

Summary of Benefits



Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)

Plan year: January 1 – December 31, 2026

New Jersey

21 counties in New Jersey. Full service area on page 10.

Wellpoint Full Dual Advantage (HMO D-SNP)

Introduction

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

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A. Disclaimers

This is a summary of health services covered by Wellpoint Full Dual Advantage (HMO D-SNP) for January 1 – December 31, 2026. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. You may contact Member Services at the phone number listed below to request your Evidence of Coverage. You can also access your *Evidence of Coverage* at the plan's website listed on the bottom of this page.

- Wellpoint Full Dual Advantage (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Wellpoint Full Dual Advantage (HMO D-SNP) depends on contract renewal. This plan is available to anyone who has both Medicare and full New Jersey Medicaid benefits.
- When enrolling in Wellpoint Full Dual Advantage (HMO D-SNP),
 1. You must use in-network providers.
 2. You must use an in-network DME (Durable Medical Equipment) supplier.
 3. You must use an in-network pharmacy.
 4. You will be enrolled into Medicaid (NJ FamilyCare) coverage under our plan, and disenrolled from any Medicaid (NJ FamilyCare) plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers.
 5. You will be enrolled into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled.
 6. You must understand and follow our plan's rules on referrals.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-844-765-5160** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March

31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free.

- If you call us to request a change to your preferred language or format preference, let us know if you want this to be a standing order. That means we will send the same documents in your requested format and language every year. You can also call us to change or cancel a standing order. You can also find your documents online at <https://shop.wellpoint.com/medicare>.
- 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 **1-844-765-5160 (TTY: 711)**. This is a free service.

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono indicado anteriormente o hable con su proveedor. El horario de atención es de 8 a.m. a 8 p.m. hora local, los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1.º de octubre hasta el 31 de marzo, y de lunes a viernes (excepto los días feriados) desde el 1.º de abril hasta el 30 de septiembre.

Arabic تنبيه: إذا كنت تتحدث ،العربية فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجاناً. اتصل برقم الهاتف المذكور أعلاه أو تحدث إلى مقدم الخدمة الخاص بك. ساعات العمل من الساعة 8 صباحاً حتى الساعة 8 مساءً على مدار الأسبوع (ما عدا أيام عيد الشكر وعيد الميلاد) بداية من 1 أكتوبر حتى 31 مارس ومن الاثنين حتى الجمعة (ما عدا أيام العطلات) من 1 أبريل حتى 30 سبتمبر.

Chinese Simplified – 注意：如果您说简体中文，我们可以为您提供免费的语言协助服务。我们还免费提供适当的辅助工具和服务，以可访问的格式提供信息。请拨打上面列出的电话号码或与您的提供者交谈。营业时间：10月1日至3月31日，每周七天（感恩节和圣诞节除外），4月1日至9月30日，周一至周五（节假日除外），当地时间上午8时至晚上8时。

Chinese Traditional – 注意：如果您說繁體中文，我們可以為您提供免費的語言協助服務。我們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。請撥打上面列出的電話號碼或與您的提供者交談。營業時間：10 月 1 日至 3 月 31 日，每週七天（感恩節和耶誕節除外），4 月 1 日至 9 月 30 日，週一至週五（節假日除外），當地時間上午 8 時至晚上 8 時。

French – ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone mentionné ci-dessus ou appelez votre prestataire. Les heures d'ouverture sont de 8 a.m à 8 p.m., heure locale, sept jours sur sept (sauf Thanksgiving et Noël) du 1er octobre au 31 mars, et du lundi au vendredi (sauf jours fériés) du 1er avril au 30 septembre.

Gujarati – ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. ઉપર દર્શાવેલ ફોન નંબર પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો. કામકાજના કલાકો સ્થાનિક સમય મુજબ સવારે 8 વાગ્યાથી સાંજના 8 વાગ્યા સુધી, ઓક્ટોબર 1 થી માર્ચ 31 સુધી અઠવાડિયાના સાતેય દિવસ (થેન્કસગિવિંગ અને ક્રિસમસ સિવાય) અને સોમવારથી શુક્રવાર (રજાઓ સિવાય) એપ્રિલ 1 થી સપ્ટેમ્બર 30 સુધી છે.

Haitian Creole – ATANSYON: Si w pale kreyòl ayisyen, sèvis asistans linguistik gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm ki aksesib disponib tou san w p ap peye. Rele nimewo telefòn yo bay anwo a oswa pale ak founisè w la. Orè fonksyònman yo se 8 a.m. rive 8 p.m., sèt jou sou sèt (eksepte Jou Thanksgiving ak Nwèl) soti 1ye Oktòb rive 31 Mas, ak Lendi pou rive Vandredi (eksepte jou ferye) soti 1ye Avril rive 30 Septanm.

Hindi – ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। पहुँच योग्य प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। ऊपर दिए गए फ़ोन नंबर पर कॉल करें या अपने प्रदाता से बात करें। कामकाज के घंटे, 1 अक्टूबर से 31 मार्च तक सप्ताह के सातों दिन (थैंक्सगिविंग और क्रिसमस को छोड़कर), और 1 अप्रैल से 30 सितंबर तक सोमवार से शुक्रवार (छुट्टियों को छोड़कर), स्थानीय समय अनुसार सुबह 8 बजे से रात 8 बजे तक हैं।

Italian – ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuita in italiano. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sopra o rivolgersi al proprio fornitore. Il servizio è attivo dalle 8.00 alle 20.00 ora locale, sette giorni su sette (eccetto il Giorno del Ringraziamento e Natale) dal 1° ottobre al 31 marzo, e dal lunedì al venerdì (eccetto i giorni festivi) dal 1° aprile al 30 settembre.

