



2025 Summary of Benefits

California

Wellcare Dual Liberty (HMO D-SNP)

H3561 | 009

We know how important it is to have a health plan you can count on.

This is a summary of drug and health services covered by Wellcare Dual Liberty (HMO D-SNP) from January 1, 2025 to December 31, 2025.

This booklet will provide you with a summary of what we cover and the cost-sharing responsibilities. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at www.wellcare.com/healthnetca. To request a copy, please call 1-800-225-8017 (TTY 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Who can join?

To enroll in this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Members must continue to pay their Medicare Part B premium if not otherwise paid for under California Medi-Cal (Medicaid) or by another third party. To be eligible, you must also be a United States citizen or lawfully present in the United States. You must be eligible for Medicare and Full Medicaid Benefits cost sharing assistance under Medicaid.

We cover the services and items in this document and the Evidence of Coverage if they are medically necessary.

Our service area includes these counties in California: Orange, Riverside, San Bernardino, and San Diego.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy 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.

Health Maintenance Organizations (HMOs) are health care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to select a primary care provider (PCP) to coordinate care and if you need a specialist, the PCP will choose one who is also in our network.

Our plan gives you access to our network of skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit www.2025wellcaredirectories.com. **Please note** that, if you go elsewhere without proper authorization, you will have to pay in full. Neither Medicare nor our plan will be responsible for the costs. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services

in-network), out-of-area dialysis services, and cases in which Wellcare Dual Liberty (HMO D-SNP) authorizes use of out-of-network providers.

Our plan also includes prescription drug coverage and access to our large network of pharmacies. Our plan uses a formulary. Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand name drugs.

Which doctors, hospitals and pharmacies can I use? Wellcare Dual Liberty (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

You can see our plan's provider and pharmacy directory at www.2025wellcaredirectories.com. For plans with prescription drug coverage, our complete plan Formulary (list of Part D prescription drugs) is on our website at www.wellcare.com/healthnetCA.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). For more information, or to request information in an alternate format, please call us at 1-800-225-8017 (TTY users should call 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

To be eligible

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

To enroll in this plan you must be eligible for the following Medicare Savings Program:

H3561009000 Wellcare Dual Liberty (HMO D-SNP) - FBDE, QMB+, SLMB+

Refer to "Medicare Savings Program (MSP) Levels" section below for a description of all MSP levels. Premiums, copayments, coinsurance, and deductibles may vary based on your California Medi-Cal (Medicaid) eligibility category and/or the level of "Extra Help" you receive.

Dual Eligible Special Needs Plans (DSNPs) are specialized Medicare Advantage plans that provide healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage. Medicaid beneficiaries must meet certain income and resource requirements. Eligibility and scope of benefits offered are determined by the state where the plan is offered.

You must also be enrolled in the California Medi-Cal (Medicaid) plan. Your Part B premium is paid by the State of California for full-dual enrollees. Please contact the plan for further details.

Understanding Dual Eligibility

Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Medicaid benefits are valuable because the state provides additional healthcare coverage and financial support based on your Medicare Savings Program (MSP) level. Medicaid coverage varies depending on the state and the type of Medicaid you have. What you pay for covered services may depend on your level of Medicaid eligibility. Some people with Medicaid get help paying for their Medicare premiums and other costs. Other people may also get coverage for additional services and drugs that are covered under Medicaid but not by Medicare.

Medicare Savings Program (MSP) Levels

- **Full-Benefit Dual Eligible (FBDE):** Medicaid may pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. Eligible beneficiaries also receive full Medicaid benefits.
- **Qualified Medicare Beneficiary (QMB):** Medicaid will pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. (Some people with QMB are also eligible for full Medicaid benefits (QMB+)).

- ***Specified Low-Income Medicare Beneficiary (SLMB)***: Medicaid will absorb the cost of your Medicare Part B Premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).
- ***Qualified Individual (QI)***: Medicaid will pay costs associated with Medicare Part B.
- ***Qualified Disabled Working Individual (QDWI)***: Medicaid will pay costs associated with Medicare Part A.

