2027
Summary of Benefits

Michigan

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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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 1-844-536-2168 (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 go.wellcare.com/MeridianMI.

- Wellcare Meridian Dual Align (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to members. Enrollment in our plan depends on contract renewal.

- Out-of-network/non-contracted providers are under no obligation to treat Wellcare Meridian Dual Align (HMO D-SNP) members, except in emergency situations. Please call our Member Services number or see your *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.

- For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

- For more information about Wellcare Meridian Dual Align (HMO D-SNP), you can check the Michigan Medicaid website at www.michigan.gov/medicaid, the Beneficiary Help Line: 1-800-642-3195 or email at beneficiarysupport@michigan.gov, or the Michigan Healthcare Help Line: 1-855-789-5610 (TTY 1-866-501-5656) from 8:00 a.m. to 7:00 p.m., Monday through Friday (except holidays) newmibridges.michigan.gov or contact the Office of Ombudsman for free help. The Office of Ombudsman can help you with questions about or problems with the MICH program or our plan. The Office of Ombudsman is an independent program and isn't

connected with this plan. The phone number is 1-888-746-6456. You can also visit the Office of Ombudsman's website at www.meji.org/mhlo.

- For questions about or problems with the MI Coordinated Health program or our plan, contact the MI Community, Home, and Health Ombudsman (MI CHHO) for free help. MI CHHO is an independent program and isn't connected with this plan. Call 1-888-746-6456 or visit the MI CHHO website at meji.org/michho/mhlo. To schedule an appointment with a person-centered options counselor, please call MI Options at 1-800-803-7174 8 a.m. to 8 p.m., Monday through Friday.

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-844-536-2168 (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.

- We can send materials to you in a language other than English or in an alternate format if you ask for it this way. This is called a "standing request". We will document your choice.

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

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a highly integrated special needs plan called MI Coordinated Health (MICH)?	MI Coordinated Health (MICH) is a highly integrated dual eligible special needs plan (HIDE SNP) that provides benefits of both Medicare and Medicaid to enrollees. It's for people with both Medicare and Michigan Medicaid. A HIDE SNP Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Coordinators to help you manage your providers and services. They all work together to provide the care you need.
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, or specialty mental health and substance use disorder services. When you enroll in Wellcare Meridian Dual Align (HMO D-SNP), you and your care coordinator will work together to develop an Individualized Care Plan 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

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)	necessary. For more information, call Member Services at the numbers listed at the bottom of this page. If you're currently getting services for mental health, substance use, or intellectual/developmental disability needs, you'll continue to get these services the same way you do now. When you enroll in Wellcare Meridian Dual Align (HMO D-SNP), you and your care team will work together to develop a Care Plan to address your health and support needs.
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 can keep using your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your Care Plan is being completed. If you're currently under treatment with a provider that's out of Wellcare Meridian Dual Align (HMO D-SNP)'s network, or have an established relationship with a provider

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	that's out of Wellcare Meridian Dual Align (HMO D-SNP)'s network, call Member Services to check about staying connected. 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 Care Plan to address your needs.
What's a Wellcare Meridian Dual Align (HMO D-SNP) care coordinator?	A Care Coordinator is a health professional who will help you get care and services that affect your health and wellbeing. You're assigned a Care Coordinator when you enroll with Wellcare Meridian Dual Align (HMO D-SNP). Your Care Coordinator will get to know you and will work with you, your doctors, and other care givers to make sure everything is working together for you. You can share your health history with your Care Coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you're getting from us, you can call your Care Coordinator. Your Care Coordinator is your "go-to" person for Wellcare Meridian Dual Align (HMO D-SNP). Our goal in Wellcare Meridian Dual Align (HMO D-SNP) is to meet your needs in a way that works for you. This is why we call our program "person-centered." The person-centered planning process is when you work with your Care Coordinator to create a care plan that's about **your** goals, choices, and abilities. When you create your care plan, you're welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.

Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports (LTSS) are a variety of supports and services that help elderly individuals and/or individuals with disabilities meet their daily needs for assistance and improve the quality of their lives. Examples include assistance with bathing, dressing, and other basic activities of daily life and self-care, as well as support for everyday tasks such as laundry, shopping, and transportation. LTSS are provided over an extended period, predominantly in homes and communities, but also in facility-based settings such as nursing facilities.
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.
Where's Wellcare Meridian Dual Align (HMO D-SNP) available?	The service area for this plan includes: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne Counties, Michigan. 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.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.