Japanese – 注意：日本語を話せる方向けに、無料の言語支援サービスをご提供しています。適切な補助器具・サービスも、利用者がアクセスしやすい方法でご提供しています。こちらでも無料でご利用いただけます。必要な情報取得にお役立てください。上記の電話番号にお電話いただくか、プロバイダーにお問い合わせください。営業時間は、10月1日から3月31日までは現地時間午前8時から午後8時まで週7日（感謝祭とクリスマスを除く）、および4月1日から9月30日まで（祝日を除く）は月曜日から金曜日までです。

Korean – 주의: 한국어를 구사하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 위의 전화 번호로 전화하시거나 담당 의료 제공자에게 문의해 주십시오. 운영 시간은 현지 시간 오전 8시부터 오후 8시까지이며 10월 1일부터 3월 31일까지는 주 7일(추수 감사절과 성탄절은 제외) 내내, 4월 1일부터 9월 30일까지는 월요일부터 금요일까지(휴일은 제외)입니다.

Polish – UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany powyżej lub porozmawiaj ze swoim dostawcą. Czynne od 8:00 rano do 8:00 wieczorem czasu lokalnego, czasu lokalnego, siedem dni w tygodniu (oprócz Świąta Dziękczynienia i Bożego Narodzenia) od 1 października do 31 marca oraz od poniedziałku do piątku (oprócz świąt) od 1 kwietnia do 30 września.

Portuguese – ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone acima indicado ou fale com o seu fornecedor. Horário de expediente: das 8h às 20h, (hora local), sete dias por semana (exceto Dia de Ação de Graças e Natal) de 1 de outubro até 31 de março, e de segunda a sexta-feira (exceto feriados) de 1 de abril até 30 de setembro.

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по вышеуказанному номеру телефона или обсудите этот вопрос с вашим поставщиком услуг. Часы работы: с 08:00 до 20:00 в любой день недели (кроме Дня благодарения и Рождества) с 1 октября по 31 марта и с понедельника по пятницу (кроме праздничных дней) с 1 апреля по 30 сентября.

Tagalog – PAUNAWA: Kung nagsasalita ka Tagalog, mayroong available na mga libreng serbisyo sa tulong sa wika para sa iyo. Ang naaangkop na mga karagdagang tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay available rin nang walang bayad. Tawagan ang numero ng telepono na nakalista sa itaas o makipag-usap sa iyong provider. Ang mga oras ng opisina ay 8 a.m. hanggang 8 p.m., lokal na oras, pitong araw sa isang linggo (maliban sa Thanksgiving at Pasko) mula Oktubre 1 hanggang Marso 31, at Lunes hanggang Biyernes (maliban sa mga holiday) mula Abril 1 hanggang Setyembre 30.

Telugu – గమనీక: మనీరు తులగులో ముఖ్య లాడదలచుకుంటే కనుక, మనీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉన్నాయో. అందుబాటులో ఉన్న ఫార్మూలాలో సమాచారాన్ని అందించడానికి తగిన సహాయక పరికరాలు, సేవలు కూడా ఉచితంగా లభిస్తాయి. పైన జాబితాలో తనిపిన ఫోన్ నంబర్కు కాలి చేయండి లేదా మనీ పోస్ట్మెడర్తో ముఖ్యలాడండి. పని వోళలు అక్టోబర్ 1 నుండి మార్చి 31 వరకు వారానికి ఏడు రోజులు (థంక్స్ గివ్రింగ్, క్రిస్మస్ మనహా) పాటు, ఏప్రిల్ 1 నుండి సెప్టెంబర్ 30 వరకు సోమవారం నుండి శుక్రవారం వరకు (సాలమలు మనహా) సోధానీక సమయం ఉదయం 8 గంటల నుండి రాత్రి 8 గంటల వరకు.

Urdu توجہ دیں: اگر آپ اردو بولتے، ہیں تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون آلات اور خدمات بھی مفت دستیاب ہیں۔ اوپر درج فون نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ کام کے اوقات مقامی وقت کے مطابق صبح 8 بجے تا شام 8 بجے کے سات دن (سوائے تھینکس گیونگ اور کرسمس کے) 1 اکتوبر سے 31 مارچ، تک اور پیر تا جمعہ (چھٹیوں کے علاوہ) 1 اپریل تا 30 ستمبر ہیں۔

Vietnamese – CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại nêu trên hoặc nói chuyện với nhà cung cấp của quý vị. Giờ làm việc từ 8 giờ sáng đến 8 giờ tối, giờ địa phương, bảy ngày một tuần (Trừ Lễ Tạ ơn và Giáng sinh) từ ngày 1 Tháng Mười đến 31 Tháng Ba, và Thứ Hai đến Thứ Sáu (trừ các ngày lễ), từ ngày 1 Tháng Tư đến 30 Tháng Chín.

- This document is available for free in Spanish, Arabic, Chinese, French, Gujarati, Haitian Creole, Hindi, Italian, Korean, Polish, Portuguese, Russian, Tagalog, Telugu, Urdu, and Vietnamese.
- You can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or request a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You have received this card as a gratuity without the payment of any monetary value or consideration.

