

2020

Medicare Presentation



Get to Know ‘Ohana We Put Your Good Health First

People in Hawai‘i trust ‘Ohana for coverage that goes beyond basic Medicare. Medicare Advantage plans from ‘Ohana support your total well-being and help you live a better, healthier life.

Like Original Medicare, we offer doctor and hospital coverage. But you’ll find our plans may include extra benefits to take care of all aspects of your health: prescription drug coverage, dental, hearing, vision and fitness. Our Medicare Advantage plans are affordable, with predictable costs, low deductibles and co-pays, and limits on out-of-pocket spending.

‘Ohana is committed to making sure your well-being thrives by caring for you in every area of your life – physically, emotionally and socially. We cover traditional healthcare services, plus we can connect you to resources that address other needs as well. From smoking-cessation and help managing prescriptions to social resources that help with nutrition and transportation, ‘Ohana will be on your side so you can feel and be your independent best.

**If you’re ready to make the first step
to a better, healthier life, choose a
Medicare Advantage plan that cares
for your total well-being.**



Happy to Meet You

Who am I?

- I am a licensed 'Ohana plan representative.
- I do not represent the government, Medicare or Medicaid.



Get Help Choosing a Plan That's Right for You

Selecting a Medicare plan can be complicated, but I'm here to help. This easy-to-follow presentation explains Medicare in simple language. It covers everything you need to make a good decision about your Medicare coverage and to enroll in a plan. It also explains how an 'Ohana Medicare Advantage plan goes beyond the basics so you can live a better, healthier life.



Let's Start with the Basics

What is Medicare?

Medicare is a program administered and regulated by the Centers for Medicare & Medicaid Services (CMS).

You are eligible for Medicare if you are:

- A citizen or permanent resident of the United States
- Age 65 or older
- Under 65 with certain disabilities
- Any age with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS, also called Lou Gehrig's disease)

STAR RATINGS

Every year, Medicare evaluates plans based on a 5-star rating system.

Ask your licensed representative for details.

This presentation will help you understand Original Medicare and how it compares to 'Ohana Medicare Advantage plans.

Medicare has four different parts:



PART A

Hospital Insurance



PART B

Medical Insurance



PART D

Prescription Drug Coverage



PART C

Medicare Advantage



PART A

HOSPITAL INSURANCE

Part A covers inpatient care, a skilled nursing facility, hospice and some home health care. You will have out-of-pocket costs for your hospital stay, such as deductibles and coinsurance.



PART B

MEDICAL INSURANCE

Part B helps with the costs of doctor visits, outpatient services and some preventive services. With Part B, there are additional costs, such as a monthly premium, annual deductible and coinsurance you have to pay. Parts A and B together are called Original Medicare.



PART D

PRESCRIPTION DRUG COVERAGE

Part D helps cover the cost of prescription drugs. To receive drug coverage, you have to purchase a Prescription Drug Plan (PDP) to add to your Original Medicare or enroll in a Medicare Advantage plan with Part D prescription drug coverage (MAPD).



PART C

MEDICARE ADVANTAGE

By joining a Medicare Advantage plan, you get Part A and Part B (and usually Part D) coverage to support your total health and well-being in one plan. Many of these plans offer extras not found in Original Medicare, such as dental, vision, hearing and gym memberships. Medicare Advantage plans have predictable costs with set co-pays and out-of-pocket cost limits. 'Ohana offers different kinds of Medicare Advantage plans. We explain them in the column on the right.

Types of Medicare Advantage Plans:



Health Maintenance Organization (HMO)

In a **Health Maintenance Organization (HMO)**, you choose from a network of doctors, specialists and other healthcare providers for your care. You usually need a referral from your primary care provider for tests or to see other doctors and specialists.



Preferred Provider Organization (PPO)

Preferred Provider Organization (PPO) plans give you the flexibility to see doctors and specialists in and out of network, although your costs are usually lower if you stay in network. You usually **do not** need a referral from your primary care provider to see other doctors and specialists.



