



# **2024 Summary of Benefits**

California

**Wellcare Dual Align (HMO D-SNP) H3561 | 008**

# Wellcare Dual Align (HMO D-SNP) | 2024 Summary of Benefits

## Introduction

This document is a brief summary of the benefits and services covered by Wellcare Dual Align. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Wellcare Dual Align. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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**If you have questions**, please call Wellcare Dual Align 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 [www.wellcare.com/healthnetCA](http://www.wellcare.com/healthnetCA).



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## A. Disclaimers



This is a summary of health services covered by Wellcare Dual Align for 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can find the *Member Handbook* on our website at [www.wellcare.com/healthnetCA](http://www.wellcare.com/healthnetCA). To request a copy, please 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.

- ❖ 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.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Member Services number or see your *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.
- ❖ Medicare approved Wellcare Dual Align to provide these benefits and/or 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 **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) 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. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website ([www.dhcs.ca.gov/](http://www.dhcs.ca.gov/)) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.
- ❖ You can get this document 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.

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- ❖ Wellcare Dual Align 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.
- ❖ To make a standing request, change a standing request or make a one-time request for materials in a language other than English or in an alternate format, please call Wellcare Dual Align at 1-800-431-9007 (TTY: 711). We will document your choice. 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. However, please note during weekends and holidays from April 1 to September 30 our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day. The call is free.

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## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<b>What is a Medicare-Medi-Cal Coordination Plan?</b>	A Medicare-Medi-Cal Coordination Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It is for people age 65 and older. A Medicare-Medi-Cal Coordination Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.

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Frequently Asked Questions	Answers
<p><b>Will I get the same Medicare and Medi-Cal benefits in Wellcare Dual Align that I get now?</b></p>	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from Wellcare Dual Align. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Support Services (IHSS), specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in Wellcare Dual Align, you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that Wellcare Dual Align does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Wellcare Dual Align to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>
<p><b>Can I go to the same doctors I use now? (continued on the next page)</b></p>	<p>Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Wellcare Dual Align and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in Wellcare Dual Align’s network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li> </ul>

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Frequently Asked Questions	Answers
<p><b>Can I go to the same doctors I use now?</b> (continued from the previous page)</p>	<ul style="list-style-type: none"> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Wellcare Dual Align's plan. Wellcare Dual Align covers out-of-network emergency care. Worldwide emergency services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission.</li> <li>• If you are currently under treatment with a provider that is out of Wellcare Dual Align's network, or have an established relationship with a provider that is out of Wellcare Dual Align's network, call Member Services to check about staying connected and ask for continuity of care. If our plan is new for you, you can keep using the doctors you use now for a certain amount of time, if they are not in our network. We call this continuity of care. If they are not in our network, you can keep your current providers and service authorizations at the time you enroll for up to 12 months if certain conditions are met. Refer to the <i>Member Handbook</i>, Chapter 1, Section F to learn more.</li> </ul> <p>To find out if your doctors are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Wellcare Dual Align's <i>Provider and Pharmacy Directory</i> on the plan's website at <a href="http://www.wellcare.com/healthnetCA">www.wellcare.com/healthnetCA</a>.</p> <p>If Wellcare Dual Align is new for you, we will work with you to develop a care plan to address your needs.</p>
<p><b>What is a Wellcare Dual Align care coordinator?</b></p>	<p>A Wellcare Dual Align care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>

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Frequently Asked Questions	Answers
<b>What are Long-term Services and Supports (LTSS)?</b>	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
<b>What is a Multipurpose Senior Services Program (MSSP)?</b>	A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides, and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.
<b>What happens if I need a service but no one in Wellcare Dual Align's network can provide it?</b>	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Wellcare Dual Align will pay for the cost of an out-of-network provider.
<b>Where is Wellcare Dual Align available?</b>	The service area for this plan includes: Los Angeles, Sacramento and Tulare Counties, California. You must live in one of these areas to join the plan.

