2027
Summary of Benefits

Delaware

Wellcare Delaware First Health Dual Align (HMO-POS D-SNP)

H4661 | 003

©Wellcare 2026

This page intentionally left blank.

Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) | 2027 Summary of Benefits

Introduction

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

Table of Contents

A. Disclaimers 4

B. Frequently asked questions (FAQ)....6

C. List of covered services....11

D. Benefits covered outside of Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) 31

E. Services that Wellcare Delaware First Health Dual Align (HMO-POS D-SNP), Medicare, and Medicaid don't cover....32

F. Your rights as a member of the plan 33

G. How to file a complaint or appeal a denied service....36

H. What to do if you suspect fraud....37

A. Disclaimers

This is a summary of health services covered by Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) for 2027. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. You can get a copy of the *Evidence of Coverage* by calling Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) at 1-844-536-2167 (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/DE.

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.
- Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* 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 Wellcare Delaware First Health Dual Align (HMO-POS D-SNP), you can check the Division of Medicaid and Medical Assistance website at dhss.delaware.gov/dmma/home/dsnp/ or by phone at 302-571-4900, Monday-Friday 8 a.m. - 4:30 p.m.

- The Delaware Medicare Assistance Bureau (DMAB), formerly known as ELDERinfo, provides free health insurance counseling for people with Medicare, including those under 65 years of age. You can call DMAB at 302-674-7364 to set up a free counseling session with a trained volunteer at a convenient site near you. More information can be found at insurance.delaware.gov/divisions/dmab/.

- The Delaware Long Term Care Ombudsman Program helps people get information about nursing homes and resolve problems between nursing homes and residents or their families. To contact the Ombudsman, call 1-855-773-1002 or visit dhss.delaware.gov/office-of-the-secretary/long-term-care-ombudsman-program/.

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-844-536-2167 (TTY: 711), Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

- This document is available for free in Spanish.

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

    - To make a standing request, change a standing request or make a one-time request, please call Member Services at the phone number on the bottom of this page. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a HIDE SNP?	Our plan is a highly integrated dual eligible (HIDE) special needs plan (SNP). A HIDE SNP is a health plan that contracts with both Medicare and Delaware Medicaid to provide benefits of both programs to enrollees. A HIDE SNP Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage your providers and services. They all work together to provide the care you need. This plan is for people who live within our plan's service area, have Medicare and get full Delaware Medicaid benefits. When you enroll in this plan, you get your health care, prescription drugs, Long Term Services and Supports (LTSS), and other extra benefits through us.
I've enrolled in the Wellcare Delaware First Health Dual Align (HMO-POS D-SNP), do I also need to enroll in Delaware First Health Medicaid?	No. Once you enroll in the Wellcare Delaware First Health Dual Align (HMO-POS D-SNP), you will automatically be enrolled in Delaware First Health Medicaid. You do not need to do anything.
Will I get the same Medicare and Medicaid benefits in Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) that I get now? **(continued on the next page)**	You'll get most of your covered Medicare and Medicaid benefits directly from Wellcare Delaware First Health Dual Align (HMO-POS 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 coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, directly from the Division of Medicaid and Medical Assistance.

Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) that I get now? **(continued from previous page)**	When you enroll in Wellcare Delaware First Health Dual Align (HMO-POS D-SNP), you and your care coordinator 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 Delaware First Health Dual Align (HMO-POS 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 Delaware First Health Dual Align (HMO-POS 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.
Can I use the same doctors I use now? **(continued on the next page)**	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Wellcare Delaware First Health Dual Align (HMO-POS 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 Delaware First Health Dual Align (HMO-POS 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 Delaware First Health Dual Align (HMO-POS D-SNP)'s plan. • If you see a provider that is not in our network, Wellcare Delaware First Health Dual Align can authorize you to continue seeing this provider for 90 days while we work to get you transitioned to a network provider. If there is not a provider in our network that can provide the services you are receiving from the provider that is not in our network,

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	Wellcare Delaware First Health Dual Align can continue authorizing the out of network services as long as the services are medically necessary. 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 Delaware First Health Dual Align (HMO-POS D-SNP)'s *Provider and Pharmacy Directory* on the plan's website at go.wellcare.com/2027providerdirectories. If Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs.
What's a Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) care coordinator?	A Wellcare Delaware First Health Dual Align (HMO-POS 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 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.
What happens if I need a service but no one in Wellcare Delaware First Health Dual Align (HMO-POS 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 Delaware First Health Dual Align (HMO-POS D-SNP) will pay for the cost of an out-of-network provider.
Where's Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) available?	The service area for this plan includes: Kent, New Castle, Sussex Counties, Delaware. You must live in one of these areas to join the plan.

