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

Annual Notice of Changes for 2025

Introduction

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

Additional resources

- This document is available for free in Spanish and Hmong.
- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call 1-833-236-2366 (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. 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.

  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 CalViva Health Dual Align (HMO D-SNP) at 1-833-236-2366 (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. Please note during after hours, weekends and federal holidays from April 1

OMB Approval 0938-1444 (Expires: June 30, 2026)

If you have questions, please call Wellcare CalViva Health Dual Align (HMO D-SNP) at 1-833-236-2366 (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.

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.

ATTENTION: If you need help in your language, call 1-833-236-2366 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-833-236-2366 (TTY: 711). These services are free.

انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على 1-833-236-2366 (TTY: 711).
تتوفر أيضًا مساعدات وخدمات للأشخاص ذوي الإعاقات مثل المستندات بطريقة برايل وبطباعة كبيرة. اتصل على 1-833-236-2366 (TTY: 711). هذه الخدمات مجانية.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ցանկանում եք օգնություն ստանալ ձեր լեզվով, զանգահարեք 1-833-236-2366 (TTY՝ 711): Հասանելի են նաև հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցներ և ծառայություններ, օրինակ՝ բրայլյան գրատեսակով և խոշոր տառաչափով փաստաթղթեր: Զանգահարեք 1-833-236-2366 (TTY՝ 711): Այս ծառայություններն անվճար են:

注意：如果您需要以您的语言提供的帮助，请致电 1-833-236-2366（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 1-833-236-2366（TTY：711）。这些服务均免费提供。

注意：如果您需要以您母語提供的協助，請致電 1-833-236-2366 (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 1-833-236-2366 (TTY：711)。這些服務均為免費。

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 1-833-236-2366 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ਾਂ ਵਰਗੀਆਂ ਅਸਮਰੱਥਾ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ। 1-833-236-2366 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਮੁਫ਼ਤ ਸੇਵਾਵਾਂ ਹਨ।

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है, तो 1-833-236-2366 (TTY: 711) पर कॉल करें. विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज जैसी सहायताएं और सेवाएं भी उपलब्ध हैं. 1-833-236-2366 (TTY: 711) पर कॉल करें. ये सेवाएं निःशुल्क हैं.

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THOV MUAB SIAB RAU: Yog tias koj xav tau kev pab ua koj hom lus, ces hu rau 1-833-236-2366 (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 1-833-236-2366 (TTY: 711). Cov kev pab cuam no pab dawb xwb.

注意：言語のヘルプが必要な場合は 1-833-236-2366（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。** 1-833-236-2366（TTY：711）**にお電話ください。これらのサービスは無料です。**

주의: 귀하의 구사 언어로 도움을 받으셔야 한다면 1-833-236-2366(TTY: 711)번으로 연락해 주십시오. 점자 및 큰 활자 인쇄 형식으로 된 문서 등 장애인을 위한 도움 및 서비스도 제공됩니다. 1-833-236-2366(TTY: 711)번으로 연락해 주십시오. 이러한 서비스는 무료입니다.

ຂໍ້ຄວນເອົາໃຈໃສ່: ຫາກ**ທ່ານ**ຕ້ອງ**ການ**ຄວາມ**ຊ່ວຍ**ເຫຼືອ**ເປັນ**ພາສາ**ຂອງ**ທ່ານ**,** ໃຫ້ **ໂທ**ຫາ 1-833-236-2366 (TTY: 711). **ນອກ**ຈາ**ກ**ນີ້ ຍັງ**ມີ**ຄວາມ**ຊ່ວຍ**ເຫຼືອ**ສຳ**ລັບ**ຜູ້ **ພິ**ການ ເຊັ່ນ: **ເອ**ກະ**ສານ**ເປັນ**ອັກ**ສອນ**ນູນ** ແລະ ຕົ**ວ**ພິ**ມ**ໃຫຍ່**ອີ**ກ**ດ້ວ**ຍ. ໃຫ້**ໂທ**ຫາ 1-833-236-2366 (TTY: 711). **ບໍ**ລິ**ການ**ເຫຼົ່ານີ້**ຟ**ຣີ.

LIOUH EIX: Oix se nongc zuqc meih nyei wac jouh mienh bong zouc, cingv mboqv 1-833-236-2366 (TTY: 711). Hac haih weic waic fangx mienh zoux sic taengx qaqv, hnangv mangh wenh souh nzangc caux domh nzangc yenx benx nyei souh nzangc. Mboqv 1-833-236-2366 (TTY: 711). Naiv deix bong taengx meih se mv siou zinh.

