

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

# Annual Notice of Change for 2026

## Introduction

You're 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 Change* 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 [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA). Call Member Services at the number at the bottom of the page to get a copy by mail. 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 Arabic, Armenian, Cambodian (Khmer), Chinese, Farsi, Hmong, Korean, Russian, Spanish, Tagalog, and Vietnamese.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. If you leave a voicemail message, please include your name, and telephone number and a team member will return your call within one (1) business day. 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 Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). We will document your choice. The call is free.

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

**If you have questions**, please call Wellcare Health Net Dual Align ((HMO D-SNP) at 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday- Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA).

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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services.

**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.

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。

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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。

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**If you have questions**, please call Wellcare Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday- Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA).



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, hnavgv mangh wenh souh nzangc caux domh nzangc yenx benx nyei souh nzangc. Mboqv 1-800-431-9007 (TTY: 711).

Wangv henh tengx naaiv deix gong mv zuqc ndortv nyaanh cingv oc.

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.

**If you have questions**, please call Wellcare Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday- Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA).



**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 serbisyonang ito.

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

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УВАГА! Якщо ви потребуєте підтримки своєю мовою, телефонуйте за номером 1-800-431-9007 (ТТУ: 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 (ТТУ: 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.

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## 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.
- ❖ Based on a Model of Care review, Wellcare Health Net Dual Align (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2027.

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

It's 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 E** for more information on changes to your benefits for next year.

**New members to Wellcare Health Net Dual Align (HMO D-SNP):** In most instances you'll be enrolled in Wellcare Health Net Dual Align (HMO D-SNP) for your Medicare benefits the 1st day of the month after you request to be enrolled in Wellcare Health Net Dual Align (HMO D-SNP). You may still receive your Medi-Cal Managed Care Plan from your previous Medi-Cal Managed Care Plan health plan for one additional month. After that, you'll receive your Medi-Cal Managed Care Plan services through Wellcare Health Net Dual Align (HMO D-SNP). There will be no gap in your Medi-Cal Managed Care Plan coverage. Please call us at the number at the bottom of the page if you have any questions.

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'll still be in the Medicare and Medi-Cal programs as long as you're eligible.

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

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

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**If you have questions**, please call Wellcare Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday- Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA).



## **B1. Information about Wellcare Health Net 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.
- When this *Annual Notice of Change* 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’ll work for you next year.
  - Refer to **Section E1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies? 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 E2** for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.
    - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
    - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.

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

#### **If you decide to stay with Wellcare Health Net Dual Align (HMO D-SNP):**

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

#### **If you decide to change plans:**

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

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## **C. Changes to our plan name**

On January 1, 2026, our plan name changes from Wellcare Dual Align (HMO D-SNP) to Wellcare Health Net Dual Align (HMO D-SNP).

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## **D. Changes to our network providers and pharmacies**

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they're filled at one of our network pharmacies.

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Our provider and pharmacy networks have changed for 2026.

**Please review the 2026 *Provider and Pharmacy Directory*** to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [go.wellcare.com/2026providerdirectories](https://go.wellcare.com/2026providerdirectories). 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* or call Member Services at the number at the bottom of the page for help.

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## E. Changes to benefits and costs for next year

### E1. Changes to benefits and costs for medical services

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

	2025 (this year)	2026 (next year)
<b>Additional Telehealth Benefits</b>	Prior authorization (approval in advance) may be required to be covered, except in an emergency.	Prior authorization <b>isn't</b> required.
<b>Hearing Services: Hearing Aids</b>	You pay a <b>\$0</b> copay for up to a \$1000 allowance per ear every year (total of \$2,000 per year) for hearing aids.	You pay a <b>\$0</b> copay for up to a \$750 allowance per ear every year (total of \$1,500 per year) for hearing aids.
<b>Fitness Benefit</b> <b>(continued on the next page)</b>	<p>You pay a <b>\$0</b> copay in network.</p> <p>Peerfit Move, is 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 on their choice of fitness experiences. Credits can be used for a monthly gym membership with unlimited visits and access to all amenities and classes and/or fitness studio classes,</p>	<p>You pay a <b>\$0</b> copay for the fitness benefit.</p> <p>The fitness benefit offers access to participating fitness centers, provides digital resources through virtual classes, on-demand videos and a mobile app. For members who do not live near a participating fitness center or prefer to exercise at home, can choose from available at home kits to be shipped to them at no cost.</p>

**If you have questions**, please call Wellcare Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday- Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA).



