2027
Summary of Benefits

New York

Wellcare Fidelis Dual Align Unity (HMO D-SNP)

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

Introduction

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

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A. Disclaimers

This is a summary of health services covered by Wellcare Fidelis Dual Align Unity (HMO D-SNP) for 2027. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. You can get a copy of the *Evidence of Coverage* by calling Wellcare Fidelis Dual Align Unity (HMO D-SNP) at 1-800-247-1447 (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/FidelisNY.

- 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 New York 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. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or request a copy by calling 1-800- MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

If you have questions, call Wellcare Fidelis Dual Align Unity (HMO D-SNP) Member Services at 1-800-247-1447 (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/FidelisNY.

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-800-247-1447, 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, Creole, Chinese, Arabic, Korean, Russian, Italian, French, Yiddish, Polish, Tagalog, Bengali, Albanian, Greek, and Urdu.

- 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

The following table lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What's a Medicaid Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP) plan?	Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicaid and Medicare) Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, behavioral health care (mental health and substance use/addiction services), and other health care providers into one coordinated health care system. It also has care managers to help you manage all of your providers and services. They all work together to provide the care you need. Our MAP plan is called Wellcare Fidelis Dual Align Unity (HMO D-SNP).
Will I get the same Medicare and Medicaid benefits in Wellcare Fidelis Dual Align Unity (HMO D-SNP) that I get now? (continued on the next page)	If you're coming to Wellcare Fidelis Dual Align Unity (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You'll get almost all your covered Medicare and Medicaid benefits directly from Wellcare Fidelis Dual Align Unity (HMO D-SNP). When you enroll in Wellcare Fidelis Dual Align Unity (HMO D-SNP), you and your Care Team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Wellcare Fidelis Dual Align Unity (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 Fidelis Dual Align Unity (HMO D-SNP) to cover your drug if medically necessary.

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Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and Medicaid benefits in Wellcare Fidelis Dual Align Unity (HMO D-SNP) that I get now? (continued from previous page)	If you're taking any Medicare Part D drugs that Wellcare Fidelis Dual Align Unity (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 Fidelis Dual Align Unity (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.
Can I use the same health care providers I use now? (continued on the next page)	That's often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Wellcare Fidelis Dual Align Unity (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." You must use the providers in Wellcare Fidelis Dual Align Unity (HMO D-SNP)'s network. • If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you can use providers outside of Wellcare Fidelis Dual Align Unity (HMO D-SNP)'s network. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Wellcare Fidelis Dual Align Unity (HMO D-SNP)'s *Provider and Pharmacy Directory*. You can also visit our website at go.wellcare.com/FidelisNY for the most current listing. If Wellcare Fidelis Dual Align Unity (HMO D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care (ICP) to address your needs. You can keep using the providers you use now for 90 days or until your ICP is completed. Further, members who enroll on or after January 1, 2027, can continue to use their same behavioral health providers for up to 24 months as part of a continuous episode of care. "Continuous Behavioral Health Episode of Care" means a course of

Frequently Asked Questions (FAQ)	Answers
Can I use the same health care providers I use now? (continued from previous page)	ambulatory behavioral health treatment, other than ambulatory detoxification and withdrawal services, which began prior to the effective date of the behavioral health benefit inclusion into MAP in the geographic service area in which services had been provided to an enrollee at least twice during the six months preceding January 1, 2027 by the same provider for the treatment of the same or related behavioral health condition.
What's a Care Manager?	A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need. Members may have a Care Manager who works for the Plan as well as a specialized Health Home/Health Home Plus Care Manager (refer to **Section E**. Benefits covered outside of Wellcare Fidelis Dual Align Unity (HMO D-SNP).
What are Managed Long-term Services and Supports (MLTSS)?	Managed Long-term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.
What happens if I need a service but no one in Wellcare Fidelis Dual Align Unity (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, such as due to shortage of staff with necessary expertise and/or availability to provide services, Wellcare Fidelis Dual Align Unity (HMO D-SNP) will cover services provided by an out-of-network provider.

