



# 2025 Summary of Benefits

New York

**Wellcare Fidelis Dual Access (HMO D-SNP)**

H5599 | 001

**We know how important it is to have a health plan you can count on.**

This is a summary of drug and health services covered by Wellcare Fidelis Dual Access (HMO D-SNP) from January 1, 2025 to December 31, 2025.

This booklet will provide you with a summary of what we cover and the cost-sharing responsibilities. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at [www.wellcare.com/fidelisny](http://www.wellcare.com/fidelisny). To request a copy, please call 1-800-225-8017 (TTY 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

**Who can join?**

To enroll in this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Members must continue to pay their Medicare Part B premium if not otherwise paid for under New York State Medicaid or by another third party. To be eligible, you must also be a United States citizen or lawfully present in the United States. You must be eligible for Medicare and Full Medicaid Benefits cost sharing assistance under Medicaid.

We cover the services and items in this document and the Evidence of Coverage if they are medically necessary.

Our service area includes these counties in New York: Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuylar, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, and Yates.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Health Maintenance Organizations (HMOs)** are health care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to select a primary care provider (PCP) to coordinate care and if you need a specialist, the PCP will choose one who is also in our network.

Our plan gives you access to our network of skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network

providers, visit [www.fideliscare.org/Medicare-Resources](http://www.fideliscare.org/Medicare-Resources). **Please note** that, if you go elsewhere without proper authorization, you will have to pay in full. Neither Medicare nor our plan will be responsible for the costs. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which Wellcare Fidelis Dual Access (HMO D-SNP) authorizes use of out-of-network providers.

Our plan also includes prescription drug coverage and access to our large network of pharmacies. Our plan uses a formulary. Our drug plans are designed specifically for Medicare beneficiaries and include a comprehensive selection of affordable generic and brand name drugs.

**Which doctors, hospitals and pharmacies can I use?** Wellcare Fidelis Dual Access (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

You can see our plan's provider and pharmacy directory at [www.fideliscare.org/Medicare-Resources](http://www.fideliscare.org/Medicare-Resources). For plans with prescription drug coverage, our complete plan Formulary (list of Part D prescription drugs) is on our website at [www.wellcare.com/fidelisNY](http://www.wellcare.com/fidelisNY).

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). For more information, or to request information in an alternate format, please call us at 1-800-225-8017 (TTY users should call 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

## To be eligible

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

To enroll in this plan you must be eligible for the following Medicare Savings Program:

### **H5599001000 Wellcare Fidelis Dual Access (HMO D-SNP) - FBDE, QMB, QMB+**

Refer to "Medicare Savings Program (MSP) Levels" section below for a description of all MSP levels. Premiums, copayments, coinsurance, and deductibles may vary based on your New York State Medicaid eligibility category and/or the level of "Extra Help" you receive.

**Dual Eligible Special Needs Plans (DSNPs)** are specialized Medicare Advantage plans that provide healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage. Medicaid beneficiaries must meet certain income and resource requirements. Eligibility and scope of benefits offered are determined by the state where the plan is offered.

You must also be enrolled in the New York State Medicaid plan. Your Part B premium is paid by the State of New York for full-dual enrollees. Please contact the plan for further details.

## Understanding Dual Eligibility

Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Medicaid benefits are valuable because the state provides additional healthcare coverage and financial support based on your Medicare Savings Program (MSP) level. Medicaid coverage varies depending on the state and the type of Medicaid you have. What you pay for covered services may depend on your level of Medicaid eligibility. Some people with Medicaid get help paying for their Medicare premiums and other costs. Other people may also get coverage for additional services and drugs that are covered under Medicaid but not by Medicare.

## Medicare Savings Program (MSP) Levels

- **Full-Benefit Dual Eligible (FBDE):** Medicaid may pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. Eligible beneficiaries also receive full Medicaid benefits.
- **Qualified Medicare Beneficiary (QMB):** Medicaid will pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. (Some people with QMB are also eligible for full Medicaid benefits (QMB+)).

