

## Wellcare Dual Reserve (HMO-POS D-SNP) offered by Buckeye Community Health Plan, Inc.

### Annual Notice of Change for 2026

You're enrolled as a member of Wellcare Dual Reserve (HMO-POS D-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Wellcare Dual Reserve (HMO-POS D-SNP).
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [go.wellcare.com/OH](http://go.wellcare.com/OH) or call Member Services at 1-833-998-4953 (TTY users call 711) to get a copy by mail.

#### More Resources

- Call Member Services at 1-833-998-4953 (TTY users call 711) for more information. Hours are: 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. This call is free.
- We must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.

#### About Wellcare Dual Reserve (HMO-POS D-SNP)

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, 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. Our plan also has a written agreement with the Ohio Medicaid program to coordinate your Medicaid benefits.
- When this material says “we,” “us,” or “our,” it means Buckeye Community Health Plan, Inc. When it says “plan” or “our plan,” it means Wellcare Dual Reserve (HMO-POS D-SNP).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Wellcare Dual Reserve (HMO-POS D-SNP).** Starting January 1, 2026, you'll get your medical and drug coverage through Wellcare Dual Reserve (HMO-POS D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

|  | 2025<br>(this year)  | 2026<br>(next year)  |
|--|--|--|
| <p><b>Monthly plan premium*</b></p> <p>* Your premium can be higher or lower than this amount. Go to Section 1.1 for details.</p> <p>If you qualify for Extra Help, your plan premium is paid on your behalf. If you don't qualify for Extra Help, you may be charged a premium.</p> | \$35.90  | <b>\$31.40</b>   |
| <p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go To Section 1.2 for details.)</p>  | <p>\$4,200</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> | <p><b>\$4,200</b></p> <p><b>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</b></p> |
| <b>Primary care office visits</b>  | \$0 copay per visit  | <b>\$0 copay per visit</b>   |
| <b>Specialist office visits</b>  | \$25 copay per visit   | <b>\$25 copay per visit</b>  |

|  | <b>2025<br/>(this year)</b>   | <b>2026<br/>(next year)</b>  |
|--|---|--|
| <p><b>Inpatient hospital stays</b><br/>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.</p> | <p>For covered admissions, per admission:</p> <p>\$300 copay per day, for days 1 to 7 and a \$0 copay per day, for days 8 to 90 for each covered hospital stay</p>  | <p><b>For covered admissions, per admission:</b></p> <p><b>\$300 copay per day, for days 1 to 7 and a \$0 copay per day, for days 8 to 90 for each covered hospital stay</b></p>   |
| <p><b>Part D drug coverage deductible</b><br/>(Go to Section 1.7 for details.)</p>   | <p>\$590 except for covered insulin products and most adult Part D vaccines.</p> <p>If you receive Extra Help, you pay the following amount:<br/>Deductible: \$0</p>  | <p><b>\$615 except for covered insulin products and most adult Part D vaccines.</b></p> <p><b>If you receive Extra Help, you pay the following amount:</b><br/><b>Deductible: \$0</b></p>  |
| <p><b>Part D drug coverage</b><br/>(Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)</p>   | <p>If you get Extra Help from Medicare, you pay your LIS cost share as shown on your 2025 LIS Rider.</p> <p>If you don't get Extra Help, you pay the cost shares below:</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:<br/>Drug Tier 1:<br/>Standard cost sharing:</p> | <p><b>If you get Extra Help from Medicare, you pay your LIS cost share as shown on your 2026 LIS Rider.</b></p> <p><b>If you don't get Extra Help, you pay the cost shares below:</b></p> <p><b>Copayment/Coinsurance during the Initial Coverage Stage:</b><br/><b>Drug Tier 1:</b><br/><b>Standard cost sharing:</b></p> |

|  | 2025<br>(this year)   | 2026<br>(next year)   |
|--|---|---|
|  | <p>\$19 copay for a one-month (30-day) supply.</p> <p>Preferred cost sharing: \$18 copay for a one-month (30-day) supply.</p> <p>Drug Tier 2:</p> <p>Standard cost sharing: \$20 copay for a one-month (30-day) supply.</p> <p>Preferred cost sharing: \$19 copay for a one-month (30-day) supply.</p> <p>Drug Tier 3:</p> <p>Standard cost sharing: 21% of the total cost for a one-month (30-day) supply.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Preferred cost sharing: 21% of the total cost for a one-month (30-day) supply.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> | <p><b>\$19 copay for a one-month (30-day) supply.</b></p> <p><b>Preferred cost sharing: \$18 copay for a one-month (30-day) supply.</b></p> <p><b>Drug Tier 2:</b></p> <p><b>Standard cost sharing: \$20 copay for a one-month (30-day) supply.</b></p> <p><b>Preferred cost sharing: \$19 copay for a one-month (30-day) supply.</b></p> <p><b>Drug Tier 3:</b></p> <p><b>Standard cost sharing: 24% of the total cost for a one-month (30-day) supply.</b></p> <p><b>You pay the lesser of \$35 or 24% per month supply of each covered insulin product on this tier.</b></p> <p><b>Preferred cost sharing:</b></p> |

