Medicare Field Sales

2027 Annual Enrollment Period

Michigan Roadshow

The Team

Name	Title	Supporting Market	Phone Number	Email
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Centene Overview

Centene Overview

WHO WE ARE

MISSION Transforming the health of the communities we serve, one person at a time.

For over 40 years, Centene has delivered affordable, quality-focused care to individuals who are often lower-income and medically complex. Our products include Medicaid, Medicare, and the Health Insurance Marketplace.

OUR PILLARS Focus on the Individual + Whole Health + Active Local Involvement

St. Louis
Based company founded in Milwaukee in 1984

#1 Medicaid and Marketplace
insurer in the nation

WHAT WE DO

Serve more than 1 in 15
individuals across all 50 states

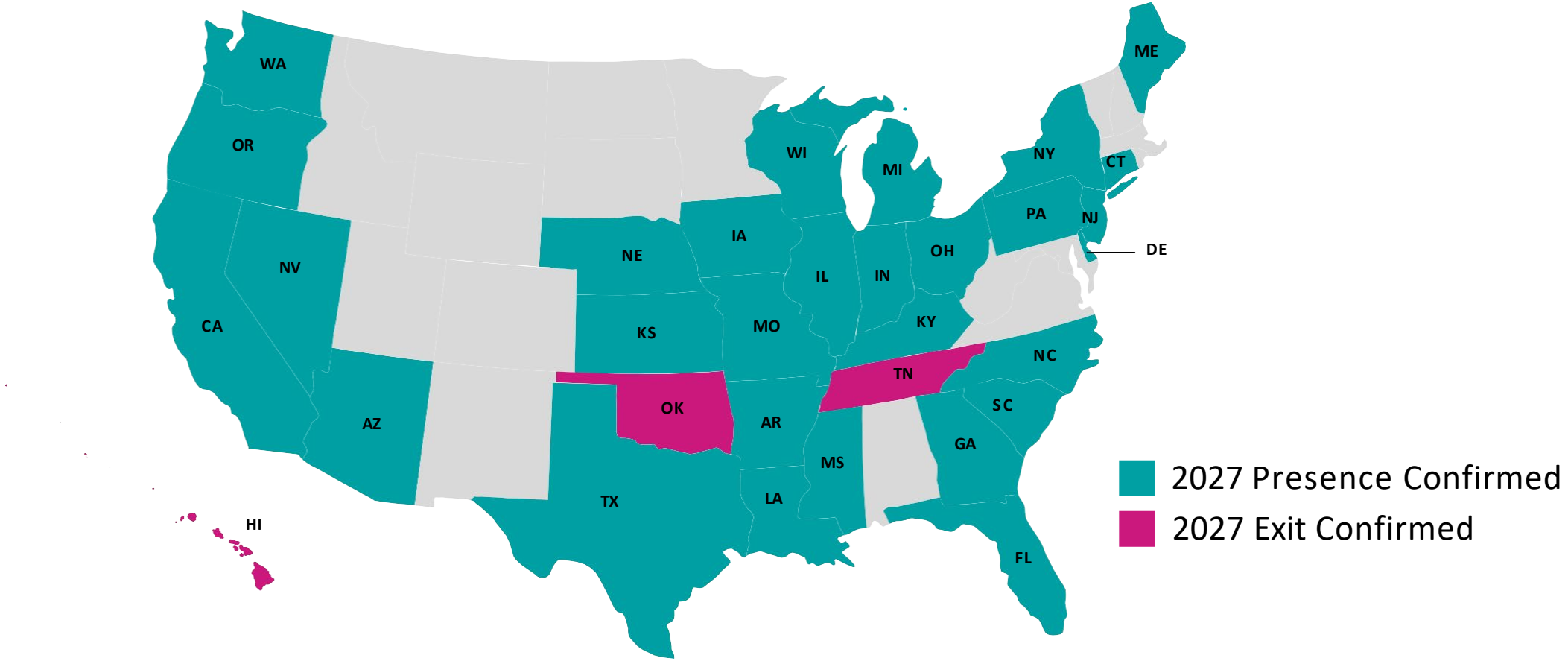
Our state-based plans are built on community expertise and backed by the data, scale and experience of a leading national company. By working hand-in-hand with providers, policymakers, and communities, we connect people to what matters most – not just healthcare, but essentials like food, housing, utilities, and transportation – to drive meaningful health outcomes.

26.3 million members

Innovating for the Future of Healthcare

Medicare Advantage Product Philosophy

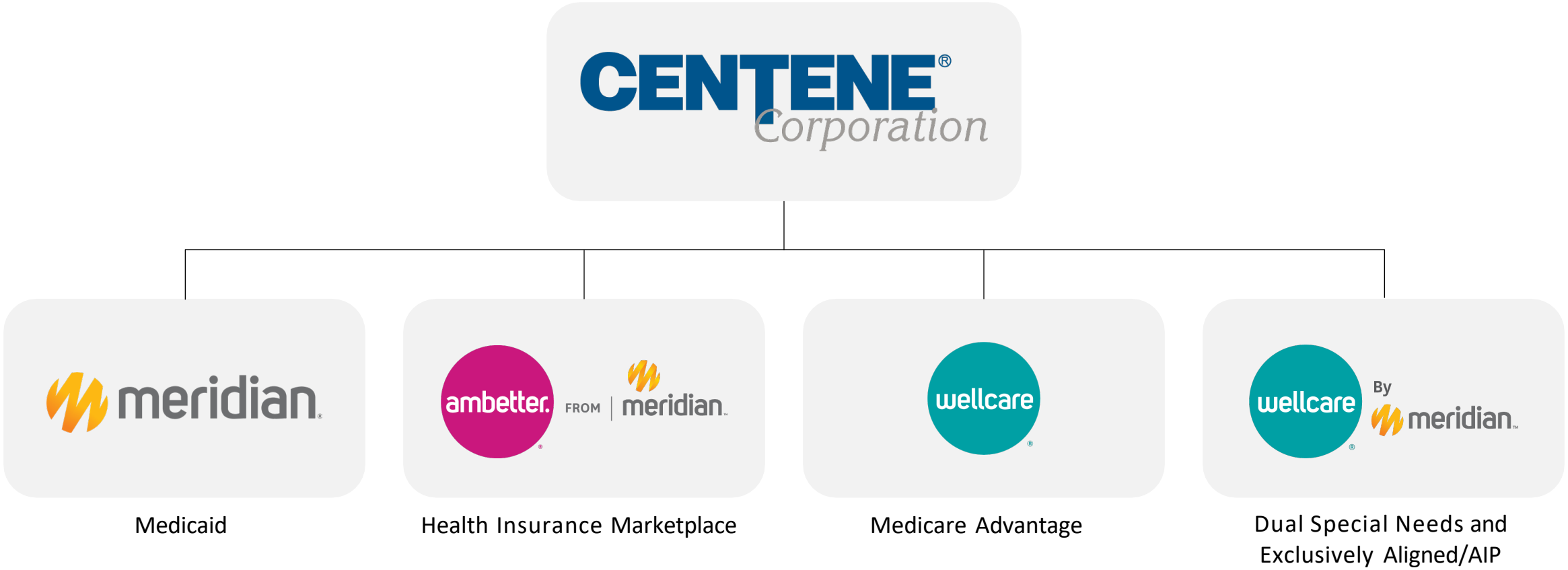
2027 Wellcare State Footprint



State Overview

Outlook and Priority Focus Plans

Family of Brands



Focus and Retention Plan Strategy

Focus on the right member, the right plan, and the right market to drive strong enrollment and long-term member success.

FOCUS PLANS

Lead with growth

- Prioritize the plans positioned for new enrollment
- Spotlight the strongest, most differentiated selling features

RETENTION PLANS

Support continuity

- Reinforce the value members already have in their plan
- Equip agents to protect relationships and reduce avoidable disruption

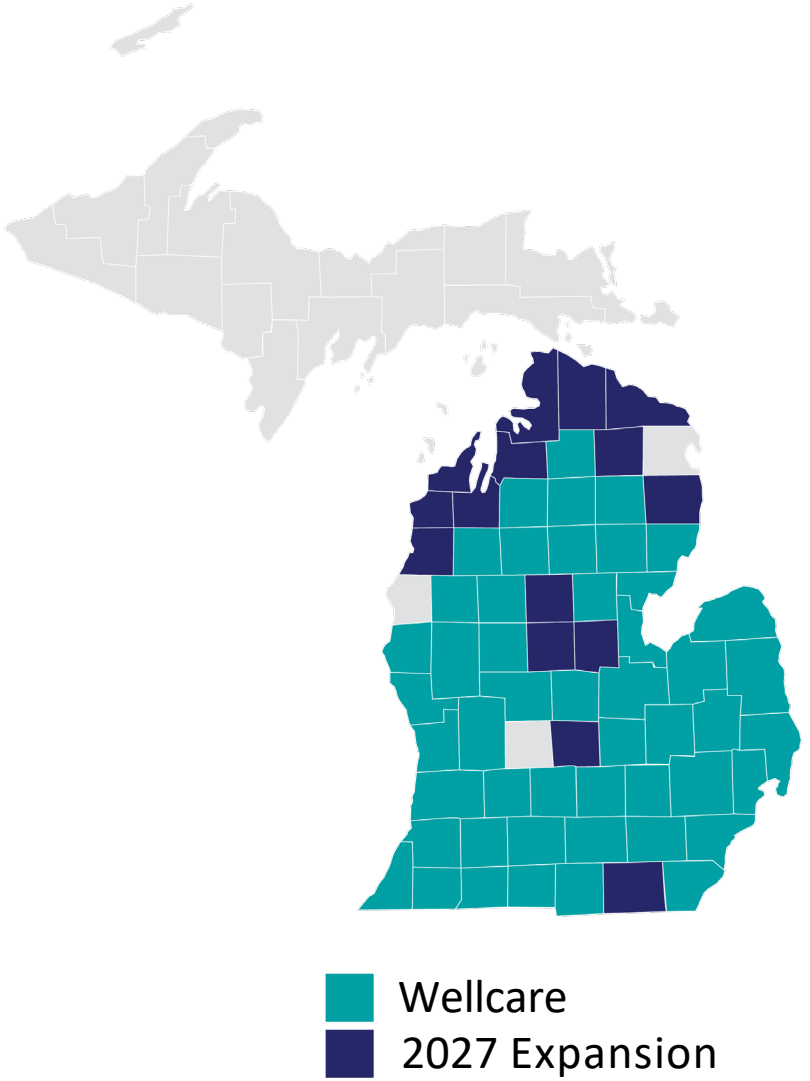
Michigan | *Review*

Focus Plan Highlights

- Exclusively Aligned D-SNP with $0 prescription drugs: Wellcare Meridian Dual Align (HMO D-SNP)
- Participating plans with the Wellcare Spendables® card offer OTC benefits and coverage for out-of-pocket expenses for covered dental, vision, and hearing services
- D-SNP members with Wellcare Spendables® card who qualify (SSBCI) can use allowance for gas pay-at-pump, healthy food, utilities assistance, rent assistance, pest control, personal care items, and robotic companion pet (additional eligibility rules apply)
- Wellcare Spendables® allowances are loaded monthly; unused amounts roll to the next month

Retention Plan Highlights

- $0 INN PCP visits on all plans
- Participating plans with the Wellcare Spendables® card offer OTC benefits and coverage for out-of-pocket expenses for covered dental, vision, and hearing services



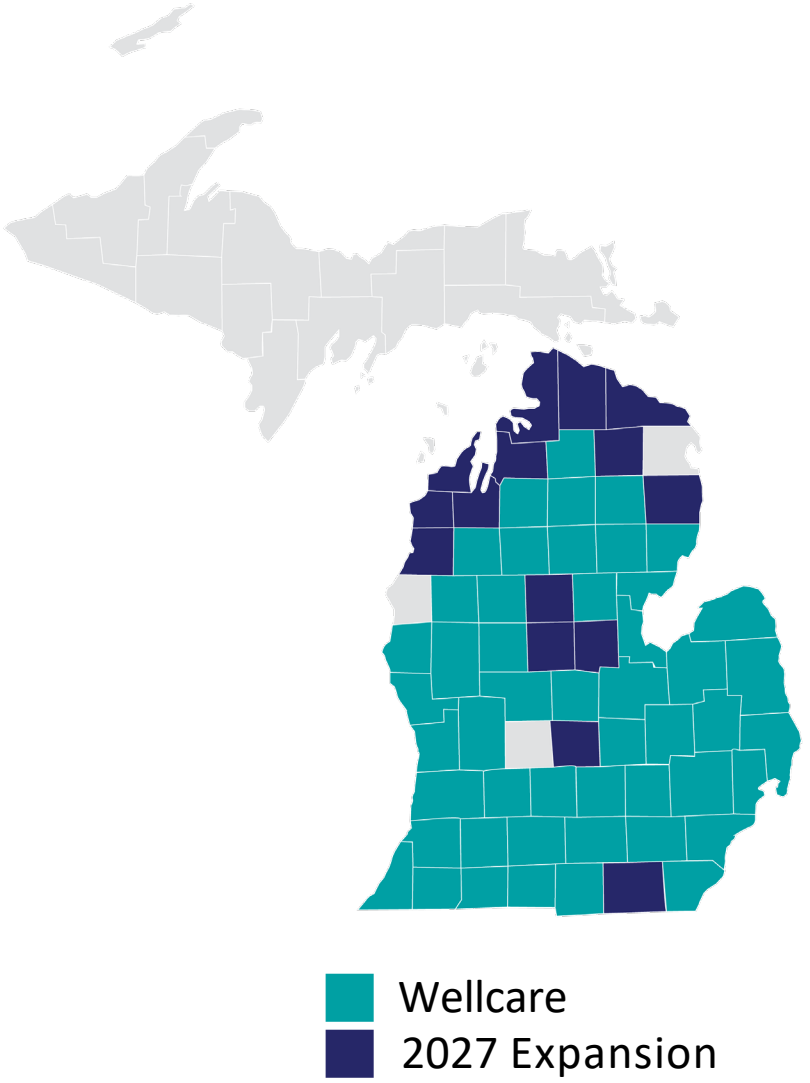
Michigan | *Service Area*

Wellcare Continued Coverage Counties:

- Allegan, Arenac, Barry, Bay, Berrien, Branch, Calhoun, Cass, Crawford, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Livingston, Macomb, Mecosta, Missaukee, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford

Wellcare 2027 New Expansion Counties:

- Alcona, Antrim, Benzie, Charlevoix, Cheboygan, Clare, Clinton, Grand Traverse, Isabella, Leelanau, Lenawee, Manistee, Midland, Montmorency, Presque Isle



Product Portfolio Approach

Portfolio Approach

Traditional Medicare Advantage

Products	Product Examples	Target Market
<$5 Premium MAPD	• Wellcare Simple	• Value-conscious, seeking predictable copays and extra benefits. HMO-POS options available. For plans that cover some or all services when choosing a provider who is not part of the plan's Network, members will usually pay a higher cost-share for those services. • Offers Part D prescription drug coverage.
Part B Premium Giveback MAPD	• Wellcare Giveback	• Value-conscious beneficiaries who are seeking some or all of the Part B premium back, are willing to trade off other benefits for the giveback, and do not qualify for payment of Part B premium by Medicaid. • HMO-POS options available.
Part D premium (LIS)	• Wellcare Assist	• Beneficiaries who receive extra help on Part D from federal government but don't qualify for a zero cost-share D-SNP and are seeking richer benefits than offered on a budget-friendly plan. Part D premium is paid for by the Extra Help they receive.

- **Focus Plan**
- Retention Plan

Portfolio Approach

Special Needs Plans

Products	Product Examples	Target Market
Exclusively Aligned D-SNP	• **Wellcare Meridian Dual Align**	• Exclusively aligned D-SNP plans limit membership to individuals enrolled in both the D-SNP and the affiliated Medicaid MCO through an agreement with the state. • Can be HIDE, FIDE, or Coordinated • FIDE plans provide access to Medicare and Medicaid benefits under a single legal entity
Coordinated – D-SNP	• **Wellcare Meridian Health Dual Liberty** • Wellcare Meridian Health Dual Access	• All members qualify for cost-share protection. Most will qualify for full state benefits (QMB only members do not receive full state benefits). • The state charges Medicaid copays for some Part A and/or Part B services that will be covered by the D-SNP Medicare plan.

