2027
Summary of Benefits

Texas

Wellcare Superior HealthPlan Dual Align (HMO D-SNP)

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Wellcare Superior HealthPlan Dual Align (HMO D-SNP) | 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Wellcare Superior HealthPlan Dual Align (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Wellcare Superior HealthPlan Dual Align (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers



This is a summary of health services covered by Wellcare Superior HealthPlan Dual Align (HMO D-SNP) for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can get a copy of the *Member Handbook* by calling Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. If you leave a voicemail message, please include your name, and telephone number and a team member will return your call within one (1) business day. Or you can access the *Member Handbook* on our website go.wellcare.com/TX.

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, 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 *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.
- As a Wellcare With Superior HealthPlan member, you have coverage for both Medicare and Medicaid. You will receive your Medicare benefits and your STAR+PLUS Medicaid benefits through Wellcare Superior HealthPlan Dual Align. You can learn more about providers who participate in Wellcare With Superior HealthPlan for Medicare and Medicaid by visiting https://www.wellcarefindaprovider.com/navigate-a-network.html. To request written copies of our Medicare and Medicaid Provider Directories, please contact us at 1-855-445-3556 (TTY: 711).
- Wellcare (HMO, HMO SNP, and PPO) includes products that are underwritten by WellCare of Texas, Inc., WellCare National Health Insurance Company, Superior HealthPlan, Inc., and SelectCare of Texas, Inc.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

- For more information about STAR+PLUS you can check the*:* STAR+PLUS Medicaid program website www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus or contact the HHS Office of the Ombudsman at 866-566-8989 or TTY: 800-735-2989, 8 a.m. - 5 p.m., Monday through Friday.

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-445-3556 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

- This document is available for free in Spanish.

- We can send materials to you in a language other than English (in addition to the language(s) listed above) or in an alternate format if you ask for it this way. This is called a "standing request". We will document your choice.

    - To make a standing request, change a standing request or make a one-time request, please call Member Services at the phone number on the bottom of this page. 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.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's an integrated D-SNP?	An integrated Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage plan designed for individuals who are eligible for both Medicare and STAR+PLUS known as "dual-eligible" individuals. These plans coordinate the delivery of Medicare and STAR+PLUS benefits through a single health care organization, helping to streamline care and improve outcomes.
Will I get the same Medicare and STAR+PLUS benefits in Wellcare Superior HealthPlan Dual Align (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and STAR+PLUS benefits directly from Wellcare Superior HealthPlan Dual Align (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and Service Coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from local mental health authorities (LMHAs), local behavioral health authorities (LBHAs) or Local Intellectual and Developmental Disability Authorities (LIDDA) if applicable. When you enroll in Wellcare Superior HealthPlan Dual Align (HMO D-SNP), you and your Service Coordinator will work together to develop a Service Plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Wellcare Superior HealthPlan Dual Align (HMO DSNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Wellcare Superior HealthPlan Dual Align (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued on the next page)	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Wellcare Superior HealthPlan Dual Align (HMO D-SNP) and have a contract with us, you can keep going to them. Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Wellcare Superior HealthPlan Dual Align (HMO D-SNP)'s network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Wellcare Superior HealthPlan Dual Align (HMO D-SNP)'s plan. If you get emergency care at an out-of-network hospital and need inpatient care after your emergency is stabilized, you must return to a network hospital for your care to continue to be paid for. You can stay in the out-of-network hospital for your inpatient care only if the plan approves your stay. If you join Wellcare Superior HealthPlan Dual Align (HMO D-SNP) from another health plan, we will work with your previous health plan to get your health information, like your service history, service authorizations, and other information about your current care. If one or more of your providers is not part of our network, there are some instances when you can still see the provider you had before you joined our plan. If your provider is not in-network, they can join by calling Wellcare Superior HealthPlan Dual Align at 1-855-445-3572 (TTY: 711) or visiting us at www.wellcare.com/texas/forms/become-a-provider.

