2027
Summary of Benefits

California

Wellcare Health Net Dual Align (HMO D-SNP)

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Introduction

This document is a brief summary of the benefits and services covered by Wellcare Health Net 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 Health Net 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 Health Net 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 Health Net Dual Align (HMO D-SNP) at 1-800-431-9007 (TTY: 711). Or you can access the *Member Handbook* on our website go.wellcare.com/HealthNetCA.

- 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 Member Services number or see your *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.
- 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 **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov/) or contact the Medi-Cal Office of the Ombudsman at 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9 a.m. and 5 p.m.

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

Arabic

انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على 1-800-431-9007 (TTY: 711). تتوفر أيضًا مساعدات وخدمات للأشخاص ذوي الإعاقات مثل المستندات بطريقة برايل وبطباعة كبيرة. اتصل على 1-800-431-9007 (TTY: 711). هذه الخدمات مجانية.

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ցանկանում եք օգնություն ստանալ ձեր լեզվով, զանգահարեք 1-800-431-9007 (TTY՝ 711): Հասանելի են նաև հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցներ և ծառայություններ, օրինակ՝ բրայլյան գրատեսակով և խոշոր տառաչափով փաստաթղթեր: Զանգահարեք 1-800-431-9007 (TTY՝ 711): Այս ծառայություններն անվճար են:

Chinese – Simplified

注意：如果您需要以您的语言提供的帮助，请致电 1-800-431-9007（TTY：711）。此外，还为残疾人提供辅助和相关服务，如盲文文件和大字体文件。请致电 1-800-431-9007（TTY：711）。这些服务均免费提供。

Chinese – Traditional

注意：如果您需要以您母語提供的協助，請致電 1-800-431-9007 (TTY：711)。我們也為殘疾人士提供輔助和服務，例如點字和大字體印刷的文件。請致電 1-800-431-9007 (TTY：711)。這些服務均為免費。

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 1-800-431-9007 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ਾਂ ਵਰਗੀਆਂ ਅਸਮਰੱਥਾ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ। 1-800-431-9007 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਮੁਫ਼ਤ ਸੇਵਾਵਾਂ ਹਨ।

Hindi

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है, तो 1-800-431-9007 (TTY: 711) पर कॉल करें. विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज जैसी सहायताएं और सेवाएं भी उपलब्ध हैं. 1-800-431-9007 (TTY: 711) पर कॉल करें. ये सेवाएं निःशुल्क हैं.

Hmong

THOV MUAB SIAB RAU: Yog tias koj xav tau kev pab ua koj hom lus, ces hu rau 1-800-431-9007 (TTY: 711). Tsis tas i ntawd, peb tseem muaj cov neeg pab thiab cov kev pab cuam rau cov neeg uas muaj cov kev xiam oob qhab, xws li cov ntaub ntawv ua ntawv su rau neeg dig muag thiab ntawv luam loj. Hu rau 1-800-431-9007 (TTY: 711). Cov kev pab cuam no pab dawb xwb.

Japanese

注意：言語のヘルプが必要な場合は 1-800-431-9007（TTY：711）までお電話ください。障害をお持ちの方には、点字や大判プリントなどの補助機能やサービスもご利用になれます。1-800-431-9007（TTY：711）にお電話ください。これらのサービスは無料です。

Korean

주의: 귀하의 구사 언어로 도움을 받으셔야 한다면 1-800-431-9007(TTY: 711) 번으로 연락해 주십시오. 점자 및 큰 활자 인쇄 형식으로 된 문서 등 장애인을 위한 도움 및 서비스도 제공됩니다. 1-800-431-9007 (TTY: 711)번으로 연락해 주십시오. 이러한 서비스는 무료입니다.