|  | 2025<br>(this year)   | 2026<br>(next year)   |
|--|---|---|
|  | <p>Drug Tier 4:</p> <p>Standard cost sharing:<br/>\$100 copay for a one-month (30-day) supply.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Preferred cost sharing:<br/>\$100 copay for a one-month (30-day) supply.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5:</p> <p>Standard cost sharing:<br/>25% of the total cost for a one-month (30-day) supply.</p> <p>Preferred cost sharing:<br/>25% of the total cost for a one-month (30-day) supply.</p> <p>Drug Tier 6:</p> <p>Standard cost sharing:<br/>\$7 copay for a one-month (30-day) supply.</p> <p>Preferred cost sharing:</p> | <p><b>23% of the total cost for a one-month (30-day) supply.</b></p> <p><b>You pay the lesser of \$35 or 23% per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 4:</b></p> <p><b>Standard cost sharing:</b><br/><b>\$100 copay for a one-month (30-day) supply.</b></p> <p><b>You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier.</b></p> <p><b>Preferred cost sharing:</b><br/><b>\$100 copay for a one-month (30-day) supply.</b></p> <p><b>You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 5:</b></p> <p><b>Standard cost sharing:</b><br/><b>25% of the total cost for a one-month (30-day) supply.</b></p> |

|  | <p style="text-align: center;"><b>2025<br/>(this year)</b></p>   | <p style="text-align: center;"><b>2026<br/>(next year)</b></p>  |
|--|--|---|
|  | <p>\$0 copay for a one-month (30-day) supply.</p> <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p> | <p><b>Preferred cost sharing:<br/>25% of the total cost for a one-month (30-day) supply.</b></p> <p><b>Drug Tier 6:</b></p> <p><b>Standard cost sharing:<br/>\$0 copay for a one-month (30-day) supply.</b></p> <p><b>Preferred cost sharing:<br/>\$0 copay for a one-month (30-day) supply.</b></p> <p><b>Catastrophic Coverage Stage:</b></p> <p><b>During this payment stage, you pay nothing for your covered Part D drugs.</b></p> |

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## SECTION 1 Changes to Benefits & Costs for Next Year

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### Section 1.1 Changes to the Monthly Plan Premium

|   | 2025<br>(this year) | 2026<br>(next year) |
|---|---------------------|---------------------|
| <b>Monthly plan premium</b><br>(You must also continue to pay your Medicare Part B premium unless it's paid for you by Ohio Medicaid.)<br><br>If you qualify for Extra Help, your plan premium is paid on your behalf. If you don't qualify for Extra Help, you may be charged a premium. | \$35.90             | <b>\$31.40</b>      |

### Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

|   | 2025<br>(this year) | 2026<br>(next year)  |
|---|---------------------|--|
| <p><b>Maximum out-of-pocket amount</b></p> <p>Because our members also get help from Ohio Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount.</p> <p>Our plan premium and your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount.</p> | <p>\$4,200</p>      | <p><b>\$4,200</b></p> <p><b>Once you've paid \$4,200 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</b></p> |

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider & Pharmacy Directory* [go. wellcare.com/2026providerdirectories](http://go.wellcare.com/2026providerdirectories) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider & Pharmacy Directory*:

- Visit our website at [go.wellcare.com/2026providerdirectories](http://go.wellcare.com/2026providerdirectories).
- Call Member Services at 1-833-998-4953 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider & Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-833-998-4953 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your Evidence of Coverage.

### Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Provider & Pharmacy Directory* [go.wellcare.com/2026providerdirectories](http://go.wellcare.com/2026providerdirectories) to see which pharmacies are in our network. Here’s how to get an updated *Provider & Pharmacy Directory*:

- Visit our website at [go.wellcare.com/2026providerdirectories](http://go.wellcare.com/2026providerdirectories).
- Call Member Services at 1-833-998-4953 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider & Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-833-998-4953 (TTY users call 711) for help.

### Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

|                             | 2025<br>(this year)   | 2026<br>(next year)   |
|-----------------------------|---|---|
| <b>Prior Authorizations</b> | <p>The following in-network benefits have a change in prior authorization requirements.</p> <p>Physician/Practitioner services, including doctor’s office visits - Additional telehealth services may require prior authorization.</p> <p>Vision care - Medicare-covered eyewear may require prior authorization.</p> | <p><b>Physician/Practitioner services, including doctor’s office visits - Additional telehealth services do(es) <u>not</u> require prior authorization.</b></p> <p><b>Vision care - Medicare-covered eyewear do(es) <u>not</u> require prior authorization.</b></p> |

|  | <b>2025<br/>(this year)</b>  | <b>2026<br/>(next year)</b>  |
|--|--|--|
|  | If your benefit does or does not require a prior authorization, it may still require a referral from the plan. | <b>If your benefit does or does not require a prior authorization, it may still require a referral from the plan.</b>  |
| <b>Cardiac rehabilitation services - Intensive</b> | You pay a \$25 copay for each Medicare-covered service.  | <b>You pay a \$65 copay for each Medicare-covered service.</b>   |
| <b>Cardiac rehabilitation services</b>             | You pay a \$25 copay for each Medicare-covered service.  | <b>You pay a \$50 copay for each Medicare-covered service.</b>   |
| <b>Chronic respiratory management program</b>      | Chronic respiratory management program is <u>not</u> offered.  | <b>Chronic respiratory management program is available for qualifying members who are diagnosed with chronic obstructive pulmonary disease (COPD) or chronic bronchitis. Participation in care management is required for eligibility. Qualifying members will receive:</b><br><br><b>You pay 0% of the total cost for durable medical equipment (DME) ordered</b> |

|  | 2025<br>(this year)  | 2026<br>(next year)  |
|--|--|--|
|  |  | <p>as part of the chronic respiratory program.</p> <p>You pay 0% of the total cost for nebulizer and respiratory related supplies ordered as part of the chronic respiratory program.</p> <p>You pay 0% of the total cost for Part B respiratory management medications ordered as part of the chronic respiratory program through mail order.</p> |
| <b>Routine dental services -<br/>Comprehensive dental services</b> | Up to a \$5,000 allowance for all in-network and out-of-network covered comprehensive dental services every year.  | <b>Up to a \$3,000 allowance for all in-network and out-of-network covered comprehensive dental services every year.</b>   |
| <b>Diagnostic Colonoscopy</b>                                      | You pay a \$0 copay for each Medicare-covered diagnostic colonoscopy in an outpatient hospital facility.<br>You pay a \$225 copay for each Medicare-covered diagnostic colonoscopy in an ambulatory surgical center. | <b>You pay a \$0 copay for each Medicare-covered diagnostic colonoscopy regardless of place of service.</b>  |

## Annual Notice of Change for 2026

|  | <b>2025<br/>(this year)</b>   | <b>2026<br/>(next year)</b>   |
|--|---|---|
| <b>Emergency services</b>                                | <p>You pay a \$125 copay for each Medicare-covered service.</p> <p>Copayment is waived if you are admitted to a hospital within 24 hours.</p> | <p><b>You pay a \$150 copay for each Medicare-covered service.</b></p> <p><b>Copayment is waived if you are admitted to a hospital within 24 hours.</b></p> |
| <b>Emergency services - Worldwide emergency coverage</b> | <p>You pay a \$125 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to the hospital.</p>             | <p><b>You pay a \$150 copay for each covered service.</b></p> <p><b>Copayment is <u>not</u> waived if you are admitted to the hospital.</b></p>             |
| <b>Emergency services - Worldwide urgent coverage</b>    | <p>You pay a \$125 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to a hospital.</p>               | <p><b>You pay a \$150 copay for each covered service.</b></p> <p><b>Copayment is <u>not</u> waived if you are admitted to a hospital.</b></p>               |

