

Wellcare Fidelis Dual Align (HMO D-SNP) offered by Wellcare Health Plans of New Jersey, Inc.

Annual Notice of Change for 2026

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about benefits or rules please review the *Evidence of Coverage*, which is located on our website at go.wellcare.com/FidelisNJ. Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

Additional resources

- This document is available for free in Chinese, Korean, and Spanish.
- You can get this *Annual Notice of Change* for free in other formats, such as large print, braille, or audio. Call 1-866-892-8340 for additional information. (TTY users should call 711.) Between October 1 and March 31, representatives are available Monday – Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday – Friday, 8 a.m. to 8 p.m. However, please note during weekends and holidays from April 1 to September 30 our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day. The call is free.
- We must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.

OMB Approval 0938-1444 (Expires: June 30, 2026)

If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday – Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday – Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, go.wellcare.com/FidelisNJ.



- To request copies of materials in a language other than English or in an alternate format, please call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY 711). You can also make a standing request to receive all future materials in that language or format. We will document your choice. You can make changes to a standing request at any time. Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. However, please note during weekends and holidays from April 1 to September 30 our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day. The call is free.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-866-892-8340 (TTY 711). Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m.

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A. Disclaimers

- ❖ Wellcare Fidelis Dual Align (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Wellcare Fidelis Dual Align (HMO D-SNP) depends on contract renewal.
- ❖ This information is not a complete description of benefits. Contact the plan for more information. Limitations and restrictions may apply. Benefits may change on January 1 of each year.
- ❖ Wellcare uses a formulary.
- ❖ Please contact Wellcare for details.

B. Reviewing your Medicare and NJ FamilyCare (Medicaid) coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

New members to Wellcare Fidelis Dual Align (HMO D-SNP) In most instances you'll be enrolled in Wellcare Fidelis Dual Align (HMO D-SNP) for your Medicare benefits the 1st day of the month after you request to be enrolled in our plan. You may still receive your New Jersey Family Care (Medicaid) from your previous NJ FamilyCare health plan for one additional month. After that, you'll receive your New Jersey Family Care (Medicaid) services through our plan. There will be no gap in your New Jersey Family Care (Medicaid) coverage. Please call us at the number at the bottom of the page if you have any questions.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and NJ FamilyCare programs as long as you're eligible.

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If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- NJ FamilyCare services in **Section G2**.

B1. Information about Wellcare Fidelis Dual Align (HMO D-SNP)

- Wellcare Fidelis Dual Align (HMO D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means Wellcare Fidelis Dual Align (HMO D-SNP).

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B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit changes to make sure they'll work for you next year.
 - Refer to **Section E1** for information about benefit changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

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If you decide to stay with Wellcare Fidelis Dual Align (HMO D-SNP):

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Wellcare Fidelis Dual Align (HMO D-SNP).

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our plan name

On January 1, 2026, our plan name changes from Wellcare Dual Liberty (HMO D-SNP) to Wellcare Fidelis Dual Align (HMO D-SNP).

Wellcare Fidelis Dual Align (HMO D-SNP) will send you a new Member ID Card by mail. You may also receive more mailings with the new plan name.

D. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2026.

Please review the 2026 Provider and Pharmacy Directory to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at go.wellcare.com/2026providerdirectories. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Evidence of Coverage* or call Member Services at the number at the bottom of the page for help.

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E. Changes to benefits for next year

E1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2025 (this year)	2026 (next year)
Housing Supports	Housing Supports aren't covered.	Housing Supports are covered.
Nutrition Supports	Nutrition Supports aren't covered.	Nutrition Supports are covered.
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI) Benefits mentioned are a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. In addition to being high-risk, you must have one or more of the following chronic conditions: cancer, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, diabetes. There are other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us or see the plan's <i>Evidence of Coverage</i>.</p> <p>This section is continued on the next page</p>	SSBCI isn't covered.	<p>If you qualify for SSBCI, you may use your monthly Wellcare Spendables® allowance on the benefits shown below. The allowance is combined with your OTC benefit. Once determined eligible these expanded benefits will be available in 7-10 business days. You pay a \$0 copay. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card.</p> <p>Gas pay-at-pump If eligible, you can use your Wellcare Spendables® card to pay for gas directly at the pump. The card cannot be used to pay in-person</p>