- ***Specified Low-Income Medicare Beneficiary (SLMB)***: Medicaid will absorb the cost of your Medicare Part B Premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).
- ***Qualified Individual (QI)***: Medicaid will pay costs associated with Medicare Part B.
- ***Qualified Disabled Working Individual (QDWI)***: Medicaid will pay costs associated with Medicare Part A.

Note: Some MSP levels automatically qualify for “Extra Help” for Medicare prescription drug coverage assistance.

### **What is “Extra Help?”**

A Low Income Subsidy (LIS), also referred to as “Extra Help,” may be available to help you with Part D out-of-pocket expenses such as premiums, deductibles, coinsurance, or copayments. Many people qualify for the “Extra Help” Program and don’t even know it. Keep in mind that assistance may also depend on your Medicare Savings Program (MSP) level and your dual eligible status.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the number listed on the back cover of this document.

There are services that are not covered by our plan but are available through New York State Medicaid. Refer to the Summary of Medicaid Fee-For-Service-Covered Benefits section later in this document for more information.

## Benefits

<b>Wellcare Fidelis Dual Access (HMO D-SNP) H5599, Plan 001</b>	
<i><b>Note:</b> Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.</i>	
<b>Monthly plan premium</b> (includes both medical and drugs)	\$0  You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.
<b>Deductible</b>	No deductible
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	\$9,350 annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
<b>Inpatient Hospital coverage</b>	<ul style="list-style-type: none"> <li>• \$0 copay for each Medicare-covered hospital stay.</li> </ul> *
<b>Outpatient Hospital coverage</b> Outpatient hospital services	\$0 copay for surgical and non-surgical services (includes Medicare-covered diagnostic colonoscopy). *
Outpatient hospital observation services	\$0 copay
<b>Ambulatory Surgical Center (ASC) services</b>	\$0 copay for each Medicare-covered visit to an ambulatory surgical center, including Medicare-covered diagnostic colonoscopy. *

## Benefits

<b>Wellcare Fidelis Dual Access (HMO D-SNP) H5599, Plan 001</b>	
<b>Doctor Visits</b>	
Primary Care Providers	\$0 copay
Specialists	\$0 copay *
<b>Preventive Care</b> (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu/influenza shots, Hepatitis B shots, Pneumococcal shots, COVID shots))	\$0 copay
<b>Emergency care</b>	\$0 copay
Worldwide Emergency Coverage	\$110 copay  Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is <u>not</u> waived if admitted to the hospital for worldwide emergency services.
<b>Urgently needed services</b>	\$0 copay

## Benefits

Wellcare Fidelis Dual Access (HMO D-SNP) H5599, Plan 001	
Worldwide Urgent Care Coverage	<p>\$110 copay</p> <p>Worldwide emergency and worldwide urgently needed services are subject to a \$50,000 maximum plan coverage. The copay is <u>not</u> waived if admitted to the hospital for worldwide urgently needed services.</p>
<b>Diagnostic Services/Labs/Imaging</b> Lab services	\$0 copay *
Diagnostic Tests and Procedures	\$0 copay *
Outpatient X-rays	\$0 copay *
Diagnostic radiology services (e.g. MRI, CAT Scan)	\$0 copay *
Therapeutic Radiology	\$0 copay *
<b>Hearing services</b> Hearing Exam Medicare-Covered	\$0 copay *
Routine hearing exam	<p>\$0 copay *</p> <p>1 exam(s) every year</p>



## Benefits

Wellcare Fidelis Dual Access (HMO D-SNP) H5599, Plan 001	
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	<p>\$0 copay *</p> <p>1 fitting(s) / evaluation(s) every year</p>
Hearing aid allowance All types	<p>Up to a \$350 allowance per ear every year for hearing aids.</p> <p>\$0 copay *</p> <p>Limited to 2 hearing aid(s) every year</p>
Additional Hearing Information	<p><b>What you should know</b></p> <p>Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.</p>
<b>Dental services</b>	
Comprehensive services Medicare-covered	<p>\$0 copay for each Medicare-covered service *</p>
Routine Diagnostic and Preventive Services	<p>\$0 copay *</p> <p>Cleanings 1 every six months</p> <p>Dental x-rays 1 set(s) every date of service to per lifetime depending on type of service</p> <p>Oral exams 1 every 90 days to per lifetime depending on type of service</p>
Fluoride Treatment	<p>\$0 copay *</p> <p>1 every 3 to 12 months depending on type of service</p>

