



Wellcare Superior HealthPlan Dual Align (HMO D-SNP) offered by Superior HealthPlan, Inc.

Annual Notice of Change for 2026

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules and costs. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at go.wellcare.com/SuperiorTX. Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in Spanish.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call 1-855-445-3556 (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.
- To make a standing request, change a standing request or make a one-time request for materials in a language other than English or in an alternate format, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (TTY 711). We will document your choice. 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

OMB Approval 0938-1444 (Expires: June 30, 2026)

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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.

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A. Disclaimers

- ❖ 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.
- ❖ Texas D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Texas Medicaid. Learn more about providers who participate in Texas Medicaid by visiting <https://www.wellcarefindaprovider.com/navigate-a-network.html>. For detailed information about Texas Medicaid benefits, please visit the Texas Medicaid website at <https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus>. To request a written copy of our Medicaid Provider Directory, please contact us.
- ❖ Texas D-SNP prospective enrollees: For detailed information about Texas Medicaid benefits, please visit the Texas Medicaid website at <https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus>. To request a written copy of our Medicaid Provider Directory, please contact us.
- ❖ Wellcare (HMO, HMO SNP, and PPO) includes products that are underwritten by WellCare of Texas, Inc., WellCare National Health Insurance Company, Superior HealthPlan, Inc., and SelectCare of Texas, Inc.
- ❖ Based on a Model of Care review, Wellcare Superior HealthPlan Dual Align (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2028.

B. Reviewing your Medicare and STAR+PLUS (Medicaid) coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

New members to Wellcare Superior HealthPlan Dual Align (HMO D-SNP): In most instances you'll be enrolled in Wellcare Superior HealthPlan Dual Align (HMO D-SNP) for your Medicare benefits the 1st day of the month after you request to be enrolled in Wellcare Superior

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HealthPlan Dual Align (HMO D-SNP). You may still receive your Medicaid benefits from your previous STAR+PLUS health plan for one additional month. After that, you'll receive your STAR+PLUS services through Wellcare Superior HealthPlan Dual Align (HMO D-SNP). There will be no gap in your STAR+PLUS coverage. Please call us at the number at the bottom of the page if you have any questions.

If you choose to leave our plan, your Medicare membership will end on the last day of the month in which your request was made. Your STAR+PLUS benefits may remain with our Wellcare Superior HealthPlan Dual Align (HMO D-SNP) for one additional month, until your new STAR+PLUS health plan is active. There will be no gap in your STAR+PLUS coverage. You'll still be in the Medicare and STAR+PLUS programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- STAR+PLUS options and services in **Section G2**.

B1. Information about Wellcare Superior HealthPlan Dual Align (HMO D-SNP)

- Wellcare Superior HealthPlan Dual Align (HMO D-SNP) is a health plan that contracts with both Medicare and STAR+PLUS to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means Wellcare Superior HealthPlan Dual Align (HMO D-SNP).

B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they'll work for you next year.
 - Refer to **Section E1** for information about benefit changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**

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- Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
- Review changes to make sure our drug coverage will work for you next year.
- Refer to **Section E2** for information about changes to our drug coverage.
- Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

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If you decide to stay with Wellcare Superior HealthPlan Dual Align (HMO D-SNP):

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Wellcare Superior HealthPlan Dual Align (HMO D-SNP) for both your Medicare and STAR+PLUS coverage.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

If you move to another Medicare plan that provides your Medicare and most or all of your STAR+PLUS benefits and services in one plan, your STAR+PLUS plan will automatically change to match that choice.

If you choose to move to Original Medicare, then your STAR+PLUS plan will remain the same.

C. Changes to our plan name

On January 1, 2026, our plan name changes from Wellcare Dual Liberty (HMO D-SNP) to Wellcare Superior HealthPlan Dual Align (HMO D-SNP).

You will get a new plan ID card in the mail. You can use this new card for both your Medicaid and Medicare benefits. From now on, any letters or messages you get from us will show this new plan name: Wellcare Superior HealthPlan Dual Align (HMO D-SNP).