Laotian

ຂໍ້ຄວນເອົາໃຈໃສ່: ຫາກທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາ 1-800-431-9007 (TTY: 711). ນອກຈາກນີ້ ຍັງມີຄວາມຊ່ວຍເຫຼືອສຳລັບຜູ້ພິການ ເຊັ່ນ: ເອກະສານເປັນອັກສອນນູນ ແລະ ຕົວພິມໃຫຍ່ອີກດ້ວຍ. ໃຫ້ໂທຫາ 1-800-431-9007 (TTY: 711). ບໍລິການເຫຼົ່ານີ້ຟຣີ.

Mien

LIOUH EIX: Oix se nongc zuqc meih nyei wac jouh mienh bong zouc, cingv mboqv 1-800-431-9007 (TTY: 711). Hac haih weic waic fangx mienh zoux sic taengx qaqv, hnangv mangh wenh souh nzangc caux domh nzangc yenx benx nyei souh nzangc. Mboqv 1-800-431-9007 (TTY: 711). Wangv henh tengx naaiv deix gong mv zuqc ndortv nyaanh cingv oc.

Cambodian

ចំណាំ៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ 1-800-431-9007 (TTY: 711) ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្ទាបសម្រាប់ជនពិការភ្នែក និងពុម្ពអក្សរធំ ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ 1-800-431-9007 (TTY: 711)។ សេវាទាំងនេះមិនគិតថ្លៃនោះទេ។

Farsi

توجه: اگر به زبان خودتان نیاز به کمک دارید با شماره 1-800-431-9007 (TTY: 711) تماس بگیرید.
پشتیبانی و خدمات برای افراد دارای معلولیت، مانند اسناد با خط بریل و چاپ درشت، نیز موجود است.
با شماره 1-800-431-9007 (TTY: 711) تماس بگیرید. این خدمات رایگان است.

Russian

ВНИМАНИЕ: если вам требуется помощь на родном языке, позвоните по номеру 1-800-431-9007 (TTY: 711). Также доступны сопутствующая помощь и услуги для людей с ограниченными возможностями, такие как материалы, напечатанные крупным шрифтом и шрифтом Брайля. Позвоните по номеру 1-800-431-9007 (TTY: 711). Эти услуги предоставляются бесплатно.

Spanish

ATENCIÓN: Si necesita ayuda en su idioma llame al 1-800-431-9007 (TTY: 711). También están disponibles ayudas y servicios para personas con discapacidades, como documentos en Braille y letra grande. Llame al 1-800-431-9007 (TTY: 711). Estos servicios son gratuitos.

Tagalog

ATENSYON: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa 1-800-431-9007 (TTY: 711). Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-431-9007 (TTY: 711). Libre ang mga serbisyong ito.

Thai

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

Ukrainian

УВАГА! Якщо ви потребуєте підтримки своєю мовою, телефонуйте за номером 1-800-431-9007 (TTY: 711). Також доступні засоби та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля та великим шрифтом. Телефонуйте за номером 1-800-431-9007 (TTY: 711). Ці послуги безкоштовні.

Vietnamese

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi số 1-800-431-9007 (TTY: 711). Các hỗ trợ và dịch vụ dành cho người khuyết tật, chẳng hạn như tài liệu bằng chữ nổi và bản in cỡ chữ lớn cũng được cung cấp. Gọi số 1-800-431-9007 (TTY: 711). Các dịch vụ này miễn phí.

- This document is available for free in Arabic, Cambodian, Chinese, Farsi, Hmong, Russian, Spanish, and Vietnamese.
- 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 a Medi-Medi Plan?	A Medi-Medi Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It's for people age 21 and older. A Medi-Medi Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and Medi-Cal benefits in Wellcare Health Net Dual Align (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and Medi-Cal benefits directly from Wellcare Health Net 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 care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Supportive Services (IHSS), specialty mental health and substance use disorder services, or regional center services. When you enroll in Wellcare Health Net 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 Health Net Dual Align (HMO D-SNP) 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 Health Net 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?	Often that's the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Wellcare Health Net 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 Health Net 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 Health Net Dual Align (HMO D-SNP)'s plan. • If you're currently under treatment with a provider that's out of Wellcare Health Net Dual Align (HMO D-SNP)'s network, or have an established relationship with a provider that's out of Wellcare Health Net Dual Align (HMO D-SNP)'s network, call Member Services to check about staying connected and ask for continuity of care. If our plan is new for you, you can keep using the doctors you use now for a certain amount of time, if they are not in our network, they accept our terms and do not have any quality of care concerns. We call this continuity of care. You can request this from the time you enroll for up to 12 months if certain conditions are met. Refer to the *Member Handbook*, **Chapter 1** to learn more. To find out if your doctors are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Wellcare Health Net Dual Align (HMO D-SNP)'s *Provider and Pharmacy Directory* on the plan's website at go.wellcare.com/2027providerdirectories. If Wellcare Health Net 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.

