

## Wellcare Patriot Giveback Open (PPO) *offered by Wellcare Health Insurance Company Of Oklahoma, Inc.*

### Annual Notice of Change for 2026

You're enrolled as a member of Wellcare Patriot Giveback Open (PPO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Wellcare Patriot Giveback Open (PPO).
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [go.wellcare.com/OK](http://go.wellcare.com/OK) or call Member Services at 1-800-977-7522 (TTY users call 711) to get a copy by mail.

#### More Resources

- Call Member Services at 1-800-977-7522 (TTY users call 711) for more information. Hours are: 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. This call is free.
- We must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.

#### About Wellcare Patriot Giveback Open (PPO)

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, 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.
- When this material says “we,” “us,” or “our,” it means Wellcare Health Insurance Company Of Oklahoma, Inc. When it says “plan” or “our plan,” it means Wellcare Patriot Giveback Open (PPO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Wellcare Patriot Giveback Open (PPO).** Starting January 1, 2026, you'll get your medical through Wellcare Patriot Giveback Open (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's), for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b> (Go to Section 1.1 for details.)	\$0	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$4,700  From network and out-of-network providers combined: \$8,950	<b>From network providers: \$4,700</b>  <b>From network and out-of-network providers combined: \$8,950</b>
<b>Primary care office visits</b>	<b>In-Network</b> \$0 copay per visit <b>Out-of-Network</b> \$40 copay per visit	<b>In-Network</b> <b>\$0 copay per visit</b> <b>Out-of-Network</b> <b>\$40 copay per visit</b>
<b>Specialist office visits</b>	<b>In-Network</b> \$40 copay per visit <b>Out-of-Network</b> \$75 copay per visit	<b>In-Network</b> <b>\$30 copay per visit</b> <b>Out-of-Network</b> <b>\$75 copay per visit</b>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.</p>	<p>For covered admissions, per admission:</p> <p><b>In-Network:</b> \$400 copay per day, for days 1 to 6 and a \$0 copay per day, for days 7 to 90 for each covered hospital stay</p> <p><b>Out-of-Network:</b> 20% of the total cost for days 1 to 90 for each covered hospital stay</p>	<p><b>For covered admissions, per admission:</b></p> <p><b>In-Network:</b> <b>\$400 copay per day, for days 1 to 6 and a \$0 copay per day, for days 7 to 90 for each covered hospital stay</b></p> <p><b>Out-of-Network:</b> <b>30% of the total cost for days 1 to 90 for each covered hospital stay</b></p>

## SECTION 1 Changes to Benefits & Costs for Next Year

### Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
<b>Part B premium reduction</b> This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$120	\$125

### Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amounts. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
<b>In-network maximum out-of-pocket amount</b> Your costs for covered medical services (such as copayments) from network providers <b>count</b> toward your in-network maximum out-of-pocket amount.	\$4,700	<b>\$4,700</b> <b>Once you've paid \$4,700 out-of-pocket for covered Part A and Part B services from network providers, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</b>

	2025 (this year)	2026 (next year)
<b>Combined maximum out-of-pocket amount</b> Your costs for covered medical services (such as copayments) from in-network and out-of-network providers <b>count</b> toward your combined maximum out-of-pocket amount.	\$8,950	<b>\$8,950</b> <b>Once you've paid \$8,950 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.</b>

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [go.wellcare.com/2026providerdirectories](https://go.wellcare.com/2026providerdirectories) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [go.wellcare.com/2026providerdirectories](https://go.wellcare.com/2026providerdirectories).
- Call Member Services at 1-800-977-7522 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-977-7522 (TTY users call 711) for help.