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	2025 (this year)	2026 (next year)
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p> <p>This section is continued on the next page</p>		<p>at the cash register. Your card can only be used to pump gas up to the available allowance amount.</p> <p>Healthy Food If eligible, you can use your Wellcare Spendables® card to help pay for approved healthy and nutritious foods and produce at participating retailers. Prepared meals and produce boxes are available for order via the online portal. The allowance cannot be used to buy tobacco or alcohol. Approved items include:</p> <ul style="list-style-type: none"> • Meat and poultry • Fruits and vegetables • Nutritional drinks <p>Home Assistance and Safety Items If eligible, you can use your card to help with the cost of home assistance and safety items, including installation services for certain products. Approved items and services include:</p> <ul style="list-style-type: none"> • Grab bars or doorknobs and non-slip floor coverings • Safety chairs and bathroom modification aids

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	2025 (this year)	2026 (next year)
Special Supplemental Benefits for the Chronically Ill (SSBCI)		<ul style="list-style-type: none"> • Portable air conditioning and air quality products • Pest and insect control supplies and in-home treatments Utility Assistance If eligible, you can use your Wellcare Spendables® card to help pay for plan approved utilities for your home including: <ul style="list-style-type: none"> • Electric, gas, sanitary / trash, and water utilities services • Landline and cell phone service • Internet service • Cable TV (excluding streaming services) • Certain petroleum expenses, such as home heating oil Rent Assistance If eligible, you can use your Wellcare Spendables® card to help with the cost of rent for your home.
Wellcare Spendables® This section is continued on the next page	You pay a \$0 copay. You receive a \$184 monthly allowance to be used towards certain benefits. See Value-Based Insurance Design (VBID) Model section in this chart for information about the VBID program benefit changes.	You pay a \$0 copay. You will receive \$201 monthly allowance preloaded on your Wellcare Spendables® card to spend on OTC items. Your monthly allowance rolls over to the following month if

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	2025 (this year)	2026 (next year)
Wellcare Spendables®		<p>unused and expires at the end of the plan year.</p> <p>Your card allowance can be used towards:</p> <p>Over-the-Counter items (OTC): You can use your card at participating retail locations, through the mobile app, or by logging in to your member portal to place an order for home delivery.</p> <p>Benefits mentioned below are part of SSBCI. Not all members will qualify. You must meet eligibility criteria for the following plan benefits. If you qualify, your card allowance can also be used towards:</p> <ul style="list-style-type: none"> • Gas pay-at-pump • Healthy Food • Home Assistance and Safety Items • Rent Assistance • Utility Assistance • Pest Control Items and Services
This section is continued on the next page		

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	2025 (this year)	2026 (next year)
Wellcare Spendables®		See Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits.
<u>Value-Based Insurance Design (VBID) Model</u>	<p>You pay a \$184 copay. Because your plan participates in the Value-Based Insurance Design Program, you can use your Wellcare Spendables® allowance towards benefits shown below:</p> <ul style="list-style-type: none"> • Gas pay-at-pump: Pay for gas directly at the pump • Healthy Food: Approved healthy and nutritious foods and produce at participating retailers. • Home Improvement Items: Help with the cost of home improvement and safety items • Rent Assistance: Cost of rent for your home • Utility Assistance: Plan approved utilities for your home <p>See the Wellcare Spendables® benefit row in this chart for more information about the Wellcare Spendables® card.</p>	Value-Based Insurance Design Model benefit isn't offered.
<p>This section is continued on the next page</p>		

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	2025 (this year)	2026 (next year)
<u>Value-Based Insurance Design (VBID) Model</u>	Medicare approved Wellcare to provide these benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.	
Prior Authorizations	The following in-Network benefits have a change in prior authorization requirements.	
	Prior authorization may be required for services listed below: Additional Telehealth Benefits	Prior authorization isn't required for services listed below: Additional Telehealth Benefits

E2. Changes to drug coverage

Changes to our *List of Covered Drugs*

An updated *List of Covered Drugs* is located on our website at go.wellcare.com/FidelisNJ. You can also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the “*Drug List*.”

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date

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list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the numbers at the bottom of the page or contact your Care Manager to ask for a drug that treats the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days at a retail pharmacy and for up to 31-days at a long-term care pharmacy. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Evidence of Coverage*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.
 - If you have been in the plan for more than 90 days and live in a long-term care facility, we will cover a one-time 31-day supply, or less if your prescription is written for fewer days. This is in addition to the long-term care transition supply.
 - If your level of care changes (such as moving to or from a long-term care facility or hospital), we will cover one temporary 30-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a total of a 30-day supply.
 - If you are moving from home or a hospital stay to a long-term care facility, we will cover one 31-day supply, or less if your prescription is written for fewer days (in which case we will allow multiple fills to provide up to a total

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of a 31-day supply of medication). You must fill the prescription at a network pharmacy.

