2027
Summary of Benefits

Illinois

Wellcare Meridian Dual Align (HMO D-SNP)

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

Introduction

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

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If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2180 (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/MeridianIL.

A. Disclaimers

This is a summary of health services covered by Wellcare Meridian Dual Align (HMO D-SNP) for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can get a copy of the *Member Handbook* by calling Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2180 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. If you leave a voicemail message, please include your name, and telephone number and a team member will return your call within one (1) business day. Or you can access the *Member Handbook* on our website at go.wellcare.com/MeridianIL.

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.
- Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.
- 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 a day, 7 days a week. TTY users should call 1-877-486-2048.
- For more information about Medicaid, you can check the state department of healthcare services website at hfs.illinois.gov/medicalclients.html.

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-844-536-2180 (TTY: 711). Between October 1 and March 31,

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- 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 listed above) or in an alternate format if you ask for it this way. This is called a "standing request". We will document your choice.
    - To make a standing request, change a standing request or make a one-time request, please call Member Services at the phone number on the bottom of this page. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's an Illinois FIDE SNP?	Illinois Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is Illinois' managed care programs. This program is for seniors and persons with disabilities who have full Medicaid and Medicare benefits. The Illinois FIDE SNP covers all of your Medicare, Medicare Part D, and extra benefits, in one health plan, with one member identification (ID) card. Illinois FIDE SNPs have care coordinators to help you manage all your health care and long term services and supports. If you join a FIDE SNP, you don't lose any of your Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with Medicaid and Medicare is still available, along with access to some additional services. To be eligible to enroll in a FIDE SNP in Illinois, you must be entitled to Medicare Part A, enrolled in Medicare Part B and eligible for full Medicaid benefits.
Will I get the same Medicare and Medicaid benefits in Wellcare Meridian Dual Align (HMO 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 Meridian Dual Align (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency.

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Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in Wellcare Meridian Dual Align (HMO D-SNP) that I get now? (continued from previous page)	When you enroll in Wellcare Meridian Dual Align (HMO D-SNP), you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Wellcare Meridian Dual Align (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Wellcare Meridian Dual Align (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.
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 Meridian Dual Align (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Wellcare Meridian Dual Align (HMO D-SNP)'s network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Wellcare Meridian Dual Align (HMO D-SNP)'s plan. • You have a continuity of care period. When you first join the plan, you can continue using the providers you use now for 180 days from your eligibility date and 90 days if you're coming

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Frequently Asked Questions	Answers
Can I use the same doctors I use now? **(continued from previous page)**	from another FIDE SNP plan. Please call Member Services to see if additional consideration is required. 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 Meridian Dual Align (HMO D-SNP)'s *Provider and Pharmacy Directory* on the plan's website at go.wellcare.com/2027providerdirectories If Wellcare Meridian Dual Align (HMO D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs.
What's a Wellcare Meridian Dual Align (HMO D-SNP) care coordinator?	A Wellcare Meridian Dual Align (HMO D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
What happens if I need a service but no one in Wellcare Meridian Dual Align (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Wellcare Meridian Dual Align (HMO D-SNP) will pay for the cost of an out-of-network provider.

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Frequently Asked Questions	Answers
Where's Wellcare Meridian Dual Align (HMO D-SNP) available?	The service area for this plan includes: Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Champaign, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, De Witt, DeKalb, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Jo Daviess, Johnson, Kane, Kankakee, Kendall, Knox, La Salle, Lake, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, Massac, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford Counties, Illinois. You must live in one of these areas to join the plan.
What's prior authorization? **(continued on the next page)**	Prior authorization means an approval from Wellcare Meridian Dual Align (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Wellcare Meridian Dual Align (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Wellcare Meridian Dual Align (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Wellcare Meridian Dual Align (HMO D-SNP) before the service is provided. Refer to **Chapter 3** of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Member Handbook* to learn which services require a prior authorization.



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Frequently Asked Questions	Answers
What's prior authorization? (continued from previous page)	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 Meridian Dual Align (HMO D-SNP) may not cover the services. Wellcare Meridian Dual Align (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. You don't need a referral to use certain specialists, such as women health specialists. Refer to the *Member Handbook* to learn more about when you'll need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under Wellcare Meridian Dual Align (HMO D-SNP)?	No. Because you have Medicaid, you won't pay any Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Wellcare Meridian Dual Align (HMO D-SNP)?	No. You don't pay deductibles in Wellcare Meridian Dual Align (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Wellcare Meridian Dual Align (HMO D-SNP)?	There's no cost sharing for medical services in Wellcare Meridian Dual Align (HMO D-SNP), so your annual out-of-pocket costs will be $0.