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Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Wellcare Superior HealthPlan Dual Align (HMO D-SNP)'s *Provider and Pharmacy Directory* on the plan's website at go.wellcare.com/2027providerdirectories. If Wellcare Superior HealthPlan Dual Align (HMO D-SNP) is new for you, we'll work with you to develop an Individual Service Plan to address your needs.
What's a Wellcare Superior HealthPlan Dual Align (HMO D-SNP) Service Coordinator?	A Wellcare Superior HealthPlan Dual Align (HMO D-SNP) Service Coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your Service Coordinator or care team will work with that agency.
What happens if I need a service but no one in Wellcare Superior HealthPlan Dual Align (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Wellcare Superior HealthPlan Dual Align (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's Wellcare Superior HealthPlan Dual Align (HMO D-SNP) available?	The service area for this plan includes: Hidalgo County, Texas. You must live in this area to join the plan.

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Frequently Asked Questions	Answers
What's prior authorization (PA)?	Prior authorization means an approval from Wellcare Superior HealthPlan Dual Align (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Wellcare Superior HealthPlan Dual Align (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Wellcare Superior HealthPlan Dual Align (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Wellcare Superior HealthPlan Dual Align (HMO D-SNP) before the service is provided. Refer to **Chapter 3** of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Member Handbook* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Wellcare Superior HealthPlan Dual Align (HMO D-SNP) may not cover the services. Wellcare Superior HealthPlan Dual Align (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. You don't need a referral to use certain specialists, such as women's health specialists. Refer to the *Member Handbook* to learn more about when you'll need to get a referral from your PCP.

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under Wellcare Superior HealthPlan Dual Align (HMO D-SNP)?	No. Because you have STAR+PLUS you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Wellcare Superior HealthPlan Dual Align (HMO D-SNP)?	No. You don't pay deductibles in Wellcare Superior HealthPlan Dual Align (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Wellcare Superior HealthPlan Dual Align (HMO D-SNP)?	There's no cost sharing for medical services in Wellcare Superior HealthPlan Dual Align (HMO D-SNP), so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Except in an emergency, your doctor must tell the plan you are going to be admitted to the hospital. Prior authorization may be required, except in an emergency. Referral may be required.
	Outpatient hospital services, including observation	$0	Prior authorization may be required. Referral may be required.
	Ambulatory surgical center (ASC) services	$0	Prior authorization may be required. Referral may be required.
	Doctor or surgeon care	$0	During an authorized hospital stay, doctor and surgeon care are covered. Prior authorization may be required. Referral may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	Wellness visits, such as a physical	$0	
	“Welcome to Medicare” (preventive visit one time only)	$0	
	Specialist care	$0	Prior authorization may be required. Referral may be required.
You need emergency care (continued on the next page)	Emergency room services	$0	You may get covered emergency care from either in-network or out-of-network providers whenever you need it. You do not need prior authorization for emergency care. $115 copay for worldwide emergency services. You are covered up to $50,000 every year for worldwide emergency and urgent care services.
	Urgent care	$0	You may get covered urgent care from either in-network or out-of-network providers whenever

