



2026 Summary of Benefits

Texas

Wellcare Superior HealthPlan Dual Align (HMO D-SNP)

H0062 | 011

Wellcare Superior HealthPlan Dual Align (HMO D-SNP) | 2026 Summary of Benefits

Introduction

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

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If you have questions, please call Wellcare 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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A. Disclaimers



This is a summary of health services covered by Wellcare Superior HealthPlan Dual Align (HMO D-SNP) for 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can find the *Member Handbook* on our website at go.wellcare.com/SuperiorTX. To request a copy, please 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.

- ❖ 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.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Member Services number or see your *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.
- ❖ 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.
- ❖ 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.
- ❖ For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



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- ❖ For more information about STAR+PLUS you can check the: STAR+PLUS Medicaid program website www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus or contact the HHS Office of the Ombudsman at 866-566-8989 or TTY: 800-735-2989, 8 a.m. - 5 p.m., Monday through Friday.
- ❖ **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 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.



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- ❖ You can get this document 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. 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. The call is free.
- ❖ This document is available for free in Spanish.
- ❖ This document is available in languages other than English. For additional information, call us at 1-855-445-3556 (TTY: 711).
 - To always get this document and other material in another language or format, now and in the future, please call Member Services at the bottom of this page. We will document your choice. This is called a “standing request”.
 - If you later want to change the language and/or format choice, please call Member Services at the phone number on the bottom of this page.



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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently Asked Questions | Answers |
|------------------------------------|--|
| What's an integrated D-SNP? | An integrated Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage plan designed for individuals who are eligible for both Medicare and Medicaid known as “dual-eligible” individuals. These plans coordinate the delivery of Medicare and Medicaid benefits through a single health care organization, helping to streamline care and improve outcomes. |



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| Frequently Asked Questions | Answers |
|--|--|
| Will I get the same Medicare and Medicaid benefits in Wellcare Superior HealthPlan Dual Align (HMO D-SNP) that I get now? | <p>You'll get most of your covered Medicare and Medicaid benefits directly from Wellcare Superior HealthPlan Dual Align (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and Service Coordinator's assessment. Texas Health and Human Services Commission (HHSC) provides programs and services based on evidence-based practices to help individuals manage mental illness. These services are delivered through Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs). Contact your local county's LMHA or LBHA for specific service details.</p> <p>When you enroll in Wellcare Superior HealthPlan Dual Align (HMO D-SNP), you and your Service Coordinator will work together to develop a Service Plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you're taking any Medicare Part D drugs that Wellcare Superior HealthPlan Dual Align (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Wellcare Superior HealthPlan Dual Align (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p> |
| Can I use the same doctors I use now? (continued on the next page) | <p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Wellcare Superior HealthPlan Dual Align (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in Wellcare Superior HealthPlan Dual Align |



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| Frequently Asked Questions | Answers |
|---|---|
| <p>Can I use the same doctors I use now? (continued from previous page)</p> | <p>(HMO D-SNP)’s network. If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs.</p> <ul style="list-style-type: none"> • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Wellcare Superior HealthPlan Dual Align (HMO D-SNP)’s plan. If you get emergency care at an out-of-network hospital and need inpatient care after your emergency is stabilized, you must return to a network hospital for your care to continue to be paid for. You can stay in the out-of-network hospital for your inpatient care only if the plan approves your stay • If you join Wellcare Superior HealthPlan Dual Align (HMO D-SNP) from another health plan, we will work with your previous health plan to get your health information, like your service history, service authorizations, and other information about your current care. • If one or more of your providers is not part of our network, there are some instances when you can still see the provider you had before you joined our plan. If your provider is not in-network, they can join by calling Wellcare HealthPlan at 1-855-538-0454 or visiting us at www.wellcare.com/texas/forms/become-a-provider. <p>To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read Wellcare Superior HealthPlan Dual Align (HMO D-SNP)’s <i>Provider and Pharmacy Directory</i> on the plan’s website at go.wellcare.com/SuperiorTX.</p> <p>If Wellcare Superior HealthPlan Dual Align (HMO D-SNP) is new for you, we’ll work with you to develop an Individual Service Plan to address your needs.</p> |
| <p>What’s a Wellcare Superior HealthPlan Dual Align (HMO D-SNP) Service Coordinator?</p> | <p>A Wellcare Superior HealthPlan Dual Align (HMO D-SNP) Service Coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p> |