B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQs)	Answers
What’s a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)?	<p>A NJ Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is a managed health care option for NJ FamilyCare members with Medicare. A NJ FIDE SNP covers all of your Medicare, NJ FamilyCare (Medicaid) and drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one Member Identification (ID) Card, and no copays for medical services or drugs. A FIDE SNP coordinates all of your care.</p> <p>If you join a FIDE SNP, you do not lose any of your NJ FamilyCare, Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with NJ FamilyCare and Medicare is still available, along with access to some additional services.</p> <p>To be eligible to enroll in a FIDE SNP in New Jersey, you must be entitled to Medicare Parts A and B and eligible for full NJ FamilyCare benefits. You must also live in the plan’s “service area” (the counties where that plan is offered). The counties that make up Wellpoint Full Dual Advantage (HMO D-SNP)’s service area are listed in Section B of this document.</p>

Frequently Asked Questions (FAQs)	Answers
<p>Will I get the same Medicare and NJ FamilyCare benefits in Wellpoint Full Dual Advantage (HMO D-SNP) that I get now?</p>	<p>If you're coming to Wellpoint Full Dual Advantage (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You'll get almost all of your covered Medicare and NJ FamilyCare benefits directly from Wellpoint Full Dual Advantage (HMO D-SNP).</p> <p>When you enroll in Wellpoint Full Dual Advantage (HMO D-SNP) you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Wellpoint Full Dual Advantage (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Wellpoint Full Dual Advantage (HMO D-SNP) to cover your drug if medically necessary.</p>

Frequently Asked Questions (FAQs)	Answers
Can I use the same health care providers I use now?	<p>That's often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Wellpoint Full Dual Advantage (HMO D-SNP) and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Providers with an agreement with us are "in-network." You must use the providers in Wellpoint Full Dual Advantage (HMO D-SNP)'s network. <input type="checkbox"/> If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Wellpoint Full Dual Advantage (HMO D-SNP)'s network. <p>To find out if your providers are in the plan's network, call Member Services at the number at the bottom of this page or read Wellpoint Full Dual Advantage (HMO D-SNP)'s Provider and Pharmacy Directory. You can also visit our website at shop.wellpoint.com/medicare for the most current listing.</p> <p>If Wellpoint Full Dual Advantage (HMO D-SNP) is new for you, we'll work with you to develop an individualized Plan of Care to address your needs. You can keep using the providers you use now for 90 days or until your individualized Plan of Care is completed.</p>
What's a Care Manager?	<p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p>
What are Managed Long Term Care Services and Support (MLTSS)?	<p>Managed Long Term Services and Support (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.</p>

Frequently Asked Questions (FAQs)	Answers
What happens if I need a service but no one in Wellpoint Full Dual Advantage (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Wellpoint Full Dual Advantage (HMO D-SNP) will cover services provided by an out-of-network provider.
Where's Wellpoint Full Dual Advantage (HMO D-SNP) available?	<p>The service area for this plan includes:</p> <p>Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren counties, New Jersey.</p> <p>You must live in one of these areas to join the plan.</p>
What's prior authorization?	<p>Prior authorization means that you must get approval from Wellpoint Full Dual Advantage (HMO D-SNP) before Wellpoint Full Dual Advantage (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. Wellpoint Full Dual Advantage (HMO D-SNP) may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. Wellpoint Full Dual Advantage (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from Wellpoint Full Dual Advantage (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3 of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p>

Frequently Asked Questions (FAQs)	Answers
Do I pay a monthly amount (also called a premium) under Wellpoint Full Dual Advantage (HMO D-SNP)?	No. You won't pay any monthly premiums to Wellpoint Full Dual Advantage (HMO D-SNP) for your health coverage. Additionally, Medicaid will pay your Medicare Part B premium for you.
Do I pay a deductible as a member of Wellpoint Full Dual Advantage (HMO D-SNP)?	No. You don't pay deductibles in Wellpoint Full Dual Advantage (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Wellpoint Full Dual Advantage (HMO D-SNP)?	There's no cost sharing for medical services in Wellpoint Full Dual Advantage (HMO D-SNP), so your annual out-of-pocket costs will be \$0.

C. Overview of services

The following chart is a quick overview of what services you may need and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care (continued on the next page)	Inpatient hospital care	\$0	Your provider must get an approval from the plan before you are admitted to a hospital for a procedure, rehabilitation or transplant that you and your doctor planned ahead. This