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Frequently Asked Questions	Answers
Do I have to pay extra to join this plan?	You don't have to pay extra to join this plan.
How does this plan coordinate my Medicare and Medicaid benefits?	You'll have a care team that you helped put together. Your care team may include doctors, nurses, counselors, or other health professionals who are there to help you get the care you need. You'll have a care coordinator. This is a person who works with you, with plan, and with your care providers to make sure you get the care you need.
Can I direct my own care?	You'll be able to direct your own care with help from your care team and care coordinator. The care team and case manager will work with you to come up with a care plan specifically designed to meet your health needs. The care team will be in charge of coordinating the services you need. This means, for example: • Your care team will make sure your doctors know about all medicines you take so they can reduce any side effects. • Your care team will make sure your test results are shared with all your doctors and other providers.

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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	Some procedures may require prior authorization. Referral may be required.
	Doctor or surgeon care	$0	Prior authorization rules may apply. Referral may be required.

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued)			Emergency care is covered in the United States and its territories.
	Urgent care	$0	Urgent care services do not require a referral or prior authorization. You can get urgent care services at in-network providers or at out-of-network providers if network providers are temporarily unavailable or inaccessible. $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.
	Screening tests, such as test to check for cancer.	$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 $1,000 allowance per ear every year for hearing aids. Limited to 2 hearing aids 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 dental care (continued on the next page)	Dental check-ups and preventive care	$0	Our plan also covers routine dental care under your Medicare coverage for the following preventive services: • Oral Exams* • Cleanings* • Dental X-rays* • Other Diagnostic Dental Services* • Other Preventive Dental Services ***For more information, limitations and exclusions, please see your *Member Handbook*. Additional dental limitations and exclusions apply.** Dental services are covered in accordance with the State Medicaid program. Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Restorative and emergency dental care	$0	Our plan also covers routine dental care under your Medicare coverage for the following comprehensive services (limited to $3,000 allowance every year): • Restorative Services* • Endodontics* • Periodontics* • Oral/Maxillofacial Surgery* • Prosthodontics, Fixed* • Prosthodontics, Removable* • Maxillofacial Prosthetics* • Adjunctive General Services* ***For more information, limitations and exclusions, please see your *Member Handbook*. Additional dental limitations and exclusions apply.** For more information about dental services covered under our Medicaid benefits or our dental provider network, visit: www.ilmeridian.com/members/medicaid/benefits-services/dental-care.html. Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	$0	Our plan covers routine vision exams under your Medicare coverage for the following: 1 exam every year. Under the Medicaid benefit you get the following: Routine eye exam: one per year and as medically necessary. Prior authorization may be required.
	Glasses or contact lenses	$0	Under the Medicare benefit, you get up to $300 combined allowance towards unlimited contacts and glasses (lenses and/or frames) every year. Prior authorization may be required. Under the Medicaid benefit you get the following: Eyeglasses (frames and lenses): 1 every 2 years. Contacts and special lenses may require prior authorization.
	Other vision care	$0	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services (continued on the next page)	Behavioral health services	$0	This plan covers outpatient individual and group therapy sessions, inpatient hospital psychiatric services, outpatient partial hospitalization program and intensive outpatient program. Our plan also covers: community and outpatient program in partnership with DHS Mental Health Rehab Option Services. For more information about behavioral health services visit: https://hfs.illinois.gov/medicalclients/behavioral/medicaidcommunitybehavioralhealthservices.html https://www.ilmeridian.com/members/medicaid/benefits-services/behavioral-health.html Prior authorization and referral rules may apply.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	Behavioral health services are a type of healthcare that offers emotional support, treatment, counseling, and guidance. Our plan covers inpatient hospital psychiatric services, outpatient partial hospitalization program (PHP), and intensive outpatient program (IOP). This

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 (continued)			plan also covers community and outpatient program in partnership with DHS Mental Health Rehab Option Services. Prior authorization and referral rules may apply.
You need substance use disorder services (continued on the next page)	Substance use disorder services	$0	Substance misuse services are covered benefits through Meridian's partnership with the Division of Substance Use Prevention and Recovery (SUPR); Outpatient Services Residential Rehabilitation for Adults and Adolescents, Detoxification and Medication Assisted Therapy. Inpatient substance use disorder (SUD) detoxification services are covered once every 60 days. Additional covered substance misuse services include: Detoxification Outpatient services Intensive outpatient Screening and assessment This plan covers individual and group outpatient counseling sessions under your Medicare services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services (continued)			Prior authorization rules may apply. Referral may be required.
You need a place to live with people available to help you	Skilled nursing care	$0	Prior authorization rules may apply. Referral may be required.
	Nursing home care	$0	Prior authorization rules may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization may be required. Referral may be required.
You need help getting to health services	Ambulance services	$0	Ambulance services for emergencies don't require a referral or prior authorization. Prior authorization is required for ambulance services in non-emergency situations.
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	Please contact 1-844-536-2180 (TTY: 711). Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs. Prior authorization may be required.
	Medicare Part D drugs Tier 1 (Generic) Tier 2 (Preferred Brand) Tier 3 (Non-Preferred Drug) Tier 4 (Injectable Drugs) 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. Please refer to Wellcare Meridian Dual Align (HMO D-SNP)'s *List of Covered Drugs* (*Drug List*) for more information. Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply. 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 Meridian Dual

