

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

Annual Notice of Changes for 2024

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

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

What to do now

1. **ASK:** Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- ☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2023, you will stay in Wellcare Dual Liberty (HMO D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Wellcare Dual Liberty Amber (HMO D-SNP).
- Look in Section 4, page 19 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

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

About Wellcare Dual Liberty (HMO D-SNP)

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

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Wellcare Dual Liberty (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	\$0	\$0
Doctor office visits	Primary care visits: \$0 copay per visit Specialist visits: \$0 copay per visit	Primary care visits: \$0 copay per visit Specialist visits: \$0 copay per visit
Inpatient hospital stays	For covered admissions, per admission: \$0 copay for each covered hospital stay.	For covered admissions, per admission: \$0 copay for each covered hospital stay.
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: \$0 Copayment during the Initial Coverage Stage: You pay a \$0 copay for all covered Part D drugs. Catastrophic Coverage: During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	Deductible: \$0 Copayment during the Initial Coverage Stage: You pay a \$0 copay for all covered Part D drugs. Catastrophic Coverage: During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$8,300 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$8,850 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SECTION 1 We Are Changing the Plan’s Name

On January 1, 2024, our plan name will change from Wellcare Dual Liberty Amber (HMO D-SNP) to Wellcare Dual Liberty (HMO D-SNP).

You will receive a new ID Card in the mail that displays the new plan name on or before December 31, 2023. Going forward, all other communications regarding your 2024 plan and benefits will also reflect the new name.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

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

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$8,300	\$8,850 Once you have paid \$8,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider and Pharmacy Networks

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

There are changes to our network of providers for next year. **Please review the 2024 *Provider & Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Provider & Pharmacy Directory* to see which pharmacies are in our network.**

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

Section 2.4 – Changes to Benefits and Costs for Medical Services

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

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

Cost	2023 (this year)	2024 (next year)
Prior Authorizations	<p>The following in-network benefits have a change in prior authorization requirements.</p> <ul style="list-style-type: none"> Outpatient hospital observation may require prior authorization. 	
		<ul style="list-style-type: none"> Outpatient hospital observation do(es) <u>not</u> require prior authorization.
Referrals	<p>The following in-network benefits have a change in referral requirements.</p> <ul style="list-style-type: none"> Routine acupuncture may require a referral. Cardiac and Pulmonary rehabilitation services may require a referral. Chiropractic services may require a referral. Hearing aids may require a referral. Hearing exams may require a referral. Home health may require a referral. Inpatient hospital care may require a referral. Eyewear may require a referral. Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital services may require a referral. Diagnostic radiology services may require a referral. Therapeutic radiology services may require a referral. X-ray services may require a referral. 	
		<ul style="list-style-type: none"> Routine acupuncture do(es) <u>not</u> require a referral. Cardiac and Pulmonary rehabilitation services do(es) <u>not</u> require a referral. Chiropractic services do(es) <u>not</u> require a referral. Hearing aids do(es) <u>not</u> require a referral. Hearing exams do(es) <u>not</u> require a referral. Home health do(es) <u>not</u> require a referral. Inpatient hospital care do(es) <u>not</u> require a referral. Eyewear do(es) <u>not</u> require a referral. Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital services do(es) <u>not</u> require a referral. Diagnostic radiology services do(es) <u>not</u> require a referral. Therapeutic radiology services do(es) <u>not</u> require a referral. X-ray services do(es) <u>not</u> require a referral.

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> Physician/Practitioner services, including doctor's office visits- Other healthcare professionals may require a referral. Medicare-covered Barium Enemas may require a referral. Diabetes Self-Management Training may require a referral. Medicare-covered Digital Rectal Exams may require a referral. Medicare-covered EKG following Welcome Visit may require a referral. Glaucoma Screening may require a referral. Other Medicare-covered preventive services may require a referral. Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services may require a referral. PT and speech language pathology services may require a referral. Outpatient rehabilitation services - Occupational therapy may require a referral. Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Ambulatory surgical center may require a referral. Physician/Practitioner services, including doctor's office visits - Specialist may require a referral. 	<ul style="list-style-type: none"> Physician/Practitioner services, including doctor's office visits- Other healthcare professionals do(es) <u>not</u> require a referral. Medicare-covered Barium Enemas do(es) <u>not</u> require a referral. Diabetes Self-Management Training do(es) <u>not</u> require a referral. Medicare-covered Digital Rectal Exams do(es) <u>not</u> require a referral. Medicare-covered EKG following Welcome Visit do(es) <u>not</u> require a referral. Glaucoma Screening do(es) <u>not</u> require a referral. Other Medicare-covered preventive services do(es) <u>not</u> require a referral. Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services do(es) <u>not</u> require a referral. PT and speech language pathology services do(es) <u>not</u> require a referral. Outpatient rehabilitation services - Occupational therapy do(es) <u>not</u> require a referral. Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Ambulatory surgical center do(es) <u>not</u> require a referral.