If you have questions, please call Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) at 1-844-536-2167 (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/DE.

Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization means an approval from Wellcare Delaware First Health Dual Align (HMO-POS 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 Delaware First Health Dual Align (HMO-POS D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. **Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Wellcare Delaware First Health Dual Align (HMO-POS 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. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) may not cover the services. Wellcare Delaware First Health Dual Align (HMO-POS 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 *Evidence of Coverage* to learn more about when you'll need to get a referral from your PCP.

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under Wellcare Delaware First Health Dual Align (HMO-POS D-SNP)?	No. Because you have Medicaid, 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 Delaware First Health Dual Align (HMO-POS D-SNP)?	No. You don't pay deductibles in Wellcare Delaware First Health Dual Align (HMO-POS D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Wellcare Delaware First Health Dual Align (HMO-POS D-SNP)?	There's no cost-sharing for medical services in Wellcare Delaware First Health Dual Align (HMO-POS D-SNP), so your annual out-of-pocket costs will be $0.



If you have questions, please call Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) at 1-844-536-2167 (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/DE.

C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Except in an emergency, your 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 observation	$0	Prior authorization may be required. Referral may be required.
	Ambulatory surgical center (ASC) services	$0	Prior authorization may be required. Referral may be required.
	Doctor or surgeon care	$0	Prior authorization may be required. Referral may be required.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	$0	Prior authorization may be required.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	Wellness visits, such as a physical	$0	

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)	"Welcome to Medicare" (preventive visit one time only)	$0	
	Specialist care	$0	Prior authorization may be required. Referral may be required.
You need emergency care	Emergency room services	$0	You may get covered emergency care from either in-network or out-of-network providers whenever you need it. You do not need prior authorization for emergency care. $115 copay for worldwide emergency services. You are covered up to $50,000 every year for worldwide emergency and urgent care services.
	Urgent care	$0	You may get covered urgent care from either in-network or out-of-network providers whenever you need it. You do not need prior authorization for urgent care. $115 copay for Worldwide emergency services. You are covered up to $50,000 every year for worldwide emergency and urgent care services.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization may be required. Referral may be required.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization may be required. Referral may be required.

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	Hearing screenings	$0	1 exam every year. Prior authorization may be required.
	Hearing aids	$0	1 fitting/evaluation every year Up to $2,000 allowance per ear every year for hearing aids. Limited to 1 hearing aid per ear every year. Prior authorization may be required.
You need dental care (continued on the next page)	Dental check-ups and preventive care	$0	Our plan covers routine dental care under your Medicare coverage for the following preventive services: • Oral Exams* • Cleanings* • Dental X-rays* • Fluoride Treatment* • Other Diagnostic Dental Services* • Other Preventive Dental Services* You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). If you use out-of-network providers, you will pay a 25% coinsurance for covered services. Out-of-network providers are not contracted to accept

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) (continued on the next page)			plan payment as payment in full. They might charge you more than the plan pays. ***For more information, limitations and exclusions, please see your *Evidence of Coverage*. Additional dental limitations and exclusions apply.** For more information about dental services covered under our Medicaid benefits or our dental provider network, visit: www.delawarefirsthealth.com/members/medicaid/benefits-services/dental-program.html. 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* • Endodontics* • Periodontics* • Oral/Maxillofacial Surgery* • Prosthodontics, Fixed* • Prosthodontics, Removable* • Adjunctive General Services* You may use either in-network or out-of-network dentists for routine dental care