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Frequently Asked Questions (FAQ)	Answers
Where's Wellcare Fidelis Dual Align Unity (HMO D-SNP) available?	The service area for this plan includes: Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates Counties, New York. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means that you must get approval from Wellcare Fidelis Dual Align Unity (HMO D-SNP) before Wellcare Fidelis Dual Align Unity (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. Wellcare Fidelis Dual Align Unity (HMO D-SNP) may not cover the service, item or drug if you don't get prior approval. **If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you don't need to get approval first**. Wellcare Fidelis Dual Align Unity (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from Wellcare Fidelis Dual Align Unity (HMO D-SNP) before the service is provided. Refer to **Chapter 3** of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization. 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.

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Frequently Asked Questions (FAQ)	Answers
What's a referral?	A referral means that your primary care provider (PCP) must give you written approval before you can use specialists or other providers in the plan's network. This can be done electronically; however, if you don't get approval, Wellcare Fidelis Dual Align Unity (HMO D-SNP) may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists. Wellcare Fidelis Dual Align Unity (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. For more information on when a referral is needed, call Member Services at the numbers listed at the bottom of this page or refer to **Chapter 3** of the *Evidence of Coverage*.
Do I pay a monthly amount (also called a premium) under Wellcare Fidelis Dual Align Unity (HMO D-SNP)?	No. Because you have Medical Assistance (Medicaid), you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.
Do I pay a deductible as a member of Wellcare Fidelis Dual Align Unity (HMO D-SNP)?	No. You don't pay deductibles in Wellcare Fidelis Dual Align Unity (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Wellcare Fidelis Dual Align Unity (HMO D-SNP)?	There's no cost-sharing (copays or deductibles) for medical services in Wellcare Fidelis Dual Align Unity (HMO D-SNP), so your annual out-of-pocket costs will be $0.

C. Overview of services

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	$0	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.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	$0	Prior authorization may be required. Referral may be required.
	Ambulatory surgical center (ASC) services	$0	Prior authorization may be required. Referral may be required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to use an outpatient healthcare provider	Doctor visits (including visits to Primary Care Providers and specialists)	$0	You must go to network doctors, specialists, and hospitals. Prior authorization may be required. Referral may be required.
	Visits to treat an injury or illness	$0	Prior authorization may be required. Referral may be required.
You want to use a health care provider (This service is continued on the next page)	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	$0	
	Wellness visits, such as a physical	$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to use a health care provider (continued)	"Welcome to Medicare" preventive visit (one time only)	$0	
You need emergency care	Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs)	$0	You may use any emergency room or CPEP if you reasonably believe you need emergency care. You don't need prior authorization and you don't have to be in-network. Emergency room services AREN'T covered outside of the U.S. and its territories except under limited circumstances. Contact the plan for details. $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	Urgent care isn't emergency care. You don't need prior authorization and you don't have to be in-network. Urgent care ISN'T covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details. $115 copay for worldwide urgent care services. You are covered up to $50,000 every year for worldwide emergency and urgent care services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Lab tests, such as blood work	$0	Prior authorization may be required. Referral may be required.
	X-rays or other pictures, such as CAT scans	$0	Prior authorization may be required. Referral may be required.
	Screening tests, such as test to check for cancer.	$0	
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	$0	1 exam every year Prior authorization may be required.
	Hearing Aids (as well as fittings and associated accessories and supplies)	$0	Prior authorization may be required.
You need dental care (This service is continued on the next page)	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	$0	Our plan covers routine dental care under your Medicare coverage for the following preventive services: Preventive services include: • Oral Exams* • Cleanings* • Dental X-rays*

