2026
Summary of Benefits

California

Wellcare Dual Liberty (HMO D-SNP)

H3561 | 009 | 000

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

This is a summary of drug and health services covered by Wellcare Dual Liberty (HMO D-SNP) from January 1, 2026 to December 31, 2026.

This booklet will provide you with a summary of what we cover and what you pay. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at go.wellcare.com/HealthNetCA. To request a copy, please call 1-844-480-0680 (TTY 711). Hours are: Sunday-Saturday, 8 am to 8 pm.

Who can join?

This is a Dual Eligible Needs Plan (D-SNP) for people who have both Medicare and California Medi-Cal (Medicaid).

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

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

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

Refer to "Medicare Savings Program (MSP) Levels" section below for a description of all MSP levels.

Please contact the plan for further details.

Plan's service areas:

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

About this plan & how to get care

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

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

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

Part D prescription drugs are covered. You have access to our large network of pharmacies. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. Our plan uses a *formulary*. Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand name drugs.

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

You can save money by using our preferred mail-order pharmacy and by using providers in the plan's network. You can see our plan's provider and pharmacy directory at go.wellcare.com/2026providerdirectories. Our complete plan Formulary (list of Part D prescription drugs) is on our website at go.wellcare.com/druglist-6714.

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

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). For more information, or to request information in an alternate format, please call us at 1-844-480-0680 (TTY users should call 711). Hours are: Sunday-Saturday, 8 am to 8 pm.

Understanding Dual Eligibility

Dual Eligible Special Needs Plans (DSNPs) are specialized Medicare Advantage plans that provide healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage.

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

Medicare Savings Program (MSP) Levels

- ***Full-Benefit Dual Eligible (FBDE):*** Medicaid may pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. Eligible beneficiaries also receive full Medicaid benefits.
- ***Qualified Medicare Beneficiary (QMB):*** Medicaid will pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. (Some people with QMB are also eligible for full Medicaid benefits (QMB+)).
- ***Specified Low-Income Medicare Beneficiary (SLMB):*** Medicaid will absorb the cost of your Medicare Part B Premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).
- ***Qualified Individual (QI):*** Medicaid will pay costs associated with Medicare Part B.
- ***Qualified Disabled Working Individual (QDWI):*** Medicaid will pay costs associated with Medicare Part A.

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

What is Extra Help?

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

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

There are services that are not covered by our plan but are available through California Medi-Cal (Medicaid). Refer to the Medi-Cal Benefits covered outside of Wellcare Dual Liberty (HMO D-SNP) section later in this document for more information.

Benefits

	Wellcare Dual Liberty (HMO D-SNP) **H3561, Plan 009, 000**
Note: *Services with an asterisk (*) may require prior authorization.* *Services with a square (▪) means a referral may be required.*	
Monthly Plan Premium (includes both medical and drugs)	$0 Because you get Extra Help, your plan premium is paid on your behalf. You must continue to pay your Medicare Part B premium, if not otherwise paid for by California Medi-Cal (Medicaid) or another third party.
Deductible	No deductible
Maximum Out-of-Pocket (MOOP) Responsibility (does not include prescription drugs)	$9,250 annually 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.
Inpatient Hospital Coverage	• $0 copay for each Medicare-covered hospital stay. ▪ *
Outpatient Hospital Coverage	
Outpatient Hospital Services	$0 copay for surgical and non-surgical services. ▪ *
Outpatient Hospital Observation Services	$0 copay for outpatient observation. ▪
Ambulatory Surgical Center (ASC) Services	$0 copay for each Medicare-covered visit to an ambulatory surgical center. ▪ *

Benefits

	Wellcare Dual Liberty (HMO D-SNP) **H3561, Plan 009, 000**
Doctor Visits Primary Care Providers	$0 copay
Specialists	$0 copay ▪ *
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	$0 copay
Emergency Care	$0 copay
Worldwide Emergency Coverage	$115 copay Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.
Urgently Needed Services	$0 copay