- **Focus Plan**
- Retention Plan

Represents Plans as filed with CMS

Duals Strategy and Updates

Marketing & Branding

Duals Branding Transition

For PY2027, most Dual plans will transition to a unified Wellcare co-branding approach

This strategic shift enhances awareness of **local Medicaid partners** while strengthening alignment to the national Wellcare brand. Pairing the **Wellcare brand <u>with</u> Local Market brand names and logos** reinforces the **partnership between Medicare and Medicaid**.

AIP	**Wellcare <Local Plan Name> Dual Align**	Wellcare Superior HealthPlan Dual Align
Non-AIP HIDE	**Wellcare <Local Plan Name> Dual <MSP identifier> Sync**	Wellcare Superior HealthPlan Dual Liberty Sync
Coordinated	**Wellcare <Local Plan Name> Dual <MSP identifier>**	Wellcare Superior HealthPlan Dual Liberty

Prioritizing simplification and duals growth, while operating in a more restrictive CMS environment.

Strategy will be highly targeted, not national, with a strong cross-sell focus.

Focus areas include:

- Medicaid-Medicare alignment
- Cross-sell execution
- Focused county-level targeting
- Retention of current members

2027 Duals Brand Strategy

The D-SNP logos are intended for use in materials and communications for the 2027 plan year.

AZ

IL

NE

SC

CA

CA & CALVIVA

KS

NJ

TX

LA

NV

WA

DE

MI

NY

2027 Duals Brand Strategy cont.

The D-SNP logos are intended for use in materials and communications for the 2027 plan year.

WI

FL

MO

OH

GA

MS

OR

IA

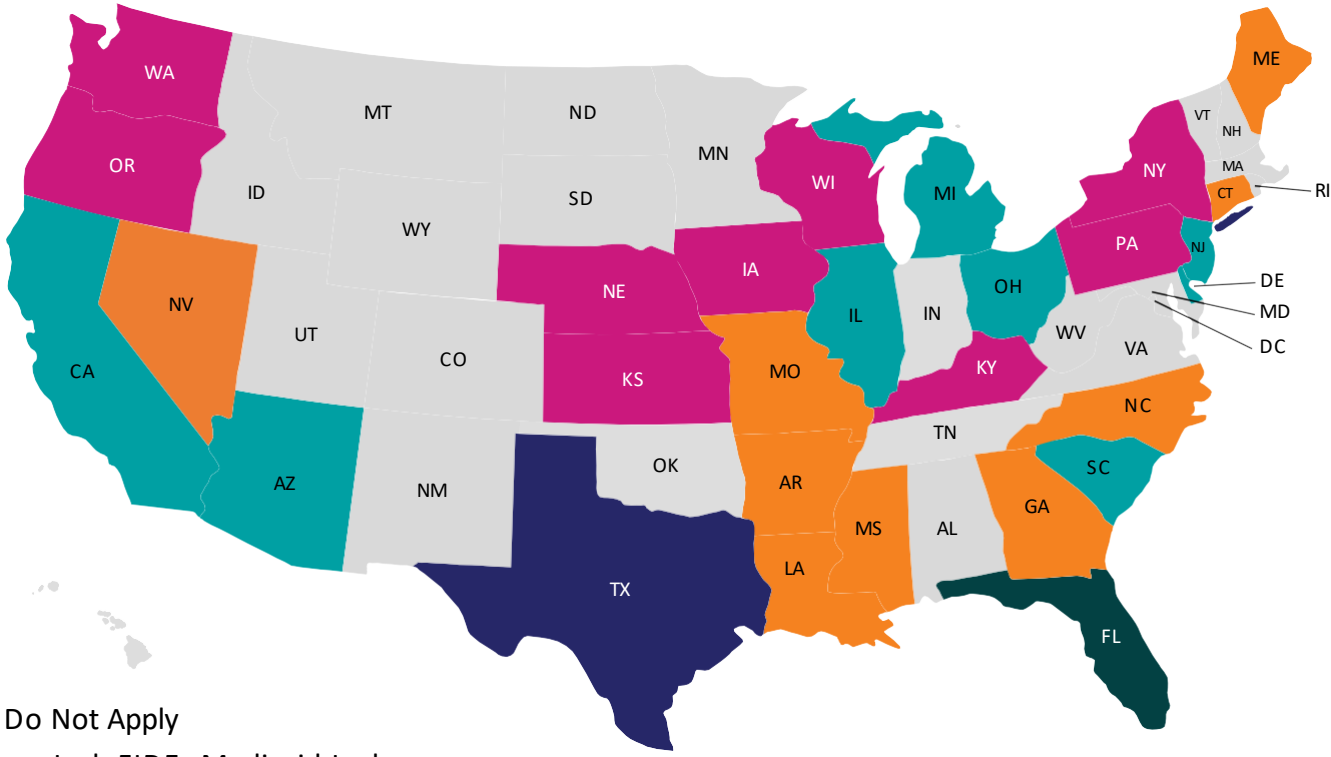
NC

PA

New to Know

D-SNP Regulatory Changes for AEP 2027

- **What is Changing:** Members can enroll in a D-SNP only if they are enrolled in the affiliated Medicaid plan in impacted states.
- **Impact on Brokers:** When enrolling a member, confirm D-SNP and Medicaid plan are aligned with a current or future effective date*.
- ***2027 NEW*** **Non-AIP Markets**: Medicaid will lead enrollment. Members must be enrolled in, or actively enrolling into, a Centene Medicaid plan before joining the D-SNP.
- **AIP Markets:** Medicare will lead in 10 AIP states. Beneficiaries who enroll in these plans will be automatically enrolled in a Centene Medicaid plan.



2027 New D-SNP Enrollment Alignment Key

- Medicare-Led Enrollment
- Medicaid-Led Enrollment
- AIP: Medicare-Led; Non-AIP: Medicaid-Led
- Alignment Rules Do Not Apply
- HIDE AIP: Medicare-Led; FIDE: Medicaid-Led

**Not applicable to AR, CT, GA, LA, ME, MO, MS, NC, NV*

2027 Dual PBP Strategy

- Continue to focus on D-SNP growth and opportunity
- Removed QDWI from all partial plans
- Branding has been updated to connect local Medicaid branding for most D-SNPs
- Dual (Liberty/Access/Reserve) Open PPO options continue to be available in select markets and may be subject to enrollment restrictions
- **Chart below demonstrates general approach, but state-specific exceptions may exist**

Plans	2026+	2027+		
		Integrated/EAE	Integrated HIDE/Non-EAE	Coordinated
Dual Align* (exclusively aligned and cost protected)	FBDE, QMB+, SLMB+	FBDE, QMB+, SLMB+[2]	N/A	N/A
Dual Align Unity** (exclusively aligned and cost protected)	N/A	FBDE, QMB+, SLMB+[2]	N/A	N/A
Dual Liberty (cost-share protected)	FBDE, QMB+, SLMB+	N/A	FBDE, QMB+, SLMB+	FBDE, QMB+, SLMB+
Dual Access (cost-share protected)	FBDE, QMB+, SLMB+, QMB only	N/A	N/A	QMB only[1]
Dual Reserve[3] (non-cost-share protected)	SLMB only, QDWI, QI	SLMB only, QI	SLMB only, QI	SLMB only, QI

+ Market nuances will exist due to service area and operational considerations; e.g., platform migrations
* Only where SMAC is integrated and an AIP; MSPs dependent on state requirements
** Some markets converted to QMB only
1 - Dependent on current membership volume and/or overall available QMB population as well as SMAC limitations; possible combination into Reserve plan
2 - Integrated markets allowed only one full dual plan per county unless SMAC delineates separate enrollment for different populations
3 - Applicable to plans with affiliated Medicaid plans
† Some states will also include Dual Select due to state nuances

Michigan D-SNP Plans

Plan Name	Plan Number	D-SNP Type	Service Area	Enrollment Rules	Enrollment Platform Availability
Wellcare Meridian Dual Align (HMO D-SNP)	H7435001000	Full Dual, HIDE AIP – Medicare Leading	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne	FBDE, QMB+, SLMB+; new enrollees will be automatically enrolled in Meridian Medicaid	Ascend, Connecture, and Sunfire White Label
Wellcare Meridian Health Dual Liberty (HMO D-SNP)	H7435002000	Full Dual, Coordinated – Medicare Leading	Many counties—refer to WellcareFirstLook.com for more info	FBDE, QMB+, SLMB+; new enrollees will be automatically enrolled in Meridian Medicaid	Ascend, Connecture, and Sunfire White Label
Wellcare Meridian Health Dual Access (HMO-POS D-SNP)	H5475001000	Partial Dual, Coordinated	Many counties—refer to WellcareFirstLook.com for more info	QMB; alignment rules do not apply	Quote Only in Ascend

AIP plans operate with exclusively aligned enrollment and provide integrated Medicare and Medicaid benefits and member experience under one plan. Upon enrollment into H7435_001, the beneficiary's Medicaid plan will be automatically changed to Meridian by the State. The beneficiary will not be permitted to keep their current Medicaid plan or services, as a condition of plan enrollment is for both Medicare and Medicaid services provided by the same legal entity. The monthly INT-SEP can be used year-round to enroll in these plans.

Beginning in 2027, D-SNPs with Medicaid MCO service area alignment that are not AIP/EAE must limit new enrollments to dual-eligible individuals the D-SNP also serves through the affiliated MCO. In 2027 this rule only applies to new enrollees, current or cross-walked members in impacted plans are not required to align their Medicaid and Medicare MCOs to remain enrolled. This rule applies regardless of election period. The monthly INT-SEP does not apply to H7435_002 due to coordinated D-SNP plan type.

Duals Training and Resources for You

We have curated training content and resources specific to the needs of our broker community that will advance your understanding of the Duals products, processes, and membership.

Training	Resources
• Annual Certification Training • Deep Dive into D-SNP • Lock-in Training • Roadshows • Playbooks	**Educational resources can be found:** • AEP Readiness Page • Communications Archive • Dual-Eligible Plan Enrollment Landing Page • Wellcare First Look • Broker Connect • Election Period Guide

Resource links will be updated as materials are released.

PY2027 Products

Michigan | *Focus Products – Key Selling Features*

Product Space	Contract Number	Plan Name	MSP Levels	Key Benefits
Exclusively Aligned D-SNP HIDE	**H7435001000**	**Wellcare Meridian Dual Align (HMO D-SNP)**	FBDE, QMB+, SLMB+	• Spendables OTC - Monthly Rolling • Gold Dental Packages (includes Crowns along w/higher Bridge & Denture coverage) • Enhanced Fitness Package • HIDE AIP • Meals
Coordinated D-SNP	**H7435002000**	**Wellcare Meridian Health Dual Liberty (HMO D-SNP)**	FBDE, QMB+, SLMB+	• Spendables OTC – Monthly Rolling • Gold Dental Packages (includes crowns along w/higher bridge & denture coverage) • Enhanced Fitness Package • Post-Acute Meals • Social & Engagement App Tool

All information on this slide is subject to change until bids are submitted and approved by CMS.

Wellcare Meridian Dual Align (HMO DSNP)

$2,616 Wellcare Spendables **OTC** Benefit Card

$5,000 Dental Allowance

New Glasses every 24 months & **Hearing Aids** every 5 years

$0 copay for all **formulary covered drugs**

Plan Name	Wellcare Meridian Dual Align (HMO DSNP)
Contract Number	H7435001000
Product Space	Exclusively Aligned DSNP (AIP)
MSP levels or Covered Conditions	FBDE, QMB+, SLMB+
SNP Integration Type	HIDE
Plan Premium	$0
Plan Deductible	$0
Maximum Out of Pocket (MOOP)	$9,850
Inpatient Acute	$0 co-pay up to 90 days per admission
PCP Office Visits	$0
Specialist Office Visits	$0
Medically Necessary Transportation	Unlimited one-way trips every year
Wellcare Spendables/OTC	$218 rolling monthly allowance for covered OTC items. May cover SSBCI benefits for qualified members: Gas Pay-at-Pump, Healthy Food, Utilities Assistance, Rent Assistance, Personal Care Items, Robotic Pet Companion
In-Home Support Services	Available to members on certain wavier programs
Meals	Post-acute meals
Fitness	$0 Membership (Premium)
Dental Benefits	Gold Package: Covered preventive services + $5,000 for comp dental services ($0 copay)
Vision Benefits	$0 copay for one routine eye exam + one new pair of glasses every 24 months
Hearing Benefits	Two new hearing aids every 5 years
Rx Deductible/Tiers	$0
Rx Drug Co-pays	Generics: $0, Brands: $0
Value Added Benefits	Monthly stipend up to $20 for maintenance cost of a service animal trained to meet specific needs relative to the disability of members receiving personal care services and certified as disabled due to a specific condition defined by the Americans with Disabilities Act.

Wellcare Meridian Health Dual Liberty (HMO DSNP)

$2,220 Wellcare Spendables **OTC** Benefit Card

$5,000 Dental Allowance

Premium OnePass Fitness Membership

$0 copay for all **formulary covered drugs**

Plan Name	Wellcare Meridian Health Dual Liberty (HMO DSNP)
Contract Number	H7435002000
Product Space	Zero Cost-share DSNP
MSP levels or Covered Conditions	FBDE, QMB+, SLMB+
SNP Integration Type	Coordinated
Plan Premium	$0
Plan Deductible	$0
Maximum Out of Pocket (MOOP)	$9,850
Inpatient Acute	$0 co-pay up to 90 days per admission
PCP Office Visits	$0
Specialist Office Visits	$0
Medically Necessary Transportation	N/A
Wellcare Spendables/OTC	$185 rolling monthly allowance for covered OTC items. May cover SSBCI benefits for qualified members: Gas Pay-at-Pump, Healthy Food, Utilities Assistance, Rent Assistance, Personal Care Items, Robotic Pet Companion
In-Home Support Services	N/A
Meals	Post-acute meals
Fitness	$0 Membership (Premium)
Personal Emergency Response System	N/A
Dental Benefits	Gold Package: Covered preventive services + $5,000 for comp dental services ($0 copay)
Vision Benefits	Medicare Only
Hearing Benefits	Medicare Only
Rx Deductible/Tiers	$0
Rx Drug Co-pays	Generics: $0, Brands: $0

Plan Action

2026 Plan Name	2026 Contract Number	2027 Plan Name	2027 Contract Number	Plan Action
Wellcare Simple Open (PPO)	H2117001000	N/A	N/A	Terminate
Wellcare Dual Access Open (PPO D-SNP)	H2117002000	N/A	N/A	Terminate
Wellcare Patriot Giveback Open (PPO)	H2117003000	N/A	N/A	Terminate
Wellcare Dual Access (HMO-POS D-SNP)	H5475001000	Wellcare Meridian Health Dual Liberty (HMO D-SNP)	H7435002000	Crosswalk to an existing H contract
Wellcare Dual Reserve (HMO-POS D-SNP)	H5475039000	N/A	N/A	Terminate

Supplemental Benefits

2027 MAPD Benefit Highlights

Benefit	Availability	Highlight
Wellcare Spendables® Card	Most Plans	• Participating plans include allowance for covered OTC items in store or online through Uber Eats. • Select plans may include dental, vision, and hearing cost-share assistance for covered services. • Qualified D-SNP members can use allowance for gas (pay-at-pump), utilities assistance, rent assistance, healthy food, pest control items, personal care items, and robotic companion pets in one purse. (Additional eligibility rules apply.) • Benefits are loaded monthly and unused amounts roll to the next month. • Allowances range from $15-$218.
Routine Dental	All Plans	• In 2027, Wellcare will offer dental packages ranging from preventive services only to packages offering preventive plus comprehensive coverage. • Benefit max allowance varies by package. • Dental package max allowances apply to comprehensive services and are up to $5,000 (varies by plan).
Routine Vision	Most Plans	• Wellcare will offer packages in 2027 ranging from a routine exam only to routine exam plus an eyewear (glasses/contacts) allowance. • Eyewear allowances range from $100-$200. • Members can get unlimited contacts and glasses with upgrades, up to the allowance maximum on their plan.
Routine Hearing	Most Plans	• Wellcare will offer packages in 2027 ranging from coverage for routine exam only to packages with routine exam and hearing aid coverage. • Hearing aid allowance is $750 per ear per year.