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D. Changes to our network providers and pharmacies

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they're filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2026.

Please review the 2026 Provider and Pharmacy Directory to find out if your providers (primary care providers, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at go.wellcare.com/2026providerdirectories. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook* or call Member Services at the number at the bottom of the page for help.

E. Changes to benefits and costs for next year

E1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2025 (this year)	2026 (next year)
<p>Prior Authorizations</p> <p>The following in-Network benefits have a change in prior authorization requirements.</p>	<p>The below listed services may require prior authorization:</p> <ul style="list-style-type: none"> - Additional Telehealth - Vision care 	<p>The below listed services do not require prior authorization:</p> <ul style="list-style-type: none"> - Additional Telehealth - Vision care

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	2025 (this year)	2026 (next year)
Chiropractic care - routine services	Routine chiropractic services are <u>not</u> covered.	You pay a \$0 copay per visit, up to 24 visits every year for routine chiropractic services.
Fitness benefit	<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>You pay a \$0 copay for the fitness benefit.</p> <p>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.</p>
Meals - Post-acute (limitations and exclusions apply)	You pay a \$0 copay for post-acute meals immediately following an inpatient hospital stay. There is a maximum of 3 meals per day for 14-days for a total of 42 meals.	You pay a \$0 copay for post-acute meals up to 45 days following an inpatient hospital stay. There is a maximum of 3 meals per day for 14 days for a total of 42 meals.

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	2025 (this year)	2026 (next year)
<p>Nonemergency Medical Transportation (NEMT) (This section is continued on the next page)</p>	<p>You pay a \$0 copay for 60 non-emergency trips within our service area every year. 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>You pay a \$0 copay for unlimited trips for nonemergency medical transportation (NEMT) services under the Medicaid benefit.</p> <p>Our Medicare benefits provide up to 48 non-emergency trips within our service area every year. Rides (also called "trips") are limited to 100 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, van or rideshare services to a plan approved healthcare location.</p>
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p> <p>Benefits mentioned are a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify.</p> <p>(This section is continued on the next page)</p>	<p>SSBCI isn’t offered.</p>	<p>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 expanded benefits will be available in 7-10 business days.</p>

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	2025 (this year)	2026 (next year)
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI) (continued)</p> <p>In addition to being high-risk, you must have one or more of the following chronic conditions: cancer, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, diabetes. There are other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us or see the plan’s <i>Member Handbook</i>.</p> <p>(This section is continued from previous page)</p>		<p>You pay a \$0 copay. See the Wellcare Spendables® benefit row in this chart for more information about the Wellcare Spendables® card.</p> <p>Gas pay-at-pump</p> <p>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>Healthy Food</p> <p>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:</p> <ul style="list-style-type: none"> • Meat and poultry • Fruits and vegetables • Nutritional drinks

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	2025 (this year)	2026 (next year)
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI) (continued) (This section is continued from previous page)</p>		<p>Home Assistance and Safety Items</p> <p>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:</p> <ul style="list-style-type: none"> • Grab bars or doorknobs and non-slip floor coverings • Safety chairs and bathroom modification aids • Portable air conditioning and air quality products • Pest and insect control supplies and in-home treatments <p>Utility Assistance</p> <p>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"> • Electric, gas, sanitary / trash, and water utilities services • Landline and cell phone service • Internet service • Cable TV (excluding streaming services) • Certain petroleum expenses, such as home heating oil

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	2025 (this year)	2026 (next year)
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI) (continued)</p>		<p>Rent Assistance</p> <p>If eligible, you can use your Wellcare Spendables® card to help with the cost of rent for your home.</p>
<p>Value-Based Insurance Design (VBID) Model (This section is continued on the next page)</p>	<p>You pay a \$0 copay. Because your plan participates in the Value-Based Insurance Design Program, you can use your Wellcare Spendables® allowance towards the benefits shown below:</p> <ul style="list-style-type: none"> • Gas pay-at-pump: Pay for gas directly at the pump • Healthy Food: Approved healthy and nutritious foods and produce at participating retailers. • Home Improvement Items: Help with the cost of home improvement and safety items • Rent Assistance: Cost of rent for your home • Utility Assistance: Plan approved utilities for your home <p>See the Wellcare Spendables® benefit row in this chart for more information</p>	<p>Value-Based Insurance Design Model benefit isn't covered.</p>