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care (continued)			is called getting prior authorization. You do not need approval for emergency or urgently needed services. Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be required.
You want to use a health care provider (continued on the next page)	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	
	Visits to treat an injury or illness	\$0	
	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0	Influenza, Hepatitis B, pneumococcal vaccinations, and other vaccinations recommended for adults are covered. The full childhood immunization schedule is covered for members under the age of 21.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to use a health care provider (continued)	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	
You need emergency care (continued on the next page)	Emergency room services	\$0	<p>You may use any emergency room if you reasonably believe you need emergency care. You don't need prior authorization and you don't have to be in-network.</p> <p>In addition to the Medicare-covered emergency room services, this plan offers worldwide emergency care services when traveling outside of the United States and its territories for less than six months. Coverage is limited to \$100,000 per year for worldwide emergency services and urgent care. Contact the plan for details.</p>
	Urgently needed services	\$0	<p>Urgently needed services aren't emergency care. You don't need prior authorization and you don't have to be in-network.</p> <p>In addition to the Medicare-covered urgent care services, this plan offers urgently needed services when traveling outside of the United States and its territories for less than six months. Coverage is limited to</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued)			\$100,000 per year for worldwide emergency services and urgent care. Contact the plan for details.
You need medical tests	Lab tests, such as blood work	\$0	
	X-rays or other pictures, such as CAT scans	\$0	Your provider must get an approval from the plan before you get high-tech imaging or certain diagnostic and therapeutic radiology and lab services.
	Screenings, such as tests to check for cancer	\$0	
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	Prior authorization required.
You need dental care (continued on the next page)	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions,	\$0	Many dental services require prior authorization. Please note that dental crowns require prior authorization. Please refer to the <i>Evidence of Coverage</i> for a full list of the dental benefits, limitations, and exclusions.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	dentures, and endodontic and periodontal care)		
You need eye care	Vision services (including annual eye exams)	\$0	
	Glasses or contact lenses	\$0	Replacement lenses and frames (or contact lenses) are covered once per year for those 18 years of age or younger and those 60 years of age or older, and every 24 months for beneficiaries age 19 through 59, unless medically necessary or unless the glasses are lost, damaged or destroyed.
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	
You have a mental health condition (continued on the next page)	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility	\$0	All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition (continued)	(STCF), or critical access hospital)		
You need mental health services	<p>Outpatient mental health care (including, but not limited to, adult mental health rehabilitation in supervised group homes and apartments, clinic and hospital services, partial care, and medication management)</p> <p>(Note: This isn't a complete list of the plan's expanded outpatient mental health services. Call Member Services at the number at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)</p>	\$0	Services may be provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws.
You have a substance use disorder (continued on the next page)	Inpatient and outpatient substance use disorder treatment services (including, but not limited to,	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance use disorder (continued)	<p>detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment)</p> <p>(Note: This isn't a complete list of the plan's expanded substance use disorder services. Call Member Services at the number listed at the bottom of this page or read the <i>Evidence of Coverage</i>, Chapter 4, for more information.)</p>		
You need a place to live with people available to help you (continued on the next page)	Skilled nursing care	\$0	Your provider must get an approval from the plan before you get skilled nursing facility care. This is called getting prior authorization.
	Nursing home care	\$0	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you (continued)	Custodial care (long-term care in a Nursing Facility)	\$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	You may need an approval from the plan before you get physical therapy, occupational therapy and speech/ language therapy.
You need help getting to health services	Ambulance services	\$0	Your provider must get an approval from the plan before you get ground, air or water transportation that is not an emergency.
	Emergency transportation	\$0	
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	<p>This plan requires step therapy for some Part B drugs. Step Therapy is a utilization tool that requires you to first try another drug to treat your medical condition before we will cover the drug your doctor may have initially prescribed.</p> <p>You may also be required to try a Part B drug before using a Part D drug and in some cases you may be required to try a Part D drug before getting a Part B drug. You can contact Member Services at the number at the bottom of the page for more information.</p>

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			Read the <i>Evidence of Coverage</i> , Chapter 4, for more information on these drugs.
	Medicare Part D drugs		
	Tier 1: Preferred Generic		
	Standard retail one-month supply	\$0.00	There may be limitations on the types of drugs covered. Refer to Wellpoint Full Dual Advantage (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> at the website listed at the bottom of the page for more information.
	Mail order three-month supply	\$0.00	
	Tier 2: Generic		Wellpoint Full Dual Advantage (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.
	Standard retail one-month supply	\$0.00*	Some drugs have quantity limits.
	Mail order three-month supply	\$0.00*	Your provider must get prior authorization from Wellpoint Full Dual Advantage (HMO D-SNP) for certain drugs.
	Tier 3: Preferred Brand		
	Standard retail one-month supply	\$0.00*	You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that can't be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered</i>
	Mail order three-month supply	\$0.00*	
	Tier 4: Non-Preferred Drug		

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Standard retail one-month supply	\$0.00*	<i>Drugs (Drug List)</i> , and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare .
	Mail order three-month supply	\$0.00*	
	Tier 5: Specialty Tier		
	Standard retail one-month supply	\$0.00*	
	Mail order three-month supply	Not available	
	Tier 6: Select Care Drugs		
	Standard retail one-month supply	\$0.00	
	Mail order three-month supply	\$0.00	
	Over-the-counter (OTC) drugs	\$0	<p>There may be limitations on the types of drugs covered. Please refer to Wellpoint Full Dual Advantage (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>In addition, this plan offers a supplemental Over-the-Counter (OTC) benefit through a combined monthly spending allowance. Please refer to the Everyday Options</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			Allowance benefit later in this document for more information.
	Diabetes medications	\$0	
You need foot care	Podiatry services (including routine exams)	\$0	Excludes routine hygienic care of the feet, including the treatment of corns and calluses, the trimming of nails, and other hygienic care such as cleaning or soaking feet, in the absence of a pathological condition.
	Orthotic services	\$0	
You need durable medical equipment (DME) or supplies (continued on the next page)	<p>Wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, for example</p> <p>(Note: This isn't a complete list of covered DME or supplies. Call Member Services at the number at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)</p>	\$0	<p>Therapeutic Continuous Glucose Monitors (CGMs) and related supplies are covered by Medicare when they meet Medicare National Coverage Determination (NCD) and Local Coverage Determinations (LCD) criteria. In addition, where there are not NCD/ LCD criteria, therapeutic CGM must meet the plan's evidence based clinical practice guidelines.</p> <p>This plan only covers FreeStyle Libre® (made by Abbott) and Dexcom Continuous Glucose Monitors (CGMs). We will not cover other brands unless your provider tells us it is medically necessary. CGMs MUST be purchased at a network retail or our mail-order pharmacy to be covered. If you purchase these</p>