2027 MAPD Benefit Highlights

Benefit	Availability	Highlight
Non-Emergency Medical Transportation (NEMT)	Wellcare Meridian Health Dual Access Plan	• Wellcare will offer packages in 2027 of 12 one-way trips. • Trips can be used for non-emergency situations to health-related plan-approved locations such as medical appointments and pharmacy.
Fitness	D-SNP Plans	• Wellcare will cover a fitness membership on almost every Medicare Advantage plan being offered in 2027 Core and Premium networks. • Members can stay active through online courses and in-home fitness kits.
Personal Emergency Response System (PERS)	Some Plans	• A Personal Emergency Response System (PERS) is a monitoring devices that provides members with a safety net when they may be vulnerable and prone to falls; it enables them to speak with an agent if they need another type of assistance. • Options include in-home and mobile solutions.
Meals	D-SNP Plans	• Benefit provides home-delivered meals to members who meet the post-acute criteria. • Members may choose from frozen, refrigerated, frozen cultural meals, or shakes.
Alternative Therapies	All Plans	• Dario provides an online self-guided program focusing on overall physical and emotional well-being. Members complete an assessment, identify needs, and receive customized four-week self-guided programs. • Dario also offers peer-to-peer engagement with a space for members to interact with peers and clinical experts. • This benefit is covered on all Wellcare plans.

PY2027 Ancillary Vendors

Vendor Services	New and Existing Vendors	Contact Info
Wellcare Spendables®	Lynx	Contact Member Services
Dental	DentaQuest	844-822-8113
Vision	Premier	888-208-8201
Hearing	TruHearing	866-335-1714
Transportation	ModivCare	866-393-2161
Fitness	One Pass	877-504-6830
PERS (Personal Emergency Response System)	Medical Guardian	800-804-7018
Meals	The Helper Bees	Referral needed – contact Member Services
Digital Health Social Support Platform (Mobile App)	Dario	888-726-7841

*Please refer to plan-specific resources, as coverage and benefit availability may vary by plan. *Note that some vendor phone numbers may not be active until Q4.*

Wellcare Spendables®

Wellcare Spendables®

2027 Benefit Designs

Non-SSBCI Benefits:

Over-the-Counter Items

Dental, Vision, and Hearing

SSBCI Benefits:

New: Personal Care Items

- Essential personal care and household hygiene items at participating retailers, in store or online. OH only: Personal care haircuts.
- Covered Items: Soap, shampoo, hygiene products, paper towels, toilet paper, and basic cleaning supplies.

New: Robotic Companion Pets

- Provides comfort, companionship, and emotional support through interactive robotic pets. Available to order for home delivery.

Pest Control Items

Rent and Utilities Assistance

Healthy Food Items

Gas Pay-at-Pump

Wellcare Spendables®

2027 Updates

	Wellcare Spendables® 2026	Wellcare Spendables® 2027
OTC	• All CMS-allowable categories covered	• **No change;** all CMS-allowable categories continue to be covered • No changes to PY27 categories
Dental, Vision, and Hearing	• All categories covered under base package (Bronze, Copper, Silver, Gold, Platinum) covered	• **No change;** all categories covered with base package will continue to be allowable under allowance • Adding Brass and Amber to align with allowable categories under allowance
SSBCI Benefits:		
Gas (pay-at-pump)	• Pay-at-pump only • Benefit use not allowed at cashier or gas convenient store	• Benefit will remain as pay-at-pump only including EV chargers • **No change** to PY27 design
Healthy Food	• All CMS-allowable categories covered	• All CMS-allowable categories continue to be covered • **No change** to PY27 categories
Utilities/Rent Assistance	• Pay direct to service provider online • Utilities exclude streaming services (Netflix, Hulu, Music streaming)	• **No change;** will continue to be paid directly to provider • Continues to exclude entertainment, music, game, and live streaming services
Home Assistance and Safety Items + Installation Services	• Home and bathroom safety items and services covered	• **Not covered**
Pest Control Items and Services	• In-home services covered	• **In-home services not offered**
Personal Care Items	• **Not covered**	• **Benefit added in PY27**
Robotic Companion Pets	• **Not covered**	• **Benefit added in PY27**

Wellcare Spendables®

2027 Filing Designs

	Benefit Package Design		Periodicity	Administration
D-SNP Package Designs				
OTC + DVH + SSBCI	• **OTC** • **Dental, Vision, Hearing** • **SSBCI Benefits:** • Gas Pay-at-Pump • Healthy Food • Utilities Assistance	• Rent Assistance • Pest Control Items • Personal Care Items *(new)* • Robotic Companion Pets *(new)*	• Monthly, rolling	• Single purse • All members receive full allowance • SSBCI eligibles will unlock additional benefits to utilize their funds
OTC + SSBCI	• **OTC** • **SSBCI Benefits:** • Gas Pay-at-Pump • Healthy Food • Utilities Assistance	• Rent Assistance • Pest Control Items • Personal Care Items *(new)* • Robotic Companion Pets *(new)*	• Monthly, rolling	• Single purse • All members receive full allowance • SSBCI eligibles will unlock additional benefits to utilize their funds
Non-SNP Package Designs				
OTC + DVH	• **OTC** • **Dental, Vision, Hearing**		• Monthly, rolling	• Single purse • Combined OTC and DVH allowance

Wellcare Spendables®

Benefit Design

Benefit	What's Covered
Over-the-Counter (OTC)	• Allergy and sinus, bathroom safety, braces and supports, cold/cough/flu, daily living aids (pill organizers), digestive health, eye and ear care, feminine health, first aid, foot care, incontinence aids, oral care, pain relief, skin and sun care, sleep/snore aids, vitamins and supplements. • Shop in store or online through Uber eats.
Dental, Vision, and Hearing (available on select plans)	• Pay for eligible out-of-pocket costs or additional services within approved benefit categories. Approved categories mirror categories filed in base packages. • Use in person at dental offices, optical centers, and hearing providers.
Healthy Food (SSBCI)	• Fresh fruit and vegetables, frozen produce and meals, beans and legumes, dairy items, pantry staples (flour, spices, etc.), soups, meat and seafood, nutritional shakes and bars. Shop in store or online through a delivery service. • Prepared meals and produce boxes available for home delivery.
Gas Pay-at-Pump (SSBCI)	• Pay for gas directly at the pump. Use PIN if prompted. Benefit not eligible at cash register or inside gas convenient store. • EV charging stations eligible.
Utilities Assistance (SSBCI)	• Electric, gas, water, trash/sanitary, landline & cell phone, internet or cable TV (no streaming), home heating oil. • Make one-time payments directly to providers who accept a card. No recurring or automated payments allowed. • Music, entertainment, gaming, and live streaming excluded.
Rent Assistance (SSBCI)	• Rent or mortgage payments, property managers, lender companies, and HOA payments. • One-time payments directly to providers who accept a card. No recurring or automated payments allowed.
Pest Control Items (SSBCI)	• Pest and insect control supplies for in-home use, including traps, baits, and repellents. Shop in store at participating retailers. • In-home services and treatments are not covered.
Personal Care Items (SSBCI)	• Soap, shampoo, hygiene products, paper towels, toilet paper, and basic cleaning supplies (no cleaning equipment or tools). • Purchase in store at in-network retailers or online for home delivery.
Robotic Companion Pets (SSBCI)	• Interactive robotic pet companions designed to provide comfort, companionship, and emotional support. • Order for home delivery.

Wellcare Spendables®

Retailer Partners

Over 66,000 Retailers Across the United States

- Favorite chains and local stores.
- Use Store Finder in the Wellcare Spendables® portal or app to find locations near you.

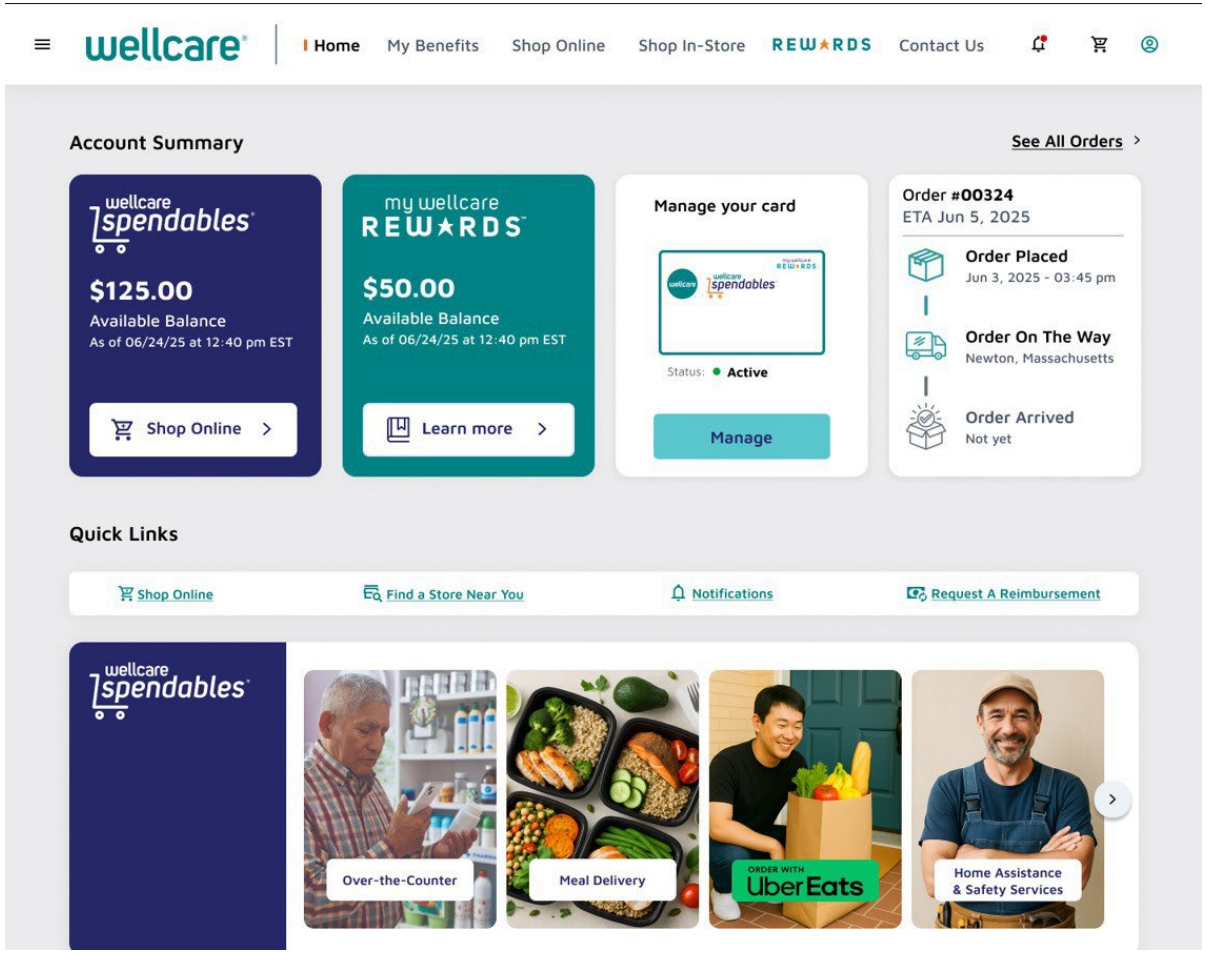
1. Walmart
2. Costco Wholesale
3. CVS
4. Walgreens
5. Kroger
6. Dollar General
7. Albertsons
8. Giant Eagle
9. Meijer
10. Target

Additional retailers are being added throughout the year!

Subject to change until bids are approved by CMS

Wellcare Spendables®

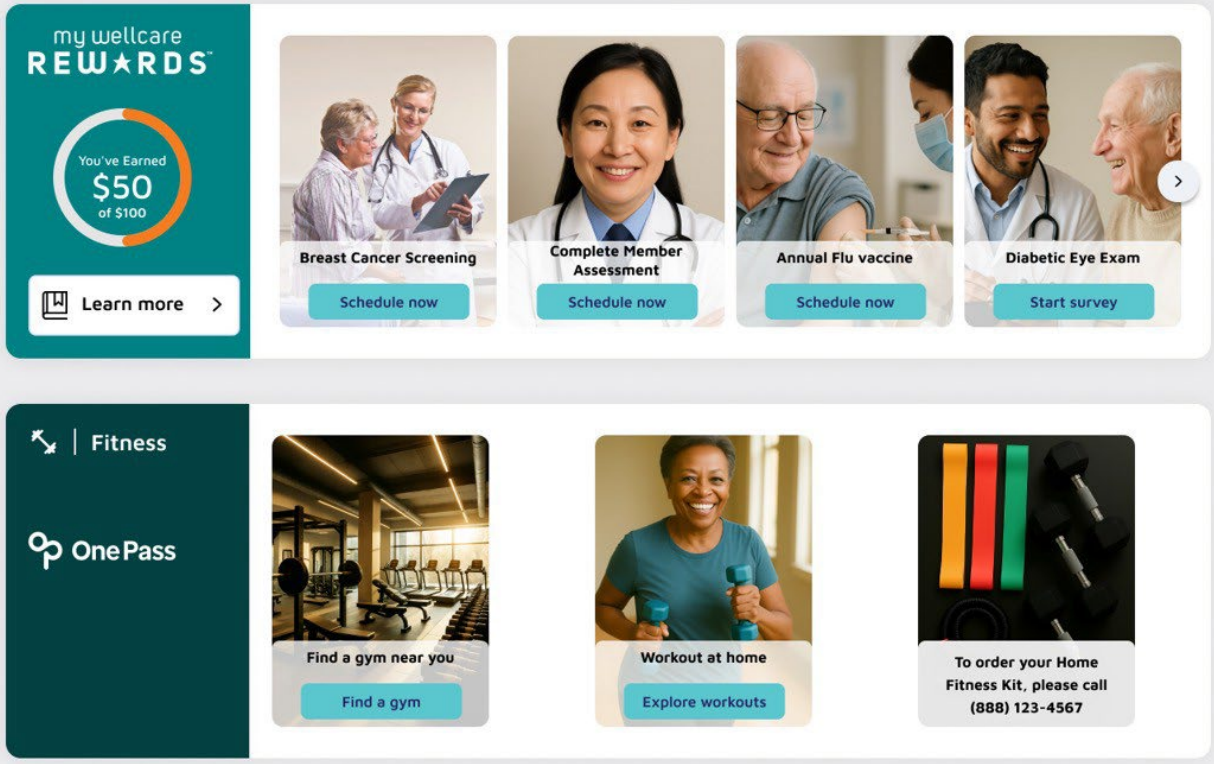
Portal Experience



- Members with Wellcare Spendables® benefits and My Wellcare Rewards will see both purses. If a member does not have access to one of these benefits, then that specific tile would not be present.
- Members can manage their cards and set their PIN.
- Members can track their packages in real time.
- If a member is SSBCI eligible, they will see the tiles for Meal Delivery, Uber Eats, Home Assistance and Safety Services, and Pest Control Services.
- If a member is not SSBCI eligible, they will only have the Over-the-Counter tile and Dental, Vision, Hearing.