|  | <b>2025<br/>(this year)</b>   | <b>2026<br/>(next year)</b>   |
|--|---|---|
| <b>Fitness benefit</b>                 | <p>You pay a \$0 copay for the fitness benefit.</p> <p>The fitness benefit includes a fitness center membership at a participating fitness center or a home fitness kit including a wearable fitness tracker. You can receive up to 1 kit per benefit year. Members also have access to a digital fitness program, the 1:1 Well-Being Coaching program and the Well-Being Club.</p> | <p><b>You pay a \$0 copay for the fitness benefit.</b></p> <p><b>The fitness benefit offers access to participating fitness centers, provides digital resources through virtual classes, on-demand videos and a mobile app. For members who do not live near a participating fitness center or prefer to exercise at home, can choose from available at home kits to be shipped to them at no cost.</b></p> |
| <b>Hearing services - Hearing aids</b> | <p>Up to a \$1,000 allowance per ear every year for hearing aids.</p>   | <p><b>Up to a \$750 allowance per ear every year for hearing aids.</b></p>  |
| <b>In-home support services</b>        | <p>In-home support services are <u>not</u> covered.</p>   | <p><b>You pay a \$0 copay for 6 visits every year.</b></p> <p><b>Services include cleaning, household chores and meal preparation.</b></p>  |

|  | <b>2025<br/>(this year)</b>   | <b>2026<br/>(next year)</b>   |
|--|---|---|
| <b>Outpatient surgery - Outpatient hospital observation</b>              | You pay a \$125 copay for outpatient observation services when you enter observation status through an emergency room.<br>You pay a \$275 copay for outpatient observation services when you enter observation status through an outpatient facility.     | <b>You pay a \$150 copay for outpatient observation services when you enter observation status through an emergency room.<br/>You pay a \$275 copay for outpatient observation services when you enter observation status through an outpatient facility.</b>   |
| <b>Partial hospitalization and Intensive outpatient program services</b> | You pay a \$105 copay per day for each Medicare-covered service.  | <b>You pay a \$175 copay per day for each Medicare-covered service.</b>   |
| <b>Pulmonary Rehabilitation Services</b>                                 | You pay a \$15 copay for each Medicare-covered service.   | <b>You pay a \$40 copay for each Medicare-covered service.</b>  |
| <b>Skilled nursing facility (SNF) care</b>                               | For Medicare-covered admissions, per admission:<br><br>You pay a \$0 copay per day, for days 1 to 20 and a \$214 copay per day, for days 21 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs. | <b>For Medicare-covered admissions, per admission:<br/><br/>You pay a \$0 copay per day, for days 1 to 20, a \$218 copay per day, for days 21 to 40, and a \$0 copay per day, for days 41 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs.</b> |

|  | <p style="text-align: center;"><b>2025<br/>(this year)</b></p>  | <p style="text-align: center;"><b>2026<br/>(next year)</b></p>   |
|--|---|--|
| <p><b>Special Supplemental Benefits for the Chronically Ill (SSBCI) - Qualifying Conditions</b></p>  | <p>The following are <u>not</u> qualified conditions:</p> <ul style="list-style-type: none"> <li>• Chronic kidney disease (CKD)</li> <li>• Conditions that require continued therapy services in order for individuals to maintain or retain functioning (Include Muscular Dystrophy)</li> <li>• Overweight, obesity, and metabolic syndrome (includes Hyperlipidemia/ Dyslipidemia)</li> <li>• Post-organ transplantation</li> </ul> <p>Please see your Evidence of Coverage for more information.</p> | <p><b>The following are qualified conditions:</b></p> <ul style="list-style-type: none"> <li>• <b>Chronic kidney disease (CKD)</b></li> <li>• <b>Conditions that require continued therapy services in order for individuals to maintain or retain functioning (Include Muscular Dystrophy)</b></li> <li>• <b>Overweight, obesity, and metabolic syndrome (includes Hyperlipidemia/ Dyslipidemia)</b></li> <li>• <b>Post-organ transplantation</b></li> </ul> <p><b>Please see your Evidence of Coverage for more information.</b></p> |
| <p><b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b><br/>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</p> | <p>If you qualify for SSBCI, you will get an extra \$10 monthly added to your Wellcare Spendables® card (for a total of \$110 monthly allowance) to spend on the benefits shown below. The allowance is combined with your over-the-counter (OTC) benefit. The benefit will be</p>  | <p><b>If you qualify for SSBCI, you may use your monthly Wellcare Spendables® allowance on the benefits shown below. The allowance is combined with your over-the-counter (OTC), Dental, Vision, and Hearing benefit. Once determined eligible these</b></p>   |

