

Wellcare Patriot Simple (HMO) *offered by Superior Healthplan, Inc.* Annual Notice of Change for 2026

You're enrolled as a member of Wellcare Patriot Simple (HMO).

This material describes changes to your 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 Patriot Simple (HMO).
- To change to a **different plan**, visit 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/AllwellTX or call Member Services at 1-800-977-7522 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 1-800-977-7522 (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 Patriot Simple (HMO)

- 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.
- When this material says “we,” “us,” or “our,” it means Superior Healthplan, Inc. When it says “plan” or “our plan,” it means Wellcare Patriot Simple (HMO).

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Wellcare Patriot Simple (HMO).** Starting January 1, 2026, you'll get your medical coverage through Wellcare Patriot Simple (HMO). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's), for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<p>Monthly plan premium*</p> <p>* Your premium can be higher than this amount. Go to Section 1.1 for details.</p>	\$0	\$0
<p>Maximum out-of-pocket amount</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>	\$3,450	\$3,400
<p>Primary care office visits</p>	\$0 copay per visit	\$0 copay per visit
<p>Specialist office visits</p>	\$10 copay per visit	\$10 copay per visit
<p>Inpatient hospital stays</p> <p>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>\$275 copay per day, for days 1 to 5 and a \$0 copay per day, for days 6 to 90 for each covered hospital stay \$0 copay for additional covered days.</p>	<p>For covered admissions, per admission:</p> <p>\$275 copay per day, for days 1 to 5 and a \$0 copay per day, for days 6 to 90 for each covered hospital stay \$0 copay for additional covered days.</p>

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

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 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount.	\$3,450	\$3,400 Once you've paid \$3,400 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.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* 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 Directory*:

- Visit our website at go.wellcare.com/2026providerdirectories.

- Call Member Services at 1-800-977-7522 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-977-7522 (TTY users call 711) for help.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Prior Authorizations	<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>If your benefit does or does not require a prior authorization, it may still require a referral from the plan.</p>	<p>Physician/Practitioner services, including doctor’s office visits - Additional telehealth services do(es) <u>not</u> require prior authorization.</p> <p>Vision care - Medicare-covered eyewear do(es) <u>not</u> require prior authorization.</p> <p>If your benefit does or does not require a prior authorization, it may still require a referral from the plan.</p>
Cardiac rehabilitation services - Intensive	You pay a \$25 copay for each Medicare-covered service.	You pay a \$65 copay for each Medicare-covered service.
Cardiac rehabilitation services	You pay a \$25 copay for each Medicare-covered service.	You pay a \$50 copay for each Medicare-covered service.

	2025 (this year)	2026 (next year)
Diagnostic Colonoscopy	You pay a \$0 copay for each Medicare-covered diagnostic colonoscopy in an outpatient hospital facility. You pay a \$150 copay for each Medicare-covered diagnostic colonoscopy in an ambulatory surgical center.	You pay a \$0 copay for each Medicare-covered diagnostic colonoscopy regardless of place of service.
Emergency services	You pay a \$140 copay for each Medicare-covered service. Copayment is waived if you are admitted to a hospital within 24 hours.	You pay a \$150 copay for each Medicare-covered service. Copayment is waived if you are admitted to a hospital within 24 hours.
Emergency services - Worldwide emergency coverage	You pay a \$140 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to the hospital.	You pay a \$150 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to the hospital.
Emergency services - Worldwide urgent coverage	You pay a \$140 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital.	You pay a \$150 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital.

