

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

### Annual Notice of Change for 2026

You're enrolled as a member of Wellcare Dual Liberty (HMO D-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Wellcare Dual Liberty (HMO D-SNP).
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA) or call Member Services at 1-800-431-9007 (TTY users call 711) to get a copy by mail.

#### More Resources

- This material is available for free in Spanish, and Chinese.
- Call Member Services at 1-800-431-9007 (TTY users call 711) for more information. Hours are: Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. This call is free.
- We must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.

#### About Wellcare Dual Liberty (HMO D-SNP)

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal. Our plan also has a written agreement with the California Medicaid program to coordinate your Medicaid benefits.
- When this material says “we,” “us,” or “our,” it means Health Net Community Solutions, Inc. When it says “plan” or “our plan,” it means Wellcare Dual Liberty (HMO D-SNP).
- On January 1, 2026, Health Net Community Solutions, Inc. will be combining Wellcare Dual Liberty (HMO D-SNP) with one of our plans, Wellcare Dual Liberty (HMO D-SNP). This material

tells you about the differences between your current benefits in Wellcare Dual Liberty (HMO D-SNP) and the benefits you'll have on January 1, 2026 as a member of Wellcare Dual Liberty (HMO D-SNP).

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Wellcare Dual Liberty (HMO D-SNP).** Starting January 1, 2026, you'll get your medical and drug coverage through Wellcare Dual Liberty (HMO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium can be higher than this amount. Go to Section 1.1 for details.</p> <p>Because you get Extra Help, you do not pay a premium for this plan.</p>	\$0	\$0
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go To Section 1.2 for details.)</p>	<p>\$9,350</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p><b>\$9,250</b></p> <p><b>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</b></p>
<b>Primary care office visits</b>	\$0 copay per visit	<b>\$0 copay per visit</b>
<b>Specialist office visits</b>	\$0 copay per visit	<b>\$0 copay per visit</b>
<p><b>Inpatient hospital stays</b></p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.</p>	<p>For covered admissions, per admission:</p> <p>\$0 copay for each covered hospital stay</p>	<p><b>For covered admissions, per admission:</b></p> <p><b>\$0 copay for each covered hospital stay</b></p>

	2025 (this year)	2026 (next year)
<p><b>Part D drug coverage deductible</b> (Go to Section 1.7 for details.)</p>	\$0	<p><b>\$425 except for covered insulin products and most adult Part D vaccines.</b></p> <p><b>If you receive Extra Help, you pay the following amount:</b></p> <p><b>Deductible: \$0</b></p>
<p><b>Part D drug coverage</b> (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)</p>	<p>Copayment during the Initial Coverage Stage: \$0 copay for all covered Part D drugs.</p> <p>Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p><b>If you get Extra Help from Medicare, you pay your LIS cost share as shown on your 2026 LIS Rider.</b></p> <p><b>If you don't get Extra Help, you pay the cost shares below:</b></p> <p><b>Copayment/Coinsurance during the Initial Coverage Stage:</b></p> <p><b>Drug Tier 1:</b></p> <p style="padding-left: 20px;"><b>Standard cost sharing:</b> <b>\$19 copay for a one-month (30-day) supply.</b></p> <p style="padding-left: 20px;"><b>Preferred cost sharing:</b> <b>\$18 copay for a one-month (30-day) supply.</b></p> <p><b>Drug Tier 2:</b></p> <p style="padding-left: 20px;"><b>Standard cost sharing:</b></p>

	<p style="text-align: center;"><b>2025 (this year)</b></p>	<p style="text-align: center;"><b>2026 (next year)</b></p>
		<p><b>\$20 copay for a one-month (30-day) supply.</b></p> <p><b>Preferred cost sharing: \$19 copay for a one-month (30-day) supply.</b></p> <p><b>Drug Tier 3:</b></p> <p><b>Standard cost sharing: 25% of the total cost for a one-month (30-day) supply.</b></p> <p><b>You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier.</b></p> <p><b>Preferred cost sharing: 25% of the total cost for a one-month (30-day) supply.</b></p> <p><b>You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 4:</b></p> <p><b>Standard cost sharing: \$100 copay for a one-month (30-day) supply.</b></p>