|  | 2025<br>(this year)   | 2026<br>(next year)  |
|--|---|--|
| <p>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.</p> <p>All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us or see the plan's Evidence of Coverage.</p> | <p>available on the first of the month following when you are determined eligible.</p> <p>You pay a \$0 copay. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card.</p> <p><b>Gas pay-at-pump</b><br/>If eligible, you can use your Wellcare Spendables® 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 to pump gas up to the available allowance amount.</p> <p><b>Healthy Food</b><br/>If eligible, you can use your Wellcare Spendables® card to help pay for approved healthy and nutritious foods and produce at participating retailers. Prepared meals are available for order via the online portal. The allowance cannot be used to buy tobacco or alcohol. Approved items include:</p> <ul style="list-style-type: none"> <li>• Meat and poultry</li> <li>• Fruits and vegetables</li> </ul> | <p><b>expanded benefits will be available in 7-10 business days.</b></p> <p><b>You pay a \$0 copay. See the Wellcare Spendables® benefit row in this chart for more information about the Wellcare Spendables® card.</b></p> <p><b>Gas pay-at-pump</b><br/><b>If eligible, you can use your Wellcare Spendables® 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 to pump gas up to the available allowance amount.</b></p> <p><b>Healthy Food</b><br/><b>If eligible, you can use your Wellcare Spendables® card to help pay for approved healthy and nutritious foods and produce at participating retailers. Prepared meals and produce boxes are available for order via the online portal. The allowance cannot be used to buy tobacco or alcohol. Approved items include:</b></p> <ul style="list-style-type: none"> <li>• <b>Meat and poultry</b></li> </ul> |

|  | <p style="text-align: center;"><b>2025<br/>(this year)</b></p>   | <p style="text-align: center;"><b>2026<br/>(next year)</b></p>   |
|--|--|--|
|  | <ul style="list-style-type: none"> <li>• Nutritional drinks</li> <li>• And more</li> </ul> <p><b>Home Improvement and Safety Items</b><br/>If eligible, you can use your card to help with the cost of home improvement and safety items:</p> <ul style="list-style-type: none"> <li>• Grab bars or doorknobs and non-slip floor coverings</li> <li>• Safety chairs and bathroom modification aids</li> <li>• Portable air conditioning and air quality products</li> <li>• Pest and insect control supplies</li> </ul> <p><b>Utility Assistance</b><br/>If eligible, you can use your Wellcare Spendables® card to help pay for plan approved utilities for your home including:</p> <ul style="list-style-type: none"> <li>• Electric, gas, sanitary / trash, and water utilities services</li> <li>• Landline and cell phone service</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Fruits and vegetables</b></li> <li>• <b>Nutritional drinks</b></li> </ul> <p><b>Home Assistance and Safety Items</b><br/><b>If eligible, you can use your card to help with the cost of home assistance and safety items, including installation services for certain products. Approved items and services include:</b></p> <ul style="list-style-type: none"> <li>• <b>Grab bars or doorknobs and non-slip floor coverings</b></li> <li>• <b>Safety chairs and bathroom modification aids</b></li> <li>• <b>Portable air conditioning and air quality products</b></li> <li>• <b>Pest and insect control supplies and in-home treatments</b></li> </ul> <p><b>Utility Assistance</b><br/><b>If eligible, you can use your Wellcare Spendables® card to help pay for plan approved utilities for your home including:</b></p> |

|   | 2025<br>(this year)  | 2026<br>(next year)   |
|---|--|---|
|   | <ul style="list-style-type: none"> <li>• Internet service</li> <li>• Cable TV (excluding streaming services)</li> <li>• Certain petroleum expenses, such as home heating oil</li> </ul> <p><b>Rent Assistance</b><br/>If eligible, you can use your Wellcare Spendables® card to help with the cost of rent for your home.</p> | <ul style="list-style-type: none"> <li>• <b>Electric, gas, sanitary / trash, and water utilities services</b></li> <li>• <b>Landline and cell phone service</b></li> <li>• <b>Internet service</b></li> <li>• <b>Cable TV (excluding streaming services)</b></li> <li>• <b>Certain petroleum expenses, such as home heating oil</b></li> </ul> <p><b>Rent Assistance</b><br/>If eligible, you can use your Wellcare Spendables® card to help with the cost of rent for your home.</p> |
| <p><b>Supervised Exercise Therapy (SET)</b></p> | <p>You pay a \$15 copay for each Medicare-covered service.</p>   | <p><b>You pay a \$30 copay for each Medicare-covered service.</b></p>   |

