



Medicare Field Sales
2025 Annual Enrollment Period
Michigan First Looks



Michigan Wellcare Team Introductions

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Centene Overview



Centene Overview

WHO WE ARE

Centene provides access to high-quality healthcare, innovative programs, and a wide range of health solutions that help families and individuals get well, stay well, and be well.

PURPOSE

Transforming the health of the community, one person at a time

59,900

DIVERSE AND DEDICATED
EMPLOYEES*

#25

FORTUNE 500®
(2023)

#60

FORTUNE GLOBAL 500®
(2023)

BRAND PILLARS



Focus on the
Individual



Whole
Health



Active Local
Involvement

WHAT WE DO



50 states

with government-sponsored and
commercial healthcare programs

Centene successfully provides **high-quality, whole health solutions for our diverse membership** by recognizing the significance of the many different cultures our members represent and by forming partnerships in communities that bridge social, ethnic, and economic gaps.

28.4 million

Managed Care Members*

\$137.0B

2024 Expected Revenue*

Centene At A Glance

Transforming the health of the community, one person at a time

#25

FORTUNE 500® (2023)

#60

FORTUNE GLOBAL 500® (2023)

59,900

DIVERSE AND DEDICATED EMPLOYEES*

Serving **1 in 15** Individuals

28+ million Managed Care Members*

Leading government-sponsored and commercial healthcare programs

- Medicare PDP
- Medicaid
- Medicare
- Medicare and Marketplace
- Medicaid and Medicare
- Medicare, Medicaid, and Marketplace

13.3M

Medicaid members across 30 STATES

1.1M

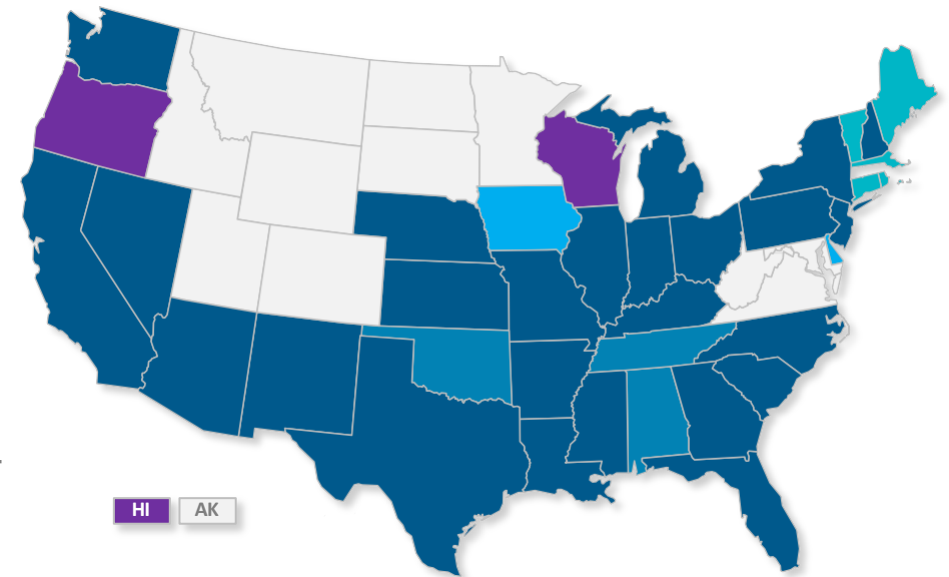
Medicare members across 36 STATES

4.3M

Marketplace members across 28 STATES

6.6M

Prescription Drug Plan members across 50 STATES



CMS Final Rule





2025 Regulatory Changes

Dual/LIS SEP Highlights

- Starting with contract year 2025, dual eligible and low-income beneficiaries' ability to enroll into Medicare Advantage plans quarterly throughout the year will change.
- Mid-year movement is only allowed for fully integrated dual eligible beneficiaries if currently enrolled in a Medicaid MCO, and enrolling into the same parent company's aligned D-SNP through the new integrated D-SNP SEP.
- If a beneficiary resides in a service area where aligned D-SNPs are not available, the new SEP will not apply. Beneficiaries will only be able to change plans during AEP, OEP, ICEP, and other valid election SEPs.
- Dual eligible and LIS beneficiaries can select either a non-aligned or aligned D-SNP (or TMA product) during AEP or other valid election periods. Dual eligible and LIS beneficiaries can disenroll from their Medicare Advantage coverage in favor of FFS and a standalone PDP at any time.



2025 Regulatory Changes

Dual/LIS SEP

Beneficiary Type	What Changed
LIS Non-Dual	<ul style="list-style-type: none">• LIS quarterly SEP for MAPD/D-SNP enrollment will no longer exist.• Non-AEP, MA OEP, or ICEP enrollments into MAPD/D-SNP plans prohibited unless other valid election period exists.• New monthly opportunity to disenroll from their MA plan to enroll into Medicare FFS and standalone PDP.
Partial Dual	<ul style="list-style-type: none">• Dual quarterly SEP for MAPD/D-SNP enrollment will no longer exist.• Non-AEP, MA OEP, or ICEP enrollments into MAPD/D-SNP plans prohibited unless other valid election period exists.• New monthly opportunity to disenroll from their MA plan to enroll into Medicare FFS and standalone PDP.
Full Dual	<ul style="list-style-type: none">• Dual quarterly SEP changed to a new monthly SEP for integrated D-SNP plans. Available only for full dual eligible beneficiaries enrolling into a FIDE/HIDE/AIP, so long as the enrollee is within the service area and in the parent organization's companion Medicaid MCO (aligned enrollment).• New monthly opportunity to disenroll from their MA plan to enroll into Medicare FFS and standalone PDP.• The new monthly integrated D-SNP SEP will only be valid for current Centene Medicaid members enrolling into a Wellcare FIDE, HIDE, or AIP Medicare Advantage plan.• In markets where FIDE, HIDE, and AIP plans do not exist, enrollments would be limited to AEP, OEP, ICEP, and other valid election periods.

2025 Sales and Enrollment Regulatory Change Highlights

Authorized Representatives

- An authorized representative making an MA election on behalf of a beneficiary or enrollee must have **state-issued legal authority** to act and make healthcare decisions on behalf of the beneficiary.

Special Supplemental Benefits for the Chronically Ill (SSBCI)

Enhanced requirements for the **SSBCI disclaimer** for **communications and marketing materials**:

- Outlines when and how an MAO must list up to five chronic conditions used to determine eligibility for SSBCI, as well as when only one versus multiple type(s) of SSBCI is mentioned.
- Removes the phrase “items and services” and changes “MA organization” to “applicable MA plan.”
- A note must be included in the disclaimer indicating there are other eligible conditions not listed when there are more than five eligible conditions.
- Specific coverage criteria of the MA plan that offers the SSBCI must be referenced as additional eligibility requirements.