	2025 (this year)	2026 (next year)
<b>Fitness Benefit (continued from previous page)</b>	FitKits which include at-home fitness boxes. Members also have access to unlimited fitness videos at <b>\$0</b> copay which utilize zero credits.	
<b>Non-Emergency Medical Transportation (to/from plan-approved health-related locations)</b>	<p>You pay a <b>\$0</b> copay for 12 trips every year for non-emergency medical transportation under the Medicare benefit.</p> <p>You pay a <b>\$0</b> copay for unlimited trips every year for non-emergency medical transportation under the Medi-Cal benefit.</p>	You pay a <b>\$0</b> copay for unlimited trips every year for non-emergency medical transportation under the Medi-Cal benefit.
<b>Podiatry services: Additional routine foot care</b>	You pay a <b>\$0</b> copay of the total cost for each routine podiatry service, up to 12 visits every year.	Routine foot care (non-Medicare covered) service <b>isn't</b> covered.

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	2025 (this year)	2026 (next year)
<p><b>Special Supplemental Benefits for Chronically III (SSBCI)</b></p> <p>Benefits mentioned are a part of Special Supplemental Benefits for the Chronically III. Not all members will qualify. In addition to being high-risk, you must have one or more of the following chronic conditions: cancer, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, diabetes. There are other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us or see the plan's Evidence of Coverage.</p> <p><b>(continued on the next page)</b></p>	<p>SSBCI isn't covered.</p>	<p>If you qualify for SSBCI, you may use your monthly Wellcare Spendables® allowance on the benefits shown below. The allowance is combined with your OTC, Dental, Vision, and Hearing benefit. Once determined eligible these expanded benefits will be available in 7-10 business days.</p> <p>You pay a <b>\$0</b> copay. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card.</p> <p><b>Gas pay-at-pump</b></p> <p>If eligible, 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>

**If you have questions**, please call Wellcare Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday- Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA).



	2025 (this year)	2026 (next year)
<p><b>Special Supplemental Benefits for Chronically III (SSBCI)</b> (continued from previous page)</p> <p>(continued on the next page)</p>		<p><b>Healthy Food</b></p> <p>If eligible, you can use your Wellcare Spendables® card to help pay for approved healthy and nutritious foods and produce at participating retailers. Prepared meals and produce boxes 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"> <li>• Meat and poultry</li> <li>• Fruits and vegetables</li> <li>• Nutritional drinks</li> </ul> <p><b>Home Assistance and Safety Items</b></p> <p>If eligible, you can use your card to help with the cost of home assistance and safety items,</p>

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	2025 (this year)	2026 (next year)
<p><b>Special Supplemental Benefits for Chronically III (SSBCI)</b> (continued from previous page)</p>		<p>including installation services for certain products. Approved items and services include:</p> <ul style="list-style-type: none"> <li>• Grab bars or doorknobs and non-slip floor coverings</li> <li>• Safety chairs and bathroom modification aids</li> <li>• Portable air conditioning and air quality products</li> <li>• Pest and insect control supplies and in-home treatments</li> </ul> <p><b>Rent Assistance</b></p> <p>If eligible, you can use your Wellcare Spendables® card to help with the cost of rent for your home.</p> <p><b>Utility Assistance</b></p> <p>If eligible, 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"> <li>• Electric, gas, sanitary / trash, and water utilities services</li> <li>• Landline and cell phone service</li> <li>• Internet service</li> <li>• Cable TV (excluding streaming services)</li> <li>• Certain petroleum expenses, such as home heating oil</li> </ul>

**If you have questions**, please call Wellcare Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday- Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [go.wellcare.com/HealthNetCA](https://go.wellcare.com/HealthNetCA).



	2025 (this year)	2026 (next year)
<b>Value-Based Insurance Design (VBID) Model</b>	<p>You pay a <b>\$0</b> copay. Because your plan participates in the Value-Based Insurance Design Program, you can use your Wellcare Spendables® allowance towards the following:</p> <ul style="list-style-type: none"> <li>• Healthy food</li> <li>• Gas pay-at-pump</li> <li>• Utility assistance</li> <li>• Rent assistance</li> <li>• Home improvement and safety items</li> </ul> <p>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>	Value-Based Insurance Design Model benefit <b>isn't</b> covered.

**If you have questions**, please call Wellcare Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday- Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [go.wellcare.com/HealthNetCA](https://go.wellcare.com/HealthNetCA).



