

## Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) offered by Celtic Insurance Company

### Annual Notice of Change for 2026

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

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

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Wellcare Delaware First Health Dual Align (HMO-POS D-SNP).
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [go.wellcare.com/DEFIRST](http://go.wellcare.com/DEFIRST) or call Member Services at 1-844-536-2167 (TTY users call 711) to get a copy by mail.

#### More Resources

- Call Member Services at 1-844-536-2167 (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 Delaware First Health Dual Align (HMO-POS D-SNP)

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal. Our plan also has a written agreement with the Delaware Medicaid program to coordinate your Medicaid benefits.
- When this material says “we,” “us,” or “our,” it means Celtic Insurance Company. When it says “plan” or “our plan,” it means Wellcare Delaware First Health Dual Align (HMO-POS D-SNP).
- On January 1, 2026, our plan name will change from Wellcare Dual Liberty (HMO-POS D-SNP) to Wellcare Delaware First Health Dual Align (HMO-POS D-SNP). We'll send you a new member ID card with our new name. From here on, our new name, Wellcare Delaware First Health Dual Align (HMO-POS D-SNP), will be on all materials.

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Wellcare Delaware First Health Dual Align (HMO-POS D-SNP).** Starting January 1, 2026, you'll get your medical and drug coverage through Wellcare Delaware First Health Dual Align (HMO-POS D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium can be higher than this amount. Go to Section 1.1 for details.</p> <p>Because you get Extra Help, you do not pay a premium for this plan.</p>	\$0	\$0
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go To Section 1.2 for details.)</p>	<p>\$9,350</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p><b>\$9,250</b></p> <p><b>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</b></p>
<b>Primary care office visits</b>	\$0 copay per visit	<b>\$0 copay per visit</b>
<b>Specialist office visits</b>	\$0 copay per visit	<b>\$0 copay per visit</b>
<p><b>Inpatient hospital stays</b></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>\$0 copay for each covered hospital stay</p>	<p><b>For covered admissions, per admission:</b></p> <p><b>\$0 copay for each covered hospital stay</b></p>

## Annual Notice of Change for 2026

	2025 (this year)	2026 (next year)
<b>Part D drug coverage deductible</b> (Go to Section 1.7 for details.)	\$0	\$0
<b>Part D drug coverage</b> (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<p>Copayment during the Initial Coverage Stage: \$0 copay for all covered Part D drugs.</p> <p>Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p><b>Copayment during the Initial Coverage Stage: \$0 copay for all covered Part D drugs.</b></p> <p><b>Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.</b></p>

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

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### Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium unless it's paid for you by Delaware Medicaid.)  Because you get Extra Help, you do not pay a premium for this plan.	\$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)
<p><b>Maximum out-of-pocket amount</b></p> <p>Because our members also get help from Delaware Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount.</p> <p>Your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount.</p>	\$9,350	<p><b>\$9,250</b></p> <p><b>Once you've paid \$9,250 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</b></p>

### Section 1.3 Changes to the Provider Network

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

- Visit our website at [go.wellcare.com/2026providerdirectories](https://go.wellcare.com/2026providerdirectories).
- Call Member Services at 1-844-536-2167 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider & Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-844-536-2167 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your Evidence of Coverage.

### Section 1.4 Changes to the Pharmacy Network

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

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

- Visit our website at [go.wellcare.com/2026providerdirectories](http://go.wellcare.com/2026providerdirectories).
- Call Member Services at 1-844-536-2167 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider & Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-844-536-2167 (TTY users call 711) for help.

