

Wellcare Dual Liberty (HMO D-SNP) *offered by* Health Net Of California, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of Wellcare Dual Liberty (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.wellcare.com/healthnetCA. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- ☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Wellcare Dual Liberty (HMO D-SNP).

- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Wellcare Dual Liberty (HMO D-SNP).
- Look in Section 2.2, page 15 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-800-431-9007 for additional information. (TTY users should call 711.) Hours are: Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.
- We must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Wellcare Dual Liberty (HMO D-SNP)

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.
 - When this document says “we,” “us,” or “our,” it means Health Net Of California, Inc. When it says “plan” or “our plan,” it means Wellcare Dual Liberty (HMO D-SNP).
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Annual Notice of Changes for 2023

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Wellcare Dual Liberty (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.**

| Cost | 2022 (this year) | 2023 (next year) |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details. | \$0 | \$0 |
| Doctor office visits | Primary care visits: \$0 copay per visit Specialist visits: \$0 copay per visit | Primary care visits: \$0 copay per visit Specialist visits: \$0 copay per visit |
| Inpatient hospital stays | For covered admissions, per admission: \$0 copay for each covered hospital stay. | For covered admissions, per admission: \$0 copay for each covered hospital stay. |
| Part D prescription drug coverage (See Section 1.5 for details.) | Deductible: \$480 (applies to Tier 2 (Generic Drugs), Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier)) Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1 - Preferred Generic Drugs: You pay a \$0 copay for a one-month (30-day) supply. • Drug Tier 2 - Generic Drugs: You pay a \$20 copay for a one-month (30-day) supply. | Deductible: \$0 Copayment during the Initial Coverage Stage: You pay a \$0 copay for all covered Part D drugs. |

| Cost | 2022 (this year) | 2023 (next year) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> • Drug Tier 3 - Preferred Brand Drugs: You pay a \$47 copay for a one-month (30-day) supply. • Drug Tier 4 - Non-Preferred Drugs: You pay 44% of the total cost for a one-month (30-day) supply. • Drug Tier 5 - Specialty Tier: You pay 25% of the total cost for a one-month (30-day) supply. • Drug Tier 6 - Select Care Drugs: You pay a \$0 copay for a one-month (30-day) supply. | |
| Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.) | \$3,450 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. | \$8,300 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. |

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

| Cost | 2022 (this year) | 2023 (next year) |
|-------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.) | \$0 | \$0 |

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

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

| Cost | 2022 (this year) | 2023 (next year) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maximum out-of-pocket amount Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | \$3,450 | \$8,300 Once you have paid \$8,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. |

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.wellcare.com/healthnetCA. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 *Provider & Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 *Provider & Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost | 2022 (this year) | 2023 (next year) |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Referrals | <p>The following in-network benefits have a change in referral requirements.</p> <ul style="list-style-type: none"> Hearing aids do(es) <u>not</u> require a referral. Hearing exams do(es) <u>not</u> require a referral. Eyewear do(es) <u>not</u> require a referral. Eye exams do(es) <u>not</u> require a referral. | |
| Dental services - Comprehensive dental services | Your plan has up to a \$1,000 allowance for all in-network covered comprehensive dental services every year. | Your plan has no maximum allowance for in-network covered comprehensive dental services every year. |
| Dental services - Comprehensive dental services - Diagnostic Services | You pay a \$0 copay. | <u>Not</u> covered |
| Dental services - Comprehensive dental services - Diagnostic Services | Unlimited diagnostic services every year. | <u>Not</u> covered |