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)			Align (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. Over-the-counter items are now covered under Wellcare Spendables®. Please see the Wellcare Spendables® section in this chart for more information.
You need help getting better or have special health needs	Rehabilitation services	$0	Prior authorization rules may apply. Referral may be required.
	Medical equipment for home care	$0	Prior authorization rules may apply.
	Dialysis services	$0	Referral may be required.
You need foot care	Podiatry services	$0	Prior authorization rules may apply. Referral may be required.
	Orthotic services	$0	Prior authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Member Handbook*.	Wheelchairs, crutches, and walkers	$0	Prior authorization rules may apply.
	Nebulizers	$0	Prior authorization rules may apply.
	Oxygen equipment and supplies	$0	Prior authorization rules may apply.
You need help living at home (continued on the next page)	Home health services	$0	Prior authorization rules may apply. Referral may be required.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
	Adult day health, Community Based Adult Services (CBAS), or other support services	$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Meals brought to your home		rules apply. The plan offers 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. Referral may be required.
	Day habilitation services	$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
Additional services (continued on the next page)	Chiropractic services, only manual manipulation of the spine consistent with Medicare coverage guidelines	$0	Prior authorization may be required. Referral may be required.
	Diabetes supplies and services	$0	Therapeutic shoes or inserts are covered when

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			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 call Member Services. Quantity limits may apply. Prior authorization rules may apply.
	Prosthetic services	$0	Quantity limits may apply. Prior authorization rules may apply.
	Assisted living or other housing services.	$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
(continued on the next page)	Respite Care	$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			the State of Illinois. Authorization and eligibility rules apply.
	Radiation therapy	$0	Prior authorization rules may apply.
	Services to help manage your disease	$0	Prior authorization rules may apply. Referral may be required.
	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.

(continued on the next page)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			For more information on how to access the social support platform, please see your *Member Handbook.*
	Personal Emergency Response System (PERS)	$0	Members can choose from In-home PERS, Mobile PERS (wearable options such as a neck pendant, watchband or belt clip), or PERS Smartwatch (with step tracking and heart rate monitoring). Included with the PERS benefit is an app that provides access to you and your family, or emergency contacts for real-time activity and alerts.
	Fitness	$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.

(continued on the next page)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	24/7 Nurse Advice Hotline	$0	
	Special Supplemental Benefits for Chronically Ill (SSBCI) Benefits mentioned are a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. In addition to being high-risk, you must have one or more of the following chronic conditions: cancer, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, diabetes. There are other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us or see the plan's *Member Handbook*. Eligibility is determined based on medical claims and/or other supporting	$0	**If eligible,** you can use your Wellcare Spendables® allowance towards the additional benefits shown below. Once determined eligible, these expanded benefits will be available in 7-10 business days. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card. Your card allowance can be used towards: • **Gas pay-at-pump** – You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. Electric vehicle (EV) charging may also be covered at participating locations when card payment is accepted. • **Healthy Food** – You can use your card to pay for healthy foods and produce at

(continued on the next page)

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)**	documentation after you are enrolled in the plan. New members without sufficient claims history may have a provider submit an attestation to support the eligibility review. Wellcare will notify you if you are eligible and provide instructions on how to access SSBCI benefits.		participating retailers. Delivery options for eligible grocery items may be available. Prepared meals are available for order via online portal. • **Personal Care Items** – You can use your card to purchase personal care items and household essentials at participating retailers. Delivery options for eligible items may be available. • **Pest Control Items** – You can use your card to purchase items for use in and around your home at participating retailers. Delivery options for eligible items may be available. • **Rent Assistance** – You can use your card to help with the cost of rent/mortgage for your home. • **Robotic Companion Pet –** You can use your card to order a robotic companion pet, options may include a companion cat, dog, or bird.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			• **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. If you use this program for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.
(continued on the next page)	Wellcare Spendables®	$0	You will receive a total of **$150 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.**