**Benefits**

Wellcare Fidelis Dual Access (HMO D-SNP) H5599, Plan 001	
Other Diagnostic Dental services	\$0 copay *  1 every date of service to 12 months depending on type of service
Other Preventive Dental services	\$0 copay *  1 date of service to per lifetime depending on type of service
Routine Comprehensive services	
Restorative Services	\$0 copay *
Endodontics/Periodontics	\$0 copay *
Oral/Maxillofacial Surgery	\$0 copay *
Prosthodontics - fixed	\$0 copay *
Prosthodontics - removable	\$0 copay *
Implant Services	\$0 copay *
Maxillofacial Prosthetics	\$0 copay *
Adjunctive General Services	\$0 copay *

## Benefits

Wellcare Fidelis Dual Access (HMO D-SNP) H5599, Plan 001	
	<b>For more information, limitations and exclusions, please see your Evidence of Coverage. Additional dental limitations and exclusions apply.</b>
Additional Dental Information	<b>What you should know:</b> This plan provides dental services with no annual maximum allowance.
<b>Vision Services</b>	
Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *
Routine eye exam (Refraction)	\$0 copay *  1 exam(s) every year
Glaucoma screening	\$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	\$0 copay *
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames  Eyewear allowance	\$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Up to a \$100 combined allowance towards contacts and glasses (lenses and/or frames) every year.

## Benefits

<b>Wellcare Fidelis Dual Access (HMO D-SNP) H5599, Plan 001</b>	
<b>Mental Health Services</b>	
Inpatient visit	<ul style="list-style-type: none"> <li>• \$0 copay for each Medicare-covered hospital stay.</li> </ul> *
Outpatient individual therapy visit	\$0 copay *
Outpatient group therapy visit	\$0 copay *
<b>Skilled nursing facility (SNF)</b>	Days 1-100: \$0 copay per stay *
<b>Therapy and Rehabilitation Services</b>	
Physical Therapy	\$0 copay *
Outpatient rehabilitation services provided by an occupational therapist	\$0 copay *
Pulmonary rehabilitation services	\$0 copay
<b>Ambulance</b>	
Ground Ambulance	\$0 copay *
Air Ambulance	\$0 copay *
<b>Transportation Services</b>	<u>Not</u> covered

**Benefits**

<b>Wellcare Fidelis Dual Access (HMO D-SNP) H5599, Plan 001</b>	
<b>Medicare Part B Drugs</b> Chemotherapy Drugs and Other Part B Drugs	\$0 copay *
Insulin	\$0 copay (maximum per month) *
Allergy Antigen	\$0 copay *

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<b>Part D Prescription Drug Coverage</b> Benefit is covered by NYRx, the Medicaid pharmacy program	<b>Wellcare Fidelis Dual Access (HMO D-SNP)</b> <b>H5599, Plan 001</b>
<b>Yearly Deductible Stage</b>	\$0
<b>30-day/up to a 100-day supply from a retail or mail order network pharmacy</b>	
<b>All Covered Drugs</b>	\$0 copay Some covered drugs limited to a 30-day supply

### Additional Benefits

Wellcare Fidelis Dual Access (HMO D-SNP) H5599, Plan 001	
<p><i><b>Note:</b> Services with an asterisk (*) may require prior authorization. Services with a square (▪) means a referral may be required.</i></p>	
<p><b>Chiropractic Services</b> Medicare-covered</p>	<p>\$0 copay *</p>
<p><b>Acupuncture</b> Medicare-covered</p>	<p>\$0 copay *</p>
<p><b>Podiatry Services (Foot Care)</b> Medicare Covered</p>	<p>\$0 copay *</p>