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued)			you need it. You do not need prior authorization for urgent care. $115 copay for worldwide urgent care services. You are covered up to $50,000 every year for worldwide emergency and urgent care services.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization may be required. Referral may be required.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization may be required. Referral may be required.
You need hearing/auditory services	Hearing screenings	$0	1 exam every year Prior authorization may be required.
	Hearing aids	$0	1 fitting/evaluation every year Up to $1,500 allowance per ear every year for hearing aids. Limited to 1 hearing aid per ear every year. Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued on the next page)	Dental check-ups and preventive care	$0	Our plan covers routine dental care under your Medicare coverage for the following preventive services: • Oral Exams* • Cleanings* • Dental X-rays* • Fluoride Treatment* • Other Diagnostic Dental Services* • Other Preventive Dental Services* ***For more information, limitations and exclusions, please see your *Member Handbook*. Additional dental limitations and exclusions apply.** For members who qualify to receive dental benefits through the state, see the following link for more dental coverage information: www.hhs.texas.gov/handbooks/starplus-handbook/6500-dental-services. Prior authorization may be required.
	Restorative and emergency dental care	$0	Our plan covers routine dental care under your Medicare coverage for the following comprehensive services (limited to $5,000 allowance every year): • Restorative services* • Endodontics*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			• Periodontics* • Oral/Maxillofacial Surgery* • Prosthodontics, Fixed* • Prosthodontics, Removable* • Adjunctive General Services* For members who qualify to receive dental benefits through the state, see the following link for more dental coverage information: https://www.hhs.texas.gov/handbooks/starplus-handbook/6500-dental-services Prior authorization may be required.
You need eye care	Eye exams	$0	1 exam every year Prior authorization may be required.
	Glasses or contact lenses	$0	Up to a $500 combined allowance towards contacts and glasses (lenses and/or frames) every year. Prior authorization may be required.
	Other vision care	$0	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental or behavioral health services (continued on the next page)	Mental or behavioral health services	$0	This plan covers mental health care services including, but not limited to, inpatient stay, outpatient counseling, partial hospitalization program and intensive outpatient program. Our plan also covers: • Individual, group, and family therapy • Psychiatric evaluations and medication management • Care coordination and case management • Access to a large network of behavioral health providers including telehealth Prior authorization may be required. Referral may be required.
	Inpatient and outpatient care and community-based services for people who need mental health services	$0	This plan covers mental health care services including, but not limited to, inpatient stay, outpatient counseling, partial hospitalization program and intensive outpatient program. Our plan also covers: • Individual, group, and family therapy

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental or behavioral health services (continued)			• Psychiatric evaluations and medication management • Care coordination and case management • Access to a large network of behavioral health providers including telehealth Prior authorization may be required. Referral may be required.
You need substance use disorder services	Substance use disorder services	$0	Our plan covers services such as: • Group or individual counseling by a qualified clinician • Treatment of drug abuse • Subacute detoxification in a residential addiction program • Opioid treatment program (OTP) services Prior authorization may be required. Referral may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	$0	Prior authorization may be required. Referral may be required.
	Nursing home care	$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization may be required. Referral may be required.
You need help getting to health services (continued on the next page)	Ambulance services	$0	Ambulance services for emergencies do not require a referral or prior authorization and can be provided by an in-network or out-of-network provider. Prior authorization may be required.
	Emergency transportation	$0	Ambulance services for emergencies do not require a referral or prior authorization and can be provided by an in-network or out-of-network provider. Prior authorization may be required.
	Transportation to medical appointments and services	$0	48 one-way rides every year to plan approved healthcare locations. This includes doctors, specialists, pharmacies, and dental or vision providers.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services (continued)			**What you should know:** Mileage limitations may apply. Call the number on the back of your member ID card 72 hours in advance to reserve a ride for your appointment. Rides may also be reserved via mobile app. Refer to **Chapter 3** and **Chapter 4** of the *Member Handbook* to learn more about Non-emergency Medical Transportation (NEMT) services. Prior authorization may be required.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs. Prior authorization may be required.
	Medicare Part D drugs Tier 1 (Generic) Tier 2 (Preferred Brand) Tier 3 (Non Preferred Drug) Tier 4 (Injectable Drugs)	$0 copay for up to a 100-day supply at a retail pharmacy. $0 copay for a 35 to 100-day supply at a mail order pharmacy.	There may be limitations on the types of drugs covered. Please refer to Wellcare Superior HealthPlan Dual Align (HMO D-SNP)'s *List of Covered Drugs* (*Drug List*) for more information. Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Tier 5 (Specialty Tier) Tier 6 (Select Care Drugs)		Tier 5 drugs are limited to a 30-day supply per fill. An extended-day supply of some drugs is available through mail order and certain retail pharmacies. For more information, please refer to our *List of Covered Drugs* to view those drugs available for an extended-day supply.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Wellcare Superior HealthPlan Dual Align (HMO D-SNP)'s *List of Covered Drugs* (*Drug List*) for more information. Over-the-counter items are now covered under Wellcare Spendables®. Please see the Wellcare Spendables® section in this chart for more information.
You need help getting better or have special health needs	Rehabilitation services	$0	Prior authorization may be required. Referral may be required.
	Medical equipment for home care	$0	Prior authorization may be required.
	Dialysis services	$0	Referral may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	$0	Unlimited visits every year Prior authorization may be required. Referral may be required.
	Orthotic services	$0	Prior authorization may be required. Referral may be required.
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Member Handbook*.	Wheelchairs, crutches, and walkers	$0	Prior authorization may be required.
	Nebulizers	$0	Prior authorization may be required.
	Oxygen equipment and supplies	$0	Prior authorization may be required.
You need help living at home (continued on the next page)	Home health services	$0	Prior authorization may be required. Referral may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	These services are available under Home and Community-Based Services (HCBS) program for eligible members. Prior authorization may be required.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	These services are available under Personal Assistance Services (PAS) and Day Activity and Health Services (DAHS) for eligible members. Prior authorization may be required.
Additional services (continued on the next page)	Chiropractic services	$0	24 visits every year Prior authorization may be required. Referral may be required.
	Diabetes supplies and services	$0	Therapeutic shoes or inserts are covered when medically necessary. Accu-Chek™ Guide and True Metrix™ are our preferred diabetic testing supplies (glucose monitors & test strips). Dexcom and FreeStyle Libre are our preferred continous glucose monitor brands. To get more information about the items

