

Wellcare Dual Align 129 (HMO D-SNP) offered by Health Net of California, Inc.

Annual Notice of Changes for 2023

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at <https://wellcare.healthnetcalifornia.com>. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

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If you have questions, please call Wellcare Dual Align 129 (HMO D-SNP) at 1-800-431-9007 (TTY: 711). 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. The call is free. **For more information**, visit <https://wellcare.healthnetcalifornia.com>.

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A. Disclaimers

- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Wellcare Dual Align 129 (HMO D-SNP) *Member Handbook*.
- 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.

B. Reviewing your Medicare and Medi-Cal coverage for next year

When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Coordination Plan.

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section G** for more information.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medi-Cal programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Medi-Cal services in **Section G2**.



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B1. Additional resources

- انتباه: إذا كنت تتحدث اللغة العربية أو الأرمنية أو الكمبودية أو الصينية أو الفارسية أو الكورية أو الروسية أو الإسبانية أو التاجالوجية أو الفيتنامية، فنحن نوفر لك خدمات مساعدة لغوية مجانية. اتصل على الرقم 1-800-431-9007 (TTY: 711). في الفترة الممتدة بين 1 أكتوبر و 31 مارس، الممثلون متاحون من الاثنين إلى الأحد، من الساعة 8 صباحًا لغاية الساعة 8 مساءً. وفي الفترة الممتدة بين 1 أبريل و 30 سبتمبر، الممثلون متاحون من الاثنين إلى الجمعة، من الساعة 8 صباحًا لغاية الساعة 8 مساءً. والاتصال مجاني.
- ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե խոսում եք արաբերեն, հայերեն, կամբոջերեն, չինարեն, պարսկերեն, կորեերեն, ռուսերեն, իսպաներեն, թազալոզ կամ վիետնամերեն լեզուներով, ապա Ձեզ կտրամադրվի անվճար լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-431-9007 (TTY՝ 711): Հոկտեմբերի 1-ից մարտի 31-ն ընկած ժամանակահատվածում ներկայացուցիչները հասանելի են երկուշաբթիից կիրակի, ժամը՝ 8 a.m. - 8 p.m.: Ապրիլի 1-ից սեպտեմբերի 30-ն ընկած ժամանակահատվածում ներկայացուցիչները հասանելի են երկուշաբթիից ուրբաթ օրերին, ժամը՝ 8 a.m. - 8 p.m.: Չանգն անվճար է:
- ចំណាំ: ប្រសិនអ្នកនិយាយភាសា អារ៉ាប់ អាមេនី ខ្មែរ ចិន ហ្វីលីពីន អេស៉្បាញ តាកាឡុក ឬវៀតណាម
សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។
ហៅទៅកាន់លេខ 1-800-431-9007 (TTY: 711)។ រវាងថ្ងៃទី 1 ខែតុលានិងថ្ងៃទី 31 ខែមីនា អ្នកតំណាងអាចរកបានពីថ្ងៃចន្ទដល់ថ្ងៃអាទិត្យ ពីម៉ោង 8 ព្រឹកដល់ម៉ោង 8 យប់។ រវាងថ្ងៃទី 1 ខែមេសានិងថ្ងៃទី 30 ខែកញ្ញា អ្នកតំណាងអាចរកបានពីថ្ងៃចន្ទដល់ថ្ងៃសុក្រ ពីម៉ោង 8 ព្រឹកដល់ម៉ោង 8 យប់។
ការហៅទូរសព្ទនេះ គឺឥតគិតថ្លៃ។
- 請注意：我們還提供免費的語言協助服務：阿拉伯語、亞美尼亞語、柬埔寨語、中文、波斯語、韓語、俄語、西班牙語、菲律賓語或越南語。請致電 1-800-431-9007 (TTY：711)。在 10 月 1 日至 3 月 31 日之間，代表的服務時間為週一至週日，上午 8 點至晚上 8 點。在 4 月 1 日至 9 月 30 日之間，代表的服務時間為週一至週五，上午 8 點至晚上 8 點。此為免付費專線。
- توجه: اگر به زبان عربی، ارمنی، کامبوجی، چینی، فارسی، کره ای، روسی، اسپانیایی، تگالوگ یا ویتنامی صحبت می کنید، خدمات کمک زبان به صورت رایگان در اختیار شما قرار می گیرد. با 9007-1 (1-800-431 TTY 711) تماس بگیرید. بین 1 اکتبر و 31 مارس، نمایندگان از دوشنبه تا یکشنبه، 8 (صبح تا 8 بعد از ظهر در دسترس هستند. بین 1 آوریل و 30 سپتامبر، نمایندگان از دوشنبه تا جمعه، 8 صبح تا 8 بعد از ظهر در دسترس هستند. تماس رایگان است.