## Additional Benefits

Wellcare Fidelis Dual Access (HMO D-SNP) H5599, Plan 001	
<b>Virtual Visits</b>	<p>\$0 copay for virtual visit services performed through Teladoc.</p> <p>Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more.</p> <p>A virtual visit (also known as a telehealth consult) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device. For more information, or to schedule an appointment, call Teladoc at 1-800-835-2362 (TTY: 711) 24 hours a day, 7 days a week.</p> <p><b>What you should know:</b> The \$0 copay above only applies when services are received from Teladoc. If you receive telemedicine services from a network provider and not the virtual visit vendor, you will pay the cost shares listed for those providers, as outlined within the Evidence of Coverage (e.g., if you receive telehealth services from your PCP, you will pay the PCP cost share).</p> <p>*</p>
<b>Social Support Platform</b>	<p>Our plan provides an online social support platform to support your overall well-being. You have access to community, therapeutic activities, and plan-sponsored resources to help manage stress and anxiety. The Twill platform makes it easy for you to join and stay involved to maintain a healthy behavioral health journey. It is available online 24/7, so you can use it whenever you want.</p> <p>For more information on how to access the platform please see your Evidence of Coverage.</p> <p>\$0 copay</p>



## Additional Benefits

Wellcare Fidelis Dual Access (HMO D-SNP) H5599, Plan 001	
<b>Home health agency care</b>	\$0 copay *
<b>Meals</b>  Post-Acute Meals	\$0 copay ▪  <b>What you should know:</b> You pay nothing for home delivered meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.
<b>Medical Equipment/Supplies</b>  Durable Medical Equipment (DME)	\$0 copay *
Prosthetics	\$0 copay *
Diabetic Supplies	\$0 copay *  For more information, limitations and exclusions, please see your Evidence of Coverage.
Diabetic therapeutic shoes or inserts	\$0 copay *
<b>Opioid treatment program services</b>	\$0 copay *

## Additional Benefits

Wellcare Fidelis Dual Access (HMO D-SNP) H5599, Plan 001	
<p><b>Health and Wellness Education Programs</b></p> <p style="padding-left: 20px;">Fitness</p>	<p>For a detailed list of wellness education program benefits offered, please refer to the Evidence of Coverage.</p> <p>\$0 copay</p> <p><b>What you should know:</b></p> <p>To help support an active and healthy lifestyle your plan provides a fitness program that offers access to fitness locations nationwide.</p> <p>Members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits (including a wearable fitness tracker).</p>
<p>24-Hour Nurse Advice Line</p>	<p>\$0 copay</p>
<p><b>Annual Routine Physical Exam</b></p>	<p>\$0 copay</p> <p><b>What you should know:</b></p> <p>The exam includes a detailed medical/family history and recommendations for preventive screenings/care.</p>
<p><b>Value-Based Insurance Design (VBID) Model</b></p>	<p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the benefits shown below. This allowance is combined with your Over-the-Counter (OTC) benefit. See the Wellcare Spendables™ section in this chart for more information about the Wellcare Spendables™ card.</p> <ul style="list-style-type: none"> <li>• <b>Gas pay-at-pump</b> - You can use your 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 up to the available allowance amount.</li> </ul>

## Additional Benefits

	<b>Wellcare Fidelis Dual Access (HMO D-SNP) H5599, Plan 001</b>
	<ul style="list-style-type: none"> <li>• <b>Healthy Food</b> - You can use your card to pay for healthy foods and produce at participating retailers. Prepared meals are available for order via online portal.</li> <li>• <b>Home Improvement and Safety Items</b> - You can use your card to help with the cost of home improvement and safety items. Log into your member portal to purchase accepted items.</li> <li>• <b>Rent Assistance</b> - You can use your card to help with the cost of rent for your home.</li> <li>• <b>Utility Assistance</b> - You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet.</li> </ul> <p>For more information, limitations, and exclusions, please see your Evidence of Coverage.</p>
<b>Wellcare Spendables™</b>	<p>You will receive <b>\$117 monthly</b> preloaded on your Wellcare Spendables™ card. Your monthly allowance <b>rolls over to the following month if unused and expires at the end of the plan year.</b></p> <p>Your card allowance can be used towards:</p> <ul style="list-style-type: none"> <li>• <b>Over-the-Counter items (OTC)</b> - Your card can be used at participating retail locations, via mobile app, or log in to 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.</li> </ul> <p>Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables™ allowance towards any of the below benefits:</p> <ul style="list-style-type: none"> <li>• Gas pay-at-pump</li> <li>• Healthy Food</li> <li>• Home Improvement and Safety Items</li> <li>• Rent Assistance</li> </ul>