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| Frequently Asked Questions | Answers |
|--|---|
| <p>What are Long-term Services and Supports (LTSS)?</p> | <p>Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your Service Coordinator or care team will work with that agency.</p> |
| <p>What happens if I need a service but no one in Wellcare Superior HealthPlan Dual Align (HMO D-SNP)'s network can provide it?</p> | <p>Most services will be provided by our network providers. If you need a service that can't be provided within our network, Wellcare Superior HealthPlan Dual Align (HMO D-SNP) will pay for the cost of an out-of-network provider.</p> |
| <p>Where's Wellcare Superior HealthPlan Dual Align (HMO D-SNP) available?</p> | <p>The service area for this plan includes: Dallas County, TX. You must live in this area to join the plan.</p> |
| <p>What's prior authorization? (continued on the next page)</p> | <p>Prior authorization means an approval from Wellcare Superior HealthPlan Dual Align (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Wellcare Superior HealthPlan Dual Align (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Wellcare Superior HealthPlan Dual Align (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Wellcare Superior HealthPlan Dual Align (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p> |



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| Frequently Asked Questions | Answers |
|---|---|
| What's prior authorization? (continued from previous page) | If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help. |
| What's a referral? | <p>A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Wellcare Superior HealthPlan Dual Align (HMO D-SNP) may not cover the services. Wellcare Superior HealthPlan Dual Align (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>Refer to the <i>Member Handbook</i> to learn more about when you'll need to get a referral from your PCP.</p> |
| Do I pay a monthly amount (also called a premium) under Wellcare Superior HealthPlan Dual Align (HMO D-SNP)? | No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage. |
| Do I pay a deductible as a member of Wellcare Superior HealthPlan Dual Align (HMO D-SNP)? | No. You don't pay deductibles in Wellcare Superior HealthPlan Dual Align (HMO D-SNP). |
| What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Wellcare Superior HealthPlan Dual Align (HMO D-SNP)? | There's no cost sharing for medical services in Wellcare Superior HealthPlan Dual Align (HMO D-SNP), so your annual out-of-pocket costs will be \$0. |