**Section 1.4 Changes to Benefits & Costs for Medical Services**

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Prior Authorizations</b>	<p>The following in-network benefits have a change in prior authorization requirements.</p> <p>Physician/Practitioner services, including doctor's office visits - Additional telehealth services may require prior authorization.</p> <p>Vision care - Medicare-covered eyewear may require prior authorization.</p> <p>If your benefit does or does not require a prior authorization, it may still require a referral from the plan.</p>	<p><b>Physician/Practitioner services, including doctor's office visits - Additional telehealth services do(es) <u>not</u> require prior authorization.</b></p> <p><b>Vision care - Medicare-covered eyewear do(es) <u>not</u> require prior authorization.</b></p> <p><b>If your benefit does or does not require a prior authorization, it may still require a referral from the plan.</b></p>

	2025 (this year)	2026 (next year)
<b>Acupuncture for chronic low back pain</b>	<p><b>In-Network</b> You pay a \$0 copay for Medicare-covered acupuncture received in a PCP office.</p> <p>You pay a \$40 copay for Medicare-covered acupuncture received in a specialist office.</p> <p>You pay a \$20 copay for Medicare-covered acupuncture received in a chiropractor office.</p>	<p><b>In-Network</b> You pay a \$0 copay for Medicare-covered acupuncture received in a PCP office.</p> <p>You pay a \$30 copay for Medicare-covered acupuncture received in a specialist office.</p> <p>You pay a \$15 copay for Medicare-covered acupuncture received in a chiropractor office.</p>
<b>Cardiac rehabilitation services - Intensive</b>	<p><b>In-Network</b> You pay a \$20 copay for each Medicare-covered service.</p>	<p><b>In-Network</b> You pay a \$50 copay for each Medicare-covered service.</p>
<b>Cardiac rehabilitation services</b>	<p><b>In-Network</b> You pay a \$20 copay for each Medicare-covered service.</p>	<p><b>In-Network</b> You pay a \$40 copay for each Medicare-covered service.</p>
<b>Chiropractic services</b>	<p><b>In-Network</b> You pay a \$20 copay for each Medicare-covered service.</p>	<p><b>In-Network</b> You pay a \$15 copay for each Medicare-covered service.</p>
<b>Dental services - Medicare-covered</b>	<p><b>In-Network</b> You pay a \$40 copay for each Medicare-covered service.</p>	<p><b>In-Network</b> You pay a \$30 copay for each Medicare-covered service.</p>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Routine dental services - Comprehensive dental services</b>	Your plan has no maximum allowance for in-network and out-of-network covered comprehensive dental services.	<b>Up to a \$2,000 allowance for all in-network and out-of-network covered comprehensive dental services every year.</b>
<b>Routine dental services - Comprehensive dental services - Endodontics</b>	<b>In-Network</b> Routine dental services - Comprehensive dental services – Endodontics are <u>not</u> covered.	<b>In-Network</b> You pay a \$0 copay.
<b>Routine dental services - Comprehensive dental services - Endodontics</b>	Routine Dental services - Comprehensive dental services - Endodontics are <u>not</u> covered.	<b>Limited to 1 endodontic service(s) once per tooth per lifetime.</b>
<b>Routine dental services - Comprehensive dental services - Endodontics</b>	<b>Out-of-Network</b> Routine Dental services - Comprehensive dental services - Endodontics are <u>not</u> covered.	<b>Out-of-Network</b> You pay 50% of the total cost.
<b>Routine dental services - Comprehensive dental services - Oral/maxillofacial surgery</b>	<b>In-Network</b> Routine Dental services - Comprehensive dental services – Oral and maxillofacial surgeries are <u>not</u> covered.	<b>In-Network</b> You pay a \$0 copay.