- Some Drug List exceptions will still be covered next year. Refer to the approval letter you received. The approval letter includes information about your specific drug approval limits and the date the drug coverage will end. If we decide to not renew your approval, we will send you a new letter at least 60 days prior to the end of the year. This letter will include when the specific drug exception approval will end and how to ask for an exception. To learn what you must do to ask for an exception, refer to Chapter 9, of the 2026 *Evidence of Coverage* or call Member Services.

If we approved your formulary exception in 2025, your authorization may still be valid. Please refer to your approval letter, which contains the end date of your formulary exception. If you can't find your approval letter or have questions, please call Member Services.

Starting in 2026, we can immediately remove brand name drugs or original biological products on our *Drug List* if, we replace them with new generics or certain biosimilars versions of the brand name drug or original biological product with the same or fewer rules. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our *Drug List*, but immediately add new rules.

For example, if you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, please go to **Chapter 12** of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You can also call Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

F. Administrative changes

The information in the Administrative Changes grid below reflects year over year changes to your plan that do not directly impact benefits.

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	2025 (this year)	2026 (next year)
Preferred Part B Diabetic Products	OneTouch™ is our preferred diabetic testing supplies (glucose monitors & test strips) brand. Other brands are not covered unless medically necessary and authorized	Accu-Chek™ Guide and True Metrix™ are our preferred diabetic testing supplies (glucose monitors & test strips) brands. Other brands are not covered unless medically necessary and authorized.

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have NJ FamilyCare, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,

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- your eligibility for NJ FamilyCare or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have four options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan

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<p>1. You can change to:</p> <p>Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at www.nj.gov/humanservices/doas/services/q-z/ship/. For more information or to find a local SHIP office in your area, please visit www.nj.gov/humanservices/doas/services/q-z/ship/. <p>OR</p> <p>Enroll in a new integrated D-SNP, or in a PACE plan.</p> <p>You'll automatically be disenrolled from our plan when your new plan's coverage begins.</p> <p>Your NJ FamilyCare (Medicaid) coverage will also be shifted to the new D-SNP or PACE plan, and will be covered through that new plan.</p>
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<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at www.nj.gov/humanservices/doas/services/q-z/ship/. For more information or to find a local SHIP office in your area, please visit www.nj.gov/humanservices/doas/services/q-z/ship/. <p>OR</p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your NJ FamilyCare (Medicaid) enrollment will automatically be changed to our NJ FamilyCare plan, Fidelis Care. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at 1-800-701-0710 (TTY: 711).</p>
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If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday – Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday – Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.



<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare drug plan</p> <p>NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at www.nj.gov/humanservices/doas/services/q-z/ship/.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at www.nj.gov/humanservices/doas/services/q-z/ship/. <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your NJ FamilyCare (Medicaid) enrollment will automatically be changed to our NJ FamilyCare plan, Fidelis Care. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at 1-800-701-0710 (TTY: 711).</p>
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If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday – Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday – Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.



<p>4. You can change to:</p> <p>Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section A.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For PACE inquiries, call 1-855-921- PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 (TTY: 711). Their website can be found at www.nj.gov/humanservices/doas/services/q-z/ship/. <p>You'll automatically be disenrolled from our plan when your coverage with the new plan begins.</p> <p>Your NJ FamilyCare (Medicaid) enrollment will automatically be changed to our NJ FamilyCare plan, Fidelis Care. If you wish to change to a different NJ FamilyCare plan instead, please call NJ FamilyCare at 1-800-701-0710 (TTY: 711).</p>
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Your NJ FamilyCare services

For questions about how to get your NJ FamilyCare services after you leave our plan, contact NJ FamilyCare at 1-800-701-0710 (TTY: 711). Ask how joining another plan or returning to Original Medicare affects how you get your NJ FamilyCare coverage.

If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday – Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday – Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.



H. Getting help

H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Evidence of Coverage*

Your *Evidence of Coverage* is a legal, detailed description of our plan's benefits. It has details about benefits for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Evidence of Coverage* for 2026 will be available by October 15. An up-to-date copy of the *Evidence of Coverage* is available on our website at go.wellcare.com/FidelisNJ. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you an *Evidence of Coverage* for 2026.

Our website

You can visit our website at go.wellcare.com/FidelisNJ. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *List of Covered Drugs (Drug List)*.

H2. State Health Insurance Assistance Program (SHIP)

You can also call the SHIP. In New Jersey the SHIP is called the State Health Insurance Assistance Program (SHIP). SHIP can help you understand your plan choices and answer questions about switching plans. SHIP isn't connected with us or with any insurance company or health plan. SHIP has trained counselors *in every county* and services are free. The SHIP phone number is 1-800-792-8820 (TTY: 711). For more information or to find a local SHIP office in your area, please visit www.nj.gov/humanservices/doas/services/q-z/ship/.