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Frequently Asked Questions	Answers
<b>What is prior authorization?</b>	<p>Prior authorization means an approval from Wellcare Dual Align to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. Wellcare Dual Align may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> Wellcare Dual Align can provide you or your provider with a list of services or procedures that require you to get Prior authorization from Wellcare Dual Align before the service is provided. If you have questions about whether Prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>
<b>What is a referral?</b>	<p>A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Wellcare Dual Align may not cover the services. Wellcare Dual Align can provide you with a list of services that require you to get a referral from your PCP before the service is provided.</p> <p>Refer to the <i>Member Handbook, Chapter 3, Section D</i> to learn more about when you will need to get a referral from your PCP.</p>
<b>Do I pay a monthly amount (also called a premium) under Wellcare Dual Align?</b>	No. Because you have Medi-Cal, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
<b>Do I pay a deductible as a member of Wellcare Dual Align?</b>	No. You do not pay deductibles in Wellcare Dual Align.

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Frequently Asked Questions	Answers
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of Wellcare Dual Align?</b>	There is no cost sharing for medical services in Wellcare Dual Align, so your annual out-of-pocket costs will be \$0.
<b>Do I have a coverage gap for drugs?</b>	No. Because you have Medi-Cal you will not have a coverage gap stage for your drugs.