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	$0	• Fluoride Treatment* • Other Diagnostic Dental Services* • Other Preventive Dental Services* Comprehensive services include: • Restorative Services* • Endodontics* • Periodontics* • Prosthodontics, Fixed* • Prosthodontics, Removable* • Oral/Maxillofacial Surgery* • Maxillofacial Prosthetics* • Implant Services* • Adjunctive General Services* ***For more information, limitations and exclusions, please see your *Evidence of Coverage*. Additional dental limitations and exclusions apply.** Prior authorization may be required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Vision services (including annual eye exams)	$0	1 exam every year Prior authorization may be required.
	Glasses or contact lenses	$0	Eyeglasses or contact lenses: 1 every 2 years.
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	$0	Prior authorization may be required.
Annual health related social needs screening and navigation to services	You can connect to organizations in your community that provide services to help with housing, transportation, and care management at no-cost to you, through a regional Social Care Network (SCN).	$0	If you're interested, please call Member Services and we'll connect you to a SCN in your area. The Social Care Navigator will verify your eligibility, tell you more about these services, and help you get connected to them.
You have a mental health condition (This service is continued on the next page)	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), State Operated Addiction Treatment Centers	$0	Prior authorization may be required. Referral may be required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition (continued)	(ATC), Inpatient addition rehabilitation, Inpatient Medically Supervised Detox, or critical access hospital)	$0	
	Adult outpatient mental health care Continuing Day Treatment (CDT) Partial hospitalization	$0	
	Adult outpatient rehabilitative mental health care Assertive Community Treatment (ACT) Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) Personalized Recovery Oriented Services (PROS)	$0	
	Adult outpatient rehabilitative mental health and addiction services for members who meet clinical requirements. These are also known as Community Oriented Recovery and	$0	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition (continued)	Empowerment (CORE) services. CORE services: Psychosocial Rehabilitation (PSR) Community Psychiatric Supports and Treatment (CPST) Empowerment services – peer supports Family Support and Training (FST)	$0	
	Adult mental health crisis services Comprehensive Psychiatric Emergency Program (CPEP) Mobile Crisis and Telephonic Crisis Services Crisis Residential Programs	$0	
	Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication	$0	Services may be provided by any OMH licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN)

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition (continued)	management, family psychoeducation, and intensive outpatient models of care) (**Note:** This is not a complete list of the plan's expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* for more information.)	$0	Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. Prior authorization may be required. Referral may be required.
You're having a mental health or substance use crisis	Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises)	$0	Any approved mobile crisis or licensed crisis residence provider in New York State.
You have a mental health condition or a substance use disorder **(This service is continued on the next page)**	CORE Services (which are person-centered, recovery-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence). (**Note:** For more information about CORE Services and to determine whether you're eligible for them, call	$0	CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition or a substance use disorder (continued)	Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage*.		
You have a substance use disorder (This service is continued on the next page)	Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment) (**Note:** This is not a complete list of the plan's expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the	$0	Prior authorization may be required. Referral may be required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance use disorder (continued)	*Evidence of Coverage* for more information.)		
You need a place to live with people available to help you (This service is continued on the next page)	Skilled nursing care	$0	Prior authorization may be required. Referral may be required.
	Nursing home	$0	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you (continued)	Custodial care (long-term care in a Nursing Facility)	$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy (outpatient or in-home)	$0	Prior authorization may be required. Referral may be required.
You need help getting to health services	Emergency transportation	$0	Emergency transportation can only be provided by an ambulance service including air ambulance service. Emergency ambulance transportation means the provision of ambulance transportation for the purpose of obtaining hospital services for an Enrollee who suffers from severe, life-threatening or potentially disabling conditions which require the provision of Emergency Services while the Enrollee is being transported. Must be administered based on Local Department of Social Services (LDSS) approved transportation plan. Prior authorization may be required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (This service is continued on the next page)	Medicare Part B drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	$0	Read the *Evidence of Coverage* for more information on these drugs. Prior authorization may be required.
	Medicare Part D drugs Tier 1: (Generic) Tier 2: (Preferred Brand) Tier 3: (Non-Preferred Drug) Tier 4: (Injectable Drugs) Tier 5: (Specialty Tier) Tier 6: (Select Care Drugs)	$0 copay for up to a 100-day supply at a retail pharmacy. $0 copay for a 35 to 100-day supply at a mail order pharmacy.	There may be limitations on the types of drugs covered. Refer to Wellcare Fidelis Dual Align Unity (HMO D-SNP)'s *List of Covered Drugs* at go.wellcare.com/FidelisNY for more information. Wellcare Fidelis Dual Align Unity (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Tier 5 drugs are limited to a 30-day supply per fill. Your provider must get prior authorization from Wellcare Fidelis Dual Align Unity (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 can't 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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part D drugs	$0 copay for up to a 100-day supply at a retail pharmacy. $0 copay for a 35 to 100-day supply at a mail order pharmacy.	Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare. 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 Fidelis Dual Align Unity (HMO D-SNP)'s *List of Covered Drugs* (*Drug List*) for more information.
You need foot care	Podiatry services (including routine exams)	$0	Covered services include: • Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or 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 or podiatrist within the scope of their license, are covered when provided by a prosthetist, orthotist, or the licensed practitioner, respectively. Prior authorization may be required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, for example (**Note:** This is not a complete list of covered DME or supplies. Call Member Services at 1-800-247-1447 (TTY: 711) or read the *Evidence of Coverage* for more information.)	$0	Prior authorization may be required.
You need interpreter services	Spoken language interpreter	$0	Our plan has free interpreter services available to answer questions from non-English speaking members.
	Sign language interpreter	$0	Sign language interpreters to help with communication with your doctors, other providers, and your health plan.
Other covered services (This service is continued on the next page)	Acupuncture	$0	Routine acupuncture services are limited to 24 visits every year. Prior authorization may be required. Referral may be required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Plan Care coordination	$0	Care managers to help you manage all of your providers and services. They all work together to provide the care you need.
	Chiropractic services	$0	Routine chiropractic services are limited to 24 visits every year. Prior authorization may be required. Referral may be required.
	Diabetic supplies	$0	Therapeutic shoes or inserts are covered when medically necessary. Accu-Chek™ Guide and True Metrix™ are our preferred diabetic testing supplies (glucose monitors & test strips). Dexcom and FreeStyle Libre are our preferred continuous glucose monitor brands. To get more information about the items that are on the preferred diabetic testing and monitoring supply lists, please contact Member Services. Quantity limits may apply. Prior authorization may be required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	$0	EPSDT is for members under 21 years of age.
	Family planning	$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	$0	Your hospice doctor can be a network provider or an out-of-network provider. Covered services include: • Drugs for symptom control and pain relief • Short-term respite care • Home care