|                                | <b>2025<br/>(this year)</b>  | <b>2026<br/>(next year)</b>  |
|--------------------------------|--|--|
| <b>Transportation services</b> | <p>You pay a \$0 copay for 24 non-emergency trips within our service area every year.</p> <p>Rides (also called “trips”) are limited to 75 miles one-way and up to 4 one-way trips per day. For routine care, call up to 1 month and at least 3 days in advance. Same day rides are subject to availability. A trip is considered one-way transportation by taxi, van, or rideshare services to a healthcare location.</p>   | <p><b>You pay a \$0 copay for 12 non-emergency trips within our service area every year.</b></p> <p><b>Rides (also called “trips”) are limited to 75 miles one-way. For routine care, call up to 1 month and at least 3 days in advance. Same day rides are subject to availability. A trip is considered one-way transportation by taxi, passenger car, wheelchair van or rideshare services to a healthcare location.</b></p>  |
| <b>Wellcare Spendables®</b>    | <p>You pay a \$0 copay. You receive a \$100 monthly allowance on your Wellcare Spendables® card.</p> <p>If you qualify for SSBCI, you will get an extra \$10 monthly added to your card, for a total of \$110 monthly allowance. This total allowance may be spent on OTC and SSBCI benefits.</p> <p>The allowance will be automatically loaded onto your Wellcare Spendables® card at the beginning of each month. Any unused allowance amount will roll over into the next month and</p> | <p><b>You pay a \$0 copay. You will receive a \$125 monthly allowance preloaded on your Wellcare Spendables® card to spend on OTC items, Dental, Vision, and Hearing services. Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year.</b></p> <p><b>Your card allowance can be used towards:</b></p> <p><b>Over-the-Counter items (OTC)</b><br/><b>You can use your card at participating retail locations, through the</b></p> |

|  | <p style="text-align: center;"><b>2025<br/>(this year)</b></p>   | <p style="text-align: center;"><b>2026<br/>(next year)</b></p>  |
|--|--|---|
|  | <p>will expire at the end of every year.</p> <p>Your card allowance can be used towards:</p> <p><b>Over-the-Counter items (OTC)</b><br/>You can use your Wellcare Spendables® card on plan-approved over-the-counter items. Your card can be used at participating retail locations, online or via mobile app for home delivery.</p> <p><b>Dental, Vision and Hearing</b><br/>Wellcare Spendables® card allowance cannot be used toward any dental, vision, or hearing service expenses.</p> <p>Benefits mentioned below are part of SSBCI. Not all members will qualify. You must meet eligibility criteria for the following plan benefits.<br/>If you qualify, your card allowance can also be used towards:</p> <ul style="list-style-type: none"> <li>• Gas pay-at-pump</li> <li>• Healthy Food</li> <li>• Home Improvement Items</li> <li>• Rent Assistance</li> <li>• Utility Assistance</li> </ul> | <p><b>mobile app, or by logging in to your member portal to place an order for home delivery.</b></p> <p><b>Dental, Vision, and Hearing</b><br/>You may use your card to help reduce your out-of-pocket expenses for qualifying dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly. Please refer to your Evidence of Coverage for more information.</p> <p><b>Benefits mentioned below are part of 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:</b></p> <ul style="list-style-type: none"> <li>• Gas pay-at-pump</li> <li>• Healthy Food</li> <li>• Home Assistance and Safety Items</li> <li>• Rent Assistance</li> <li>• Utility Assistance</li> <li>• Pest Control Items and Services</li> </ul> <p><b>See Special Supplemental Benefits for the Chronically</b></p> |

|  | 2025<br>(this year)   | 2026<br>(next year)  |
|--|---|--|
|  | See Special Supplemental Benefits for the Chronically Ill (SSBCI) benefit row in this chart for more information on these benefits. | <b>Ill (SSBCI) benefit row in this chart for more information on these benefits.</b> |

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-833-998-4953 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier) drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

The table shows your cost per prescription during this stage.

|                          | 2025<br>(this year)  | 2026<br>(next year)   |
|--------------------------|--|---|
| <b>Yearly Deductible</b> | \$590  | \$615   |
|                          | <p>During this stage, you pay \$19 <i>standard cost sharing</i> or \$18 <i>preferred cost sharing</i> for drugs on Tier 1: Preferred Generic and \$7 <i>standard cost sharing</i> or \$0 <i>preferred cost sharing</i> for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier until you've reached the yearly deductible.</p> | <p><b>During this stage, you pay \$19 <i>standard cost sharing</i> or \$18 <i>preferred cost sharing</i> for drugs on Tier 1: Preferred Generic and \$0 <i>cost sharing</i> for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier until you've reached the yearly deductible.</b></p> |

