

## Wellcare 'Ohana Dual Align (HMO-POS D-SNP) offered by Wellcare Health Insurance Of Arizona, Inc. (Wellcare By 'Ohana Health Plan)

### Annual Notice of Change for 2026

You're enrolled as a member of Wellcare 'Ohana Dual Align (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 'Ohana 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/OhanaHI](http://go.wellcare.com/OhanaHI) or call Member Services at 1-888-846-4262 (TTY users call 711) to get a copy by mail.

#### More Resources

- This material is available for free in Chinese, Korean, Hmong, Tagalog, Laotian, Cambodian/Khmer, Vietnamese, Hawaiiin, Japanese, Karen, Samoan, Thai, Turkish, Uzbek, Ilocano, and Burmese.
- Call Member Services at 1-888-846-4262 (TTY users call 711) for more information. Hours are: Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 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 'Ohana Dual Align (HMO-POS D-SNP)

- 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. 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 Hawaii Medicaid program to coordinate your Medicaid benefits.
- When this material says “we,” “us,” or “our,” it means Wellcare Health Insurance Of Arizona, Inc. When it says “plan” or “our plan,” it means Wellcare 'Ohana Dual Align (HMO-POS D-SNP).

Annual Notice of Change for 2026

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- On January 1, 2026, Wellcare Health Insurance Of Arizona, Inc. will be combining Wellcare 'Ohana Dual Align (HMO-POS D-SNP) with one of our plans, Wellcare 'Ohana Dual Align (HMO-POS D-SNP). This material tells you about the differences between your current benefits in Wellcare 'Ohana Dual Align (HMO-POS D-SNP) and the benefits you'll have on January 1, 2026 as a member of Wellcare 'Ohana Dual Align (HMO-POS D-SNP).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Wellcare 'Ohana Dual Align (HMO-POS D-SNP).** Starting January 1, 2026, you'll get your medical and drug coverage through Wellcare 'Ohana 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>
<p><b>Primary care office visits</b></p>	\$0 copay per visit	<b>\$0 copay per visit</b>
<p><b>Specialist office visits</b></p>	\$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>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Part D drug coverage deductible</b> (Go to Section 1.7 for details.)</p>	\$0	<b>\$0</b>
<p><b>Part D drug coverage</b> (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)</p>	<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 Hawaii Med-QUEST Division Program (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 Hawaii Med-QUEST Division Program (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://www.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://www.wellcare.com/2026providerdirectories).
- Call Member Services at 1-888-846-4262 (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 1-888-846-4262 (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](https://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](https://go.wellcare.com/2026providerdirectories).
- Call Member Services at 1-888-846-4262 (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 1-888-846-4262 (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>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>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,	SSBCI benefits are <u>not</u> offered.	<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>  <b>You pay a \$0 copay. See the Wellcare Spendables® benefit row in this chart for more information about the Wellcare Spendables® card.</b>

	2025 (this year)	2026 (next year)
<p>please contact us or see the plan's Evidence of Coverage.</p>		<p><b>Gas pay-at-pump</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.</p> <p><b>Healthy Food</b>                      If eligible, you can use your Wellcare Spendables® card to help pay for approved healthy and nutritious foods and produce at participating retailers. Prepared meals and produce boxes are available for order via the online portal. The allowance cannot be used to buy tobacco or alcohol.                      Approved items include:</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</p>

	2025 (this year)	2026 (next year)
		<p>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> <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> </ul>

	2025 (this year)	2026 (next year)
		<ul style="list-style-type: none"> <li>• <b>Certain petroleum expenses, such as home heating oil</b></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>
<p><b>Value-Based Insurance Design (VBID) Model</b></p>	<p>You pay a \$0 copay. Because your plan participates in the Value-Based Insurance Design Program, you can use your Wellcare Spendables® allowance towards 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> <li>• Rent Assistance: Cost of rent for your home</li> </ul>	<p><b>Value-Based Insurance Design Model benefits are <u>not</u> offered.</b></p>

	<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>• 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 \$99 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 logging in to your member</p>	<p><b>You pay a \$0 copay. You will receive a \$120 monthly allowance preloaded on your Wellcare Spendables® card to spend on OTC items, Dental, Vision, and Hearing services. Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year.</b></p> <p><b>Your card allowance can be used towards:</b></p> <p><b>Over-the-Counter items (OTC)</b> <b>You can use your card 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>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>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> You may use your card to help reduce your out-of-pocket expenses for qualifying dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly. Please refer to your Evidence of Coverage for more information.</p> <p><b>Benefits mentioned below are part of SSBCI. Not all members will qualify. You must meet eligibility criteria for the following plan benefits. If you qualify, your card allowance can also be used towards:</b></p> <ul style="list-style-type: none"> <li>• Gas pay-at-pump</li> <li>• Healthy Food</li> <li>• Home Assistance and Safety Items</li> <li>• Rent Assistance</li> <li>• Utility Assistance</li> <li>• Pest Control Items and Services</li> </ul>

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

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

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

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

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

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-888-846-4262 (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 1-888-846-4262 (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).

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<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, you do not pay pharmacy copays. There may be limitations on the types of drugs covered. Please refer to Wellcare 'Ohana 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 evaluated for the current benefit year.</b></p>

	2025 (this year)	2026 (next year)
<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>

### SECTION 3 How to Change Plans

**To stay in Wellcare 'Ohana 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 'Ohana 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 'Ohana 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 'Ohana 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/OhanaHI](https://go.wellcare.com/OhanaHI). Call Member Services at 1-888-846-4262 (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 Hawaii Med-QUEST Division Program (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 Hawaii Med-QUEST Division Program (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 Hawaii Med-QUEST Division Program (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 Hawaii Med-QUEST Division Program (Medicaid) office.

## **SECTION 5      Questions?**

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### **Get Help from Wellcare 'Ohana Dual Align (HMO-POS D-SNP)**

- **Call Member Services at 1-888-846-4262. (TTY users call 711.)**

We're available for phone calls. Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 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 'Ohana 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/OhanaHI](http://go.wellcare.com/OhanaHI) or call Member Services at 1-888-846-4262 (TTY users call 711) to ask us to mail you a copy.

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

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 Hawaii, the SHIP is called Hawaii State Health Insurance Assistance Program (SHIP).

Call Hawaii State Health Insurance Assistance Program (SHIP) to get free personalized health insurance counseling. They can help you understand your Medicare and Hawaii Med-QUEST Division Program (Medicaid) plan choices and answer questions about switching plans. Call Hawaii State Health Insurance Assistance Program (SHIP) at 1-888-875-9229. Learn more about Hawaii State Health Insurance Assistance Program (SHIP) by visiting (<http://www.hawaiiiship.org/>).

## 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 Hawaii Med-QUEST Division Program (Medicaid)**

Call Hawaii Med-QUEST Division Program (Medicaid) at 1-800-316-8005 from 7:45 a.m. - 4:30 p.m. HT, Monday - Friday. TTY users call 711 for help with Hawaii Med-QUEST Division Program (Medicaid) enrollment or benefit questions.