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- 주의: 아랍어, 아르메니아어, 캄보디아어, 중국어, 페르시아어, 한국어, 러시아어, 스페인어, 타갈로그어 또는 베트남어를 구사하시면, 언어 보조 서비스를 무료로 이용하실 수 있습니다. 1-800-431-9007(TTY: 711)번으로 연락해 주십시오. 상담원과는 10월 1일부터 3월 31일까지는 월요일~일요일, 오전 8시~오후 8시에 통화하실 수 있습니다. 4월 1일부터 9월 30일까지는 월요일~금요일, 오전 8시~오후 8시에 통화하실 수 있습니다. 통화는 무료입니다.
- ВНИМАНИЕ: Если вы говорите на арабском, армянском, камбоджийском, китайском, корейском, русском, испанском, тагальском или вьетнамском языках либо фарси, вам доступны бесплатные услуги переводчика. Позвоните по номеру 1-800-431-9007 (TTY: 711). С 1 октября по 31 марта представители доступны с понедельника по воскресенье с 8 а.м. до 8 р.м. С 1 апреля по 30 сентября представители доступны с понедельника по пятницу с 8 а.м. до 8 р.м. Звонок бесплатный.
- ATENCIÓN: Si habla Árabe, Armenio, Camboyano, Chino, Persa, Coreano, Ruso, Español, Tagalo o Vietnamita, disponemos de servicios de asistencia lingüística sin costo alguno para usted. Llame al 1-800-431-9007 (TTY: 711). Entre el 1 de Octubre y el 31 de Marzo, los representantes están disponibles de Lunes a Domingo, de 8 a.m. a 8 p.m. Entre el 1 de Abril y el 30 de Septiembre, los representantes están disponibles de Lunes a Viernes, de 8 a.m. a 8 p.m. La llamada es gratuita.
- ATENSYON: Kung nagsasalita kayo ng Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, o Vietnamese, mayroon kayong magagamit na mga libreng serbisyo ng tulong sa wika. Tumawag sa 1-800-431-9007 (TTY: 711). Mula Oktubre 1 hanggang Marso 31, available ang mga kinatawan mula Lunes–Linggo, 8 a.m. hanggang 8 p.m. Mula Abril 1 hanggang Setyembre 30, available ang mga kinatawan mula Lunes–Biyernes, 8 a.m. hanggang 8 p.m. Libre ang tawag.
- LƯU Ý: Nếu quý vị nói tiếng Ả Rập, tiếng Armenia, tiếng Campuchia, tiếng Trung Quốc, tiếng Ba Tư, tiếng Hàn, tiếng Nga, tiếng Tây Ban Nha, tiếng Tagalog hoặc tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi đến số 1 800 431 9007 (TTY: 711). Từ ngày 1 tháng 10 đến 31 tháng 3, nhân viên đại diện sẽ làm việc từ Thứ Hai Chủ Nhật, 8 a.m. đến 8 p.m. Từ ngày 1 tháng 4 đến 30 tháng 9, nhân viên đại



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diện sẽ làm việc từ Thứ Hai Thứ Sáu, 8 a.m. đến 8 p.m. Cuộc gọi này được miễn phí.

- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call 1-800-431-9007 (TTY: 711). 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. The call is free.
- Wellcare Dual Align 129 (HMO D-SNP) wants to make sure you understand your health plan information. We can send materials to you in another language or alternate format if you ask for it this way. This is called a “standing request.” We will document your choice.

Please call us if:

- You want to get your materials in Arabic, Armenian, Cambodian (Khmer), Chinese (traditional characters), Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese or in an alternate format. You can ask for one of these languages in an alternate format.

or

- You want to change the language or format that we send you materials.

If you need help understanding your plan materials, please contact Wellcare Dual Align 129 (HMO D-SNP). Member Services at 1-800-431-9007 (TTY: 711). 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.

B2. Information about our plan

- Wellcare by Health Net is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- Coverage under Wellcare Dual Align 129 (HMO D-SNP) is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at



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www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.



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B3. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they will work for you next year.
 - Refer to **Section E1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**



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If you decide to stay with Wellcare Dual Align 129 (HMO D-SNP):

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Wellcare Dual Align 129 (HMO D-SNP).

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare your new coverage will begin on the first day of the following month.

C. Changes to our plan name

On January 1, 2023, our plan name changes from Wellcare Plus (HMO) to Wellcare Dual Align 129 (HMO D-SNP).

Wellcare Dual Align 129 (HMO D-SNP) will send you a new Member ID Card by mail. You may also receive more mailings with the new plan name.

D. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2023.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at <https://wellcare.healthnetcalifornia.com>. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook*.

E. Changes to benefits and costs for next year

E1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.



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	2022 (this year)	2023 (next year)
Acupuncture services	Prior authorization is not required.	Prior authorization may be required.
Ambulance services	You pay 20% of the total cost per one-way trip for Medicare-covered ambulance services.	You pay a \$0 copay for Medicare-covered ambulance services.
Bariatric surgery	Bariatric surgery are not covered.	You pay a \$0 copay for Bariatric surgery covered under your Medi-Cal benefits. Prior authorization required.
Cardiac rehabilitation services	You pay 20% of the total cost for each Medicare-covered service. Prior authorization may be required.	You pay a \$0 copay for each Medicare-covered service. Prior authorization is not required.
Cardiac rehabilitation services – Intensive	You pay 20% of the total cost for each Medicare-covered service. Prior authorization may be required.	You pay a \$0 copay for each Medicare-covered service. Prior authorization is not required.



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	2022 (this year)	2023 (next year)
Care for conditions of pregnancy	Care for conditions of pregnancy is not covered.	<p>You pay a \$0 copay for the following services covered under your Medi-Cal benefits, including:</p> <ul style="list-style-type: none"> ○ Prenatal and postnatal office visits ○ Normal delivery ○ Cesarean section provided by a member physician ○ Treatment for pregnancy complications, include medically necessary abortions ○ Elective abortions ○ Genetic testing of fetus (prior authorization is required) ○ Newborn coverage ○ Medically necessary circumcision (or previously authorized)



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	2022 (this year)	2023 (next year)
Chiropractic services – Routine chiropractic services	You pay a \$0 copay per visit, for up to 12 visits every year for routine chiropractic services.	You pay a \$0 copay per visit, for up to 24 visits every year for routine chiropractic services.
Community-based adult services	Community-based adult services are not covered.	You pay a \$0 copay for Community-based adult services, covered under your Medi-Cal benefits.