Frequently Asked Questions	Answers
What's prior authorization? (continued from previous page)	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. 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 for certain specialists, such as women's 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 monthly premiums, including your Medicare Part B premium, for your health coverage. You'll be required to keep paying any monthly Freedom to Work program premium you have if applicable. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting www.michigan.gov/mdhhs.

Frequently Asked Questions	Answers
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.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.

C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization may be required, except in an emergency. Referral may be required.
	Outpatient hospital services, including observation	$0	Prior authorization may be required. Referral may be required.
	Ambulatory surgical center (ASC) services	$0	Prior authorization may be required. Referral may be required.
	Doctor or surgeon care	$0	Prior authorization may be required. Referral may be required.

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 preventive screenings	$0	
	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.
	Services to help manage your disease	$0	Prior authorization may be required. Referral may be required.
You need emergency care **(continued on the next page)**	Emergency room services	$0	You may get covered emergency care from either in-network or out-of-network providers whenever you need it. You do not need prior authorization for emergency care. $115 copay for worldwide emergency services. You are covered up to $50,000 every year for worldwide emergency and urgent care services.

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)	Urgent care	$0	You may get covered urgent care from either in network or out-of-network providers whenever you need it. You do not need prior authorization for urgent care. $115 copay for worldwide emergency services. You are covered up to $50,000 every year for worldwide emergency and urgent care services.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization may be required. Referral may be required.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization may be required. Referral may be required.
	Screening tests, such as test to check for cancer.	$0	Prior authorization may be required Referral may be required.
You need hearing/auditory services (continued on the next page)	Hearing screenings	$0	Hearing exams are covered for the diagnosis and treatment of diseases of the ear. Prior authorization may be required.
	Hearing aid evaluation and fitting	$0	Medically necessary hearing aid evaluations and fittings are covered.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (continued)			Prior authorization may be required
	Hearing aids	$0	
You need dental care (continued on the next page)	Dental check-ups and preventive care Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/re-treatment of previous root canal, comprehensive periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planning, and other periodontal maintenance	$0	Our plan covers routine dental care under the Medicare benefit for the following preventive services: • Oral Exams* • Dental X-rays* • Other Diagnostic Dental services* • Other Preventive Dental services* *Benefit frequency limits vary based on services you receive. Refer to the *Member Handbook* for more details. For more information about your Medicaid dental benefits and providers, please visit: go.wellcare.com/mi-dental. Prior authorization may be required.
	Restorative and emergency dental care	$0	Our plan covers routine dental care under the Medicare benefit for the following comprehensive services (limited to $5,000 allowance every year): • Restorative Services* • Endodontics*

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)			• Periodontics* • Oral/Maxillofacial Surgery* • Prosthodontics, Fixed* • Prosthodontics, Removable* • Adjunctive General Services* *Benefit frequency limits vary based on services you receive. Refer to the Member Handbook for more details. For more information about your Medicaid dental benefits and providers, please visit: go.wellcare.com/mi-dental. Prior authorization may be required.
You need eye care	Eye exams	$0	1 exam every 2 years. Prior authorization may be required.
	Glasses or contact lenses	$0	Eyeglasses (frames and lenses): 1 every 2 two years. Prior authorization may be required.
	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	Behavioral health services	$0	Behavioral health services are provided through the plan or by a program other than Wellcare Meridian Dual Align (HMO D-SNP). Wellcare Meridian Dual Align (HMO D-SNP) Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	Specialty behavioral health care services may be provided by a program other than Wellcare Meridian Dual Align (HMO D-SNP). Your Wellcare Meridian Dual Align (HMO D-SNP) Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs.
You need substance use disorder services (continued on the next page)	Substance use disorder services	$0	For Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, and Wayne Counties, this service is provided through Wellcare By Meridian. Certain behavioral health services covered by Medicaid are managed by Michigan Prepaid Inpatient Health Plan (PIHP).