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued) (continued on the next page)			that are on the preferred diabetic testing and monitoring supply lists, please contact Member Services. Quantity limits may apply. Prior authorization may be required.
	Prosthetic services	$0	Prior authorization may be required.
	Radiation therapy	$0	Prior authorization may be required. Referral may be required.
	Services to help manage your disease	$0	Prior authorization may be required. Referral may be required.
	Meals – Post-Acute	$0	If you qualify, you pay nothing for home delivered meals up to 45 days following an Inpatient hospital stay to aid in recovery with a maximum of 2 meals per day for up to 14 days with a maximum for a total of 28 meals per occurrence for an unlimited number of occurrences per year. See additional home delivered meal benefit later in this chart under STAR+PLUS Home and

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued) (continued on the next page)			Community-Based Services (STAR+PLUS HCBS) program (for eligible members). Referral may be required.
	Personal Emergency Response System (PERS)	$0	Members can choose from: In-home PERS, Mobile PERS (wearable options such as a neck pendant, watchband or belt clip), or PERS Smartwatch (with step tracking and heart rate monitoring). Included with the PERS benefit is an app that provides access to you and your family, or emergency contacts for real-time activity and alerts.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued) (continued on the next page)	Fitness	$0	For a detailed list of wellness education program benefits offered, please refer to the *Member Handbook*. To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. You may access one or more gyms within the fitness network. Members have access to in-person fitness centers, available on-demand exercise programs, and choice of Home Fitness Kits.
	Social Support Platform	$0	Our plan provides access to an online and app-based support platform designed to support 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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued) (continued on the next page)			For more information on how to access the social support platform, please see your *Member Handbook*.
	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 *Member Handbook*. • Eligibility is determined based on medical claims and/or other	$0	**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. Electric vehicle (EV) charging may also be covered at participating locations where card payment is accepted. • **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. • **Personal Care Items** – You can use your card to purchase personal care items and

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued) (continued on the next page)	supporting documentation after you are enrolled in the plan. • New members without sufficient claims history may have a provider submit an attestation to support the eligibility review. • Wellcare Superior HealthPlan Dual Align will notify you if you are eligible and provide instructions on how to access SSBCI benefits.		household essentials at participating retailers. Delivery options for eligible items may be available. • **Pest Control Items** – You can use your card to purchase items for use in and around your home at participating retailers. Delivery options for eligible items may be available. • **Rent Assistance -** You can use your card to help with the cost of rent/mortgage for your home. • **Robotic Companion Pet –** You can use your card to order a robotic companion pet, options may include a companion cat, dog, or bird. • **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
	Wellcare Spendables®	$0	You will receive a total of **$172 monthly** preloaded on your Wellcare Spendables® card to spend on OTC items, and if eligible, SSBCI. 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:

