



Please use this document for additional information about the Over-The-Counter (OTC) benefit listed in the Summary of Benefits section of the Resource Guide. The maximum annual amount is listed in the Summary of Benefits. The information below provides the frequency and carry over information to further explain the benefit. If you have questions, please contact us:

www.wellcare.com/medicare

For WellCare Champion (HMO C-SNP), WellCare Dividend (HMO), WellCare Dividend Prime (HMO), WellCare Elite (HMO), WellCare Guardian (HMO C-SNP), WellCare Premier (PPO), or WellCare Prime (PPO) please call us toll-free at **1-833-444-9088** (TTY **711**).

For WellCare Access (HMO D-SNP), WellCare Liberty (HMO D-SNP), WellCare Reserve (HMO D-SNP), or WellCare Select (HMO D-SNP) please call us toll-free at **1-833-444-9089** (TTY **711**).

Hours of Operation: Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

Contract Number	Plan Name	OTC Amount	OTC Frequency	Maximum Annual Amount	What you should know
H1032-124-000	WellCare Access (HMO D-SNP)	\$365	every quarter	The maximum total annual benefit is \$1,460.	Any unused amounts do not carry over to the next benefit period
H1032-170-000	WellCare Access (HMO D-SNP)	\$365	every quarter	The maximum total annual benefit is \$1,460.	Any unused amounts do not carry over to the next benefit period
H1032-203-000	WellCare Champion (HMO C-SNP)	\$180	every quarter	The maximum total annual benefit is \$720.	Any unused amounts do not carry over to the next benefit period
H1032-227-000	WellCare Champion (HMO C-SNP)	\$180	every quarter	The maximum total annual benefit is \$720.	Any unused amounts do not carry over to the next benefit period
H1032-228-000	WellCare Champion (HMO C-SNP)	\$360	every quarter	The maximum total annual benefit is \$1,440.	Any unused amounts do not carry over to the next benefit period
H1032-231-000	WellCare Champion (HMO C-SNP)	\$270	every quarter	The maximum total annual benefit is \$1,080.	Any unused amounts do not carry over to the next benefit period

Contract Number	Plan Name	OTC Amount	OTC Frequency	Maximum Annual Amount	What you should know
H1032-233-000	WellCare Champion (HMO C-SNP)	\$180	every quarter	The maximum total annual benefit is \$720.	Any unused amounts do not carry over to the next benefit period
H1032-040-000	WellCare Dividend (HMO)	\$365	every quarter	The maximum total annual benefit is \$1,460.	Any unused amounts do not carry over to the next benefit period
H1032-189-000	WellCare Dividend Prime (HMO)	\$70	every quarter	The maximum total annual benefit is \$280.	Any unused amounts do not carry over to the next benefit period
H1032-191-000	WellCare Dividend Prime (HMO)	\$70	every quarter	The maximum total annual benefit is \$280.	Any unused amounts do not carry over to the next benefit period
H1032-193-000	WellCare Dividend Prime (HMO)	\$220	every quarter	The maximum total annual benefit is \$880.	Any unused amounts do not carry over to the next benefit period
H1032-195-000	WellCare Dividend Prime (HMO)	\$365	every quarter	The maximum total annual benefit is \$1,460.	Any unused amounts do not carry over to the next benefit period
H1032-198-000	WellCare Dividend Prime (HMO)	\$215	every quarter	The maximum total annual benefit is \$860.	Any unused amounts do not carry over to the next benefit period
H1032-200-000	WellCare Dividend Prime (HMO)	\$160	every quarter	The maximum total annual benefit is \$640.	Any unused amounts do not carry over to the next benefit period
H1032-204-000	WellCare Dividend Prime (HMO)	\$145	every quarter	The maximum total annual benefit is \$580.	Any unused amounts do not carry over to the next benefit period
H1032-209-000	WellCare Dividend Prime (HMO)	\$215	every quarter	The maximum total annual benefit is \$860.	Any unused amounts do not carry over to the next benefit period
H1032-210-000	WellCare Dividend Prime (HMO)	\$200	every quarter	The maximum total annual benefit is \$800.	Any unused amounts do not carry over to the next benefit period
H1032-212-000	WellCare Dividend Prime (HMO)	\$100	every quarter	The maximum total annual benefit is \$400.	Any unused amounts do not carry over to the next benefit period
H1032-215-000	WellCare Dividend Prime (HMO)	\$145	every quarter	The maximum total annual benefit is \$580.	Any unused amounts do not carry over to the next benefit period
H1032-190-000	WellCare Elite (HMO)	\$135	every quarter	The maximum total annual benefit is \$540.	Any unused amounts do not carry over to the next benefit period