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## C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b>	Hospital stay	\$0	<p>There are no limits to the number of medically necessary covered days by the Plan for each hospital stay.</p> <p>Except in an emergency, your doctor must tell the Plan that you are going to be admitted to the hospital.</p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Prior authorization may be required.</p>
	Doctor or surgeon care	\$0	<p>Doctor and surgeon care is provided as part of your hospital stay.</p> <p>Prior authorization may be required.</p>
	Outpatient hospital services, including observation	\$0	<p>Prior authorization may be required.</p>
	Ambulatory surgical center (ASC) services	\$0	<p>Prior authorization may be required.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want a doctor</b> (continued on the next page)	Visits to treat an injury or illness	\$0	If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. For routine visits, referral and Prior authorization rules may apply. You must go to network doctors, specialists, and hospitals.
	Specialist care	\$0	You must go to network doctors, specialists, and hospitals.  Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want a doctor (continued)</b>	Wellness visits, such as a physical	\$0	<ul style="list-style-type: none"> <li>• Annual wellness visit every 12 months</li> <li>• Bone Mass Measurement (for people with Medicare who are at risk)</li> <li>• Colorectal Screening Exams (for people with Medicare age 45 and older)</li> <li>• Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</li> <li>• Mammograms (Annual Screening) (for women with Medicare age 40 and older)</li> <li>• Pap Smears and Pelvic Exams (for women with Medicare)</li> <li>• And other Wellness Benefits</li> </ul>
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	You must see one of our network providers.
	“Welcome to Medicare” (preventative visit one time only)	\$0	During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an annual wellness visit. After your first 12 months, you can get one annual wellness visit every 12 months.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care (continued on the next page)</b>	Emergency room services	\$0	<p>You may get covered emergency care whenever you need it. Emergency room care is for a medical issue that is a threat to your life, or that could cause serious harm if not treated right away.</p> <p>Emergency care is covered at out-of-network facilities.</p> <p>\$100 copay for Worldwide emergency services.</p> <p>Worldwide emergency services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission.</p> <p>No Prior authorization is necessary for emergency room services.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care (continued)</b>	Urgent care	\$0	<p>If you require urgent care, you should first try to get it from a network provider.</p> <p>Urgent care and / or urgently needed services are covered if you need care from a provider or facility outside of the plan's network.</p> <p>\$100 copay for Worldwide urgently needed services.</p> <p>Worldwide urgently needed services are subject to a \$50,000 maximum plan coverage.</p> <p>No Prior authorization is necessary for urgent care.</p>
<b>You need medical tests (continued on the next page)</b>	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	<p>We pay for the following services and other medically necessary services not listed here:</p> <ul style="list-style-type: none"> <li>• X-rays</li> <li>• Splints, casts, and other devices used for fractures and dislocations</li> <li>• Blood, including storage and administration</li> </ul> <p>Prior authorization may be required.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need medical tests (continued)</b>	Lab tests and diagnostic procedures, such as blood work	\$0	COVID-19 testing and specified testing-related services at any location are \$0.  Prior authorization may be required.
<b>You need hearing/auditory services</b>	Hearing screenings	\$0	Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.  Our plan also covers: <ul style="list-style-type: none"> <li>• 1 routine hearing exam every year</li> </ul> Prior authorization may be required.
	Hearing aids	\$0	Our plan covers the following: <ul style="list-style-type: none"> <li>• 1 hearing aid fitting and evaluation every year.</li> <li>• Up to a \$1,000 allowance per ear every year for hearing aids.</li> </ul> Limited to 2 hearing aids every year.  Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need dental care (continued on the next page)</b>	Dental check-ups and preventive care	\$0	<p>As a Medi-Cal member, many standard dental services are available through the Medi-Cal Dental Fee-For-Service Program; these include, but are not limited to services such as:</p> <ul style="list-style-type: none"> <li>• Initial examinations, X-rays, cleanings, and fluoride treatments</li> <li>• Restorations and crowns</li> <li>• Root canal therapy</li> <li>• Partial and complete dentures, adjustments, repairs, and relines</li> </ul> <p>Medi-Cal Dental Fee-For-Service Program representatives are available to assist you at 1-800-322-6384 (TTY: 1-800-735-2922) from 8:00a.m. to 5:00 p.m., Monday through Friday. Information is also available online at <a href="https://smilecalifornia.org">https://smilecalifornia.org</a>.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Restorative and emergency dental care	\$0	<p>Dental benefits are available in the Medi-Cal Dental Program. For more information you can visit the website at <a href="https://smilecalifornia.org/">https://smilecalifornia.org/</a> .</p> <p>In addition to Medi-Cal Dental program, the plan offers:</p> <ul style="list-style-type: none"> <li>• Restorative services - Crowns are a covered benefit on the same tooth once every five calendar years.</li> <li>• Prosthodontics, including dentures – Covered services include denture rebase once per arch every two calendar years. Pontics are a covered benefit on the same tooth every five calendar years.</li> </ul> <p>Prior authorization may be required.</p>
	Eye exams	\$0	<p>1 routine eye exam every year.</p> <p>Prior authorization may be required</p>
You need eye care (continued on the next page)	Glasses or contact lenses	\$0	<p>Up to a \$300 combined allowance towards contacts and glasses (frames and/or lenses) every year.</p> <p>Prior authorization may be required.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need eye care (continued)</b>	Other vision care	\$0	Exam to diagnose and treat diseases and conditions of the sys (including yearly glaucoma screening).  Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need mental health services</b> (continued on the next page)	Mental health services	\$0	<p>For dual-eligible members, Medi-Cal pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <ul style="list-style-type: none"> <li>• Outpatient Mental Health services</li> <li>• Outpatient Specialty Mental Health Services</li> <li>• Inpatient Specialty Mental Health services</li> <li>• Outpatient Substance Use Disorder services</li> <li>• Residential Treatment services</li> <li>• Withdrawal Management (Voluntary Inpatient Detoxification services are provided through the Medi-Cal FFS program. Contact Member Services at the numbers listed at the bottom of this page for more information.)</li> </ul> <p>Refer to Section D below regarding specialty mental health services covered by Medicare, Medi-Cal, or a State or county agency.</p> <p>Prior authorization may be required.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need mental health services (continued)</b>	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	<p>Our plan covers rehabilitative services, which includes mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adjust residential treatment services, crisis residential services, and psychiatric health facility services.</p> <p>Refer to Section D below regarding specialty mental health services covered by Medicare, Medi-Cal, or a State or county agency.</p> <p>Prior authorization may be required.</p> <p>Contact the plan for details.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need a substance use disorder services</b>	Substance use disorder services	\$0	<p>Through your Medi-Cal benefits you receive the following services, and maybe other services not listed here:</p> <ul style="list-style-type: none"> <li>• Alcohol misuse screening and counseling</li> <li>• Treatment of drug abuse</li> <li>• Group or individual counseling by a qualified clinician</li> </ul> <p><b>Inpatient Hospital Care</b></p> <p>Includes Substance Abuse and Rehabilitation Services.</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Prior authorization may be required.</p> <p><b>Outpatient Substance Abuse Care</b></p> <p>Individual substance abuse outpatient treatment visit.</p> <p>Group substance abuse outpatient treatment visit.</p> <p>Refer to Section D below on how to access county substance use disorder services.</p> <p>Prior authorization may be required.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	Prior authorization may be required.
	Nursing home care	\$0	Prior authorization may be required.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Prior authorization may be required.
<b>You need help getting to health services (continued on the next page)</b>	Non-emergency Ambulance services	\$0	Prior authorization may be required.
	Emergency transportation	\$0	None