Benefits

	Wellcare Dual Liberty (HMO D-SNP) **H3561, Plan 009, 000**
Worldwide Urgent Care Coverage	$115 copay Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.
Diagnostic Services/Labs/Imaging Lab Services	$0 copay ▪ *
Diagnostic Tests and Procedures	$0 copay ▪ *
Outpatient X-rays	$0 copay ▪ *
Diagnostic Radiology Services (e.g. MRI, CAT Scan)	$0 copay ▪ *
Therapeutic Radiology	$0 copay ▪ *
Hearing Services Hearing Exam Medicare-covered	$0 copay *

Benefits

	Wellcare Dual Liberty (HMO D-SNP) **H3561, Plan 009, 000**
Routine Hearing Exam	$0 copay * 1 exam(s) every year
Hearing Aids Hearing Aid Fitting/Evaluation(s) Hearing Aid Allowance All Types	 $0 copay * 1 fitting(s) / evaluation(s) every year Up to a $350 allowance per ear every year for hearing aids. $0 copay * Limited to 2 hearing aid(s) every year
Additional Hearing Information	**What you should know** Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
Dental Services Medicare-covered	 $0 copay for each Medicare-covered service *
Dental Check-ups and Preventive Care	$0 copay As a Medi-Cal member, many standard dental services are available through the Medi-Cal Dental Fee-For-Service Program; these include, but are not limited to services such as: • Initial examinations, X-rays, cleanings, and fluoride treatments

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009, 000
	• Restorations and crowns • Root canal therapy • Partial and complete dentures, adjustments, repairs, and relines Dental benefits are available through Medi-Cal Dental Fee-For-Service (FFS). For more information contact the Medi-Cal Dental program at 1-800-322-6384 (TTY users call 1-800-735-2922). This call is free. Medi-Cal Dental representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday. You can also visit the website at SmileCalifornia.org for more information.
Restorative and Emergency Dental Care	$0 copay * Restorative and emergency dental care is available in the Medi-Cal Dental Program. For more information you can visit the website at SmileCalifornia.org In addition to Medi-Cal Dental program, the plan offers: • Restorative services – Crowns are limited to two per calendar year. Crowns are a covered benefit on the same tooth once every five calendar years. • Prosthodontics, including dentures – Covered services include one rebase per calendar year. Replacement of denture teeth and acrylic requires the existing denture to be 5 plus years old. Pontics are covered once per tooth every five calendar years. Prior authorization may be required.

Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009, 000
Vision Care Eye Exam Medicare-covered	$0 copay for each Medicare-covered diabetic retinopathy screening or diabetic eye exam $0 copay for all other Medicare-covered eye exams *
Routine Eye Exam (Refraction)	$0 copay * 1 exam(s) every year
Glaucoma Screening	$0 copay for each Medicare-covered service. ▪
Eyewear Medicare-covered	$0 copay
Routine Eyewear Contact Lenses/ Eyeglasses (frame and lenses)/ Eyeglass Frames Eyewear Allowance	$0 copay * Up to a $100 combined allowance towards contacts and glasses (lenses and/or frames) every year.
Mental Health Services Inpatient Visit	• $0 copay for each Medicare-covered hospital stay. ▪ *
Outpatient Individual Therapy Visit	$0 copay ▪ *

Benefits

	Wellcare Dual Liberty (HMO D-SNP) **H3561, Plan 009, 000**
Outpatient Group Therapy Visit	$0 copay ▪ *
Skilled Nursing Facility (SNF)	Days 1-100: • $0 copay per stay ▪ *
Therapy and Rehabilitation Services Physical Therapy	$0 copay ▪ *
Outpatient Rehabilitation Services Provided by an Occupational Therapist	$0 copay ▪ *
Pulmonary Rehabilitation Services	$0 copay ▪
Ambulance Ground Ambulance	$0 copay *
Air Ambulance	$0 copay *
Transportation Services (Non-emergency medical transportation)	Not covered