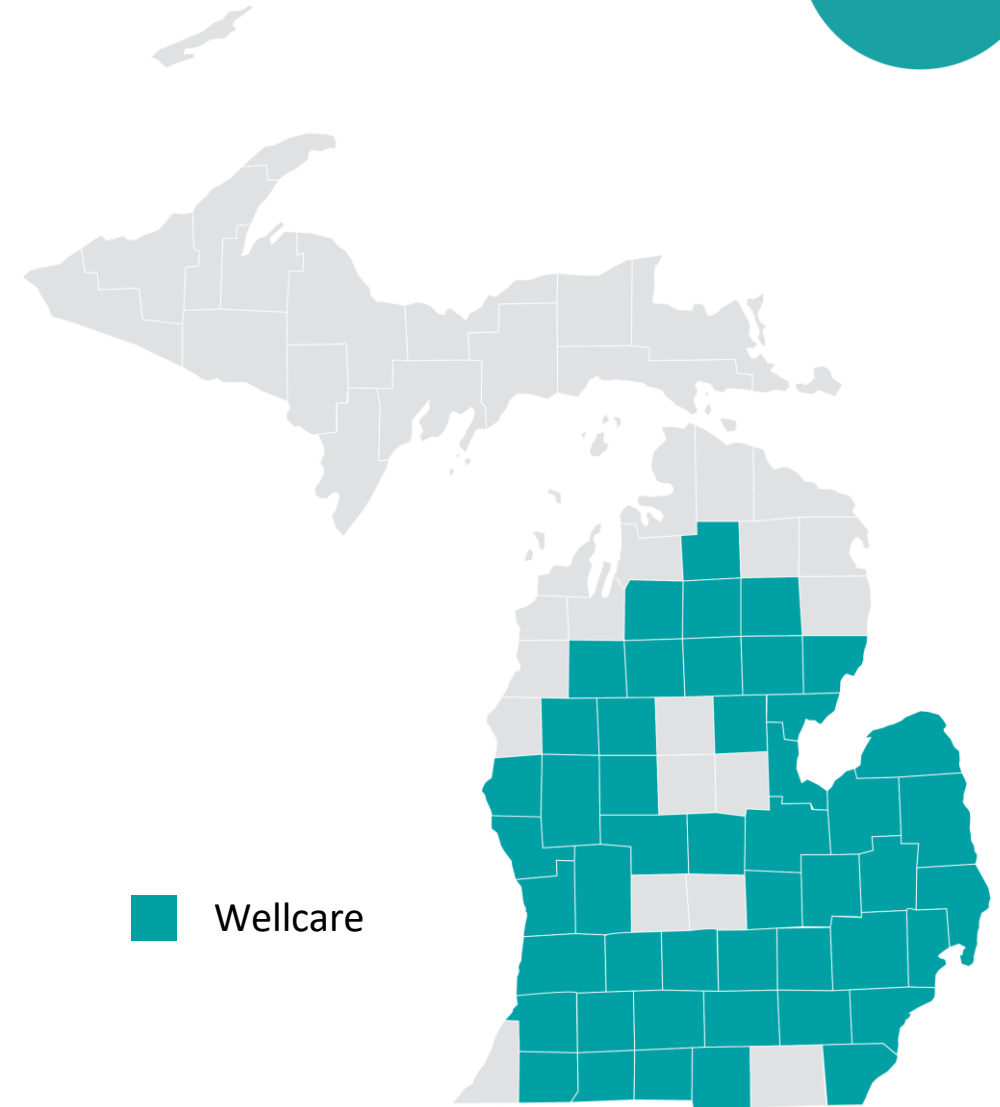
Applicable for all 2025 Part C and Part D marketing, sales, and enrollment beginning Oct. 1, 2024.

State Overview



Michigan | *Review*

- NEW! Wellcare Low Premium Open (PPO) plan
- \$0 INN PCP visits on all plans
- D-SNP Wellcare Spendables™ card includes gas (pay-at-pump), utilities assistance, rent assistance, home improvement items, OTC, and healthy food in one monthly allowance
- Non-D-SNP plans that include the Wellcare Spendables™ card offer OTC benefits at participating retailers, online, and for home delivery
- Wellcare Patriot plan specifically designed for veteran members with reduced cost-share for mental health, substance abuse, and psychiatric services offered





Key Plan Changes

2024 Plan Name	2024 Contract Number	2025 Plan Name	2025 Contract Number	Plan Action
Wellcare Complete No Premium (HMO)	H0482002000	N/A	N/A	Terminating Plan (No Renewal/Rollover)
Wellcare Complete - Giveback (HMO)	H0482003000	N/A	N/A	Terminating Plan (No Renewal/Rollover)
Wellcare Complete Dual Access (HMO D-SNP)	H0482005000	N/A	N/A	Terminating Plan (No Renewal/Rollover)



Portfolio Approach

Dual Special Needs Plans

Products	Product Examples	Target Market
Zero Cost-Share D-SNP – Cost-Share Protected Duals in each state	<ul style="list-style-type: none">Wellcare Dual AccessWellcare Dual Access Open	<ul style="list-style-type: none">Cost-share protected beneficiaries who qualify for Medicaid cost-sharing protection but NOT for extra benefits from state.Member does not pay for Medicare-covered medical benefit cost-shares but does pay Part D LIS copays.Member will pay the filed copays.QMB.
Non-Zero Cost-Share D-SNP – As Filed Copays	<ul style="list-style-type: none">Wellcare Dual Reserve	<ul style="list-style-type: none">Members who qualify for partial Medicaid but not Medicare medical cost-share protection.Eligibility for Medicare plan is as follows: SLMB, QI, QDWI (potentially other MSP levels depending on state eligibility criteria).Members pays Part D LIS copays.



PY2025 Dual PBP Strategy

Plans	2024	2025
Dual Liberty (Cost-Share Protected)	FBDE, QMB+, SLMB+	FBDE, QMB+, SLMB+
Dual Access (Cost-Share Protected)	FBDE, QMB+, SLMB+ QMB Only	FBDE, QMB+, SLMB+ QMB Only**
All Dual Assure (LIS-Like) (Not Cost-Share Protected)	FBDE, QMB+, SLMB+ QMB Only SLMB Only, QDWI, QI	None – <i>Convert to Partial Only (Reserve)</i>
Dual Reserve (Not Cost-Share Protected)	SLMB Only, QDWI, QI	SLMB Only, QDWI, QI*
Change Rationale	Sales asked for All Dual to make enrollment easier	CMS Final Rule allows for cross-walking across parent org contracts in 2027, limited to number of plans offered by 2030

*with a few exceptions for states that do not cost-share protect FBDE and/or SLMB+ (e.g., TX and WI)

**with exceptions as some states are implementing 2026/2027 changes early depending on the market



PY2025 Plan Name Changes

Wellcare No Premium ➔ *Wellcare Simple*

- **Why:** CMS has changed the rules regarding Rebate Reallocation for PY2025. These new requirements may require us to add small premiums or givebacks to our previous \$0 premium plans to meet the new requirements. We do not want to market plans as “No Premium” or “Giveback” if this is not true and the plan name cannot be changed after Rebate Reallocation.