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	2025 (this year)	2026 (next year)
Value-Based Insurance Design (VBID) Model (continued)	<p>about the Wellcare Spendables® card.</p> <p>Medicare approved Wellcare to provide these benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.</p>	
Wellcare Spendables® (This section is continued on the next page)	<p>You pay a \$0 copay. You receive a \$164 monthly allowance to be used towards certain benefits.</p> <p>See Value-Based Insurance Design (VBID) Model benefit row in this chart for information about the VBID program benefit changes.</p> <p>Over-the-Counter items (OTC)</p> <p>You can use your card at participating retail locations, through the mobile app, or by logging in to your member portal to place an order for home delivery.</p>	<p>You pay a \$0 copay. You will receive a \$177 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.</p> <p>Your card allowance can be used towards:</p> <p>Over-the-Counter items (OTC)</p> <p>You can use your card at participating retail locations, through the mobile app, or by logging in to your member portal to place an order for home delivery.</p>

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	2025 (this year)	2026 (next year)
Wellcare Spendables® (continued)	<p>Dental, Vision and Hearing</p> <p>Wellcare Spendables® card allowance cannot be used toward any dental, vision, or hearing service expenses.</p>	<p>Dental, Vision, and Hearing</p> <p>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 <i>Member Handbook</i> for more information.</p> <p>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:</p> <ul style="list-style-type: none"> • Gas pay-at-pump • Healthy Food • Home Assistance and Safety Items • Rent Assistance • Utility Assistance • Pest Control Items and Services <p>See Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits.</p>

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Worldwide emergency/urgent coverage (outside the United States)	You pay a \$110 copay for each covered service up to \$50,000 allowance every year. Copayment is <u>not</u> waived if you are admitted to a hospital.	You pay a \$115 copay for each covered service up to \$50,000 allowance every year. Copayment is <u>not</u> waived if you are admitted to a hospital.

E2. Changes to drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at go.wellcare.com/SuperiorTX. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the *Drug List*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover, and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are 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 and/or the state 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 a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the numbers at the bottom of the page or contact your service coordinator to ask for a *List of Covered Drugs* that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.

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- In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
- This temporary supply is for up to 30 days of medication at a retail pharmacy and at a long-term care pharmacy, up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
- When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug. To learn what you must do to ask for an exception, refer to Chapter 9, section F of the 2025 *Member Handbook* or call Member Services.
- If you have been in the plan for more than 90 days and live in a long-term care facility, we will cover a one-time 31-day supply, or less if your prescription is written for fewer days. This is in addition to the long-term care transition supply.
- If your level of care changes (such as moving to or from a long-term care facility or hospital), we will cover one temporary 30-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a total of a 30-day supply.
- Some Drug List exceptions will still be covered next year. Refer to the approval letter you received. The approval letter includes information about your specific drug approval limits and the date the drug coverage will end. If we decide not to renew your approval, we will send you a new letter at least 60 days prior to the end of the year. This letter will include when the specific drug exception approval will end and how to ask for an exception. To learn what you must do to ask for an exception, refer to Chapter 9, section F of the 2025 *Member Handbook* or call Member Services.

If we approved your formulary exception in 2025, your authorization may still be valid. Please refer to your approval letter, which contains the end date of your formulary exception. If you can't find your approval letter or have questions, please call Member Services.

Changes to drug costs

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There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you're in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all the costs of your drugs through December 31, 2026.</p> <p>You begin this stage after you pay a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches \$2,100. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you'll pay for drugs.

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.

E3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

We moved some of the drugs on our *Drug List* to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our *Drug List*.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our covered drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you.