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Mammograms	$0	Covered services include: • One baseline mammogram between the ages of 35 and 39 • One screening mammogram every 12 months for women aged 40 and older • Clinical breast exams once every 24 months
	Managed Long-term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); and social adult day care)	$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting. MLTSS is available to all members; specific service authorization, including amount, is indicated in the member's individualized approved Plan of Care.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living. Prior authorization may be required.
	Personal Care Assistance (PCA) (assistance with daily activities such as bathing, dressing, using the bathroom, shopping, cooking, including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	$0	Medicaid covers personal care services (PCS), which involve the provision of some or total assistance with personal hygiene, dressing and feeding and nutritional and environmental support (meal preparation and housekeeping). Personal care services must be medically necessary, ordered by a physician, and provided by a qualified person in accordance with a plan of care. Prior authorization may be required.
	Prosthetic services	$0	Our plan includes Medicare-covered prosthetic devices, medical and surgical supplies, enteral and parenteral formula. We also cover Medicaid covered prosthetics, orthotics, and orthopedic footwear.

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Prosthetic services	$0	These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of fee-for-service Medicaid. Prior authorization may be required.
	Services to help manage your disease	$0	Medicaid covers Tuberculosis Directly Observed Therapy (TB/DOT), which is the direct observation of oral ingestion of TB medications to assure patient compliance with the physician's prescribed medication regimen.

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

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

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

Additional services Wellcare Fidelis Dual Align Unity (HMO D-SNP) covers	Your costs
Fitness - For a detailed list of wellness education program benefits offered, please refer to the *Evidence of Coverage*. **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. 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.	$0
Social Support Platform - Our plan provides access to an online and app-based support platform designed to support your overall well-being. The platform offers personalized therapeutic self-guided activities and programs to help manage stress, anxiety, and support your emotional and mental health. Engage in interactive activities, meditations, and games tailored to your needs. The platform also features the ability to join social communities. Available online 24/7 - you can use it whenever you choose.	$0

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Additional services Wellcare Fidelis Dual Align Unity (HMO D-SNP) covers	Your costs
For more information on how to access the social support platform, please see your *Evidence of Coverage*.	
Wellcare Spendables®-You will receive a total of **$165 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 by logging in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. **Special Supplemental Benefits for the Chronically Ill (SSBCI)** – Benefits mentioned below are SSBCI. Not all members will qualify. **You must meet eligibility criteria for the following plan benefits.** **If you qualify,** your card allowance can also be used towards: • Gas pay-at-pump • Healthy Food • Personal Care Items • Pest Control Items	$0