H3. Office of the Insurance Ombudsperson

The Ombudsperson Program can help you if you have a problem with our plan. The ombudsperson's services are free and available in all languages. The Ombudsperson Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.

If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday – Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday – Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.



- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Ombudsperson Program is 1-800-446-7467 (TTY: 711).

H4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2026

You can read the *Medicare & You 2026* 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. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

H5. NJ FamilyCare (Medicaid)

You're enrolled in both Medicare and in Medicaid. The Medicaid program in New Jersey is also called **NJ FamilyCare**. If you have questions about your NJ FamilyCare (Medicaid) coverage,

If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday – Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday – Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.



call the NJ Department of Human Services, Division of Medical Assistance and Health Services at 1-800-701-0710 (TTY:711).

If you have questions, please call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY: 711). Between October 1 and March 31, representatives are available Monday – Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday – Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/FidelisNJ.



If English is not your first language, we can translate for you. We offer no cost language assistance, auxiliary aids and services, larger font materials, oral translation, and other alternative formats. For assistance call 1-866-892-8340 (TTY: 711).

Si su lengua materna es el español, podemos traducir para usted. Ofrecemos sin costo asistencia lingüística, servicios y dispositivos auxiliares, materiales con un tamaño de letra más grande, traducción oral y otros formatos alternativos. Para recibir asistencia, llame al 1-866-892-8340 (TTY: 711).

如果中文是您的母语，我们可以为您翻译。我们提供免费的语言协助、辅助设施与服务、字体较大的材料、口译服务，以及其他替代格式的信息。如需协助，请致电 1-866-892-8340 (TTY: 711)。

如果中文是您的母語，我們可以爲您翻譯。我們免費提供語言協助服務、輔助工具和服務、較大的字型、口譯服務，以及其他替代格式。如需協助，請致電 1-866-892-8340 (TTY：711)。

Se o português for a sua língua materna, podemos traduzir para si. Oferecemos assistência, apoios auxiliares e serviços, materiais com tipos de letra de maior dimensão, tradução oral e outros formatos alternativos no seu idioma e sem custos. Para obter assistência, ligue para 1-866-892-8340 (TTY: 711).

अगर हिंदी आपकी पहली भाषा है तो हम आपके लिए अनुवाद कर सकते हैं. हम निःशुल्क भाषा सहायता, सहायक साधन और सेवाएं, बड़े फ़ॉन्ट वाली सामग्री, मौखिक अनुवाद और अन्य वैकल्पिक फ़ॉर्मेट ऑफ़र करते हैं. सहायता के लिए 1-866-892-8340 (TTY: 711) पर कॉल करें.

જો ગુજરાતી તમારી પ્રથમ (માતૃ) ભાષા હોય, તો અમે તમારા માટે અનુવાદ કરી શકીએ છીએ. અમે કોઈ પણ ખર્ચ વિનાની ભાષા સંબંધી સહાયતા, સહાયક સહાય અને સેવાઓ, વધુ મોટા ફોન્ટની સામગ્રીઓ, મૌખિક અનુવાદ અને અન્ય વૈકલ્પિક ફોર્મેટ ઓફર કરીએ છીએ. સહાયતા માટે, 1-866-892-8340 (TTY: 711) પર કોલ કરો.

إذا كانت العربية لغتك الأولى، فيمكننا تزويدك بخدمة الترجمة. إننا نوفر مجاناً مساعدة لغوية ومساعدات وخدمات إضافية ومواد بخط أكبر وترجمة شفوية وتنسيقات بديلة أخرى. للحصول على المساعدة، اتصل على الرقم 1-866-892-8340 (TTY: 711).

Kung Tagalog ang pangunahin ninyong wika, makakapagsalin kami para sa inyo. Nag-aalok kami ng libreng tulong sa wika, mga karagdagang tulong at serbisyo, mga materyal na may mas malalaking font, pasalitang pagsasalin, at iba pang alternatibong format. Para sa tulong, tumawag sa 1-866-892-8340 (TTY: 711).

한국어가 모국어인 경우 번역 서비스를 제공해 드립니다. 언어 지원, 보조 도구 및 서비스, 큰 글씨 자료, 구두 번역 및 기타 대체 형식을 무료로 제공합니다. 이러한 서비스를 받으려면 1-866-892-8340(TTY: 711)번으로 전화해 주십시오.