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

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

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

## Annual Notice of Change for 2026

	2025 (this year)	2026 (next year)
	If your benefit does or does not require a prior authorization, it may still require a referral from the plan.	<b>If your benefit does or does not require a prior authorization, it may still require a referral from the plan.</b>
<b>Routine dental services - Comprehensive dental services</b>	Up to a \$2,000 allowance for all in-network and out-of-network covered comprehensive dental services every year.	<b>Up to a \$3,000 allowance for all in-network and out-of-network covered comprehensive dental services every year.</b>
<b>Routine dental services - Comprehensive dental services - Adjunctive general services</b>	Limited to 1 adjunctive general service(s) every date of service to 24 months depending on type of service.	<b>Limited to 1 adjunctive general service(s) every date of service to 5 plan years depending on type of service.</b>
<b>Emergency services - Worldwide emergency coverage</b>	You pay a \$110 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to the hospital.	<b>You pay a \$115 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to the hospital.</b>
<b>Emergency services - Worldwide urgent coverage</b>	You pay a \$110 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital.	<b>You pay a \$115 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital.</b>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Fitness benefit</b>	<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. A wearable fitness tracker is included as one of those choices.</p>	<p><b>You pay a \$0 copay for the fitness benefit.</b></p> <p><b>The fitness benefit offers access to participating fitness centers, provides digital resources through virtual classes, on-demand videos and a mobile app. For members who do not live near a participating fitness center or prefer to exercise at home, can choose from available at home kits to be shipped to them at no cost.</b></p>
<b>Hearing services - Hearing aids</b>	<p>Up to a \$500 allowance per ear every year for hearing aids.</p>	<p><b>Up to a \$2,000 allowance per ear every year for hearing aids.</b></p>
<b>Meals - Post-acute (limitations and exclusions apply)</b>	<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><b>You pay a \$0 copay for post-acute meals.</b></p> <p><b>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.</b></p>

	<p style="text-align: center;"><b>2025 (this year)</b></p>	<p style="text-align: center;"><b>2026 (next year)</b></p>
<p><b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b> Benefits mentioned are a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. In addition to being high-risk, you must have one or more of the following chronic conditions: cancer, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, diabetes. There are other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us or see the plan’s Evidence of Coverage.</p>	<p>SSBCI benefits are <u>not</u> offered.</p>	<p><b>If you qualify for SSBCI, you may use your monthly Wellcare Spendables® allowance on the benefits shown below. The allowance is combined with your over-the-counter (OTC), Dental, Vision, and Hearing benefit. Once determined eligible these expanded benefits will be available in 7-10 business days.</b></p> <p><b>You pay a \$0 copay. See the Wellcare Spendables® benefit row in this chart for more information about the Wellcare Spendables® card.</b></p> <p><b>Gas pay-at-pump</b> <b>If eligible, you can use your Wellcare Spendables® card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used to pump gas up to the available allowance amount.</b></p> <p><b>Healthy Food</b> <b>If eligible, you can use your Wellcare Spendables® card to help pay for approved healthy and nutritious foods and produce at</b></p>

	<p style="text-align: center;"><b>2025 (this year)</b></p>	<p style="text-align: center;"><b>2026 (next year)</b></p>
		<p>participating retailers. Prepared meals and produce boxes are available for order via the online portal. The allowance cannot be used to buy tobacco or alcohol. Approved items include:</p> <ul style="list-style-type: none"> <li>• Meat and poultry</li> <li>• Fruits and vegetables</li> <li>• Nutritional drinks</li> </ul> <p><b>Home Assistance and Safety Items</b> If eligible, you can use your card to help with the cost of home assistance and safety items, including installation services for certain products. Approved items and services include:</p> <ul style="list-style-type: none"> <li>• Grab bars or doorknobs and non-slip floor coverings</li> <li>• Safety chairs and bathroom modification aids</li> <li>• Portable air conditioning and air quality products</li> <li>• Pest and insect control supplies and in-home treatments</li> </ul>

	2025 (this year)	2026 (next year)
		<p><b>Utility Assistance</b> If eligible, you can use your Wellcare Spendables® card to help pay for plan approved utilities for your home including:</p> <ul style="list-style-type: none"> <li>• Electric, gas, sanitary / trash, and water utilities services</li> <li>• Landline and cell phone service</li> <li>• Internet service</li> <li>• Cable TV (excluding streaming services)</li> <li>• Certain petroleum expenses, such as home heating oil</li> </ul> <p><b>Rent Assistance</b> If eligible, you can use your Wellcare Spendables® card to help with the cost of rent for your home.</p>