Contract Number	Plan Name	OTC Amount	OTC Frequency	Maximum Annual Amount	What you should know
H1032-192-000	WellCare Elite (HMO)	\$110	every quarter	The maximum total annual benefit is \$440.	Any unused amounts do not carry over to the next benefit period
H1032-194-000	WellCare Elite (HMO)	\$170	every quarter	The maximum total annual benefit is \$680.	Any unused amounts do not carry over to the next benefit period
H1032-196-000	WellCare Elite (HMO)	\$365	every quarter	The maximum total annual benefit is \$1,460.	Any unused amounts do not carry over to the next benefit period
H1032-199-000	WellCare Elite (HMO)	\$210	every quarter	The maximum total annual benefit is \$840.	Any unused amounts do not carry over to the next benefit period
H1032-201-000	WellCare Elite (HMO)	\$170	every quarter	The maximum total annual benefit is \$680.	Any unused amounts do not carry over to the next benefit period
H1032-205-000	WellCare Elite (HMO)	\$210	every quarter	The maximum total annual benefit is \$840.	Any unused amounts do not carry over to the next benefit period
H1032-211-000	WellCare Elite (HMO)	\$135	every quarter	The maximum total annual benefit is \$540.	Any unused amounts do not carry over to the next benefit period
H1032-213-000	WellCare Elite (HMO)	\$180	every quarter	The maximum total annual benefit is \$720.	Any unused amounts do not carry over to the next benefit period
H1032-216-000	WellCare Elite (HMO)	\$215	every quarter	The maximum total annual benefit is \$860.	Any unused amounts do not carry over to the next benefit period
H1032-218-000	WellCare Elite (HMO)	\$65	every quarter	The maximum total annual benefit is \$260.	Any unused amounts do not carry over to the next benefit period
H1032-184-000	WellCare Guardian (HMO C-SNP)	\$210	every quarter	The maximum total annual benefit is \$840.	Any unused amounts do not carry over to the next benefit period
H1032-186-000	WellCare Guardian (HMO C-SNP)	\$210	every quarter	The maximum total annual benefit is \$840.	Any unused amounts do not carry over to the next benefit period
H1032-224-000	WellCare Guardian (HMO C-SNP)	\$175	every quarter	The maximum total annual benefit is \$700.	Any unused amounts do not carry over to the next benefit period
H1032-225-000	WellCare Guardian (HMO C-SNP)	\$170	every quarter	The maximum total annual benefit is \$680.	Any unused amounts do not carry over to the next benefit period

Contract Number	Plan Name	OTC Amount	OTC Frequency	Maximum Annual Amount	What you should know
H1032-226-000	WellCare Guardian (HMO C-SNP)	\$135	every quarter	The maximum total annual benefit is \$540.	Any unused amounts do not carry over to the next benefit period
H1032-230-000	WellCare Guardian (HMO C-SNP)	\$270	every quarter	The maximum total annual benefit is \$1,080.	Any unused amounts do not carry over to the next benefit period
H1032-232-000	WellCare Guardian (HMO C-SNP)	\$135	every quarter	The maximum total annual benefit is \$540.	Any unused amounts do not carry over to the next benefit period
H1032-175-000	WellCare Liberty (HMO D-SNP)	\$365	every quarter	The maximum total annual benefit is \$1,460.	Any unused amounts do not carry over to the next benefit period
H1032-176-000	WellCare Liberty (HMO D-SNP)	\$365	every quarter	The maximum total annual benefit is \$1,460.	Any unused amounts do not carry over to the next benefit period
H5199-007-000	WellCare Premier (PPO)	\$135	every quarter	The maximum total annual benefit is \$540.	Any unused amounts do not carry over to the next benefit period
H5199-008-000	WellCare Premier (PPO)	\$45	every quarter	The maximum total annual benefit is \$180.	Any unused amounts do not carry over to the next benefit period
H5199-012-000	WellCare Premier (PPO)	\$110	every quarter	The maximum total annual benefit is \$440.	Any unused amounts do not carry over to the next benefit period
H5199-014-000	WellCare Premier (PPO)	\$100	every quarter	The maximum total annual benefit is \$400.	Any unused amounts do not carry over to the next benefit period
H5199-015-000	WellCare Premier (PPO)	\$100	every quarter	The maximum total annual benefit is \$400.	Any unused amounts do not carry over to the next benefit period
H5199-010-000	WellCare Prime (PPO)	\$180	every quarter	The maximum total annual benefit is \$720.	Any unused amounts do not carry over to the next benefit period
H5199-013-000	WellCare Prime (PPO)	\$180	every quarter	The maximum total annual benefit is \$720.	Any unused amounts do not carry over to the next benefit period
H1032-197-000	WellCare Reserve (HMO D-SNP)	\$365	every quarter	The maximum total annual benefit is \$1,460.	Any unused amounts do not carry over to the next benefit period
H1032-202-000	WellCare Reserve (HMO D-SNP)	\$365	every quarter	The maximum total annual benefit is \$1,460.	Any unused amounts do not carry over to the next benefit period

Contract Number	Plan Name	OTC Amount	OTC Frequency	Maximum Annual Amount	What you should know
H1032-206-000	WellCare Reserve (HMO D-SNP)	\$365	every quarter	The maximum total annual benefit is \$1,460.	Any unused amounts do not carry over to the next benefit period
H1032-214-000	WellCare Reserve (HMO D-SNP)	\$365	every quarter	The maximum total annual benefit is \$1,460.	Any unused amounts do not carry over to the next benefit period
H1032-217-000	WellCare Reserve (HMO D-SNP)	\$365	every quarter	The maximum total annual benefit is \$1,460.	Any unused amounts do not carry over to the next benefit period
H1032-229-001	WellCare Select (HMO D-SNP)	\$365	every quarter	The maximum total annual benefit is \$1,460.	Any unused amounts do not carry over to the next benefit period
H1032-229-002	WellCare Select (HMO D-SNP)	\$365	every quarter	The maximum total annual benefit is \$1,460.	Any unused amounts do not carry over to the next benefit period
H1032-229-003	WellCare Select (HMO D-SNP)	\$240	every quarter	The maximum total annual benefit is \$960.	Any unused amounts do not carry over to the next benefit period
H1032-182-000	WellCare Select (HMO D-SNP)	\$200	every quarter	The maximum total annual benefit is \$800.	Any unused amounts do not carry over to the next benefit period

WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Our D-SNP Plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal. Please contact your plan for details.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-877-374-4056** (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-374-4056** (TTY: **711**).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-374-4056** (TTY: **711**)。