If you have questions, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (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/SuperiorTX.



For information about the costs of vaccines, or information about the costs for a long-term supply; or for mail-order prescriptions go to **Chapter 6, Section D** of your *Member Handbook*.

	2025 (this year)	2026 (next year)
<p>Drugs in Tier 1 (Preferred Generic)</p> <p>Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0.</p>	<p>Your copay for a one-month (30-day) supply depends on your level of Extra Help.</p> <p>For generic drugs (including brand drugs treated as generic), you pay</p>
<p>Drugs in Tier 2 (Generic)</p> <p>Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0.</p>	<ul style="list-style-type: none"> ○ \$0 copay or ○ \$1.60 copay or ○ \$5.10 copay for a one-month supply
<p>Drugs in Tier 3 (Preferred Brand)</p> <p>Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0.</p>	<p><u>For all other covered drugs, you pay:</u></p> <ul style="list-style-type: none"> ○ \$0 copay or ○ \$4.90 copay or ○ \$12.65 copay for a one-month supply. <p>Extra Help is a program that helps pay for your drugs. We sent you a separate material, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which</p>

If you have questions, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (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/SuperiorTX.



	2025 (this year)	2026 (next year)
<p>Drugs in Tier 4 (Non-Preferred Drug)</p> <p>Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0.</p>	<p>tells about your drug costs.</p> <p>If you get Extra Help and you don't get this material, call Member Services at the number shown on the bottom of the page and ask for the LIS Rider.</p> <p>If you don't qualify for Extra Help, call us to learn more about your drug costs.</p>
<p>Drugs in Tier 5 (Specialty Tier)</p> <p>Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0.</p>	
<p>Drugs in Tier 6 (Select Care Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 6 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0.</p>	

If you have questions, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (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/SuperiorTX.



The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,100**. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for drugs.

E4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$2,100** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6**.

F. Administrative changes

The new Wellcare Superior HealthPlan Dual Align (HMO D-SNP) plan has a few administrative changes to be aware of.

	2025 (this year)	2026 (next year)
Plan service area	Wellcare Dual Liberty is available in most counties in Texas.	Wellcare Superior HealthPlan Dual Align (HMO D-SNP) is available for Hidalgo County residents only.
Medicaid enrollment	Members can select this Medicare plan but can enroll in another carrier’s Medicaid plan.	Members can only select this Medicare plan and will automatically be enrolled in our Medicaid plan.
Advance Coverage Determination Request	Members could request a Coverage Determination prior to the upcoming benefit year effective date.	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.

If you have questions, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (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/SuperiorTX.



	2025 (this year)	2026 (next year)
Preferred Part B Diabetic Products	OneTouch™ is our preferred diabetic testing supplies (glucose monitors & test strips) brand. Other brands are not covered unless medically necessary and authorized.	Accu-Chek™ Guide and True Metrix™ are our preferred diabetic testing supplies (glucose monitors & test strips) brands. Other brands are not covered unless medically necessary and authorized.
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is not available because your copay is \$0.	The Medicare Prescription Payment Plan is a payment option that can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December).

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

If you decide to stay with your current Medicare plan, your STAR+PLUS plan will remain the same and you don't have to take any action.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have STAR+PLUS, you can end your membership in our plan any month of the year. If you decide to change your Medicare plan to another Medicare plan that provides your Medicare and most or all of your STAR+PLUS benefits and services in one plan, your STAR+PLUS plan will automatically change to the same plan that also provides your Medicare benefits. You don't have to take any action for this to occur. For additional information on changing your plan

If you have questions, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (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/SuperiorTX.



please see the table below. In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period** lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period** lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for STAR+PLUS or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan.

If you have questions, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (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/SuperiorTX.



1. You can change to:

Another plan that provides your Medicare and most or all of your STAR+PLUS benefits and services in one plan. If you choose another Medicare plan that also provides your STAR+PLUS benefits, your STAR+PLUS plan will also change to the same plan that provides your Medicare benefits. You don't need to take any action for this to occur.