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Routine dental services - Comprehensive dental services - Oral/maxillofacial surgery</b>	Routine Dental services - Comprehensive dental services - Oral and Maxillofacial Surgeries are <u>not</u> covered.	<b>Limited to 1 oral and maxillofacial surgeries every date of service to per lifetime, depending on type of service.</b>
<b>Routine dental services - Comprehensive dental services - Oral/maxillofacial surgery</b>	<b>Out-of-Network</b> Routine Dental services - Comprehensive dental services – Oral and maxillofacial surgeries are <u>not</u> covered.	<b>Out-of-Network You pay 50% of the total cost.</b>
<b>Routine dental services - Comprehensive dental services - Periodontics</b>	<b>In-Network</b> Routine dental services - Comprehensive dental services – Periodontics are <u>not</u> covered.	<b>In-Network You pay a \$0 copay.</b>
<b>Routine dental services - Comprehensive dental services - Periodontics</b>	Routine Dental services – Comprehensive dental services - Periodontics are <u>not</u> covered.	<b>Limited to 1 periodontic service(s) every 6 months to 3 plans years depending on type of service</b>
<b>Routine dental services - Comprehensive dental services - Periodontics</b>	<b>Out-of-Network</b> Routine Dental services - Comprehensive dental services – Periodontics are <u>not</u> covered.	<b>Out-of-Network You pay 50% of the total cost.</b>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Routine dental services - Comprehensive dental services - Restorative services</b>	<b>In-Network</b> Routine Dental services – Comprehensive dental services – Restorative Services are <u>not</u> covered.	<b>In-Network</b> <b>You pay a \$0 copay.</b>
<b>Routine dental services - Comprehensive dental services - Restorative services</b>	Routine Dental services - Comprehensive dental services - Restorative Services are <u>not</u> covered	<b>Limited to 1 restorative service(s) every 1 to 7 plan years per tooth depending on type of service.</b>
<b>Routine dental services - Comprehensive dental services - Restorative services</b>	<b>Out-of-Network</b> Routine Dental services - Comprehensive dental services - Restorative Services are <u>not</u> covered	<b>Out-of-Network</b> <b>You pay 50% of the total cost.</b>
<b>Diagnostic Colonoscopy</b>	<b>In-Network</b> You pay a \$0 copay for each Medicare-covered diagnostic colonoscopy in an outpatient hospital facility. You pay a \$250 copay for each Medicare-covered diagnostic colonoscopy in an ambulatory surgical center.	<b>In-Network</b> <b>You pay a \$0 copay for each Medicare-covered diagnostic colonoscopy regardless of place of service.</b>
<b>Durable medical equipment (DME) and related supplies - Durable medical equipment</b>	<b>Out-of-Network</b> You pay 30% of the total cost for each Medicare-covered service.	<b>Out-of-Network</b> <b>You pay 40% of the total cost for each Medicare-covered service.</b>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Emergency services</b>	<p>You pay a \$125 copay for each Medicare-covered service.</p> <p>Copayment is waived if you are admitted to a hospital within 24 hours.</p>	<p><b>You pay a \$130 copay for each Medicare-covered service.</b></p> <p><b>Copayment is waived if you are admitted to a hospital within 24 hours.</b></p>
<b>Emergency services - Worldwide emergency coverage</b>	<p>You pay a \$125 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to the hospital.</p>	<p><b>You pay a \$130 copay for each covered service.</b></p> <p><b>Copayment is <u>not</u> waived if you are admitted to the hospital.</b></p>
<b>Emergency services - Worldwide urgent coverage</b>	<p>You pay a \$125 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to a hospital.</p>	<p><b>You pay a \$130 copay for each covered service.</b></p> <p><b>Copayment is <u>not</u> waived if you are admitted to a hospital.</b></p>
<b>Hearing services - Medicare-covered hearing exam</b>	<p><b>In-Network</b> You pay a \$40 copay for each Medicare-covered service.</p>	<p><b>In-Network</b> <b>You pay a \$30 copay for each Medicare-covered service.</b></p>
<b>Home infusion therapy</b>	<p><b>In-Network</b> You pay a \$0 copay for each professional service from a Primary Care Provider, including nursing services training and education, remote monitoring and monitoring services.</p>	<p><b>In-Network</b> <b>You pay a \$0 copay for each professional service from a Primary Care Provider, including nursing services training and education, remote monitoring and monitoring services.</b></p>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
	You pay a \$40 copay for each professional service from a specialist, including nursing services training and education, remote monitoring and monitoring services.	<b>You pay a \$30 copay for each professional service from a specialist, including nursing services training and education, remote monitoring and monitoring services.</b>
<b>Inpatient hospital care</b>	For covered admissions, per admission:  <b>Out-of-Network</b> You pay 20% of the total cost for days 1 to 90 for each covered hospital stay	<b>For covered admissions, per admission:  Out-of-Network You pay 30% of the total cost for days 1 to 90 for each covered hospital stay</b>
<b>Inpatient services in a psychiatric hospital</b>	For Medicare-covered admissions, per admission:  <b>Out-of-Network</b> You pay 20% of the total cost, for days 1 to 90 for each Medicare-covered hospital stay .	<b>For Medicare-covered admissions, per admission:  Out-of-Network You pay 30% of the total cost for days 1 to 90 for each Medicare-covered hospital stay</b>
<b>Meals - Post-acute (limitations and exclusions apply)</b>	Meals - post-acute is <u>not</u> covered.	<b>You pay a \$0 copay for post-acute meals. There is a maximum of 3 meals per day for 14-days for a total of 42 meals. Service must be requested within 45 days of discharge from your inpatient stay.</b>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Medicare Part B drugs - Chemotherapy/Radiation drugs</b>	<p><b>Out-of-Network</b> You pay 20% of the total cost for Medicare-covered chemotherapy/radiation drugs.</p> <p>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.</p>	<p><b>Out-of-Network</b> You pay 40% of the total cost for Medicare covered chemotherapy/radiation drugs.</p> <p><b>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.</b></p>
<b>Medicare Part B drugs- Part B drugs</b>	<p><b>Out-of-Network</b> You pay a \$0 copay for Medicare-covered Part B allergy antigens.</p> <p>You pay 20% of the total cost for all other Medicare-covered Part B drugs.</p> <p>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.</p> <p>Medicare-covered Part B drugs may be subject to Step Therapy requirements.</p>	<p><b>Out-of-Network</b> You pay a \$0 copay for Medicare-covered Part B allergy antigens.</p> <p><b>You pay 40% of the total cost for all other Medicare-covered Part B drugs.</b></p> <p><b>Certain Part B rebatable drugs may be subject to a lower coinsurance than the amount shown above.</b></p> <p><b>Medicare-covered Part B drugs may be subject to Step Therapy requirements.</b></p>
<b>Opioid treatment program services</b>	<p><b>In-Network</b> You pay a \$40 copay for each Medicare-covered service.</p>	<p><b>In-Network</b> You pay a \$30 copay for each Medicare-covered service.</p>

