

Health Profile

1 ZIP Code

2 Blue Button

3 My Drugs

4 My Doctor

5 Our Plans

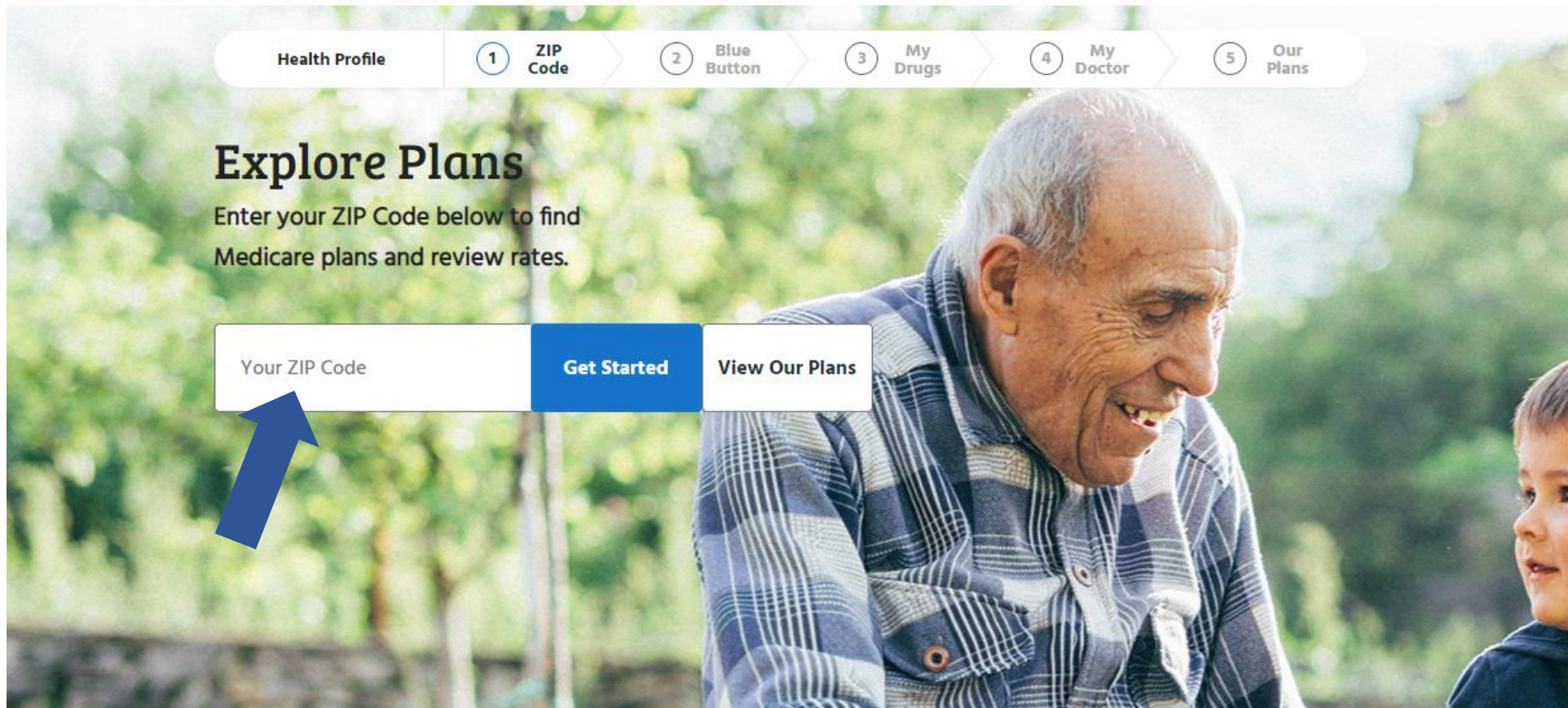
Explore Plans

Enter your ZIP Code below to find Medicare plans and review rates.