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C. List of covered services

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

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|-------------------------------------|--|
| You need hospital care | Inpatient hospital stay | \$0 | Prior authorization may be required. Except in an emergency, your doctor must tell the plan you are going to be admitted to the hospital. |
| | Outpatient hospital services, including observation | \$0 | Prior authorization may be required. |
| | Ambulatory surgical center (ASC) services | \$0 | Prior authorization may be required. |
| | Doctor or surgeon care | \$0 | During an authorized hospital stay, doctor and surgeon care are covered. Prior authorization may be required. |
| You want a doctor (continued on the next page) | Visits to treat an injury or illness | \$0 | None. |
| | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | \$0 | None. |
| | Wellness visits, such as a physical | \$0 | None. |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--------------------------------------|--|-------------------------------------|--|
| You want a doctor (continued) | “Welcome to Medicare” (preventive visit one time only) | \$0 | None. |
| | Specialist care | \$0 | Prior authorization may be required. |
| You need emergency care | Emergency room services | \$0 | You may get covered emergency care from either in-network or out-of-network providers whenever you need it. You do not need prior authorization for emergency care. \$115 copay for worldwide emergency services. You are covered up to \$50,000 every year for worldwide emergency and urgent care services. |
| | Urgent care | \$0 | You may get covered urgent care from either in-network or out-of-network providers whenever you need it. You do not need prior authorization for urgent care. \$115 copay for worldwide urgent care services. You are covered up to \$50,000 every year for worldwide emergency and urgent care services. |
| You need medical tests | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | \$0 | Prior authorization may be required. |
| | Lab tests and diagnostic procedures, such as blood work | \$0 | Prior authorization may be required. |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--------------------------------------|-------------------------------------|---|
| <p>You need hearing/auditory services</p> | Hearing screenings | \$0 | Prior authorization may be required. |
| | Hearing aids | \$0 | <p>The plan covers:</p> <p>Fitting/evaluation – 1 every year</p> <p>Hearing aids – 2 (1 per ear) every year with a maximum allowance of \$1,000 per hearing aid</p> <p>Prior authorization may be required.</p> |
| <p>You need dental care (continued on the next page)</p> | Dental check-ups and preventive care | \$0 | <p>For members who qualify to receive dental benefits through the state, see the following link for more dental coverage information: https://www.hhs.texas.gov/handbooks/starplus-handbook/6500-dental-services</p> <p>Our plan covers routine dental care under the Medicare benefit for the following preventive services:</p> <ul style="list-style-type: none"> • Oral exam and cleaning – 2 every year • Dental X-rays* • Other diagnostic services* • Other preventive services* |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|--|-------------------------------------|---|
| <p>You need dental care (continued)</p> | | | <p>*Benefit frequency limits vary based on services you receive. Refer to the <i>Member Handbook</i> for more details.</p> <p>Prior authorization may be required.</p> |
| | <p>Restorative and emergency dental care</p> | <p>\$0</p> | <p>For members who qualify to receive dental benefits through the state, see the following link for more dental coverage information: https://www.hhs.texas.gov/handbooks/starplus-handbook/6500-dental-services</p> <p>Our plan covers routine dental care under the Medicare benefit for the following comprehensive services (limited to \$4,000 allowance every year):</p> <ul style="list-style-type: none"> • Restorative services* • Endodontics – 1 per tooth per lifetime • Periodontics* • Prosthodontics, removable and fixed* • Oral and maxillofacial surgery* • Adjunctive general services* <p>*Benefit frequency limits vary based on services you receive. Refer to the <i>Member Handbook</i> for more details.</p> <p>Prior authorization may be required.</p> |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|------------------------|---------------------------|-------------------------------------|--|
| You need eye care | Eye exams | \$0 | <p>One preventive eye exam is covered per year.</p> <p>Additional vision benefits may be available through your Spendables allowance.</p> <p>Prior authorization may be required for certain services.</p> |
| | Glasses or contact lenses | \$0 | <p>Up to \$400 per year toward contacts and glasses (including lenses and/or frames).</p> <p>Additional vision benefits may be available through your Spendables allowance.</p> <p>Prior authorization may be required for certain services.</p> |
| | Other vision care | \$0 | <p>Eye exams for diagnosis and treatment of diseases and injuries of the eye are covered.</p> <p>Prior authorization may be required.</p> |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|--|-------------------------------------|---|
| <p>You need mental or behavioral health services (continued on the next page)</p> | <p>Mental or behavioral health services</p> | <p>\$0</p> | <p>This plan covers mental health care services including, but not limited to, inpatient stay, outpatient counseling, partial hospitalization program and intensive outpatient program.</p> <p>Our plan also covers:</p> <ul style="list-style-type: none"> • Individual, group, and family therapy • Psychiatric evaluations and medication management • Care coordination and case management • Access to a large network of behavioral health providers including telehealth <p>Prior authorization may be required.</p> |
| | <p>Inpatient and outpatient care and community-based services for people who need mental health services</p> | <p>\$0</p> | <p>This plan covers mental health care services including, but not limited to, inpatient stay, outpatient counseling, partial hospitalization program and intensive outpatient program.</p> <p>Our plan also covers:</p> <ul style="list-style-type: none"> • Individual, group, and family therapy • Psychiatric evaluations and medication management |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|---|-------------------------------------|--|
| You need mental or behavioral health services (continued) | | | <ul style="list-style-type: none"> Care coordination and case management Access to a large network of behavioral health providers including telehealth <p>Prior authorization may be required.</p> |
| You need substance use disorder services | Substance use disorder services | \$0 | <p>Our plan covers services such as:</p> <ul style="list-style-type: none"> Group or individual counseling by a qualified clinician Treatment of drug abuse subacute detoxification in a residential addiction program Opioid treatment program (OTP) services <p>Prior authorization may be required.</p> |
| You need a place to live with people available to help you | Skilled nursing care | \$0 | Prior authorization may be required. |
| | Nursing home care | \$0 | Prior authorization may be required. |
| You need therapy after a stroke or accident | Occupational, physical, or speech therapy | \$0 | Prior authorization may be required. |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|--|-------------------------------------|--|
| <p>You need help getting to health services</p> | <p>Ambulance services</p> | <p>\$0</p> | <p>Ambulance services for emergencies do not require a referral or prior authorization and can be provided by an in-network or out-of-network provider.</p> <p>Prior authorization may be required for nonemergency ambulance services.</p> |
| | <p>Emergency transportation</p> | <p>\$0</p> | <p>Ambulance services for emergencies do not require a referral or prior authorization and can be provided by an in-network or out-of-network provider.</p> <p>Prior authorization may be required for nonemergency ambulance services.</p> |
| | <p>Transportation to medical appointments and services</p> | <p>\$0</p> | <p>Refer to Chapter 3, Section H and Chapter 4, Section D of the <i>Member Handbook</i> to learn more about Nonemergency Medical Transportation (NEMT) services.</p> <p>Prior authorization may be required.</p> |
| <p>You need drugs to treat your illness or condition (continued on the next page)</p> | <p>Medicare Part B drugs</p> | <p>\$0</p> | <p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p> <p>Prior authorization may be required.</p> |