2025 MI Medicare Plans PPO / HMO-POS / MA Only



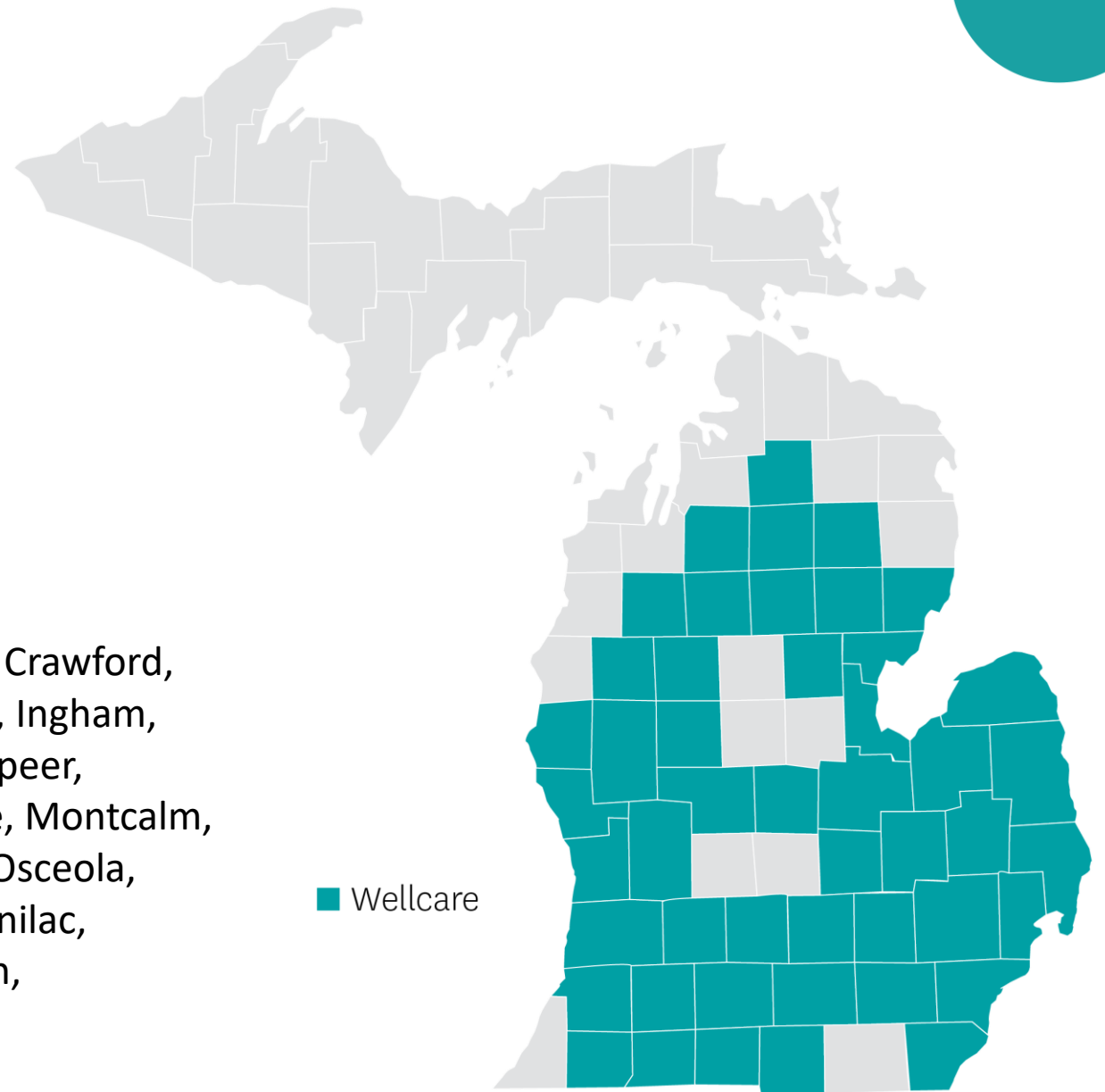
Michigan | *Service Area*

Wellcare NON-DSNP Service Area

1. Wellcare Low Premium Open (PPO)
2. Wellcare Low Premium (HMO-POS)
3. Wellcare Simple Open (PPO)
4. Wellcare Simple (HMO-POS)
5. Wellcare Patriot Giveback Open (PPO)
6. Wellcare Giveback (HMO-POS)
7. Wellcare Assist (HMO-POS)

Wellcare Continued Coverage Counties:

Allegan, Arenac, Barry, Bay, 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 Low Premium Open (PPO)



NEW!



H2117-005-000



Dental Allowance



Vision Allowance



Hearing Allowance

Plan Name	Wellcare Low Premium Open PPO	
Product Space	\$20-\$49 Premium MAPD	
IN/OON/Tier	In Network	Out of Network
Part B Premium Giveback	—	—
\$0 Premium	—	—
Plan Deductible	—	—
\$0 PCP	✓	—
Medically Necessary Transportation	✓	✓
Wellcare Spendables/OTC	✓	✓
Part D Deductible	✓	✓
\$0 Tier 1, 2, & 6 Drugs (Pref)	✓	—
Target Market	Do not receive Extra Help & seek rich medical and extra benefits for a low premium.	



Wellcare Low Premium (HMO-POS)*

H5475-024-000 | In-Network



Dental Allowance**



Vision Allowance



Hearing Allowance

Plan Name	Wellcare Low Premium HMO-POS
Product Space	\$20-\$49 Premium MAPD
IN/OON/Tier	In Network
Part B Premium Giveback	—
\$0 Premium	—
Plan Deductible	—
\$0 PCP	✓
Medically Necessary Transportation	✓
Wellcare Spendables/OTC	✓
Part D Deductible	✓
\$0 Tier 1, 2, & 6 Drugs (Pref)	✓
Target Market	Do not receive Extra Help & seek rich medical and extra benefits for a low premium.

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

**Dental benefits may be covered OON and at a higher cost-share

Wellcare Simple Open (PPO)

H2117-001-000



Plan Name		Wellcare Simple Open PPO	
Product Space		Budget-Friendly MAPD	
IN/OON/Tier	In Network	Out of Network	
Part B Premium Giveback	—	—	
\$0 Premium	✓	✓	
Plan Deductible	—	—	
\$0 PCP	✓	✓	
Medically Necessary Transportation	✓	✓	
Wellcare Spendables/OTC	✓	✓	
Part D Deductible	✓	✓	
\$0 Tier 1, 2, & 6 Drugs (Pref)	✓	—	
Target Market	Value-conscious and seek predictable copays and extra benefits.		



Wellcare Simple (HMO-POS)*

H5475-026-000 | In-Network



Dental Allowance**



Vision Allowance



Hearing Allowance

Plan Name	Wellcare Simple HMO-POS
Product Space	Budget-Friendly MAPD
IN/OON/Tier	In Network
Part B Premium Giveback	_____
\$0 Premium	✓
Plan Deductible	_____
\$0 PCP	✓
Medically Necessary Transportation	✓
Wellcare Spendables/OTC	✓
Part D Deductible	✓
\$0 Tier 1, 2, & 6 Drugs (Pref)	✓
Target Market	Value-conscious and seek predictable copays and extra benefits.

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

**Dental benefits may be covered OON and at a higher cost-share

Wellcare Giveback (HMO-POS)*

H5475-031-000 | In-Network



**Part B
Premium
Giveback**



**Dental
Allowance****



**Vision
Allowance**

Plan Name	Wellcare Giveback HMO-POS
Product Space	Giveback MAPD
IN/OON/Tier	In Network
\$0 Premium	✓
Plan Deductible	✓
\$0 PCP	✓
Medically Necessary Transportation	—
Wellcare Spendables/OTC	—
Hearing Allowance	—
Part D Deductible	✓
\$0 Tier 1, 2, & 6 Drugs (Pref)	✓
Target Market	Seek to receive some or all of the part B premium back in their Social Security check.

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

** **Dental benefits may be covered OON and at a higher cost-share**



Wellcare Assist (HMO-POS)*

H5475-038-000 | In-Network



Dental Allowance**



Vision Allowance



Hearing Allowance

Plan Name	Wellcare Assist HMO-POS
Product Space	Budget-Friendly MAPD
IN/OON/Tier	In Network
Part B Premium Giveback	—
\$0 Premium	—
Plan Deductible	—
\$0 PCP	✓
Medically Necessary Transportation	✓
Wellcare Spendables/OTC	✓
Part D Deductible	✓
\$0 Tier 6 Drugs (Pref)	✓
Target Market	Receive Extra Help on part D, but don't qualify for a \$0 DSNP or a Partial DSNP.

