2027
Summary of Benefits

New Jersey

Wellcare Fidelis Dual Align (HMO D-SNP)

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

Introduction

This document is a brief summary of the benefits and services covered by Wellcare Fidelis 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 Fidelis Dual Align (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY 711). Between October 1 and March 31, representatives are available Monday - Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/Medicare.

A. Disclaimers

This is a summary of health services covered by Wellcare Fidelis Dual Align (HMO D-SNP) for 2027. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. You can get a copy of the *Evidence of Coverage* by calling Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (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 *Evidence of Coverage* on our website go.wellcare.com/Medicare.

- 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.
- Wellcare Fidelis Dual Align (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Wellcare Fidelis Dual Align (HMO D-SNP) depends on contract renewal.
- This information is not a complete description of benefits. Contact the plan for more information. Limitations and restrictions may apply. Benefits may change on January 1 of each year.
- Wellcare uses a formulary.
- Your Part B premium is covered by Medicaid.
- This plan is available to those who have both Medicare and full Medicaid benefits.
- When joining this plan:

    1) You must use in-network providers, DME (durable medical equipment) suppliers, and pharmacies.

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2) You will be enrolled automatically into Medicaid (NJ FamilyCare) coverage under our plan and disenrolled from any Medicaid (NJ FamilyCare) plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers.

3) You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled.

4) You must understand and follow our plan's rules on referrals.

- 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.

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-892-8340 (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. This call is free.

- This document is available for free in Chinese, Korean and 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.

- Please contact Wellcare for details.

You can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov/) or request a copy 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.

B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What's a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)?	A NJ Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is a managed health care option for NJ FamilyCare members with Medicare. A NJ FIDE SNP covers all of your Medicare, NJ FamilyCare (Medicaid) and drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one Member Identification (ID) Card, and no copays for medical services or drugs. A FIDE SNP coordinates all of your care. If you join a FIDE SNP, you don't lose any of your NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with NJ FamilyCare and Medicare is still available, along with access to some additional services. To be eligible to enroll in a FIDE SNP in New Jersey, you must be entitled to Medicare Parts A and B and eligible for full NJ FamilyCare benefits. You must also live in the plan's "service area" (the counties where that plan is offered). The counties that make up Wellcare Fidelis Dual Align (HMO D-SNP)'s service area are listed in **Section B** of this document.
Will I get the same Medicare and NJ FamilyCare benefits in Wellcare Fidelis Dual Align (HMO D-SNP) that I get now? **(continued on the next page)**	If you're coming to Wellcare Fidelis Dual Align (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You'll get almost all of your covered Medicare and NJ FamilyCare benefits directly from Wellcare Fidelis Dual Align (HMO D-SNP). When you enroll in Wellcare Fidelis Dual Align (HMO D-SNP), you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Wellcare Fidelis Dual Align (HMO D-SNP) doesn't normally cover, you can get a temporary supply,

Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and NJ FamilyCare benefits in Wellcare Fidelis Dual Align (HMO D-SNP) that I get now? **(continued from previous page)**	and we'll help you to transition to another drug or get an exception for Wellcare Fidelis Dual Align (HMO D-SNP) to cover your drug if medically necessary.
Can I use the same health care providers I use now?	That's often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Wellcare Fidelis Dual Align (HMO D-SNP) and have a contract with us, you can keep using them. • Providers with an agreement with us are "in-network." You must use the providers in Wellcare Fidelis Dual Align (HMO D-SNP)'s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Wellcare Fidelis Dual Align (HMO D-SNP)'s network. 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 Fidelis Dual Align (HMO D-SNP)'s *Provider and Pharmacy Directory*. You can also visit our website at go.wellcare.com/2027providerdirectories for the most current listing. If Wellcare Fidelis Dual Align (HMO D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs. You can keep using the providers you use now for 90 days or until your individualized Plan of Care is completed.
What's a Care Manager?	A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.

Frequently Asked Questions (FAQ)	Answers
What are Managed Long Term Services and Supports (MLTSS)?	Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.
What happens if I need a service but no one in Wellcare Fidelis 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 Fidelis Dual Align (HMO D-SNP) will cover services provided by an out-of-network provider.
Where's Wellcare Fidelis Dual Align (HMO D-SNP) available?	The service area for this plan includes: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union and Warren Counties, New Jersey. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means that you must get approval from Wellcare Fidelis Dual Align (HMO D-SNP) before Wellcare Fidelis Dual Align (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. Wellcare Fidelis Dual Align (HMO D-SNP) may not cover the service, item or drug if you don't get prior approval. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first**. Wellcare Fidelis Dual Align (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from Wellcare Fidelis Dual Align (HMO D-SNP) before the service is provided. Refer to **Chapter 3** of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization.