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Wellcare Superior HealthPlan Dual Align (HMO D-SNP) | 2026 Summary of Benefits

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|---|--|---|
| <p>You need drugs to treat your illness or condition (continued) (continued on the next page)</p> | <p>Medicare Part D drugs</p> <p>Tier 1 (Preferred Generic)</p> <p>Tier 2 (Generic)</p> <p>Tier 3 (Preferred Brand)</p> <p>Tier 4 (None-Preferred Drug)</p> <p>Tier 5 (Specialty Tier)</p> <p>Tier 6 (Select Care Drugs)</p> | <p>Your copay for a one-month (30-day) supply depends on your level of Extra Help.</p> <p><u>For generic drugs (including brand drugs treated as generic), you pay</u></p> <ul style="list-style-type: none"> • \$0 copay or • \$1.60 copay or • \$5.10 copay for a one month supply <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>Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p> | <p>There may be limitations on the types of drugs covered. Please refer to Wellcare Superior HealthPlan Dual Align (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Once you or others on your behalf pay \$2,100 you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>Tier 5 drugs are limited to a 30-day supply per fill.</p> <p>An extended-day supply of some drugs is available through mail order and certain retail pharmacies. For more information, please refer to our <i>List of Covered Drugs</i> to view those drugs available for an extended-day supply.</p> |



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Wellcare Superior HealthPlan Dual Align (HMO D-SNP) | 2026 Summary of Benefits

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|------------------------------------|-------------------------------------|--|
| You need drugs to treat your illness or condition (continued) | Over-the-counter (OTC) drugs | \$0 | There may be limitations on the types of drugs covered. Please refer to Wellcare Superior HealthPlan Dual Align (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information. Over-the-counter items are now covered under Wellcare Spendables®. Please see the Wellcare Spendables® section in this chart for more information. |
| You need help getting better or have special health needs | Rehabilitation services | \$0 | Prior authorization may be required. |
| | Medical equipment for home care | \$0 | Prior authorization may be required. |
| | Dialysis services | \$0 | None. |
| You need foot care | Podiatry services | \$0 | Prior authorization may be required. |
| | Orthotic services | \$0 | Prior authorization may be required. |
| You need durable medical equipment (DME) (continued on the next page) | Wheelchairs, crutches, and walkers | \$0 | Prior authorization may be required. |
| | Nebulizers | \$0 | Prior authorization may be required. |



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Wellcare Superior HealthPlan Dual Align (HMO D-SNP) | 2026 Summary of Benefits