| Cost | 2022 (this year) | 2023 (next year) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Emergency care - Worldwide emergency coverage | You pay a \$120 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital. | You pay a \$95 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital. |
| Healthy Foods Card Medicare approved Wellcare to provide these benefits as part of the Value-Based Insurance Design (VBID) program. This program lets Medicare try new ways to improve Medicare Advantage plans. For more information about VBID benefits, please contact Member Services. | The Healthy Foods Card is <u>not</u> covered. | You receive an allowance of \$50 every month to spend on eligible grocery products at participating retailers. This allowance does not carry over to the next month. |
| In-home support services | In-home support services are <u>not</u> covered. | You pay a \$0 copay for 12 visits every year. Services include cleaning, household chores and meal preparation as well as provide assistance with activities of daily living. |
| Over-the-counter benefit | You pay a \$0 copay. You receive a benefit of \$155 every quarter to spend on eligible over-the-counter (OTC) products via mail order or at participating retailers. This benefit does <u>not</u> carry over to the next period. | You pay a \$0 copay. You receive a benefit of \$220 every quarter to spend on eligible over-the-counter (OTC) products via mail order or at participating retailers. This benefit does <u>not</u> carry over to the next period. |

| Cost | 2022 (this year) | 2023 (next year) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Skilled nursing facility (SNF) care | <p>For Medicare-covered admission per benefit period:</p> <p>Days 1-100: You pay a \$0 copay for each Medicare-covered skilled nursing facility stay. Beyond day 100: You are responsible for all costs.</p> | <p>For Medicare-covered admission per admission:</p> <p>Days 1-100: You pay a \$0 copay for each Medicare-covered skilled nursing facility stay. Beyond day 100: You are responsible for all costs.</p> |
| <p>Special Supplemental Benefits for Chronically Ill (SSBCI) - Grocery Delivery</p> <p>Benefits mentioned may be a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify.</p> | <p>Grocery Delivery: You pay a \$0 copay. If eligible, you may receive a pre-paid membership to the plan's contracted grocery delivery service vendor and up to \$50 a month to use on plan-approved grocery items. There is a minimum order limit of \$35 per delivery. At the end of the month, any unused benefit dollars will not carry over.</p> | <p>Grocery Delivery is <u>not</u> covered.</p> |
| <p>Special Supplemental Benefits for Chronically Ill (SSBCI) - Robotic Companion Pet</p> <p>Benefits mentioned may be a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. You must meet eligibility guidelines for the following plan benefits.</p> | <p>Robotic Companion Pet: You pay a \$0 copay. If eligible, you may receive an interactive companion cat or dog from the plan's contracted vendor. Type of pet is subject to availability. Benefit is limited to one pet per member per year.</p> | <p>Robotic companion pet is <u>not</u> covered.</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Special Supplemental Benefits for Chronically Ill (SSBCI) - Service Animal Support</p> <p>Benefits mentioned may be a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. You must meet eligibility guidelines for the following plan benefits.</p> | <p>Service Animal Support: You must meet eligibility guidelines for the following plan benefits. Additionally, participation in a care management program with our plan may be required. You pay a \$0 copay. If eligible, you may receive \$50 per month to help cover the cost of certain items for your ADA-approved service animal. This benefit cannot be used to cover vet expenses or toys, and any unused benefit dollars will expire at the end of each month.</p> | <p>Service Animal Stipend is <u>not</u> offered.</p> |
| <p>Special Supplemental Benefits for Chronically Ill (SSBCI) - Utility Flex Card</p> <p>Benefits mentioned may be a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. You must meet eligibility guidelines for the following plan benefits.</p> | <p>Utility Flex Card is <u>not</u> offered.</p> | <p>Utility Flex Card: You pay a \$0 copay. If eligible, the plan offers a prepaid Visa debit card with a limit of \$75 per month to help cover the cost of utilities for your home. Any unused Utility Flex Card benefit dollars will expire at the end of each month. The approved utility services for this benefit include:</p> <ul style="list-style-type: none"> - Electric, gas, sanitary, and water utilities - Landline telephone service - Cable TV service - Certain petroleum expenses |

| Cost | 2022 (this year) | 2023 (next year) |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Non-Emergency Medical Transportation (to/from plan-approved locations) | <p>You pay a \$0 copay for 60 trips every year. A trip is considered one-way transportation by taxi, van, or rideshare services to a plan approved health-related location.</p> <p>Trips are limited to 75 miles one-way. You must call 72 hours in advance to schedule a trip.</p> | <p>You pay a \$0 copay for 48 trips every year. A trip is considered one-way transportation by taxi, van, or rideshare services to a plan approved health-related location.</p> <p>Trips are limited to 75 miles one-way. You must call 72 hours in advance to schedule a trip.</p> |
| Urgently needed services - Worldwide urgent care coverage | <p>You pay a \$120 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to a hospital.</p> | <p>You pay a \$95 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to a hospital.</p> |
| Prior Authorizations | <p>The following in-network benefits have a change in prior authorization requirements.</p> <ul style="list-style-type: none"> • Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services may require prior authorization. • Podiatry services do(es) <u>not</u> require prior authorization. | |