**Drug Costs in Stage 2: Initial Coverage**

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing and preferred cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

|  | 2025<br>(this year)  | 2026<br>(next year)  |
|--|--|--|
| <p><b>Drug Tier 1 - Preferred Generic:</b></p> | <p><i>Standard cost sharing:</i> You pay a \$19 copay<br/>Your cost for a one-month (30-day) mail-order prescription is \$19.</p> <p><i>Preferred cost sharing:</i> You pay a \$18 copay<br/>Your cost for a one-month (30-day) mail-order prescription is \$18.</p> | <p><b><i>Standard cost sharing:</i> You pay a \$19 copay</b><br/><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> <p><b><i>Preferred cost sharing:</i> You pay a \$18 copay</b><br/><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> |
| <p><b>Drug Tier 2 - Generic:</b></p>           | <p><i>Standard cost sharing:</i> You pay a \$20 copay<br/>Your cost for a one-month (30-day) mail-order prescription is \$20.</p> <p><i>Preferred cost sharing:</i> You pay a \$19 copay<br/>Your cost for a one-month (30-day) mail-order prescription is \$19.</p> | <p><b><i>Standard cost sharing:</i> You pay a \$20 copay</b><br/><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> <p><b><i>Preferred cost sharing:</i> You pay a \$19 copay</b><br/><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> |

|                                       | 2025<br>(this year)  | 2026<br>(next year)  |
|---------------------------------------|--|--|
| <b>Drug Tier 3 - Preferred Brand:</b> | <p><i>Standard cost sharing:</i> You pay 21% of the total cost<br/>You pay \$35 per month supply of each covered insulin product on this tier.<br/>Your cost for a one-month (30-day) mail-order prescription is 21%.</p> <p><i>Preferred cost sharing:</i> You pay 21% of the total cost<br/>You pay \$35 per month supply of each covered insulin product on this tier.<br/>Your cost for a one-month (30-day) mail-order prescription is 21%.</p> | <p><b><i>Standard cost sharing:</i> You pay 24% of the total cost<br/>You pay the lesser of \$35 or 24% per month supply of each covered insulin product on this tier.<br/>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> <p><b><i>Preferred cost sharing:</i> You pay 23% of the total cost<br/>You pay the lesser of \$35 or 23% per month supply of each covered insulin product on this tier.<br/>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> |

|   | <p style="text-align: center;"><b>2025<br/>(this year)</b></p>  | <p style="text-align: center;"><b>2026<br/>(next year)</b></p>   |
|---|---|--|
| <p><b>Drug Tier 4 - Non-Preferred Drug:</b></p> | <p><i>Standard cost sharing:</i> You pay a \$100 copay.<br/>You pay \$35 per month supply of each covered insulin product on this tier.<br/>Your cost for a one-month (30-day) mail-order prescription is \$100.</p> <p><i>Preferred cost sharing:</i> You pay a \$100 copay<br/>You pay \$35 per month supply of each covered insulin product on this tier.<br/>Your cost for a one-month (30-day) mail-order prescription is \$100.</p> | <p><b><i>Standard cost sharing:</i> You pay a \$100 copay</b><br/><b>You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier.</b><br/><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> <p><b><i>Preferred cost sharing:</i> You pay a \$100 copay</b><br/><b>You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier.</b><br/><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> |
| <p><b>Drug Tier 5 - Specialty Tier:</b></p>     | <p><i>Standard cost sharing:</i> You pay 25% of the total cost<br/>Your cost for a one-month (30-day) mail-order prescription is 25%.</p> <p><i>Preferred cost sharing:</i> You pay 25% of the total cost<br/>Your cost for a one-month (30-day) mail-order prescription is 25%.</p>  | <p><b><i>Standard cost sharing:</i> You pay 25% of the total cost</b><br/><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> <p><b><i>Preferred cost sharing:</i> You pay 25% of the total cost</b><br/><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p>   |

|   | 2025<br>(this year)  | 2026<br>(next year)  |
|---|--|--|
| <b>Drug Tier 6 - Select Care Drugs:</b> | <p><i>Standard cost sharing:</i> You pay a \$7 copay<br/>Your cost for a one-month (30-day) mail-order prescription is \$7.</p> <p><i>Preferred cost sharing:</i> You pay a \$0 copay<br/>Your cost for a one-month (30-day) mail-order prescription is \$0.</p> | <p><b><i>Standard cost sharing:</i> You pay a \$0 copay</b><br/><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> <p><b><i>Preferred cost sharing:</i> You pay a \$0 copay</b><br/><b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b></p> |