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|---|-------------------------------------|--|
| <p>You need durable medical equipment (DME) (continued)</p> <p>Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i>.</p> | Oxygen equipment and supplies | \$0 | Prior authorization may be required. |
| <p>You need help living at home</p> | Home health services | \$0 | Prior authorization may be required. |
| | Home services, such as cleaning or housekeeping, or home modifications such as grab bars | \$0 | <p>These services are available under Home and Community-Based Services (HCBS) program for eligible members.</p> <p>Prior authorization may be required.</p> |
| | Services to help you live on your own (home health care services or personal care attendant services) | \$0 | <p>These services are available under Personal Assistance Services (PAS) and Day Activity and Health Services (DAHS) for eligible members.</p> <p>Prior authorization may be required.</p> |



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Wellcare Superior HealthPlan Dual Align (HMO D-SNP) | 2026 Summary of Benefits

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|-------------------------------------|---|
| Additional services (continued on next page) | Chiropractic services | \$0 | Prior authorization may be required. |
| | Diabetes supplies and services | \$0 | Prior authorization may be required. |
| | Prosthetic services | \$0 | Prior authorization may be required. |
| | Radiation therapy | \$0 | Prior authorization may be required. |
| | Services to help manage your disease | \$0 | Prior authorization may be required. |
| | Home Telemonitoring for Certain Chronic Diseases | \$0 | Prior authorization may be required. |
| | Fitness | \$0 | <p>For a detailed list of wellness education program benefits offered, please refer to the <i>Member Handbook</i>.</p> <p>To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. You may access one or more gyms within the fitness network.</p> <p>Members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits.</p> |



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Wellcare Superior HealthPlan Dual Align (HMO D-SNP) | 2026 Summary of Benefits

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|---|
| Additional services (continued) (continued on the next page) | Social Support Platform | \$0 | <p>Our plan provides an online and app-based support platform for your overall well-being. The platform offers personalized therapeutic self-guided activities and programs to help manage stress, anxiety, and support your emotional and mental health.</p> <p>Engage in interactive activities, meditations and games tailored to your needs. The platform also features the ability to join social communities.</p> <p>Available online 24/7 - you can use it whenever you choose.</p> <p>For more information on how to access the social support platform please see your <i>Member Handbook</i>.</p> |
| | <p>Special Supplemental Benefits for the Chronically III (SSBCI)</p> <p>Benefits mentioned are a part of Special Supplemental Benefits for the Chronically III. Not all members will qualify. In addition to being high-risk, you must have one or more of the following chronic conditions: cancer, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, diabetes. There</p> | \$0 | <p>If eligible, you can use your Wellcare Spendables® allowance towards the additional benefits shown below. Once determined eligible these expanded benefits will be available in 7-10 business days. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card.</p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> • Gas pay-at-pump - You can use your card to pay for gas directly at the pump. |



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Wellcare Superior HealthPlan Dual Align (HMO D-SNP) | 2026 Summary of Benefits

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|---|-------------------------------------|--|
| <p>Additional services (continued) (continued on the next page)</p> | <p>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>The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount.</p> <ul style="list-style-type: none"> <p>Healthy Food - You can use your card to pay for healthy foods and produce at participating retailers. Delivery options for eligible grocery items may be available. Prepared meals and produce boxes are available for order via online portal.</p> <p>Home Assistance and Safety Items - You can use your card to help with the cost of home assistance and safety items, including installation. You can also use your card to help with the cost of pest and insect control. Log in to your member portal to purchase accepted items and view eligible services.</p> <p>Rent Assistance - You can use your card to help with the cost of rent/mortgage for your home.</p> <p>Utility Assistance - You can use your card to help with the cost of utilities for your home. Your card can be used toward</p> |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|-----------------------------|-------------------------------------|--|
| Additional services (continued) (continued on the next page) | | | utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet. |
| | Wellcare Spendables® | \$0 | <p>You will receive \$173 monthly 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) - Your card can be used at participating retail locations, through the mobile app, or online through your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items.</p> <p>Dental, Vision, and Hearing – You may use your card to help reduce your out-of-pocket expenses for eligible dental, vision, and hearing services.</p> <p>Benefits mentioned below are part of SSBCI. Not all members will qualify. You must meet eligibility criteria for the following plan benefits.</p> |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--------------------------------|-------------------------------------|--|
| Additional services (continued) | | | <p><u>If you qualify</u>, 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 • Pest Control Items and Services • Rent Assistance • Utility Assistance <p>Refer to Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits.</p> <p>For more information, limitations, and exclusions, please see your <i>Member Handbook</i>.</p> |
| | My Wellcare Rewards | \$0 | <p>With My Wellcare Rewards, you can earn up to \$100 by completing eligible health activities and portal activities through your member portal.</p> <p>Rewards will be loaded onto your Wellcare Spendables® card.</p> |
| Home and Community-Based Services (HCBS) program (for eligible members) (continued on the next page) | Respite Care (short-term care) | \$0 | <p>Limited to 30 visits per year.</p> <p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> |