Note: Some MSP levels automatically qualify for “Extra Help” for Medicare prescription drug coverage assistance. Some states do not cover Parts A & B cost sharing.

What is “Extra Help?”

A Low Income Subsidy (LIS), also referred to as “Extra Help,” may be available to help you with Part D out-of-pocket expenses such as premiums, deductibles, coinsurance, or copayments. Many people qualify for the “Extra Help” Program and don’t even know it. Keep in mind that assistance may also depend on your Medicare Savings Program (MSP) level and your dual eligible status.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the number listed on the back cover of this document.

There are services that are not covered by our plan but are available through California Medi-Cal (Medicaid). Refer to the Summary of Medicaid-Covered Benefits section later in this document for more information.

Benefits

Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009	
Note: Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.	
Monthly plan premium (includes both medical and drugs)	\$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.
Deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$9,350 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	<ul style="list-style-type: none"> \$0 copay for each Medicare-covered hospital stay. ■ *
Outpatient Hospital coverage Outpatient hospital services	\$0 copay for surgical and non-surgical services (includes Medicare-covered diagnostic colonoscopy). <ul style="list-style-type: none"> ■ *
Outpatient hospital observation services	\$0 copay <ul style="list-style-type: none"> ■

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009
Ambulatory Surgical Center (ASC) services	<p>\$0 copay for each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy.</p> <ul style="list-style-type: none"> ▪ *
Doctor Visits	
Primary Care Providers	\$0 copay
Specialists	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ *
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	\$0 copay
Emergency care	\$0 copay

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009
Worldwide Emergency Coverage	<p>\$110 copay</p> <p>Worldwide emergency and worldwide urgently needed 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. The copay is <u>not</u> waived if admitted to the hospital for worldwide emergency services.</p>
Urgently needed services	\$0 copay
Worldwide Urgent Care Coverage	<p>\$110 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is <u>not</u> waived if admitted to the hospital for worldwide urgently needed services.</p>
Diagnostic Services/Labs/Imaging	
Lab services	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ *
Diagnostic Tests and Procedures	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ *
Outpatient X-rays	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ *
Diagnostic radiology services (e.g. MRI, CAT Scan)	<p>\$0 copay</p> <ul style="list-style-type: none"> ▪ *

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009
Therapeutic Radiology	\$0 copay ▪ *
Hearing services Hearing Exam Medicare-Covered	\$0 copay *
Routine hearing exam	\$0 copay * 1 exam(s) every year
Hearing Aids Hearing Aid Fitting/Evaluation(s) Hearing aid allowance All types	\$0 copay * 1 fitting(s) / evaluation(s) every year Up to a \$350 allowance per ear every year for hearing aids. \$0 copay * Limited to 2 hearing aid(s) every year
Additional Hearing Information	What you should know 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.
Dental services Dental check-ups and preventive care	\$0 copay

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009
	<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"> • Initial examinations, X-rays, cleanings, and fluoride treatments • Restorations and crowns • Root canal therapy • Partial and complete dentures, adjustments, repairs, and relines <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 8:00 a.m. to 5:00 p.m., Monday through Friday. Information is also available online at https://smilecalifornia.org.</p>
Restorative and emergency dental care	<p>\$0 copay *</p> <p>Dental benefits are available in the Medi-Cal Dental Program. For more information you can visit the website at https://smilecalifornia.org/.</p> <p>In addition to Medi-Cal Dental program, the plan offers:</p> <ul style="list-style-type: none"> • Restorative services - Crowns are a covered benefit on the same tooth once every five calendar years. • 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.