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

***Dental benefits may be covered OON and at a higher cost-share*

Wellcare Patriot Giveback Open (PPO)

H2117-003-000



Plan Name		Wellcare Patriot Giveback Open PPO	
Product Space		Giveback MA Only	
IN/OON/Tier	In Network	Out of Network	
Part B Premium Giveback	✓	✓	
\$0 Premium	✓	✓	
Plan Deductible	✓	✓	
\$0 PCP	✓	✓	
Medically Necessary Transportation	—	—	
Wellcare Spendables/OTC	✓	✓	
Part D Deductible	N/A	N/A	
\$0 Tier 1, 2, & 6 Drugs (Pref)	N/A	N/A	
Target Market	Veterans who receive credible Part D coverage through their VA benefits and seek to receive some or all of the part B premium back in their Social Security check; does not include part D.		

2025 MI Medicare Plans HMO-POS D-SNP / PPO D-SNP



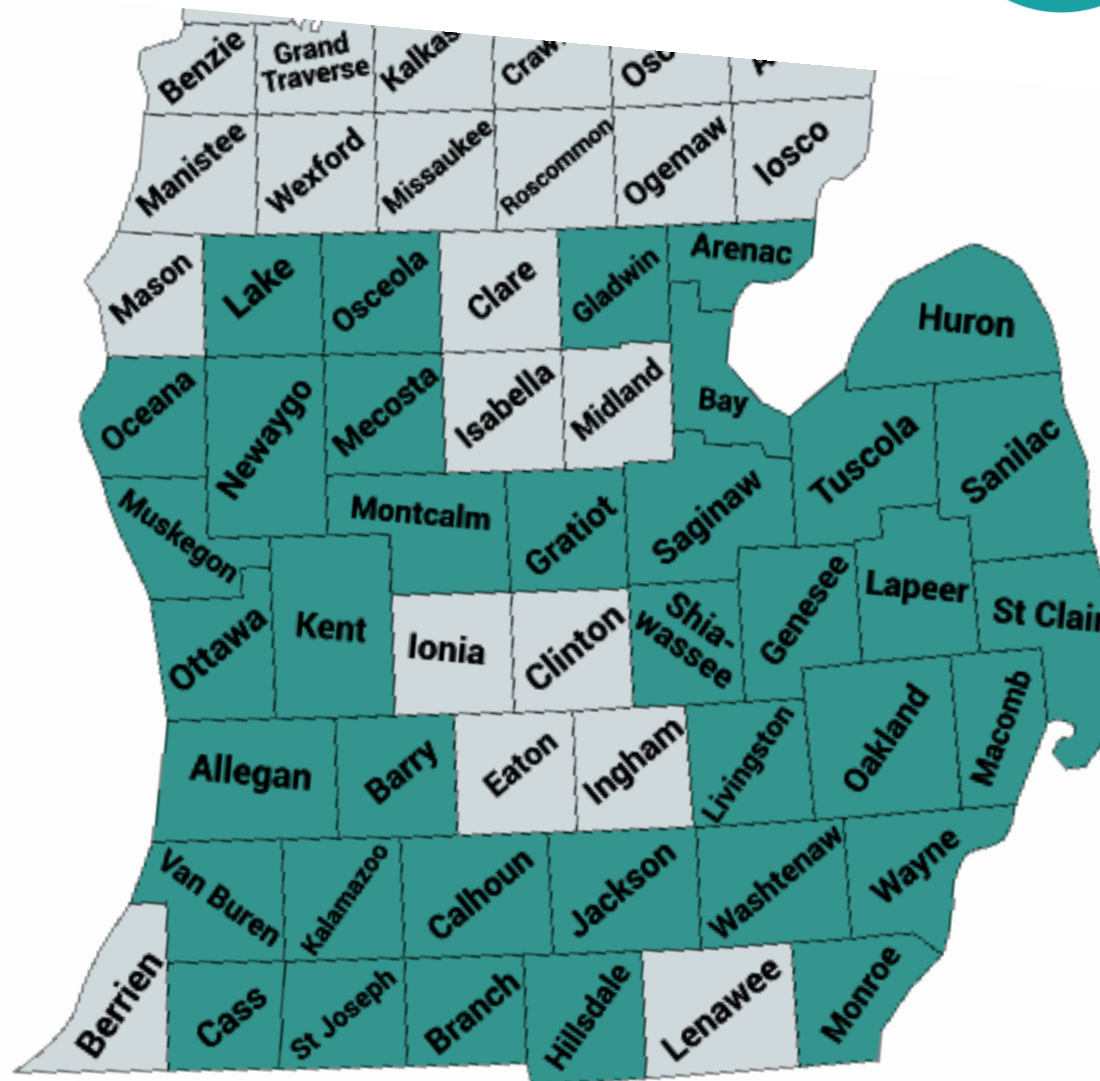
Michigan | Service Area

Wellcare D-SNP Service Area

- Wellcare Dual Access Open (PPO D-SNP)
- Wellcare Dual Access (HMO-POS D-SNP)
- Wellcare Dual Reserve (HMO-POS D-SNP)

The following counties will NO LONGER offer Wellcare D-SNP Products

- Crawford
- Eaton
- Ingham
- Iosco
- Kalamazoo
- Kalamazoo
- Kalamazoo
- Kalamazoo
- Kalamazoo
- Kalamazoo
- Kalamazoo
- Wexford





Wellcare Dual Access Open (PPO D-SNP)

H2117-002-000



Dental Allowance



Vision Allowance



Hearing Allowance

Plan Name	Wellcare Dual Access Open PPO D-SNP	
Product Space	Zero Cost Share DSNP	
MSP Levels	FBDE, SLMB+, QMB+, QMB	
IN/OON/Tier	In Network	Out of Network
\$0 Premium	✓	✓
\$0 PCP	✓	✓ *
Medically Necessary Transportation	✓	✓
Wellcare Spendables	✓	✓
LIS Cost Share Prescription Drugs	✓	✓
Target Market	All members qualify for cost share protection. Most will qualify for full state benefits (QMB only members do not receive full state benefits).	

** May be greater than \$0 based on MSP level*

Wellcare Dual Access (HMO-POS D-SNP)*



H5475-001-000



Dental Allowance**



Vision Allowance



Hearing Allowance

Plan Name	Wellcare Dual Access HMO-POS D-SNP
Product Space	Zero Cost Share DSNP
MSP Levels	FBDE, SLMB+, QMB+, QMB
IN/OON/Tier	In Network
\$0 Premium	✓
\$0 PCP	✓
Medically Necessary Transportation	✓
Wellcare Spendables	✓
LIS Cost Share Prescription Drugs	✓
Target Market	All members qualify for cost share protection. Most will qualify for full state benefits (QMB only members do not receive full state benefits).

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

***Dental benefits may be covered OON and at a higher cost-share*



Wellcare Dual Reserve (HMO-POS D-SNP)*

H5475-039-000 | Partial D-SNP



Dental Allowance**



Vision Allowance



Hearing Allowance

Plan Name	Wellcare Dual Access HMO-POS D-SNP
Product Space	Non-Zero Cost Share DSNP (As filed Copays)
MSP Levels	SLMB, QI, QDWI
IN/OON/Tier	In Network
\$0 Premium	—
\$0 PCP	✓
Medically Necessary Transportation	✓
Wellcare Spendables	✓
LIS Cost Share Prescription Drugs	✓
Target Market	Member qualifies for some premium assistance but no Medicaid benefits. Member will pay the filed copays.