Benefits

	Wellcare Dual Liberty (HMO D-SNP) **H3561, Plan 009, 000**
Medicare Part B Drugs Chemotherapy Drugs and Other Part B Drugs	$0 copay *
Insulin	$0 copay (maximum per month) *
Allergy Antigen	$0 copay *

Part D Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009, 000
Stage 1: Yearly Deductible Stage	
If a plan has a Part D drug deductible, the deductible doesn't apply to covered insulin products and most adult Part D vaccines including shingles, tetanus and travel vaccines.	
Deductible	Because you get Extra Help, you do not pay a deductible for Part D drugs. This payment stage doesn't apply.
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable)	
You stay in the Initial Coverage Stage until your total out-of-pocket costs reach $2,100. You then move on to the Catastrophic Coverage Stage.	
What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you, even if you have not paid your deductible (if your plan has a deductible).	
What You Pay for Insulin: **Tier 3:** You won't pay more than the lesser of 25% of our negotiated price for the drug or $35 for up to a 1-month supply, the lesser of 25% of our negotiated price for the drug or $70 for up to a 2-month supply, or the lesser of 25% of our negotiated price for the drug or $105 for up to a 3-month supply of each covered insulin product, even if you have not paid your deductible (if your plan has a deductible). **Tier 4:** You won't pay more than the lesser of 25% of our negotiated price for the drug or $35 for up to a 1-month supply, the lesser of 25% of our negotiated price for the drug or $70 for up to a 2-month supply, or the lesser of 25% of our negotiated price for the drug or $105 for up to a 3-month supply of each covered insulin product, even if you have not paid your deductible (if your plan has a deductible).	
What you pay for other Part D Drugs: The cost share you pay depends on your level of Extra Help.	

Part D Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009, 000	
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)		
Retail cost-sharing (30-day / 100-day supply) For more details on tier descriptions, please see the Evidence of Coverage.		
	Preferred	**Standard**
Tier 1 (Preferred Generic)	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65
Tier 2 (Generic)	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65
Tier 3 (Preferred Brand)	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65
Tier 4 (Non-Preferred Drug)	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65
Tier 5 (Specialty Tier) Limited to 30 day supply	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65
Tier 6 (Select Care Drugs)	$0 copay	$0 copay

Part D Prescription Drug Coverage	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009, 000	
Stage 2: Initial Coverage Stage (after you pay your deductible, if applicable) (Continued)		
Mail-order cost-sharing (100-day supply)		
	Preferred	**Standard**
Tier 1 (Preferred Generic)	$0 copay	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65
Tier 2 (Generic)	$0 copay	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65
Tier 3 (Preferred Brand)	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65
Tier 4 (Non-Preferred Drug)	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65	Generics: $0 / $1.60 / $5.10 Brands: $0 / $4.90 / $12.65
Tier 5 (Specialty Tier) Limited to 30 day supply	Not Available	Not Available
Tier 6 (Select Care Drugs)	$0 copay	$0 copay
Stage 3: Catastrophic Coverage Stage		
During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing for the rest of the calendar year.		
	You enter this stage after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $2,100.	

Generic drugs may be covered on tiers other than Tier 1 and Tier 2. Please check this plan's Formulary to validate the specific tier on which your drugs are covered.

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or the day supply received. Mail order prescriptions are dispensed at a quantity of 35 days or more.

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).

To learn more about this payment option, please contact us at 1-833-750-9969. (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week or visit go.wellcare.com/CA-MPPP.