### Additional Benefits

	<b>Wellcare Fidelis Dual Access (HMO D-SNP) H5599, Plan 001</b>
	<ul style="list-style-type: none"> <li>• Utility Assistance</li> </ul> <p>Refer to Value-Based Insurance Design (VBID) Model in this chart for more information on these benefits.</p> <p>For more information, limitations, and exclusions, please see your Evidence of Coverage.</p>
<b>My Wellcare Rewards</b>	<p>With <b>My Wellcare Rewards</b>, you earn points for completing eligible healthy activities.</p> <p>Points can be redeemed for gift cards, up to \$75 per year, from your favorite stores like Walmart®, and more. You can start earning points just by registering. Some qualifying healthy actions include:</p> <ul style="list-style-type: none"> <li>• Completing the Health Risk Assessment</li> <li>• Connecting a fitness device</li> <li>• Annual wellness visits</li> <li>• Annual flu vaccines</li> <li>• Cancer screenings</li> <li>• A1C testing</li> </ul> <p>Gift card restrictions may apply.</p>

## Medicaid Benefits

### Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Benefit section earlier in this Summary of Benefits are covered by our Wellcare Fidelis Dual Access (HMO D-SNP) plan. For each benefit listed, you can see what our plan covers. What you pay for covered services under our plan may depend on your level of Medicaid eligibility.

### Summary of Medicaid Fee-For-Service-Covered Benefits

The following information is for people with Medicare and Medicaid Fee-for-Service. This is not a complete list. If a benefit is covered by both our plan and Medicaid, you must fully use our plan benefit coverage before the benefit is covered by Medicaid.

Coverage of the benefits depends on your level of Medicaid eligibility. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share.

If you have questions about your Medicaid eligibility, what benefits you are entitled to, or for the most current New York State Medicaid information, see your Medicaid Member Handbook. You can also visit [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/), or call New York State Medicaid toll-free at 1-800-541-2831 TTY: 1-800-662-1220, 8:00 a.m. - 8 p.m. ET, Monday - Friday, and Saturday from 9:00 a.m. - 1 p.m.

Benefit	Medicaid Fee-For-Service	Wellcare Fidelis Dual Access (HMO D-SNP)
Inpatient Hospital Care	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Doctor Office Visits	Not Covered	Covered
Preventative Care	Not Covered	Covered
Emergency Care	Not Covered	Covered
Diagnostic Tests Lab and Radiology Services	Not Covered	Covered
Hearing Services	Not Covered	Covered
Dental Services	Not Covered	Covered
Vision Services	Not Covered	Covered

Inpatient Mental Health Care	Not Covered	Covered
Mental Health Care	Not Covered	Covered
Skilled Nursing Facility (SNF)	Not Covered	Covered
Ambulance	Not Covered	Covered
Prescription Drug Benefits	Not Covered	Covered
Durable Medical Equipment (DME)	Not Covered	Covered
Home Health Care	Not Covered	Covered
Transportation (Routine)	Covered	Not Covered
Adult Day Health Care	Covered	Covered
Comprehensive Medicaid Case Management	Covered	Not Covered
Directly Observed Therapy for Tuberculosis (TB) Disease	Covered	Covered
Home and Community Based Waiver Program Services	Covered	Not Covered
Medical Social Service	Covered	Not Covered
Methadone Maintenance Treatment Programs (MMTP)	Covered	Not Covered
Nutrition* Services includes the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual's physical and medical needs and environmental conditions	Covered	Covered with limitations