	2025 (this year)	2026 (next year)
<b>Transportation services</b>	Non-emergency medical transportation is <u>not</u> covered.	<b>You pay a \$0 copay for 12 non-emergency trips within our service area every year. Rides (also called “trips”) are limited to 100 miles one-way. For routine care, call up to 1 month and at least 3 days in advance. Same day rides are subject to availability. A trip is considered one-way transportation by taxi, passenger car, wheelchair van or rideshare services to a healthcare location.</b>
<b>Value-Based Insurance Design (VBID) Model</b>	<p>You pay a \$0 copay. Because your plan participates in the Value-Based Insurance Design Program, you can use your Wellcare Spendables® allowance towards benefits shown below:</p> <ul style="list-style-type: none"> <li>• Gas pay-at-pump: Pay for gas directly at the pump</li> <li>• Healthy Food: Approved healthy and nutritious foods and produce at participating retailers</li> <li>• Home Improvement Items: Help with the cost of home improvement and safety items</li> </ul>	<b>Value-Based Insurance Design Model benefits are <u>not</u> offered.</b>

	<p style="text-align: center;"><b>2025 (this year)</b></p>	<p style="text-align: center;"><b>2026 (next year)</b></p>
	<ul style="list-style-type: none"> <li>• Rent Assistance: Cost of rent for your home</li> <li>• Utility Assistance: Plan approved utilities for your home</li> </ul> <p>See the Wellcare Spendables® benefit row in this chart for more information about the Wellcare Spendables® card.</p> <p>Medicare approved Wellcare to provide these benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.</p>	
<p><b>Wellcare Spendables®</b></p>	<p>You pay a \$0 copay. You receive a \$180 monthly allowance to be used towards certain benefits.</p> <p>See Value-Based Insurance Design (VBID) Model benefit row in this chart for information about the VBID program benefit changes.</p> <p><b>Over-the-Counter items (OTC)</b> You can use your card at participating retail locations, through the mobile app, or by</p>	<p><b>You pay a \$0 copay. You will receive a \$233 monthly allowance preloaded on your Wellcare Spendables® card to spend on OTC items, Dental, Vision, and Hearing services. Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year.</b></p> <p><b>Your card allowance can be used towards:</b></p> <p><b>Over-the-Counter items</b></p>

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

	2025 (this year)	2026 (next year)
		<ul style="list-style-type: none"><li>• Pest Control Items and Services</li></ul> <p>See Special Supplemental Benefits for the Chronically Ill (SSBCI) benefit row in this chart for more information on these benefits.</p>

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

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

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier.

**Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-844-536-2167 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30th, 2025, call Member Services at 1-844-536-2167 (TTY users call 711) and ask for the *LIS Rider*.

### Drug Payment Stages

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

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

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

- **Stage 3: Catastrophic Coverage**

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

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

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
<b>Yearly Deductible</b>	Because we have no deductible, this payment stage doesn't apply to you.	<b>Because we have no deductible, this payment stage doesn't apply to you.</b>

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

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

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

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

	2025 (this year)	2026 (next year)
<b>All Covered Drugs:</b>	You pay a \$0 copay for all covered Part D drugs.  Your cost for a one-month (30-day) mail-order prescription is \$0.	<b>You pay a \$0 copay for all covered Part D drugs.</b>  <b>A one-month (30-day) mail-order prescription is <u>not</u> covered.</b>

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

**Changes to your VBID Part D Benefit**

Description	2025 (this year)	2026 (next year)
<p><b>Part D Cost-sharing Elimination</b></p>	<p>Because you qualify for Part D cost-sharing elimination under Value-Based Insurance Design (VBID), you pay nothing for all covered Part D drugs.</p> <p>Medicare approved Wellcare to provide these benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.</p>	<p>The VBID benefit will no longer be offered. However, you will continue to receive cost-sharing elimination through our Medicaid Value-Added Benefit (VAB).</p> <p>With our Medicaid Value-Added Benefit (“\$0 Pharmacy Co-Pays for Duals”), you do not pay pharmacy copays.</p> <p>There may be limitations on the types of drugs covered. Please refer to Wellcare Delaware First Health Dual Align (HMO-POS D-SNP)’s List of Covered Drugs (Drug List) 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)
<p><b>Advance Coverage Determination Request</b></p>	<p>Members could request a Coverage Determination prior to the upcoming benefit year effective date.</p>	<p><b>Members can request a Coverage Determination on or after 1/1/2026. Any request submitted prior to this date will only be</b></p>