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> Physician/Practitioner services, including doctor's office visits - Additional telehealth services may require a referral. Podiatry services may require a referral. Eye exams may require a referral. Services to treat kidney disease and conditions - Dialysis Services may require a referral. Services to treat kidney disease and conditions - Kidney disease education services may require a referral. Supervised Exercise Therapy (SET) may require a referral. 	<ul style="list-style-type: none"> Physician/Practitioner services, including doctor's office visits - Specialist do(es) <u>not</u> require a referral. Physician/Practitioner services, including doctor's office visits - Additional telehealth services do(es) <u>not</u> require a referral. Podiatry services do(es) <u>not</u> require a referral. Eye exams do(es) <u>not</u> require a referral. Services to treat kidney disease, including dialysis do(es) <u>not</u> require a referral. Services to treat kidney disease and conditions - Kidney disease education services do(es) <u>not</u> require a referral. Supervised Exercise Therapy (SET) do(es) <u>not</u> require a referral.
Emergency care - Worldwide emergency coverage	<p>You pay a \$95 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if admitted to the hospital.</p>	<p>You pay a \$100 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if admitted to the hospital.</p>
Healthy Foods Card Medicare approved Wellcare 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.	<p>You receive an allowance of \$25 every month to spend on eligible grocery products at participating retailers. This allowance does not carry over to the next month.</p>	<p>Healthy Foods Card is now covered under Wellcare Spendables™. Please see the Wellcare Spendables™ section in this chart for more information.</p>

Cost	2023 (this year)	2024 (next year)
Meals - Chronic (limitations and exclusions apply)	You pay a \$0 copay for chronic meals. There is a maximum of 3 meals per day for up to 28 days, for a maximum of 84 meals per month. The benefit may be received for up to 3 months.	Meals benefit - chronic is <u>not</u> covered.
Outpatient mental health care - Non-psychiatric services - Group sessions	You pay a \$0 copay for each Medicare-covered Group Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are <u>not</u> covered.	You pay a \$0 copay for each Medicare-covered Group Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are covered.
Outpatient mental health care - Non-psychiatric services - Individual sessions	You pay a \$0 copay for each Medicare-covered Individual Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are <u>not</u> covered.	You pay a \$0 copay for each Medicare-covered Individual Session. Counseling services for grief, marriage and relationships, conflict resolution and coping with life changes are covered.
Over-the-counter benefit	You pay a \$0 copay. You receive a benefit of \$220 every quarter to spend on eligible over-the-counter (OTC) products via mail order or at participating retailers. This benefit does <u>not</u> carry over to the next period.	Over-the-counter items are now covered under Wellcare Spendables™. Please see the Wellcare Spendables™ section in this chart for more information.

Cost	2023 (this year)	2024 (next year)
<p>Special Supplemental Benefits for Chronically Ill (SSBCI) - Utility Assistance</p> <p>Benefits mentioned may be a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. You must meet eligibility guidelines for the following plan benefits.</p>	<p>Utility Assistance: 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 Assistance 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 	<p>Utility Assistance is <u>not</u> covered under SSBCI. Because our plan participates in the Value Based Insurance Design Program (VBID), Utility Assistance is now covered under Wellcare Spendables™. Please see the Wellcare Spendables™ section in this chart for more information.</p> <p>Benefit does not require member to meet eligibility and participation guidelines.</p>
<p>Non-Emergency Medical Transportation</p>	<p>You pay a \$0 copay for 48 one-way non-emergency trips within our service area every year.</p> <p>Rides (also called "trips") are limited to 75 miles one-way. For routine care, call up to 1 month and at least 3 days in advance. Same day rides are subject to availability. A trip is considered one-way transportation by taxi, van, or rideshare services to a healthcare location.</p>	<p>You pay a \$0 copay for 24 one-way non-emergency trips within our service area every year.</p> <p>Rides (also called "trips") are limited to 75 miles one-way and up to 4 one-way trips per day. For routine care, call up to 1 month and at least 3 days in advance. Same day rides are subject to availability. A trip is considered one-way transportation by taxi, van, or rideshare services to a healthcare location.</p>
<p>Urgently needed services - Worldwide urgent care coverage</p>	<p>You pay a \$95 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to a hospital.</p>	<p>You pay a \$100 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to a hospital.</p>
<p>Vision care - Additional routine eyewear</p>	<p>Up to a \$400 combined credit every year for all additional eyewear.</p>	<p>Up to a \$300 combined credit every year for all additional eyewear.</p>

Cost	2023 (this year)	2024 (next year)
Wellcare Spendables™	The Wellcare Spendables™ card is <u>not</u> covered.	<p>You pay a \$0 copay. You receive a \$75 monthly allowance to be used towards any of the benefits described below. The allowance will be automatically loaded onto your Wellcare Spendables™ card at the beginning of each month. Any unused allowance amount will roll over into the next month and will expire at the end of every year. The maximum benefit is \$900 every year.</p> <p>You can use the amount on this card for any of the following as you best see fit for your needs if it does not exceed the maximum balance on the card.</p> <p>Over-the-Counter items (OTC) You can use your Wellcare Spendables™ card on plan-approved over-the-counter items. Your card can be used at participating retail locations, online or via mobile app for home delivery.</p> <p>Medicare approved Wellcare to provide the following benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.</p> <p>Because your plan participates in the Value-Based Insurance</p>