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)			(non-Medicare-covered services). If you use out-of-network providers, you will pay a 25% coinsurance for covered services. Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays. This plan includes coverage up to $3,000 per plan year for all in-network and out-of-network covered routine comprehensive dental services. ***For more information, limitations and exclusions, please see your *Evidence of Coverage*. Additional dental limitations and exclusions apply.** For more information about dental services covered under our Medicaid benefits or our dental provider network, visit: www.delawarefirsthealth.com/members/medicaid/benefits-services/dental-program.html. Prior authorization may be required.
You need eye care	Eye exams	$0	1 exam every year Prior authorization may be required.
	Glasses or contact lenses	$0	Up to a $300 combined allowance towards contacts and glasses (lenses and/or frames) 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 behavioral health services	Behavioral health services	$0	Our plan covers a range of mental health care services including, but not limited to, inpatient treatment, outpatient therapy, partial hospitalization programs and intensive outpatient programs. For members participating in the PROMISE program (Promoting Optimal Mental Health for Individuals through Supports and Empowerment), the state also covers licensed behavioral health practitioner services. 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 services such as inpatient stay and outpatient counseling services. For members participating in the PROMISE program, these services are covered by the State. • Community psychiatric support and treatment. • Community-based residential supports, excluding assisted living. • Community transition services. Prior authorization may be required. Referral may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	$0	There is no benefit limit for mental health services and drug and alcohol treatment when medically necessary. For members participating in the PROMISE program, the state also covers substance use disorder (SUD) services other than medically managed intensive inpatient detoxification. 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	
	Adult Foster Care and Group Adult Foster Care	$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization may be required. Referral may be required.
You need help getting to health services **(continued on the next page)**	Ambulance services	$0	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 help getting to health services (continued)	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	Your Medicare coverage provides up to 12 one-way rides every year to plan approved healthcare locations. This includes doctors, specialists, pharmacies, and dental or vision providers. **What you should know:** Mileage limitations may apply. Call the number on the back of your member ID card 72 hours in advance to reserve a ride for your appointment. Rides may also be reserved via mobile app. Delaware Medicaid provides unlimited one-way trips every year to plan-approved health-related locations. Prior authorization may be required.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Evidence of Coverage* for more information on these drugs. Prior authorization may be required.
	Medicare Part D drugs Tier 1 (Generic)	$0 copay for up to a 100-day supply at a retail pharmacy.	With our Medicaid Value-Added Benefit ("$0 Pharmacy Co-Pays for Duals"), you do not pay pharmacy copays.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Tier 2 (Preferred Brand) Tier 3 (Non-Preferred Drug) Tier 4 (Injectable Drugs) Tier 5 (Specialty Tier) Tier 6 (Select Care Drugs)	$0 copay for a 35 to 100-day supply at a mail order pharmacy.	There may be limitations on the types of drugs covered. Please refer to Wellcare Delaware First Health Dual Align (HMO-POS D-SNP)'s *List of Covered Drugs (Drug List)* for more information. Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply. Tier 5 drugs are limited to a 30-day supply per fill. An extended-day supply of some drugs is available through mail order and certain retail pharmacies. For more information, please refer to our *List of Covered Drugs* to view those drugs available for an extended-day supply.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Wellcare Delaware First Health Dual Align (HMO-POS D-SNP)'s *List of Covered Drugs (Drug List)* for more information. See the Wellcare Spendables® later in this chart for coverage under the Medicare benefit. Also see Medicaid Value-Added Benefits (Extra Services) later in this chart for extra access to OTC products.

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 better or have special health needs	Rehabilitation services	$0	Prior authorization may be required. Referral may be required.
	Medical equipment for home care	$0	Prior authorization may be required.
	Dialysis services	$0	Referral may be required.
You need foot care	Podiatry services	$0	Prior authorization may be required. Referral may be required.
	Orthotic services	$0	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 *Evidence of Coverage*.	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.

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	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	Some services are covered for individuals on the Home and Community Based Services Waiver. Prior authorization may be required. Referral may be required.
	Adult day health, Home and Community Based Services (HCBS), or other support services	$0	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	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.

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)			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.
	Prosthetic services	$0	Prior authorization may be required.
	Radiation therapy	$0	Prior authorization may be required.
	Services to help manage your disease	$0	Prior authorization may be required.
	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,	$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

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)	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		information about the Wellcare Spendables® card. Your card allowance can be used towards: • **Gas pay-at-pump** -You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. Electric vehicle (EV) charging may also be covered at participating locations where card payment is accepted. • **Healthy Food** -You can use your card to pay for healthy foods and produce at participating retailers. Delivery options for eligible grocery items may be available. Prepared meals are available for order via online portal.

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)	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.		• **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

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)			cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet.
	Wellcare Spendables®	$0	You will receive **$247 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

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)			items, vitamins, pain relievers, cold and allergy items, and diabetic items. **Special Supplemental Benefits for the Chronically Ill (SSBCI) –** Benefits mentioned below are SSBCI. Not all members will qualify. **You must meet eligibility criteria for the following plan benefits.** **If you qualify**, your card allowance can also be used towards: • Gas pay-at-pump • Healthy Food • Personal Care Items • Pest Control Items • Rent Assistance • Robotic Companion Pet • Utility Assistance

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)			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*.
	Fitness benefit	$0	To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. You may access one or more gyms within the fitness network. Members have access to in-person fitness centers, available on-demand exercise programs, and choice of Home Fitness Kit.
	Meals benefit	$0	Post-Acute Meals: If you qualify, you pay nothing for home delivered meals up to 45 days following an Inpatient hospital stay to aid in recovery with a maximum of 2 meals per day for up to 14 days for a total of 28 meals per occurrence for an unlimited number of occurrences per year.