Frequently Asked Questions	Answers
What's a Wellcare Health Net Dual Align (HMO D-SNP) care coordinator?	A Wellcare Health Net Dual Align (HMO D-SNP) care 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 (LTSS) 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 care coordinator or care team will work with that agency.
What's a Multipurpose Senior Services Program (MSSP)?	A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.
What happens if I need a service but no one in Wellcare Health Net 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 Health Net Dual Align (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's Wellcare Health Net Dual Align (HMO D-SNP) available?	The service area for this plan includes: Amador, Calaveras, Inyo, Mono, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne Counties, California. You must live in one of these areas to join the plan.
What's prior authorization? (continued on the next page)	Prior authorization means an approval from Wellcare Health Net 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 Health Net Dual Align (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.

Frequently Asked Questions	Answers
What's prior authorization? (continued from previous page)	**If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** Wellcare Health Net 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 Health Net Dual Align (HMO D-SNP) before the service is provided. 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's not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Wellcare Health Net Dual Align (HMO D-SNP) may not cover the services. Wellcare Health Net 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. Refer to the *Member Handbook* **Chapter 3** to learn more about when you'll need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under Wellcare Health Net Dual Align (HMO D-SNP)?	No. Because you have Medi-Cal, 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 Health Net Dual Align (HMO D-SNP)?	No. You don't pay deductibles in Wellcare Health Net Dual Align (HMO D-SNP).

Frequently Asked Questions	Answers
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Wellcare Health Net Dual Align (HMO D-SNP)?	There's no cost sharing for medical services in Wellcare Health Net 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	Hospital stay	$0	There are no limits to the number of medically necessary covered days by the plan for each hospital stay. You must go to in-network doctors, specialists, and hospitals. 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.
	Doctor or surgeon care	$0	Doctor and surgeon care is provided as part of your hospital stay. Prior authorization may be required. 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.

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 (continued on the next page)	Visits to treat an injury or illness	$0	If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. You must go to network doctors, specialists, and hospitals. Prior authorization may be required.
	Specialist care	$0	You must go to in-network doctors, specialists and hospitals. Prior authorization may be required. Referral may be required.
	Wellness visits, such as a physical	$0	• Annual wellness visit every 12 months • Bone Mass Measurement (for people with Medicare who are at risk) • Colorectal Screening Exams • Immunizations (such as Flu vaccine, Hepatitis B vaccine for people with Medicare who are at risk, and Pneumonia vaccine) • Mammograms (Annual Screening) (for women with Medicare age 40 and older) • Pap Smears and Pelvic Exams (for women with Medicare) • And other Wellness Benefits

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 (continued)			• Other screenings and services may also be covered. Please see your *Member Handbook* for more information.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	You must see one of our network providers.
	"Welcome to Medicare" (preventive visit one time only)	$0	During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare preventive visit or an annual wellness visit. After your first 12 months, you can get one annual wellness visit every 12 months.
You need emergency care (continued on the next page)	Emergency room services	$0	You may get covered emergency care whenever you need it. Emergency room care is for a medical issue that is a threat to your life, or that could cause serious harm if not treated right away. Emergency care is covered at out-of-network facilities. $115 copay for worldwide emergency services. Worldwide emergency services are subject to a $50,000 maximum plan coverage, combined with worldwide urgent care services. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.