Or

You can enroll in the Program of All-Inclusive Care for the Elderly (PACE). PACE is available in Potter, Randall, El Paso, and Lubbock Counties. If you choose to enroll in PACE, the benefits include, but aren't limited to, all Medicaid and Medicare covered services including prescription drugs. You must receive all needed health care services, including primary care and specialist physician services (other than emergency services), from the PACE organization or an entity authorized by the PACE organization.

To get more information about PACE, call Texas PACE Program at 1-512-487-3450.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240, Monday-Friday, 8 a.m. to 5:00 p.m. CST. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). For more information or to find a local Health Information Counseling & Advocacy Program of Texas (HICAP) office in your area, please visit www.hhs.texas.gov/about/contact-us/where-can-i-find-services.

OR

Enroll in a plan that provides your Medicare and most or all of your STAR+PLUS benefits and services in one plan.

If you enroll in a new plan, you'll automatically be disenrolled from our plan when your new plan's coverage begins.

If you have questions, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (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/SuperiorTX.



<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare drug plan.</p> <p>If you choose to move to Original Medicare, your STAR+PLUS plan will remain the same. You don't have to take any action for this to occur.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240, Monday-Friday, 8 a.m. to 5:00 p.m. CST. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). For more information or to find a Health Information Counseling & Advocacy Program of Texas (HICAP) office in your area, please visit www.hhs.texas.gov/about/contact-us/where-can-i-find-services. <p>OR</p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan for your Medicare benefits when your Original Medicare coverage begins, but you'll continue to be enrolled in our STAR+PLUS plan for your Medicaid benefits. You don't have to take any action for this to occur.</p>
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If you have questions, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (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/SuperiorTX.



3. You can change to:

Original Medicare without a separate Medicare drug plan

If you choose to move to Original Medicare, your STAR+PLUS plan will remain the same. You don't have to take any action for this to occur.

NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240, Monday-Friday, from 8:00 a.m. to 5:00 p.m. CST. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). For more information or to find a Health Information Counseling & Advocacy Program of Texas (HICAP) office in your area, please visit www.hhs.texas.gov/about/contact-us/where-can-i-find-services.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240, Monday-Friday, 8 a.m. to 5:00 p.m. CST. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). For more information or to find a Health Information Counseling & Advocacy Program of Texas (HICAP) office in your area, please visit www.hhs.texas.gov/about/contact-us/where-can-i-find-services.

You'll automatically be disenrolled from our plan for your Medicare benefits when your Original Medicare coverage begins, but you'll continue to be enrolled in our STAR+PLUS plan for your Medicaid benefits. You don't have to take any action for this to occur.

If you have questions, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (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/SuperiorTX.



4. You can change to:

Any Medicare health plan during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section A**.

If you choose another Medicare plan that also provides your STAR+PLUS benefits during certain times of the year, your STAR+PLUS plan will also change to the same plan that provides your Medicare benefits. You don't need to take any action for this to occur. If you choose to enroll in any other Medicare health plan, such as a Medicare Advantage Plan (MAP) or Original Medicare, during certain times of the year, then your STAR+PLUS plan will remain the same. In this situation, if you want to change your STAR+PLUS plan, you can change at any time by contacting the state Enrollment Broker 1-877-782-6440 or TTY: 711, 8:00 a.m. to 6:00 p.m. CST, Monday-Friday. Call 1-855-445-3556 (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.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-512-487-3450.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240, Monday-Friday, 8:00 a.m. to 5:00 p.m. CST. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). For more information or to find a Health Information Counseling & Advocacy Program of Texas (HICAP) office in your area, please visit www.hhs.texas.gov/about/contact-us/where-can-i-find-services.

OR

Enroll in a new Medicare plan.

You'll automatically be disenrolled from our Medicare plan when your new plan's coverage begins.

If you choose another Medicare plan that also provides your STAR+PLUS benefits, you don't need to take any action for your STAR+PLUS plan to automatically align with your new Medicare plan.