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Frequently Asked Questions (FAQ)	Answers
What's a referral?	A referral means that your primary care provider (PCP) must give you approval before you can use specialists or other providers in the plan's network. If you don't get approval, Wellcare Fidelis Dual Align (HMO D-SNP) may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists. Wellcare Fidelis 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. For more information on when a referral is needed, call Member Services at the numbers listed at the bottom of this page or refer to **Chapter 3** of the *Evidence of Coverage*.
Do I pay a monthly amount (also called a premium) under Wellcare Fidelis Dual Align (HMO D-SNP)?	No. You won't pay any monthly premiums to Wellcare Fidelis Dual Align (HMO D-SNP) for your health coverage. Additionally, Medicaid will pay your Medicare Part B premium for you.
Do I pay a deductible as a member of Wellcare Fidelis Dual Align (HMO D-SNP)?	No. You don't pay deductibles in Wellcare Fidelis 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 Fidelis Dual Align (HMO D-SNP)?	There's no cost sharing for medical services in Wellcare Fidelis Dual Align (HMO D-SNP), so your annual out-of-pocket costs will be $0.

If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday - Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/Medicare.

C. Overview of services

The following chart is a quick overview of what services you may need and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization may be required, except in an emergency. Referral may be required.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	$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.
You want to use a health care provider (This service is continued on the next page).	Doctor visits (including visits to Primary Care Providers and specialists)	$0	Prior authorization may be required. Referral may be required.
	Visits to treat an injury or illness	$0	
	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	$0	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to use a health care provider (continued)	Wellness visits, such as a physical	$0	
	"Welcome to Medicare" preventive visit (one time only)	$0	
You need emergency care	Emergency room services	$0	You may use any emergency room if you reasonably believe you need emergency care. You don't need prior authorization and you don't have to be in-network. Worldwide emergency and urgent care services outside the United States are covered for up to $50,000 every year. Contact the plan for details.
	Urgently needed services	$0	Urgently needed services aren't emergency care. You don't need prior authorization and you don't have to be in-network. Worldwide emergency and urgent care services outside the United States are covered for up to $50,000 every year. Contact the plan for details.
You need medical tests	Lab tests, such as blood work	$0	Prior authorization may be required. Referral may be required.
	X-rays or other pictures, such as CAT scans	$0	Prior authorization may be required. Referral may be required.
	Screenings, such as tests to check for cancer	$0	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	$0	Prior authorization may be required.
	Hearing aids (as well as fittings and associated accessories and supplies)	$0	
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	$0	Prior authorization may be required.
You need eye care	Vision services (including annual eye exams)	$0	Prior authorization may be required.
	Glasses or contact lenses	$0	
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	$0	Referral may be required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), or critical access hospital)	$0	All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment. Prior authorization may be required. Referral may be required.
You need mental health services	Outpatient mental health care (including, but not limited to, adult mental health rehabilitation in supervised group homes and apartments, clinic and hospital services, partial care, and medication management) (**Note:** This isn't a complete list of the plan's expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* for more information.)	$0	Services may be provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. Prior authorization may be required. Referral may be required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance use disorder	Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment) (**Note:** This isn't a complete list of the plan's expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* for more information.)	$0	Prior authorization may be required. Referral may be required.
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	
	Custodial care (long-term care in a Nursing Facility)	$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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	Ambulance services	$0	Prior authorization may be required.
	Emergency transportation	$0	Prior authorization may be required.
You need drugs to treat your illness or condition (This service is continued on the next page)	Medicare Part B drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	$0	Read the *Evidence of Coverage* 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 Drug) • Tier 5 (Specialty Tier) • Tier 6 (Select Care Drugs)	$0	There may be limitations on the types of drugs covered. Refer to Wellcare Fidelis Dual Align (HMO D-SNP)'s *List of Covered Drugs (Drug List)* at go.wellcare.com/Medicare. for more information. Wellcare Fidelis Dual Align (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Wellcare Fidelis Dual Align (HMO D-SNP) for certain drugs.