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued) (continued on the next page)			**Over-the-Counter items (OTC)** - Your card can be used at participating retail locations, through the mobile app, or by logging in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items, and diabetic items. **Special Supplemental Benefits for the Chronically Ill (SSBCI)** – Benefits mentioned below are 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 • Personal Care Items • Pest Control Items • Rent Assistance • Robotic Companion Pet • 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 *Member Handbook*.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued) (continued on the next page)	My Wellcare Rewards	$0	With **My Wellcare Rewards**, you can earn up to $100 by completing eligible health activities and portal activities through your member portal. Rewards will be loaded onto your Wellcare Spendables® card.
	Medicaid Value-Added Services (Extra Services)	$0	We provide extra benefits, such as: • **Mental Health Resource Online Tool:** Consumer-directed mental health resources through an online tool that offers a range of resources to improve mental health and overall well-being. • **Nicotine Recovery program:** An online, consumer-directed Nicotine Recovery program. • **A Matter of Balance Reward:** A $50 rewards card to our members upon successful graduation from "A Matter of Balance", an 8-week fall prevention program. • **Extra Help Getting a Ride to A Matter of Balance:** An Enhanced

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			Transportation Benefit for members who need assistance getting to A Matter of Balance. Benefit limits and eligibility rules may apply. These extra benefits are offered by Wellcare Superior HealthPlan Dual Align (HMO D-SNP) and are separate from standard STAR+PLUS Medicaid program. Benefits may change or end at any time. Visit www.superiorhealthplan.com/members/medicaid/value-added-services.html for the most current Medicaid value added benefit information.
STAR+PLUS Home and Community-Based Services (STAR+PLUS HCBS) program (for eligible members) (continued on the next page)	Respite Care (short-term care)	$0	Limited to 30 visits per year. This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services. You must be found eligible to receive waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver. Respite care is also a Flexible Benefit offered for free on a limited basis to Wellcare Superior

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
STAR+PLUS Home and Community-Based Services (STAR+PLUS HCBS) program (for eligible members) (continued) (continued on the next page)			HealthPlan Dual Align (HMO D-SNP) non-waiver members. Up to an extra eight (8) hours of in-home respite services for Wellcare Superior HealthPlan Dual Align (HMO D-SNP) non- HCBS waiver members ages 21 and up with certain complex and chronic conditions. Prior authorization may be required.
	Adult Foster Care	$0	This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services. You must be found eligible to receive waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.
	Adaptive Aids and Medical Supplies	$0	This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services. You must be found eligible to receive waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
STAR+PLUS Home and Community-Based Services (STAR+PLUS HCBS) program (for eligible members) (continued) (continued on the next page)			Annual cost limit of this service is $10,000 per waiver plan year. The $10,000 cost limit may be waived by the HHSC upon request of the managed care organization.
	Cognitive Rehabilitation Therapy	$0	This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services. You must be found eligible to receive waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.
	Employment Assistance	$0	This service is only provided to members enrolled in the HCBS STAR+PLUS waiver services. You must be found eligible to receive waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.
	Financial Management Services	$0	Financial Management Services (FMS) is assistance to members with managing funds associated with services elected for the Consumer Directed Services (CDS) option and is