Private Fee-for-Service (PFFS)

In **Private Fee-for-Service (PFFS)** plans, you can go to any doctor, hospital or healthcare provider as long as they accept the plan's payment terms.



Dual-Eligible Special Needs Plans (D-SNPs)

Do you qualify for both Medicare and Medicaid? If so, we have plans especially for you. Our Dual-Eligible Special Needs Plans (D-SNPs) offer extra benefits for qualifying members at no extra cost.



Chronic Special Needs Plans (C-SNPs)

Our **Chronic Special Needs Plans (C-SNPs)** offer coverage to help members with certain long-term health issues such as diabetes, chronic heart failure and cardiovascular disorder.



Original Medicare vs. Medicare Advantage. Let's Compare.

Original Medicare

Basic Original Medicare by itself is just a starting point: it covers doctor visits and hospital stays. You usually pay a monthly Part B premium and must meet yearly deductibles. Original Medicare will then cover 80% of the approved amount and you're responsible for the remaining 20% of the cost of your care. *There is no limit to your out-of-pocket costs each year.*

Medicare Advantage

'Ohana Medicare Advantage plans support your entire well-being so you can live a better, healthier life. In one package, many of our plans give you Part A and Part B coverage, plus dental, vision, hearing, wellness and fitness programs. Many of our plans also include Part D prescription drug coverage .

How Medicare Advantage Helps You Control Costs

- ✓ Many of our plans have no additional premium.
- ✓ Primary Care visits and many prescription drugs have no or low co-pays.
- ✓ 'Ohana Medicare Advantage plans have a cap to your yearly out-of-pocket expenses.
If you reach the maximum out-of-pocket amount, you pay nothing for your covered in-network services for the rest of the calendar year.

	Medicare	Medicare Advantage
Doctor Visits	✓	✓
Hospital Stays	✓	✓
Prescription Drugs		✓*
Additional Benefits		✓

*Prescription drug coverage included in many Medicare Advantage plans.



Get to Know Medicare Part D

Medicare Part D is coverage for prescription drugs. You don't automatically get this coverage when you become eligible for Medicare, yet many Americans rely on prescription drugs to maintain their health and well-being. It's important to consider whether you need a plan with prescription drug coverage. To receive drug coverage, you can join an 'Ohana Medicare Advantage plan that includes prescription drug coverage or standalone Prescription Drug Plan (PDP).

Medicare Part D covers brand-name and generic prescription drugs. You generally pay less – or nothing at all – for generic drugs.

A formulary lists the drugs your plan covers.

Coverage Stages

Medicare Part D Prescription Drug Coverage includes four cost-sharing stages. The amount you pay to fill your prescription drugs depends on the payment stage you are in.

1 | Deductible
The amount you pay before a plan covers your prescription drug costs. Some 'Ohana plans have no deductible.

2 | Initial Coverage
During this stage, the plan pays its share of the cost and you pay your share. You are in this stage until your payments and the plan's payments total \$4,020 for the year.

3 | Coverage Gap
When your drug costs and plan payments for the year reach \$4,020, you enter the Coverage Gap Stage, commonly known as the Donut Hole. You will pay 25% of the cost for formulary generic and brand-name drugs. You will stay in this stage until your out-of-pocket costs for the year reach \$6,350.

4 | Catastrophic Coverage
After your out-of-pocket costs for prescription drugs reach \$6,350, the plan will pay most of your drug costs for the rest of the year. You will pay either 5% of the cost of the drug, or a co-pay of \$3.60 for generic drugs or \$8.95 for all other drugs.

Find out if you qualify for Extra Help

Extra Help is a Medicare program that helps people who have limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles and co-payments. Depending on your income and resources, you may qualify for Extra Help. To see if you qualify for Extra Help, call **1-800-MEDICARE (1-800-633-4227)**; TTY users may call **1-877-486-2048**. You may also apply online at **www.medicare.gov**, call Social Security at **1-800-772-1213 (TTY 1-800-325-0778)**, or contact your state Medicaid Office.