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)			No prior authorization is necessary for emergency room services.
	Urgent care	$0	If you require urgent care, you should first try to get it from a network provider. However, you can use out-of-network providers when you can't get to a network provider (for example, when you are outside the plan's service area or during the weekend). Urgent care and/or urgently needed services are covered if you need care from a provider or facility outside of the plan's network. $115 copay for worldwide urgently needed services. Worldwide urgently needed services are subject to a $50,000 maximum plan coverage, combined with worldwide emergency care. The copay is not waived if admitted to the hospital for worldwide urgently needed services. No prior authorization is necessary for urgent care.
You need medical tests **(continued on the next page)**	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	We pay for the following services and other medically necessary services not listed here: • X-rays • Splints, casts, and other devices used for fractures and dislocations

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests (continued)			• Blood, including storage and administration Prior authorization may be required. Referral may be required. For more information about additional tests that we cover, please see your *Member Handbook*.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization may be required. Referral may be required.
You need hearing/auditory services **(continued on the next page)**	Hearing screenings	$0	Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment. 1 routine hearing exam every year. Prior authorization may be required.
	Hearing aids	$0	Our plan covers hearing aids under your Medicare coverage for the following: • 1 fitting/evaluation every year • Up to a $750 allowance per ear every year for hearing aids • Limited to 1 hearing aid per ear every year. 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 hearing/auditory services (continued)			Medi-Cal covers up to $1,510 allowance. Limited to 2 hearing aids every year. Prior authorization may be required.
You need dental care (continued on the next page)	Dental check-ups and preventive care	$0	Preventive services are covered through Medi-Cal Dental. Services include, but are not limited to: • initial examinations • x-rays • cleanings • fluoride treatments Medi-Cal Dental Fee-For-Service Program representatives are available to assist you at 1-800-322-6384 (TTY: 1-800-735-2922) from 8:00a.m. to 5:00 p.m., Monday through Friday. Information is also available online at smilecalifornia.org. In Sacramento and Los Angeles counties, you may get Medi-Cal dental benefits through a Dental Managed Care (Dental MC) plan. Dental MC contacts are also available here: www.dhcs.ca.gov/services/Pages/ManagedCarePlanDirectory.aspx. If you want more information about Medi-Cal dental plans or want to make changes, contact Health Care Options at 1-800-430-4263 (TTY users call 1-800-430-7077), Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

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)			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: • Restorative Services* • Prosthodontics, Removable* • Prosthodontics, Fixed* • Adjunctive General Services* ***For more information, limitations and exclusions, please see your *Member Handbook*. Additional dental limitations and exclusions apply.**

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)			Restorative dental services are also available through the Medi-Cal Dental Program. For more information you can visit the website at smilecalifornia.org. 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	Our plan covers eyewear under your Medicare coverage for the following: Up to a $100 combined allowance towards contacts and glasses (lenses and/or frames) every year. Medi-Cal covers up to an additional $100 for frames/lenses or contacts every two years. Prior authorization may be required.
	Other vision care	$0	Exam to diagnose and treat diseases and conditions of the eyes (including yearly glaucoma screening). Prior authorization may be required. Referral may be required.
You need mental health services **(continued on the next page)**	Mental health services	$0	If eligible, Medi-Cal pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. • Outpatient Mental Health services