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
STAR+PLUS Home and Community-Based Services (STAR+PLUS HCBS) program (for eligible members) (continued) (continued on the next page)			provided by the financial management services agency (FMSA). This service includes initial orientation and ongoing training related to the responsibilities of being an employer and adhering to legal requirements for employers.
	Home Delivered Meals	$0	Home-delivered meals are a Flexible Benefit offered for free on a limited basis to Wellcare Superior HealthPlan Dual Align (HMO D-SNP) non-waiver members. The meal provides a minimum of one-third of the current recommended dietary allowance for the member as adopted by the United States Department of Agriculture. This service is also provided to members enrolled in the HCBS STAR+PLUS waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.
	Minor Home Modifications	$0	The minor home modifications benefit is subject to a $7,500 lifetime limit and $300 annually for repairs. This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
STAR+PLUS Home and Community-Based Services (STAR+PLUS HCBS) program (for eligible members) (continued) (continued on the next page)			You must be found eligible to receive waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.
	Hearing therapy	$0	Prior authorization may be required.
	Support Consultation (optional service that offers practical skills training and assistance)	$0	This service is only provided to members enrolled in the HCBS STAR+PLUS waiver services. You must be found eligible to receive waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.
	Supported Employment Services (assistance provided to sustain competitive employment)	$0	This service is only provided to members enrolled in the HCBS STAR+PLUS waiver services. You must be found eligible to receive waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
STAR+PLUS Home and Community-Based Services (STAR+PLUS HCBS) program (for eligible members) (continued)	Transition Assistance Services	$0	This service is only provided to members enrolled in the HCBS STAR+PLUS waiver services. You must be found eligible to receive waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver. $2,500 lifetime limit.
Community First Choice (CFC) services (for eligible members) (continued on the next page)	Personal Assistance Services (PAS)	$0	Community First Choice (CFC) includes personal assistance services in a community setting for eligible Medicaid Members in STAR+PLUS who have received a Level of Care (LOC) determination.
	Habilitation Services	$0	Community First Choice (CFC) Habilitation, acquisition, maintenance and enhancement of skills in a community setting for eligible Medicaid Members in STAR+PLUS who have received a Level of Care (LOC) determination

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Community First Choice (CFC) services (for eligible members) (continued)	Emergency Response Services (ERS)	$0	Prior authorization may be required. Community First Choice (CFC) includes emergency response services in a community setting for eligible Medicaid Members in STAR+PLUS who have received a Level of Care (LOC) determination. As a Flexible Benefit, round-the-clock emergency response services are also available for Wellcare Superior HealthPlan Dual Align (HMO D-SNP) ages 21 and up, for up to 6 months after discharge from a hospital or nursing facility back into the community setting.
	Support Management (training for members/authorized representatives on how to manage and dismiss their attendants)	$0	Community First Choice (CFC) includes support management provided in a community setting for eligible Medicaid Members in STAR+PLUS who have received a Level of Care (LOC) determination.
Day Activity and Health Services (DAHS) (continued on the next page)	Nursing and personal assistance services	$0	Prior authorization may be required.
	Therapy extension services	$0	Prior authorization may be required.
	Nutrition services	$0	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Day Activity and Health Services (DAHS) (continued)	Transportation services	$0	Prior authorization may be required.
	Other supportive personal assistance services	$0	Prior authorization may be required.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Wellcare Superior HealthPlan Dual Align (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit go.wellcare.com/TX.

D. Benefits covered outside of Wellcare Superior HealthPlan Dual Align (HMO D-SNP)

There are some services that you can get that aren't covered by Wellcare Superior HealthPlan Dual Align (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State or County Agency	Your costs
Pre-admission screening and resident review (PASRR)	$0
Certain hospice care services covered outside of Wellcare Superior HealthPlan Dual Align (HMO D-SNP)	$0

E. Services that Wellcare Superior HealthPlan Dual Align (HMO D-SNP), Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Wellcare Superior HealthPlan Dual Align (HMO D-SNP), Medicare, and Medicaid don't cover	
Services considered not "reasonable and necessary," according to the standards of Medicare and Texas Medicaid, unless these services are listed by our plan as covered services.	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.	Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.
Surgical treatment for morbid obesity, except when it is medically necessary and Medicare pays for it.	Radial keratotomy, LASIK surgery, and other low-vision aids.
Services provided to veterans in Veterans Affairs (VA) facilities. However, when a veteran gets emergency services at VA hospital and the VA cost sharing is more than the cost sharing under our plan, we will reimburse the veteran for the difference. Members are still responsible for their cost of sharing amounts.	Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.
Naturopath services (the use of natural or alternative treatments).	A private room in a hospital, except when it is medically necessary.
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.	Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.
Full-time nursing care in your home.	Reversal of sterilization procedures and non-prescription contraceptive supplies.