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<p>Dental Services – Routine dental</p> <p>(Continued on next page)</p>	<p>You pay a \$0 copay for 1 oral exams every 6 months.</p> <p>You pay a \$0 copay for 1 cleanings (prophylaxis) every 6 months.</p> <p>You pay a \$0 copay for 1 fluoride treatment every 6 months.</p> <p>You pay a \$0 copay for 1 set of Dental x-rays every 1-3 years.</p> <p>You pay a \$0 copay for 1 non-routine service every 6-24 months.</p> <p>You pay a \$0 copay for 1 diagnostic services every year.</p> <p>You pay a \$0 copay for 1 restorative services every 2 years.</p> <p>You pay a \$0 copay for 1 endodontic service per tooth.</p> <p>You pay a \$0 copay for periodontic services 1 every 6 to 36 months.</p> <p>You pay a \$0 copay for 1 extraction per tooth.</p> <p>You pay a \$0 copay for prosthodontics, including</p>	<p>In addition to your Medi-Cal covered dental benefits, our Medicare plan covers additional dental services and procedures. These services may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Crowns – noble metals - once every 5 calendar years - Prosthodontics (dentures) – every 2 calendar years per arch - Bridges - every 5 calendar years per tooth <p>Limitations and exclusions apply.</p> <p>You can find details about your Medi-Cal dental benefits at https://smilecalifornia.org</p>
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	2022 (this year)	2023 (next year)
Dental Services – Routine dental	<p>dentures - 1 every 12 to 60 months per procedure.</p> <p>You pay a \$0 copay for 1 oral maxillofacial surgery every 36 months or per lifetime.</p> <p>You pay a \$0 copay for other services 1 every 24 to 36 months or per lifetime.</p>	
Diabetes self-management training	<p>You pay 20% of the total cost for each Medicare-covered service.</p> <p>Referrals may be required.</p>	<p>You pay a \$0 copay for each Medicare-covered service.</p> <p>Referrals are not required.</p>
Diabetic therapeutic shoes or inserts	You pay 20% of the total cost for Medicare-covered diabetic therapeutic shoes or inserts.	You pay a \$0 copay for each Medicare-covered diabetic therapeutic shoes or inserts.
Diagnostic radiological services	You pay 20% of the total cost for each Medicare-covered service.	You pay a \$0 copay for each Medicare-covered service.
Dialysis services	You pay 20% of the total cost for each Medicare-covered service.	You pay a \$0 copay for each Medicare-covered service.



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	2022 (this year)	2023 (next year)
Durable medical equipment	You pay 20% of the total cost for Medicare-covered durable medical equipment.	You pay a \$0 copay for each Medicare-covered durable medical equipment.
Durable Medical Equipment for use outside the home	Durable Medical Equipment for use outside the home is not covered.	You pay a \$0 copay for Durable Medical Equipment for use outside the home covered under your Medi-Cal benefits. Prior authorization required.
Emergency services	You pay a \$120 copay for each Medicare-covered service.	You pay a \$0 copay for each Medicare-covered service.
Family planning services	Family planning services are not covered.	You pay a \$0 copay for family planning services covered under your Medi-Cal benefits including: <ul style="list-style-type: none"> • Contraceptive devices • Sterilizations (male and female)
Flex card	You receive \$200 on your Flex Card. The debit card is prepaid by the plan for covered dental, vision, or hearing services.	The debit Flex Card is not covered.



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	2022 (this year)	2023 (next year)
Gender reassignment surgery	Gender reassignment surgery is not covered.	You pay a \$0 copay for Gender reassignment surgery, covered under your Medi-Cal benefits. Prior authorization required.
Healthy Foods Card Medicare approved Wellcare by Health Net to provide these benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.	The Healthy Foods Card is not 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.
Health education	Health education is not covered.	You pay a \$0 copay for Health education, covered under your Medi-Cal benefits.
Hearing Services	Referrals are not required	Referrals may be required
Home health agency care	You pay 15% of the total cost for each Medicare-covered service.	You pay a \$0 copay for each Medicare-covered service.



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	2022 (this year)	2023 (next year)
In-Home support services	<p>Your plan offers the following In-Home support services by a contracted vendor:</p> <p>You pay a \$0 copay for 12 visits every year.</p> <p>Services include cleaning, household chores and meal preparation as well as provide assistance with activities of daily living. Services are provided by a contracted vendor. Limitations and restriction apply.</p>	<p>Your plan offers the following In-Home support services by a contracted vendor in addition to those offered through Medi-Cal:</p> <p>You pay a \$0 copay for 12 visits every year.</p> <p>Services include cleaning, household chores and meal preparation as well as provide assistance with activities of daily living. Services are provided by a contracted vendor. Limitations and restriction apply.</p>
Incontinence cream and diapers	Incontinence cream and diapers are not covered.	You pay a \$0 copay for Incontinence cream and diapers, covered under your Medi-Cal benefits.