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental health services (continued)			• Outpatient Specialty Mental Health Services • Inpatient Specialty Mental Health services • Outpatient Substance Use Disorder services • Residential Treatment services • Withdrawal Management (Voluntary Inpatient Detoxification services are provided through the Medi-Cal FFS program. Contact Member Services at the numbers listed at the bottom of this page for more information.) Refer to Section D below regarding services covered outside of our plan. 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	Our plan covers rehabilitative services, which includes mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and psychiatric health facility services. Refer to Section D below regarding services covered outside of our plan. Prior authorization may be required. Referral may be required. Contact the plan for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services (continued on the next page)	Substance use disorder services	$0	Your Medicare benefits cover Opioid Treatment Program Services. Prior authorization and referral are required. Through your Medi-Cal benefits you receive the following services, and maybe other services not listed here: • Alcohol misuse screening and counseling • Treatment of drug abuse • Group or individual counseling by a qualified clinician **Inpatient Hospital Care** Includes Substance Abuse and Rehabilitation Services. No limit to the number of days covered by the plan each hospital stay. Except in an emergency, your health care provider must tell the plan of your hospital admission. Referral may be required. Prior authorization may be required. **Outpatient Substance Abuse Care** Individual substance abuse outpatient treatment visit. Group substance abuse outpatient treatment visit. Refer to Section D below on how to access county substance use disorder services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services (continued)			Prior authorization 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	Prior authorization may be required.
	Adult Foster Care and Group Adult Foster Care	$0	Prior authorization may be required.
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	Prior authorization may be required.
	Emergency transportation	$0	The ambulance will take you to the nearest place that can give you care. Your condition must be serious enough that other ways of getting to a place of care could risk your health or life. Prior authorization may be required.
	Transportation to medical appointments and services	$0	Medi-Cal provides unlimited one-way trips every year to plan-approved health-related locations. Call the number on your ID card at least 3 days before or as soon as possible before your appointment to schedule your ride.

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)			Prior authorization may be required. Referral 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 Drugs) Tier 4 (Injectable Drugs) Tier 5 (Specialty Tier) Tier 6 (Select Care Drugs)	Your copay for a one month (30-day) supply depends on your level of Extra Help. For generic drugs (including brand drugs treated as generic), you pay: • $0 copay or • $1.65 copay or • $5.80 copay for a one month supply For all other covered drugs, you pay: • $0 copay or • $5 copay or • $14.40 copay for a one month supply	There may be limitations on the types of drugs covered. Please refer to Wellcare Health Net Dual Align (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. Once you or others on your behalf pay $2,400 you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Member Handbook* for more information on this stage. Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply. An extended-day supply of some drugs is available through mail order and certain retail pharmacies. In some cases, an extended day supply is available up to 100 days, and you pay the same copay as for a one-month supply. For more information, please refer to our *List of Covered Drugs* to view those drugs available for an extended-day supply.

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)** **(continued on the next page)**		Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	**Important Message About What You Pay for Vaccines** – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's *List of Covered Drugs (Drug List)*. Our plan covers most Part D vaccines at no cost to you. Wellcare Health Net Dual Align (HMO D-SNP) may require you to first try certain drugs to treat your condition before it will cover another drug for that condition. Your provider must get prior authorization from Wellcare Health Net Dual Align (HMO D-SNP) for certain drugs. You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website *List of Covered Drugs*, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plancompare.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Wellcare Health Net Dual Align (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. Please see the Wellcare Spendables® section for more information. The Medi-Cal Rx program also covers some OTC items. Ask your Provider or Pharmacist for assistance. Please visit the Medi-Cal Rx website (medi-calrx.dhcs.ca.gov) for more information.

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)			You can also call the Medi-Cal Rx Customer Service Center at 1-800-977-2273.
You need help getting better or have special health needs	Rehabilitation services	$0	Referral may be required.
	Medical equipment for home care	$0	Prior authorization may be required.
	Dialysis services	$0	Referral may be required.
You need foot care (continued on the next page)	Podiatry services	$0	Our plan pays for the following services: • Diagnosis and medical or surgical treatment of injuries and diseases of the foot (such as hammer toe or heel spurs) Covered by Medicare: podiatrist (foot doctor) foot exams or treatment if you have diabetes-related lower leg nerve damage that can increase the risk of limb loss, or you need medically necessary treatment for foot injuries or diseases (like hammer toe, bunion deformities, and heel spurs). Prior authorization may be required. Referral may be required.
	Orthotic services	$0	All prosthetic and orthotic appliances necessary for the restoration of function or replacement of body parts as prescribed by a licensed physician, podiatrist or dentist, within the scope of their license, are covered when provided by a prosthetist, orthotist or the licensed practitioner, respectively.