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 *Evidence of Coverage*.
	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 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)	Medicaid Value-Added Benefits (Extra Services)	$0	We provide extra benefits, such as: • Up to **$250/year** for **Community-Based Wellness Programs**, including the YMCA Memberships and senior centers. • **$120** per household, per year ($30 every three months) to spend on mail-order **OTC products** including shampoo, cold remedies, and more. • Sign up to earn up to **$150 per year** in **My Health Pays Rewards** for completing healthy activities like your annual well visit and preventative cancer screenings. Benefit limits and eligibility rules may apply. These benefits are offered by Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) and are separate from standard Delaware

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			First Health program benefits. Benefits may change or end at any time. Visit www.delawarefirsthealth.com/vab for the most current Medicaid Value-Added Benefits information.

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 Delaware First Health Dual Align (HMO-POS D-SNP)'s *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Wellcare Delaware First Health Dual Align (HMO-POS 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/DE.

D. Benefits covered outside of Wellcare Delaware First Health Dual Align (HMO-POS D-SNP)

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

Other services covered by Medicare, Medicaid, or a State Agency	**Your costs**
Additional behavioral health services: Members participating in PROMISE are eligible for State provided services. Please contact your care coordinator or case manager for more information.	$0
Certain hospice care services covered outside of Wellcare Delaware First Health Dual Align (HMO-POS D-SNP).	$0
Non-Emergency Medical Transportation	$0
Specialized services for nursing facility residents not included under our plan: The State will provide specialized services as determined necessary by the State. Please contact Member Services for more information.	$0

E. Services that Wellcare Delaware First Health Dual Align (HMO-POS D-SNP), Medicare, and Medicaid don't cover

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

Services Wellcare Delaware First Health Dual Align (HMO-POS D-SNP), Medicare, and Medicaid don't cover	
Services that are not medically necessary.	Cosmetic services, unless medically necessary.
Abortions, except for certain circumstances.	
Infertility treatments.	

F. Your rights as a member of the plan

As a member of Wellcare Delaware First Health Dual Align (HMO-POS 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 *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 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 and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year.
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered

- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

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

- File a complaint with the Division of Medicaid and Medical Assistance at 302-571-4900. The Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) website go.wellcare.com/DE has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
- Ask for an IMR of Medicaid services or items that are medical in nature.
- Appeal certain decisions made by our providers
- Ask for a State Hearing
- Get a detailed reason for why services were denied

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

You can also call the Medicaid Office of the Ombudsperson at 1-855-773-1002, Monday-Friday 8 a.m. - 4:30 p.m.

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

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

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

Appeals for Part D (Drugs)
Wellcare Delaware First Health Dual Align (HMO-POS D-SNP)
Attn: Medicare Pharmacy Appeals
P.O. Box 31383
Tampa, FL 33631-3383
Phone: 1-844-536-2167 (TTY: 711)

Appeals for Part C (Medical and Part B Drugs) and Grievances for Part C (Medical and Part B Drugs)
Wellcare Delaware First Health Dual Align (HMO-POS D-SNP)
Appeals Department - Medical
P.O. Box 10052
Van Nuys, CA 91410-0052
Phone: 1-844-536-2167 (TTY: 711)

Grievances for Part D (Drugs)
Wellcare Delaware First Health Dual Align (HMO-POS D-SNP)
Appeals & Grievances Medicare Operations
P.O. Box 10052
Van Nuys, CA 91410-0052
Phone: 1-844-536-2167 (TTY: 711)

Grievances for Delaware Medicaid Services
To file a grievance (complaint) or appeal about a Delaware Medicaid service, please contact Member Services at 1-877-236-1341 (TTY: 711), Monday – Friday from 8:00 a.m. - 7:00 p.m. EST.

Delaware First Health
Attention Appeals and Grievances
P.O. Box 10353
Van Nuys, CA 91410-0353
Phone: 1-877-236-1341 (TTY: 711)

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 Delaware First Health Dual Align (HMO-POS D-SNP) Member Services. Phone numbers are listed at the bottom of this page.
- Or, call the Medicaid Customer Service Center at 1-866-843-7212. TTY users may call 711.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call Delaware Medicaid's Fraud Reporting line at 1-800-372-2002 or email SURreferrals@delaware.gov.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) Member Services:

1-844-536-2167
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:
1-844-536-2167.
Calls to this number are free. 24 hours a day, 7 days a week.
Wellcare Delaware First Health Dual Align (HMO-POS 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 Crisis Line:

1-844-536-2167 TTY: 711
Calls to this number are free. 24 hours a day, 7 days a week.
Wellcare Delaware First Health Dual Align (HMO-POS 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 have questions, please call Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) at 1-844-536-2167 (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/DE.

This page intentionally left blank.

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, costs, and benefits before you enroll. Visit go.wellcare.com/DE 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.
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.