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

**Changes to the Catastrophic Coverage Stage**

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

**SECTION 2 Administrative Changes**

The information in the Administrative Changes grid below reflects year-over-year changes to your plan that do not directly impact benefits or cost-shares.

|   | 2025 (this year)  | 2026 (next year)  |
|---|---|---|
| <b>Advance Coverage Determination Request</b> | Members could request a Coverage Determination prior to the upcoming benefit year effective date. | <b>Members can request a Coverage Determination on or after 1/1/2026. Any request submitted prior to this date will only be evaluated for the current benefit year.</b> |

|   | 2025 (this year)  | 2026 (next year)  |
|---|---|---|
| <b>Level 1 Appeals</b>                    | You can file a Level 1 standard appeal with us through a written request. For more details, please refer to Chapter 9 of your Evidence of Coverage.   | <b>You can file a Level 1 standard appeal with us through a written request or by calling Member Services. For more details, please refer to Chapter 9 of your Evidence of Coverage.</b>  |
| <b>Membership disenrollment options</b>   | If you need to switch from our plan to Original Medicare or another Medicare Advantage plan, you need to send us a written request to disenroll. For more details, please refer to Chapter 10 of your Evidence of Coverage. | <b>If you need to switch from our plan to Original Medicare or another Medicare Advantage plan, you can send us a written request to disenroll or visit our website to disenroll online. For more details, please refer to Chapter 10 of your Evidence of Coverage.</b> |
| <b>Preferred Part B diabetic products</b> | OneTouch™ is our preferred diabetic testing supplies (glucose monitors & test strips) brand. Other brands are not covered unless medically necessary and authorized.  | <b>Accu-Chek Guide™ and True Metrix™ are our preferred diabetic testing supplies (glucose monitors &amp; test strips) brands. Other brands are not covered unless medically necessary and authorized.</b>   |
| <b>Medicare Prescription Payment Plan</b> | The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by   | <b>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be</b>   |

|  | 2025 (this year)   | 2026 (next year)   |
|--|--|--|
|  | spreading them across the calendar year (January-December). You may be participating in this payment option. | <b>automatically renewed for 2026.</b><br><b>To learn more about this payment option, call us at 1-833-750-9969. (TTY users call 1-800-716-3231.) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</b> |

## SECTION 3 How to Change Plans

**To stay in Wellcare Dual Reserve (HMO-POS D-SNP), you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Wellcare Dual Reserve (HMO-POS D-SNP).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Wellcare Dual Reserve (HMO-POS D-SNP).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Wellcare Dual Reserve (HMO-POS D-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online at [go.wellcare.com/OH](http://go.wellcare.com/OH). Call Member Services at 1-833-998-4953 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

### **Section 3.2 Are there other times of the year to make a change?**

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Ohio Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Ohio Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Ohio Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## **SECTION 4 Get Help Paying for Prescription Drugs**

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug

costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
- Your State Ohio Medicaid office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Ohio HIV Drug Assistance Program (OHDAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call the Ohio HIV Drug Assistance Program (OHDAP) at 1-800-777-4775 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-833-750-9969 (TTY users call 1-800-716-3231) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5      Questions?

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### Get Help from Wellcare Dual Reserve (HMO-POS D-SNP)

- **Call Member Services at 1-833-998-4953. (TTY users call 711.)**

We're available for phone calls. 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. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Wellcare Dual Reserve (HMO-POS D-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [go.wellcare.com/OH](https://go.wellcare.com/OH) or call Member Services at 1-833-998-4953 (TTY users call 711) to ask us to mail you a copy.

- **Visit [go.wellcare.com/OH](https://go.wellcare.com/OH)**

Our website has the most up-to-date information about our provider network (*Provider & Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

## Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Ohio, the SHIP is called Ohio Senior Health Insurance Information Program (OSHIIP).

Call Ohio Senior Health Insurance Information Program (OSHIIP) to get free personalized health insurance counseling. They can help you understand your Medicare and Ohio Medicaid plan choices and answer questions about switching plans. Call Ohio Senior Health Insurance Information Program (OSHIIP) at 1-800-686-1578. Learn more about Ohio Senior Health Insurance Information Program (OSHIIP) by visiting (<https://insurance.ohio.gov/about-us/divisions/oshiip>).

## Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with [www.Medicare.gov](https://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## **Get Help from Ohio Medicaid**

Call Ohio Medicaid at 1-800-324-8680 from 7 a.m. - 8 p.m. ET, Monday - Friday, Saturday 8 a.m. to 5 p.m.. TTY users call 711 for help with Ohio Medicaid enrollment or benefit questions.