Health need or problem	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)			You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that can't be met by most pharmacies in your network. These drugs are listed on the plan's website, *List of Covered Drugs (Drug List)*, and printed materials, as well as on the Medicare Drug Plan Finder on www.medicare.gov/plan-compare. 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. You can get up to a 100-day supply of covered prescription drugs from a retail pharmacy. Our mail-order pharmacy dispenses a 35 to 100-day supply of covered prescription drugs.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Wellcare Fidelis Dual Align (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. Please see Wellcare Spendables® under **Section D** for more information.
	Diabetes medications	$0	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services (including routine exams)	$0	Prior authorization may be required. Referral may be required.
	Orthotic services	$0	Prior authorization may be required.
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (**Note:** This isn't a complete list of covered DME or supplies. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* for more information.)	$0	Prior authorization may be required.
You need interpreter services	Spoken language interpreter	$0	Our plan has free interpreter services available to answer questions from non-English speaking members.
	Sign language interpreter	$0	Our plan has free interpreter services available to answer questions from non-English speaking members.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (This service is continued on the next page)	Acupuncture	$0	
	Care coordination	$0	
	Chiropractic services	$0	Prior authorization may be required. Referral may be required.
	Diabetic supplies	$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 continuous glucose monitor brands. To get more information about the items that are on the preferred diabetic testing and monitoring supply lists, please contact Member Services. Quantity limits may apply. Prior authorization may be required.
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing	$0	EPSDT is for members under 21 years of age.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	screenings and services, immunizations, lead screening, and private duty nursing services)		
	Family planning	$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	$0	
	Mammograms	$0	
	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or gr ab bars); vehicle modifications; social adult day care; and non-medical transportation)	$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting. MLTSS is available to members who meet certain clinical requirements.
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical	$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	and nursing supervision in an ambulatory care setting)		impairments in order to support their community living.
	Personal Care Assistance (PCA) (including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	$0	
	Prosthetic services	$0	Prior authorization may be required.
	Services to help manage your disease	$0	Referral may be required.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read Wellcare Fidelis Dual Align (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

D. Additional services Wellcare Fidelis Dual Align (HMO D-SNP) covers

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* to find out about other covered services.

Additional services Wellcare Fidelis Dual Align (HMO D-SNP) covers	Your costs
Social Support Platform - 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. For more information on how to access the social support platform, please see your *Evidence of Coverage*.	$0
Special Supplemental Benefits for 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.* • Eligibility is determined based on medical claims and/or other 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.	$0

Additional services Wellcare Fidelis Dual Align (HMO D-SNP) covers	Your costs
• Wellcare will notify you if you are eligible and provide instructions on how to access SSBCI benefits. **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. 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 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.	

Additional services Wellcare Fidelis Dual Align (HMO D-SNP) covers	Your costs
• **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® You will receive a total of **$252 monthly** preloaded on your Wellcare Spendables® card to spend on OTC items. 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 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. Benefits mentioned below are part of SSBCI. Not all members will qualify. **You must meet eligibility criteria for the following plan benefits.**	$0

Additional services Wellcare Fidelis Dual Align (HMO D-SNP) covers	Your costs
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 *Evidence of Coverage*.	
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. Rewards will be loaded onto your Wellcare Spendables® card.	$0

E. Benefits covered outside of Wellcare Fidelis Dual Align (HMO D-SNP)

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other services not covered by Wellcare Fidelis Dual Align (HMO D-SNP) but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs)); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage)	$0
Targeted case management (chronic mental illness)	$0
Behavioral Health Home (Care Management)	$0
PACT (Program in Assertive Community Treatment)	$0
CSS (Community Support Services)	$0
Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)	$0

F. Services not covered by Wellcare Fidelis Dual Align (HMO D-SNP) (exclusions)

The following services aren't covered by our plan. 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 not covered by Wellcare Fidelis Dual Align (HMO D-SNP) (exclusions)
Services not considered "reasonable and necessary" according to standards of Medicare and NJ FamilyCare
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study

Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless required criteria are met
LASIK surgery

G. Your rights and responsibilities as a member of the plan

As a member of Wellcare Fidelis Dual Align (HMO D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you can't be refused medically necessary treatment. You can 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, read the *Evidence of Coverage*.