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

***Dental benefits may be covered OON and at a higher cost-share*

Supplemental Benefits





2025 MAPD Benefit Highlights

Benefit	Availability	Highlight
Wellcare Spendables™ Card	Most Plans	<ul style="list-style-type: none">• D-SNPs can include OTC, gas (pay-at-pump), utilities assistance, rent assistance, healthy food, and home improvement and safety items in one purse. (Eligibility varies by plan.)• Non-D-SNP plans can include an allowance for OTC items.
Routine Dental	All Plans	<ul style="list-style-type: none">• In 2025, 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	All Plans	<ul style="list-style-type: none">• Wellcare will offer packages in 2025 ranging from a routine exam only to routine exam plus an eyewear (glasses/contacts) allowance.• Eyewear allowances range from \$100 to \$400.• Members can get unlimited contacts and glasses with upgrades, up to the allowance maximum on their plan.
Routine Hearing	All Plans	<ul style="list-style-type: none">• Wellcare will offer packages in 2025 ranging from coverage for routine exam only to packages with routine exam and hearing aid coverage.• Hearing aid allowances range from \$350 to \$750 per ear per year.



2025 MAPD Benefit Highlights

Benefit	Availability	Highlight
Non-Emergency Medical Transportation (NEMT)	Most Plans	<ul style="list-style-type: none">Wellcare will offer packages in 2025 ranging from coverage of 24 one-way trips to 36 one-way trips.Trips can be used for non-emergency situations to health-related plan-approved locations such as medical appointments and pharmacy.
Fitness	All Plans	<ul style="list-style-type: none">Wellcare will cover a fitness membership on almost every Medicare Advantage plan being offered in 2025.Members can stay active through online courses, in-home fitness kits, and/or fitness trackers.
Personal Emergency Response System (PERS)	Most Plans	<ul style="list-style-type: none">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 or enables them to speak with an agent if they need other type of assistance.Options include in-home and mobile solutions.
Meals	Most Plans	<ul style="list-style-type: none">Benefit provides home-delivered meals to members who meet the post-acute criteria.Members may choose from frozen, refrigerated, frozen cultural meals, or shakes.



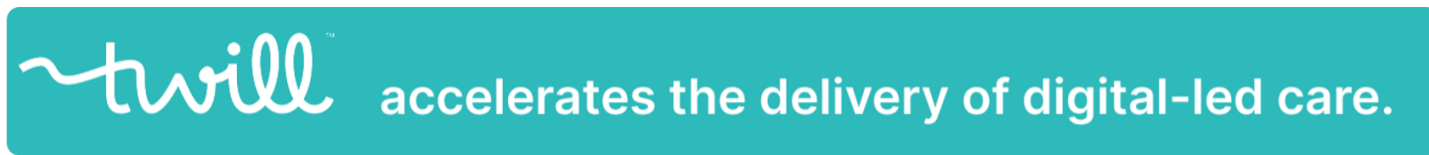
2025 MAPD Benefit Highlights

Benefit	Availability	Highlight
Twill	All Plans	<ul style="list-style-type: none">• Twill 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.• Twill 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.
In-Home Support	Some Plans	<ul style="list-style-type: none">• Benefit provides qualifying members with a range of services to assist with activities of daily living such as home chores, cleaning, cooking, and personal care.• Benefit ranges from 24 visits in four-hour increments.
Routine Podiatry	Some Plans	Routine podiatry services include routine foot care such as cutting or removing corns or calluses, trimming or cutting nails, and hygienic or other preventive maintenance. (6-12 visits per year)

Twill – PY2025



- Activation link will be provided for participating plans for members to download and sign up on smart devices.
- Rollout strategy in discussion.



Twill is a digital-based platform that focuses on members mental health by delivering behavioral services for a personalized, online experience.

What benefits does Twill provide?

- **Peer-to-peer Support: Twill Care** – Well-being Community for Healthy Aging – where members can learn from or share their journey with others, have personalized access to healthcare experts, health tools, assessments, and clinically reviewed content to empower members.
- **Self-Guided Behavioral Health Programs: Twill Therapeutics** - personalized, evidence-based programs and activities designed to better build and manage healthy behaviors.
- **Access to Centene Health Plan resources: Twill Connect** – integration with Centene/Wellcare-sponsored services and benefits.

Twill accelerates the delivery of seamless end-to-end mental healthcare

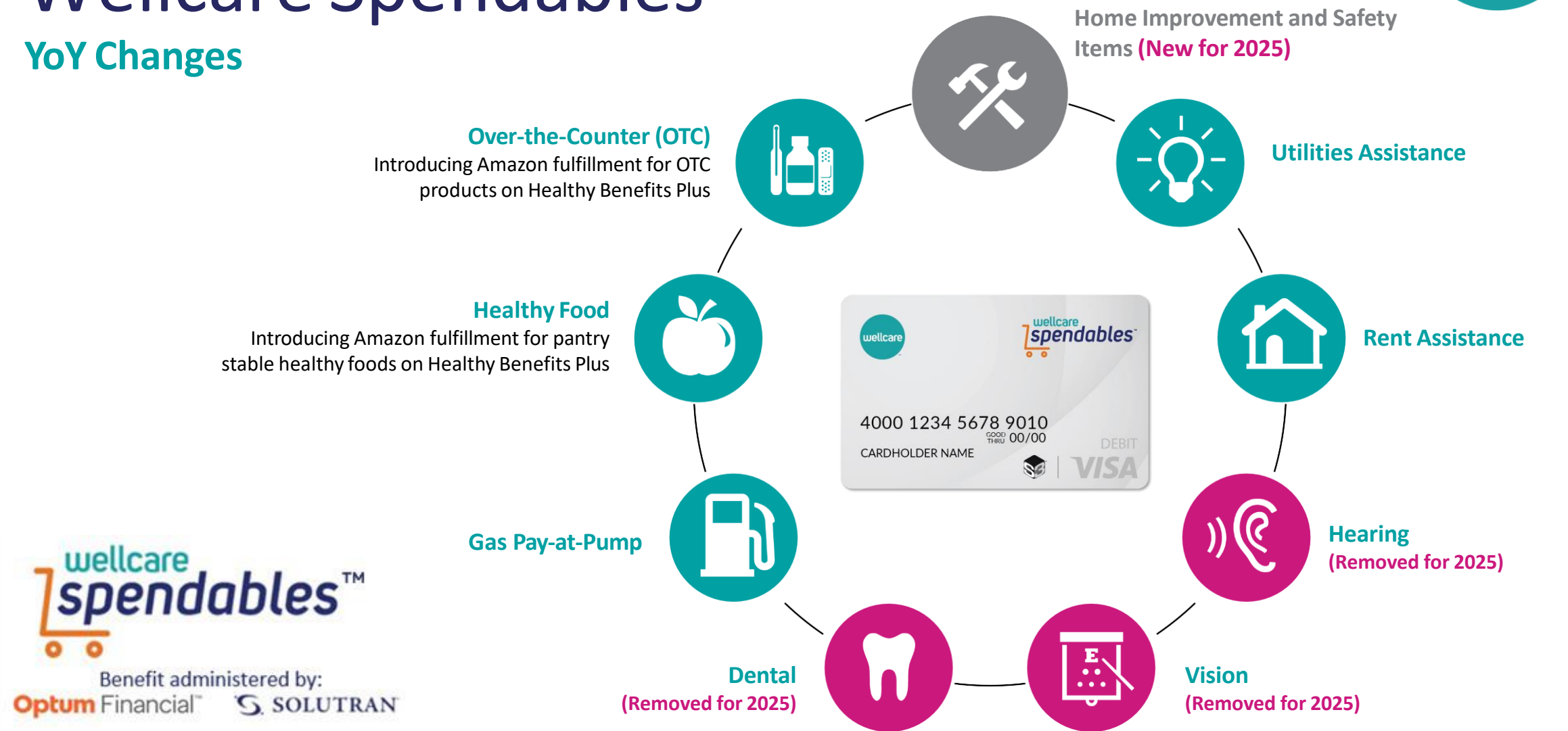


All information on this slide is subject to change until bids are submitted and approved by CMS.