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) or supplies (continued)			<p>supplies through a Durable Medical Equipment (DME) provider these items will not be covered.</p> <p>Coverage limitations (unless otherwise medically necessary):</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2-3 sensors per month depending on the receiver <input type="checkbox"/> One receiver every 2 years <p>Insulin pumps are different than a CGM and can be purchased through a DME provider.</p> <p>This plan covers only DUROLANE, EUFLEXXA, SUPARTZ, and Gel-SYN-3 Hyaluronic Acids. We will not cover other brands unless your provider tells us it is medically necessary.</p>
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
Other covered services (continued on the next page)	Acupuncture	\$0	<p>In addition to the Medicare-covered acupuncture visits, this plan offers twenty-four (24) routine acupuncture visits each year.</p> <p>Prior authorization may be required.</p>
	Care coordination	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Chiropractic services	\$0	You may need an approval from the plan before you get chiropractic services.
	Diabetic supplies	\$0	<p>Your plan covers Freestyle (made by Abbott) and Accu-Chek® (made by Roche Diagnostics) glucometers and blood glucose test strips.</p> <p>We will not cover other brands unless your provider tells us it is medically necessary. They must be purchased from a network retail or our mail-order pharmacy to be covered.</p> <p>Your plan covers lancets limited to the following manufacturers: Freestyle, Trividia, Accu-Chek®, HTL-Strefa, Kroger and its affiliates, Prodigy, and Good Neighbor. We will not cover other brands unless your provider tells us it is medically necessary. They must be purchased from a network retail pharmacy or our mail-order pharmacy to be covered.</p>
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and	\$0	EPSDT is for members under 21 years of age.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	services, immunizations, lead screening, and private duty nursing services)		
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service. Services primarily related to the diagnosis and treatment of infertility are not covered.
	Hospice care	\$0	
	Mammograms	\$0	
	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); vehicle modifications; social adult day care; and	\$0	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting. MLTSS is available to members who meet certain clinical requirements.

If you have questions, please call Wellpoint Full Dual Advantage (HMO D-SNP) at **1-844-604-7101** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit shop.wellpoint.com/medicare.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	non-medical transportation)		
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.
	Personal Care Assistance (PCA) (including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	\$0	
	Prosthetic services	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Services to help manage your disease	\$0	

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read Wellpoint Full Dual Advantage (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Wellpoint Full Dual Advantage (HMO D-SNP) Member Services at the number at the bottom of this page.

D. Additional services Wellpoint Full Dual Advantage (HMO D-SNP) covers

This isn't a complete list. Call Member Services at the number at the bottom of this page or read the *Evidence of Coverage* to find out about other covered services.

Additional services Wellpoint Full Dual Advantage (HMO D-SNP) covers		Your costs
Acupuncture In addition to the Medicare-covered acupuncture visits, this plan offers twenty-four (24) routine acupuncture visits each year. Prior authorization may be required.		\$0
24/7 NurseLine 24-hour access to a nurse helpline, 7 days a week, 365 days a year: 1-866-805-4589 .		\$0

Everyday Options Allowance

This benefit provides a combined monthly spending allowance of **\$250 each month** on your Benefits Mastercard® Prepaid Card for assistive devices, healthy foods*, over-the-counter (OTC) health and wellness products, and utilities*.

You have the flexibility to choose how you want to spend your allowance on any of the following benefits:

- ☐ **Assistive Devices:** ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more.
- ☐ **Healthy Foods*:** Food items like fresh meats, fruits, and vegetables.
- ☐ **OTC:** Health and wellness products like vitamins, first aid supplies, pain-relievers, and more.
- ☐ **Utilities*:** Use toward the payment of natural/propane gas, electric, water, cable, internet, or cell phone services.

\$0

Unused amounts expire at the end of each month.

* The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's *Evidence of Coverage*.

Please call Member Services at the number at the bottom of the page for more information.

Additional services Wellpoint Full Dual Advantage (HMO D-SNP) covers	Your costs
<p>Healthy Meals</p> <p>Enjoy healthy meals delivered directly to your home. You could receive up to two meals a day for up to 90 days to support your nutritional needs.</p> <p>Depending on your specific conditions and healthcare needs, you may be eligible. Please reach out to Member services at the number at the bottom of the page so it can be coordinated for you.</p> <p>This benefit is a Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's <i>Evidence of Coverage</i>.</p>	<p>\$0</p>
<p>LiveHealth Online</p> <p>Lets you talk, 24/7, to a board-certified doctor, or licensed psychiatrist, psychologist or therapist, by live, two-way video on a computer, smartphone or tablet.</p> <p>LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.</p>	<p>\$0</p>
<p>Medicare Community Resource Support</p> <p>We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs.</p> <p>For more details, call Member Services at the number listed on the bottom of the page and ask for the Medicare Community Resource Support team.</p>	<p>\$0</p>

Additional services Wellpoint Full Dual Advantage (HMO D-SNP) covers	Your costs
<p>Personal Emergency Response System (PERS)</p> <p>Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. For more details, please call the Member Services phone number listed at the bottom of this page.</p>	<p>\$0</p>
<p>SilverSneakers*[®] Fitness program</p> <p>When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to silversneakers.com or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET.</p> <p>* SilverSneakers is a registered trademark of Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.</p>	<p>\$0</p>

E. Benefits covered outside of Wellpoint Full Dual Advantage (HMO D-SNP)

This isn't a complete list. Call the Member Services number at the bottom of this page to find out about other services not covered by Wellpoint Full Dual Advantage (HMO D-SNP) but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
Non-Emergency (Routine) Transportation (including mobile assistance vehicles (MAVs)); non-emergency basic life support (BLS) ambulance (stretcher); and livery transportation services (such as bus and train fare or passes, or car service and reimbursement for mileage)	\$0
Targeted case management (chronic mental illness)	\$0
Behavioral Health Home (Care Management)	\$0
PACT (Program in Assertive Community Treatment)	\$0
CSS (Community Support Services)	\$0
Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)	\$0

F. Services not covered by Wellpoint Full Dual Advantage (HMO D-SNP) (exclusions)

The following services aren’t covered by our plan. This isn’t a complete list. Call Member Services at the number listed at the bottom of this page to find out about other excluded services.