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update

our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

| Stage | 2022 (this year) | 2023 (next year) |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Stage 1: Yearly Deductible Stage | <p>The deductible is \$480.</p> <p>During this stage, you pay \$0 cost sharing for drugs on Tier 1: Preferred Generic Drugs and \$0 cost sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs, and Tier 5: Specialty Tier until you have reached the yearly deductible.</p> <p>Your deductible amount is either \$0 or \$99, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p> | <p>Because we have no deductible, this payment stage does not apply to you.</p> |

Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage | 2022 (this year) | 2023 (next year) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Drug Tier 1 - Preferred Generic Drugs: You pay a \$0 copay per prescription.</p> <p>Drug Tier 2 - Generic Drugs: You pay a \$20 copay per prescription.</p> <p>Drug Tier 3 - Preferred Brand Drugs: You pay a \$47 copay per prescription.</p> <p>Drug Tier 4 - Non-Preferred Drugs: You pay 44% of the total cost.</p> <p>Drug Tier 5 - Specialty Tier: You pay 25% of the total cost.</p> <p>Drug Tier 6 - Select Care Drugs: You pay a \$0 copay per prescription.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>You pay a \$0 copay per prescription for all covered Part D drugs.</p> |

| Stage | 2022 (this year) | 2023 (next year) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Stage 2: Initial Coverage Stage (continued) <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6 of your Evidence of Coverage.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p> | | |
| | <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p> | <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> |

Changes to your VBID Part D Benefit

Medicare approved Wellcare to provide lower copayments/co-insurance as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. For more information about VBID benefits, please contact Member Services.

| Description | 2022 (this year) | 2023 (next year) |
|----------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Part D Cost-sharing Elimination | Part D cost-sharing elimination is <u>not</u> offered. | Because you qualify for Part D cost-sharing elimination, you pay nothing for all covered Part D drugs. |

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Wellcare Dual Liberty (HMO D-SNP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Wellcare Dual Liberty (HMO D-SNP).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Wellcare Dual Liberty (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Wellcare Dual Liberty (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 3 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called California Health Insurance Counseling and Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. California Health Insurance Counseling and Advocacy Program (HICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222 (TTY users should call 711). You can learn more about California Health Insurance Counseling and Advocacy Program (HICAP) by visiting their website (<https://www.aging.ca.gov/hicap/>).

For questions about your California Medi-Cal (Medicaid) benefits, contact California Medi-Cal (Medicaid) at 1-800-541-5555 (TTY 1-800-896-2512) 8 a.m. - 5 p.m. PT, Monday - Friday. Ask how joining another plan or returning to Original Medicare affects how you get your California Medi-Cal (Medicaid) coverage.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help”, also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** California has a program called California Prescription Drug Discount Program for Medicare Recipients that helps people pay for

prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through The California AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call The California AIDS Drug Assistance Program (ADAP), at 1-916-558-1784 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday.

SECTION 6 Questions?

Section 6.1 – Getting Help from Wellcare Dual Liberty (HMO D-SNP)

Questions? We're here to help. Please call Member Services at 1-800-431-9007. (TTY only, call 711). We are available for phone calls. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Calls to these numbers are free.

Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for Wellcare Dual Liberty (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.wellcare.com/healthnetCA. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.wellcare.com/healthnetCA. As a reminder, our website has the most up-to-date information about our provider network (*Provider & Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 6.3 – Getting Help from Medicaid

To get information from Medicaid you can call California Medi-Cal (Medicaid) at 1-800-541-5555. TTY users should call 1-800-896-2512 from 8 a.m. - 5 p.m. PT, Monday - Friday.