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009, 000
Note: *Services with an asterisk (*) may require prior authorization.* *Services with a square (▪) means a referral may be required.*	
Chiropractic Services Medicare-covered	$0 copay ▪ *
Acupuncture Medicare-covered	$0 copay ▪ *
Podiatry Services (Foot Care) Medicare-covered	$0 copay ▪ *

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) **H3561, Plan 009, 000**
Virtual Visits	$0 copay for virtual visit services performed through your plan's virtual visit provider(s). Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more. A virtual visit (also known as telehealth or telemedicine) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device. For more information, please see your Evidence of Coverage. **What you should know:** The $0 copay above only applies when services are received from your plan's virtual visit provider(s). If you receive telemedicine services from a network provider and not your plan's virtual visit provider(s), you will pay the cost shares listed for those providers, as outlined within the Evidence of Coverage (*e.g., if you receive telehealth services from your PCP, you will pay the PCP cost share*).
Social Support Platform	Our plan provides an online and app-based support platform for your overall well-being. The platform offers personalized therapeutic self-guided activities and programs to help manage stress, anxiety, and support your emotional and mental health. Engage in interactive activities, meditations and games tailored to your needs. The platform also features the ability to join social communities. Available online 24/7 - you can use it whenever you choose. For more information on how to access the social support platform, please see your Evidence of Coverage. $0 copay

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) H3561, Plan 009, 000
Home Health Agency Care	$0 copay ▪ *
Medical Equipment/Supplies Durable Medical Equipment (DME)	$0 copay *
Prosthetics	$0 copay *
Diabetic Supplies	$0 copay * For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic Therapeutic Shoes Or Inserts	$0 copay *
Opioid Treatment Program Services	$0 copay ▪ *
Health and Wellness Education Programs	For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage.
24-Hour Nurse Advice Line	$0 copay

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) **H3561, Plan 009, 000**
Annual Routine Physical Exam	$0 copay **What you should know:** The exam includes a detailed medical/family history and recommendations for preventive screenings/care.
Special Supplemental Benefits for the Chronically Ill (SSBCI) 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.	**If eligible,** you can use your Wellcare Spendables® allowance towards the additional benefits shown below. Once determined eligible these expanded benefits will be available in 7-10 business days. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card. Your card allowance can be used towards: • **Gas pay-at-pump** - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. • **Healthy Food** - You can use your card to pay for healthy foods and produce at participating retailers. Delivery options for eligible grocery items may be available. Prepared meals and produce boxes are available for order via online portal. • **Home Assistance and Safety Items** - You can use your card to help with the cost of home assistance and safety items, including installation. You can also use your card to help with the cost of pest and insect control. Log in to your member portal to purchase accepted items and view eligible services. • **Rent Assistance** - You can use your card to help with the cost of rent/mortgage for your home. • **Utility Assistance** - You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet.

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) **H3561, Plan 009, 000**
Wellcare Spendables®	You will receive **$71 monthly** 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.** Your card allowance can be used towards: **Over-the-Counter items (OTC)-** Your card can be used at participating retail locations, through the mobile app, or online through your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. **Dental, Vision, and Hearing** - You may use your card to help reduce your out-of-pocket expenses for eligible dental, vision, and hearing services. **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: • Gas pay-at-pump • Healthy Food • Home Assistance and Safety Items • Pest Control Items and Services • Rent Assistance • Utility Assistance Refer to Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits. For more information, limitations, and exclusions, please see your Evidence of Coverage.
California Integrated Care Management (CICM)	$0 copay Eligible members include the following based on criteria set forth in the CA 2026 DSNP Policy Guide • Adults who experience homelessness

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) **H3561, Plan 009, 000**
	• Adults at risk for avoidable hospital or ED utilization • Adults with Serious Mental Health and/or SUD needs • Adults transition from incarceration • Adults living in the community and at risk for long-term care • Adult nursing facility residents transitioning to the community • Adults who are pregnant or postpartum and subject to racial and ethnic disparities • Adults with documented Dementia needs Members who are identified based on the criteria set forth in the CA 2026 DSNP Policy Guide will be outreached in accordance with our MOC for participation in the Care Management program. Benefits include: • In-person engagement based on the Policy Guide • Comprehensive Assessment • Individualized Care Plan • Coordination of care • Collaboration and coordination with Community Based Organizations • Members with Dementia assigned to a Dementia Care Specialist • Coordination with member of the interdisciplinary care team (ICT)
My Wellcare Rewards	With **My Wellcare Rewards**, you can earn up to $100 by completing eligible health activities and portal activities through your member portal.