	2025 (this year)	2026 (next year)
<p><b>Wellcare Spendables®</b></p> <p><b>(continued on the next page)</b></p>	<p>You pay a <b>\$0</b> copay. You receive a <b>\$66</b> monthly allowance to be used towards certain benefits.</p> <ul style="list-style-type: none"> <li>• Plan-approved over-the-counter (OTC) items; and</li> <li>• Value-Based Insurance Design (VBID).</li> </ul>	<p>You pay a <b>\$0</b> copay. You will receive a <b>\$121</b> monthly allowance preloaded on your Wellcare Spendables® card to spend on OTC items, Dental, Vision, and Hearing services. Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year.</p> <p>Our card allowance can be used towards:</p> <p><b>Over-the-Counter items (OTC)</b> You can use your card at participating retail locations, through the mobile app, or by logging in to your member portal to place an order for home delivery.</p> <p><b>Dental, Vision, and Hearing</b> You may use your card to help reduce your out-of-pocket expenses for qualifying dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly.</p>

**If you have questions**, please call Wellcare Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday- Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [go.wellcare.com/HealthNetCA](https://go.wellcare.com/HealthNetCA).



	2025 (this year)	2026 (next year)
<p><b>Wellcare Spendables®</b> (continued from previous page)</p>		<p>Benefits mentioned below are part of SSBCI. Not all members will qualify. You must meet eligibility criteria for the following plan benefits. If you qualify, your card allowance can also be used towards:</p> <ul style="list-style-type: none"> <li>• Gas pay-at-pump</li> <li>• Healthy Food</li> <li>• Home Assistance and Safety Items</li> <li>• Rent Assistance</li> <li>• Utility Assistance</li> <li>• Pest Control Items and Services</li> </ul> <p>See Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits.</p>

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	2025 (this year)	2026 (next year)
<b>Worldwide Emergency Coverage</b>	You pay a <b>\$110</b> copay for each Medicare-covered service.	You pay a <b>\$115</b> copay for each Medicare-covered service.
<b>Worldwide Urgent Coverage</b>	You pay a <b>\$110</b> copay for each Medicare-covered service.	You pay a <b>\$115</b> copay for each Medicare-covered service.

## E2. Changes to drug coverage

### Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at [Wellcare.healthnetcalifornia.com/drug-pharmacy/formulary.html](https://www.wellcare.healthnetcalifornia.com/drug-pharmacy/formulary.html). You can 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 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, we might make other changes that are allowed by Medicare and/or the state that will affect you during the calendar 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're taking, we'll send you a notice about the change.

If you're 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.

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- 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 will end and how to ask for an exception. To learn what you must do to ask for an exception, refer to Chapter 9, section G of the 2026 Member Handbook or call Member Services.

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## Changes to drug costs

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you're in when you get a prescription filled or refilled. These are the two stages:

<b>Stage 1</b> <b>Initial Coverage Stage</b>	<b>Stage 2</b> <b>Catastrophic Coverage Stage</b>
<p>During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2026.</p> <p>You begin this stage after you pay a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches **\$2,100**. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you'll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program don't count toward out-of-pocket costs.

### E3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

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

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our six drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

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Most adult Part D vaccines are covered at no cost to you.

For information about the costs of vaccines, or information for a long-term supply; or for mail-order prescriptions go to **Chapter 6, Section D** of your *Member Handbook*.

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Drugs in Tier 1 (Preferred Generic)</b></p> <p>Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0</b>.</p>	<p>Your copay for a one-month (30-day) supply depends on your level of Extra Help.</p> <p>For generic drugs (including brand drugs treated as generic), you pay:</p> <ul style="list-style-type: none"> <li>○ \$0 copay or</li> <li>○ \$1.60 copay or</li> <li>○ \$5.10 copay for a one month supply</li> </ul>
<p><b>Drugs in Tier 2 (Generic)</b></p> <p>Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0</b>.</p>	<p>For all other covered drugs, you pay:</p> <ul style="list-style-type: none"> <li>○ \$0 copay or</li> <li>○ \$4.90 copay or</li> </ul>

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<p><b>Drugs in Tier 3 (Preferred Brand)</b></p> <p>Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0</b>.</p>	<ul style="list-style-type: none"> <li>○ \$12.65 copay for a one-month supply</li> </ul> <p>Extra Help is a program that helps pay for your drugs. We sent you a separate material, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells about your drug costs.</p>
<p><b>Drugs in Tier 4 (Non-Preferred Drug)</b></p> <p>Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0</b>.</p>	<p>If you get Extra Help and you don't get this material, call Member Services at the number shown on the bottom of the page and ask for the LIS Rider.</p>
<p><b>Drugs in Tier 5 (Specialty Tier)</b></p> <p>Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0</b>.</p>	<p>If you don't qualify for Extra Help, call us to learn more about your drug costs.</p>

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<p><b>Drugs in Tier 6 (Select Care Drugs)</b></p> <p>Cost for a one-month supply of a drug in Tier 6 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0</b>.</p>	
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The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,100**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for drugs.