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Wellcare Superior HealthPlan Dual Align (HMO D-SNP) | 2026 Summary of Benefits

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|------------------------------------|-------------------------------------|---|
| <p>Home and Community-Based Services (HCBS) program (for eligible members) (continued) (continued on the next page)</p> | | | <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p> <p>Respite care is also a Flexible Benefit offered for free on a limited basis to Wellcare Superior HealthPlan Dual Align (HMO D-SNP) non-waiver members.</p> <p>Up to an extra eight (8) hours of in-home respite services for Wellcare Superior HealthPlan Dual Align (HMO D-SNP) non- HCBS waiver members ages 21 and up with certain complex and chronic conditions. Prior authorization may be required.</p> |
| | Adult Foster Care | \$0 | <p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p> |
| | Adaptive Aids and Medical Supplies | \$0 | <p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> |



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Wellcare Superior HealthPlan Dual Align (HMO D-SNP) | 2026 Summary of Benefits

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|----------------------------------|-------------------------------------|---|
| Home and Community-Based Services (HCBS) program (for eligible members) (continued) (continued on the next page) | | | <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p> <p>Annual cost limit of this service is \$10,000 per waiver plan year. The \$10,000 cost limit may be waived by the HHSC upon request of the managed care organization.</p> |
| | Cognitive Rehabilitation Therapy | \$0 | <p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p> |
| | Employment Assistance | \$0 | <p>This service is only provided to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p> |
| | Financial Management Services | \$0 | Financial Management Services (FMS) is assistance to members with managing funds |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|-----------------------------|-------------------------------------|---|
| <p>Home and Community-Based Services (HCBS) program (for eligible members) (continued) (continued on the next page)</p> | | | <p>associated with services elected for the Consumer Directed Services (CDS) option and is provided by the financial management services agency (FMSA). This service includes initial orientation and ongoing training related to the responsibilities of being an employer and adhering to legal requirements for employers.</p> |
| | <p>Home Delivered Meals</p> | <p>\$0</p> | <p>Home-delivered meals are a Flexible Benefit offered for free on a limited basis to Wellcare Superior HealthPlan Dual Align (HMO D-SNP) non-waiver members.</p> <p>Ten (10) home-delivered meals each year, after getting out of the hospital or nursing facility for Wellcare Superior HealthPlan Dual Align (HMO D-SNP) non-HCBS waiver members ages 21 and up. Referral may be required.</p> <p>This service is also provided to members enrolled in the HCBS STAR+PLUS waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p> <p>The meal provides a minimum of one-third of the current recommended dietary allowance for the member as adopted by the United States Department of Agriculture.</p> |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|-------------------------------------|--|
| Home and Community-Based Services (HCBS) program (for eligible members) (continued) (continued on the next page) | | | <p>The Plan also offers home-delivered meals immediately following an inpatient hospital stay to aid in a member's recovery. The total benefit offers 3 meals per day with a duration of 14-days, having a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.</p> <p>Referral may be required.</p> |
| | Minor Home Modifications | \$0 | <p>The minor home modifications benefit is subject to a \$7,500 lifetime limit and \$300 annually for repairs.</p> <p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p> |
| | Hearing therapy | \$0 | Prior authorization may be required. |
| | Support Consultation (optional service that offers practical skills training and assistance) | \$0 | <p>This service is only provided to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> |
| Home and Community-Based | | | |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|---|
| Services (HCBS) program (for eligible members) (continued) | | | Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver. |
| | Supported Employment Services (assistance provided to sustain competitive employment) | \$0 | This service is only provided to members enrolled in the HCBS STAR+PLUS waiver services. You must be found eligible to receive waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver. |
| | Transition Assistance Services | \$0 | This service is only provided to members enrolled in the HCBS STAR+PLUS waiver services. You must be found eligible to receive waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver. \$2,500 lifetime limit. |