	<p style="text-align: center;"><b>2025 (this year)</b></p>	<p style="text-align: center;"><b>2026 (next year)</b></p>
		<p><b>You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier.</b></p> <p><b>Preferred cost sharing: \$100 copay for a one-month (30-day) supply.</b></p> <p><b>You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 5:</b></p> <p><b>Standard cost sharing: 25% of the total cost for a one-month (30-day) supply.</b></p> <p><b>Preferred cost sharing: 25% of the total cost for a one-month (30-day) supply.</b></p> <p><b>Drug Tier 6:</b></p> <p><b>Standard cost sharing: \$0 copay for a one-month (30-day) supply.</b></p> <p><b>Preferred cost sharing:</b></p>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
		<p><b>\$0 copay for a one-month (30-day) supply.</b></p> <p><b>Catastrophic Coverage Stage:</b></p> <p><b>During this payment stage, you pay nothing for your covered Part D drugs.</b></p>

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## SECTION 1 Changes to Benefits & Costs for Next Year

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### Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium unless it's paid for you by California Medi-Cal (Medicaid).)  Because you get Extra Help, you do not pay a premium for this plan.	\$0	\$0

### Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

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

	2025 (this year)	2026 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p>Because our members also get help from California Medi-Cal (Medicaid), very few members ever reach this out-of-pocket maximum.</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount.</p> <p>Your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount.</p>	<p>\$9,350</p>	<p><b>\$9,250</b></p> <p><b>Once you've paid \$9,250 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</b></p>

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider & Pharmacy Directory* [go.wellcare.com/2026providerdirectories](http://go.wellcare.com/2026providerdirectories) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider & Pharmacy Directory*:

- Visit our website at [go.wellcare.com/2026providerdirectories](http://go.wellcare.com/2026providerdirectories).
- Call Member Services at 1-800-431-9007 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider & Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-431-9007 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your Evidence of Coverage.

### Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Provider & Pharmacy Directory* [go.wellcare.com/2026providerdirectories](http://go.wellcare.com/2026providerdirectories) to see which pharmacies are in our network. Here’s how to get an updated *Provider & Pharmacy Directory*:

- Visit our website at [go.wellcare.com/2026providerdirectories](http://go.wellcare.com/2026providerdirectories).
- Call Member Services at 1-800-431-9007 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider & Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-800-431-9007 (TTY users call 711) for help.

### Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2025 (this year)	2026 (next year)
<b>Prior Authorizations</b>	<p>The following in-network benefits have a change in prior authorization requirements.</p> <p>Physician/Practitioner services, including doctor’s office visits - Additional telehealth services may require prior authorization.</p> <p>Vision care - Medicare-covered eyewear may require prior authorization.</p>	<p><b>Physician/Practitioner services, including doctor’s office visits - Additional telehealth services do(es) <u>not</u> require prior authorization.</b></p> <p><b>Vision care - Medicare-covered eyewear do(es) <u>not</u> require prior authorization.</b></p>

	2025 (this year)	2026 (next year)
	If your benefit does or does not require a prior authorization, it may still require a referral from the plan.	<b>If your benefit does or does not require a prior authorization, it may still require a referral from the plan.</b>
<b>Emergency services - Worldwide emergency coverage</b>	You pay a \$110 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to the hospital.	<b>You pay a \$115 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to the hospital.</b>
<b>Emergency services - Worldwide urgent coverage</b>	You pay a \$110 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital.	<b>You pay a \$115 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital.</b>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Fitness Benefit</b>	<p>You pay a \$0 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, FitKits which include at-home fitness boxes. Members also have access to unlimited fitness videos at \$0 copay which utilize zero credits.</p> <p>Any unused credits from the monthly allotment do not carry over to the next month but will be refreshed on the first of each month. Members will have the option of purchasing additional credits.</p>	<b>Fitness benefit is <u>not</u> covered</b>

	2025 (this year)	2026 (next year)
<b>Hearing services - Hearing aids</b>	Up to a \$1,000 allowance per ear every year for hearing aids.	<b>Up to a \$350 allowance per ear every year for hearing aids.</b>
<b>Podiatry services - Routine foot care</b>	You pay a \$0 copay for each routine podiatry service, up to 12 visit(s) every year.	<b>Podiatry services - Routine foot care is <u>not</u> covered.</b>
<p><b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b> Benefits mentioned are a part of Special Supplemental Benefits for the Chronically Ill. 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>	SSBCI benefits are <u>not</u> offered.	<p><b>If you qualify for SSBCI, you may use your monthly Wellcare Spendables® allowance on the benefits shown below. The allowance is combined with your over-the-counter (OTC), Dental, Vision, and Hearing benefit. Once determined eligible these expanded benefits will be available in 7-10 business days.</b></p> <p><b>You pay a \$0 copay. See the Wellcare Spendables® benefit row in this chart for more information about the Wellcare Spendables® card.</b></p> <p><b>Gas pay-at-pump</b> <b>If eligible, you can use your Wellcare Spendables® card to pay for gas directly at the pump. The card cannot be</b></p>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
		<p>used to pay in-person at the cash register. Your card can only be used to pump gas up to the available allowance amount.</p> <p><b>Healthy Food</b> 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. <b>Approved items include:</b></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> If eligible, you can use your card to help with the cost of home assistance and safety items, including installation services for certain products. Approved items and services include:</p>