Wellcare Spendables™

YoY Changes





Wellcare Spendables™ PY2025 Benefit Guide

Card Pursing Structure

Benefit Package	Benefit Package Design	Periodicity	Purse Design
D-SNP Plans – SSBCI* + OTC (Additional eligibility rules apply)	OTC SSBCI <ul style="list-style-type: none">• Home Improvement and Safety items (<i>New</i>)• Gas (Pay-at-Pump)• Healthy Food• Utilities Assistance• Rent Assistance	Monthly, Rolling	<ul style="list-style-type: none">• Single Purse• Managed as combined allowance
Non-SNP – OTC Only	OTC Only	Quarterly, non-rolling	<ul style="list-style-type: none">• Single Purse• Single allowance

Wellcare Spendables™ PY2025 Benefit Guide

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Specifications



Home Improvement and Safety Items Benefit

- Available to plans that offer the VBID/SSBCI benefits.
- Solutran managing through approved product list (APL) offer through Walmart.
- Will include items such as non-slip floor coverings, grab rails, air quality equipment, pest controls sprays, and more.



Amazon Over-the-Counter (OTC) and Healthy Food Fulfillment

- Members shopping for OTC items through Healthy Benefits+ will receive fulfillment through Amazon.
- Increased member experience:
 - Prime-enabled shipping
 - Amazon branded products
 - No \$35 shipping minimum
- There will still be an external link on Healthy Benefits+ to access previous fulfillment vendor's shopping experience.
- \$35 minimum order for free shipping will still apply for Walmart orders.



Uber Eats

- Members can use their allowance dollars toward OTC and Healthy Food.
- Deliveries are through Uber Eats and members can access through the Solutran portal.



Healthy Foods – Mom's Meals

- Members can use their allowance to purchase healthy foods in-store and online, in addition to prepared meals and produce kits.
- This benefit is separate from the chronic and post-acute meal benefit.

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Wellcare Spendables™ PY2025 Benefit Guide

Access to Benefits – Retailer Partners

More than 66,000 Retailers across the United States

- Store-to-door same day delivery in 5,500 cities
- Favorite chains, local stores, and ethnic options
- Use Store Finder in the HBP portal or app to find locations near you.



New 2024/2025 Retailers



PY2025 Michigan Ancillary Vendors

Vendor Services	New & Existing Vendors
Hearing	HCS
Fitness	ASH
Meals	Performance Kitchen, Mom's Meals, and GA Foods
PERS (Personal Emergency Response System)	VRI
Vision	Premier
Dental	DentaQuest
Transportation	ModivCare
Digital Health Social Support Platform (Mobile App)	Twill (New!)
Wellcare Spendables™	Optum recently acquired Solutran

*To determine pertinence and/or market, contract, and PBP specific coverage, always refer to the SOT (As Submitted/Member Facing).

Diabetic Testing Supplies





Part B Diabetic Testing Supplies Strategy

- In 2025, all MAPD plans will have the same Part B diabetic testing supply strategy.
- Preferred manufacturers:
 - Traditional diabetic testing supplies: OneTouch covered with quantity limit (one meter per 365 days; 100 test strips per 25 days)
 - Continuous blood glucose monitoring: Dexcom or FreeStyle Libre with prior authorization
- Non-preferred manufacturers:
 - Covered with approved prior authorization at the preferred manufacturer copay
- The vendor for the benefit is



Part D





2025 Part D Product Design for MAPD

PART D PROGRAM REDESIGN

- Members **will not pay more than \$2,000 out of pocket (OOP) for prescription drugs**. The three drug phases now include Deductible, Initial Coverage, and Catastrophic phase. The coverage gap has been eliminated for 2025.
- **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 will be implemented by Jan. 1, 2025, and will be delegated to Express Scripts.

CONTINUING IMPROVEMENTS

- All plans will offer \$0 copay for most Part D **preventive vaccines** regardless of network pharmacy used by members. Plans offer \$0 COVID vaccines under Part B.
- All plans will have a \$35 cap on cost-sharing for a one-month supply for **covered insulin medications** for all coverage phases.
- MAPD plans will continue to offer Tier 1 **excluded drug** coverage of generic Viagra, generic Levitra, and select vitamins including Vitamin D, injectable Vitamin B12, and Folic Acid. Not offered on D-SNP and Low-Income Subsidy (LIS) plans.



2025 Network Updates

Pharmacy Benefit Manager

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

Medication Home Delivery

- Express Scripts is the preferred mail order benefit provider; 100-day extended supply available.
- Preferred mail order discounts are available:
 - Tiers 1, 2, and 6 = \$0 copay for 100-day supply
 - Tiers 3 and 4 = Coinsurance applies
 - Tier 5 = Coinsurance applies, limited to 30-day supplies

Preferred Pharmacy Network

- Walgreens and CVS plus grocers remain within the preferred pharmacy network for 2025.

Manufacturer Discount Program

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

2025 Inflation Reduction Act

Part D Changes





Inflation Reduction Act

In August 2022, President Biden signed into law H.R. 5376, the Inflation Reduction Act (IRA) of 2022. This act includes multiple new provisions for Medicare Part D plans over the course of several years.

2023	2024	2025	2026-Beyond
<p>Insulin Products Cap of \$35 for 30- day supply of covered insulin products through all benefit stages.</p>	<p>Expansion of LIS Partial subsidy was eliminated. Those qualifying will pay no deductibles and pay no more than the brand LIS copay for medications.</p> <p>ACIP Part D Covered Vaccines Beneficiaries will have a \$0 cost-share for most vaccines covered by Part D.</p> <p>Elimination of Cost-Share in Catastrophic Coverage Beneficiaries are no longer responsible for 5% prescription cost-sharing in the catastrophic phase, meaning they have no out-of-pocket responsibility for covered drugs for the remainder of the benefit year.</p>	<p>Cost Smoothing (M3P) Gives beneficiaries the option to pay for their out-of- pocket prescription costs in monthly installments, with a monthly limit on spending.</p> <p>Annual OOP Limit Cap Beneficiaries will have their out-of-pocket prescription drug costs capped at \$2,000. Adjustments will be made in future years for inflation.</p> <p>Coverage Gap Coverage gap will no longer exist. Deductible, ICL, and catastrophic will make up the benefit stages.</p>	<p>Premium Increase Cap 2024–2029: Base premium is limited to 6% (e.g., basic plan premium).</p> <p>Direct Contracting Starting 2026, CMS will be negotiating directly with manufacturers for drug pricing.</p>



Medicare Prescription Payment Plan

What is it?

The Medicare Prescription Payment Plan is a payment option that helps manage out-of-pocket Part D costs. The program allows prescription costs to be spread across monthly payments that are billed directly to the member.

How does it work?

When a member fills a prescription for a drug covered by a Part D plan, they won't pay anything at the pharmacy. Instead, the member will get a bill each month from the plan. The monthly bill is based on what the member owes for any new prescriptions they fill, plus the previous month's balance, divided by the number of months left in the year. Anyone with an MA plan with drug coverage or a PDP is eligible to use this payment option.

Program sign-up information:

Members will be able to sign up for the program over the phone, online, or with a paper form:

- New 2025 members will receive sign-up information with their 2025 enrollment materials.
- Existing members will receive information in their ANOC; select members with high out-of-pocket prescriptions will receive a standalone letter in Q4.

Members can opt into this program beginning Oct. 15.
More information will become available through broker communications closer to AEP.

M3P FAQs



When does the program go live?