Your ZIP Code

Get Started

View Our Plans





Plan Year 2022

Agent Login Type Size A Home

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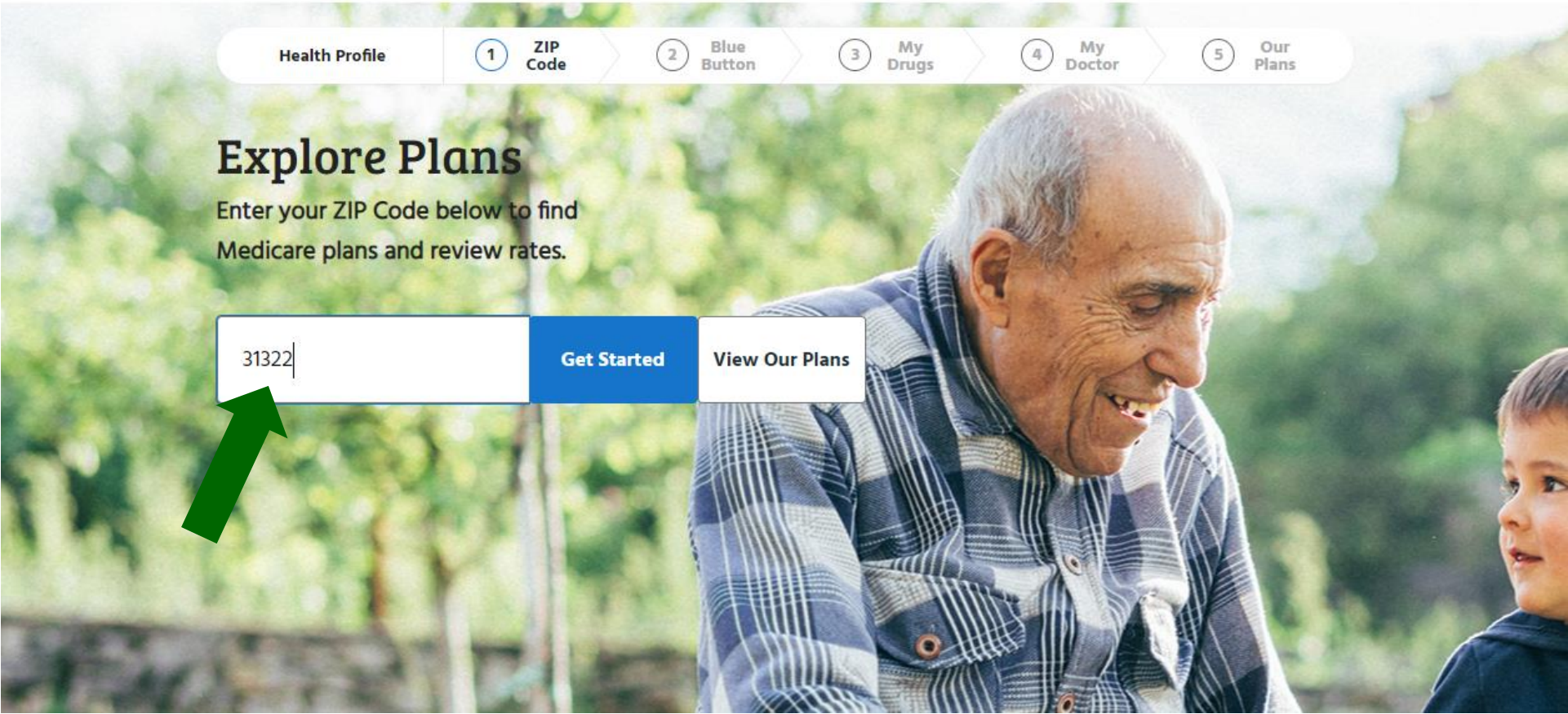
Explore Plans

Enter your ZIP Code below to find Medicare plans and review rates.

31322

Get Started

View Our Plans





Plan Year | 2022

Agent
Login

Type Size | A

Home Print

Health Profile

✓ ZIP Code

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5 Our Plans

List

Compare

2022 Medicare Plans

Below are the plans that are available in ZIP Code 31322 in Chatham County, Georgia:
Let's start your enrollment.

ZIP Code: 31322

Update

Filter Plans

Medicare Advantage

Prescription Drug Plan

Select for Comparison

Wellcare No Premium Open (PPO)

\$ 0⁰⁰ /month

Plan Covers

- ✓ Dental
- ✓ Hearing
- ✓ Vision

In-Network Copay

- Doctor Office Visits: \$0
- Emergency Care: \$90
- Doctor Specialty Visit: \$40



Select for Comparison



WellCare Endurance (PPO)

\$ 0⁰⁰ /month

Senior Savings Plan

Plan Covers

- ✓ Dental
- ✓ Vision
- ✓ Hearing
- ✓ Rx

In-Network Copay

Primary Care Physician:	\$0
Emergency Room:	\$90
Specialist:	\$35
Maximum Out-of-Pocket:	\$4,900 Annual In-Network. \$10,000 Combined In and Out-of-Network.



[Apply Now](#)

[View Details](#)

WellCare Endurance (PPO)

\$0⁰⁰/month

Tell us about yourself

Personal Information

ATTENTION: You are beginning your application for enrollment. This application is for people with Medicare who want to join a Medicare Advantage Plan or Prescription Drug Plan. To join a plan you must be a United States citizen or be lawfully present in the U.S. and live the plan's service area.

Prefix

First Name *

Middle Initial

Last Name *

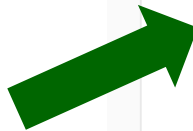
Gender *

Male

Female

Your Birthday *

Email



Where do you live?

Permanent Residence Street Address (Don't enter a PO Box)

Address 1 •

Address 2

City •

State •

Georgia

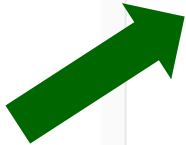
Zip •

31322

County

Chatham

Mailing address, if different from your permanent address (PO Box allowed)



WellCare Endurance (PPO)

\$ 0⁰⁰ /month

Who is your primary doctor?

Please Choose a Primary Care Physician (PCP), Clinic or Health Center. (First and Last Name of PCP)

Primary Care Provider ID (PCP ID)

[Provider Lookup](#)



Provider First Name

Provider Last Name

If a valid PCP is not selected or I do not wish to select a PCP, a PCP will be assigned for me. The PCP assignment may be changed at any time by calling the customer service number on the Member ID Card.

WellCare Endurance (PPO)

\$ **0**⁰⁰
/month

Your insurance information


Medicare Insurance Information

You must have Medicare Part A or Part B (or both) to join a Medicare, red, white and blue Medicare card to complete this section. Fill out card.

Medicare Number •

Hospital Part A Effective Date

Medical Part B Effective Date



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
PART A	03-03-2016
PART B	03-03-2016

[← Back to Shopping](#)

WellCare Endurance (PPO)

\$ **0**⁰⁰ /month

What is your current Medicare situation?

Typically, you may enroll in a Medicare Advantage (MA) plan only during the Annual Election Period (AEP) from October 15 through December 7 of each year. There are exceptions, called Special Election Periods (SEPs) that may allow you to enroll in a Medicare Advantage plan outside of this period. Please select the option that best fits your situation. •

- I am new to Medicare.**
If you are new to Medicare due to loss of employer group or union coverage, please refer to the *"I am leaving employer or union coverage"* SEP option below.
- My situation falls under one of the Special Election Period circumstances.**
Special Election Period (SEP) – You may use an SEP outside of the usual ICEP, IEP, or AEP.

• Required Information

Annual Enrollment
10/15 – 12/07