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help getting to health services (continued)</b>	Transportation to medical appointments and services	\$0	<p>Your Medicare coverage provides up to 24 one-way trips to plan-approved health-related locations. Limitations and exclusions may apply.</p> <p>Medi-Cal provides unlimited one-way trips every year to plan-approved health-related locations.</p> <p>Call Member Services at the numbers listed at the bottom of this page at least 3 days before or as soon as possible before your appointment to schedule your ride.</p> <p>Prior authorization may be required.</p>
<b>You need drugs to treat your illness or condition (continued on the next page)</b>	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued) (continued on the next page)</b>	Generic drugs (no brand name)	\$0 copay for up to a 100-day supply. A 100-day supply has the same copay as a one-month supply.	<p>There may be limitations on the types of drugs covered. Please refer to Wellcare Dual Align's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of some drugs is available through mail order and certain retail pharmacies. For more information, please refer to our <i>List of Covered Drugs</i> to view those drugs available for an extended-day supply.</p> <p><b>Important Message About What You Pay for Vaccines</b> – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's List of Covered Drugs (Formulary). Our plan covers most Part D vaccines at no cost to you.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>	Brand name drugs	\$0 copay for up to a 100-day supply. A 100-day supply has the same copay as a one-month supply.	<p>There may be limitations on the types of drugs covered. Please refer to Wellcare Dual Align's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of some drugs is available through mail order and certain retail pharmacies. For more information, please refer to our <i>List of Covered Drugs</i> to view those drugs available for an extended-day supply.</p>
	Over-the-counter (OTC) drugs	\$0	<p>Please see the Wellcare Spendables™ section for more information.</p> <p>The Medi-Cal Rx program also covers some OTC items. Ask your Provider or Pharmacist for assistance.</p> <p>There may be limitations on the types of drugs covered. Please refer to Wellcare Dual Align's <i>List of Covered Drugs</i> (Drug List) for more information.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	Referral may be required.
	Medical equipment for home care	\$0	Prior authorization may be required.
	Dialysis services	\$0	None
<b>You need foot care (continued on the next page)</b>	Podiatry services	\$0	<p>We pay for the following services:</p> <ul style="list-style-type: none"> <li>• Diagnosis and medical or surgical treatment of injuries and diseases of the foot (such as hammer toe or heel spurs)</li> <li>• Routine foot care for members with conditions affecting the legs, such as diabetes</li> </ul> <p>Additional routine foot care limited to 12 visits per year that includes cutting or removal of corns and calluses and trimming, cutting or clipping of nails.</p> <p>Prior authorization may be required.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need foot care (continued)</b>	Orthotic services	\$0	All prosthetic and orthotic appliances necessary for the restoration of function or replacement of body parts as prescribed by a licensed physician, podiatrist or dentist, within the scope of their license, are covered when provided by a prosthetist, orthotist or the licensed practitioner, respectively.  Prior authorization may be required.
<b>You need durable medical equipment (DME)</b>  <b>Note:</b> This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i> .	Wheelchairs, crutches, and walkers	\$0	Prior authorization may be required.
	Nebulizers	\$0	Prior authorization may be required.
	Oxygen equipment and supplies	\$0	Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home (continued on the next page)</b>	Home health services	\$0	Prior authorization may be required.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	<p>If you meet certain clinical criteria, additional in-home support services are available through Medi-Cal's In-Home Support Services (IHSS) Program through the Department of Social Services (DSS).</p> <p>Services may be recommended or requested by a licensed plan clinician or a licensed plan provider. You may participate in care management or be assessed by a care manager.</p> <p>Referral may be required.</p> <p>Call Member Services or your care coordinator to find out more and be connected with your county social worker. Contact your county social services agency for any questions about your Medi-Cal eligibility or to apply for In-Home Support Services.</p> <p><b>Los Angeles County - 1-866-613-3777 (call is free)</b></p> <p><b>Sacramento County - 916-874-2888</b></p> <p><b>Tulare County – 1-800-571-9555</b></p>

**If you have questions**, please call Wellcare Dual Align 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 [www.wellcare.com/healthnetCA](http://www.wellcare.com/healthnetCA).