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	2022 (this year)	2023 (next year)
Inpatient hospital care	<p>For covered admissions, per admission:</p> <p>You pay a \$800 copay per day for days 1-3 for each covered hospital stay.</p> <p>You pay a \$0 copay per day for days 4-90 for each covered hospital stay.</p> <p>You pay a \$0 copay for an additional 60 lifetime reserve days.</p>	<p>For covered admissions, per admission:</p> <p>You pay a \$0 copay for each covered hospital stay.</p> <p>You pay a \$0 copay for an additional 60 lifetime reserve days.</p>
Inpatient mental health care	<p>For covered admissions, per admission:</p> <p>You pay a \$494 copay per day, for days 1-3 for each covered hospital stay.</p> <p>You pay a \$0 copay per day, for days 4-90 for each covered hospital stay.</p> <p>Referrals may be required.</p>	<p>For covered admissions, per admission:</p> <p>You pay a \$0 copay for each covered hospital stay.</p> <p>Referrals are not required.</p>
Kidney disease education services	<p>You pay 20% of the total cost for each Medicare-covered service.</p>	<p>You pay a \$0 copay for each Medicare-covered service.</p>



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	2022 (this year)	2023 (next year)
Long-term care (LTC) in nursing facility or a skilled nursing facility	Long-term care (LTC) in a nursing facility or a skilled nursing facility is not covered.	You pay a \$0 copay for Long-term care (LTC) in a nursing facility or a skilled nursing facility, covered under your Medi-Cal benefits.
Medical social services	Medical social services are not covered.	You pay a \$0 copay for Medical social services, covered under your Medi-Cal benefits.
Medical supplies	You pay 20% of the total cost for Medicare-covered medical supplies.	You pay a \$0 copay for each Medicare-covered medical supplies.
Medicare-covered EKG following Welcome Visit Preventive Services	You pay 20% of the total cost for each Medicare-covered EKG. Referrals are not required.	You pay a \$0 copay for each Medicare-covered EKG. Referrals may be required.
Medicare Part B Chemotherapy/Radiation drugs	You pay 20% of the total cost for Medicare-covered services.	You pay a \$0 copay for Medicare-covered services.
Medicare Part B prescription drugs	You pay 20% of the total cost for Medicare-covered services.	You pay a \$0 copay for Medicare-covered services.



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	2022 (this year)	2023 (next year)
Non-Emergency Medical Transportation by Medi-Cal (transportation by ambulance, wheelchair van, or litter van for beneficiaries who cannot use public or private transportation to get to and from covered Medi-Cal services, and who need assistance to walk.)	Non-Emergency Medical Transportation by Medi-Cal is not covered by the Medicare plan.	You pay a \$0 copay for Non-Emergency Medical Transportation, covered under your Medi-Cal benefits.
Non-Emergency Medical Transportation (to/from plan-approved health-related locations)	You pay a \$0 copay for unlimited trips every year. A trip is considered one-way transportation by taxi, rideshare services or van to a plan approved health-related location. Trips are limited to 75 miles one-way. You must call 72 hours in advance to schedule a trip.	You pay a \$0 copay for 48 trips every year. A trip is considered one-way transportation by taxi, rideshare services or van to a plan approved health-related location. Trips are limited to 75 miles one-way. You must call 72 hours in advance to schedule a trip. Your Medi-Cal benefits will cover you once the Medicare plan offered benefit is exhausted.
Non-Medicare covered inpatient hospital care	Non-Medicare covered inpatient mental hospital care is not covered.	You pay a \$0 copay for Non-Medicare covered inpatient hospital care, covered under your Medi-Cal benefits.
Occupational therapy	You pay 20% of the total cost for each Medicare-covered service.	You pay a \$0 copay for each Medicare-covered service.