Additional Benefits

	Wellcare Dual Liberty (HMO D-SNP) **H3561, Plan 009, 000**
	Rewards will be loaded onto your Wellcare Spendables® card.

Comprehensive Written Statement for Prospective Enrollees

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

Medi-Cal Benefits covered outside of Wellcare Dual Liberty (HMO D-SNP)

There are some services that you can get that aren't covered by Wellcare Dual Liberty (HMO D-SNP) but are covered by Medi-Cal. You might receive these services through a Medi-Cal managed care plan, the State (Medi-Cal fee-for-service), or a county agency. This isn't a complete list. Call your plan at 1-800-431-9007, TTY:711 to talk to a Member Service representative to help you coordinate Medi-Cal benefits. 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.

California Medi-Cal (Medicaid)
• Durable Medical Equipment
• Transportation
• Hearing Benefits
• Vision Benefits
• Community Based Adult Services (CBAS)
• Skilled Nursing Facility Services
• Community Supports
• Dental Services
• In-Home Supportive Services (IHSS)
• County Behavioral Health Services

• Home and Community-Based Services (HCBS) Waivers
• Prescription Drugs Covered by Medi-Cal Rx
• Specialty Mental Health Services (SMHS)
• Substance Use Disorder Treatment Services

Notice of Privacy Statement

Once you become a Wellcare By Health Net member, Wellcare By Health Net uses and discloses a member's protected health information and nonpublic personal financial information* for purposes of treatment, payment, health care operations, and where permitted or required by law. Wellcare By Health Net provides members with a Notice of Privacy Practices that describes how it uses and discloses protected health information; the individual's rights to access, to request amendments, restrictions, and an accounting of disclosures of protected health information; and the procedures for filing complaints. Wellcare By Health Net will provide you the opportunity to approve or refuse the release of your information for non-routine releases such as marketing. Wellcare By Health Net provides access to members to inspect or obtain a copy of the member's protected health information in designated record sets maintained by Wellcare By Health Net. Wellcare By Health Net protects oral, written and electronic information across the organization by using reasonable and appropriate security safeguards. These safeguards include limiting access to an individual's protected health information to only those who have a need to know in order to perform payment, treatment, health care operations or where permitted or required by law. Wellcare By Health Net entire Notice of Privacy Practices can be found at go.wellcare.com/HealthNetCA under "Privacy" or you may call the Customer Contact Center at the phone number on the back cover of this booklet to obtain a copy.

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

Nondiscrimination Notice

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

Wellcare By Health Net provides:

- Free aids and services 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**.
- **By Email: 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**.
- **Electronically:** Send an email to **CivilRights@dhcs.ca.gov**.

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

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

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

  Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.
- **Electronically:** Visit the Office for Civil Rights Complaint Portal at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**.

ATTENTION: If you need help in your language, call 1-800-431-9007 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-431-9007 (TTY: 711). These services are free 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: Զանգահարեք 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 ਮੁਫ਼ਤ 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.

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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.

ຂໍ້ຄວນເອົາใจใส่: 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, hnangv 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.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-844-480-0680 (TTY: 711). Hours are Sunday-Saturday, 8 am to 8 pm.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit go.wellcare.com/HealthNetCA or call 1-844-480-0680 (TTY: 711) to view a copy of the EOC. Hours are Sunday-Saturday, 8 am to 8 pm.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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Contact Us

For more information, please contact us:

By phone

Toll-free at 1-844-480-0680 (TTY: 711). Your call may be answered by a licensed agent.

Hours of Operation

Sunday-Saturday, 8 am to 8 pm

Online

go.wellcare.com/HealthNetCA