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home (continued) (continued on the next page)</b>	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	<p>CBAS Bundled services: An outpatient, facility-based service program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, meals and transportation to eligible Medi-Cal beneficiaries.</p> <p>CBAS Unbundled Services: Component parts of CBAS center services delivered outside of centers, under certain conditions.</p> <p>Contact Member Services or your care coordinator for more information on how to qualify.</p> <p>Prior authorization may be required.</p>
	Day habilitation services	\$0	Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home (continued)</b>	Services to help you live on your own (home health care services or personal care attendant services)	\$0	<p>Community Supports are medically appropriate and cost-effective alternative services or settings. These services are optional for members. If you qualify, these services may help you live more independently. They do not replace benefits that you already get under Medi-Cal. Examples of Community Supports that we offer include medically-supportive food and meals or medically-tailored meals, home health services, help for you or your caregiver, or shower grab bars and ramps.</p> <p>Contact Member Services or your care coordinator for more information. Your care coordinator can help you apply for Medi-Cal In-Home Support Services. You can also visit <a href="https://www.cdss.ca.gov/">https://www.cdss.ca.gov/</a>.</p> <p>Prior authorization may be required.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services</b> (continued on the next page)	Chiropractic services	\$0	Our plan covers an unlimited number of visits for adjustment of the spine to correct alignment.  Our plan also covers supplemental (Non-Medicare covered) chiropractic services.  Prior authorization may be required.
	Acupuncture	\$0	Our plan covers an unlimited number of acupuncture visits every year for recognized medical conditions.  Prior authorization may be required.
	Diabetes supplies and services	\$0	Diabetic glucometer and supplies are limited to OneTouch when obtained at a Pharmacy. Other brands and continuous glucose monitoring systems are not covered unless pre-authorized. Quantity limits may apply.  Prior authorization may be required.

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<b>Additional services (continued) (continued on the next page)</b>	Wellcare Spendables™	\$0	<p>You will receive <b>\$75 monthly</b> preloaded on your Wellcare Spendables™ card. <b>Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year.</b> Your card allowance can be used towards:</p> <ul style="list-style-type: none"> <li>• <b>Over-the-Counter items (OTC)</b> – Your card can be used at participating retail locations, via mobile app, or log in to your member portal to place an order for home delivery.</li> </ul> <p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> <li>• <b>Healthy Food</b> – you can use your card to pay for healthy foods and produce at participating retailers. Prepared meals are available for order via online portal.</li> <li>• <b>Gas pay-at-pump</b> – You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount.</li> <li>• <b>Utility Assistance</b> – You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity,</li> </ul>
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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued) (continued on the next page)			trash, cable TV services (excludes streaming services), land line or mobile phone and internet.  • <b>Rent Assistance</b> – You can use your card to help with the cost of rent for your home.  For more information, limitations and exclusions, please see your <i>Member Handbook</i> .
	Meals	\$0	Post-Acute Meals  You pay nothing for meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals.  Referral may be required.
	Prosthetic services	\$0	Our plan pays for some prosthetic devices including pacemakers, prosthetic shoes and breast prostheses. We also pay for the repair or replacement of prosthetic devices.  Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued) (continued on the next page)	Radiation therapy	\$0	Our plan pays for Radiation (radium and isotope) therapy, including technician materials and supplies.  Referral and Prior authorization may be required.
	Services to help manage your disease	\$0	We will pay for training to help you manage your diabetes, in some cases. To find out more, contact Member Services.  Referral may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued)</b>	Wellness Programs	\$0	<p>We offer many programs that focus on certain health conditions. These include:</p> <ul style="list-style-type: none"> <li>• Activity Tracker;</li> <li>• Additional routine annual physical;</li> <li>• Health Education classes;</li> <li>• Nutrition Education classes;</li> <li>• Smoking and Tobacco Use Cessation;</li> <li>• Nursing Hotline; and</li> <li>• Fitness benefit</li> </ul> <p>The fitness benefit provides a basic fitness membership at participating facilities, or you may request an in-home fitness program.</p> <ul style="list-style-type: none"> <li>• Personal emergency medical response device (PERS):</li> </ul> <p>Coverage for one personal emergency medical response device per lifetime and the monthly fee. A personal emergency medical response device provides peace of mind and 24/7 response to your emergent and non-emergent needs.</p> <p>For a detailed list of wellness program benefits offered, please refer to the <i>Member Handbook</i>.</p>

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The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Wellcare Dual Align *Member Handbook*. If you don't have a *Member Handbook*, call Wellcare Dual Align Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit [www.wellcare.com/healthnetCA](http://www.wellcare.com/healthnetCA).