Jeśli polski jest Twoim ojczystym językiem, możemy zaoferować Ci usługi tłumaczeniowe. Oferujemy pomoc językową, dodatkowe wsparcie i usługi, materiały z większą czcionką, tłumaczenia ustne oraz inne alternatywne formaty bez dodatkowych kosztów. Aby uzyskać pomoc, zadzwoń pod numer 1-866-892-8340 (TTY: 711).

Si Kreyòl Ayisyen se premye lang ou, nou kapab tradui pou ou. Nou ofri asistans lang gratis, aparèy ki bay asistans ak sèvis oksilyè, dokiman ki ekri ak gwo lèt, tradiksyon nan bouch, ak lòt fòm altènatif. Pou jwenn èd, rele nan 1-866-892-8340 (TTY: 711).

Se l'italiano è la tua prima lingua, possiamo occuparci della traduzione per te. Offriamo gratuitamente assistenza linguistica, supporti e servizi ausiliari, materiali con caratteri più grandi, traduzione orale e altri formati alternativi. Per assistenza, chiama il numero 1-866-892-8340 (TTY: 711).

Если вашим родным языком является русский, мы готовы помочь вам с переводом. Мы предлагаем бесплатные услуги языковой поддержки, вспомогательные средства и услуги, включая услуги устного перевода, а также материалы крупным шрифтом и в других альтернативных форматах. Для получения помощи позвоните по номеру 1-866-892-8340 (TTY: 711).

Bí Yorùbá báǵé èdè rẹ àkókó, a leè sògbufò rẹ fún ọ. À n fúnni ní ìrànǵwọ èdè, àwọn ìrànǵwọ arannilǵwọ àti àwọn isẹ, àwọn èròjà ìkọlẹtà títóbi sílẹ, ìtumò-èdè aláfẹnusọ, àti àwọn ọ̀nà kíkọsílẹ àfírópò mǐíràn láì gba owó rárá. Fún ìrànǵwọ pe 1-866-892-8340 (TTY: 711).

Se Twi ye kasa a wode twaa wo funuma a, yebetumi akyere ase ama wo. Yede kasa ho mmoa a wontua hwee, mmoa ne nnnwuma a eboa, atweredee akese, okasa mu nkyerease, ne akwan afoforo so ma. Se wope mmoa a fre 1-866-892-8340 (TTY: 711).

Ọ buru na Igbo bu asusu mbu gi, anyi nwere ike isughari ya maka gi. Anyi na-enye nkwado asusu na-akwughị ugwo, enyemaka na oru ndi ozo, nnukwu ihe onundee , nsughari okwu onu, na udi ndi ozo. Maka enyemaka kpoo 1-866-892-8340 (TTY: 711).

మీ మొదటి భాష తెలుగు అయినట్లయితే, మేము మీ కోసం అనువదించగలము. మేము ఎలాంటి ఛార్జీలు లేకుండా ఉచితంగా భాష సంబంధ సహాయం, సహాయక టూల్స్ మరియు సేవలు, పెద్ద ఫాంట్ మెటీరియల్స్, మౌఖిక అనువాదం, అలాగే ఇతర ప్రత్యామ్నాయ ఫార్మాట్లను అందిస్తాము. సహాయం కోసం, 1-866-892-8340 (TTY: 711) నంబర్ కి కాల్ చేయండి.

اگر اردو آپ کی مادری زبان ہے تو ہم آپ کے لیے ترجمہ کر سکتے ہیں۔ ہم بغیر کسی قیمت کے زبان کی معاونت، معاون امداد اور خدمات، بڑے حروف کے مواد، زبانی ترجمہ اور دیگر متبادل فارمیٹس کی پیشکش کرتے ہیں۔ مدد کے لیے 1-866-892-8340 (TTY: 711) پر کال کریں۔

Si le français est votre langue maternelle, des services de traduction sont disponibles. Nous offrons gratuitement des services d'assistance linguistique, des aides et services auxiliaires, ainsi que l'accès à une traduction orale et à des informations dans une police plus grande ou dans d'autres formats. Pour obtenir de l'aide, appelez le 1-866-892-8340 (TTY : 711).

Nếu tiếng Việt là tiếng mẹ đẻ của quý vị, chúng tôi có hỗ trợ dịch thuật. Chúng tôi cung cấp hỗ trợ ngôn ngữ miễn phí, dịch vụ và trợ giúp bổ trợ, tài liệu khổ chữ lớn, phiên dịch và các định dạng thay thế khác. Để được hỗ trợ, hãy gọi 1-866-892-8340 (TTY: 711).