Wellcare Spendables®

Portal Experience



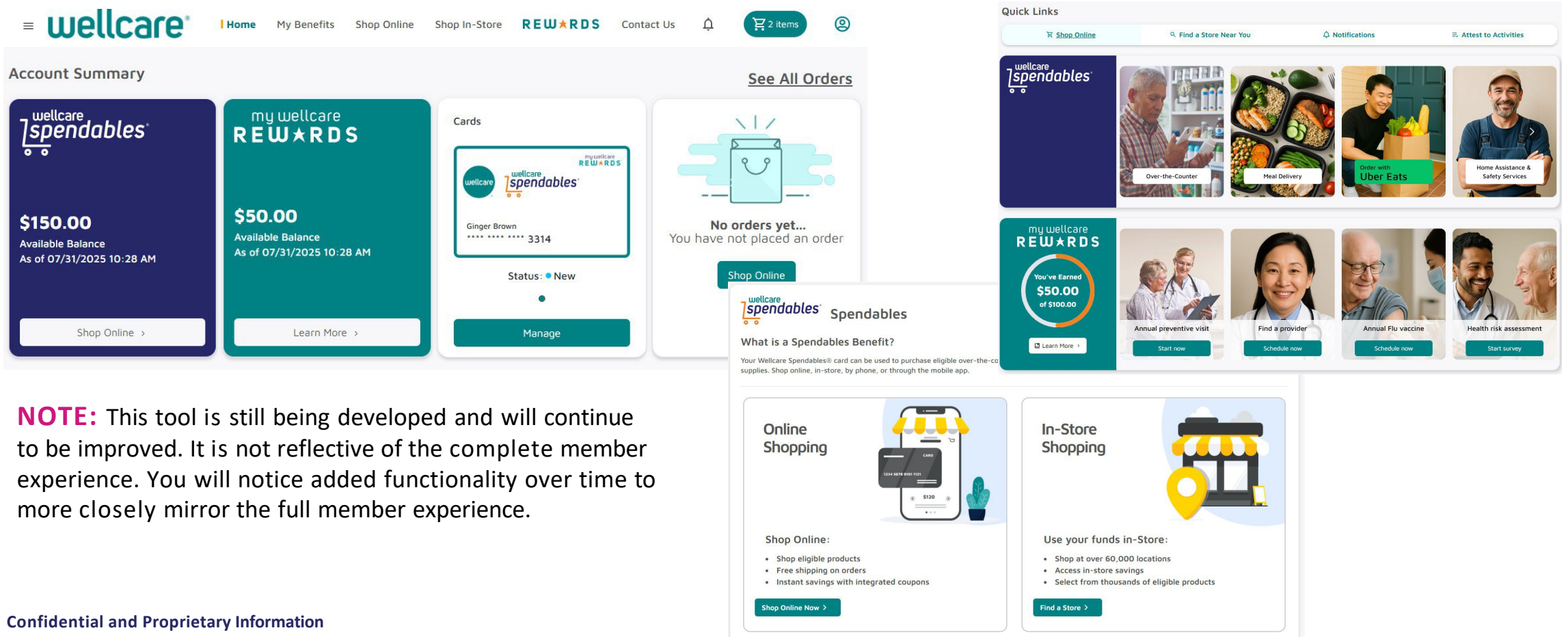
- Members can view all eligible health activities and potential rewards.
- Member will attest (where applicable) to confirm completed activities.
- Rewards dollars are loaded onto the Wellcare Spendables® card.

- For 2027, One Pass will serve as the national fitness vendor.
- Members can access their fitness benefit through the Wellcare Spendables® member portal and directly through One Pass, making it easy to find and use benefits in one place.

Wellcare Spendables®

Broker Sandbox Environment

You'll be able to see and gain an understanding of what a member might see within their member portal.



NOTE: This tool is still being developed and will continue to be improved. It is not reflective of the complete member experience. You will notice added functionality over time to more closely mirror the full member experience.

Wellcare Spendables®

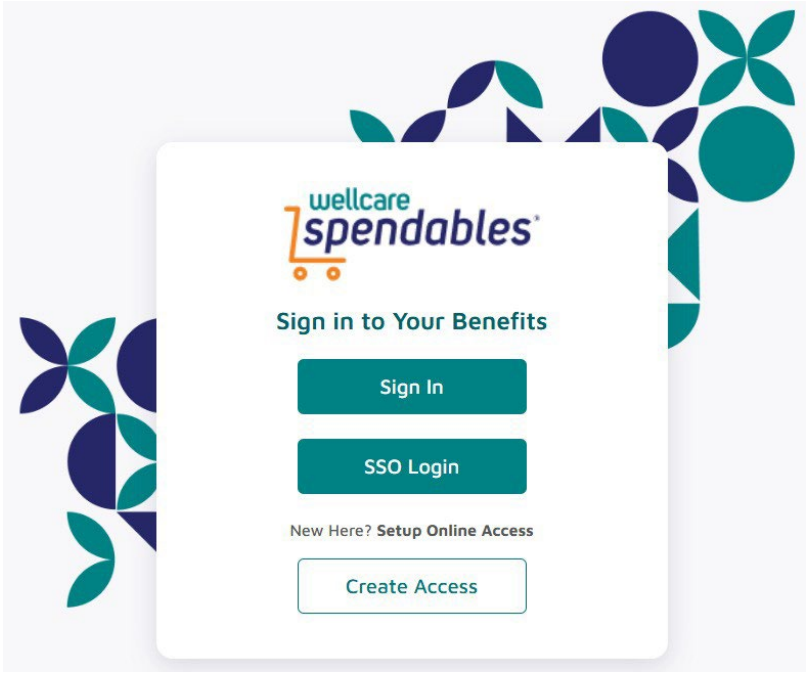
Broker Sandbox Environment

Lynx Sandbox Environment

- Lynx has provided a sandbox environment for broker use.
- Login information can be obtained from your sales leader.
- Please note, this is a sandbox environment. It does not contain live member data and is meant to give brokers an idea of the member experience within the member portal.

To access the Sandbox, follow these steps:

1. Go to wellcare-sandbox.benacct.com/member/
2. Click “Sign In”
3. Type in the username and password provided by your sales leader



My Wellcare Rewards™

Program Highlights

This program is an activity-based program that allows members to earn rewards when they complete eligible activities.

Annual Preventive Visit	Complete an **annual preventive visit** to receive a **$50 reward**
Healthy Actions	Complete **two healthy actions** to receive a **$25 reward** • Examples: annual flu vaccine, breast cancer screening (mammogram), colorectal cancer screening (colonoscopy or at-home test), diabetes A1c check, diabetic eye exam, health risk assessment, osteoporosis screening (bone density test)
Portal Activities	Complete **two portal activities** to receive a **$25 reward** • Examples: Monthly portal visits – once a month for at least five months (five total); profile update, provider survey, learn and engage, or watch a video relevant to your health *Members are only able to attest to care gaps that are currently available in the portal; future or closed gaps cannot be attested to. Once eligible activities and attestation (where applicable) are completed, the reward will automatically load to rewards account.*
In-Home Member Assessment	Complete **one health assessment** to receive a **$100 reward** • Schedule in the convenience of their home, or virtually via Telehealth
Follow-Up Appointment	• Schedule an **office visit with their PCP within 90 days of completing health assessment** to receive a **$25 reward** *No attestation is required. Once an in-home or telehealth health assessment and the follow-up PCP appointment are both completed, the rewards are applied automatically.*

My Wellcare Rewards™ Q and A

What is My Wellcare Rewards™?

Members in eligible MAPD and D-SNP plans can be rewarded when they make healthy choices. Reward dollars can be used to purchase a variety of items – from food to hygiene, hobbies, and pet care.

How do members earn rewards?

For each eligible activity they complete – like getting an annual preventive visit with their primary care provider, completing key health screenings, and logging into the member portal to manage their health – members will earn dollar rewards which are loaded to their Wellcare Spendables® card.

What are some approved items?

Grocery items, health treatment aids, personal care items, cleaning items, clothing items, and even American Legion annual membership dues! A full list is available in the member portal.

How does My Wellcare Rewards™ work?

- Members access the portal at go.wellcare.com/member and register with a valid email address.
- The portal shows eligible health activities and potential rewards.
- Members can quickly attest to confirm completed activities.
- Rewards are loaded onto their Wellcare Spendables® card.

Where can members redeem rewards dollars?

Rewards can be redeemed at network retailers.

What can members do in the member portal?

Check the card balance, attest to activities, see a complete list of approved products, and shop online.

My Wellcare Rewards™

Reward Examples

Grocery items *(non-alcoholic beverages, produce, meats, bakery)*	**Arts and craft items** *(brushes, paper, craft sets)*
Health treatment aids and diagnostic items *(oral care, pain relief, at-home diagnostic items)*	**Communications and audio items** *(home audio, cellular)*
Personal care items *(hair care, hygiene, health treatments)*	**Electrical supplies** *(batteries, chargers, bulbs)*
Cleaning and household supplies *(cleaners, laundry care, cleaning products)*	**Pet care** *(food, supplies, care)*
Clothing items *(full body wear, sleepwear, swimwear)*	**Fast food restaurants** *(non-alcoholic food and beverages)*
Kitchen and home items *(utensils, cookware)*	Your reward dollars can also be used to pay for your American Legion annual membership dues.

Complete list of approved products available in Member Portal.

Special Supplemental Benefits for the Chronically Ill (SSBCI)

SSBCI

Overview

SSBCI = Special Supplemental Benefits for the Chronically Ill

SSBCI are benefits that can be offered to Medicare Advantage (MA) members with one or more complex chronic conditions, who are at high risk for hospitalization or adverse health outcomes, and who require intensive care coordination. Wellcare aims to improve overall health outcomes and gaps in care for the chronically ill population by addressing social needs beyond traditional medical care, like:

- Food
- Housing
- Transportation

**Not all members will qualify for SSBCI. All eligibility requirements must be met before the benefit is provided.*

Wellcare offers SSBCI benefits exclusively to members on participating **Dual Special Needs Plans (D-SNP)**.

Members who qualify for SSBCI can use their existing Wellcare Spendables® allowance on additional SSBCI-covered benefits. Members who do not qualify for SSBCI may continue using their Wellcare Spendables® allowance on their non-SSBCI Wellcare Spendables® benefits available under their plan.

SSBCI Program PY27

Improvements & Enhancements

Making SSBCI easier to understand, easier to access, and more reliable for eligible members

Clearer SSBCI Guidance

- Clearer and more consistent SSBCI messaging across all materials
- Simplified/standardized language explaining how members qualify
- Updated broker/sales talking points, FAQs, and support resources
- Publicly posted eligibility criteria and policies on website for PY27

Impact

- Increased understanding of SSBCI and qualification requirements/process

Improved Member Experience

- Faster identification and increased eligibility through internal algorithm updates
- Personal care items and robotic companion pets added for PY27
- Proactive member outreach to address questions and issues
- Increased call center support with improved trainings and call scripts

Impact

- Reduced member confusion and complaints
- Eligible members qualified and can access benefits quicker

Simpler Provider Experience

- Provider Services support with attestation
- Step-by-step submission guides and FAQ
- Paper form submission option
- Streamlined provider attestation process
  - Clearer instructions and improved usability
  - Stronger Wellcare branding
  - Simplified one-page dynamic workflow
  - Auto populated data fields

Impact

- More intuitive submission process and improved user experience
- Reduced perception of complexity

SSBCI

YoY Changes

	PY 2026	PY 2027
Benefit Design		
SSBCI Benefits	• *Gas Pay-at-Pump* • *Healthy Food* • *Utilities and Rent Assistance* • *Home Assistance and Safety Items with Installation* • *Pest Control Items and Services*	• Gas Pay-at-Pump • Healthy Food • Utilities Assistance • Rent Assistance • Pest Control Items • **Personal Care Items** *(new)* • **Robotic Companion Pets** *(new)* • *Home Assistance and Safety Items with Installation and Pest Control Services not covered in 2027*
Operational Changes		
Eligibility Carryover	*Automatic carryover of eligibility* *(if member remained in an eligible plan)*	**SSBCI Eligibility Revalidation for PY27** (*no auto carryover*) Members must meet SSBCI eligibility criteria each plan year to continue receiving access to SSBCI benefits. Members will be reviewed and notified in Q4 regarding 2027 eligibility.
Eligibility Criteria	*Members must be enrolled in a plan that offers SSBCI and:* *1) Have one or more chronic conditions that is life threatening or significantly limits overall health or function* *2) Have a high risk of hospitalization or other adverse health outcomes* *3) Require intensive care coordination*	**No change to SSBCI eligibility criteria** **New for 2027**: All health plans must post their objective SSBCI eligibility criteria on public-facing website
Member Communications	• *EOC, ANOC, SB, SSBCI Pre-Qualification Letters (Eligible/ Ineligible), Welcome/Welcome Back Calls, Email/Text Campaigns*	• EOC, ANOC, SB, SSBCI PY27 Eligibility Revalidation Letters (*Eligible Only*), Welcome/Welcome Back Calls, Email/Text Campaigns

SSBCI

Eligibility Criteria

SSBCI benefits are available to members enrolled in certain plans and who are diagnosed with one or more qualifying chronic conditions and who **meet all three CMS-defined eligibility criteria requirements:**

- Chronic condition that is life threatening or significantly limits overall health or function
- High risk of hospitalization or other adverse health outcomes
- Requires intensive care coordination

Self-attestation of SSBCI eligibility is not allowed.

Eligibility criteria language will be standardized across all internal and external materials to ensure alignment.

Eligibility Requirements

- Enrolled in a plan that offers SSBCI
- Qualifying chronic condition
- High risk of hospitalization or other adverse health outcomes
- Requires intensive care management

Determination Process

- Auto Process (internal clinical algorithm)
- Manual Process (Provider Attestation)

A chronic condition alone does not guarantee eligibility. In addition to having one or more qualifying chronic conditions, eligibility for SSBCI is demonstrated by the member having one or more of the following:

- A history of hospitalization or ED visits, and/or
- Frequent use of outpatient services or specialty care, and/or
- Evidence of poor disease control or medication adherence, and/or
- Non-medical social needs that impact health outcomes

SSBCI

Eligibility Criteria (Qualifying Chronic Conditions)

SSBCI Qualifying Chronic Condition Categories

- Autoimmune disorders
- Cancer
- Cardiovascular disorders
- Chronic alcohol use disorder and other substance use disorders (SUDs)
- Chronic and disabling mental health conditions
- Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell
- Chronic gastrointestinal disease
- Chronic heart failure
- Chronic kidney disease (CKD)
- Chronic lung disorders
- Conditions associated with cognitive impairment
- Conditions that require continued therapy services in order for individuals to maintain or retain functioning
- Conditions with functional challenges
- Dementia
- Diabetes mellitus
- Endometriosis
- HIV/AIDS
- Immunodeficiency and Immunosuppressive disorders
- Neurologic disorders
- Overweight, obesity, and metabolic syndrome
- Post-organ transplantation
- Severe hematologic disorders
- Stroke

SSBCI

How Members Qualify for SSBCI Benefits

Automatic Qualification (Primary Method)

- The clinical algorithm is the fastest and most common way members qualify for SSBCI benefits
- Members are continuously reviewed through the automated eligibility process using available information such as:
  - Claims data
  - Medical records
  - Clinical assessments
  - Other supporting information

Provider Attestation (Intended for New Members)

- For new members who do not yet have sufficient claims history, providers may submit an attestation to support with the eligibility determination in lieu of claims data
- Submission of an attestation does not guarantee approval, as eligibility is based on whether the member meets all required SSBCI criteria

If the member meets the criteria:

- A detailed benefit letter is mailed to the member notifying them of their SSBCI eligibility and providing details on the new benefits available to them
- Access to SSBCI benefits is activated within 10 business days of eligibility approval

If the member does *not* meet the criteria:

- A denial letter with appeal rights is mailed to the member
- The member continues to be reviewed through the automatic process while enrolled in an eligible plan
- If the member later meets all eligibility requirements based on their clinical data, they will qualify for SSBCI benefits

SSBCI

Eligibility Revalidation Process for PY27

CMS requires members to meet SSBCI eligibility requirements in the plan year they are receiving the benefits (*automatic carryover of eligibility is no longer permitted*). Members who are validated and continue to meet SSBCI criteria requirements will continue eligibility to PY27.