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 (continued)			Prior authorization 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.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	If you meet certain clinical criteria, additional in-home support services are available through Medi-Cal's In-Home Support Services (IHSS) Program through the Department of Social Services (DSS). Services may be recommended or requested by a licensed plan clinician or a licensed plan provider. You may participate in care management or be assessed by a care manager.

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 on the next page)**			Referral may be required. Call Member Services or your care coordinator to find out more and be connected with your county social worker. Contact your county social services agency for any questions about your Medi-Cal eligibility or to apply for In-Home Support Services. **Amador County: 1-209-223-6550** **Calaveras County: 1-209-754-6448** **Inyo County: 1-760-872-1394** **Mono County: 1-530-495-2323** **Sacramento County: 1-916-874-9471** **San Joaquin County: 1-209-468-1104** **Stanislaus County: 1-209-558-2637** **Tulare County: 1-559-733-6111** **Tuolumne County: 1-209-533-5711**
	Adult day health, Community Based Adult Services (CBAS), or other support services	$0	CBAS Bundled Services: An outpatient, facility-based service program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, meals and transportation to eligible Medi-Cal beneficiaries. CBAS Unbundled Services: Component parts of CBAS center services delivered outside of centers, under certain conditions.

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)			Contact Member Services or your care coordinator for more information on how to qualify. Prior authorization may be required.
	Day habilitation services	$0	Prior authorization may be required.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	Community Supports are medically appropriate and cost-effective alternative services or settings. These services are optional for members. If you qualify, these services may help you live more independently. They do not replace benefits that you already get under Medi-Cal. Examples of Community Supports that we offer include medically-supportive food and meals or medically-tailored meals, nutrition education, home health services, help for you or your caregiver, or shower grab bars and ramps. Contact Member Services or your care coordinator for more information. Your care coordinator can help you apply for Medi-Cal In-Home Support Services. You can also visit www.cdss.ca.gov/. Prior authorization may be required.
Additional services (continued on the next page)	Chiropractic services	$0	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).

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)**			Dexcom and FreeStyle Libre are our preferred continous 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.. Prior authorization may be required.
	Prosthetic services	$0	Our plan pays for some prosthetic devices including pacemakers, prosthetic shoes and breast prostheses. We also pay for the repair or replacement of prosthetic devices. Prior authorization may be required.
	Radiation therapy	$0	Our plan pays for radiation (radium and isotope) therapy, including technician materials and supplies. Prior authorization may be required. Referral may be required.
	Services to help manage your disease	$0	We will pay for training to help you manage your diabetes, in some cases. To find out more, contact Member Services. Referral may be required.
	California Integrated Care Management (CICM)	$0	Eligible members who are identified as the following: • Adults who experience homelessness • Adults at risk for avoidable hospital or ED utilization

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)**			• Adults with Serious Mental Health and/or SUD needs • Adults transition from incarceration • Adults living in the community and at risk for long-term care • Adult nursing facility residents transitioning to the community • Adults who are pregnant or postpartum and subject to racial and ethnic disparities • Adults with documented Dementia needs Members who are identified based on the criteria will be contacted to participate in our Care Management program. The program includes: • Health and Wellness Assessment • Individualized Care Plan • Coordination of care with all providers and services available including Community Based Organizations • Members with Dementia assigned to a Dementia Care Specialist • Coordination with members of the interdisciplinary care team (ICT)

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)**	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. For more information on how to access the social support platform please see your *Member Handbook*.
	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.	$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.

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 details, please see your *Member Handbook* or contact Member Services. • 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. • Wellcare will notify you if you are eligible and provide instructions on how to access SSBCI benefits.		• **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. • **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.

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)**	Wellcare Spendables®	$0	You will receive a total of **$25 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: **Over-the-Counter items (OTC)** - Your card can be used at participating retail locations, through the mobile app, or online through your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. **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:

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)**			• 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*.
	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.
	Health and Wellness Education Programs Fitness	$0	For a detailed list of wellness education program benefits offered, please refer to the *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)			**What you should know:** To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide, including standard and premium gyms and fitness studios. Fitness studios include class-based programs such as yoga, Pilates and strength training. You may access one or more gyms within the fitness network. Members also have access to digital exercise resources, an app-based cognitive fitness program, local health and wellness activities, and a choice of Home Fitness Kit.