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	2022 (this year)	2023 (next year)
Opioid treatment services	Referrals may be required.	Referrals are not required.
Outpatient blood services	You pay 20% of the total cost for each Medicare-covered service. Prior authorization may be required.	You pay a \$0 copay for each Medicare-covered service. Prior authorization is not required.
Outpatient hospital observation	You pay a \$120 copay for Medicare-covered outpatient observation services when you enter observation status through an emergency room. You pay 20% of the total cost for Medicare-covered outpatient observation services when you enter observation status through an outpatient facility. Referrals may be required.	You pay a \$0 copay for Medicare-covered outpatient observation services Referrals are not required.
Outpatient hospital services	You pay 20% of the total cost for each Medicare-covered service.	You pay a \$0 copay for each Medicare-covered service.
Outpatient mental health care - Non-psychiatric services - Group sessions	You pay 20% of the total cost for each Medicare-covered group session. Referrals may be required.	You pay a \$0 copay for each Medicare-covered group session. Referrals are not required.



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	2022 (this year)	2023 (next year)
Outpatient mental health care - Non-psychiatric services - Individual sessions	You pay 20% of the total cost for each Medicare-covered individual session. Referrals may be required.	You pay a \$0 copay for each Medicare-covered individual session. Referrals are not required.
Outpatient mental health care - Psychiatric services - Group sessions	You pay 20% of the total cost for each Medicare-covered group session. Referrals may be required.	You pay a \$0 copay for each Medicare-covered group session. Referrals are not required.
Outpatient mental health care - Psychiatric services - Individual sessions	You pay 20% of the total cost for each Medicare-covered individual session. Referrals may be required.	You pay a \$0 copay for each Medicare-covered individual session. Referrals are not required.
Outpatient substance abuse services - Group sessions	You pay 20% of the total cost for each Medicare-covered group session. Referrals may be required.	You pay a \$0 copay for each Medicare-covered group session. Referrals are not required.
Outpatient substance abuse services - Individual sessions	You pay 20% of the total cost for each Medicare-covered individual session. Referrals may be required.	You pay a \$0 copay for each Medicare-covered individual session. Referrals are not required.
Outpatient x-ray services	You pay 20% of the total cost for each Medicare-covered service.	You pay a \$0 copay for each Medicare-covered service.



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	2022 (this year)	2023 (next year)
Over-the-counter items	<p>You pay a \$0 copay. You receive a benefit of \$315 every quarter to spend on eligible over-the-counter (OTC) products via mail order or at participating retailers.</p> <p>This benefit does not carry over to the next period</p>	<p>You pay a \$0 copay. You receive a benefit of \$260 every quarter to spend on eligible over-the-counter (OTC) products via mail order or at participating retailers.</p> <p>This benefit does not carry over to the next period</p>
Partial hospitalization services	<p>You pay 20% of the total cost for each Medicare-covered service.</p> <p>Referrals may be required.</p>	<p>You pay a \$0 copay for each Medicare-covered service.</p> <p>Referrals are not required.</p>
Physical therapy and speech-language pathology	<p>You pay 20% of the total cost for each Medicare-covered service.</p>	<p>You pay a \$0 copay for each Medicare-covered service.</p>
Private duty nursing for members under age 21	<p>Private duty nursing for members under age 21 not covered.</p>	<p>You pay a \$0 copay for Private duty nursing for members under age 21, covered under your Medi-Cal benefits.</p>
Prosthetic devices	<p>You pay 20% of the total cost for Medicare-covered prosthetic devices.</p>	<p>You pay a \$0 copay for each Medicare-covered prosthetic devices.</p>



