier 3 | 12/01/2023 |
| MYORISAN CAP | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CLARAVIS CAP | Tier 4 | 07/01/2023 |
| NEVIRAPINE TAB 100 MG ER | Deletion Of Drug From Formulary | Manufacturer Discontinuation | NEVIRAPINE TAB 400MG ER | Tier 4 | 11/01/2023 |
| NORVIR SOLN 80 MG/ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | NORVIR PACKET 100 MG | Tier 4 | 04/01/2023 |
| OXANDROLONE TAB 10 MG | Deletion Of Drug From Formulary | Market Removal | Consult Your Health Care Provider | | 11/01/2023 |
| OXANDROLONE TAB 2.5 MG | Deletion Of Drug From Formulary | Market Removal | Consult Your Health Care Provider | | 11/01/2023 |
| OZEMPIC INJ | Prior Authorization Added** | PA Added To Ensure Use Is For A Part D Covered Indication | Consult Your Health Care Provider | | 11/01/2023 |

| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug(s) * | Alternative Drug(s) Cost-Sharing Tier | Effective Date |
|------------------------------|---------------------------------|---|---|--|-----------------------|
| PASER PACKETS 4 GM | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider | | 03/01/2023 |
| PRENATAL VIT TAB LOW IRON | Deletion Of Drug From Formulary | Manufacturer Discontinuation | PRENATAL TAB 27-1 MG | Tier 3 | 03/01/2023 |
| PROCALAMINE INJ 3% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CLINIMIX INJ 4.25/D5W | Tier 4 | 08/01/2023 |
| PROCTO-PAK CRE 1% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HYDROCORTISONE PERIANAL CREAM 1% | Tier 3 | 09/01/2023 |
| ROSADAN CREAM 0.75% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | METRONIDAZOLE CREAM 0.75% | Tier 4 | 03/01/2023 |
| RYBELSUS TAB | Prior Authorization Added** | PA Added To Ensure Use Is For A Part D Covered Indication | Consult Your Health Care Provider | | 11/01/2023 |
| STAVUDINE CAP | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB | Tier 3 | 10/01/2023 |
| SYNERCID INJ 500 MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider | | 09/01/2023 |
| TOPOSAR INJ 100 / 5 ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ETOPOSIDE INJ 20 MG/ML | Tier 3 | 09/01/2023 |
| TOPOSAR INJ 1 GM / 50 ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ETOPOSIDE INJ 1 GM / 50 ML | Tier 3 | 09/01/2023 |
| TRICARE TAB PRENATAL | Deletion Of Drug From Formulary | Manufacturer Discontinuation | PRENATAL TAB 27-1 MG; M-NATAL PLUS TAB | Tier 3 | 12/01/2023 |

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|-----------------------|-----------------------------|---|-----------------------------------|---------------------------------------|----------------|
| TRULICITY INJ | Prior Authorization Added** | PA Added To Ensure Use Is For A Part D Covered Indication | Consult Your Health Care Provider | | 11/01/2023 |
| VICTOZA INJ | Prior Authorization Added** | PA Added To Ensure Use Is For A Part D Covered Indication | Consult Your Health Care Provider | | 11/01/2023 |

*Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.

**If you are currently taking this drug, this change will not affect your coverage for this drug for the rest of the plan year.

Multi-Language Insert
Multi-Language Interpreter Services

Form Approved
OMB# 0938-1421

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que hable español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们有免费的口译服务来回答您就我们的健康或药物计划提出的任何问题。如需口译员，只需拨打以下页面上的计划号码致电联系我们。会说中文普通话的人员可以协助您。此为免费服务。

Chinese Cantonese: 我們有免費的口譯服務來回答您就我們的健康或藥物計劃提出的任何問題。如需口譯員，只需撥打以下頁面上的計劃號碼致電聯絡我們。會說粵語的人員可以協助您。此為免費服務。