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 Health Net Dual Align (HMO D-SNP)'s *Member Handbook*. If you don't have a *Member Handbook*, call Wellcare Health Net 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/HealthNetCA.

D. Benefits covered outside of Wellcare Health Net Dual Align (HMO D-SNP)

There are some services that you can get that aren't covered by Wellcare Health Net Dual Align (HMO D-SNP) but are covered by Medicare, Medi-Cal, 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, Medi-Cal, or a State Agency	Your costs
Assisted Living Waiver (ALW)	$0
Multi-Purpose Senior Services Program (MSSP)	$0
Regional Center Services	$0
County Specialty Mental Health and Substance Use Disorder (SUD) Services or Providers	$0
Home and Community-Based Waiver Services (HCBS) or Providers	$0
In-Home Support Services (IHSS) or Providers	$0
Medi-Cal Rx: Medi-Cal Covered Rx Services or Providers	$0
Medi-Cal Dental: Medi-Cal Dental Services or Providers	$0

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Certain dental services Dental Managed Care (Dental MC) member contact information can be found at www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation. For Medi-Cal Dental Fee-for-Service, contact Medi-Cal Dental at 1-800-322-6384 or visit the website at www.smilecalifornia.org or www.sonriecalifornia.org.	$0
Certain hospice care services covered outside of Wellcare Health Net Dual Align (HMO D-SNP)	$0
Psychosocial rehabilitation	$0
Targeted case management	$0
Rest home room and board	$0

E. Services that Wellcare Health Net Dual Align (HMO D-SNP), Medicare, and Medi-Cal 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 Health Net Dual Align (HMO D-SNP), Medicare, and Medi-Cal, don't cover	
Services considered not "reasonable and medically necessary," according to Medicare and Medi-Cal standards, unless we list these as covered services.	A private room in a hospital, except when medically necessary.
Experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them. Refer to **Chapter 3** of your *Member Handbook* for more information on clinical research studies.	Full-time nursing care in your home.

Experimental treatment and items are those that are not generally accepted by the medical community.	
Private duty nurses.	

F. Your rights as a member of the plan

As a member of Wellcare Health Net 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, sexual orientation, 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
- **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 Health Net 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
- **You have the right to file a complaint or appeal a denied, delayed, or modified service. Please see section G below.** This includes the right to:
  - File a complaint or grievance against us or our providers

- Appeal certain decisions made by us or our providers
- File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number **(1-888-466-2219)**, or a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The DMHC website **(www.dmhc.ca.gov/)** has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
- Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
- Ask for a State Hearing
- Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision.

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

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9 a.m. and 5 p.m., or the Medi-Cal Office of the Ombudsman at 1-888-452-8609, Monday through Friday, between 8 a.m. and 5 p.m.

G. How to file a complaint or appeal a denied, delayed, or modified service

If you have a complaint or think Wellcare Health Net Dual Align (HMO D-SNP) improperly denied, delayed, or modified a service, call Member Services at the numbers listed at the bottom of this page. You may also submit a complaint in writing to Grievances Medicare Operations, P.O. Box 10450, Van Nuys, CA 91410-0450. 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 Health Net Dual Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page. You may also contact Member Services about grievances.

If you still do not agree with this decision, you can:

- Ask for an “Independent Medical Review” (IMR) and an outside reviewer that is not related to the health plan will review your case
- Ask for a “State Hearing” and a judge will review your case

You can ask for both an Independent Medical Review and State Hearing at the same time. You can also ask for one before the other to see if it will resolve your problem first. For example, if you ask for an IMR first, but do not agree with the decision, you can still ask for a State Hearing later. However, if you ask for a State Hearing first, but the hearing has already taken place, you cannot ask for an IMR. In this case, the State Hearing has the final say.

You will not have to pay for an IMR or State Hearing.