If you have questions, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (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/SuperiorTX.



	<p>If you choose to enroll in any other Medicare health plan, such as a Medicare Advantage Plan (MAP) or Original Medicare, then your STAR+PLUS plan will remain the same. If you want to change your STAR+PLUS plan, you can change at any time by contacting the state Enrollment Broker 1-877-782-6440 or TTY: 711, 8:00 a.m. to 6:00 p.m. CST, Monday-Friday.</p>
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Your STAR+PLUS services

For questions about how to get your STAR+PLUS services after you leave our plan, call the State enrollment broker at 1-877-782-6440 or TTY: 711, 8:00 a.m. to 6:00 p.m. CST, Monday-Friday. Ask how joining another plan or returning to Original Medicare affects how you get your STAR+PLUS coverage.

H. Getting help

H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2026 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at go.wellcare.com/SuperiorTX. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2026.

If you have questions, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (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/SuperiorTX.



Our website

You can visit our website at go.wellcare.com/SuperiorTX. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

H2. Health Information Counseling & Advocacy Program of Texas (HICAP)

You can also call the state health insurance program (SHIP). In Texas the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). The HICAP has trained counselors who can help you understand your plan choices and answer questions about switching plans. The HICAP isn't connected with us or with any insurance company or health plan, and HICAP's services are free.

For more information or to find a local HICAP office in your area, call 1-800-252-9240, Monday-Friday, 8:00 a.m. to 5:00 p.m. CST, or visit www.hhs.texas.gov/about/contact-us/where-can-i-find-services.

H3. Health and Human Services (HHS) Office of the Ombudsman

The HHS Office of the Ombudsman helps STAR+PLUS members answer questions and file complaints about STAR+PLUS Long-term Services and Supports, for example, nursing Services, minor home modifications, and adaptive aids.

- The ombudsman's services are free.
- They can answer questions if you have a problem or complaint about your Medicaid Long-Term Services and Supports and can help you understand what to do.
- The HHS Office of the Ombudsman can help you file a complaint and understand your appeal rights with our plan related to your STAR+PLUS Long-Term Services and Supports. They can help you if you are having a problem with STAR+PLUS.
- The HHS Office of the Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns related to your Medicaid Long-Term Services and Supports resolved.
- The HHS Office of the Ombudsman isn't connected with us or with any insurance company or health plan. The phone number for the HHS Office of the Ombudsman is 1-877-787-8999.

If you have questions, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (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/SuperiorTX.



H4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2026

You can read the *Medicare & You 2026* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1--800-633-4227). TTY users should call 1-877-486-2048.

H5. STAR+PLUS

You can visit the STAR+PLUS website for general information about the benefits and services offered through the program, www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus.

If you choose to disenroll from our STAR+PLUS plan and need more information on how to join another plan or returning to Original Medicare affects how you get your Medicaid services, call the State enrollment broker 1-877-782-6440 or TTY: 711, 8:00 a.m. to 6:00 p.m. Central Time, Monday through Friday.

If you have questions, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (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/SuperiorTX.



H6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. This program doesn't save you money or lower your drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit www.Medicare.gov.

If you have questions, please call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) at 1-855-445-3556 (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/SuperiorTX.



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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-445-3556 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-855-445-3556 (TTY: 711).

Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-855-445-3556 (TTY: 711).

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-855-445-3556（TTY：711）。

繁體中文 注意：我們為您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-855-445-3556 (TTY：711)。

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجانًا مساعدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-855-445-3556 (TTY: 711).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-855-445-3556 (TTY: 711) पर कॉल करें.

Yorùbá ÀKÍYÈSÍ: Àwọn isẹ̀ ìrànńlówọ̀ tí èdè wà nílẹ̀ fún ọ̀ lófẹ̀ẹ̀. Àwọn isẹ̀ àti àwọn ìrànńwọ̀ arannílówọ̀ tóyẹ̀ láti pèsè ìwífúnni ní àwọn ọ̀nà kíkọ̀silẹ̀ tóṣeé ráàyè sí tún wà nílẹ̀ bákan náà lófẹ̀ẹ̀ láisan owó rára. Pe 1-855-445-3556 (TTY: 711).