	2025 (this year)	2026 (next year)
		<b>evaluated for the current benefit year.</b>
<b>Level 1 Appeals</b>	You can file a Level 1 standard appeal with us through a written request. For more details, please refer to Chapter 9 of your Evidence of Coverage.	<b>You can file a Level 1 standard appeal with us through a written request or by calling Member Services. For more details, please refer to Chapter 9 of your Evidence of Coverage.</b>
<b>Membership disenrollment options</b>	If you need to switch from our plan to Original Medicare or another Medicare Advantage plan, you need to send us a written request to disenroll. For more details, please refer to Chapter 10 of your Evidence of Coverage.	<b>If you need to switch from our plan to Original Medicare or another Medicare Advantage plan, you can send us a written request to disenroll or visit our website to disenroll online. For more details, please refer to Chapter 10 of your Evidence of Coverage.</b>
<b>Preferred Part B diabetic products</b>	OneTouch™ is our preferred diabetic testing supplies (glucose monitors & test strips) brand. Other brands are not covered unless medically necessary and authorized.	<b>Accu-Chek Guide™ and True Metrix™ are our preferred diabetic testing supplies (glucose monitors &amp; test strips) brands. Other brands are not covered unless medically necessary and authorized.</b>

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## SECTION 3 How to Change Plans

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

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

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Wellcare Delaware First Health Dual Align (HMO-POS D-SNP).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Wellcare Delaware First Health Dual Align (HMO-POS D-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online at [go.wellcare.com/DEFIRST](https://go.wellcare.com/DEFIRST). Call Member Services at 1-844-536-2167 (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](https://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 Delaware Medicaid

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

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

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

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

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

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
  - Your State Delaware Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Delaware has a program called Delaware Prescription Assistance Program (DPAP) 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](http://shiphelp.org), or call 1-800-MEDICARE.

## SECTION 5 Questions?

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### Get Help from Wellcare Delaware First Health Dual Align (HMO-POS D-SNP)

- **Call Member Services at 1-844-536-2167. (TTY users call 711.)**

We're available for phone calls. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Wellcare Delaware First Health Dual Align (HMO-POS D-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [go.wellcare.com/DEFIRST](http://go.wellcare.com/DEFIRST) or call Member Services at 1-844-536-2167 (TTY users call 711) to ask us to mail you a copy.

- **Visit [go.wellcare.com/DEFIRST](http://go.wellcare.com/DEFIRST)**

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

### Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Delaware, the SHIP is called Delaware Medicare Assistance Bureau (DMAB).

Call Delaware Medicare Assistance Bureau (DMAB) to get free personalized health insurance counseling. They can help you understand your Medicare and Delaware Medicaid plan choices and answer questions about switching plans. Call Delaware Medicare Assistance Bureau (DMAB) at 1-800-336-9500. Learn more about Delaware Medicare Assistance Bureau (DMAB) by visiting (<https://insurance.delaware.gov/>).

## 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](http://www.Medicare.gov)**

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

- **Write to Medicare**

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

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

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

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

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

## Get Help from Delaware Medicaid

Call Delaware Medicaid at 1-866-843-7212 from 8 a.m. - 4:30 p.m. ET, Monday - Friday. TTY users call 711 for help with Delaware Medicaid enrollment or benefit questions.