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## D. Benefits covered outside of Wellcare Dual Align

There are some services that you can get that are not covered by Wellcare Dual Align but are covered by Medicare, Medi-Cal, or a State or county agency. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

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Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
<p>Medi-Cal Dental Fee-for-Service [<i>all counties except Sacramento and some members in Los Angeles county</i>] contact Medi-Cal Dental at 1-800-322-6384 or visit the website at <a href="http://smilecalifornia.org/">smilecalifornia.org/</a>.</p> <p>Medi-Cal Dental Managed Care Sacramento County (Mandatory enrollment)</p> <p>Medi-Cal Dental Managed Care Los Angeles County (Voluntary enrollment)</p> <p>Access Dental Plan – 1-877-821-3234 (TTY/TDD 1-877-688-9891) and <a href="https://www.premierlife.com/">https://www.premierlife.com/</a></p> <p>Health Net Dental – 1-877-550-3868 (TTY/TDD 1-800-735-2922) and <a href="https://www.healthnet.com/content/healthnet/en_us/members/medi-cal/dental.html">https://www.healthnet.com/content/healthnet/en_us/members/medi-cal/dental.html</a></p> <p>Liberty Dental Plan – 1-877-550-3875 (TTY/TDD 1-800-430-7077 and <a href="https://www.libertydentalplan.com/">https://www.libertydentalplan.com/</a></p>	\$0
Assisted Living Waiver (ALW)	\$0
Multi-Purpose Senior Services Program (MSSP)	\$0
Regional Center Services	\$0
County Specialty Mental Health and Substance Use Disorder (SUD) Services or Providers	\$0
Home and Community-Based Waiver Services (HCBS) or Providers	\$0
In-Home Support Services (IHSS) or Providers	\$0
Medi-Cal Rx: Medi-Cal Covered Rx Services or Providers	\$0

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Denti-Cal Plans: Medi-Cal Dental Services or Providers	\$0
Certain hospice care services covered outside of Wellcare Dual Align	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0

## E. Services that Wellcare Dual Align, Medicare, and Medi-Cal do not cover

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Wellcare Dual Align, Medicare, and Medi-Cal do not cover	
Services considered not “reasonable and medically necessary,” according to Medicare and Medi-Cal standards, unless we list these as covered services.	A private room in a hospital, except when medically necessary.
Experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them. Refer to Chapter 3 of your <i>Member Handbook</i> for more information on clinical research studies. Experimental treatment and items are those that are not generally accepted by the medical community.	Full-time nursing care in your home.
Private duty nurses	

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## F. Your rights as a member of the plan

As a member of Wellcare Dual Align, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it

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- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Wellcare Dual Align will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without Prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Appeal certain decisions made by us or our providers
  - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website ([www.dmhca.ca.gov/](http://www.dmhca.ca.gov/)) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.

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- Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
- Ask for a State Hearing
- Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Wellcare Dual Align Member Services at the numbers listed at the bottom of this page.

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

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## G. How to file a complaint or appeal a denied, delayed, or modified service

If you have a complaint or think Wellcare Dual Align improperly denied, delayed, or modified a service, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Member Handbook*. You can also call Wellcare Dual Align Member Services at the numbers listed at the bottom of this page. You may also contact Member Services about grievances.

If you still do not agree with this decision, you can:

- Ask for an “Independent Medical Review” (IMR) and an outside reviewer that is not related to the health plan will review your case
- Ask for a “State Hearing” and a judge will review your case

**You can ask for both an IMR and State Hearing at the same time.** You can also ask for one before the other to see if it will resolve your problem first. For example, if you ask for an IMR first, but do not agree with the decision, you can still ask for a State Hearing later. However, if you ask for a State Hearing first, but the hearing has already taken place, you cannot ask for an IMR. In this case, the State Hearing has the final say.