Revalidation Process

- Members will be reviewed in Q4 through the clinical algorithm based on PY27 eligibility criteria
  - Members who meet qualification requirements will continue to be eligible in PY27
  - Members who cannot be validated may lose SSBCI benefits for Jan. 1, 2027, and will need to requalify

Member Communication

- Validated members will be sent a notification letter and receive digital outreach pre-AEP
- Members who cannot be validated will be notified during AEP of current eligibility status and the need to requalify
  - Members newly auto-qualified throughout Q4 will be notified of PY26 eligibility and continuation to PY27

***Note**: Member must remain enrolled in a plan that offers SSBCI in PY27 to continue to access benefits

SSBCI

Member Communications

Member Status	Communication	Timing
Returning Members	SSBCI PY27 Revalidation Letter	Early October
Returning Members	SSBCI Welcome Back Call + PY27 Eligibility	Oct. 1 - Rolling throughout AEP
Returning Members	SSBCI Eligibility Email Campaign	Rolling throughout AEP
Returning Members	SSBCI Eligibility Text Campaign	Rolling throughout AEP
Returning Members	ANOC	September
All Members	EOC/SB – Updated Language	October

Dental

Routine Dental

Benefit Scope	Bronze PandD Only No dentures	Amber PandD + Minor restorative Includes dentures	Copper PandD + Minor restorative No dentures	Silver PandD + Minor restorative includes dentures	Gold PandD+ Major Restorative Includes dentures
Allowance ranges	No max allowance	No preventive max Comprehensive $1,500	No preventive max Comprehensive $2,000	No preventive max Comprehensive $2,000	No preventive max Comprehensive $5,000
Covered service categories	Preventive Diagnostic Adjunctive General Services	Preventive Diagnostic Restorative Endodontics Periodontics Removable Prosthodontics Oral and Maxillofacial Surgery Adjunctive General Services	Preventive Diagnostic Restorative Endodontics Periodontics Oral and Maxillofacial Surgery Adjunctive General Services	Preventive Diagnostic Restorative Endodontics Periodontics Fixed and Removable Prosthodontics Oral and Maxillofacial Surgery Adjunctive General Services	Preventive Diagnostic Restorative Endodontics Periodontics Fixed and Removable Prosthodontics Oral and Maxillofacial Surgery Adjunctive General Services
Design options for member cost-share	HMO: $0 for all covered services PPO: $0 INN, 50% OON	1) INN: $0 cost-share for all; OON: 50% all 2) INN: $0 prev, 20% comp; OON 50% all 3) INN: $0 prev, 40% comp; OON: 70% all	1) INN: $0 cost-share for all; OON: 50% all 2) INN: $0 prev, 20% comp; OON 50% all 3) INN: $0 prev, 40% comp; OON: 70% all	1) INN: $0 cost-share for all; OON: 50% all 2) INN: $0 prev, 20% comp; OON 50% all 3) INN: $0 prev, 40% comp; OON: 70% all	1) INN: $0 cost-share for all; OON: 50% all 2) INN: $0 prev, 20% comp; OON 50% all 3) INN: $0 prev, 40% comp; OON: 70% all
HMO POS options for member cost-shares	INN: $0 for all covered services. ONN: 25% for all covered services	1) INN: $0 cost-share for all covered services; OON 25% all 2) INN: $0 prev, 20% comp; 3) INN $0 prev, 40% comp; OON: 25% prev, 50% comp	1) INN: $0 cost-share for all covered services; OON 25% all 2) INN: $0 prev, 20% comp; 3) INN $0 prev, 40% comp; OON: 25% prev, 50% comp	1) INN: $0 cost-share for all covered services; OON 25% all 2) INN: $0 prev, 20% comp; OON: 25% prev, 3) INN $0 prev, 40% comp; OON: 25% prev, 50% comp	1) INN: $0 cost-share for all covered services; OON 25% all 2) INN: $0 prev, 20% comp; OON: 25% prev, 3) INN $0 prev, 40% comp; OON: 25% prev, 50% comp

Routine Dental

2027 Coverage Comparison

Dental Benefit Design: Coverage Comparison

BRONZE
Preventive and Diagnostic Only

A wellness-focused plan covering preventive and diagnostic services.

Covers basic checkups and preventive care:

- Office visits and exams
- Teeth cleanings
- Dental X-rays
- Preventive treatments (like fluoride)
- Virtual dental visits (tele-dentistry)

BRASS (NEW)
Adds Basic Restorative and Simple Extractions

Builds on Bronze by adding foundational treatment for early decay.

Adds:
Includes Bronze, plus:

- Fillings (cavity treatment)
- Simple tooth removals
- Minor procedures
- Occlusal guards and adjustments (mouth guards for teeth grinding or clenching)
- Treatment for tooth sensitivity

AMBER (NEW)
Essentials + Perio Maintenance and Dentures

Retains all Brass coverage and introduces periodontal and denture benefits.

Adds:
Includes Brass, plus:

- Gum disease treatment
- Ongoing gum maintenance
- Full and partial dentures
- Denture repairs

COPPER
Broader Restorative and Crowns

Focuses on restorative services. Retains all Amber coverage **EXCEPT DENTURES.**

Adds:

- Crowns (caps for damaged teeth)
- Major tooth repair

Dentures are not included.

SILVER
Restorative, Endo, Surgery, and Dentures

Retains all Amber/Copper coverage adding extensive endodontics and expanded surgery.

Adds:

- Root canals
- Complex oral surgery
- Dentures

GOLD — Advanced Surgical and Endodontic Coverage

Gold builds on Silver and adds deeper coverage for advanced periodontal surgery, endodontic retreatments, and complex specialty cases.

Adds:

- Advanced and repeat root canal treatment
- Surgical procedures involving tooth roots
- Gum surgery for advanced gum disease
- More complex oral surgery
- Fixed bridges and related components

PLATINUM — Full Spectrum Care + Implant Dentistry

Platinum includes everything in Gold and adds full implant coverage

Adds:

- Dental implants
- Implant crowns
- Implant-supported dentures
- Implant repairs

Frequency: Higher frequency limits than Gold for various services

Routine Dental

Out-of-Network Benefits

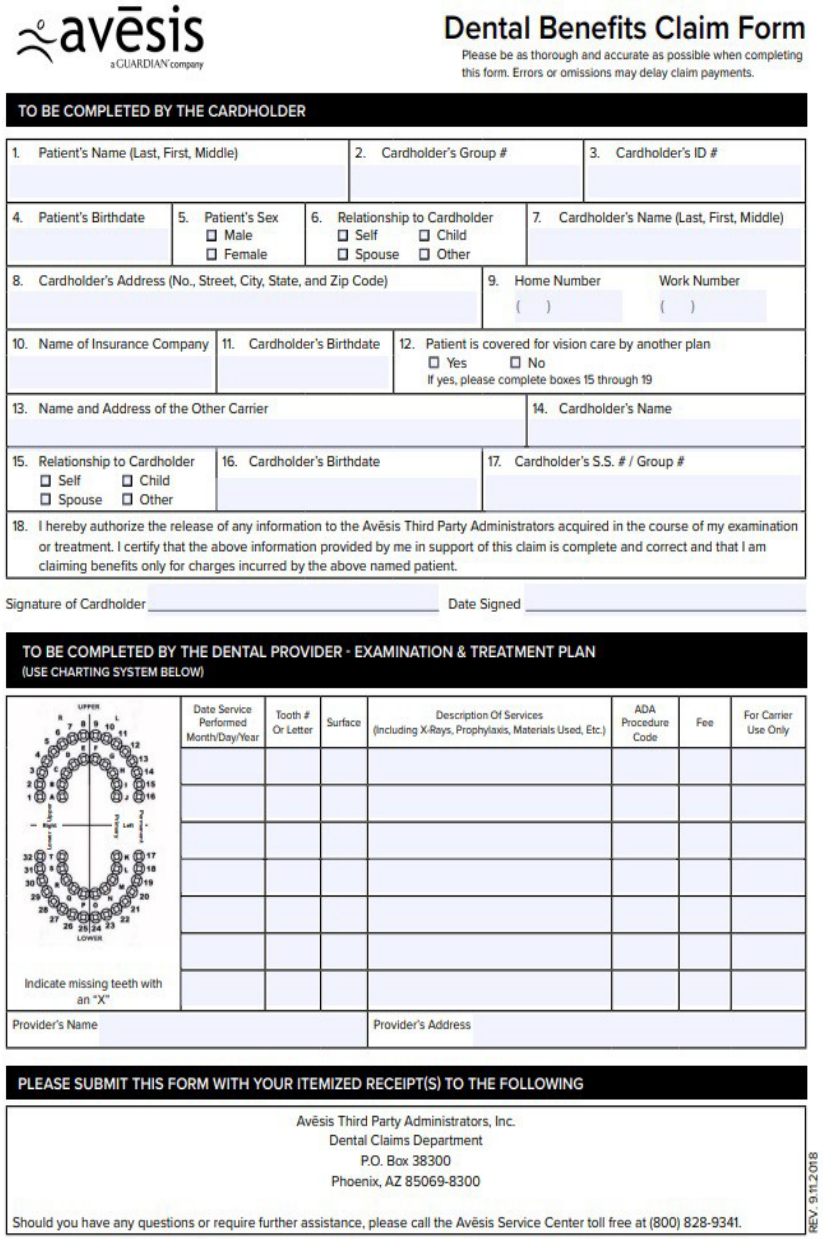
The member can send documentation for reimbursement through a vendor only, but it must include detailed information like a claim.

Reimbursement is based on the vendor's allowable or usual and customary charges, not the amount the member actually paid, which often results in the member receiving significantly less than expected—sometimes less than 50%.

To avoid unexpected costs and maximize their benefit dollars, members are strongly encouraged to use in-network providers and request a treatment plan to better understand their potential out-of-pocket costs.

Reimbursement is not allowed if you use your Wellcare Spendables® card for OON.

Sales partners can request a Vendor Reimbursement Form via the GTM Ticket system.



avēsis
a GUARDIAN company

Dental Benefits Claim Form

Please be as thorough and accurate as possible when completing this form. Errors or omissions may delay claim payments.

TO BE COMPLETED BY THE CARDHOLDER

1. Patient's Name (Last, First, Middle)	2. Cardholder's Group #	3. Cardholder's ID #
4. Patient's Birthdate	5. Patient's Sex ☐ Male ☐ Female	6. Relationship to Cardholder ☐ Self ☐ Child ☐ Spouse ☐ Other
7. Cardholder's Name (Last, First, Middle)		
8. Cardholder's Address (No., Street, City, State, and Zip Code)	9. Home Number ( )	Work Number ( )
10. Name of Insurance Company	11. Cardholder's Birthdate	12. Patient is covered for vision care by another plan ☐ Yes ☐ No If yes, please complete boxes 15 through 19
13. Name and Address of the Other Carrier		14. Cardholder's Name
15. Relationship to Cardholder ☐ Self ☐ Child ☐ Spouse ☐ Other	16. Cardholder's Birthdate	17. Cardholder's S.S. # / Group #

18. I hereby authorize the release of any information to the Avēsis Third Party Administrators acquired in the course of my examination or treatment. I certify that the above information provided by me in support of this claim is complete and correct and that I am claiming benefits only for charges incurred by the above named patient.

Signature of Cardholder _____ Date Signed _____

TO BE COMPLETED BY THE DENTAL PROVIDER - EXAMINATION & TREATMENT PLAN
(USE CHARTING SYSTEM BELOW)

Date Service Performed Month/Day/Year	Tooth # Or Letter	Surface	Description Of Services (Including X-Rays, Prophylaxis, Materials Used, Etc.)	ADA Procedure Code	Fee	For Carrier Use Only

Indicate missing teeth with an "X"

Provider's Name _____ Provider's Address _____

PLEASE SUBMIT THIS FORM WITH YOUR ITEMIZED RECEIPT(S) TO THE FOLLOWING

Avēsis Third Party Administrators, Inc.
Dental Claims Department
P.O. Box 38300
Phoenix, AZ 85069-8300

Should you have any questions or require further assistance, please call the Avēsis Service Center toll free at (800) 828-9341.

REV. 9.11.2018

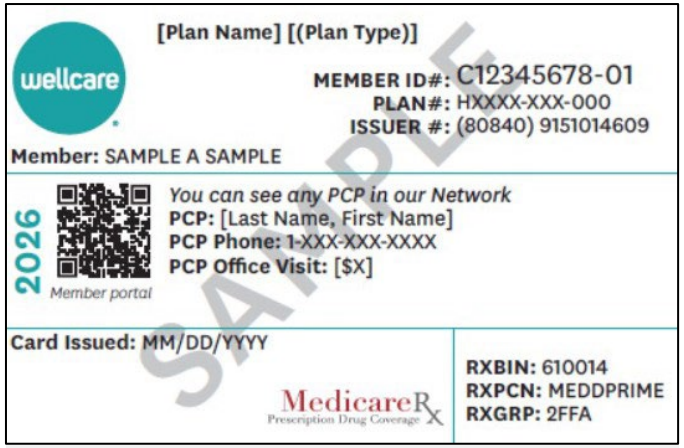
Vision

Routine Vision

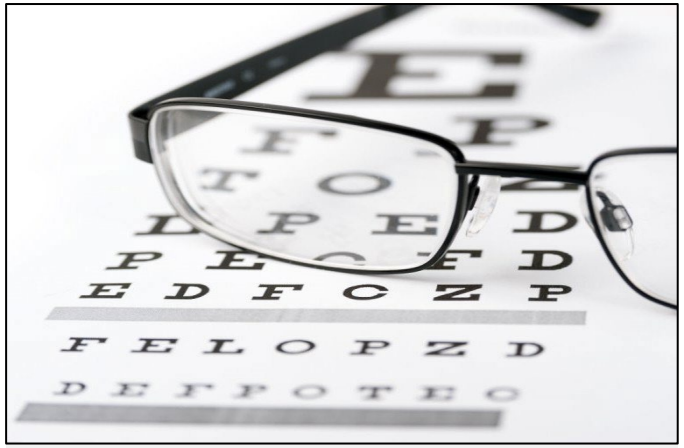
Benefit Scope	Vision 100	Vision 200
Allowance ranges	$100 per year	$200 per year
Covered service categories	Glasses (lenses and frames) Glasses (lenses only) Glasses (frames only) Upgrades Contact lenses	Glasses (lenses and frames) Glasses (lenses only) Glasses (frames only) Upgrades Contact lenses
Design options for cost-share	HMO: $0 for all covered services	HMO: $0 for all covered services
No changes made to vision benefit package designs, cost-shares, or covered codes for PY2027		

Routine Vision

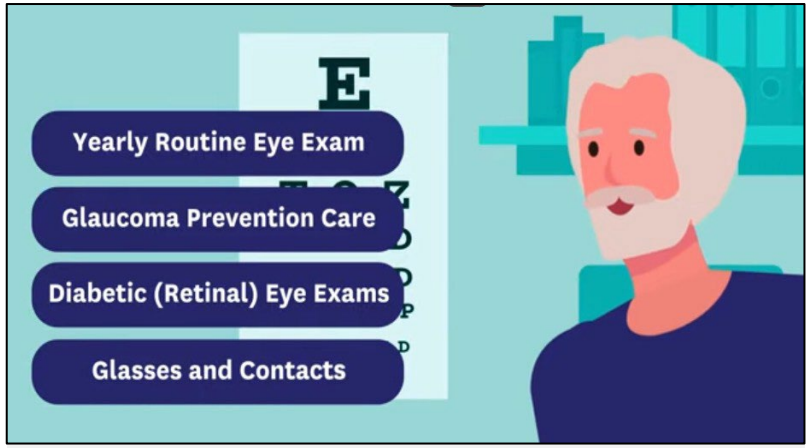
Member Onboarding Experience



- New members will receive an ID card with their vision provider's name and phone number 7-14 days after effective date.
- Their Welcome Packet will provide detail information on how the benefit works.



- At the beginning October, existing members will receive plan materials outlining any changes, if any, to their vision benefits. Details can be found in:
  - Evidence of coverage
  - Summary of benefits



- New and existing members will receive a link to a short YouTube video designed to support their onboarding experience.
- The video provides members a step-by-step process in navigating the member portal and how to find in-network providers.

Note: All member communications are managed by the health plan; vendors do not send communications directly to members.

Routine Vision

How do I pay for my vision services?

- ✓ Member's ID card is essential for accessing the covered care needed.
- ✓ Members should be reminded to bring their ID card to every appointment.
- ✓ There is no separate vision ID card; coverage is tied to the member's ID card.
- ✓ Based on plan eligibility, members may use their Wellcare Spendables® card for certain out-of-pocket vision expenses.