	2025 (this year)	2026 (next year)
		<ul style="list-style-type: none"> <li>• <b>Grab bars or doorknobs and non-slip floor coverings</b></li> <li>• <b>Safety chairs and bathroom modification aids</b></li> <li>• <b>Portable air conditioning and air quality products</b></li> <li>• <b>Pest and insect control supplies and in-home treatments</b></li> </ul> <p><b>Utility Assistance</b>                      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>• <b>Electric, gas, sanitary / trash, and water utilities services</b></li> <li>• <b>Landline and cell phone service</b></li> <li>• <b>Internet service</b></li> <li>• <b>Cable TV (excluding streaming services)</b></li> <li>• <b>Certain petroleum expenses, such as home heating oil</b></li> </ul>

	2025 (this year)	2026 (next year)
		<p><b>Rent Assistance</b> If eligible, you can use your Wellcare Spendables® card to help with the cost of rent for your home.</p>
<p><b>Transportation services</b></p>	<p>You pay a \$0 copay for 12 non-emergency trips within our service area every year.</p> <p>Rides (also called “trips”) are limited to 75 miles one-way and up to 4 one-way trips per day. For routine care, call up to 1 month and at least 3 days in advance. Same day rides are subject to availability. A trip is considered one-way transportation by taxi, van, or rideshare services to a healthcare location.</p>	<p><b>Non-emergency medical transportation is <u>not</u> covered.</b></p>
<p><b>Value-Based Insurance Design (VBID) Model</b></p>	<p>You pay a \$0 copay. Because your plan participates in the Value-Based Insurance Design Program, you can use your Wellcare Spendables® allowance towards benefits shown below:</p> <ul style="list-style-type: none"> <li>• Gas pay-at-pump: Pay for gas directly at the pump</li> <li>• Healthy Food: Approved healthy and nutritious</li> </ul>	<p><b>Value-Based Insurance Design Model benefits are <u>not</u> offered.</b></p>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
	<p>foods and produce at participating retailers</p> <ul style="list-style-type: none"> <li>• Home Improvement Items: Help with the cost of home improvement and safety items</li> <li>• Rent Assistance: Cost of rent for your home</li> <li>• Utility Assistance: Plan approved utilities for your home</li> </ul> <p>See the Wellcare Spendables<sup>®</sup> benefit row in this chart for more information about the Wellcare Spendables<sup>®</sup> card.</p> <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>	
<p><b>Wellcare Spendables<sup>®</sup></b></p>	<p>You pay a \$0 copay. You receive a \$61 monthly allowance to be used towards certain benefits.</p> <p>See Value-Based Insurance Design (VBID) Model benefit row in this chart for</p>	<p><b>You pay a \$0 copay. You will receive a \$71 monthly allowance preloaded on your Wellcare Spendables<sup>®</sup> card to spend on OTC items, Dental, Vision, and Hearing services. Your monthly allowance rolls over to the following month if unused</b></p>

	<p style="text-align: center;"><b>2025 (this year)</b></p>	<p style="text-align: center;"><b>2026 (next year)</b></p>
	<p>information about the VBIID program benefit changes.</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> Wellcare Spendables® card allowance cannot be used toward any dental, vision, or hearing service expenses.</p>	<p><b>and expires at the end of the plan year.</b></p> <p><b>Your card allowance can be used towards:</b></p> <p><b>Over-the-Counter items (OTC)</b> <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.</b></p> <p><b>Dental, Vision, and Hearing</b> <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. Please refer to your Evidence of Coverage for more information.</b></p> <p><b>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:</b></p>

	2025 (this year)	2026 (next year)
		<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) benefit row in this chart for more information on these benefits.</p>

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier.

**Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules 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 your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-800-431-9007 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30th, 2025, call Member Services at 1-800-431-9007 (TTY users call 711) and ask for the *LIS Rider*.

### Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier) drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. 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.

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
<b>Yearly Deductible</b>	Because we have no deductible, this payment stage doesn't apply to you.	<p><b>\$425</b></p> <p><b>During this stage, you pay \$19 standard cost sharing or \$18 preferred cost sharing for drugs on Tier 1: Preferred Generic and \$0 cost sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier until you've reached the yearly deductible.</b></p>

**Drug Costs in Stage 2: Initial Coverage**

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing and preferred cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
<p><b>Drug Tier 1 - Preferred Generic:</b></p>	<p>You pay a \$0 copay for all covered Part D drugs.</p> <p>Your cost for a one-month (30-day) mail-order prescription is \$0.</p>	<p><b><i>Standard cost sharing:</i></b> You pay a <b>\$19 copay</b></p> <p><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> <p><b><i>Preferred cost sharing:</i></b> You pay a <b>\$18 copay</b></p> <p><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p>
<p><b>Drug Tier 2 - Generic:</b></p>	<p>You pay a \$0 copay for all covered Part D drugs.</p> <p>Your cost for a one-month (30-day) mail-order prescription is \$0.</p>	<p><b><i>Standard cost sharing:</i></b> You pay a <b>\$20 copay</b></p> <p><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> <p><b><i>Preferred cost sharing:</i></b> You pay a <b>\$19 copay</b></p> <p><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p>

	2025 (this year)	2026 (next year)
<b>Drug Tier 3 - Preferred Brand:</b>	<p>You pay a \$0 copay for all covered Part D drugs.</p> <p>You pay \$0 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30-day) mail-order prescription is \$0.</p>	<p><b><i>Standard cost sharing:</i> You pay 25% of the total cost</b></p> <p><b>You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier.</b></p> <p><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> <p><b><i>Preferred cost sharing:</i> You pay 25% of the total cost</b></p> <p><b>You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier.</b></p> <p><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p>

	2025 (this year)	2026 (next year)
<b>Drug Tier 4 - Non-Preferred Drug:</b>	<p>You pay a \$0 copay for all covered Part D drugs.</p> <p>You pay \$0 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30-day) mail-order prescription is \$0.</p>	<p><b><i>Standard cost sharing:</i></b> You pay a \$100 copay</p> <p><b>You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier.</b></p> <p><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> <p><b><i>Preferred cost sharing:</i></b> You pay a \$100 copay</p> <p><b>You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier.</b></p> <p><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p>
<b>Drug Tier 5 - Specialty Tier:</b>	<p>You pay a \$0 copay for all covered Part D drugs.</p> <p>Your cost for a one-month (30-day) mail-order prescription is \$0.</p>	<p><b><i>Standard cost sharing:</i></b> You pay 25% of the total cost</p> <p><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> <p><b><i>Preferred cost sharing:</i></b> You pay 25% of the total cost</p> <p><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p>

	2025 (this year)	2026 (next year)
<b>Drug Tier 6 - Select Care Drugs:</b>	You pay a \$0 copay for all covered Part D drugs. Your cost for a one-month (30-day) mail-order prescription is \$0.	<b>Standard cost sharing: You pay a \$0 copay</b> <b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b> <b>Preferred cost sharing: You pay a \$0 copay</b> <b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b>

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

**Changes to your VBID Part D Benefit**

Description	2025 (this year)	2026 (next year)
<b>Part D Cost-sharing Elimination</b>	Because you qualify for Part D cost-sharing elimination, you pay nothing for all covered Part D drugs.	<b>Part D cost-sharing elimination is <u>not</u> offered, therefore you will pay your LIS cost shares. Please refer to your LIS Rider.</b>

**Changes to the Catastrophic Coverage Stage**

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

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

	2025 (this year)	2026 (next year)
<b>Advance Coverage Determination Request</b>	Members could request a Coverage Determination prior to the upcoming benefit year effective date.	<b>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>
<b>Level 1 Appeals</b>	You can file a Level 1 standard appeal with us through a written request. For more details, please refer to Chapter 9 of your Evidence of Coverage.	<b>You can file a Level 1 standard appeal with us through a written request or by calling Member Services. For more details, please refer to Chapter 9 of your Evidence of Coverage.</b>
<b>Membership disenrollment options</b>	If you need to switch from our plan to Original Medicare or another Medicare Advantage plan, you need to send us a written request to disenroll. For more details, please refer to Chapter 10 of your Evidence of Coverage.	<b>If you need to switch from our plan to Original Medicare or another Medicare Advantage plan, you can send us a written request to disenroll or visit our website to disenroll online. For more details, please refer to Chapter 10 of your Evidence of Coverage.</b>
<b>Preferred Part B diabetic products</b>	OneTouch™ is our preferred diabetic testing supplies (glucose monitors & test	<b>Accu-Chek Guide™ and True Metrix™ are our preferred diabetic testing supplies</b>