You will not have to pay for an IMR or State Hearing.

### INDEPENDENT MEDICAL REVIEW (IMR)

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**If you have questions**, please call Wellcare Dual Align 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 [www.wellcare.com/healthnetCA](http://www.wellcare.com/healthnetCA).



If you want an IMR, you must ask for one within **180 calendar days** from the date of this “Notice of Appeal Resolution” letter. The paragraph below will provide you with information on how to request an IMR. Note that the term “grievance” is talking about both “complaints” and “appeals.”

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone Wellcare Dual Align’s at **1-800-431-9007** and use Wellcare Dual Align’s appeal 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 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 calendar 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 (**<http://www.dmhca.ca.gov>**) has complaint forms, IMR application forms, and instructions online.

## STATE HEARING

If you want a State Hearing, you must ask for one within **120 calendar days** from the date of the “Notice of Appeal Resolution” (NAR) informing you that the previous Adverse Benefit Determination is partially or fully upheld. But, **if you are currently getting treatment and you want to continue getting treatment, you must ask for a State Hearing within 10 calendar days** from the date the NAR letter was postmarked or delivered to you, OR before the date your health plan says services will stop. You must say that you want to keep getting treatment when you ask for the State Hearing.

You can ask for a State Hearing by phone or in writing:

- By phone: Call **1-800-952-5253**. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call **TTY/TDD 1-800-952-8349**.

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**If you have questions**, please call Wellcare Dual Align 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 [www.wellcare.com/healthnetCA](http://www.wellcare.com/healthnetCA).



- In writing: Fill out a State Hearing form or send a letter to:

**California Department of Social Services  
State Hearings Division  
P.O. Box 944243, Mail Station 9-17-37  
Sacramento, CA 94244-2430**

A State Hearing form is included with this letter. Be sure to include your name, address, telephone number, Social Security Number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell us what language you speak. You will not have to pay for an interpreter. We will get you one.

After you ask for a State Hearing, it could take up to 90 calendar days to decide your case and send you an answer. If you think waiting that long will hurt your health, you might be able to get an answer within 3 calendar days. Ask your doctor or health plan to write a letter for you. The letter must explain in detail how waiting for up to 90 calendar days for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, make sure you ask for an **“expedited hearing”** and provide the letter with your request for a hearing.

You may speak at the State Hearing yourself. Or, someone a relative, friend, advocate, doctor, or attorney speak for you. If you want another person to speak for you, then you must tell the State Hearing office that the person is allowed to speak for you. This person is called an “authorized representative.”

For questions about complaints and appeals, you can read Chapter 9 of the Wellcare Dual Align *Member Handbook*. You can also call Wellcare Dual Align Member Services.

If you have a problem, concern or questions related to your benefits or care, please call Wellcare Dual Align Member Services.

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**If you have questions**, please call Wellcare Dual Align 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 [www.wellcare.com/healthnetCA](http://www.wellcare.com/healthnetCA).



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## H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Wellcare Dual Align Member Services. Phone numbers are listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, Call the Wellcare Dual Align Fraud Hotline at 1-800-977-3565 (TTY: 711). You can call this number for free 24 hours a day, 7 days a week.

Send your report to:

Special Investigations Unit  
7700 Forsyth Blvd.  
Clayton, MO 63105

- Or, call California Department of Health Care Services Fraud & Abuse Hotline at 1-800-822-6222 (TTY:711), or Attorney General's Division of Medi-Cal Fraud and Elder Abuse at 1-800-722-0432 (TTY: 711). Your call is free and confidential. To report fraud, waste and abuse in writing, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

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**If you have questions**, please call Wellcare Dual Align 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 [www.wellcare.com/healthnetCA](http://www.wellcare.com/healthnetCA).



**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Wellcare Dual Align Member Services:**

1-800-431-9007

Calls to this number are free. 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.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. 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.

**If you have questions about your health:**

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Wellcare Dual Align's Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the Wellcare Dual Align's Nurse Line are:

1-800-893-5597

Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.

**Wellcare Dual Align** also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.

**If you need immediate behavioral health care, please call the MHN Behavioral Health Line:**

1-888-327-0010

Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.