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009
Vision Services	
Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *
Routine eye exam (Refraction)	\$0 copay * 1 exam(s) every year
Glaucoma screening	\$0 copay for each Medicare-covered service. ▪
Eyewear Medicare Covered	\$0 copay *
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	\$0 copay * Up to a \$100 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services	
Inpatient visit	<ul style="list-style-type: none"> \$0 copay for each Medicare-covered hospital stay. ▪ *
Outpatient individual therapy visit	\$0 copay ▪ *
Outpatient group therapy visit	\$0 copay ▪ *

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009
Skilled nursing facility (SNF)	Days 1-100: \$0 copay per stay ▪ *
Therapy and Rehabilitation Services	
Physical Therapy	\$0 copay ▪ *
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay ▪ *
Pulmonary rehabilitation services	\$0 copay ▪
Ambulance	
Ground Ambulance	\$0 copay *
Air Ambulance	\$0 copay *
Transportation Services	Up to 12 rides every year to plan approved healthcare locations. This includes doctors and other specialists (up to 4 one-way trips per day). \$0 copay (per one-way trip) * What you should know: Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009
Medicare Part B Drugs Chemotherapy Drugs and Other Part B Drugs	\$0 copay *
Insulin	\$0 copay (maximum per month) *
Allergy Antigen	\$0 copay *

Part D Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009
Yearly Deductible Stage	\$0
30-day/up to a 100-day supply from a retail or mail order network pharmacy	
All Covered Drugs	\$0 copay Some covered drugs limited to a 30-day supply

Additional Benefits

Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009	
<p>Note: Services with an asterisk (*) may require prior authorization. Services with a square (■) means a referral may be required.</p>	
Chiropractic Services Medicare-covered	\$0 copay ■ *
Acupuncture Medicare-covered	\$0 copay ■ *
Podiatry Services (Foot Care) Medicare Covered	\$0 copay ■ *
Routine Podiatry Services	\$0 copay ■ * 12 visit(s) every year

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009
Virtual Visits	<p>\$0 copay for virtual visit services performed through Teladoc.</p> <p>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.</p> <p>A virtual visit (also known as a telehealth consult) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device. For more information, or to schedule an appointment, call Teladoc at 1-800-835-2362 (TTY: 711) 24 hours a day, 7 days a week.</p> <p>What you should know: The \$0 copay above only applies when services are received from Teladoc. If you receive telemedicine services from a network provider and not the virtual visit vendor, you will pay the cost shares listed for those providers, as outlined within the Evidence of Coverage (e.g., if you receive telehealth services from your PCP, you will pay the PCP cost share).</p> <p>*</p>
Social Support Platform	<p>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 Twill 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.</p> <p>For more information on how to access the platform please see your Evidence of Coverage.</p> <p>\$0 copay</p>

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009
Home health agency care	\$0 copay ▪ *
Medical Equipment/Supplies Durable Medical Equipment (DME)	\$0 copay *
Prosthetics	\$0 copay *
Diabetic Supplies	\$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic therapeutic shoes or inserts	\$0 copay *
Opioid treatment program services	\$0 copay ▪ *
Health and Wellness Education Programs Fitness	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage. \$0 copay What you should know: The benefit on this plan provides a membership to a flexible fitness benefit with monthly credits to use on a variety of larger gyms or local fitness studios. Members will have 32 credits each month to utilize. Credits will be sufficient to cover a monthly gym membership and/or fitness studio classes, or at-home fitness boxes and fitness videos.

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009
24-Hour Nurse Advice Line	\$0 copay
Annual Routine Physical Exam	<p>\$0 copay</p> <p>What you should know: The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>
Value-Based Insurance Design (VBID) Model	<p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the benefits shown below. This allowance is combined with your Over-the-Counter (OTC) benefit. See the Wellcare Spendables™ section in this chart for more information about the Wellcare Spendables™ card.</p> <ul style="list-style-type: none"> • Gas pay-at-pump - 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. • Healthy Food - You can use your card to pay for healthy foods and produce at participating retailers. Prepared meals are available for order via online portal. • Home Improvement and Safety Items - You can use your card to help with the cost of home improvement and safety items. Log into your member portal to purchase accepted items. • Rent Assistance - You can use your card to help with the cost of rent for your home. • Utility Assistance - 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, trash, cable TV service (excludes streaming services), landline or mobile phone and internet.