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Office for People with Developmental Disabilities (OPWDD)	Covered	Not Covered
Personal Care Services* Only Level 1 services are provided and are limited to 8 hours per week	Covered	Covered with limitations
Private Duty Nursing	Covered	Covered
Rehabilitation Services Provided to Residents of OMH Licensed Community Residence (CRs) and Family Based Treatment Programs	Covered	Not Covered
Out-of-Network Family Planning Services provided under the direct access provisions of the waiver	Covered	Not Covered

**Multi-Language Insert**  
**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-247-1447 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-800-247-1447 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

**Chinese (Mandarin):** 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-800-247-1447 (TTY: 711)**。您将获得中文普通话口译员的帮助。这是一项免费服务。

**Chinese (Cantonese):** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-800-247-1447 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

**Tagalog:** May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-800-247-1447 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-800-247-1447 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-800-247-1447 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-800-247-1447 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-800-247-1447(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-800-247-1447 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

**Arabic:** نوْفِر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-800-247-1447 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.



**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें 1-800-247-1447 (TTY: 711) पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक निःशुल्क सेवा है।

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il 1-800-247-1447 (TTY: 711). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número 1-800-247-1447 (TTY: 711). Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan 1-800-247-1447 (TTY: 711). Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-800-247-1447 (TTY: 711). Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-800-247-1447 (TTY : 711) にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

**Albanian:** Ne ofrojmë shërbime interpretimi pa pagesë për t'u përgjigjur për çdo pyetje që mund të keni lidhur me planin tonë shëndetësor ose të barnave. Për t'u lidhur me një interpret, na telefononi në numrin 1-800-247-1447 (TTY: 711). Një person që flet shqip mund t'ju ndihmojë. Ky shërbim është pa pagesë.

**Urdu:** ہمارے صحت یا منشیات کے منصوبے کے متعلق آپ کے سوالات کا جواب دینے کے لیے ہمارے پاس مفت انٹرپریٹر سروسز ہیں۔ انٹرپریٹر حاصل کرنے کے لیے، بس ہمیں اس نمبر پر کال کریں 1-800-247-1447 (TTY: 711)۔ اردو زبان بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

**Benga:** Tina zéma za mbumba za mbósi zi kualala ebi búló ekoté ya anyi mbi ya mbúno ya wumbúlu o ya vóta. Ku kualala mbumba, betha ne ka naamba ya 1-800-247-1447 (TTY: 711). Muntu oozáni Benga onibisa. Iyi ni zéma ya mbósi.

**Greek:** Διαθέτουμε δωρεάν υπηρεσία διερμηνείας για να απαντήσουμε σε τυχόν ερωτήσεις μπορεί να έχετε σχετικά με το πλάνο ιατρικής ή φαρμακευτικής περίθαλψης. Για να επικοινωνήσετε με διερμηνέα, απλώς καλέστε μας στο 1-800-247-1447 (TTY: 711). Κάποιος που μιλάει ελληνικά μπορεί να σας βοηθήσει. Αυτή είναι μια δωρεάν υπηρεσία.

**Yiddish:** מיר האבן אומזיסטע איבערטייטשונג סערוויסעס צו ענטפערן סיי וועלכע פראגן איר קענט האבן וועגן אייער געזונט אדער מעדיצין פלאן. צו באקומען אן איבערטייטשער, דארפט איר אונדז בלויז רופן אויף 1-800-247-1447 (TTY: 711). איינער וואס רעדט יידיש קען אייך העלפן. די סערוויס איז אומזיסט.

## 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 1-800-225-8017 (TTY: 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

### Understanding the Benefits

- ❑ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [www.wellcare.com/fidelisny](http://www.wellcare.com/fidelisny) or call 1-800-225-8017 (TTY: 711) to view a copy of the EOC. Hours are Monday - Sunday, 8 am - 8 pm (all time zones).
- ❑ 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

- ❑ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ❑ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- ❑ **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.

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 Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

## Contact Us

For more information, please contact us:



### **By phone**

Toll-free at 1-800-225-8017 (TTY: 711). Your call may be answered by a licensed agent.



### **Hours of Operation**

Monday - Sunday, 8 am - 8 pm (all time zones)



### **Online**

[www.wellcare.com/fidelisny](http://www.wellcare.com/fidelisny)