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)			Substance use disorder services may be provided by a program other than Wellcare Meridian Dual Align (HMO D-SNP). Your Wellcare Meridian Dual Align (HMO D-SNP) Care Coordinator can assist you in obtaining those services and coordinate them with the rest of your health care needs. Prior authorization may be required. Referral may be required.
You need a place to live with people available to help you	Skilled nursing care	$0	Prior authorization may be required. Referral may be required.
	Nursing home care	A Patient Pay Amount (PPA) may be required	Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards. Authorization and eligibility rules apply.
	Adult Foster Care and Group Adult Foster Care	$0	Services are only available to individuals on the MI Coordinated Health 1915(c) waiver. Eligibility rules apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization may be required. Referral may be required.
You need help getting to health services	Ambulance services	$0	Prior authorization may be required.
	Emergency transportation	$0	No prior authorization or referral is necessary for emergency services.
	Transportation to medical appointments and services	$0	Prior authorization may be required.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs. Prior authorization may be required.
	Medicare Part D drugs Tier 1 (Generic) Tier 2 (Preferred Brand)	$0 copay for up to a 100-day supply at a retail 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.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Tier 3 (Non-Preferred Drug) Tier 4 (Injectable Drugs) Tier 5 (Specialty Tier) Tier 6 (Select Care Drugs)	$0 copay for a 35 to 100-day supply at a mail order pharmacy.	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 Align (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. Also see Wellcare Spendables® later in this chart for information about the over-the-counter benefit.
You need help getting better or have special health needs	Rehabilitation services	$0	Prior authorization may be required. Referral may be required.
	Medical equipment for home care	$0	Prior authorization may be required.
	Dialysis services	$0	Referral may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	$0	Prior authorization may be required. Referral and eligibility rules apply.
	Orthotic services	$0	Prior authorization may be required.
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Member Handbook*.	Wheelchairs, crutches, and walkers	$0	Prior authorization may be required.
	Nebulizers	$0	Prior authorization may be required.
	Oxygen equipment and supplies	$0	Prior authorization may be required.
You need help living at home (continued on the next page)	Home health services	$0	These services are provided by the plan. Prior authorization may be required. Referral may be required.
	Activities of Daily Living (ADLs): Eating, toileting, bathing, grooming, dressing, mobility, and transferring"	$0	In-home ADL and IADL services requiring hands-on assistance are provided by the plan through

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) (continued on the next page)	and Instrumental Activities of Daily Living (IADLs): Personal laundry, light housekeeping, shopping, meal preparation and clean up, and medication administration.		the MICH program. These services are called State Plan Personal Care Services. In-home ADL and IADL services requiring prompting, cueing, guiding, teaching, observing, or reminding to complete Activities of Daily Living (ADLs) are available to individuals who qualify and are enrolled in the MICH 1915(c) waiver. These services are called Expanded Community Living Supports. Prior authorization may be required.
	1915(c) Waiver Home and Community Based Services: Adaptive Medical Equipment and Supplies Adult Day Program Assistive Technology Chore Services Environmental Modifications Expanded Community Living Supports	$0	These services are designed to help individuals remain in their homes as opposed to receiving nursing home care. They are provided by the plan and are only available to individuals who meet nursing facility level of care, who have qualifying service need, and who are enrolled in the MICH 1915 (c) waiver.

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)	Fiscal Intermediary Home Delivered Meals Individual Directed Goods and Services Non-Medical Transportation Personal Emergency Response System Preventive Nursing Private Duty Nursing Respite Vehicle Modifications		
Additional services (continued on the next page)	Chiropractic services	$0	Prior authorization may be required. Referral may be required
	Diabetes supplies and services	$0	Therapeutic shoes or inserts are covered when medically necessary. Accu-Chek™ Guide and True Metrix™ are our preferred diabetic testing supplies (glucose monitors & test strips). Dexcom and FreeStyle Libre are our preferred continuous glucose monitor brands. To get more information about the items that are on the preferred diabetic

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)			testing and monitoring supply lists, please contact Member Services. Quantity limits may apply. Prior authorization may be required.
	Doula Services	$0	Prenatal and postpartum visits, 6 visits per pregnancy and attendance at labor and delivery, 1 visit per pregnancy.
	Non-Medical Transportation	$0	Services are only available to individuals on the MI Coordinated Health 1915(c) waiver. The plan covers transportation services to enable you to access waiver and other community services, activities, and resources, if you qualify. Eligibility rules apply.
	Prosthetic services	$0	Prior authorization may be required.
	Radiation therapy	$0	Prior authorization may be required.
	Services to help manage your disease	$0	Prior authorization may be required. 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

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)			personalized therapeutic self-guided activities and programs to help manage stress, anxiety, and support your emotional and mental health. Engage in interactive activities, meditations and games tailored to your needs. The platform also features the ability to join social communities. Available online 24/7 - you can use it whenever you choose. For more information on how to access the social support platform please see your *Member Handbook*.
	Health and Wellness Education Programs Fitness	$0	To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide, including standard and premium gyms and fitness studios. Fitness studios include class-based programs such as yoga, Pilates and strength training. You may access one or more gyms within the fitness network.