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 race, ethnicity, national origin, color, religion, creed, sex, age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
  - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
  - Be free from any form of physical restraint or seclusion
  - Not be billed by network providers

- Have your questions and concerns answered completely and courteously
- Apply your rights freely without any negative effect on the way Wellcare Fidelis Dual Align (HMO D-SNP) or your provider treats you

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  - Wellcare Fidelis Dual Align (HMO D-SNP)
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Managers
  - Your rights and responsibilities

- **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. You can call 1-866-892-8340 if you want to change your PCP.
  - 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, as far as the law allows, 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 about any health care that your PCP or your Care Team advises you to have. Wellcare Fidelis 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

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If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday - Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/Medicare.

- **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 doctors, other providers, and your health plan. Call 1-866-892-8340 if you need help with this service
  - Have your *Evidence of Coverage* and any printed materials from Wellcare Fidelis Dual Align (HMO D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
  - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to use emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
  - 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. No personal health information will be released to anyone without your consent, unless required by law.
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - Access an easy process to voice your concerns, and to expect follow-up by Wellcare Fidelis Dual Align (HMO D-SNP)

If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday - Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/Medicare.

- File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
- Ask for a State Fair Hearing
- Get a detailed reason for why services were denied

Your responsibilities include, but aren't limited to, the following:

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
  - Treat your health care providers with dignity and respect
  - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
  - Tell your health care provider your health complaints clearly and provide as much information as possible
  - Tell your health care provider about yourself and your health history
  - Tell your health care provider that you're a Wellcare Fidelis Dual Align (HMO D-SNP) member
  - Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
  - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
  - Notify Wellcare Fidelis Dual Align (HMO D-SNP) Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
  - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
  - Partner with your Care Team and work out treatment plans and goals together

- Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health

- **You have the responsibility to obtain your services from Wellcare Fidelis Dual Align (HMO D-SNP).** You should:
  - Get all your health care from Wellcare Fidelis Dual Align (HMO D-SNP), except in cases of emergency, urgent care, behavioral health crisis services, out-of-area dialysis services, or family planning services, unless Wellcare Fidelis Dual Align (HMO D-SNP) provides a prior authorization for out-of-network care
  - Not allow anyone else to use your Wellcare Fidelis Dual Align (HMO D-SNP) Member ID Card to obtain healthcare services
  - Notify Wellcare Fidelis Dual Align (HMO D-SNP) when you believe that someone has purposely misused Wellcare Fidelis Dual Align (HMO D-SNP) benefits or services

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

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

If you have a complaint or think Wellcare Fidelis Dual Align (HMO D-SNP) should cover something we denied, call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY: 711) You can file a complaint or appeal our decision.

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

Appeals for Part D (Drugs)
Wellcare Fidelis Dual Align (HMO D-SNP)
Attn: Pharmacy Appeals
P.O. Box 31383
Tampa, FL 33631-3383
Phone: 1-866-892-8340 (TTY: 711)

Appeals for Part C (Medical and Part B Drugs)
Wellcare Fidelis Dual Align (HMO D-SNP)
Appeals Department - Medical
P.O. Box 31368
Tampa, FL 33631-3368
Phone: 1-866-892-8340 (TTY: 711)

Complaints and Grievances for Part C (Medical and Part B Drugs) and Part D (Drugs)
Wellcare Fidelis Dual Align (HMO D-SNP)
Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384
Phone: 1-866-892-8340 (TTY: 711)

I. 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, contact us.

- Call us at Wellcare Fidelis 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.
- You can also contact New Jersey's Medicaid Fraud Division (of the Office of the State Comptroller) by calling 1-609-292-1272. Calls to this number are free.

Wellcare Fidelis 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 Fidelis Dual Align (HMO D-SNP) Member Services:
1-866-892-8340
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 24-hour Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example*:* urgent care, emergency room). The numbers for the 24-hour Nurse Advice Line are:
1-866-892-8340
Calls to this number are free. 24 hours a day, 7 days a week. Wellcare Fidelis Dual Align (HMO D-SNP) also has free language interpreter services available for non-English speakers.
TTY: 711
This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Calls to this number are free. 24 hours a day, 7 days a week.

If you need immediate behavioral health care, please call the NJ FamilyCare 24 Hour Behavioral Health Crisis Line:

1-888-411-6485
Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.
Wellcare Fidelis 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 have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY 711). Between October 1 and March 31, representatives are available Monday - Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/Medicare.

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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 Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage and benefits before you enroll. Visit go.wellcare.com/Medicare or call 1-844-480-0680 (TTY: 711) to view a copy of the EOC. 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 full Medicaid benefits.