Nondiscrimination Notice

Discrimination is against the law. Wellcare by Health Net follows State and Federal civil rights laws. Wellcare by Health Net does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Wellcare by Health Net provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Wellcare by Health Net by calling **1-800-431-9007**. Between October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. If you cannot hear or speak well, please call **TTY 711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Wellcare by Health Net
21281 Burbank Blvd.
Woodland Hills, CA 91367
1-800-431-9007
TTY: 711

How to File a Grievance

If you believe that Wellcare by Health Net has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Member Services. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Wellcare by Health Net's Civil Rights Coordinator by calling **1-866-458-2208**. Between 8 a.m. and 5 p.m., Monday through Friday. Or, if you cannot hear or speak well, please call **TTY 711**.
- **In writing:** Fill out a complaint form or write a letter and send it to:
Wellcare Civil Rights Coordinator
P.O. Box 9103
Van Nuys, CA 91409-9103
- **In person:** Visit your doctor's office or Wellcare by Health Net and say you want to file a grievance.
- **Electronically:** Visit Wellcare by Health Net's website at **www.wellcare.com/healthnetCA**.

Office of Civil Rights – California Department of Health Care Services

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-916-440-7370**. If you cannot speak or hear well, please call **TTY 711 (Telecommunications Relay Service)**.
- **In writing:** Fill out a complaint form or send a letter to:
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx
- **Electronically:** Send an email to **CivilRights@dhcs.ca.gov**.

Office of Civil Rights – U.S. Department of Health and Human Services

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

English: ATTENTION: If you need help in your language call **1-800-431-9007** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-800-431-9007** (TTY: **711**). These services are free of charge.

العربية (Arabic): انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على الرقم **1-800-431-9007** (TTY: **711**) تتوفر أيضًا مساعدات وخدمات للأشخاص ذوي الإعاقات مثل المستندات بطريقة برايل وبطباعة كبيرة. اتصل على الرقم **1-800-431-9007** (TTY: **711**) وهذه الخدمات مجانية.

Հայերեն (Armenian): Ուշադրություն: Եթե Ձեր լեզվով օգնության կարիք ունեք, զանգահարեք **1-800-431-9007** (TTY՝ **711**): Հասանելի են նաև օգնություն և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են՝ բրայլյան և խոշոր տառերով փաստաթղթերը: Զանգահարեք **1-800-431-9007** (TTY՝ **711**): Այս ծառայություններն անվճար են:

ភាសាខ្មែរ (Cambodian): ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ **1-800-431-9007** (TTY: **711**)។ ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរធំសម្រាប់ជនពិការភ្នែក និងពុម្ពអក្សរធំ ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ **1-800-431-9007** (TTY: **711**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃនោះទេ។

中文 (Chinese): 注意: 如果您需要以您母语提供的协助, 请致电 **1-800-431-9007** (TTY: **711**)。我们也为残疾人士提供辅助和服务, 例如点字和大字体印刷的文件。请致电 **1-800-431-9007** (TTY: **711**)。这些服务为免费服务。

فارسی (Farsi): توجه: اگر نیاز به کمک به زبان خودتان دارید با شماره **1-800-431-9007** (TTY: **711**) تماس بگیرید. کمک‌ها و خدمات برای افراد دارای معلولیت نیز در دسترس است, مانند اسناد با خط بریل و چاپ درشت. با شماره **1-800-431-9007** (TTY **711**) تماس بگیرید. این خدمات رایگان است.

हिंदी (Hindi): ध्यान दें: अगर आपको अपनी भाषा में मदद चाहिए, तो **1-800-431-9007** (TTY: **711**) पर कॉल करें. विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज़ जैसी सहायता और सेवाएं उपलब्ध हैं. **1-800-431-9007** (TTY: **711**) पर कॉल करें. ये सेवाएं नि:शुल्क हैं.