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Wellcare Superior HealthPlan Dual Align (HMO D-SNP) | 2026 Summary of Benefits

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|------------------------------------|-------------------------------------|--|
| Community First Choice (CFC) services (for eligible members) (continued on the next page) | Personal Assistance Services (PAS) | \$0 | Community First Choice (CFC) includes personal assistance services in a community setting for eligible Medicaid Members in STAR+PLUS who have received a Level of Care (LOC) determination. |
| | Habilitation Services | \$0 | Community First Choice (CFC) Habilitation, acquisition, maintenance and enhancement of skills in a community setting for eligible Medicaid Members in STAR+PLUS who have received a Level of Care (LOC) determination |
| | Emergency Response Services (ERS) | \$0 | <p>Prior authorization may be required.</p> <p>Community First Choice (CFC) includes emergency response services in a community setting for eligible Medicaid Members in STAR+PLUS who have received a Level of Care (LOC) determination.</p> <p>As a Flexible Benefit, round-the-clock emergency response services are also available for Wellcare Superior HealthPlan Dual Align (HMO D-SNP) ages 21 and up, for up to 6 months after discharge from a hospital or nursing facility back into the community setting.</p> |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|-------------------------------------|--|
| Community First Choice (CFC) services (for eligible members) (continued) | Support Management (training for members/authorized representatives on how to manage and dismiss their attendants) | \$0 | Community First Choice (CFC) includes support management provided in a community setting for eligible Medicaid Members in STAR+PLUS who have received a Level of Care (LOC) determination. |
| Day Activity and Health Services (DAHS) | Nursing and personal assistance services | \$0 | Prior authorization may be required. |
| | Therapy extension services | \$0 | Prior authorization may be required. |
| | Nutrition services | \$0 | Prior authorization may be required. |
| | Transportation services | \$0 | Prior authorization may be required. |
| | Other supportive personal assistance services | \$0 | Prior authorization may be required. |

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Wellcare Superior HealthPlan Dual Align (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit go.wellcare.com/SuperiorTX.



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

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

| Other services covered by Medicare, Medicaid, or a State Agency | Your costs |
|--|------------|
| Pre-admission screening and resident review (PASRR) | \$0 |
| Certain hospice care services covered outside of Wellcare Superior HealthPlan Dual Align (HMO D-SNP) | \$0 |

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

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

| Services Wellcare Superior HealthPlan Dual Align (HMO D-SNP), Medicare, and Medicaid don't cover | |
|---|--|
| Services considered not "reasonable and necessary," according to the standards of Medicare and Texas Medicaid, unless these services are listed by our plan as covered services. | Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it |
| Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary. | Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community. |
| Surgical treatment for morbid obesity, except when it is medically necessary and Medicare pays for it. | Radial keratotomy, LASIK surgery, and other low-vision aids. |



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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| Services Wellcare Superior HealthPlan Dual Align (HMO D-SNP), Medicare, and Medicaid don't cover | |
|--|---|
| Services provided to veterans in Veterans Affairs (VA) facilities. However, when a veteran gets emergency services at VA hospital and the VA cost sharing is more than the cost sharing under our plan, we will reimburse the veteran for the difference. Members are still responsible for their cost of sharing amounts. | Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease. |
| Naturopath services (the use of natural or alternative treatments). | A private room in a hospital, except when it is medically necessary. |
| Personal items in your room at a hospital or a nursing facility, such as a telephone or a television. | Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease. |
| Full-time nursing care in your home. | Reversal of sterilization procedures and non-prescription contraceptive supplies. |
| Private duty nurses. | Fees charged to your immediate relatives or members of your household. |
| Homemaker services, including basic household assistance, light cleaning or making meals. | |