Cost	2023 (this year)	2024 (next year)
		<p>Design Program, you can also use your Wellcare Spendables™ allowance towards any of the benefits below:</p> <p>Gas (pay at the pump) You can use your Wellcare Spendables™ 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 to pump gas up to the available allowance amount.</p> <p>Healthy Food You can use your Wellcare Spendables™ card to help pay for approved healthy and nutritious foods and produce at participating retailers. Prepared meals are available for order via the online portal. The allowance cannot be used to buy tobacco or alcohol. Approved items include:</p> <ul style="list-style-type: none">• Meat and poultry• Fruits and vegetables• Nutritional drinks• And more

Cost	2023 (this year)	2024 (next year)
		<p>Utility Assistance You can use your Wellcare Spendables™ card to help pay for plan-approved utilities for your home including:</p> <ul style="list-style-type: none">• Electric, gas, sanitary/trash, and water utilities services• Landline and cell phone service• Internet Service• Cable TV (excluding streaming services)• Certain petroleum expenses, such as home heating oil <p>Rent Assistance You can use your Wellcare Spendables™ card to help with the cost of rent for your home.</p>

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our "Drug List"

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

We made changes to our "Drug List," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as

asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

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

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6 of your <i>Evidence of Coverage</i>.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>Medicare approved Wellcare to provide lower copayments/co-insurance as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. For more information about VBID benefits, please contact Member Services.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>You pay a \$0 copay per prescription for all covered Part D drugs.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>You pay a \$0 copay per prescription for all covered Part D drugs.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

The information in the Administrative Changes grid below reflects year over year changes to your plan that do not directly impact benefits or cost-shares.

Description	2023 (this year)	2024 (next year)
<p>Pharmacy Benefit Manager (PBM) Change</p> <p>Wellcare partners with a Pharmacy Benefit Manager (PBM) to administer our pharmacy benefit. Our PBM partner for the 2024 plan year is changing to Express Scripts®. You will receive an updated Wellcare ID card. Please begin using your updated ID card on 1/1/24.</p> <p>To ensure your pharmacy has your most up to date information, please show your new Wellcare ID card when you fill a prescription for the first time on or after 1/1/24.</p> <p>If you don't have your new ID card with you when you fill your prescription, ask the pharmacy to call the plan to obtain the necessary information.</p> <p>If the pharmacy is not able to obtain the necessary information, you may have to pay the full cost of the prescription when you pick it up and then submit for reimbursement.</p>	CVS Caremark	Express Scripts®

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Wellcare Dual Liberty (HMO D-SNP)

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

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

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

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

Step 2: Change your coverage

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

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

SECTION 5 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

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

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

Because you have California Medi-Cal (Medicaid), 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

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

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

SECTION 6 Programs That Offer Free Counseling about Medicare and Medicaid

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

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

For questions about your California Medi-Cal (Medicaid) benefits, contact California Medi-Cal (Medicaid) at 1-800-541-5555 (TTY 1-800-430-7077) 8 a.m. - 5 p.m. PT, Monday - Friday. Ask how joining another plan or returning to Original Medicare affects how you get your California Medi-Cal (Medicaid) coverage.

SECTION 7 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help”, also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** California has a program called California MediCal Rx Customer Service Center that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the California AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the California AIDS Drug Assistance Program (ADAP), 1-916-558-1784 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday.

SECTION 8 Questions?

Section 8.1 – Getting Help from Wellcare Dual Liberty (HMO D-SNP)

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

Read your 2024 Evidence of Coverage (it has details about next year’s benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Wellcare Dual Liberty (HMO D-SNP). The *Evidence of*

Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.wellcare.com/healthnetCA. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

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

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

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

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

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

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 8.3 – Getting Help from Medicaid

To get information from Medicaid you can call California Medi-Cal (Medicaid) at 1-800-541-5555. TTY users should call 1-800-430-7077 from 8 a.m. - 5 p.m. PT, Monday - Friday.

Nondiscrimination Notice

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

Wellcare By Health Net provides:

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

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

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

How to File a Grievance

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

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

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, գանգահարեք **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 សូម ទូរសព្ទទៅលេខ **1-800-431-9007** (TTY:**711**)។ ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរផុសសម្រាប់ជនពិការភ្នែក 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 ການບໍລິການ ສໍາລັບຄົນພິການ 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 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.

Punjabi (ਪੰਜਾਬੀ): ਧਿਆਨ ਦਿਉ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਚ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ **1-800-431-9007** ‘ਤੇ ਕਾਲ ਕਰੋ (TTY: **711**)। ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵੱਚ ਦਸਤਾਵੇਜ਼ਾਂ ਵਰਗੀਆਂ ਅਪਾਰਜ 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 serbisyonang 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.