Tagalog: Meron kaming libreng serbisyo ng interpreter para sagutin anumang tanong na meron ka tungkol sa aming plano ng kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa sumusunod na mga pahina. Matutulongan ka ng sinumang nagsasalita ng Tagalog. Libreng serbisyo ito.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser au sujet de notre régime de soins médicaux ou de notre régime d'assurance-médicaments. Pour bénéficier des services d'un interprète, il suffit de nous appeler aux numéros de régime indiqués dans les pages suivantes. Quelqu'un qui parle français peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi cung cấp dịch vụ phiên dịch viên miễn phí để trả lời bất kỳ câu hỏi nào quý vị có về chương trình y tế hoặc thuốc của chúng tôi. Để nhận được dịch vụ phiên dịch, chỉ cần gọi cho chúng tôi theo số điện thoại của chương trình trong các trang sau. Người nào đó nói tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetscherdienst, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Um einen Dolmetscher zu finden, rufen Sie uns einfach unter den auf den folgenden Seiten angegebenen Plan-Nummern an. Jemand, der Deutsch spricht, kann Ihnen helfen. Dieser Service ist für Sie kostenlos.

Korean: 저희의 건강 또는 약품 플랜에 대한 질문에 답해 드릴 수 있는 무료 통역 서비스를 제공합니다. 통역사에게 연결하려면 다음 페이지에 있는 플랜 번호로 전화하시기 바랍니다. 한국어를 하는 분이 도와드릴 수 있습니다. 이 통화는 무료 서비스입니다.

Russian: Мы предоставляем бесплатные услуги устного перевода, чтобы ответить на любые вопросы, которые могут возникнуть у вас о нашем плане медицинского страхования или страхового покрытия лекарственных препаратов. Чтобы получить устного переводчика, просто позвоните нам по номерам планов, указанным на следующих страницах. Вам поможет тот, кто говорит по-русски. Эта услуга предоставляется бесплатно.

Form CMS-10802

(Expires 12/31/25)

Y0020_WCM_100189M_FINAL_03_C Internal Approved 07082022

NA3WCMINS18121M_AMLI

Updated: 02/01/2023

Arabic: نوفر خدمات مترجم فوري للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للاستعانة بمترجم، ما عليك سوى الاتصال بنا على أرقام الخطة في الصفحات التالية. شخص يتحدث العربية يمكنه مساعدتك. هذه الخدمة تقدم مجاناً.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके होने वाले किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया प्राप्त करने के लिए, हमें निम्नलिखित पृष्ठों पर दिए गए प्लान नंबरों पर कॉल करें। कोई हिंदी भाषी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Disponiamo di servizi di interpretariato gratuiti per rispondere ad eventuali domande in merito al nostro piano sanitario o farmaceutico. Per ottenere un interprete, chiami i recapiti del piano disponibili nelle pagine successive. Qualcuno che parla italiano Le sarà d'aiuto. Si tratta di un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder quaisquer perguntas que você possa ter sobre nossos planos de saúde ou de medicamentos. Para solicitar um intérprete, ligue para nós através dos números do plano nas páginas a seguir. Um funcionário que fala português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou ka genyen konsènan plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan nimewo plan yo ki sou paj annapre yo. Yon moun ki pale Kreyòl Franse kapab ede ou. Se yon sèvis gratis li ye.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe w przypadku pytań dotyczących naszego planu zdrowotnego i lekowego. Aby skorzystać z tłumacza, prosimy zadzwonić do nas pod numery podane na kolejnych stronach. Pomocą posłużą osoby mówiące po polsku. Usługa jest bezpłatna.

Japanese: 当社の医療プランまたは処方薬プランについての質問にお答えする無料の通訳サービスをご利用いただけます。通訳サービスをご利用になるには、以降のページにおけるプランの番号までお電話ください。日本語を話すスタッフが対応いたします。これは無料のサービスです。

Hawaiian: Aia iā mākou he mau lawelawe māhele 'ōlelo manuahi e pane i nā 'ano nīnau āu no ka mākou papahana mālama olakino a ho'olako lā'au. No ka 'imi i mea māhele 'ōlelo, e kelepona wale mai iā mākou ma nā helu kelepona e waiho nei ma kēia mau 'ao'ao e koe nei. Na kekahi māhele 'ōlelo Hawai'i e kōkua iā 'oe. He lawelawe manuahi kēia.