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009
	For more information, limitations, and exclusions, please see your Evidence of Coverage.
Wellcare Spendables™	<p>You will receive \$62 monthly preloaded on your Wellcare Spendables™ card. Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year.</p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> • Over-the-Counter items (OTC) - 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. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. <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"> • Gas pay-at-pump • Healthy Food • Home Improvement and Safety Items • Rent Assistance • Utility Assistance <p>Refer to Value-Based Insurance Design (VBID) Model in this chart for more information on these benefits.</p> <p>For more information, limitations, and exclusions, please see your Evidence of Coverage.</p>
My Wellcare Rewards	<p>With My Wellcare Rewards, you earn points for completing eligible healthy activities.</p> <p>Points can be redeemed for gift cards, up to \$75 per year, from your favorite stores like Walmart®, and more. You can start earning points just by registering. Some qualifying healthy actions include:</p> <ul style="list-style-type: none"> • Completing the Health Risk Assessment • Connecting a fitness device

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009
	<ul style="list-style-type: none">• Annual wellness visits• Annual flu vaccines• Cancer screenings• A1C testing Gift card restrictions may apply.

Comprehensive Written Statement for Prospective Enrollees

The benefits described earlier in this Summary of Benefits are covered by our Wellcare Dual Liberty (HMO D-SNP) plan. For each benefit listed, you can see what our plan covers. What you pay for covered services under our plan may depend on your level of California Medi-Cal (Medicaid) eligibility.

Summary of Medicaid-Covered Benefits

The following information is for people with Medicare and California Medi-Cal (Medicaid). If a benefit is covered by both our plan and California Medi-Cal (Medicaid), you must fully use our plan benefit coverage before the benefit is covered by California Medi-Cal (Medicaid).

Coverage of the benefits may depend on your level of California Medi-Cal (Medicaid) eligibility.

If you have questions about your California Medi-Cal (Medicaid) eligibility, what benefits you are entitled to, or for the most current California Medi-Cal (Medicaid) information, see your Medicaid Member Handbook. You can also visit <https://www.dhcs.ca.gov/services/medi-cal/Pages/default.aspx>, or call California Medi-Cal (Medicaid) at 1-800-541-5555 TTY:1-800-430-7077 8 a.m. - 5 p.m. PT, Monday - Friday, excluding State holidays.

California Medi-Cal (Medicaid)
<ul style="list-style-type: none">Acupuncture Services
<ul style="list-style-type: none">Audiological Services
<ul style="list-style-type: none">Behavioral Health Treatment (BHT)
<ul style="list-style-type: none">Blood and Blood Derivatives
<ul style="list-style-type: none">California Children Services (CCS)
<ul style="list-style-type: none">Certified Family Nurse Practitioner
<ul style="list-style-type: none">Certified Pediatric Nurse Practitioner Services
<ul style="list-style-type: none">Childhood Lead Poisoning Case Management (Provided by the Local County Health Departments)*

<ul style="list-style-type: none">• Chiropractic Services
<ul style="list-style-type: none">• Chronic Hemodialysis
<ul style="list-style-type: none">• Community Based Adult Services (CBAS)
<ul style="list-style-type: none">• Community Health Workers
<ul style="list-style-type: none">• Comprehensive Perinatal Services
<ul style="list-style-type: none">• Dental Services (Covered under Medi-Cal)
<ul style="list-style-type: none">• Dyadic Services
<ul style="list-style-type: none">• Doula Services
<ul style="list-style-type: none">• Durable Medical Equipment
<ul style="list-style-type: none">• Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
<ul style="list-style-type: none">• Erectile and/or Sexual Dysfunction Drugs*
<ul style="list-style-type: none">• Expanded Alpha- Fetoprotein Testing (Administered by Genetic Disease Branch of CDPH)*
<ul style="list-style-type: none">• Eyeglasses, Contact Lenses, Low Vision Aids, Prosthetic Eyes and Other Eye Appliances
<ul style="list-style-type: none">• Federally Qualified Health Centers (FQHC) (Medi-Cal covered services only)
<ul style="list-style-type: none">• 1915(c) Home and Community- Based Waiver Services (Does not include EPSDT Services)*
<ul style="list-style-type: none">• Hearing Aids
<ul style="list-style-type: none">• Home Health Agency Services
<ul style="list-style-type: none">• Home Health Aide Services