ចំណាំ៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ 1-833-236-2366 (TTY: 711) **ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្ទាបសម្រាប់ជនពិការភ្នែក និងពុម្ពអក្សរធំ ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ** 1-833-236-2366 (TTY: 711)**។ សេវាទាំងនេះមិនគិតថ្លៃនោះទេ។**

توجه: اگر به زبان خودتان نیاز به کمک دارید با شماره 1-833-236-2366 (TTY: 711) تماس بگیرید. پشتیبانی و خدمات برای افراد دارای معلولیت، مانند اسناد با خط بریل و چاپ درشت، نیز موجود است. با شماره 1-833-236-2366 (TTY: 711) تماس بگیرید. این خدمات رایگان است.

ВНИМАНИЕ: если вам требуется помощь на родном языке, позвоните по номеру 1-833-236-2366 (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 1-833-236-2366 (TTY: 711). Эти услуги предоставляются бесплатно.

ATENCIÓN: Si necesita ayuda en su idioma llame al 1-833-236-2366 (TTY: 711). También están disponibles ayudas y servicios para personas con discapacidades, como documentos en Braille y letra grande. Llame al 1-833-236-2366 (TTY: 711). Estos servicios son gratuitos.

ATENSYON: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa 1-833-236-2366 (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 1-833-236-2366 (TTY: 711). Libre ang mga serbisyong ito.

โปรดทราบ: **หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ โปรดโทร** 1-833-236-2366 (TTY: 711) **นอกจากนี ยังมีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารทีเป็นอักษรเบรลล์และเอกสารทีใช้ตัวอักษรขนาดใหญ่ โปรดโทร** 1-833-236-2366 (TTY: 711) **บริการเหล่านีไม่มีค่าใช้จ่าย**

УВАГА! Якщо ви потребуєте підтримки своєю мовою, телефонуйте за номером 1-833-236-2366 (TTY: 711). Також доступні засоби та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля та великим шрифтом. Телефонуйте за номером 1-833-236-2366 (TTY: 711). Ці послуги безкоштовні.

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi số 1-833-236-2366 (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 1-833-236-2366 (TTY: 711). Các dịch vụ này miễn phí.

Table of Contents

A. Disclaimers

- 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.
- CalViva Health is a Medi-Cal Managed Care Plan (MCP) and is the Local Initiative Health Plan for Medi-Cal managed care in Fresno, Kings, and Madera Counties. CalViva Health is a full-service health plan contracting with the Department of Health Care Services (DHCS) to provide Medi-Cal Covered Services to Medi-Cal managed care enrollees under the Two-Plan model in all zip codes in Fresno, Kings, and Madera Counties. CalViva Health contracts with Health Net Community Solutions, Inc. on a capitated basis to provide and arrange for Medi-Cal Covered Services in all zip codes in Fresno, Kings, and Madera Counties. Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation, and is the CalViva Health MCP's Contracted Administrator in all zip codes in Fresno, Kings, and Madera Counties.
- Medicare approved Wellcare by Health Net 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.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Wellcare CalViva Health Dual Align (HMO D-SNP) *Member Handbook*.
- CalViva Health is a public health care plan that operates under the Medi-Cal program.

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

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

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

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

- Medicare options in the table in **Section E2**.
- Medi-Cal options and services in **Section E2**.

B1. Information about Wellcare CalViva Health Dual Align (HMO D-SNP)

- Wellcare by Health Net is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- Coverage under Wellcare CalViva Health Dual Align (HMO D-SNP) is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- When this *Annual Notice of Changes* says "we," "us," "our," or "our plan," it means the Medicare Medi-Cal Plan.

B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit and cost changes to make sure they will work for you next year.
  - Refer to **Section D1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
  - Review changes to make sure our drug coverage will work for you next year.

- Refer to **Section D2** for information about changes to our drug coverage.

- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section C** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with Wellcare CalViva Health Dual Align (HMO D-SNP):	**If you decide to change plans:**
If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Wellcare CalViva Health Dual Align (HMO D-SNP).	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section E2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

Please review the 2025 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.wellcare.com/healthnetCA. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

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

D. Changes to benefits and costs for next year

D1. Changes to benefits and costs for medical services

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

	2024 (this year)	2025 (next year)
Acupuncture Services - Routine Acupuncture	You pay a **$0 copay** per visit, up to 24 visits every year under the Medicare benefit, in addition to the routine acupuncture benefit covered under Medi-Cal.	Under the Medicare benefit, routine acupuncture is **not** covered. Routine acupuncture services are only covered under Medi-Cal.
Additional Telehealth	Referral is **not** required.	Referral may be required.
Ambulatory Surgery Center	Referral is **not** required.	Referral may be required.
Barium Enemas – (Medicare-Covered)	Referral is **not** required.	Referral may be required.
Cardiac Rehabilitation Services	Referral is **not** required.	Referral may be required.
Chiropractic – Medicare Covered Services	Referral is **not** required.	Referral may be required.

	2024 (this year)	2025 (next year)
Chiropractic Services-Routine Chiropractic	You pay a **$0 copay** per visit, up to 24 visits every year under the Medicare benefit, in addition to the routine chiropractic benefit covered under Medi-Cal.	Under the Medicare benefit, routine chiropractic is **not** covered. Routine chiropractic services are only covered under Medi-Cal.
Diabetes Self-Management Training	Referral is **not** required.	Referral may be required.
Diagnostic Radiological Services	Referral is **not** required.	Referral may be required.
Diagnostic Procedures and Tests	Referral is **not** required.	Referral may be required.
Dialysis Services	Referral is **not** required.	Referral may be required.
Digital Rectal Exam – (Medicare Covered)	Referral is **not** required.	Referral may be required.
Glaucoma Screening	Referral is **not** required.	Referral may be required.
Hearing Services - Hearing aids	Up to a $1,000 allowance per ear every year for hearing aids.	Up to a $350 allowance per ear every year for hearing aids.
Home Health Agency Care	Referral is not required.	Referral may be required.

	2024 (this year)	2025 (next year)
In-Home Support Services	You pay a **$0 copay** for 12 visits every year for In-Home Support Services covered under our plan. Services include cleaning, household chores and meal preparation as well as provide assistance with activities of daily living.	In-Home Support Service is **not** covered. In-Home Support Service will continue coverage under your Medi-Cal benefit through the county.
Inpatient Hospital Care	Referral is **not** required.	Referral may be required.
Inpatient Hospital-Psychiatric Services	Referral is **not** required.	Referral may be required.
Kidney Disease Education	Referral is **not** required.	Referral may be required.
Lab Services	Referral is **not** required.	Referral may be required.

	2024 (this year)	2025 (next year)
Meals – Post Acute (limitations and exclusions apply)	You pay a **$0 copay** for post-acute meals covered through the Medicare benefit. There is a maximum of 3 meals per day for up to 14 days, for a maximum of 42 meals per month. In addition, medically tailored meals are covered through your Medi-Cal plan under Community Support. Referral may be required.	Under the Medicare benefit, post-acute meal is **not** covered. Medically tailored meals will continue coverage under your Medi-Cal plan under Community Support.
Medicare-Covered EKG Following Welcome Visit	Referral is **not** required.	Referral may be required.
Non-Emergency Medical Transportation (to/from plan-approved health-related locations)	You pay a **$0 copay** for 24 trips every year. Trips are limited to 4 one-way trips per day by taxi, rideshare services or van to a plan approved health-related location. Trips are limited to 75 miles one-way unless approved by the Plan in advance. Your Medi-Cal benefits will cover you once the Medicare plan offered benefit is exhausted.	You pay a **$0 copay** for 12 trips every year. Trips are limited to 4 one-way trips per day by taxi, rideshare services or van to a plan approved health-related location. Trips are limited to 75 miles one-way unless approved by the Plan in advance. Your Medi-Cal benefits will cover you once the Medicare plan offered benefit is exhausted.

	2024 (this year)	2025 (next year)
Nutritional-Dietary/Education Services	You pay a **$0 copay** for each individual nutritional-dietary counseling visit covered through the Medicare benefit. In addition, nutritional-dietary education is covered through your Medi-Cal plan as part of medically tailored meals benefit under Community Support.	Under the Medicare benefit, nutritional-dietary/education service is **not** covered. Nutritional-dietary education will continue coverage under your Medi-Cal plan under Community Support.
Occupational Therapy	Referral is **not** required.	Referral may be required.
Opioid Treatment Services	Referral is **not** required.	Referral may be required.
Other Healthcare Professionals	Referral is **not** required.	Referral may be required.
Outpatient Blood Services	Referral is **not** required.	Referral may be required.
Outpatient Hospital Observation	Referral is **not** required.	Referral may be required.
Outpatient Hospital Surgery	Referral is **not** required.	Referral may be required.
Outpatient Mental Health Care - Non-Psychiatric Services - Individual Sessions	Referral is **not** required.	Referral may be required.