**New members to Wellcare Delaware First Health Dual Align (HMO-POS D-SNP):** In most instances you'll be enrolled in Wellcare Delaware First Health Dual Align (HMO-POS D-SNP) for your Medicare benefits the 1st day of the month after you request to be enrolled in Wellcare Delaware First Health Dual Align (HMO-POS D-SNP). You may still receive your Delaware Medicaid from your previous Delaware Medicaid health plan for one additional month. After that, you'll receive your Delaware Medicaid services through Wellcare Delaware First Health Dual Align (HMO-POS D-SNP). There will be no gap in your Delaware Medicaid coverage. Please call Member Services at 1-844-536-2167 (TTY users call 711) if you have any questions.

**Wellcare** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy and sexual orientation). **Wellcare** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy and sexual orientation).

### **Wellcare**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, contact us at 1-844-415-0010 (TTY: 711). From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that **Wellcare** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy and sexual orientation), you can file a grievance with:

**1557 Coordinator**

**PO Box 31384, Tampa, FL 33631**

**855-577-8234**

**TTY: 711**

**FAX: 866-388-1769**

**SM\_Section1557Coord@centene.com**

You can file a grievance by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>

## 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 1-844-415-0010 (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 1-844-415-0010 (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 1-844-415-0010（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 1-844-415-0010 (TTY：711)。

Kreyòl Ayisyen ATANSYON: Sèvis èd gratis pou lang disponib pou ou. Aparèy oksilyè ki bay asistans ak sèvis ki apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nan 1-844-415-0010 (TTY: 711).

Yorùbá ÀKÍYÈSÍ: Àwọn iṣẹ̀ ìránílówọ̀ tí èdè wà nílẹ̀ fún ọ̀ lófẹ̀ẹ̀. Àwọn iṣẹ̀ àtí àwọn ìránílówọ̀ arannílówọ̀ tóyẹ̀ láti pèsè iwífúnni ní àwọn ọ̀nà kíkọ̀silẹ̀ tóṣeé ráàyè sí tún wà nílẹ̀ bákan náà lófẹ̀ẹ̀ láisan owó rára. Pe 1-844-415-0010 (TTY: 711).

Twi HYE NO NSO: Kasa ho mmoa dwumadie ahodoɔ wo ho ma wo a wontua hwee. Nneɛma a ebeboa wo ama wate nsem ne dwumadie ahodoɔ a ede nsem beɛma wo wo akwan bebree so nso wo ho a wontua hwee. Fre 1-844-415-0010 (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 1-844-415-0010 (TTY: 711).

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 1-844-415-0010 (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 1-844-415-0010 (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. 1-844-415-0010 (TTY: 711) पर कॉल करें.

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجانًا مساعدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-844-415-0010 (TTY: 711).

ગુજરાતી ધ્યાન આપવાની જરૂર છે: તમારા માટે ભાષા સંબંધી સહાયતાની મફત સેવાઓ ઉપલબ્ધ છે. ઍક્સેસ કરી શકાય તેવાં ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-844-415-0010 (TTY: 711) પર કૉલ કરો.

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 1-844-415-0010 (TTY: 711).

ידיש אויפֿמערקזאמקייט: פרייע שפראך הילף סערוויסעס זענען פֿאַר אײַך פֿאַראַן. פֿאַסיקע הילפֿסמיטלען און סערוויסעס צו צושטעלן אינפֿאָרמאַציע אין צוגענגלעכע פֿאָרמאַטן זענען אויך פֿאַראַן פֿרײַ פֿון אָפֿצאַל. 1-844-415-0010 (TTY: 711).

Pennsylvania Deitsch GEB ACHT: Schprooch Hilfe sin meeglich mitaus Koscht. Rechtliche Auxiliary Aids un Hilfe um Information zu gewwe in helfreiche Formats sin aa meeglich mit aus Koscht. Ruf 1-844-415-0010 (TTY: 711).

Kiswahili TANBIHI: Huduma za usaidizi wa lugha zinapatikana bila malipo kwako. Nyenzo na huduma sahihi za usaidizi za kutoa maelezo katika miundo inayoweza kufikiwa pia zinapatikana bila malipo. Piga simu 1-844-415-0010 (TTY: 711).

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: 1-844-415-0010 (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. 1-844-415-0010 (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. 1-844-415-0010 (TTY: 711)번으로 전화해 주십시오.