Services not covered by Wellpoint Full Dual Advantage (HMO D-SNP) (exclusions)
Services not considered “reasonable and necessary” according to standards of Medicare and NJ FamilyCare
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless required criteria are met
LASIK surgery

G. Your rights and responsibilities as a member of the plan

As a member of Wellpoint Full Dual Advantage (HMO D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you can’t be refused medically necessary treatment. You can use these rights without losing your health care services. We’ll tell you about your rights at least once a year. For more information on your rights, read the *Evidence of Coverage*.

Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
 - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way Wellpoint Full Dual Advantage (HMO D-SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - Wellpoint Full Dual Advantage (HMO D-SNP)
 - The services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and Care Managers
 - Your rights and responsibilities

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year You can call **1-844-765-5160** if you want to change your PCP.
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they're covered
 - Refuse treatment as far as the law allows, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. Wellpoint Full Dual Advantage (HMO D-SNP) will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your doctors, other providers, and your health plan Call 1-844-765-5160 if you need help with this service.
 - Have your *Evidence of Coverage* and any printed materials from Wellpoint Full Dual Advantage (HMO D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.

- Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to use emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - Access an easy process to voice your concerns, and to expect follow-up by Wellpoint Full Dual Advantage (HMO D-SNP)
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
 - Ask for a State Fair Hearing
 - Get a detailed reason why services were denied

For more information about your rights, you can read Wellpoint Full Dual Advantage (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Wellpoint Full Dual Advantage (HMO D-SNP) Member Services at the number listed at the bottom of this page.

Your responsibilities include, but aren't limited to, the following:

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
 - Treat your health care providers with dignity and respect
 - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
 - Tell your health care provider your health complaints clearly and provide as much information as possible
 - Tell your health care provider about yourself and your health history
 - Tell your health care provider that you're an Wellpoint Full Dual Advantage (HMO D-SNP) member
 - Talk to your PCP, Care Manager, or other appropriate person about using the services of a specialist before you go to a hospital (except in cases of emergency)
 - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
 - Notify Wellpoint Full Dual Advantage (HMO D-SNP) Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
 - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
 - Partner with your Care Team and work out treatment plans and goals together
 - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health

- **You have the responsibility to obtain your services from Wellpoint Full Dual Advantage (HMO D-SNP).** You should:
 - Get all your health care from Wellpoint Full Dual Advantage (HMO D-SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless Wellpoint Full Dual Advantage (HMO D-SNP) provides a prior authorization for out-of-network care
 - Not allow anyone else to use your Wellpoint Full Dual Advantage (HMO D-SNP) Member ID Card to obtain healthcare services
 - Notify Wellpoint Full Dual Advantage (HMO D-SNP) when you believe that someone has purposely misused Wellpoint Full Dual Advantage (HMO D-SNP) benefits or services

For more information about your rights, you can read Wellpoint Full Dual Advantage (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Wellpoint Full Dual Advantage (HMO D-SNP) Member Services at the number listed at the bottom of this page.

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

If you have a complaint or think Wellpoint Full Dual Advantage (HMO D-SNP) should cover something we denied, call Wellpoint Full Dual Advantage (HMO D-SNP) at **1-844-765-5160** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of Wellpoint Full Dual Advantage (HMO D-SNP)'s *Evidence of Coverage*. You can also call Wellpoint Full Dual Advantage (HMO D-SNP) Member Services at **1-844-765-5160** (TTY: **711**).

You can ask for help from any of the following:

- The State Health Insurance Assistance Program (SHIP), which can be reached at 1-800-792-8820 (TTY: 711).

- Your doctor or other provider. Your doctor or other provider can ask for a coverage decision or appeal on your behalf.
- A friend or family member. You can name another person to act for you as your “representative” and ask for a coverage decision or make an appeal.
- A lawyer. You have the right to a lawyer, but you aren’t required to have a lawyer to ask for a coverage decision or make an appeal.
 - Call your own lawyer or get the name of a lawyer from the local bar association or other referral service. Some legal groups will give you free legal services if you qualify.

Fill out the Appointment of Representative form if you want a lawyer or someone else to act as your representative. The form gives someone permission to act for you.

Call Customer Service at the numbers at the bottom of the page and ask for the “Appointment of Representative” form. You can also get the form by visiting www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf. You must give us a copy of the signed form.

I. What to do if you suspect fraud

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

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

- ☐ Call us at Wellpoint Full Dual Advantage (HMO D-SNP) Member Services. The phone number is listed in the footer of each page of this document.
- ☐ Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- ☐ You can also contact New Jersey's Medicaid Fraud Division (of the Office of the State Comptroller) by calling 1-609-292-1272. Calls to this number are free.