**E4. Stage 2: “Catastrophic Coverage Stage”**

When you reach the out-of-pocket limit **\$2,100** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6, Section E**.

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## F. Administrative changes

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

	2025 (this year)	2026 (next year)
Preferred Part B Diabetic Products	OneTouch™ is our preferred diabetic testing supplies (glucose monitors & test strips) brand. Other brands are not covered unless medically necessary and authorized.	Accu-Chek™ Guide and True Metrix™ are our preferred diabetic testing supplies (glucose monitors & test strips) brands. Other brands are not covered unless medically necessary and authorized.
Advance Coverage Determination Request	Members could request a Coverage Determination prior to the upcoming benefit year's effective date.	Members can request a Coverage Determination on or after 1/1/2026. Any request submitted prior to this date will only be evaluated for the current benefit year.
<b>Medicare Prescription Payment Plan</b>	The Medicare Prescription Payment Plan is not available because your copay is <b>\$0</b> .	The Medicare Prescription Payment Plan is a payment option that can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December).

**If you have questions**, please call Wellcare Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday- Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA).



## G. Choosing a plan

### G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

### G2. Changing plans

Most people with Medicare can end their membership during certain times of the year.

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

- The **Open 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.
- Because you have Medi-Cal, you can end your membership in our plan any month of the year.

There may be other situations when you're 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 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 **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan.

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<p><b>1. You can change to:</b></p> <p><b>A Medi-Medi Plan is a type of Medicare Advantage plan. It's 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 or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.</b></p> <p><b>Note:</b> The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• 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 <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li></ul> <p><b>OR</b></p> <p>Enroll in a new Medi-Medi Plan.</p> <p>You'll 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.</p>
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**If you have questions**, please call Wellcare Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday- Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA).



<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• 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 <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs and Services/Medicare Counseling/</a>.</li></ul> <p><b>OR</b></p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan won't change unless you request a change.</p>
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**If you have questions**, please call Wellcare Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday- Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA).



<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop 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 <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs and Service s/Medicare Counseling/</a>.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• 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 <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs and Ser vices/Medicare Counseling/</a>.</li></ul> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan won't change unless you request a change.</p>
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**If you have questions**, please call Wellcare Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday- Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA).



<p><b>4. You can change to:</b></p> <p><b>Any Medicare health plan</b> during certain times of the year including the <b>Open Enrollment Period</b> and the <b>Medicare Advantage Open Enrollment Period</b> or other situations described in Section A.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• 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 <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li></ul> <p><b>OR</b></p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Your Medi-Cal plan may change.</p>
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### 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.

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## H. Getting help

### H1. Our plan

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

#### **Read your *Member Handbook***

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2026 will be available by October 15. You can also review the separately mailed *Member Handbook* to find out if other benefit or cost changes affect you. An up-to-date copy of the *Member Handbook* is available on our website at [go.wellcare.com/HealthNetCA](https://go.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 2026.

#### **Our website**

You can visit our website at [go.wellcare.com/HealthNetCA](https://go.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)*.

### H2. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP isn't 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/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

### H3. Ombudsman Program

The Medicare Medi-Cal Ombudsman 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 Ombudsman Program:

- can answer questions if you have a problem or complaint and can help you understand what to do.

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**If you have questions**, please call Wellcare Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). Between October 1 and March 31, representatives are available Monday- Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [go.wellcare.com/HealthNetCA](https://go.wellcare.com/HealthNetCA).



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

#### **H4. Medicare**

To get information directly from Medicare;

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone)
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

#### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://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](http://www.medicare.gov) and click on "Find plans.")

#### **Medicare & You 2026**

You can read the *Medicare & You 2026* 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](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

#### **H5. California Department of Managed Health Care**

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

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grievance involving an emergency, a Medi-Cal grievance that has not been satisfactorily resolved by your health plan, or a Medi-Cal 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) for Medi-Cal benefits. 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](http://www.dmhc.ca.gov).

Refer to **Chapter 9, Section F4** of your *Member Handbook* for more information.

## **H6. The Medicare Prescription Payment Plan**

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. This program doesn't save you money or lower your drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit [www.medicare.gov](http://www.medicare.gov).

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