INDEPENDENT MEDICAL REVIEW (IMR)

If you want an IMR, you must ask for one within **180 calendar days** from the date of this "Notice of Appeal Resolution" letter. The paragraph below will provide you with information on how to request an IMR. Note that the term "grievance" is talking about both "complaints" and "appeals."

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone Wellcare Health Net Dual Align (HMO D-SNP) at **1-800-431-9007** and use Wellcare Health Net Dual Align (HMO D-SNP) appeal process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 calendar days, you may call the Department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The Department's Internet Website **(www.dmhc.ca.gov)** has complaint forms, IMR application forms, and instructions online.

STATE HEARING

If you want a State Hearing, you must ask for one within **120 calendar days** from the date of the "Notice of Appeal Resolution" (NAR) informing you that the previous Adverse Benefit Determination is partially or fully upheld. But, **if you are currently getting treatment and you want to continue getting treatment, you must ask for a State Hearing within 10 calendar days** from the date the NAR letter was postmarked or delivered to you, OR before the date your health plan says services will stop. You must say that you want to keep getting treatment when you ask for the State Hearing.

You can ask for a State Hearing:

- By phone: Call **1-800-952-5253**. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call **TTY/TDD 1-800-952-8349**.
- In writing: Fill out a State Hearing form or send a letter to:
  California Department of Social Services
  State Hearings Division
  P.O. Box 944243, Mail Station 9-17-433

Sacramento, CA 94244-2430

- Online and by fax:

  Online at **www.cdss.ca.gov** and Fax: **1-916-309-3487** or toll-free at **1-833-281-0903**.

  A State Hearing form is included with this letter. Be sure to include your name, address, telephone number, Social Security Number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell us what language you speak. You will not have to pay for an interpreter. The State Hearings Division will get you one. If you have a disability, the State Hearings Division can get you special accommodations free of charge to help you participate in the hearing. Please include information about your disability and the accommodation you need.

After you ask for a State Hearing, it could take up to 90 calendar days to decide your case and send you an answer. If you think waiting that long will hurt your health, you might be able to get an answer within 3 calendar days. Ask your doctor or health plan to write a letter for you. The letter must explain in detail how waiting for up to 90 calendar days for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, make sure you ask for an **"expedited hearing"** and provide the letter with your request for a hearing.

You may speak at the State Hearing yourself. Or, have a relative, friend, advocate, doctor, or attorney speak for you. If you want another person to speak for you, then you must tell the State Hearing office that the person is allowed to speak for you. This person is called an "authorized representative."

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

If you have a problem, concern or questions related to your benefits or care, please call Wellcare Health Dual Align Member Services at the numbers listed at the bottom of this page.

Help from the California Department of Managed Health Care

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

help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **1-888-466-2219** and a TDD line **1-877-688-9891** for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

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 Health Net Dual Align (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- 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.
- Call the Wellcare Health Net Dual Align (HMO D-SNP) Fraud Hotline at 1-866-685-8664. Health Net is serious about finding and reporting fraud, waste or abuse (FWA). To report suspected FWA, please contact the Special Investigations Unit at one of the following:
    - **Phone:** 1-866-685-8664. The toll-free Fraud, Waste & Abuse Hotline is answered by an independent third party and is available 24 hours a day, 7 days a week.
    - **Email:** Special_Investigations_Unit@centene.com
    - **Mail:** Centene Special Investigations Unit 7700 Forsyth Blvd 5th floor, Room 519, Clayton, MO 63105
- Reports of suspected FWA may be made anonymously.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Wellcare Health Net Dual Align (HMO D-SNP) Member Services:
1-800-431-9007
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 Call Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the Nurse Advice Call Line are:
1-800-431-9007.
Calls to this number are free. 24 hours a day, 7 days a week. Wellcare Health Net 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.

If you need immediate behavioral health care, please call the Behavioral Health Line:
1-800-646-5610
Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.
Wellcare Health Net 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 and benefits before you enroll. Visit go.wellcare.com/HealthNetCA 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 Medi-Cal.

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