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)			Members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits.
	24-Hour Nurse Advice Line	$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	$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

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)	contact us or see the plan's *Member Handbook*. • Eligibility is determined based on medical claims and/or other supporting documentation after you are enrolled in the plan. • New members without sufficient claims history may have a provider submit an attestation to support the eligibility review. • Wellcare will notify you if you are eligible and provide instructions on how to access SSBCI benefits.		participating locations where card payment is accepted. • **Healthy Food** - You can use your card to pay for healthy foods and produce at participating retailers. Delivery options for eligible grocery items may be available. Prepared meals and produce boxes are available for order via online portal. • **Personal Care Items** – You can use your card to purchase personal care items and household essentials at participating retailers. Delivery options for eligible items may be available. • **Pest Control Items** – You can use your card to purchase items for use in and around your home at participating retailers. Delivery

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)			options for eligible items may be available. • **Rent Assistance** -You can use your card to help with the cost of rent/mortgage for your home. • **Robotic Companion Pet** – You can use your card to order a robotic companion pet, options may include a companion cat, dog, or bird. • **Utility Assistance** -You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued) (continued on the next page)	Wellcare Spendables®	$0	You will receive **$218 monthly** preloaded on your Wellcare Spendables® card to spend on OTC items, and if eligible. 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.**

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)			**If you qualify**, your card allowance can also be used towards: • Gas pay-at-pump • Healthy Food • Personal Care Items • Pest Control Items • Rent Assistance • Robotic Companion Pet • Utility Assistance Refer to Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits. For more information, limitations, and exclusions, please see your *Member Handbook*.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	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.

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/MeridianMI.

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
Specialty behavioral health services may be provided by Michigan's Prepaid Insurance Health Plans (PIHPs).	$0

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Community Transition Services (CTS) are provided through MDHHS.	$0
Certain hospice care services covered outside of Wellcare Meridian Dual Align (HMO D-SNP).	$0

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.

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	
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not 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 Michigan Medicaid, unless these services are listed by our plan as covered services.
A private room in a hospital or nursing facility, except when it is medically needed.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically needed.
Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines.	Surgical treatment for morbid obesity, except when it is medically needed and Medicare pays for it.

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
  - 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

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If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.

- **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
  - Ask for an Independent Review Organization (IRO) to review our decision related to Medicaid services or items that are medical in nature
  - 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.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.

You can also call the special Ombudsperson for people who have Medicare and Medicaid at 1-866-485-9393 (TTY: 711), 8 a.m. -5 p.m. local time, Monday-Friday, or the Medicaid Office of the Ombudsperson at 1-888-746-6456 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m.

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. 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 Meridian Dual Align (HMO D-SNP)
Attn: Medicare Pharmacy Appeals
P.O. Box 31383
Tampa, FL 33631-3383
Phone: 1-844-536-2168 (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: 1-844-536-2168 (TTY: 711)

Complaints and Grievances for Part C (Medical and Part B Drugs) and Part D Drugs
Wellcare By Meridian
Grievance Department
P.O. Box 10052
Van Nuys, CA 91410-0450
Phone: 1-844-536-2168 (TTY: 711)

You can also send your complaint to Michigan Medicaid. You can call the Beneficiary Help Line Monday through Friday from 8:00 AM to 7:00 PM at 1-800-642-3195 (TTY: 1-866-501-5656), or 1-800-975-7630 if calling from an internet-based phone service.

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 the toll-free MDHHS Medicaid Fraud hotline at 1-855-MI-FRAUD (643-7283). TTY users may call 711.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE (800-242-2873), by e-mail at hcf@michigan.gov or use the on-line Michigan Medicaid Fraud Complaint Form found at secure.ag.state.mi.us/complaints/medicaid.aspx.

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:
1-844-536-2168
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
This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. 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 Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The numbers for the Nurse Advice Line are:
1-844-536-2168.
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:

1-844-536-2168
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: 711
Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.

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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 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/MeridianMI 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.