<ul style="list-style-type: none"> • Home Health Pharmacy Services-Total Parenteral and Enteral Nutrition under Medi-Cal Rx.*
<ul style="list-style-type: none"> • Home Health Other Pharmacy Services-Total Parenteral and Enteral Nutrition
<ul style="list-style-type: none"> • Hospice Care
<ul style="list-style-type: none"> • Hospital Outpatient Department Services and Organized Outpatient Clinic Services
<ul style="list-style-type: none"> • Human Immunodeficiency Virus and AIDS drugs*
<ul style="list-style-type: none"> • Hysterectomy
<ul style="list-style-type: none"> • Indian Health Services (Medi-Cal covered services only)
<ul style="list-style-type: none"> • Inpatient Hospital Services
<ul style="list-style-type: none"> • Laboratory, Radiological and Radioisotope Services
<ul style="list-style-type: none"> • Licensed Midwife Services
<ul style="list-style-type: none"> • Local Educational Agency (LEA) Services*
<ul style="list-style-type: none"> • Long Term Care (LTC) Facility Services
<ul style="list-style-type: none"> • Medi-Cal Substance Abuse Services*
<ul style="list-style-type: none"> • Medical Supplies
<ul style="list-style-type: none"> • Medical & Non-Medical (NMT) Transportation Services
<ul style="list-style-type: none"> • Nurse Anesthetist Services
<ul style="list-style-type: none"> • Nurse Midwife Services
<ul style="list-style-type: none"> • Optometry Services

<ul style="list-style-type: none">• Organ and Bone Marrow Transplant Surgeries
<ul style="list-style-type: none">• Outpatient Mental Health
<ul style="list-style-type: none">• Organized Outpatient Clinic Services
<ul style="list-style-type: none">• Outpatient Heroin Detoxification Services*
<ul style="list-style-type: none">• Part D Drugs*
<ul style="list-style-type: none">• Personal Care Services*
<ul style="list-style-type: none">• Pharmaceutical Services and Prescribed Drugs under Medi-Cal Rx*
<ul style="list-style-type: none">• Other Pharmaceutical Services and Prescribed Drugs
<ul style="list-style-type: none">• Pharmacist Services
<ul style="list-style-type: none">• Physician Services
<ul style="list-style-type: none">• Podiatry Services
<ul style="list-style-type: none">• Preventive Services
<ul style="list-style-type: none">• Prosthetic and Orthotic Appliances
<ul style="list-style-type: none">• Physical Therapy and Occupational Therapy
<ul style="list-style-type: none">• Private Duty Nursing
<ul style="list-style-type: none">• Rehabilitation Center Outpatient Services
<ul style="list-style-type: none">• Rehabilitation Center Services
<ul style="list-style-type: none">• Respiratory Care Services

• Rural Health Clinic Services
• Scope of Sign Language Interpreter Services
• Services provided in a State or Federal Hospital*
• Specialty Mental Health Services*
• Specialized Rehabilitative Services in Skilled Nursing Facilities and Intermediate Care Facilities
• Speech Pathology
• State Supported Services
• Swing Bed Services
• Targeted Case Management*
• Transitional Inpatient Care Services
• Tuberculosis (TB) Related Services (Provided by the Local County Health Departments)*

* These benefits are carved out of your Medi-Cal Managed Care plan.

Notice of Privacy Statement

Once you become a Wellcare by Health Net member, Wellcare by Health Net uses and discloses a member's protected health information and nonpublic personal financial information* for purposes of treatment, payment, health care operations, and where permitted or required by law. Wellcare by Health Net provides members with a Notice of Privacy Practices that describes how it uses and discloses protected health information; the individual's rights to access, to request amendments, restrictions, and an accounting of disclosures of protected health information; and the procedures for filing complaints. Wellcare by Health Net will provide you the opportunity to approve or refuse the release of your information for non-routine releases such as marketing. Wellcare by Health Net provides access to members to inspect or obtain a copy of the member's protected health information in designated record sets maintained by Wellcare by

Health Net. Wellcare by Health Net protects oral, written and electronic information across the organization by using reasonable and appropriate security safeguards. These safeguards include limiting access to an individual's protected health information to only those who have a need to know in order to perform payment, treatment, health care operations or where permitted or required by law. Wellcare by Health Net entire Notice of Privacy Practices can be found at www.wellcare.com/healthnetca under "Privacy" or you may call the Customer Contact Center at the phone number on the back cover of this booklet to obtain a copy.