Let's Look at Extra Benefits (at No Extra Cost)

You need a plan and benefits that support the bigger picture of your health. Yes, that includes the hospital and medical coverage you would get with Original Medicare. But you deserve something more. Now you can choose a plan with extras that add to a healthy you – *A Better You*. Best of all, these extra benefits may come with no or low premiums, deductibles or co-pays. Many of our plans include the benefits below:



An Rx for savings

Prescription medications can keep your health on track. Now you can save time and money with our mail-order pharmacy service with preferred cost-sharing. You'll pay \$0 for a 90-day supply of many generic medications. And you can have your medications delivered right to your home.



Smile! Your dental's covered

Our dental coverage goes beyond Original Medicare. With many plans you pay nothing for preventive care like cleanings, exams, X-rays and fluoride treatment. You may also get coverage for comprehensive services like fillings and extractions.



See the value of a vision benefit

Vision coverage may include a yearly exam and an allowance for glasses, frames or contact lenses.



Fitness for a better you

Do your health goals include regular exercise? Many of our plans offer a fitness membership at partner facilities.



How does hearing coverage sound?

Many plans include a yearly evaluation and an allowance toward a hearing aid.



Go shopping for healthy stuff. It's on us!

It's like a trip to the drugstore, but we pick up the tab. Some of our plans offer an Over-the-Counter (OTC) program that gives you an allowance to spend on things you use for your healthy lifestyle, like vitamins, toothpaste, pain relievers and much more.



My'Ohana, healthcare on the go

Stay connected with your plan anytime, anywhere. Download our app to your mobile device to quickly search for providers and urgent care clinics, get appointment reminders, view your plan benefits, and more.



Call a nurse 24/7

If you're sick or need medical advice after hours, the Nurse Advice Line is available 24 hours a day every day at no cost. Our nurses can also give you information about many general health topics and illnesses.



Help with life challenges

When a lack of basics, like nutrition and transportation, get in the way of your good health, our Community Connections Help Line is available at **1-866-775-2192**, Monday–Friday, 9 a.m. to 6 p.m. (Video Relay: **1-855-628-7552**). This service is available to anyone, not just plan members.



5 Good Reasons to Choose 'Ohana

- 1 | We care about the whole you**

'Ohana helps support your well-being in every area of your life – physically, socially and emotionally. We offer more than just healthcare. When you need extra support for things like quitting smoking, losing weight or dealing with depression, 'Ohana connects you to programs that can help.
- 2 | More coverage than Original Medicare**

All of our plans offer more benefits than Original Medicare – with many plans offering extra benefits that matter to your health and wallet, like dental, vision and hearing coverage. You can even select a plan that includes prescription drug benefits – all in one convenient package.
- 3 | Value that saves you money**

With 'Ohana, you'll pay less and get more. Many of our plans have \$0 or low premiums, \$0 or low deductibles, and \$0 or low co-pays. All plans have limits on how much you'll spend out of your own pocket each year.
- 4 | Preventive benefits to boost your good health**

Quality healthcare ought to go beyond the basics to help you stay healthy in the first place. From flu shots to mammograms to annual checkups, our plans cover many preventive care services at no cost to you. And we remind your providers when you might be due for screenings. That way, you won't miss out on the care you need.
- 5 | Leading medical providers in your area**

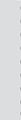
You'll find a network of qualified primary care providers, specialists, hospitals and pharmacies near you. We partner with leading providers who have the education, experience and skills to treat you. And because our members come from many backgrounds and speak many languages, our providers do as well.

WellCare by the Numbers

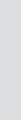
As of March 31, 2019



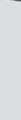
6.3 MILLION
approximate members nationwide,
including 4.1 million Medicaid members,
558,000 Medicare Advantage members and
1.6 million Medicare
Prescription Drug Plan members.



Our network includes
659,000 contracted
healthcare providers
and **68,000** pharmacies.