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)**			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 • Rent 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)			• Robotic Companion Pet • Utility Assistance Refer to Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits. For more information, limitations, and exclusions, please see your *Member Handbook*.
	My Wellcare Rewards	$0	With **My Wellcare Rewards**, you can earn up to $100 by completing eligible health activities and portal activities through your member portal. Rewards will be loaded onto your Wellcare Spendables® card.
Medicaid Value-Added Benefits (Extra Services) **(continued on the next page)**		$0	We provide extra benefits, such as: • Supplemental Transportation for Health-Related Social Needs: Transportation for qualified services that address health-related social needs, such as trips to food banks. Benefit limits and eligibility rules may apply. These extra benefits are offered by Wellcare Meridian Dual Align (HMO D-SNP) and are

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Medicaid Value-Added Benefits (Extra Services) **(continued)**			separate from standard Illinois Medicaid. Benefits may change or end at any time. For the most current Medicaid value-added benefit information, contact Member Services.

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 Meridian Dual Align (HMO D-SNP)'s *Member Handbook*. If you don't have a *Member Handbook*, call Wellcare Meridian Dual Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit go.wellcare.com/MeridianIL.

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

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

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Certain hospice care services covered outside of Wellcare Meridian Dual Align (HMO D-SNP)	$0
Certain Medicaid non-emergency ambulance transportation	$0 Covered in the Illinois fee-for-service program.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2180 (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/MeridianIL.

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

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

Services Wellcare Meridian Dual Align (HMO D-SNP), Medicare, and Medicaid don't cover	
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.	Full-time nursing care in your home.
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare approved clinical research study or by our plan. Experimental treatment and items are those that aren't generally accepted by the medical community.	Naturopath services (the use of natural or alternative treatments).
Cosmetic surgery or other cosmetic work, unless it's needed because of an accidental injury or to improve a part of the body that isn't shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Services considered not "reasonable and necessary," according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.
A private room in a hospital, except when it's medically necessary.	Private duty nurses.
Surgical treatment for morbid obesity, except when it's medically necessary and Medicare pays for it.	Radial keratotomy and LASIK surgery.

F. Your rights as a member of the plan

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

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

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2180 (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/MeridianIL.

- 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 Meridian Dual Align (HMO D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a complaint with State of Illinois Fraud Hotline at 1-844-453-7283. You can call the number for free, 24 hours a day, seven (7) days a week. The Illinois website hfs.illinois.gov/oig/reportfraud.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2180 (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/MeridianIL.

- Appeal certain decisions made by Wellcare Meridian Dual Align (HMO D-SNP)
- Ask for a State Hearing
- Get a detailed reason for why services were denied

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

You can also call the special Ombudsperson for people who have Medicare and Medicaid at 1-800-252-8966 (TTY: 711), 8:30 a.m. - 5 p.m. local time, Monday – Friday.

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

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

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

Appeals for Part D (Drugs)
Wellcare Meridian Dual Align (HMO D-SNP)
Attn: Medicare Pharmacy Appeals
P.O. Box 31383
Tampa, FL 33631-3383
Phone: 1-844-536-2180 (TTY: 711)

Appeals for Part C (Medical and Part B Drugs)
Wellcare Meridian Dual Align (HMO D-SNP)
Appeals Department - Medical
P.O. Box 10052
Van Nuys, CA 91410-0052
Phone: 1-844-536-2180 (TTY: 711)

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2180 (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/MeridianIL.

Grievances for Part C (Medical and Part B Drugs) and Part D (Drugs)
Wellcare Meridian Dual Align (HMO D-SNP)
Grievance Department
P.O. Box 10052
Van Nuys, CA 91410-0450
Phone: 1-844-536-2180 (TTY: 711)

You can call the State of Illinois directly for help with problems or complaints. Call the Illinois Department of Healthcare and Family Services Health Benefits Hotline at 1-800-226-0768, TTY: 711, Monday through Friday from 8 a.m. to 4:45 p.m. The call is free.

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 Meridian Dual Align (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- If you suspect a Medicaid provider (e.g., doctor, hospital, nursing home, personal assistant) or a Managed Care Organization, Illinois Health Connect, First Transit, or DentaQuest of committing fraud, please call 1-844-ILFRAUD/1-844-453-7283.

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

1-844-536-2180

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:

1-844-536-2180.

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

TTY: 711

Calls to this number are free. 24 hours a day, 7 days a week.

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

1-800-345-9049

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

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

TTY: 1-866-794-0374

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



If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2180 (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/MeridianIL.

Pre-Enrollment Checklist

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

Understanding the Benefits

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

Understanding Important Rules

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