	2025 (this year)	2026 (next year)
<b>Outpatient hospital observation</b>	<p><b>In-Network</b> You pay a \$125 copay for outpatient observation services when you enter observation status through an emergency room. You pay a \$500 copay for outpatient observation services when you enter observation status through an outpatient facility.</p>	<p><b>In-Network</b> You pay a \$130 copay for outpatient observation services when you enter observation status through an emergency room. You pay a \$500 copay for outpatient observation services when you enter observation status through an outpatient facility.</p>
<b>Partial hospitalization and Intensive outpatient program services</b>	<p><b>In-Network</b> You pay a \$105 copay per day for each Medicare-covered service.</p>	<p><b>In-Network</b> You pay a \$140 copay per day for each Medicare-covered service.</p>
<b>Doctor office visits - Specialist</b>	<p><b>In-Network</b> You pay a \$40 copay for each Medicare-covered service.</p>	<p><b>In-Network</b> You pay a \$30 copay for each Medicare-covered service.</p>
<b>Office visits - Other healthcare professionals</b>	<p><b>In-Network</b> You pay a \$0 copay for each Medicare-covered service at a Primary Care Provider. You pay a \$40 copay for each Medicare-covered service at all other locations.</p>	<p><b>In-Network</b> You pay a \$0 copay for each Medicare-covered service at a Primary Care Provider. You pay a \$30 copay for each Medicare-covered service at all other locations.</p>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Podiatry services - Medicare-covered</b>	<b>In-Network</b> You pay a \$40 copay for each Medicare-covered service.	<b>In-Network</b> <b>You pay a \$30 copay for each Medicare-covered service.</b>
<b>Pulmonary Rehabilitation Services</b>	<b>In-Network</b> You pay a \$15 copay for each Medicare-covered service.	<b>In-Network</b> <b>You pay a \$35 copay for each Medicare-covered service.</b>
<b>Skilled nursing facility (SNF) care</b>	For Medicare-covered admissions, per admission:  <b>In-Network</b> You pay a \$0 copay per day, for days 1 to 20, a \$214 copay per day, for days 21 to 50, and a \$0 copay per day, for days 51 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs.	<b>For Medicare-covered admissions, per admission:</b>  <b>In-Network</b> <b>You pay a \$0 copay per day, for days 1 to 20, a \$218 copay per day, for days 21 to 50, and a \$0 copay per day, for days 51 to 100 for Medicare-covered skilled nursing facility care.</b> <b>Beyond day 100: You are responsible for all costs.</b>
<b>Supervised Exercise Therapy (SET)</b>	<b>In-Network</b> You pay a \$15 copay for each Medicare-covered service.	<b>In-Network</b> <b>You pay a \$25 copay for each Medicare-covered service.</b>