Hearing

Routine Hearing

Benefit Scope	Routine Exam Only	Hearing 750
Allowance ranges	N/A	$1,500 per year $750 per ear, per year
Covered service categories	1 routine exam per year	Routine hearing exam Fitting/ evaluation Hearing aids (all types)
Design options for cost-share	HMO: $0 for all covered services PPO: $0 INN, 40% OON	HMO: $0 for all covered services PPO: $0 INN, 40% OON

National vendor continue to be **TruHearing**.
There are **no changes to benefit package, designs, cost-shares, or covered codes** for PY2027

*Hearing aids as OTC not available through benefit packages.
Subject to change until bids are approved by CMS

Routine Hearing

Member Journey Map

Member Enrollment

Benefit activates automatically upon enrollment; no extra steps required.

Benefit Materials

Member receives benefit materials after enrollment.

Find a Provider

Member uses vendor resources to locate a hearing provider.

Schedule Appointment

Hearing vendor helps schedule the first appointment.

Hearing Exam

Provider conducts exam; coordinates hearing aid next steps if needed.

Ongoing Support

Member contacts vendor directly for ongoing support.

Routine Hearing

Hearing Exam and Hearing Aids

Accessing Benefits	Hearing Exam	Hearing Aids
Two steps to access routine benefits: **1. Finding a Provider** Two ways to select a provider: • Call the hearing vendor for help finding a provider • Search for a provider on the vendor's website **2. Scheduling First Appointment** Vendor contacts provider to schedule on the member's behalf	**What to expect:** A five-part evaluation: case history, otoscopy, tympanography, speech testing, and air/bone conduction testing. • The first four parts assess health and lifestyle • The air/bone conduction produces an audiogram, which is a detailed frequency report Together, these build a complete hearing health picture for individualized care.	**If hearing aids are needed:** 1. Provider recommends hearing aids based on member's needs 2. Member reviews options and selects preferred hearing aids 3. Provider places order with the vendor 4. Fitting appointment scheduled upon receipt; provider programs aids to member's hearing profile

Fitness

Fitness

One Pass Benefits

Core or Premium package available with One Pass

Core Package	Premium Package
Standard Facility Access • 18,000 network locations • Multi-location access • Free caregiver access to select locations **Home Fitness Kit** • Fit, yoga, and dance kit options **Digital Experiences** • On-demand and livestreaming classes – Strength, balance, mobility, yoga, cardio, personalized workouts, etc. • Health and well-being resources – Meditation and mindfulness classes, senior-focused educational and social resources • Mobile app – Gym finder, curated programs and workouts, lifestyle content, etc.	*Includes Core Package offerings and the following enhancements:* **Premium Facility Access** • 28,000+ network locations • High-end locations and studios including brands like: – Orangetheory, StretchLab, Pure Barre, additional YMCAs, F45, LifeTime **Digital Experiences;** Addition of **CogniFit:** • Interactive cognitive tests and brain exercises available online and through mobile device via Cognifit app • Tailored to each user; provides a comprehensive workout by training more than 20 cognitive skills including working memory, divided attention, and inhibition **Additional Classes and Activities (via Grouper)** • Access to approved fitness-related classes and activities where members can participate either virtually or in person • Helps members discover and join local health and wellness activities that align with their interests • Walks, pickleball, dance, cycling, aquatics, etc.

Fitness

Getting Started and Accessing the Benefit

Getting Started	Joining a Fitness Center	Ordering a Home Kit	Accessing Digital Content
1. Capture 10-digit member ID number Two ways: • Visit vendor website and create an online account. • Call fitness vendor directly. Refer to member materials for toll-free number. **2. Ready to go** Members can now: • Join a fitness center. • Order a home kit. • Access digital content.	1. Find a participating fitness center from the vendor website or by calling the vendor directly. 2. Complete membership either in person or online. Members might need to complete a location-specific membership form. 3. Visit center. Member can join multiple fitness centers at once. **Important:** Available at participating in-network fitness centers only. Includes standard amenities.	1. Call fitness vendor directly. 2. Select home kit based on member needs. 3. Place order. 4. Begin home fitness journey. **Important:** Home fitness kits subject to availability. One kit per year allowed.	1. Create an account by following the on-screen instructions to confirm eligibility. 2. Explore digital content.

Meals

Meals

Plans may offer post-acute meals benefit at no cost to members

Post-acute meals: designed to support recovery and overall wellness following an inpatient stay

PACKAGES AVAILABLE			CHRONIC CONDITIONS
Post-Acute Meals	• Two meals per day for 14 days • Total 28 meals	• Home-delivered meals or shakes following an inpatient hospital stay • Members are eligible in the 45 days following inpatient hospital stay	• Congestive heart failure • COPD • AIDS • Asthma • Coronary Artery Disease • Diabetes • Hypertension
Nutritional Shakes	• Variable units per delivery • Shake counts as one meal	• Member has the option to receive shakes as medically appropriate	

The Helper Bees provides a **single platform for meals and in-home support benefits**, streamlining care management and data collection.

Meals

The Helper Bees (healthAlign) remains the national vendor for the meals benefit – Mom's Meals, GA Foods, ICON, and ModifyHealth are subcontracted providers.

Meal Types:

- General Wellness
- Lower Sodium
- Heart-Friendly
- Diabetes-Friendly
- Renal-Friendly
- Gluten-Free
- Vegetarian
- Pureed
- Kosher
- Halal

Formats:

- Refrigerator ready
- Fresh frozen
- Oral nutritional shakes
  - Shakes include general nutrition, diabetes-friendly, high-protein support, plant-based, and specialized options for renal support and calorie supplementation

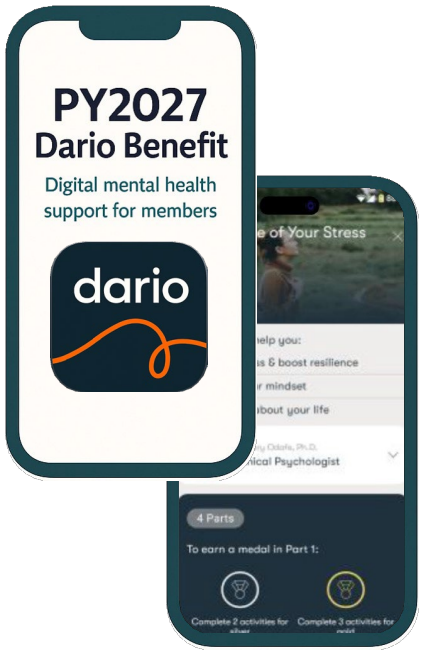
Features:

- Entrée and breakfast options
- Wide variety of culturally inspired dishes
- Rotating menus for variety and member satisfaction

Alternative Therapies

Social Support Platform

Dario will continue as national vendor. The Dario benefit will continue to be offered across all our plans.



What is Dario?

Dario is a digital-based platform that focuses on members' mental health by delivering behavioral services for a personalized, online experience. Members engage in interactive activities, meditations, and games tailored to their needs.

Accessing the Benefit

Visit the member portal or download the app to start using Dario today!

Programs and Supports

Self-Guided Programs:
Dario Mind – Evidence-based, personalized programs to support healthy behaviors.

Peer-to-Peer Support:
Dario Connect – A community for healthy aging with access to experts, health tools, and personalized resources.

Social Support Platform

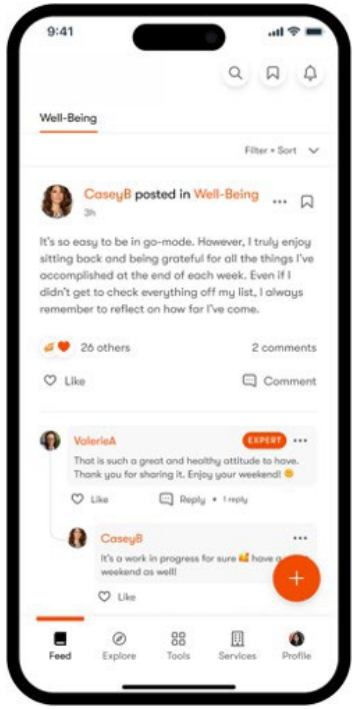
Well-Being Community

An approachable entry point to care with clinician-reviewed content, personalized support, and groups.

Moderated Peer-to-Peer Engagement: Members of the community are able to react to posts, comment, and post messages at their leisure. Robust moderation ensures the care community remains a safe and empathetic space.

Clinically Vetted Content and Support: Articles, infographics, polls, and tips are posted 1-2 times per week. Experts regularly add health-related content and are available to directly answer questions, providing members with a rare opportunity to receive free medical support in between appointments. Experts in the community could include gerontologists, geriatricians, and geriatric psychologists.

Exclusive Access to Centene Services: Provide members with easy access to their specific set of services exclusively available to them as part of the plan benefit design.



Access to medical experts: Psychiatrists, marital/family specialists, and more

Peer-to-peer community: 24/7 moderation and support from other users

Educational content: 1,000+ infographics, videos, articles, and audio, updated weekly

Social Support Platform

Frequently Asked Questions

General Support

Q: Who is Dario Mind for?

A: Dario Mind is designed for adults looking to support their emotional well-being—whether they are managing everyday stress, navigating life changes, or building healthier habits. It is not limited to those with serious mental health conditions and can be used alongside existing care.

Q: Why does Centene/Wellcare offer Dario Mind?

A: Centene/Wellcare offers Dario Mind to expand access to mental health support with a flexible, on-demand solution that members can use anytime.

Eligibility and Access

Q: Who is eligible for Dario Mind?

A: Dario Mind is available at no cost to eligible Wellcare Medicare Advantage members, and can be accessed 24/7 via web or mobile app.

Registration

Q: How do members sign up?

A: Use the registration link in the Wellcare portal or through promotional benefit materials, create an account, and start exploring.

Privacy and Confidentiality

Q: Is member information confidential?

A: Yes. Member activity is private by default, and personal data is never sold to third parties. Only anonymized, aggregate data is shared with Centene/Wellcare for reporting purposes.

Diabetic Testing Supplies

Preferred Part B Diabetic Testing Supply Manufacturer

Below is a list of preferred diabetic testing supplies (blood glucose meters/test strips and continuous glucose monitors). All lancets, lancing devices, and/or lancing kits from any manufacturer are covered. Non-preferred manufacturers may be covered at the preferred copay with approved prior authorization. Prescription is required for Medicare Part B coverage.

BLOOD GLUCOSE MONITORS	RESTRICTIONS
Accu-Chek Guide	Quantity limit: • One meter kit per 365 days (one per calendar year) • Four strips per day (e.g., 100 strips per 25 days)
Accu-Chek Guide Me	
True Metrix	
True Metrix Air	

CONTINUOUS GLUCOSE MONITOR (CGM)	RESTRICTIONS
FreeStyle Libre 2	Prior authorization required
FreeStyle Libre 3	
FreeStyle Libre 14 Day	
Dexcom G6	
Dexcom G7	

New for 2027:

- Non-cost-share protected plans will have a $0 copay for all diabetic testing supplies including blood glucose monitors and CGM monitors and associated test strips and CGM sensors.
- Cost-share protected plans continue to have standard 20% coinsurance.
- Diabetic monitors must be listed separately in the bid under section 11c(3) when offered as a supplemental benefit.

Part D

Key Part D Highlights

Primary Benefits

- Formulary Updates and 2027 Tier Design
- Product Design
- D-SNP Copay Approach
- GLP-1 Drug Class Updates
- Network, Home Delivery, and Other MAPD Highlights

2027 MAPD Formulary Design

- **Enhanced Plus** formulary as base: 89% aligned or favorable on top 500 drugs vs. national benchmarks.
- **Maintain rich $0 copay benefits** by plan type to support Stars adherence measures (3x weighted in MY27) and member access.
- **D-SNP/LIS plans** will move to Enhanced Plus formulary.
  - Favorable placement of generics on Tier 1 ($0 at preferred pharmacies for all* plans).
  - Expanded Tier 1 access on most plans to select **excluded drugs**: generic ED drugs (sildenafil, vardenafil) and vitamins (Rx vitamin D2, injectable B12, folic acid).
  - Carry over D-SNP demographic medications (contraceptives, acne treatments, testosterone, ADHD stimulants).

***Select Aligned D-SNPs are filed with a copay but eligible for $0 Part D copays through Medicaid Value Added Benefit**

Enhanced Plus Formulary
Robust coverage with generic drugs primarily on **Tier 1**

TMA and D-SNP Plans: Stars adherence generics on Select Care Drugs Tier 6 for $0 copay

"Select" option: Same coverage plus generic dapagliflozin down-tiered to Generic Tier 1, enhancing affordability

C-SNP Plans: Insulins and Stars adherence generics on Select Care Drugs Tier 6 for $0 copay to support improving diabetes and chronic disease management

2027 Part D Product Design for MAPD

- Members **will not pay more than $2,400 out of pocket (OOP) for prescription drugs.** The three drug phases now include deductible, initial coverage, and catastrophic phase.
- **Medicare Prescription Payment Plan (M3P) or "copay smoothing"** gives beneficiaries the option to spread Part D OOP costs monthly over the course of the plan year instead of making upfront payments at the pharmacy. Wellcare's M3P program was implemented by Jan. 1, 2025, and is delegated to Express Scripts (ESI).

2027 Formulary Tier Design

Formulary changes to support member access and affordability to generics and select antidiabetic and respiratory drugs:

- New **Tier 1 Generic** tier will combine preferred generics and standard generics into a single tier, unifying coverage for 1,600+ medications.
  - TMA/C-SNP: $0 preferred/$10 standard copay for 30-day supply
  - D-SNP/LIS*: $0 preferred/$15 standard copay for 30-day supply
- New **Tier 4 Injectable Drugs** tier will include vaccines and Mounjaro.
  - TMA/C-SNP: 1% or 15% coinsurance, $700 deductible (Pref.)
  - D-SNP/LIS: 0%, no deductible OR 25%, $700 deductible (Pref.)
  - Note: Vaccines on the ACIP list continue to be $0
- Standardize **Tier 6 Select Care Drugs with Stars** adherence generics available for $0 at preferred and standard pharmacies.
- Select Aligned D-SNPs will apply value-added benefits to buy down Part D cost-sharing to $0, including DE, FL (pending), IL, MI, NJ, NY, OH, SC, TX.

Tier 1	GENERIC
Tier 2	PREFERRED BRAND
Tier 3	NON-PREFERRED DRUG
Tier 4	INJECTABLE DRUGS
Tier 5	SPECIALTY TIER
Tier 6	SELECT CARE DRUGS

Disclaimer: Cost-sharing amounts vary by plan;
**Select Aligned D-SNPs are filed with a copay but eligible for $0 Part D copays through Medicaid Value Added Benefit*

$0 Part D Copays

A Differentiated D-SNP Value Proposition

Select D-SNP plans offer $0 copays on key Part D tiers, delivering immediate affordability, simplified pharmacy access, and a strong competitive advantage in local markets.

HOW WELLCARE DELIVERS THIS VALUE	
Designed for Affordability	Select D-SNP plans leverage premium positioning to unlock richer pharmacy benefits
	Enables ~30% richer Part D coverage vs. standard designs
$0 Copays Where It Matters Most	$0 copays on high-impact drug tiers (Tier 1, Tier 4, Tier 6)
	No deductible at preferred pharmacies → immediate access to medications
Targeted, Market-Smart Deployment	Deployed in select plans and markets
	Aligned with benefit design strategies and VAB integration

WHY THIS WINS IN THE MARKET	
Member Impact	Lower out-of-pocket costs for commonly used medications
	Predictable, $0 pharmacy experience with no surprises
	Improved access and adherence

$0 copays on key medications, helping members access what they need, without cost barriers.

GLP-1 Drug Class Updates

REGULATORY UPDATES

Non-Weight Loss GLP-1s

- CMS Price Negotiation: Semaglutide (Ozempic, Rybelsus, Wegovy) is price negotiated and will be required to be covered on Part D formularies; Maximum Fair Price (MFP) enforced.

Weight Loss GLP-1s

- BRIDGE : A CMS-run demo (July 2026–Dec. 2027) providing eligible Part D beneficiaries with access to select GLP-1 obesity drugs at a flat $50/month copay; no opt-in or risk assumption required from Part D sponsors.
- BALANCE: A voluntary demo in which CMS negotiates obesity GLP-1 pricing directly with manufacturers for participating sponsors. Medicare launch delayed to 2028 due to insufficient participation.