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	2022 (this year)	2023 (next year)
Pulmonary rehabilitation services	<p>You pay 20% of the total cost for each Medicare-covered service.</p> <p>Prior authorization may be required.</p>	<p>You pay a \$0 copay for each Medicare-covered service.</p> <p>Prior authorization is not required.</p>
Skilled nursing facility (SNF) care	<p>For Medicare-covered admission, per benefit period:</p> <p>You pay a \$0 copay per day, for days 1 to 20 and a \$178 per day, for days 21 to 100 for Medicare-covered skilled nursing facility care.</p> <p>Beyond day 100: You are responsible for all costs.</p> <p>Referrals may be required.</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.</p> <p>Beyond day 100: You pay a \$0 copay, covered under your Medi-Cal benefits.</p> <p>Referrals are not required.</p>



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	2022 (this year)	2023 (next year)
Special Supplemental Benefits for Chronically Ill (SSBCI)	<p>You must meet eligibility guidelines for the following plan benefits.</p> <p>Grocery Delivery:</p> <p>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>You must meet eligibility guidelines for the following plan benefits.</p> <p>Grocery delivery is not covered.</p> <p>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
Supervised Exercise Therapy (SET)	<p>You pay 20% of the total cost for each Medicare-covered service.</p> <p>Prior authorization may be required.</p>	<p>You pay a \$0 copay for each Medicare-covered service.</p> <p>Prior authorization is not required.</p>



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	2022 (this year)	2023 (next year)
Therapeutic radiological services	You pay 20% of the total cost for each Medicare-covered service.	You pay a \$0 copay for each Medicare-covered service.
Urgently needed services	You pay a \$65 copay for each Medicare-covered service.	You pay a \$0 copay for each Medicare-covered service.
Vision Services	Referrals are not required	Referrals may be required
Worldwide emergency coverage	You pay a \$120 copay for each covered service. You are covered for up to \$50,000 every year for emergency and urgently needed services outside the United States.	You pay a \$95 copay for each covered service. You are covered for up to \$50,000 every year for emergency and urgently needed services outside the United States.
Worldwide urgent care coverage	You pay a \$120 copay for each covered service. You are covered for up to \$50,000 every year for emergency and urgently needed services outside the United States.	You pay a \$95 copay for each covered service. You are covered for up to \$50,000 every year for emergency and urgently needed services outside the United States.

E2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at <https://wellcare.healthnetcalifornia.com>. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered*



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Drugs.

The *List of Covered Drugs* is also called the “Drug List.”

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 find out if there are any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the numbers at the bottom of the page to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days of medication at a retail pharmacy and at a long-term care pharmacy, up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug. To learn what you must do to ask for an exception, refer to Chapter 9, section F of the 2023 Member Handbook or call Member Services.
 - If you have been in the plan for more than 90 days and live in a long-term care facility, we will cover a one-time 31-day supply, or less if your prescription is written for fewer days. This is in addition to the long-term care transition supply.
 - If you are moving from a long-term care facility or a hospital stay to home, we will cover one 30-day supply, or less if your



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prescription is written for fewer days (in which case we will allow multiple fills to provide up to a total of a 30-day supply of medication).

- If you are moving from home or a hospital stay to a long-term care facility, we will cover one 31-day supply, or less if your prescription is written for fewer days (in which case we will allow multiple fills to provide up to a total of a 31-day supply of medication). You must fill the prescription at a network pharmacy.
- Some Drug List exceptions will still be covered next year. Refer to the approval letter you received. The approval letter includes information about your specific drug approval limits and the date the drug coverage will end. If we decide to not renew your approval, we will send you a new letter at least 60 days prior to the end of the year. This letter will include when the specific drug exception approval will end and how to ask for an exception. To learn what you must do to ask for an exception, refer to Chapter 9, section F of the 2023 Member Handbook or call Member Services.

Changes to prescription drug costs

We moved some of the drugs on the Drug List to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in the Drug List.

The following table shows your costs for all covered Part D drugs.