Ilocano: Addaankami kadagiti libre a serbisio ti panagipatarus tapno masungbatan dagiti aniaman a saludsodmo maipapan iti salun-at wenno plano iti agas. Tapno makaala iti tagaipatarus, tawagannakami laeng kadagiti numero ti plano kadagiti sumaganad a panid. Matulongannaka ti maysa a tao nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

Samoan: E iai a matou auaunaga fa'aliliu upu fua e tali ai so'o se fesili e te ono iai e uiga i la matou fuafuaga fa'alesoifua maloloina po'o vaila'au. Mo le mauaina o se fa'aliliu upu, na'o le vala'au mai i numerua o fuafuaga o lo'o i itulau nei. E mafai e se tasi e tautala i le gagana Samoa ona fesoasoani ia te oe. Ose auaunaga e leai se totogi.

We're Just a Phone Call Away

ALABAMA

- + HMO, PPO
- 📞 **1-833-623-0771**
- + HMO D-SNP
- 📞 **1-833-542-1677**

FLORIDA

- + HMO, HMO-POS
- 📞 **1-833-603-2971**
- + HMO D-SNP
- 📞 **1-833-542-1676**

ILLINOIS

- + HMO
- 📞 **1-833-293-5966**

INDIANA

- + HMO, PPO
- 📞 **1-833-525-0824**
- + HMO D-SNP
- 📞 **1-833-542-1679**

KANSAS

- + HMO, PPO
- 📞 **1-833-816-6623**

MICHIGAN

- + HMO, PPO
- 📞 **1-833-431-1356**
- + HMO D-SNP
- 📞 **1-833-542-1678**

TENNESSEE

- + HMO, PPO
- 📞 **1-833-906-2876**

TEXAS

- + HMO, PPO
- 📞 **1-833-705-1358**

TTY FOR ALL OF THE ABOVE: 711

HOURS OF OPERATION

📅 **October 1 to March 31:** Monday-Sunday, 8 a.m. to 8 p.m.

📅 **April 1 to September 30:** Monday-Friday, 8 a.m. to 8 p.m.

💻 Or visit **[AscensionComplete.com](https://www.ascensioncomplete.com)**

Multi-Language Insert
Multi-Language Interpreter Services

Form Approved
OMB# 0938-1421

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Form CMS-10802

(Expires 12/31/25)

Y0020_WCM_100189M_FINAL_02_C Internal Approved 07082022

NA3WCMINS18110M_CMLI

Updated: 02/01/2023

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1-833-853-0864

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📞 1-833-854-4766

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📞 1-833-853-0866

💻 Or visit www.wellcare.com/OK

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💻 Or visit www.wellcare.com/healthnetOR

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📞 1-844-867-1156

💻 Or visit www.wellcare.com/trilliumOR

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+ HMO D-SNP, PPO D-SNP

📞 1-866-330-9368

💻 Or visit www.wellcare.com/allwellPA

SOUTH CAROLINA

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📞 1-855-766-1497

💻 Or visit www.wellcare.com/allwellSC

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+ HMO D-SNP

 1-877-935-8023

 Or visit www.wellcare.com/allwellTX

WISCONSIN

+ HMO D-SNP

 1-877-935-8024

 Or visit www.wellcare.com/allwellWI

WASHINGTON

+ PPO

 1-888-445-8913

 Or visit www.wellcare.com/healthnetOR

TTY FOR ALL STATES: 711

HOURS OF OPERATION

 **October 1 to March 31:** Monday–Sunday, 8 a.m. to 8 p.m.

 **April 1 to September 30:** Monday–Friday, 8 a.m. to 8 p.m.

Multi-Language Insert
Multi-Language Interpreter Services

Form Approved
OMB# 0938-1421

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que hable español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们有免费的口译服务来回答您就我们的健康或药物计划提出的任何问题。如需口译员，只需拨打以下页面上的计划号码致电联系我们。会说中文普通话的人员可以协助您。此为免费服务。