Lus Hmoob (Hmong): TSEEM CEEB: : Yog koj xav tau kev pab ua koj hom lus hu rau **1-800-431-9007** (TTY: **711**). Tsis tas li ntawd, kuj tseem muaj cov kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv Ua Ntawv Su thiab cov ntawv loj. Hu rau **1-800-431-9007** (TTY: **711**). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese): 注意: 言語のヘルプが必要な場合は **1-800-431-9007** (TTY: **711**) までお電話ください。障害をお持ちの方には、点字や大判プリントなどの補助機能やサービスもご利用になれます。 **1-800-431-9007** (TTY: **711**) までお電話ください。これらのサービスは無料です。

한국어(Korean): 주의: 귀하의 구사 언어로 도움을 받으셔야 한다면 **1-800-431-9007** (TTY: **711**) 번으로 연락해 주십시오. 점자 및 큰 활자 인쇄 형식으로 된 문서 등 장애인을 위한 도움 및 서비스도 제공됩니다. **1-800-431-9007**(TTY: **711**)번으로 연락해 주십시오. 해당 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian): ສຳຄັນ: ຖ້າວ່າທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ ໂທ **1-800-431-9007** (TTY: **711**). ນອກຈາກນີ້ ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ບໍລິການສຳລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່ ໂທ **1-800-431-9007** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ແມ່ນຟຣີ

Mienh (Mien): Liouh Eix: Oix se meih oix nongc zuqc gorngv mienh wac daih taengx meih, cingv meih mboqv dienx wac **1-800-431-9007** (TTY: **711**). Yie mbuo hac haih nongc mienh wac daih taengx waic fangx nyei mienh, hnangv zing mangc mv buatac lamh nyei mienh nongc nyei nzangc caux domh nzangc wenh jienx. Cingv meih mboqv dienx wac **1-800-431-9007** (TTY: **711**). Naiv deix bong zouc gong se maiv siou zinh nyanh nyei.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ **1-800-431-9007** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪੰਗਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਵਾਸਤੇ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਛਾਪੇ ਵਾਲੇ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। **1-800-431-9007** 'ਤੇ ਕਾਲ ਕਰੋ (TTY: **711**)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian): ВНИМАНИЕ: если вам требуется помощь на родном языке, позвоните по номеру **1-800-431-9007** (телетайп: **711**). Также доступны сопутствующая помощь и услуги для людей с ограниченными возможностями, такие как материалы, напечатанные крупным шрифтом и шрифтом Брайля. Позвоните по номеру **1-800-431-9007** (телетайп: **711**). Эти услуги предоставляются бесплатно.

Español (Spanish): ATENCIÓN: Si necesita ayuda en su idioma llame al **1-800-431-9007** (TTY: **711**). También están disponibles ayudas y servicios para personas con discapacidades, como documentos en Braille y letra grande. Llame al **1-800-431-9007** (TTY: **711**). Estos servicios son gratuitos.

Tagalog (Tagalog): PAALALA: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa **1-800-431-9007** (TTY: **711**). Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumento sa braille at malaking print. Tumawag sa **1-800-431-9007** (TTY: **711**). Walang bayad ang mga serbisyo ng ito.

ภาษาไทย (Thai): หมายเหตุ: หากต้องการความช่วยเหลือในภาษาของคุณ โปรดโทรไปท **1-800-431-9007** (TTY: **711**) เรามีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารที่เป็นอักษรเบรลล์และเอกสารที่ใช้ตัวอักษรขนาดใหญ่ ด้วยเช่นกัน โปรดโทรไปที่ **1-800-431-9007** (TTY: **711**) บริการเหล่านี้ไม่มีค่าใช้จ่าย

Українська (Ukrainian): УВАГА! Якщо ви потребуєте підтримки своєю мовою, телефонуйте за номером **1-800-431-9007** (TTY: **711**). Також доступні засоби та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля та великим шрифтом. Телефонуйте за номером **1-800-431-9007** (TTY: **711**). Ці послуги є безкоштовними.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi số **1-800-431-9007** (TTY: **711**). Các hỗ trợ và dịch vụ dành cho người khuyết tật, chẳng hạn như tài liệu bằng chữ nổi và cỡ chữ lớn cũng được cung cấp. Hãy gọi số **1-800-431-9007** (TTY: **711**). Các dịch vụ này được miễn phí.