**Wellcare Dual Align** also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.

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**If you have questions**, please call Wellcare Dual Align 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 [www.wellcare.com/healthnetCA](http://www.wellcare.com/healthnetCA).



## **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 **[wellcare.com/healthnetCA](http://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](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)**.
- **Electronically:** Send an email to **[CivilRights@dhcs.ca.gov](mailto: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.

**Arabic** (العربية): 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.

**Armenian** (Հայերեն): 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:

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

**Chinese Mandarin** (普通话): 注意：如果您需要语言支持，请致电 **1-800-431-9007** (TTY： **711**)。此外，还为残疾人提供辅助和相关服务，如盲文文件和大字体文件。请致电 **1-800-431-9007** (TTY： **711**)。这些服务均免费提供。

**Chinese Cantonese** (廣東話): 注意：如果您需要以您母語提供的協助，請致電 **1-800-431-9007** (TTY： **711**)。我們也為殘疾人士提供輔助和服務，例如點字和大字體印刷的文件。請致電 **1-800-431-9007** (TTY： **711**)。這些服務為免費服務。

**Farsi** (فارسی): توجه: اگر به زبان خود نیاز به کمک دارید با **1-800-431-9007** تماس بگیرید (رایگان: **711**). پشتیبانی و خدمات برای افراد دارای معلولیت، مانند اسناد با خط بریل و چاپ درشت، نیز موجود است. با **1-800-431-9007** (رایگان: **711**) تماس بگیرید. این خدمات رایگان است.



**Hindi (हिंदी):** 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.

**Hmong (Lus Hmoob):** THOV PAUB TXOG: Yog tias koj xav tau kev pab ua koj hom lus thov hu rau **1-800-431-9007** (TTY:**711**). Tsis tas i ntawd, peb tseem muaj cov neeg pab thiab cov kev pab cuam rau cov neeg uas muaj cov kev xiam oob qhab, xws li cov ntaub ntawv ua ntawv su rau neeg dig muag thiab ntawv luam loj. Hu rau **1-800-431-9007** (TTY: **711**). Cov kev pab cuam no tsis muaj nqi dab tsi ntxiv lawm.

**Japanese (日本語):** 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。

**Korean (한국어):** 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.

**Laotian (ພາສາລາວ):** ສຳຄັນ: ຖ້າຫາກວ່າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ ໂທຫາ **1-800-431-9007** (TTY:**711**). ນອກຈາກນີ້, ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສຳລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ການພິມຂະໜາດໃຫຍ່. ໂທຫາ **1-800-431-9007** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ແມ່ນຟຣີ.

**Mien (Mienh):** 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.

**Punjabi (ਪੰਜਾਬੀ):** ਧਿਆਨ ਦਿਉ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲੋਂ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ **1-800-431-9007** ‘ਤੇ ਕਾਲ ਕਰੋ (TTY:**711**)। ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵੱਲੋਂ ਦਸਤਾਵੇਜ਼ਾਂ ਵਰਗੀਆਂ ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ। **1-800-431-9007** ‘ਤੇ ਕਾਲ ਕਰੋ (TTY: **711**)। ਇਹ ਸੇਵਾਵਾਂ ਬਲਿਕੁਲ ਮੁਫਤ ਹਨ।

**Russian** (Русский): ВНИМАНИЕ: если вам требуется помощь на родном языке, позвоните по номеру **1-800-431-9007** (TTY: **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** (TTY: **711**). Эти услуги предоставляются бесплатно.

**Spanish** (Español): 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): ATENSYON: 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.

**Thai** (ภาษาไทย): โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ โปรดโทร **1-800-431-9007** (TTY: **711**) นอกจากนี้ ยังมีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารที่เป็นอักษรเบรลล์และเอกสารที่ใช้ตัวอักษรขนาดใหญ่ โทร **1-800-431-9007** (TTY: **711**) บริการเหล่านี้ไม่มีค่าใช้จ่าย

**Ukrainian** (Українська): 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.

**Vietnamese** (Tiếng Việt): 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 bản in cỡ chữ lớn cũng được cung cấp. Gọi số **1-800-431-9007** (TTY: **711**). Các dịch vụ này được miễn phí.