If you have general questions or questions about our plan, services, service area, billing, Member ID Cards, or need immediate behavioral health services, call Wellpoint Full Dual Advantage (HMO D-SNP) Member Services:

CALL: 1-844-765-5160

Calls to this number are free.

8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

If you have general questions or questions about our plan, services, service area, billing, Member ID Cards, or need immediate behavioral health services, call Wellpoint Full Dual Advantage (HMO D-SNP) Member Services:

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

TTY: 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

If you have questions about your health:

- ☐ Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- ☐ If your PCP's office is closed, you can also call Wellpoint Full Dual Advantage (HMO D-SNP)'s 24/7 NurseLine at **1-866-805-4589** (TTY: **711**). A nurse will listen to your problem and tell you how to get care.
- ☐ Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
- ☐ Wellpoint Full Dual Advantage (HMO D-SNP) also has free language interpreter service available for non-English speakers.
- ☐ TTY: **711**. Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono indicado anteriormente o hable con su proveedor. El horario de atención es de 8 a.m. a 8 p.m. hora local, los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1.o de octubre hasta el 31 de marzo, y de lunes a viernes (excepto los días feriados) desde el 1.o de abril hasta el 30 de septiembre.

Arabic تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة - مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانًا. اتصل برقم الهاتف المذكور أعلاه أو تحدث إلى مقدم الخدمة الخاص بك. 1 مساءً على مدار الأسبوع) ما عدا أيام عيد الشكر وعيد الميلاد (بداية من 8 صباحًا حتى الساعة 8 ساعات العمل من الساعة سبتمبر. 30 أبريل حتى 1 مارس، ومن الاثنين حتى الجمعة) ما عدا أيام العطلات (من 31 أكتوبر حتى

Chinese Simplified – 注意：如果您说简体中文，我们可以为您提供免费的语言协助服务。我们还免费提供适当的辅助工具和服务，以可访问的格式提供信息。请拨打上面列出的电话号码或与您的提供者交谈。营业时间：10月1日至3月31日，每周七天（感恩节和圣诞节除外），4月1日至9月30日，周一至周五（节假日除外），当地时间上午8时至晚上8时。

Chinese Traditional – 注意：如果您說繁體中文，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服务，以無障礙格式提供資訊。請撥打上面列出的電話號碼或與您的提供者交談。營業時間：10月1日至3月31日，每週七天（感恩節和耶誕節除外），4月1日至9月30日，週一至週五（節假日除外），當地時間上午8時至晚上8時。

French – ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone mentionné ci-dessus ou appelez votre prestataire. Les heures d'ouverture sont de 8 a.m. à 8 p.m., heure locale, sept jours sur sept (sauf Thanksgiving et Noël) du 1er octobre au 31 mars, et du lundi au vendredi (sauf jours fériés) du 1er avril au 30 septembre.

Gujarati – ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પરદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. ઉપર દર્શાવેલ ફોન નંબર પર કોલ કરો અથવા તમારા પરદાતા સાથે વાત કરો. કામકાજના ક્લાકો સ્થાનિક સમય મુજબ સવારે 8 વાગ્યાથી સાંજના 8 વાગ્યા સુધી, ઓક્ટોબર 1 થી માર્ચ 31 સુધી અઠવાડિયાના સાતેય દિવસ (થેક્સડેયિંગ અને કિર્સમસ સિવાય) અને સોમવારથી શુક્રવાર (રજાઓ સિવાય) એપ્રિલ 1 થી સપ્ટેમ્બર 30 સુધી છે.

Haitian Creole – ATANSYON: Si w pale kreyòl ayisyen, sèvis asistans linguistik gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm ki aksesib disponib tou san w p ap peye. Rele nimewo telefòn yo bay anwo a oswa pale ak founisè w la. Orè fonksyònman yo se 8 a.m. rive 8 p.m., sèt jou sou sèt (eksepte Jou Thanksgiving ak Nwèl) soti 1ye Oktòb rive 31 Mas, ak Lendi pou rive Vandredi (eksepte jou ferye) soti 1ye Avril rive 30 Septanm.

Hindi – ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। पहुँच योग्य परारूपों में जानकारी परदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निशुल्क उपलब्ध हैं। ऊपर दिए गए फोन नंबर पर कॉल करें या अपने परदाता से बात करें। कामकाज के घंटे, 1 अक्टूबर से 31 मार्च तक सप्ताह के सातों दिन (थैंक्सगिविंग और किर्समस को छोड़कर), और 1 अप्रैल से 30 सितंबर तक सोमवार से शुक्रवार (छुट्टियों को छोड़कर), स्थानीय समय अनुसार सुबह 8 बजे से रात 8 बजे तक है।

Italian – ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuita in italiano. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sopra o rivolgersi al proprio fornitore. Il servizio è attivo dalle 8.00 alle 20.00 ora locale, sette giorni su sette (eccetto il Giorno del Ringraziamento e Natale) dal 1° ottobre al 31 marzo, e dal lunedì al venerdì (eccetto i giorni festivi) dal 1° aprile al 30 settembre.

Korean – 주의: 한국어를 구사하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 위의 전화 번호로 전화하시거나 담당 의료 제공자에게 문의해 주십시오. 운영 시간은 현지 시간 오전 8시부터 오후 8시까지이며 10월 1일부터 3월 31일까지는 주 7일(추수 감사절과 성탄절은 제외) 내내, 4월 1일부터 9월 30일까지는 월요일부터 금요일까지(휴일은 제외)입니다.