	2025 (this year)	2026 (next year)
	strips) brand. Other brands are not covered unless medically necessary and authorized.	<b>(glucose monitors &amp; test strips) brands. Other brands are not covered unless medically necessary and authorized.</b>
<b>Medicare Prescription Payment Plan</b>	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	<b>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-833-750-9969. (TTY users call 1-800-716-3231.) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</b>

### SECTION 3 How to Change Plans

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

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Wellcare Dual Liberty (HMO D-SNP).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Wellcare Dual Liberty (HMO D-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online at [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA). Call Member Services at 1-800-431-9007 (TTY users call 711) for more information on how to do this. Or call

**Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).

- **To learn more about Original Medicare and the different types of Medicare plans**, visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

### Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have California Medi-Cal (Medicaid)
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have California Medi-Cal (Medicaid), you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your California Medi-Cal (Medicaid) benefits and services in one plan.

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

without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## SECTION 4 Get Help Paying for Prescription Drugs

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
  - Your State California Medi-Cal (Medicaid) office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through The AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call The AIDS Drug Assistance Program (ADAP) at 1-844-421-7050 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday (excluding holidays). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are

eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-833-750-9969 (TTY users call 1-800-716-3231) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from Wellcare Dual Liberty (HMO D-SNP)

- **Call Member Services at 1-800-431-9007. (TTY users call 711.)**

We're available for phone calls. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Wellcare Dual Liberty (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA) or call Member Services at 1-800-431-9007 (TTY users call 711) to ask us to mail you a copy.

- **Visit [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA)**

Our website has the most up-to-date information about our provider network (*Provider & Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

### Get Free Counseling about Medicare

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

Call California Health Insurance Counseling and Advocacy Program (HICAP) to get free personalized health insurance counseling. They can help you understand your Medicare and California Medi-Cal (Medicaid) plan choices and answer questions about switching plans. Call California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222. Learn more about California Health Insurance Counseling and Advocacy Program (HICAP) by visiting ([www.aging.ca.gov/Programs\\_and\\_Services/Medicare\\_Counseling/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/)).

## Get Help from Medicare

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

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

- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## Get Help from California Medi-Cal (Medicaid)

Call California Medi-Cal (Medicaid) at 1-800-541-5555 from 8 a.m. - 5 p.m. PT, Monday - Friday. TTY users call 1-800-430-7077 for help with California Medi-Cal (Medicaid) enrollment or benefit questions.

## **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 in a timely manner 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 in a timely manner 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**

**P.O. Box 10420**

**Van Nuys, CA 91410-0420**

**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 the 1557 Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Wellcare By Health Net's 1557 Coordinator by calling **1-855-577-8234**, Monday - Friday, 8:00 a.m. to 8:00 p.m. ET, 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:  
**1557 Coordinator**  
**P.O. Box 31384**  
**Tampa, FL 33631**
- **By fax:** **1-866-388-1769**
- **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 [go.wellcare.com/HealthNetCA](http://go.wellcare.com/HealthNetCA).
- **By Email:** [SM\\_Section1557Coord@centene.com](mailto:SM_Section1557Coord@centene.com)

### **Office of Civil Rights – California Department of Health Care Services**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-916-440-7370**. If you cannot speak or hear well, please call **TTY 711 (Telecommunications Relay Service)**.
- **In writing:** Fill out a complaint form or send a letter to:  
**Deputy Director, Office of Civil Rights**  
**Department of Health Care Services**  
**Office of Civil Rights**  
**P.O. Box 997413, MS 0009**  
**Sacramento, CA 95899-7413**

Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- **Electronically:** Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

### **Office of Civil Rights – U.S. Department of Health and Human Services**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:  
**U.S. Department of Health and Human Services**  
**200 Independence Avenue SW**  
**Room 509F, HHH Building**  
**Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

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: Չանզահարեք 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). 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.

**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.