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Additional services Wellcare Fidelis Dual Align Unity (HMO D-SNP) covers	Your costs
• Rent Assistance • Robotic Companion Pet • Utility Assistance Refer to Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits. For more information, limitations, and exclusions, please see your *Evidence of Coverage*.	
Special Supplemental Benefits for Chronically Ill (SSBCI) -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. Benefits mentioned are a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. In addition to being high-risk, you must have one or more of the following chronic conditions: cancer, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, diabetes. There are other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us or see the plan's *Evidence of Coverage*. • Eligibility is determined based on medical claims and/or other supporting documentation after you are enrolled in the plan.	$0

Additional services Wellcare Fidelis Dual Align Unity (HMO D-SNP) covers	Your costs
• 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. **If eligible,** you can use your Wellcare Spendables® allowance towards the additional benefits shown below. Once determined eligible, these expanded benefits will be available in 7-10 business days. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card. Your card allowance can be used towards: • **Gas pay-at-pump** - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. Electric vehicle (EV) charging may also be covered at participating locations where card payment is accepted. • **Healthy Food** - You can use your card to pay for healthy foods and produce at participating retailers. Delivery options for eligible grocery items may be available. Prepared meals and produce boxes are available for order via online portal. • **Personal Care Items** – You can use your card to purchase personal care items and household essentials at participating retailers. Delivery options for eligible items may be available.	

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Additional services Wellcare Fidelis Dual Align Unity (HMO D-SNP) covers	Your costs
• **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.	
My Wellcare Rewards With **My Wellcare Rewards**, you can earn up to $100 by completing eligible health activities and portal activities through your member portal. Rewards will be loaded onto your Wellcare Spendables® card.	$0
Chronic Respiratory Management Program • $0 copay for a portable nebulizer and durable medical equipment (DME) from the preferred provider.	$0

Additional services Wellcare Fidelis Dual Align Unity (HMO D-SNP) covers	Your costs
• $0 copay for nebulizer and respiratory-related supplies from the preferred provider. • $0 copay for Part B respiratory management medications from the preferred provider. The mail order pharmacy will deliver respiratory-related medications and supplies to your home. **What you should know:** If you are diagnosed with chronic obstructive pulmonary disease (COPD) or chronic bronchitis, you may qualify for the Chronic Respiratory Management Program. The program aims to help you manage your condition(s). Participation in a care management program is required for eligibility. Your care manager will help you get this benefit if you qualify.	
Post-Acute Meals **What you should know:** 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.	$0

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

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

Other services covered directly by Medicaid fee-for-service	Your costs
CSS (Community Support Services)	$0
Health Home (HH) and Health Home Plus (HH+) Care Management	$0
Certified Community Behavioral Health Clinics (CCBHC)	$0
Non-emergency Medical Transportation	$0

F. Services that Wellcare Fidelis Dual Align Unity (HMO D-SNP), Medicare, and Medicaid don't cover

The following services aren't covered by our plan. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Wellcare Fidelis Dual Align Unity (HMO D-SNP), Medicare, and Medicaid don't cover	
Fees charged for care by your immediate relatives or members of your household	Personal and Comfort items
Cosmetic surgery if not medically necessary	Services of a provider that isn't part of the plan, unless the plan sends you to that provider
Full-time nursing care in your home	Reversal of sterilization procedures and/or non-prescription contraceptive supplies
Naturopath services (uses natural or alternative treatments)	Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television

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

As a member of Wellcare Fidelis Dual Align Unity (HMO D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you can't be refused medically necessary treatment. You can use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, read the *Evidence of Coverage*.

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

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex, age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
  - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
  - Be free from any form of physical restraint or seclusion
  - Not be billed by network providers
  - Have your questions and concerns answered completely and courteously
  - Apply your rights freely without any negative effect on the way Wellcare Fidelis Dual Align Unity (HMO D-SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  - Wellcare Fidelis Dual Align Unity (HMO D-SNP)

- Description of the services we cover
- How to get services
- How much services will cost you
- Names of health care providers and Care Managers
- Your rights and responsibilities

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year. You can call 1-800-247-1447 (TTY: 711) if you want to change your PCP.
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, as far as the law allows, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. Wellcare Fidelis Dual Align Unity (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 doctors, other providers, and your health plan. Call 1-800-247-1447 (TTY: 711) if you need help with this service
- Have your *Evidence of Coverage* and any printed materials from Wellcare Fidelis Dual Align Unity (HMO D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
- Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation

- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - Access an easy process to voice your concerns, and to expect follow-up by Wellcare Fidelis Dual Align Unity (HMO D-SNP)
  - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
  - Ask for a State Appeal (State Fair Hearing)
  - Get a detailed reason for why services were denied

If you have questions, call Wellcare Fidelis Dual Align Unity (HMO D-SNP) Member Services at 1-800-247-1447 (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/FidelisNY.