F. Your rights as a member of the plan

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

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge



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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- Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and service coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they're covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. Wellcare Superior HealthPlan Dual Align (HMO D-SNP) will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:



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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- Get emergency services without prior authorization in an emergency
- Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - Ask for an IMR of Medicaid services or items that are medical in nature
 - Appeal certain decisions made by HHSC or our providers
 - Ask for a State Fair Hearing
 - Get a detailed reason for why services were denied
 - If you've tried to resolve your complaint with Wellcare Superior HealthPlan Dual Align (HMO D-SNP) and believe the matter remains unresolved, you can contact the Office of the Ombudsman at 1-866-566-8989 and TTY: 1-800-735-2989.

For more information about your rights, you can read Chapter 9 of the *Member Handbook*. If you have questions, you can call Wellcare Superior HealthPlan Dual Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the special Ombudsperson for people who have Medicare and Medicaid at 1-800-252-2412, TTY: 711, 8 a.m. - 5 p.m., Monday – 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.

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

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

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

To file a complaint, grievance, or appeal with our plan, you can call us 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.

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.

Appeals for Part D (Drugs)

Attn: Pharmacy Appeals
P.O. Box 31383
Tampa, FL 33631-3383

Phone: 1-855-445-3556 (TTY: 711)

Appeals for Part C (Medical and Part B Drugs)

Member Appeals & Grievances Medicare Operations
Appeals Department Medical
P.O. Box 10052
Van Nuys, CA 91410-0052

Phone: 1-855-445-3556 (TTY: 711)

Complaints and Grievances for Part C (Medical and Part B Drugs) and Part D Drugs

Appeals & Grievances Medicare Operations
Grievance Department
P.O. Box 10450
Van Nuys, CA 91410-0050

Phone: 1-855-445-3556 (TTY: 711)



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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You can also contact Texas Health and Human Services (HHS) Office of the Ombudsman, for help with complaints or resolving problems.

- Call 1-866-566-8989, TTY users call 7-1-1 or Relay Texas
- Visit HHS Office of the Ombudsman website at www.hhs.texas.gov/services/your-rights/hhs-office-ombudsman

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Wellcare Superior HealthPlan Dual Align (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.

Or, call the Medicaid Customer Service Center at 1-877-541-7905. TTY users may call 711.

- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

Or, call the Office of Inspector General (OIG) Hotline at 1-800-436-6184; or visit oig.hhs.texas.gov/ and click “Report Fraud” to complete the online form.



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.

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

1-855-445-3556

Calls to this number are free. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. If you leave a voicemail message, please include your name, and telephone number and a team member will return your call within one (1) business day.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. 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.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call the Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (*Example:* convenience care, urgent care, emergency room). The number for the Nurse Advice Line is:

1-844-796-6811

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

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

TTY: 711

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

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

1-855-445-3556

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

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

TTY: 711

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

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 مجاناً 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 फ़ॉर्मेट 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 ìrànńlọ̀wọ̀ tí èdè wà nílẹ̀ fún ọ̀ lófẹ̀ẹ̀. Àwọn isẹ̀ àtì àwọn ìrànńwọ̀ arannílọ̀wọ̀ tóyẹ̀ láti pèsè ìwífúnni ní àwọn ọ̀nà kíkọ̀sílẹ̀ tóṣeé ráàyè sí tún wà nílẹ̀ bákan náà lófẹ̀ẹ̀ láisan owó rárá. 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 bema wo wo akwan bebree so nso wo ho a wontua hwee. Frɛ 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 టూల్లు, 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।

मराठी लक्ष असू द्या: 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 ഓക്സിലിയറി സഹായങ്ങളും സേവനങ്ങളും ലഭ്യമാണ്. 1-855-445-3556 (TTY: 711) എന്ന നമ്പറിൽ വിളിക്കുക.



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-844-480-0680 (TTY 711). Hours are Sunday-Saturday, 8 am to 8 pm.

Understanding the Benefits

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

Understanding Important Rules

- Benefits may change on January 1, 2027.
- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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.