Polish – UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany powyżej lub porozmawiaj ze swoim dostawcą. Czynne od 8:00 rano do 8:00 wieczorem czasu lokalnego, czasu lokalnego, siedem dni w tygodniu (oprócz Święta Dziękczynienia i Bożego Narodzenia) od 1 października do 31 marca oraz od poniedziałku do piątku (oprócz świąt) od 1 kwietnia do 30 września.

Portuguese – ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone acima indicado ou fale com o seu fornecedor. Horário de expediente: das 8h às 20h, (hora local), sete dias por semana (exceto Dia de Ação de Graças e Natal) de 1 de outubro até 31 de março, e de segunda a sexta-feira (exceto feriados) de 1 de abril até 30 de setembro.

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по вышеуказанному номеру телефона или обсудите этот вопрос с вашим поставщиком услуг. Часы работы: с 08:00 до 20:00 в любой день недели (кроме Дня благодарения и Рождества) с 1 октября по 31 марта и с понедельника по пятницу (кроме праздничных дней) с 1 апреля по 30 сентября.

Tagalog – PAUNAWA: Kung nagsasalita ka Tagalog, mayroong available na mga libreng serbisyo sa tulong sa wika para sa iyo. Ang naaangkop na mga karagdagang tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay available rin nang walang bayad. Tawagan ang numero ng telepono na nakalista sa itaas o makipag-usap sa iyong provider. Ang mga oras ng opisina ay 8 a.m. hanggang 8 p.m., lokal na oras, pitong araw sa isang linggo (maliban sa Thanksgiving at Pasko) mula Oktubre 1 hanggang Marso 31, at Lunes hanggang Biyernes (maliban sa mga holiday) mula Abril 1 hanggang Setyembre 30.

Telugu – గమనిక: మేరూ తెలుగులో మాట్లాడదలచుకుంటే కనుక, మేకు ఉచిత భష సహాయ సేవలు అందుబాటులో ఉన్నాయి. అందుబాటులో ఉన్న ఫర్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక పరికరాలు, సేవలు కూడా ఉచితంగా లభిస్తాయి. వైన జబితలో తెలివిన ఫోన్ నంబర్కు కల్ చేయండి లేదా మే వర్జైడర్తో మాట్లాడండి. పని వేళలు అక్టోబర్ 1 నుండి మార్చి 31 వరకు వారానికి ఏడు రోజులు (థంక్స్ గివింగ్, క్రిస్మస్ మినహా) వటూ, ఏప్రిల్ 1 నుండి సెప్టెంబర్ 30 వరకు సోమవారం నుండి శుక్రవారం వరకు (సెలమలు మినహా) న్ధానిక సమయం ఉదయం 8 గంటల నుండి రత్తేరి 8 గంటల వరకు.

Urdu - توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون آلات اور خدمات بھی مفت دستیاب ہیں۔ اوپر درج فون نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ کام کے اوقات مقامی وقت کے مطابق صبح 8 بجے تا شام 8 بجے، ہفتے کے سات دن (سوائے تھینکس گیونگ اور کرسمس کے) 1 اکتوبر سے 31 مارچ تک، اور پیر تا جمعہ (چھٹیوں کے علاوہ) 1 اپریل تا 30 ستمبر ہیں۔

Vietnamese – CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại nêu trên hoặc nói chuyện với nhà cung cấp của quý vị. Giờ làm việc từ 8 giờ sáng đến 8 giờ tối, giờ địa phương, bảy ngày một tuần (Trừ Lễ Tạ ơn và Giáng sinh) từ ngày 1 Tháng Mười đến 31 Tháng Ba, và Thứ Hai đến Thứ Sáu (trừ các ngày lễ), từ ngày 1 Tháng Tư đến 30 Tháng Chín.

IMPORTANT INFORMATION: 2025 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Wellpoint - H3240

For 2025, Wellpoint - H3240 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆

Health Services Rating: ★★★★★☆

Drug Services Rating: ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- ☐ Feedback from members about the plan's service and care
- ☐ The number of members who left or stayed with the plan
- ☐ The number of complaints Medicare got about the plan
- ☐ Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Wellpoint 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-877-470-4131 (toll-free) or 711 (TTY).

Current members please call 1-844-765-5160 (toll-free) or 711 (TTY).

Wellpoint Full Dual Advantage (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Wellpoint Full Dual Advantage (HMO D-SNP) depends on contract renewal. This plan is available to anyone who has both Medicare and full New Jersey Medicaid benefits.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-844-604-7101** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

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 <https://shop.wellpoint.com/medicare> or call **1-844-604-7101** to view a copy of the EOC.
- ☐ Review the *Provider and Pharmacy 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 *Provider and Pharmacy Directory* to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the List of Covered Drugs (Formulary) to make sure your drugs are covered.

Understanding Important Rules

- ☐ **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.
- ☐ Your Medicare Part B premium will be covered for you by NJ FamilyCare (Medicaid).
- ☐ Benefits may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the *Provider and Pharmacy 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. To be eligible for this plan, you must be eligible for Medicare and full Medicaid benefits.

- ☐ If you are currently enrolled in a NJ FamilyCare (Medicaid) plan, you will be automatically disenrolled. Wellpoint Full Dual Advantage (HMO D-SNP) will cover your Medicaid benefits.
- ☐ You will automatically be disenrolled from any Medicare Advantage and/or Medicare Part D plans you are currently enrolled in. Wellpoint Full Dual Advantage (HMO D-SNP) will cover your Medicare Part A and Part B benefits, as well as all of your Medicare Part D prescription drugs.