FORMULARY COVERAGE

GLP-1s with Diabetes Indication

- Re-tiering: Lower cost-sharing for Mounjaro on NEW Injectable Drug Tier 4
- Removal of Trulicity from formulary (CY25 utilizers MAPD: 20K)
- Price Negotiation: Ozempic and Rybelsus on Preferred Brand Tier 2 (MAPD: no change)

Non-Diabetes GLP-1s

- Price Negotiation: Must add Wegovy (injection and oral) to Preferred Brand Tier 2 for non-weight loss indications (CVD, MASH; PA required)
- No change to Zepbound (remains non-formulary)

Medicare GLP-1 Bridge Program

BEGAN
July 1, 2026

Short-term CMS demonstration designed to increase access to GLP-1s **solely for weight loss** for Part D members who meet clinical criteria.*

WHO QUALIFIES

ELIGIBLE

Part D members for weight loss

Part D members meeting **clinical criteria** who need a GLP-1 for weight loss can access it through Bridge.

INELIGIBLE

Part D Covered indications

Members taking GLP-1s for Part D-eligible diagnosis such as **diabetes, sleep apnea, or cardiovascular** indications are disqualified from Bridge. Providers will have to attest to members not having coverable diagnosis.

COVERAGE and COST

COVERED DRUGS

- **Wegovy**
- **Zepbound** (KwikPen only)
- **Foundayo**

MEMBER COST

$50

flat copay, every 30-day fill

COST RULES

✓ $50 **regardless of Part D benefit phase**.
✗ **LIS does not apply**.
✗ **Does not count toward TrOOP**.

Providers must send prescription to the pharmacy with diagnosis and note to process under Bridge to initiate the prior authorization. Members do not need a denied coverage determination first from the Part D plan.

**Applies to both MAPD and PDP plans.*

2027 Network Updates

Pharmacy Benefit Manager

- ESI will continue to manage pharmacy benefits administration. This will impact all Part D plans, including MAPD and PDP.

Medication Home Delivery

- ESI is the preferred mail order benefit provider; 90-day for PDP and 100-day for MAPD extended supply available.
- Preferred mail order discounts are available on select plans and tiers.

Preferred Pharmacy Network

- Walgreens and CVS plus grocers remain within the preferred pharmacy network for 2027.

Manufacturer Discount Program

- The Manufacturer Discount Program requires manufacturer discounts for applicable drugs; replaces the Medicare coverage gap discount program.

For further product information, visit our First Look site

Broker Experience Enhancements

Centene Workbench (CWB) Training Center

Access broker training via the **Training Center** within the **Centene Workbench Broker Portal**.

- One-stop shop access to key platforms and resources, including training, all in one location.
- Direct link to key Medicare certification partners accepted by Wellcare (e.g., AHIP and NABIP), including automated transmission of exam completions.

  1. **AHIP** discounted pricing - **$125** vs. $175 (3 exam attempts).
  2. **NABIP** member pricing - **$100** (6 exam attempts).
- At-a-glance visibility of complete certification status (e.g., RTS).
- Expanded broker training opportunities – coming soon!
- Online self-service support ticket access for quick resolutions and tracking.

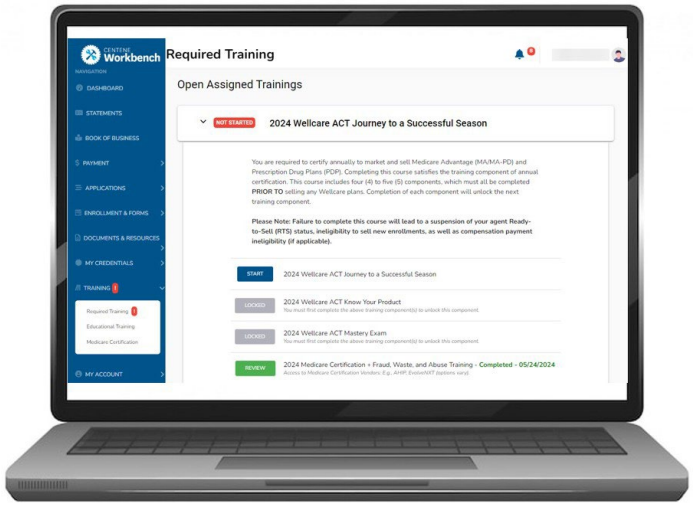
One-stop shop

Direct links to certification

Training status visibility

Additional training

Support ticket access



https://desktop.pingone.com/cnc-workbench-brk

2027 Annual Certification Training (ACT)

Available July 21, 2026

Completing Wellcare ACT promptly ensures you are certified to market/sell all 2026 and 2027* Wellcare Medicare MAPD and PDP product offerings. It also provides access to many other key resources, including the sales material ordering platform (ConnectOne), so you have the materials when you need them.

Key Information for PY2027

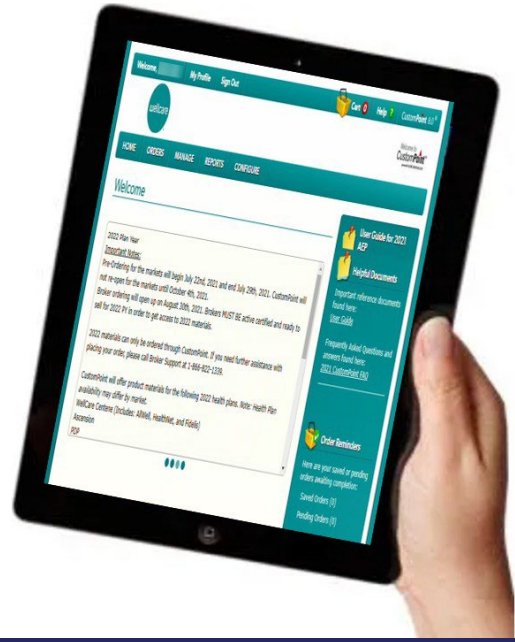
- Supplemental resources referenced in training available in one comprehensive toolkit for post training usage.
- Short videos included in the course for section intros and key training updates.
- Streamlined single-click access to state-specific market highlights.
- Knowledge Checks throughout the course for Mastery Exam preparation.
- Unlimited Mastery Exam attempts available with no waiting period.

Complete Wellcare ACT and Medicare certification training by Sept. 30 to ensure you are ready to market 2027 effective enrollments by Oct. 1 and avoid suspension.

2027 Sales Materials

- Brokers can order sales materials via the ConnectOne materials portal. This includes all required materials for a compliant sales appointment.
- ConnectOne can be accessed via the broker single sign-on portal and offers the capability to select state and product-specific materials for both Medicare and PDP, specify shipping addresses for each submitted order, and obtain order status.
- 2027 materials will be available as downloadable PDF files between Oct. 1-4, 2026.

Note: This year, brokers who complete their 2026 certification early will be able to place a preorder in ConnectOne between Aug. 7-13, 2026, to have materials in hand and be ready to sell by Oct. 1, 2026. (English materials first; translations will follow.)



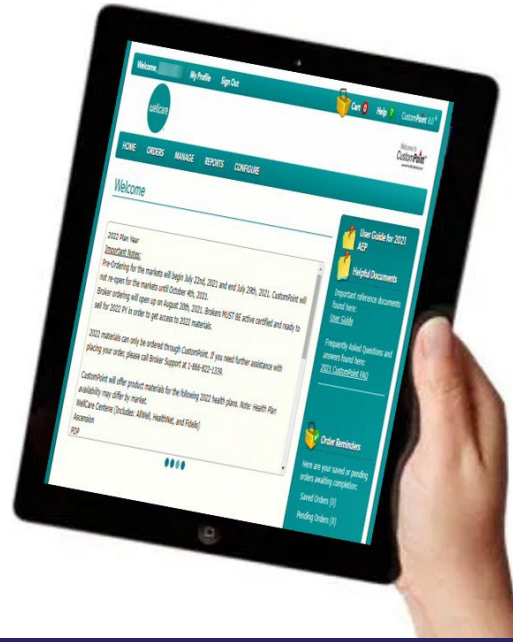
Sales Material Ordering and Distribution

2027 sales materials will be available for order beginning Sept. 30, 2026, and available as downloadable PDF files between Oct. 1-4, 2026.

Please note order and delivery timelines:

Shipping Event	Ordering Begins	Ordering Ends	Estimated In-Hand Date for ENG
Wave 1	July 28: Preorders for select brokers	Aug. 4 EOD	Oct. 1
Wave 2	Aug. 7: Brokers can preorder	Aug. 13 EOD	Oct. 1
Ongoing	Sept. 30	N/A	5-7 business days

Reminder: *You must be certified to sell 2027 Wellcare products to order.*



Broker Communications

Be on the lookout for important email communications throughout the 2027 AEP season.

Communication Type	Communication Topics
Broker Update	• Contracting and certification reminders • Special Election Period announcements (e.g., FEMA, state/local declarations) • Commission rates, schedules, and announcements • ConnectOne storefront material ordering schedule and reminders
Broker Briefs/ AEP Update	• Important updates and reminders • Other updates critical to your business
Product Pointers	• New and/or key supplemental benefit updates • Supplemental video resources
The Ascend Advantage	• Ascend reminders, pointers, and helpful tips
Digital Resources	• **LinkedIn Forum** where brokers and Wellcare Sales teams can connect in real time on important issues, questions, or ideas • **Broker Connect** consolidates multiple resources on one landing page • **Agency Connection** is a newsletter tailored to inform and engage with our agency leaders and broker principals • **Agent Center for Member Satisfaction** offers resources and tips to support member satisfaction and to reduce CTMs and member complaints • **Producer Guide** for Medicare brokers to educate on policies, enrollment processes, compliance, and best practices • **NEW! Member Retention Guide** gives brokers practical strategies and solutions for retaining satisfied members

Broker Support Resources

Support	Purpose	Contact Information
Broker Support and Special Populations (SPOP) Medicaid Eligibility	Assistance with contracting, certification, commissions, onboarding, etc. Eligibility support for Medicare and Medicaid	866-822-1339 Mon – Fri: 8 a.m. – 8 p.m. EST AEP weekends: 10 a.m.- 6 p.m. EST
Request for Information (RFI) – Wellcare and Legacy Plans	Assistance with resolving applications in RFI status	866-822-1339 Mon – Fri: 8 a.m. – 8 p.m. EST AEP weekends: 10 a.m.- 6 p.m. EST
Chat	Assistance with contracting, certification, commissions, onboarding, resolving applications in RFI status, etc.	Centene Work Bench Mon-Fri: 8 a.m.- 6 p.m. EST
Paper Application Submission	Submit paper enrollment applications via Centene Workbench ticket **(preferred)** or FAX	FAX numbers can be found at: www.wellcare.com/broker-resources/broker-resources

**Legacy plans include: Allwell, Ascension Complete, Health Net*

Broker Support Enhancements

What We Do

Pre-Sale	
Onboarding	• Walk uplines through submitting an invitation for downline • Show brokers how to submit an onboarding request direct to Centene
Single Sign-on Portal	• New broker set-up • Answer CustomPoint materials portal questions
ACT and AHIP	• Annual certification completion status • Explain what modules need to be completed
Demographics	• Walk brokers through assigning commissions and changing upline • Walk brokers through changing demographic information • Walk brokers through updating their license information
Ascend Enrollment Platform	• Find available plans • Provider look-up • Formulary look-up
Application and Enrollment	• Check status of application • Verify Agent of Record (AOR) on policy • Provide member status
Request for Information (RFI) Resolution	• Assistance resolving applications in RFI status

Post-Sale	
Centene Workbench	• Application search tool • Commission statements • How to submit a Sales Support ticket to attach document for AOR change request, etc. • Portfolio-at-a-Glance (pre-sale) • Enrollment materials (pre-sale)
Commissions	• Show brokers how to find and download commission statements and Book of Business • Calculate what is due to the broker for each policy • Review payments made for each policy to see if any are missing/incorrect • Bank payee information updates • Broker's payee profile set-up
Member ID Cards	• Request ID cards to be mailed to members
Member Assistance	• PCP changes • Ancillary and health benefits • Member email and phone number updates • Review premium amounts, including LIS and LEP • Current premium payment method • Payment status, including whether payments are current or past due

Compliance

Compliance

Better Company and Compliance Outcomes:

Beneficiary Complaints and Grievances

Star Ratings and Retention

C-SNP and SSBCI Reminders

- **C-SNP:** A chronic condition alone does not qualify someone for an SEP. Eligibility must be verified separately. Providers must verify qualifying conditions and plan eligibility.
- **SSBCI:** Eligibility is not based solely on a chronic condition and is determined after enrollment and plan verification.

Compliant Sales Reminders

- **CY2027 Final Rule:** Review all Final Rule changes (e.g., SOA timing changes and TPMO disclaimer changes).
- **Sales Presentation:** Capture Scope of Appointment, fully review CMS topics and questions before enrollment, communicate clearly, and adhere to the script.

Compliant Enrollment Reminders

- Record enrollment calls, review Pre-enrollment Checklist, validate preferred PCP network status, and include on the app.
- Review application for accuracy, capture responses to required enrollment questions, and obtain attestations or evidence for the election period.

Community Relations and Partnerships

Community Relations

Wellcare believes that in order to improve lives within the communities we serve, ***we must meet people where they are***.

Wellcare's Community Relations team

- Supports agents and communities across **29 states**
- Manages over **12K** active local relationships
- Sourced more than **22K** community events YTD
- Delivers **non-competitive**, agent-first support
- Manages more than 13 national partnerships

Year-round opportunity

- Strategic support during AEP, OEP, and Lock-in
- More opportunities, more leads, more sales
- Reach out to **NationalEvents@centene.com** or your local **Community Relations Specialist** to get started!

National Partnerships

- CVS
- Walgreens
- The American Legion
- American Association of Service Coordinators
- Rainbow Housing Authority
- Fraternal Order of the Eagles
- Goodwill
- Salvation Army
- YMCA

The American Legion Partnership

As the Official Medicare Advantage Provider, Wellcare works with The American Legion to bring innovative healthcare solutions to veterans and their families

Partnership Goals

Connect Medicare-eligible veterans, their spouses, and the greater military community with additional benefits that work alongside their VA benefits

Educate Legionnaires and veterans about healthcare options and help ensure they have the coverage they need and deserve

Engage with local Legion Posts to increase community involvement, educate at the local level, and fill needs in the communities we serve

Make Legion's "Be The One" campaign a common cause by working to champion veteran mental health support and end veteran suicide

The American Legion is the nation's largest veteran organization, with more than **1.6 million members** and **12,000 local posts** across the country.

Wellcare is a **1.1-million-member** Medicare Advantage plan with over **40 years** of presence and experience, offering plans designed with veterans in mind.

Interested in partnering with a local American Legion post? Email us at **NationalEvents@centene.com** for more information.

Community Relations |Biz Dev

Community-Based Lead Gen	Retention Support	National Partnerships
• Dedicated local Community Relations Specialists supporting priority markets with boots-on-the-ground community engagement • National Virtual Community Relations team available to help identify, coordinate, and promote sales event opportunities • Local market expertise to help identify high-impact venues, community organizations, and outreach opportunities	• Community Relations support for ***retention-focused*** community events and member engagement activities • Access to Wellcare's established community partnerships for event space, introductions, and local collaboration • Assistance identifying opportunities to reconnect with existing members in the community	• Customized AEP growth strategies for each national partner to maximize local market opportunities • Data-driven event planning using pharmacy and Wellcare Spendables® insights to prioritize high-traffic, high-opportunity retail locations • National partner collaboration to expand community reach and increase visibility in strategic markets

New for 2027!

Member Experience Enhancements

Member Experience

Making It Easier

Easier to Onboard

1. Welcome and Welcome Back Calls prior to effective date.
2. All digital and video content translated to top three preferred languages.
3. Customized communications by product type.

Easier to Get Help

1. Increased support via portal chat.
2. Escalation pathways for repeat callers.
3. Local resources to support YoY plan changes and benefit utilization.

Easier to Get Care

1. PCP and specialist assistance with onboarding.
2. Care appointment assistance with onboarding and renewal journeys.
3. Provider engagement support increased at the local level.