- The program will be effective Jan. 1, 2025, with members being able to start electing into the program beginning Oct. 15, 2024.



Are there any specific criteria the member must meet to qualify for the M3P program?

- If the member is eligible for a PDP or MAPD plan and has active or future effective coverage, they can elect to participate in the program.
- There is no minimum threshold for the cost of their medications to sign up. However, the member cannot pick and choose what medications are applied.
- If a member is terminated from M3P for non-payment during the plan year, they are not permitted to be re-enrolled in the program unless coverage was reinstated for good cause.
- Members also will be ineligible for participation in the M3P program in future years if they owe an overdue M3P balance on that plan.



What vendor is being used to support this program?

- There will be a hybrid operating model in which both Centene and our PBM, Express Scripts, will support this program.
- Express Scripts also is working with a vendor to support the billing and payment components of the program.

M3P FAQs Continued



How can a member sign up for the M3P program?

- Submit election request form via mail.
- Call Customer Service via phone. (Calls to be handled by Express Scripts.)
- Submit a request online.



When can a member elect into the M3P program?

- Member may opt into the M3P program prior to the beginning of the plan year or in any month during the plan year.
- Part D sponsors must also allow enrollees to opt into the Medicare Prescription Payment Plan during the Part D plan annual enrollment periods, initial Part D enrollment periods, and special Part D enrollment periods.



Can a member be terminated from the program?

- Members will be terminated from the M3P program if they fail to pay their monthly billed amount after the required grace period of two months.
- Members also may voluntarily opt out of the program.
- Member are responsible for paying any past-due balances if they voluntarily or involuntarily terminate from the program, though there is no collections process.

Strategic Alliances





The American Legion

Relationship Overview

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 the **Official Medicare Advantage Provider** of The American Legion
- **1,025,075** Medicare-eligible members in our service area
- Current Wellcare membership
 - **6,000+** MAPD lives
 - **55,000+** PDP lives

Partnership Goals

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

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

Be the One Initiative

Be the One to act, to call, to serve, and to save

- Wellcare is joining The American Legion to end veteran suicide
- The Be the One initiative will eliminate the stigma of asking for mental health help while providing peer-to-peer support and resources for those in need
- Launched coordinated PSA campaign at Indy 500

[Wellcare Be Willing PSA](#)

BE THE ONE

 AMERICAN
LEGION

wellcare

By the Numbers:

- Suicide rate is more than 50% higher than that of non-veterans
- 17 veterans take their own lives everyday
- 138,000+ military veterans have died by suicide since 2001

American Legion 2025 AEP Focus



National Marketing Assets

- Robust suite of marketing assets to leverage
- Targeted strategy to drive strong outcomes
- Email vs. direct mail approach
- Targeted virtual sales events throughout AEP



Sales Channel Engagement

- Focused engagement strategies for each sales channel
- Leverage existing partnerships with veteran-focused agencies
- Updated training opportunities and resources



Local Post Engagement

- Strong alignment with Sales and improved approach
- Updated customized marketing collateral
- Post leader-focused virtual events
- National and local conventions



Improved Resources

- High-touch CRS support model
- Enhanced relationship building and veteran benefit resources
- Up-to-date centralized location for available resources

Broker Experience Enhancements



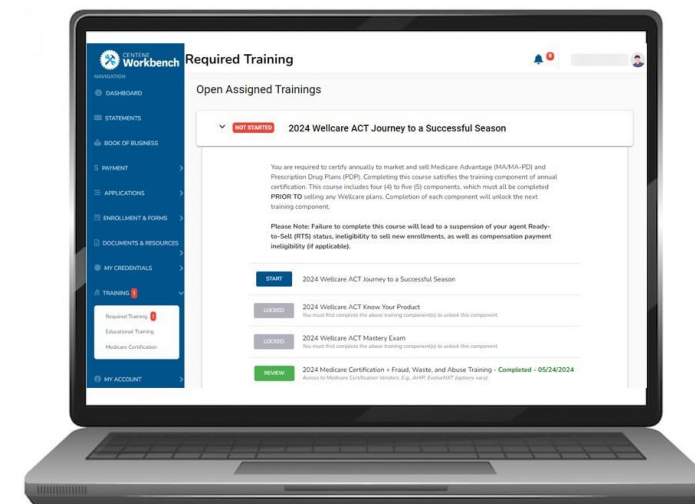


Centene Workbench Training Center

Centene Learning Center ► *Centene Workbench Training Center!*

Broker training now accessible through the **Centene Workbench Broker Portal**

- One-stop shop access to key platforms, now including training, in one location
- Direct link to key Medicare certification partners accepted by Wellcare
 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
- Online self-service support ticket access for quick resolutions and tracking



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



2025 Annual Certification Training (ACT)

Completing Wellcare ACT comes with many benefits:

- Wellcare accepted Medicare certification partners accessible through the **Training Center** in **Centene Workbench**
 1. Discounted AHIP and NABIP pricing
 2. Automatic electronic transmission of Medicare certification training results
 3. Real-time AHIP/NABIP to ACT course availability
- Key PY2025 product and benefit information accessible within the course
- Certified to market/sell all 2024 and 2025* Wellcare Medicare MAPD and PDP product offerings
- Access to CustomPoint (sales material ordering)

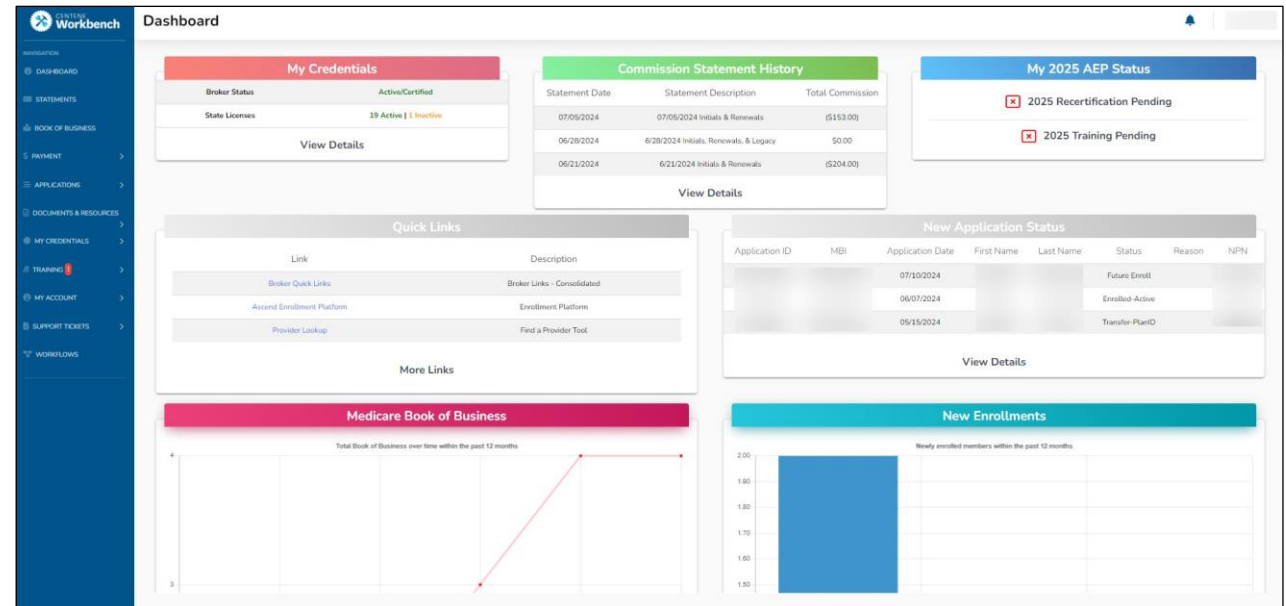
***Reminder:** Complete Wellcare ACT by Sept. 30 to ensure you are ready to market 2025 effective enrollments by Oct. 1 and avoid suspension.