	2025 (this year)	2026 (next year)
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)	<p>You pay a \$0 copay for post-acute meals.</p> <p>There is a maximum of 3 meals per day for up to 14 days for a total of 42 meals.</p>	<p>You pay a \$0 copay for post-acute meals.</p> <p>There is a maximum of 3 meals per day for 14-days for a total of 42 meals. Service must be requested within 45 days of discharge from your inpatient stay.</p>
Outpatient surgery - Ambulatory surgical center	<p>You pay a \$150 copay for each Medicare-covered service.</p>	<p>You pay a \$125 copay for each Medicare-covered service.</p>

	2025 (this year)	2026 (next year)
Outpatient hospital observation	You pay a \$140 copay for outpatient observation services when you enter observation status through an emergency room. You pay a \$200 copay for outpatient observation services when you enter observation status through an outpatient facility.	You pay a \$150 copay for outpatient observation services when you enter observation status through an emergency room. You pay a \$200 copay for outpatient observation services when you enter observation status through an outpatient facility.
Partial hospitalization and Intensive outpatient program services	You pay a \$130 copay per day for each Medicare-covered service.	You pay a \$175 copay per day for each Medicare-covered service.
Pulmonary Rehabilitation Services	You pay a \$20 copay for each Medicare-covered service.	You pay a \$40 copay for each Medicare-covered service.
Skilled nursing facility (SNF) care	For Medicare-covered admissions, per admission: You pay a \$0 copay per day, for days 1 to 20, a \$214 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.	For Medicare-covered admissions, per admission: 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.

	2025 (this year)	2026 (next year)
Supervised Exercise Therapy (SET)	You pay a \$20 copay for each Medicare-covered service.	You pay a \$30 copay for each Medicare-covered service.
Transportation services	<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>	Non-emergency medical transportation is <u>not</u> covered.
Wellcare Spendables®	<p>You pay a \$0 copay. You receive a \$126 quarterly allowance to be used towards over-the-counter (OTC) items. The allowance will be automatically loaded onto your Wellcare Spendables® card at the beginning of each quarter. Any unused allowance amount will expire at the end of every quarter.</p> <p>Over-the-Counter items (OTC) You can use your Wellcare Spendables® card on plan-approved</p>	<p>You pay a \$0 copay. You will receive a \$50 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</p>

	2025 (this year)	2026 (next year)
	<p>over-the-counter items. Your card can be used at participating retail locations, online or via mobile app for home delivery.</p> <p>Dental, Vision and Hearing Wellcare Spendables® card allowance cannot be used toward any dental, vision, or hearing service expenses.</p>	<p>(OTC) 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>Dental, Vision, and Hearing You may use your card to help reduce your out-of-pocket expenses for any 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>

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)
Membership disenrollment options	If you need to switch from our plan to Original Medicare or another Medicare Advantage plan, you need to	If you need to switch from our plan to Original Medicare or another

	2025 (this year)	2026 (next year)
	send us a written request to disenroll. For more details, please refer to your Chapter 8 of your Evidence of Coverage.	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 your Chapter 8 of your Evidence of Coverage.
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.

SECTION 3 How to Change Plans

To stay in Wellcare Patriot Simple (HMO), 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 Patriot Simple (HMO).

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 Patriot Simple (HMO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Wellcare Patriot Simple (HMO).
- **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/AllwellTX. Call Member Services at 1-800-977-7522 (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, 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 Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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

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 or
 - Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program (SPAP).** Texas has a program called Texas THMP State Pharmacy Assistance Program (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

SECTION 5 Questions?

Get Help from Wellcare Patriot Simple (HMO)

- **Call Member Services at 1-800-977-7522. (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, look in the 2026 *Evidence of Coverage* for Wellcare Patriot Simple (HMO). The *Evidence of Coverage* is the legal, detailed description of your 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/AllwellTX or call Member Services at 1-800-977-7522 (TTY users call 711) to ask us to mail you a copy.

- **Visit** go.wellcare.com/AllwellTX

Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Texas, the SHIP is called Texas Department of Aging and Disability Services (HICAP).

Call Texas Department of Aging and Disability Services (HICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Texas Department of Aging and Disability Services (HICAP) at 1-800-252-9240. Learn more about Texas Department of Aging and Disability Services (HICAP) by visiting <https://www.hhs.texas.gov/services/health/medicare>.

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**

You can chat live at 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**

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 or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.