*Nonpublic personal financial information includes personally identifiable financial information that you provided to us to obtain health plan coverage or we obtained in providing benefits to you. Examples include Social Security numbers, account balances and payment history. We do not disclose any nonpublic personal information about you to anyone, except as permitted by law.

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>.

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.

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

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ցանկանում եք օգնություն ստանալ ձեր լեզվով, զանգահարեք 1-800-431-9007 (TTY՝ 711): Հասանելի են նաև հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցներ և ծառայություններ, օրինակ՝ բրայլյան գրատեսակով և խոշոր տառաչափով փաստաթղթեր: Չանգահարեք 1-800-431-9007 (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1-800-431-9007（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。

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)。這些服務均為免費。

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 1-800-431-9007 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ਾਂ ਵਰਗੀਆਂ ਅਸਮਰੱਥਾ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ। 1-800-431-9007 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਮੁਫਤ ਸੇਵਾਵਾਂ ਹਨ।

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है, तो 1-800-431-9007 (TTY: 711) पर कॉल करें. विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज जैसी सहायताएं और सेवाएं भी उपलब्ध हैं. 1-800-431-9007 (TTY: 711) पर कॉल करें. ये सेवाएं निःशुल्क हैं.

THOV MUAB SIAB RAU: Yog tias koj xav tau kev pab ua koj hom lus, ces 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 pab dawb xwb.

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）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 1-800-431-9007(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. 이러한 서비스는 무료입니다.

ຂໍ້ຄວນເອົາໃຈໃສ່: ຫາກທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາ 1-800-431-9007 (TTY: 711). ນອກຈາກນີ້ ຍັງມີຄວາມຊ່ວຍເຫຼືອສໍາລັບຜູ້ພິການ ເຊັ່ນ: ເອກະສານເປັນອັກສອນນູນ ແລະ ຕົວພິມໃຫຍ່ອີກດ້ວຍ. ໃຫ້ໂທຫາ 1-800-431-9007 (TTY: 711). ບໍລິການເຫຼົ່ານີ້ຟຣີ.

LIOUH EIX: Oix se nongc zuqc meih nyei wac jouh mienh bong zouc, cingv mboqv 1-800-431-9007 (TTY: 711). Hac haih weic waic fangx mienh zoux sic taengx qaqv, hnavg mangh wenh souh nzangc caux domh nzangc yenx benx nyei souh nzangc. Mboqv 1-800-431-9007 (TTY: 711). Naiv deix bong taengx meih se mv siou zinh.

ចំណាំ៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ 1-800-431-9007 (TTY: 711) ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្នាបសម្រាប់ជនពិការភ្នែក និងពុម្ពអក្សរធំ ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ 1-800-431-9007 (TTY: 711)។ សេវាទាំងនេះមិនគិតថ្លៃនោះទេ។

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

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.

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.

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). Libre ang mga serbisyong ito.

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

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 безкоштовні.

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 miễn phí.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-800-225-8017 (TTY: 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Understanding the Benefits

- ❑ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.wellcare.com/healthnetca or call 1-800-225-8017 (TTY: 711) to view a copy of the EOC. Hours are Monday - Sunday, 8 am - 8 pm (all time zones).
- ❑ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ❑ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ❑ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ❑ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ❑ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- ❑ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- ❑ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ❑ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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 Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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Contact Us

For more information, please contact us:



By phone

Toll-free at 1-800-225-8017 (TTY: 711). Your call may be answered by a licensed agent.



Hours of Operation

Monday - Sunday, 8 am - 8 pm (all time zones)



Online

www.wellcare.com/healthnetca