Services Wellcare Superior HealthPlan Dual Align (HMO D-SNP), Medicare, and Medicaid don't cover	
Private duty nurses.	Fees charged to your immediate relatives or members of your household.
Homemaker services, including basic household assistance, light cleaning or making meals.	

F. Your rights as a member of the plan

As a member of Wellcare Superior HealthPlan Dual Align (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and service coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:

- Choose a primary care provider (PCP) and change your PCP at any time during the year
- Use a women's health care provider without a referral
- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they're covered
- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Wellcare Superior HealthPlan Dual Align (HMO D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:

- File a complaint or grievance against us or our providers.
- Ask for an EMR of STAR+PLUS services or items that are medical in nature
- Appeal certain decisions made by HHS or our providers
- Ask for a State Fair Hearing
- Get a detailed reason for why services were denied
- If you've tried to resolve your complaint with Wellcare Superior HealthPlan Dual Align (HMO D-SNP) and believe the matter remains unresolved, you can contact the HHS Office of the Ombudsman at 1-866-566-8989 and TTY: 1-800-735-2989.

For more information about your rights, you can read **Chapter 9** of the *Member Handbook*. If you have questions, you can call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the HHS Office of the Ombudsman at 1-866-566-8989 and TTY: 1-800-735-2989, 8 a.m. to 5 p.m. Central Time, Monday through Friday.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Wellcare Superior HealthPlan Dual Align (HMO D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

To file a complaint, grievance, or appeal with our plan, you can call us at 1-855-445-3556 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

Appeals for Part D (Drugs)
Attn: Pharmacy Appeals
P.O. Box 31383
Tampa, FL 33631-3383
Phone: 1-855-445-3556 (TTY: 711)

Appeals for Part C (Medical and Part B Drugs)
Member Appeals & Grievances Medicare Operations
Appeals Department Medical
P.O. Box 10052
Van Nuys, CA 91410-0052
Phone: 1-855-445-3556 (TTY: 711)

Grievances for Part C (Medical and Part B Drugs) and Part D (Drugs)
Appeals & Grievances Medicare Operations
Grievance Department
P.O. Box 10052
Van Nuys, CA 91410-0052
Phone: 1-855-445-3556 (TTY: 711)

You can also contact Texas Health and Human Services (HHS) Office of the Ombudsman, for help with complaints or resolving problems.

- Call 1-866-566-8989, TTY users call 7-1-1 or Relay Texas
- Visit HHS Office of the Ombudsman website at www.hhs.texas.gov/contact/complaints-appeals/hhs-office-ombudsman

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

Call us at Wellcare Superior HealthPlan Dual Align (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

Or, call the Office of Inspector General (OIG) Hotline at 1-800-436-6184; or visit oig.hhs.texas.gov/ and click “Report Fraud” to complete the online form.

Wellcare Superior HealthPlan Dual Align (HMO D-SNP) | 2027 Summary of Benefits

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) Member Services:
1-855-445-3556
Calls to this number are free. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. If you leave a voicemail message, please include your name, and telephone number and a team member will return your call within one (1) business day.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711
Calls to this number are free. 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.

If you have questions about your health:
Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
If your PCP's office is closed, you can also call the Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (*Example:* convenience care, urgent care, emergency room). The number for the Nurse Advice Line is:
1-855-445-3556
Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.

Wellcare Superior HealthPlan Dual Align (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY: 711
Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:
1-855-445-3556
Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year

Wellcare Superior HealthPlan Dual Align (HMO D-SNP) also has free language interpreter services available for non-English speakers.
TTY: 711
Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.

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). Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m.

Understanding the Benefits

- ☐ The Member Handbook 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/TX or call 1-844-480-0680 (TTY 711) to view a copy of the Member Handbook. Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m.
- ☐ 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

- ☐ Benefits may change on January 1, 2028.
- ☐ **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.