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	2022 (this year)	2023 (next year)
<p>All Covered Part D Drugs</p> <p>Cost for a one-month supply of a covered Part D drug that is filled at a network pharmacy</p>	<p>Tier 1 Drugs – Preferred Generic Drugs:</p> <p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p> <p>Tier 2 Drugs – Generic Drugs:</p> <p>Your copay for a one-month (30-day) supply is \$20 per prescription.</p> <p>Tier 3 Drugs – Preferred Brand Drugs:</p> <p>Your copay for a one-month (30-day) supply is \$47 per prescription.</p> <p>Tier 4 Drugs – Non-Preferred Drugs:</p> <p>Your copay for a one-month (30-day) supply is 42% of the total cost per prescription.</p> <p>Tier 5 Drugs – Specialty Tier:</p> <p>Your copay for a one-month (30-day) supply is 25% of the total cost per prescription.</p> <p>Tier 6 Drugs – Select Care Drugs:</p> <p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>



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F. Administrative changes

	2022 (this year)	2023 (next year)
Your plan is changing	You are a member of Wellcare Plus (HMO) and chose a separate Medi-Cal plan, offered through Health Net or another company.	You are a member of Wellcare Dual Align 129 (HMO D-SNP) and will automatically be assigned to the Health Net Medi-Cal Plan.

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2023.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.



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There may be other situations when you are eligible to make a change to your enrollment. For example:

- You moved out of our service area,
- Your eligibility for Medi-Cal or Extra Help changed, **or**
- If you recently moved into, currently are getting care in, or just moved out of a nursing home or a long-term care hospital.

Your Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you automatically end your membership in our plan.



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<p>1. You can change to:</p> <p>Another Medicare health plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For PACE inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <p>H. Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs and Services/Medicare Counseling/.</p> <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You will automatically be disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Your Medi-Cal plan may change.</p>
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<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
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If you have questions, please call Wellcare Dual Align 129 (HMO D-SNP) at 1-800-431-9007 (TTY: 711). 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. The call is free. **For more information**, visit <https://wellcare.healthnetcalifornia.com>.

<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: 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 tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs and Service s/Medicare Counseling/.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs and Ser vices/Medicare Counseling/. <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
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Your Medi-Cal services

For questions about how to get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.



If you have questions, please call Wellcare Dual Align 129 (HMO D-SNP) at 1-800-431-9007 (TTY: 711). 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. The call is free. **For more information**, visit <https://wellcare.healthnetcalifornia.com>.

H. Getting help

H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2023. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2023 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at <https://wellcare.healthnetcalifornia.com>. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2023.

Our website

You can visit our website at <https://wellcare.healthnetcalifornia.com>. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

H2. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

H3. Ombuds Program

The Health Consumer Alliance Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Health Consumer Alliance Ombuds Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.



If you have questions, please call Wellcare Dual Align 129 (HMO D-SNP) at 1-800-431-9007 (TTY: 711). 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. The call is free. **For more information**, visit <https://wellcare.healthnetcalifornia.com>.

- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Health Consumer Alliance Ombuds Program is 1-888-804-3536.

H4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2023

You can read the *Medicare & You 2023* handbook. Every year in the 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. The handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (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.

H5. California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. The DMHC Help Center can help you with appeals and complaints about Medi-Cal services. If you have a grievance against your health plan, you should first telephone your health plan at 1-800-431-9007 (TTY: 711). 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. and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with



If you have questions, please call Wellcare Dual Align 129 (HMO D-SNP) at 1-800-431-9007 (TTY: 711). 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. The call is free. **For more information**, visit <https://wellcare.healthnetcalifornia.com>.

a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website **www.dmhca.gov** has complaint forms, IMR application forms and instructions online.



If you have questions, please call Wellcare Dual Align 129 (HMO D-SNP) at 1-800-431-9007 (TTY: 711). 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. The call is free. **For more information**, visit <https://wellcare.healthnetcalifornia.com>.

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: Չանգահարեք **1-800-431-9007** (TTY` **711**): Այս ծառայություններն անվճար են:

ភាសាខ្មែរ (Cambodian): ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសាខ្មែរសម្រាប់អ្នក 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 buatc 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 serbisyong 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.