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

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

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

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

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

If you have a complaint or think Wellcare Fidelis Dual Align Unity (HMO D-SNP) should cover something we denied, call Wellcare Fidelis Dual Align Unity (HMO D-SNP) at 1-800-247-1447 (TTY: 711). You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call Wellcare Fidelis Dual Align Unity (HMO D-SNP) Member Services at the numbers listed at the bottom of this page. Complaints, grievances and appeals can be submitted in writing to the addresses below. Additionally, you can call us or fax your appeal to one of the numbers listed below.

Appeals for Part D (Drugs)
Wellcare Fidelis Dual Align Unity (HMO D-SNP)
Attn: Medicare Pharmacy Appeals
P.O. Box 31383
Tampa, FL 33631-3383
Phone: 1-800-247-1447 (TTY: 711)

Appeals for Part C (Medical and Part B Drugs)
Wellcare Fidelis Dual Align Unity (HMO D-SNP)
Appeals Department - Medical
25-01 Jackson Avenue
Long Island City, NY 11101
Phone: 1-800-247-1447 (TTY: 711)

Grievances for Part C (Medical and Part B Drugs) and Part D (Drugs)
Wellcare Fidelis Dual Align Unity (HMO D-SNP)
Attn: Member Services Department
25-01 Jackson Avenue
Long Island City, NY 11101
Phone: 1-800-247-1447 (TTY: 711)

You can file a complaint about your managed care at any time with the New York State Department of Health. Contact the Department of Health by:

Phone: 1-866-712-7197
Mail: New York State Department of Health
Bureau of Consumer Services
99 Washington Ave/ One Commerce Plaza 16th Fl
Albany, NY 12210
E-mail: mltccomplaints@health.ny.gov

For assistance, please contact the Community Health Access to Addiction and Mental Healthcare Project (CHAMP) using the information provided below:

Phone: 1-888-614-5400
Hours of Operation: Mon.-Wed. 9:00 AM – 7:00 PM, Thurs.-Fri. 9:00 AM – 4:00 PM
TTY: 711
Mail: Community Health Access to Addiction and Mental Healthcare Project (CHAMP)
Community Service Society of New York

633 Third Ave, 10th Floor
New York, NY 10017
E-mail: ombuds@oasas.ny.gov
Website: www.champny.org

I. What to do if you suspect fraud

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

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

- Call us at Wellcare Fidelis Dual Align Unity (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call the New York State Medicaid Fraud Hotline 1–877–87 FRAUD.
- If you are concerned about any of the charges that appear on a bill or Explanation of Benefits form, or if you know of or suspect any illegal activity, call our plan's toll-free Fraud Hotline at 1-866-685-8664 (TTY: 711). The Fraud Hotline operates 24 hours a day, seven days a week. All calls are strictly confidential.

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

1-800-247-1447
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 Wellcare Fidelis Dual Align Unity (HMO D-SNP)'s Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example*:* urgent care, emergency room). The numbers for the Wellcare Fidelis Dual Align Unity (HMO D-SNP) Nurse Advice Line are:
1-800-247-1447.
Calls to this number are free. 24 hours a day, 7 days a week.
Wellcare Fidelis Dual Align Unity (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, call the Fidelis Care Behavioral Health Crisis Line:

1-888-343-3547 (ext. 5)
Calls to this number are free. 24 hours a day, 7 days a week.
Wellcare Fidelis Dual Align Unity (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.

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-844-480-0680 (TTY: 711). Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage and benefits before you enroll. Visit go.wellcare.com/fidelisNY or call 1-844-480-0680 (TTY: 711) to view a copy of the EOC. Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ Benefits may change on January 1, 2028.
- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.