Medicare Advantage plans
in **22** states.



Part D Prescription Drug plans
in all **50** states and
Washington D.C.



Take Advantage of Your Enrollment Window

Initial Enrollment Period

This is the time when someone first becomes eligible and can sign up for Medicare. For most people it begins three months before the 65th birthday month and lasts three months after the 65th birthday month.

Annual Enrollment Period (AEP)

The Annual Enrollment Period for 2020 starts on Oct. 15, 2019, and ends on Dec. 7, 2019. During this period you can...

- Enroll in a Medicare Advantage plan from Original Medicare
- Enroll from one Medicare Advantage plan to another
- Enroll in Original Medicare from a Medicare Advantage plan

When you make changes to your coverage during this time, they take effect Jan. 1, 2020.

Open Enrollment Period (OEP)

The Open Enrollment Period starts Jan. 1 and ends on March 31. During this period, you can...

- Enroll from one Medicare Advantage plan to another
- Enroll from a Medicare Advantage plan to Original Medicare with or without a stand-alone Part D plan (but not from Original Medicare to a Medicare Advantage plan)
- Individuals may add or drop Part D coverage.

The effective date for an MA OEP election is the first of the month following receipt of the enrollment request.

Special Enrollment Periods (SEPs)

You could qualify for a Special Enrollment Period during any month when certain events happen in your life, even if it's outside of AEP and OEP. There are many SEPs. You may qualify for one of them if...

- You move
- You are eligible for Medicaid
- You qualify for Extra Help with Medicare prescription drug costs
- You move to an institution, like a skilled nursing facility or long term care hospital
- You want to switch to a plan with a 5-star overall quality rating

Be sure to sign up when you're eligible

If you don't, you might owe a penalty. Medicare beneficiaries who go for 63 days or more without "creditable drug coverage" must pay a late enrollment penalty. Creditable coverage is prescription drug coverage that meets Original Medicare's standards.



You're Ready to Sign Up

If extra benefits, more value and quality-focused care sound good to you, let's take the next step. You can enroll in one of the following ways:

- By meeting with your Licensed Representative
- By visiting us online at **ohanahealthplan.com**
- By calling **1-877-OUR-OHANA (TTY 711)**, 8 a.m.–8 p.m., 7 days a week.

We look forward to serving you.

What to Expect After You Enroll

After you've completed your enrollment application, you'll receive important information and materials about your new plan.

What will I get?	Why do I need it?
'Ohana ID Card	Your ID card is like your key to getting healthcare services. Use it every time you access your plan benefits. Keep it with you at all times. Please do not use your red, white and blue Medicare card, but keep it in a safe place.
Member Welcome Kit	Your Member Welcome Kit includes helpful information and details that can get you started with your new plan: <ul style="list-style-type: none">• Official acceptance of enrollment• Plan start date• (OTC) catalog/flyer, depending on your plan
Welcome Call	During the call, we'll ask you about your health needs and make sure you have everything you need for a smooth transition.

Thank You!

Please tell your friends and family about your decision and the reasons why you have selected ‘Ohana as your Medicare Advantage health plan.

‘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. This information is not a complete description of benefits. Call 1-877-OUR-OHANA TTY 711 for more information. Every year, Medicare evaluates plans based on a 5-star rating system. Out-of-network/non-contracted providers are under no obligation to treat ‘Ohana 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. Please contact your plan for details. You have the choice to sign up for automated mail service delivery. You can get prescription drugs shipped to your home through our network mail service delivery program. You should expect to receive your prescription drugs within 10–14 calendar days from the time that the mail service pharmacy receives the order. If you do not receive your prescription drugs within this time, please contact us at 1-866-892-9006 (TTY 1-866-507-6135), 24 hours a day, seven days a week, or visit mailrx.wellcare.com. WellCare Health Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-374-4056 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-374-4056 (TTY: 711)。PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-877-374-4056 (TTY: 711). PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-374-4056 (TTY: 711).