Chinese Cantonese: 我們有免費的口譯服務來回答您就我們的健康或藥物計劃提出的任何問題。如需口譯員，只需撥打以下頁面上的計劃號碼致電聯絡我們。會說粵語的人員可以協助您。此為免費服務。

Tagalog: Meron kaming libreng serbisyo ng interpreter para sagutin anumang tanong na meron ka tungkol sa aming plano ng kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa sumusunod na mga pahina. Matutulongan ka ng sinumang nagsasalita ng Tagalog. Libreng serbisyo ito.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser au sujet de notre régime de soins médicaux ou de notre régime d'assurance-médicaments. Pour bénéficier des services d'un interprète, il suffit de nous appeler aux numéros de régime indiqués dans les pages suivantes. Quelqu'un qui parle français peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi cung cấp dịch vụ phiên dịch viên miễn phí để trả lời bất kỳ câu hỏi nào quý vị có về chương trình y tế hoặc thuốc của chúng tôi. Để nhận được dịch vụ phiên dịch, chỉ cần gọi cho chúng tôi theo số điện thoại của chương trình trong các trang sau. Người nào đó nói tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetscherdienst, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Um einen Dolmetscher zu finden, rufen Sie uns einfach unter den auf den folgenden Seiten angegebenen Plan-Nummern an. Jemand, der Deutsch spricht, kann Ihnen helfen. Dieser Service ist für Sie kostenlos.

Korean: 저희의 건강 또는 약품 플랜에 대한 질문에 답해 드릴 수 있는 무료 통역 서비스를 제공합니다. 통역사에게 연결하려면 다음 페이지에 있는 플랜 번호로 전화하시기 바랍니다. 한국어를 하는 분이 도와드릴 수 있습니다. 이 통화는 무료 서비스입니다.

Russian: Мы предоставляем бесплатные услуги устного перевода, чтобы ответить на любые вопросы, которые могут возникнуть у вас о нашем плане медицинского страхования или страхового покрытия лекарственных препаратов. Чтобы получить устного переводчика, просто позвоните нам по номерам планов, указанным на следующих страницах. Вам поможет тот, кто говорит по-русски. Эта услуга предоставляется бесплатно.

Form CMS-10802

(Expires 12/31/25)

Y0020_WCM_100189M_FINAL_01_C Internal Approved 07082022

NA3WCMINS18099M_WMLI

Updated: 02/01/2023

Arabic: نوفر خدمات مترجم فوري للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للاستعانة بمترجم، ما عليك سوى الاتصال بنا على أرقام الخطة في الصفحات التالية. شخص يتحدث العربية يمكنه مساعدتك. هذه الخدمة تقدم مجاناً.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके होने वाले किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया प्राप्त करने के लिए, हमें निम्नलिखित पृष्ठों पर दिए गए प्लान नंबरों पर कॉल करें। कोई हिंदी भाषी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Disponiamo di servizi di interpretariato gratuiti per rispondere ad eventuali domande in merito al nostro piano sanitario o farmaceutico. Per ottenere un interprete, chiami i recapiti del piano disponibili nelle pagine successive. Qualcuno che parla italiano Le sarà d'aiuto. Si tratta di un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder quaisquer perguntas que você possa ter sobre nossos planos de saúde ou de medicamentos. Para solicitar um intérprete, ligue para nós através dos números do plano nas páginas a seguir. Um funcionário que fala português poderá ajudá-lo. Este serviço é gratuito.

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HAWAII

+ HMO, PPO, HMO D-SNP

📞 1-877-457-7621

ILLINOIS*

+ HMO, HMO-POS, HMO C-SNP, PPO

📞 1-833-444-9088

GEORGIA, ILLINOIS**, INDIANA, MICHIGAN, OHIO AND SOUTH CAROLINA

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HMO-POS C-SNP, HMO-POS D-SNP, PPO,
PPO D-SNP

📞 1-866-892-8340

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PFFS, PPO

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📞 1-833-444-9089

TTY FOR ALL OF THE ABOVE: 711

HOURS OF OPERATION

📅 October 1 to March 31: Monday–Sunday, 8 a.m. to 8 p.m.

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💻 Or visit www.wellcare.com/medicare or www.wellcare.com/ohana

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