Twi HYE NO NSO: Kasa ho mmoa dwumadie ahodoɔ wo ho ma wo a wontua hwee. Nneema a ebeboa wo ama wate nsem ne dwumadie ahodoɔ a ede nsem beɔma wo wo akwan bebree so nso wo ho a wontua hwee. Fre 1-855-445-3556 (TTY: 711).

Igbo NLERUANYA: A na-enye gi ọrụ enyemaka asụsụ n'efu. Enyemaka na ọrụ ndị kwesiri ekwesị iji nye ozi n'ụdị ndị dị mfe inweta dikrawa n'akwughị ụgwọ. Kpọọ 1-855-445-3556 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-855-445-3556 (TTY: 711).

اردو توجہ: زبان معاونت کی خدمات آپ کے لیے مفت دستیاب ہیں۔ معلومات کو قابل رسائی شکل میں فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-855-445-3556 (TTY: 711) پر کال کریں۔

Français REMARQUE : des services d'assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-445-3556 (TTY : 711).

Français cadien COMMUNIQUE: Des services d'aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-855-445-3556 (TTY : 711).

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయదగిన ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక టూల్స్, సేవలు కూడా ఉచితంగా అందుబాటులో ఉన్నాయి. 1-855-445-3556 (TTY: 711) నంబర్ కి కాల్ చేయండి.

한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-855-445-3556 (TTY: 711)번으로 전화해 주십시오.

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-855-445-3556 (TTY: 711).

नेपाली ध्यान दिनुहोस्: तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन्। सुलभ फर्म्याटहरूमा जानकारी प्रदान गर्नका निम्ति उचित सहायक सामग्री र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। 1-855-445-3556 (TTY: 711) मा कल गर्नुहोस्।

तुमच्यासाठी विनामूल्य भाषा सहाय्य सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती प्रदान करण्यासाठी योग्य अतिरिक्त मदत आणि सेवादेखील विनामूल्य उपलब्ध आहेत. 1-855-445-3556 (TTY: 711) वर कॉल करा.

മലയാളം ശ്രദ്ധിക്കൂ: നിങ്ങൾക്ക് സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകുന്നതിന്, സൗജന്യമായി അനുയോജ്യമായ ഓക്സിഡിയറി സഹായങ്ങളും സേവനങ്ങളും ലഭ്യമാണ്. 1-855-445-3556 (TTY: 711) എന്ന നമ്പറിൽ വിളിക്കുക.

ಕನ್ನಡ ನಿಮ್ಮ ಗಮನಕ್ಕೆ: ನಿಮಗೆ ಉಚಿತ ಭಾಷಾ ಸಹಾಯ ಸೇವೆಗಳು ಲಭ್ಯವಿದೆ. ಪ್ರವೇಶಿಸಬಹುದಾದ ಸ್ವರೂಪಗಳಲ್ಲಿ ಮಾಹಿತಿಯನ್ನು ಒದಗಿಸಲು ಸೂಕ್ತವಾದ ಸಹಾಯಕ ಸಾಧನಗಳು ಮತ್ತು ಸೇವೆಗಳು ಸಹ ಉಚಿತವಾಗಿ ಲಭ್ಯವಿದೆ. ಕರೆ ಮಾಡಿ 1-855-445-3556 (TTY: 711).

தமிழ் உங்களின் கவனத்திற்கு: உங்களுக்கு மொழி உதவிக்கான இலவச சேவைகள் கிடைக்கின்றன. பயன்படுத்தக்கூடிய வடிவங்களில் தகவல்களை வழங்குவதற்குப் பொருத்தமான புலன் உணர்வுக் கருவிகளும் சேவைகளும் இலவசமாகக் கிடைக்கின்றன. 1-855-445-3556 (TTY: 711) என்ற எண்ணை அழைத்தீடுங்கள்.