Broker Portal: Centene Workbench

The **Centene Workbench** broker portal is a best-in-class tool to help our partners succeed. Key features include but are not limited to:

- Ability to manage onboarding invitations and tracking (upline only feature)
- Improved support tickets experience and self-service workflows
- Enhanced dashboard reporting, such as new application status, Medicare book of business, and new enrollments
- Ability for brokers to manage their demographic information, licensing, and downline brokers (where applicable) through self-service workflows





Broker Portal: Centene Workbench

New **Centene Workbench** features:

- **Upload Application:** Allows brokers to upload paper applications and track them directly within their portal
- **ID Card Feature:** Allows brokers to obtain member ID cards within their book of business
- **Deeming Period Feature:** Allows brokers to identify members within the deeming period
- **Learning Portal:** Allows brokers to complete their annual training requirements within Centene Workbench, with fewer sites and passwords to remember
- **PCP Changes:** Enables brokers to request a PCP change for clients by submitting a ticket

The screenshot displays the Centene Workbench Dashboard with the following components:

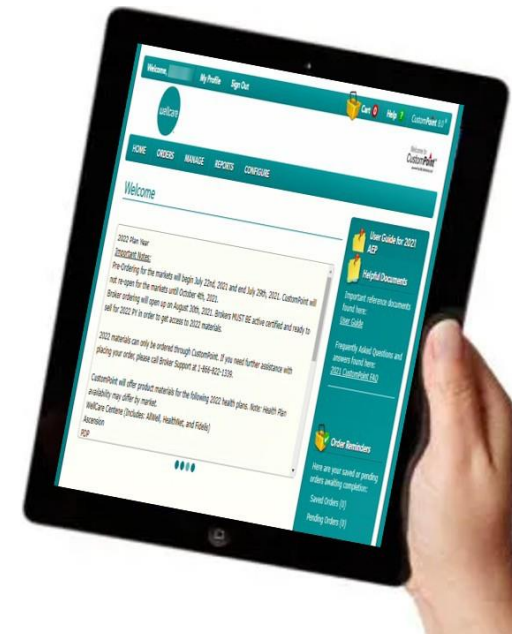
- My Credentials:** Shows Broker Status as Active/Certified and 19 Active State Licenses.
- Commission Statement History:** A table with columns for Statement Date, Statement Description, and Total Commission. It lists three statements from 07/09/2024 to 06/21/2024.
- My 2025 AEP Status:** Shows 2025 Recertification Pending and 2025 Training Pending.
- Quick Links:** A table with columns for Link and Description, listing Broker Quick Links, Ascend Enrollment Platform, and Provider Lookup.
- New Application Status:** A table with columns for Application ID, MBI, Application Date, First Name, Last Name, Status, Reason, and NPI. It shows three applications with statuses like Future Enroll and Enrolled Active.
- Medicare Book of Business:** A line chart showing Total Book of Business over time within the past 12 months.
- New Enrollments:** A bar chart showing Newly enrolled members within the past 12 months.

- **RFI Status – Coming Soon:** Allows brokers to identify applications in RFI status, required information, timeframe, and how to resolve



2025 Sales Materials

- Brokers can order sales materials via the CustomPoint materials portal. This includes all required materials for a compliant sales appointment.
- CustomPoint 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 real-time shipment tracking information and order status.
- 2025 materials will be available as downloadable PDF files by Oct. 4.





Sales Material Ordering & Distribution

2025 sales materials will be available for order beginning Sept. 30 and available as downloadable PDF files between Oct. 1-4.

Please note order and delivery timelines:

Shipping Event	Ordering Begins	Ordering Ends	Estimated In-Hand Date
Ongoing	Sept. 30	N/A	5-7 business days

Reminder: *You must be certified to sell 2025 Wellcare products to order.*





Broker Support Resources

Support	Purpose	Contact Information
Broker Support	Assistance with contracting, certification, commissions, onboarding, etc.	866-822-1339 Mon – Fri: 8 a.m. – 8 p.m. EST Open AEP weekends: Oct. 13 – Dec. 15
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 Open AEP weekends: Oct. 13 – Dec. 15
Special Populations (SPOP) Medicaid Eligibility	Eligibility support for Medicare and Medicaid	866-211-0544 Mon – Sun: 8 a.m. – 8 p.m. EST
Telephonic Scope of Appointment (SOA)	Document SOA via phone	877-780-3920
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



Broker Support Enhancements

What We Do

Pre-Sale		Post-Sale	
Onboarding	<ul style="list-style-type: none">• Walk uplines through submitting an invitation for downline• Show brokers how to submit an onboarding request direct to Centene	Centene Workbench	<ul style="list-style-type: none">• Application search tool• Commission statements• How to submit a Sales Support ticket to attach document for BOR change request, etc.• Portfolio-at-a-Glance (pre-sale)• Enrollment materials (pre-sale)
Single Sign-on Portal	<ul style="list-style-type: none">• New broker set-up• Answer CustomPoint materials portal questions	Commissions	<ul style="list-style-type: none">• 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
ACT and AHIP	<ul style="list-style-type: none">• Annual certification completion status• Explain what modules need to be completed	Member ID Cards (Wellcare plans)	<ul style="list-style-type: none">• Request ID cards to be mailed to members
Demographics	<ul style="list-style-type: none">• Walk brokers through assigning commissions and changing upline• Walk brokers through changing demographic information• Walk brokers through updating their license information	Member Assistance	<ul style="list-style-type: none">• PCP changes• Ancillary and health benefits• Member email and phone number updates
Ascend Enrollment Platform	<ul style="list-style-type: none">• Find available plans• Provider look-up• Formulary look-up		
Application and Enrollment	<ul style="list-style-type: none">• Check status of application• Verify Broker of Record (BOR) on policy• Provide member status		
Request for Information (RFI) Resolution	<ul style="list-style-type: none">• Assistance resolving applications in RFI status		



Broker Communications

Be on the lookout for important email communications throughout the 2025 AEP season.



Communication Type	Communication Topics
Broker Update	<ul style="list-style-type: none"> • Contracting and Certification reminders • Special Election Period announcements (e.g., FEMA, state/local declarations) • Commission rates, schedules, and announcements • CustomPoint material ordering schedule and reminders
Wellcare Insider/ AEP Weekly News	<ul style="list-style-type: none"> • Important updates and reminders • Other updates critical to your business
Product Pointers	<ul style="list-style-type: none"> • New and/or key supplemental benefit updates • Supplemental video resources
The Ascend Advantage	<ul style="list-style-type: none"> • Ascend reminders, pointers, and helpful tips
New Online Resources	<ul style="list-style-type: none"> • 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 (coming soon)

Member Experience Enhancements





Member Experience Enhancements

- New campaign management platform that allows for more automation, coordination of campaigns, and further detailed segmenting and targeting of distinct member cohorts.
 - Maintain current automated text and email onboarding campaigns.
 - New platform will be piloted in Q4 2024 in parallel with our current platform.
 - Will transition fully to new platform in stages throughout 2025.
- **A \$22 million investment has been made to our member online FAP, campaign platforms, member website, and portal account** to create an enhanced set of digital tools and resources.
- **Key member onboarding videos now available in Spanish, Vietnamese, Russian, Tagalog, Chinese Traditional, Chinese Taiwan, Chinese Hong Kong, and Korean.**
- **Microsites** with focused content on key moments that matter and programs.