	2024 (this year)	2025 (next year)
Outpatient Mental Health Care - Non-Psychiatric Services - Group Sessions	Referral is **not** required. Telehealth for this service is **not** covered.	Referral may be required. Telehealth for this service is covered.
Outpatient Mental Health Care - Psychiatric Services - Individual Sessions	Referral is **not** required.	Referral may be required.
Outpatient Mental Health Care - Psychiatric Services - Group Sessions	Referral is **not** required. Telehealth for this service is **not** covered.	Referral may be required. Telehealth for this service is covered.
Outpatient Substance Abuse Services - Individual Sessions	Referral is **not** required.	Referral may be required.
Outpatient Substance Abuse Services - Group Sessions	Referral is **not** required. Telehealth for this service is not covered.	Referral may be required. Telehealth for this service is covered.
Outpatient X-ray Services	Referral is **not** required.	Referral may be required.
Partial Hospitalization Services	Referral is **not** required.	Referral may be required.

	2024 (this year)	2025 (next year)
Personal Emergency Response System (Medical Alert)	You pay a **$0 copay** for Personal Emergency Response System**.**	Personal Emergency Response System is **not** covered.
Physical Therapy and Speech Language Pathology Services	Referral is **not** required.	Referral may be required.
Podiatry Services	Referral is **not** required.	Referral may be required.
Pulmonary Rehabilitation Services	Referral is **not** required.	Referral may be required.
Skilled Nursing Facility	Referral is **not** required.	Referral may be required.
***S*moking/Tobacco Services – Additional Counseling Sessions**	You pay a **$0 copay.** Our plan also covers up to 5 additional online and telephonic smoking cessation counseling visits. Visits are available from trained clinicians, which includes guidance on steps of change, planning, counseling and education.	Smoking/Tobacco-Additional Counseling Session is **not** covered..

	2024 (this year)	2025 (next year)
Social Support Platform **(This section is continued on the next page)**	Social Support Platform is **not** covered.	You pay a **$0 copay** for each covered service. Unlimited social support platform services every year. Our plan provides an online social support platform to support your overall well-being. You have access to community, therapeutic activities, and plan-sponsored resources to help manage stress and anxiety. The platform makes it easy for you to join and stay involved to maintain a healthy behavioral health journey. It is available online 24/7, so you can use it whenever you want. Twill Platform includes: • Healthy aging community that offers support from medical experts and a library of clinically reviewed articles and video content. • Engaging exercises, activities, and games specifically tailored to each member to help improve emotional well-being.

	2024 (this year)	2025 (next year)
Social Support Platform **(continued)**		• Programs that you can follow at your own pace and track your progress to learn how you've improved your well-being. Members can access the Twill platform by logging into their member portal www.wellcare.com/healthnetCA or by calling Member Services. After you register, you can access the platform directly at any time from a computer, tablet, or smartphone.
Specialist Office Visits	Referral is **not** required.	Referral may be required.
Supervised Exercise Therapy (SET)	Referral is **not** required.	Referral may be required.
Therapeutic Radiological Services	Referral is **not** required.	Referral may be required.
Vision care – (routine eyewear)	Up to a $300 allowance every year for unlimited contacts, glasses, lenses and/or frames.	Up to a $100 allowance every year for unlimited contacts, glasses, lenses and/or frames.

	2024 (this year)	2025 (next year)
Value-Based Insurance Design (VBID) Model 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.	You pay a **$0 copay**. You can use your Wellcare Spendables™ allowance towards certain benefits. Home improvement and safety items are **not** covered.	You pay a **$0 copay**. You can use your Wellcare Spendables™ allowance towards certain benefits. Home Improvement and Safety Items are covered.
Wellcare Spendables™	You pay a **$0** copay. You receive a **$75** monthly allowance to be used towards certain benefits. The maximum benefit is $900 every year.	You pay a **$0** copay. You receive a **$48** monthly allowance to be used towards certain benefits. See Value-Based Insurance Design (VBID) Model section in this chart for information about the VBID program benefit changes.
Worldwide Emergency Coverage	You pay a **$100 copay** for each Medicare-covered service.	You pay a **$110 copay** for each Medicare-covered service.
Worldwide Urgent Coverage	You pay a **$100 copay** for each Medicare-covered service.	You pay a **$110 copay** for each Medicare-covered service.