	2025 (this year)	2026 (next year)
<b>Vision care - Medicare-covered eye exam</b>	<b>In-Network</b> You pay a \$0 copay for each Medicare-covered diabetic eye exam. You pay a \$40 copay for all other Medicare-covered eye exams.	<b>In-Network</b> <b>You pay a \$0 copay for each Medicare-covered diabetic eye exam.</b> <b>You pay a \$30 copay for all other Medicare-covered eye exams.</b>
<b>Vision care - Routine eyewear</b>	Up to a \$100 combined credit every year for all routine eyewear.	<b>Up to a \$200 combined credit every year for all routine eyewear.</b>

## SECTION 2 Administrative Changes

The information in the Administrative Changes grid below reflects year-over-year changes to your plan that do not directly impact benefits or cost-shares.

	2025 (this year)	2026 (next year)
<b>Membership disenrollment options</b>	If you need to switch from our plan to Original Medicare or another Medicare Advantage plan, you need to send us a written request to disenroll. For more details, please refer to Chapter 8 of your Evidence of Coverage.	<b>If you need to switch from our plan to Original Medicare or another Medicare Advantage plan, you can send us a written request to disenroll or visit our website to disenroll online. For more details, please refer to Chapter 8 of your Evidence of Coverage.</b>

	2025 (this year)	2026 (next year)
<b>Preferred Part B Diabetic Products</b>	OneTouch™ is our preferred diabetic testing supplies (glucose monitors & test strips) brand. Other brands are not covered unless medically necessary and authorized.	<b>Accu-Chek Guide™ and True Metrix™ are our preferred diabetic testing supplies (glucose monitors &amp; test strips) brands. Other brands are not covered unless medically necessary and authorized.</b>

### SECTION 3 How to Change Plans

**To stay in Wellcare Patriot Giveback Open (PPO), you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Wellcare Patriot Giveback Open (PPO).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Wellcare Patriot Giveback Open (PPO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Wellcare Patriot Giveback Open (PPO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online at [go.wellcare.com/OK](https://www.wellcare.com/OK). Call Member Services at 1-800-977-7522 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [www.Medicare.gov](https://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

### Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## SECTION 4 Get Help Paying for Prescription Drugs

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan, yearly deductibles, and coinsurance. Also, those who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week;

- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778; or
- Your State Medicaid Office.

## SECTION 5      Questions?

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### Get Help from Wellcare Patriot Giveback Open (PPO)

- **Call Member Services at 1-800-977-7522. (TTY users call 711.)**

We're available for phone calls. 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. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *Evidence of Coverage* for Wellcare Patriot Giveback Open (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [go.wellcare.com/OK](https://go.wellcare.com/OK) or call Member Services at 1-800-977-7522 (TTY users call 711) to ask us to mail you a copy.

- **Visit [go.wellcare.com/OK](https://go.wellcare.com/OK)**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

### Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Oklahoma, the SHIP is called Oklahoma Medicare Assistance Program (MAP).

Call Oklahoma Medicare Assistance Program (MAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Oklahoma Medicare Assistance Program (MAP) at 1-800-763-2828. Learn more

about Oklahoma Medicare Assistance Program (MAP) by visiting [https://www.oid.ok.gov/consumers/information-for-seniors/senior-health-insurance-counseling-program-ship/?utm\\_source=chatgpt.com](https://www.oid.ok.gov/consumers/information-for-seniors/senior-health-insurance-counseling-program-ship/?utm_source=chatgpt.com).

## Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.