Easier to Stay Covered

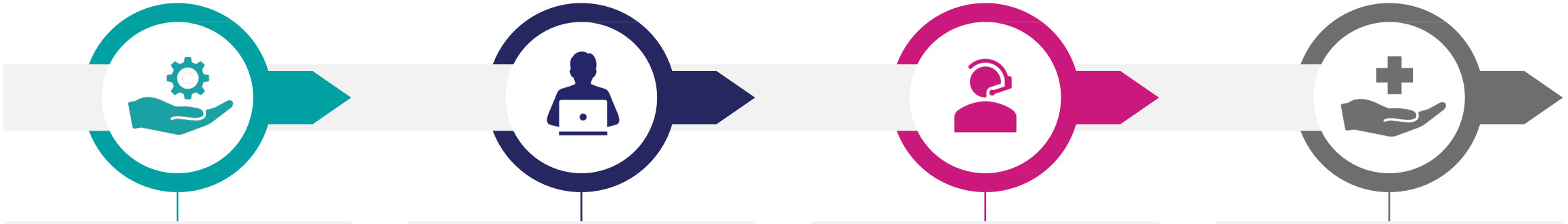
1. Improved Medicaid Redetermination support for dual-eligible members.
2. Improved messaging and member resources for SSBCI and Wellcare Spendables® benefits.

Easier to Self-Serve

1. Live chat support and secure messaging on all member portals.
2. Cyber Seniors technology coaching daily for all members.
3. New onboarding walk through experience to help member navigate and utilize the portal.

Aligned Dual Member Experience

Thinking Differently in 2027



Personalized Onboarding Experience

Dedicated Dual Aligned **omnichannel** onboarding journeys and experiences focused on benefit coordination, Medicaid renewal education, and maximizing plan value.

Digital Support

Enhanced portal capabilities coupled with member **education and assistance to increase digital adoption** and self-service including free access to Cyber Seniors (technology help for members).

Earlier Medicaid Renewal Assistance

Proactive outreach before members lose eligibility through embedded renewal education, reminders, and support resources.

Enhanced Benefit Education and Eligibility Support

Expedited education and transparency around **Wellcare Spendables® and SSBCI benefits as well as dual eligibility** to help members understand, access, and maximize available resources.

How Can We Collaborate?

- Help us set onboarding expectations from Wellcare during enrollment conversations.
- Promote Wellcare's self-service web tools, resources including the Application Tracker and member portal.
- Encourage members to schedule visit with their assigned PCP.

 2-Way Text  Outbound Call  Mail  SMS Text  Email

Prospect	Pre-Effective Sample Journey						
							
As soon as application is received	Day 1-3 of confirmed enrollment	Day 1-3 of confirmed enrollment	Timed with calls	Nov 1 - ongoing	Mailed upon enrollment	Timed with card shipment	10-14 days after card shipment
Application Confirmation	**Enrollment Confirmation**	**PCP/Specialist Confirmation**	**Welcome Call Conversational Text (Warmer, Scheduling and Thank You/UTC)**	**Welcome Call**	**Member Materials**	**Wellcare Spendables® Activation/Use Conversational Campaign**	**Wellcare Spendables® and Rewards Email**
Confirms date application was received and includes tracker link to view application progress. Includes plan start date and contact information.	Confirms enrollment in plan, educates on plan type, PCP info, review covered drugs/formulary, and gives deadline for cancelling.	Provides support for members to ensure their provider and specialists are in-network.	Warms upcoming Welcome Call. Offers member option to schedule call, thanks them for completing call (if done) or directs UTC members to a video link outlining call highlights.	Live call to help new members transition into their plan; provides education on plan benefits and services.	Physical cards sent including member ID, Wellcare Spendables®, and dental cards. Welcome Kit includes OTC Highlights.	Alerts members their Wellcare Spendables® card is on its way; kicks off journey to activate and utilize card and provide support if needed.	High-level benefits overview and explains how to get started. Customized to only include benefit pertaining to member. Include SSBCI if applicable.

Plan Effective (Days 1-50) Sample Journey							
							
Day 1	Day 4	Day 7	Day 10	Day 17	Day 30	Day 40	Day 50
Plan Effective #1: How to use plan/get support	**Plan Effective #2: Benefits + Next Steps**	**Transportation**	**Cost and Coverage**	**Dental**	**Prescription**	**Wellcare Spendables®/Rewards**	**Vision**
How to use your plan: explain Medicare/ Medicaid plans, redetermination, eligibility info, and how to get support as applicable.	Your plan begins today! Sign up for member portal, confirm PCP, start using your Wellcare Spendables® benefit, schedule APV.	How to use your transportation benefit. Include Medicare and Medicaid benefits and CCHL. Must be qualified.	Helps members better understand what their plan covers and what they may pay when getting care, including copays, claims, and prior authorizations.	Provides overview of dental benefits including provider and vendor information; links to dental video.	Explains how to update pharmacy info, view formulary, and get info on in-network pharmacies, claims, authorizations, and tiers.	Highlights extra Wellcare Spendables® and/or rewards available to eligible members, including how and where they can be used.	Provides overview of vision benefits, including vendor name and number; links to vision video.

Agent of Record Promise

PY2027 Agent of Record Promise

Agent of Record (AOR) Promise:

When an existing client makes a plan change by calling Wellcare directly, **your AOR status will remain unchanged.** This means you will remain the AOR and continue to receive renewal commissions on plan changes for MA and MAPD plans. This even applies to plan changes from PDP to MAPD, where applicable. The **AOR Promise** benefits your book of business year-round.

The AOR Promise applies to:

- Active certified 1099 contracted agents at the time of the member's plan change
- All current and future Wellcare MA, MAPD, or PDP members in your book of business
- Plan changes facilitated through external Wellcare-appointed call center agent/agency

Examples of the **AOR remaining the same** and renewal commissions being paid for the new plan as long as the member remains active:

1. An existing member calls Wellcare directly and changes from an MAPD plan to a different MAPD plan
2. An existing member calls Wellcare directly and changes from a PDP plan to an MAPD plan
3. A Wellcare-appointed call center calls a member to facilitate a plan change that benefits the member
   - *For example: When a member is enrolled in an MAPD plan and is eligible for a D-SNP plan*
4. A Wellcare-appointed call center calls a member who is impacted by a service area or benefit reduction, and they select a new plan

Examples of the **AOR remaining the same** and renewal commissions **not** being paid for the new plan:

1. Broker is not currently receiving commission and member makes a plan change into a commissionable plan by calling Wellcare directly
2. Broker is not currently receiving commission and member makes a plan change into a non-commissionable plan by calling Wellcare directly
3. Broker is currently receiving commission and the same broker enrolls the member into a non-commissionable plan

The AOR Promise does NOT apply to:

- Another active certified 1099 contracted agent who facilitates a plan change

Questions

Appendix

Product Portfolio

Suppressed Plans

Product Space	Contract Number	Plan Name	Marketing Strategy
Budget-friendly MAPD	H5475026000	Wellcare Simple (HMO-POS)	Suppress
Giveback MAPD	H5475031000	Wellcare Giveback (HMO-POS)	Suppress
LIS	H5475038000	Wellcare Assist (HMO-POS)	Suppress
D-SNP-Zero CS Protected	H5475001000	Wellcare Meridian Health Dual Access (HMO-POS D-SNP)	Suppress

Wellcare Meridian Health Dual Access (HMO-POS DSNP)†

$1,872 Wellcare Spendables **OTC & DVH** Benefit Card

$2,000 Dental Allowance + **Dentures**

$200 Allowance for **Unlimited** Eyewear

$1,500 Allowance for **Two** Hearing Aids

†Point of Sale (POS) services apply to dental coverage only

Plan Name	Wellcare Meridian Health Dual Access (HMO-POS DSNP)†
Contract Number	H5475001000
Product Space	Zero Cost-share DSNP
MSP levels or Covered Conditions	QMB
SNP Integration Type	Coordinated – Partial Only
Plan Premium	$0
Plan Deductible	$0
Maximum Out of Pocket (MOOP)	$9,850
Inpatient Acute	$0 co-pay up to 90 days per admission
PCP Office Visits	$0
Specialist Office Visits	$0
Medically Necessary Transportation	12 one-way transportation trips every year
Wellcare Spendables/OTC	$156 rolling monthly allowance for covered OTC items and/or add'l DVH services. May cover SSBCI benefits for qualified members: Gas Pay-at-Pump, Healthy Food, Utilities Assistance, Rent Assistance, Personal Care Items, Robotic Pet Companion
In-Home Support Services	N/A
Meals	Post-acute meals
Fitness	$0 Membership (Core)
Personal Emergency Response System	$0
Dental Benefits	Silver Package: Covered preventive services + $2,000 for comp dental services including dentures (IN: $0 copay/OON: 25% cost-share)
Vision Benefits	$200 eyewear allowance
Hearing Benefits	$750 per ear every year
Rx Deductible/Tiers	$0
Rx Drug Co-pays	$0 Select Care and Generic Tier Drugs (Pref)

Wellcare Simple (HMO-POS)†

$180 Wellcare Spendables **OTC & DVH** Benefit Card

$1,500 Dental Allowance + **Dentures**

$100 Allowance for **Unlimited** Eyewear

$1,500 Allowance for **Two** Hearing Aids

Plan Name	Wellcare Simple (HMO-POS) †
Contract Number	H5475026000
Product Space	$0 Premium MAPD
IN/OON/Tier	IN
Plan Premium	$0
Plan Deductible	N/A
Maximum Out of Pocket (MOOP) INN	$7,100
Inpatient Acute	$425 co-pay per day for days 1-7 and a $0 co-pay per day for days 8-90. No additional hospital days.
PCP Office Visits	$0
Specialist Office Visits	$45
Medically Necessary Transportation Trips	N/A
Wellcare Spendables/OTC	$15 rolling monthly allowance for covered OTC items and/or add'l Dental, Vision, & Hearing services.
In-Home Support Services	N/A
Meals	N/A
Fitness	N/A
PERS	N/A
Dental Benefits	Amber Package: Covered preventive services + $1,500 for comp dental services including dentures (IN: $0 copay/OON: 25% cost-share).
Vision Benefits	$100 eyewear allowance
Hearing Benefits	$750 per ear every year
Rx Deductible/Tiers	$700 Tiers 3 – 5
Rx Drug Co-pays (Preferred)	$0 / 25% / 42% / 1% / 25% / $0

†Point of Sale (POS) services apply to dental coverage only

Wellcare Giveback (HMO-POS)†

$81.50/month **Part B Giveback**

Covered **Preventative Dental** Services

$100 Allowance for **Unlimited** Eyewear

Covered **Routine Hearing Exam**

Plan Name	Wellcare Giveback (HMO-POS) †
Contract Number	H5475031000
Product Space	Giveback MAPD
IN/OON/Tier	IN
Plan Premium / Giveback	$0 / $81.50
Plan Deductible	$400
Maximum Out of Pocket (MOOP) INN	$9,850
Inpatient Acute	$415 co-pay per day for days 1-5 and a $0 co-pay per day for days 6-90. No additional hospital days.
PCP Office Visits	$0
Specialist Office Visits	20%
Medically Necessary Transportation Trips	N/A
Wellcare Spendables	N/A
In-Home Support Services	N/A
Meals	N/A
Fitness	N/A
PERS	$0
Dental Benefits	Bronze Package: Covered preventive services (IN: $0 copay/OON: 25% cost-share).
Vision Benefits	$100 eyewear allowance
Hearing Benefits	Routine exam only
Rx Deductible/Tiers	$700 Tiers 2 – 5
Rx Drug Co-pays (Preferred)	$0 / 24% / 48% / 1% / 25% / $0

†Point of Sale (POS) services apply to dental coverage only

Wellcare Assist (HMO-POS)†

Plan Name	Wellcare Assist (HMO-POS) †
Contract Number	H5475038000
Product Space	LIS
IN/OON/Tier	IN
Plan Premium	$0
Plan Deductible	N/A
Maximum Out of Pocket (MOOP) INN	$7,100
Inpatient Acute	$425 co-pay per day for days 1-7 and a $0 co-pay per day for days 8-90. No additional hospital days.
PCP Office Visits	$0
Specialist Office Visits	$40
Medically Necessary Transportation Trips	N/A
Wellcare Spendables	$16 rolling monthly allowance for covered OTC items and/or add'l Dental, Vision, & Hearing services.
In-Home Support Services	N/A
Meals	N/A
Fitness	N/A
PERS	$0
Dental Benefits	Copper Package: Covered preventive services + $2,000 for comp dental services including dentures (IN: $0 copay/OON: 25% cost-share).
Vision Benefits	$100 eyewear allowance
Hearing Benefits	Routine Exam Only
Rx Deductible/Tiers	$700 Tiers 2 – 5
Rx Drug Co-pays (Preferred)	$0 / 20% / 29% / 25% / 25% / $0 (Tier 1 – 6 Pref); Members who qualify for Extra Help will pay the lower of the plan's co-pay or their LIS co-pay.

†Point of Sale (POS) services apply to dental coverage only

Medicaid, LIS, and Medicare Eligibility Checks

- As a reminder, when enrolling a low-income and Medicaid-eligible beneficiary, you should always perform an eligibility check to ensure accurate quoting.
- Ascend and Sunfire offer integrated Medicaid, LIS, and Medicare eligibility checks within their systems. Both platforms also confirm eligible plans based on MSP/Medicaid levels.
  - System features also include Part A, B, and D start dates, last used SEP date, current plan H_PBP, and current plan enrollment date (Part D only applies to Ascend).
- Ascend has a Medicaid eligibility check to confirm if the beneficiary is on a current Centene Medicaid plan to assist with D-SNP integration SEP eligibility.
- Please use this Ascend user guide for more information on how to check eligibility: https://wellcare.isf.io/2027/agent
- If additional assistance is needed outside of Ascend, Broker Support is also available to assist with eligibility checks at 866-822-1339, Monday – Friday, 8 a.m. – 8 p.m. EST, and Saturday – Sunday, 8 a.m. – 5 p.m. EST.

**Pending Change Healthcare real time availability*

Ascend

Ascend is the preferred quote and enrollment platform for all Wellcare plans. Ascend allows for side-by-side comparisons of key features and includes the following functionality:

- **NEW:** Additional website, Send for Signature, and Quick Quote language translations are available.
- Quick Quote feature allows quotes and PURLs to be emailed to beneficiaries for agent-credited applications.
- Provider and pharmacy network comparison feature is available across all brands with accepted plans.
  - Other provider and pharmacy capabilities: the ability to select and compare multiple providers and pharmacies, as well as easily see provider network and PCP status across all plans, with reminders if a PCP is not selected on the application. Provider search feature allows the ability to search by IPA/PPG, medical group, and phone number. It provides more accurate search results through improved back-end searching of clinics and the ability to copy and paste from other sources.
  - **NEW:** Improved IPA/PPG selection drop-down menu for PCP in California plan applications.
- Text, email, and face-to-face SOA options are available.
- Salesforce lead management integration.
- Member Medicare, LIS, Medicaid, and Centene Medicaid eligibility checks available.
- Agent portal is available for tracking enrollment status, quote, Send for Signature, and VBE submissions within Ascend.
- Send for Signature feature allows for beneficiary signature via email.
- Enrollment confirmation emails to beneficiaries.
- **NEW:** All Remote Agent Telephonic (RATE) features have been added into the Ascend web tool.
  - Ascend Mobile Application (AMA) has been decommissioned All features from AMA are now integrated into the Ascend web version.

Sunfire

- **NEW:** Sunfire Wellcare agent platform is now live.
- Sunfire's Wellcare platform will include all features currently offered in the multi-carrier platform such as:
  - Plan comparison feature for rates and benefits
  - Pharmacy, formulary, pharmacy cost, and pricing across plans
  - Integrated needs analysis
  - Medicare, LIS, and Medicaid eligibility checks
  - Enrollment applications with e-signatures via email and text
  - HRAs for SNP plans
- Wellcare enhanced features in the platform:
  - Mail order pharmacy pricing with Express Scripts will be available within the plan cards
  - Wellcare D-SNP state-specific forms and eligibility lookup fully integrated in all available states
  - More features to come
- Communication on how to access, login, and go live will be announced prior to AEP.