D2. Changes to prescription drug coverage

Changes to our *Drug List*

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

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

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover, and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the plan year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

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

- Work with your doctor (or other prescriber) to find a different drug that we cover.
    - You can call Member Services at the numbers at the bottom of the page to ask for a *List of Covered Drugs* that treat the same condition.
    - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
    - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
    - This temporary supply is for up to 30 days of medication at a retail pharmacy and at a long-term care pharmacy, up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
    - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a

different drug our plan covers or ask us to make an exception for you and cover your current drug.

- If you have been in the plan for more than 90 days and live in a long-term care facility, we will cover a one-time 31-day supply, or less if your prescription is written for fewer days. This is in addition to the long-term care transition supply.

- If your level of care changes (such as moving to or from a long-term care facility or hospital), we will cover one temporary 30-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a total of a 30-day supply.

- Some Drug List exceptions will still be covered next year. Refer to the approval letter you received. The approval letter includes information about your specific drug approval limits and the date the drug coverage will end. If we decide to not renew your approval, we will send you a new letter at least 60 days prior to the end of the year. This letter will include when the specific drug exception approval ends and how to ask for an exception. To learn what you must do to ask for an exception, refer to Chapter 9, section F of the 2025 Member Handbook or call Member Services.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.

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

	2024 (this year)	2025 (next year)
All Covered Part D Drugs Cost for a one-month supply of a covered Part D drug that is filled at a network pharmacy. Medicare approved Health Net Community Solutions, Inc. 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.	Your copay for a one-month (30-day) supply is **$0 per prescription**.	Your copay for a one-month (30-day) supply is **$0 per prescription**.

E. Choosing a plan

E1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2025.

E2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

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

- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

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

- you moved out of our service area,
- your eligibility for Medi-Cal or Extra Help changed, **or**
- you recently moved into or are currently receiving care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section E2**. By choosing one of these options, you automatically end your membership in our plan.

1. You can change to: **A Medicare Medi-Cal Plan (Medi-Medi Plan) is a type of Medicare Advantage plan. It is for people who have both Medicare and Medi-Cal, and combines Medicare and Medi-Cal benefits into one plan. Medi-Medi Plans coordinate all benefits and services across both programs, including all Medicare and Medi-Cal covered services.** **Note:** The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California.	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223). If you need help or more information: • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. **OR** Enroll in a new Medi-Medi Plan. You will automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan will change to match your Medi-Medi Plan.

2. You can change to:	**Here is what to do:**
Original Medicare with a separate Medicare prescription drug plan	Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. If you need help or more information: • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. **OR** Enroll in a new Medicare prescription drug plan. You will automatically be disenrolled from our plan when your Original Medicare coverage begins. Your Medi-Cal plan will not change unless you request a change.

3. You can change to: **Original Medicare without a separate Medicare prescription drug plan** **NOTE**: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join. You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. If you need help or more information: • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. You will automatically be disenrolled from our plan when your Original Medicare coverage begins. Your Medi-Cal plan will not change unless you request a change.

4. You can change to:	**Here is what to do:**
Any Medicare health plan during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in Section A.	Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223). If you need help or more information: • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. **OR** Enroll in a new Medicare plan. You are automatically disenrolled from our Medicare plan when your new plan's coverage begins. Your Medi-Cal plan may change.

Your Medi-Cal services

For questions about how to choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday – Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.

F. Getting help

F1. Our plan

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

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2025. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2025 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at www.wellcare.com/healthnetCA. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2024.

Our website

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

F2. Health Insurance Counseling and Advocacy Program (HICAP)

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

F3. Ombuds Program

The Medicare Medi-Cal Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Medicare Medi-Cal Ombuds Program:

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

- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombuds Program is 1-855-501-3077.

F4. Medicare

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

Medicare's Website

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

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

Medicare & You 2025

You can read the *Medicare & You 2025* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1--800--MEDICARE (1--800--633--4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

F5. California Department of Managed Health Care

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 your health plan at **1-833-236-2366 (TTY: 711)** and use your health plan's grievance process before contacting the department. 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. 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 days, you may

call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online. Refer to **Chapter 9, Section F4** of your *Member Handbook* for more information.