2026
Summary of Benefits

Hawaii

Wellcare 'Ohana Dual Align (HMO-POS D-SNP)

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Wellcare 'Ohana Dual Align (HMO-POS D-SNP) | 2026 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Wellcare 'Ohana Dual Align (HMO-POS 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 Wellcare 'Ohana Dual Align (HMO-POS D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

Table of Contents

A. Disclaimers

This is a summary of health services covered by Wellcare 'Ohana Dual Align (HMO-POS D-SNP) for 2026. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. You can get a copy of the *Evidence of Coverage* by calling 1-888-846-4262 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. If you leave a voicemail message, please include your name, and telephone number and a team member will return your call within one (1) business day. Or you can access the *Evidence of Coverage* on our website at go.wellcare.com/OhanaHI.

- ‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.
- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.
- Based on a Model of Care review, Wellcare 'Ohana Dual Align (HMO-POS D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2028.
- Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- For more information about Wellcare 'Ohana Dual Align (HMO-POS D-SNP), you can check the Med-QUEST Division’s website medquest.hawaii.gov/en/members-applicants/Dual-Eligible-Special-Needs-Plan or contact the Med-QUEST Division’s Office of the Ombudsman at 1-888-488-7988 toll-free , 711 TTY, Monday through Friday 7:45am – 4:30pm (excluding State holidays).

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-888-846-4262 (TTY: 711) from 7:45 a.m. to 8 p.m. Monday–Friday. Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. If you leave a voicemail message, please include your name, and telephone number and a team member will return your call within one (1) business day. The call is free.
- This document is available for free in Chinese, Korean, Hmong, Tagalog, Laotian, Cambodian/Khmer, Vietnamese, Hawaiian, Japanese, Samoan, Thai, Ilocano, Karen, Turkish, Uzbek, Burmese.
- This document is available in languages other than English. For additional information, call us at 1-888-846-4262 (TTY: 711).
    - To aways get this document and other material in another language or format, now and in the future, please call Member Services at the bottom of this page. We will document your choice. This is called a “standing request”.
    - If you later want to change the language and/or format choice, please call Member Services at the phone number on the bottom of this page.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's an integrated D-SNP?	An integrated D-SNP is a health plan that contracts with both Medicare and Med-QUEST Division to provide Medicare and Medicaid services to enrollees. An integrated D-SNP combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated care system. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.

Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in Wellcare 'Ohana Dual Align (HMO-POS D-SNP) that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from Wellcare 'Ohana Dual Align (HMO-POS D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from Community Care Services (CCS) or through Hawaii's Department of Health's Developmental Disabilities Division (DDD), Adult Mental Health Division (AMHD) and Child and Adolescent Mental Health Division (CAMHD), if applicable. When you enroll in Wellcare 'Ohana Dual Align (HMO-POS D-SNP), you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Wellcare 'Ohana Dual Align (HMO-POS 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 Wellcare 'Ohana Dual Align (HMO-POS D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Wellcare 'Ohana Dual Align (HMO-POS D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Wellcare 'Ohana Dual Align (HMO-POS D-SNP)'s network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Wellcare 'Ohana Dual Align (HMO-POS D-SNP)'s plan. • If you're currently under treatment with a provider that's out of Wellcare 'Ohana Dual Align (HMO-POS D-SNP)'s network, or have an established relationship with a provider that's out of Wellcare 'Ohana Dual Align (HMO-POS D-SNP)'s network, call Member Services to check about staying connected. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Wellcare 'Ohana Dual Align (HMO-POS D-SNP)'s Provider and Pharmacy Directory on the plan's website at go.wellcare.com/2026providerdirectories. If Wellcare 'Ohana Dual Align (HMO-POS D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs.

Frequently Asked Questions	Answers
What's a Wellcare 'Ohana Dual Align (HMO-POS D-SNP) care coordinator?	A Wellcare 'Ohana Dual Align (HMO-POS D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need, including the following: • 'Ohana's Health Coordination team helps you better understand your health conditions and how to use your medical plan services. Our Health Coordinators are led by healthcare professionals, like nurses, social workers, and behavioral health specialists. They assess your risk factors, develop a personal treatment plan, establish treatment goals, monitor outcomes, and evaluate for possible revisions of the Individualized Care Plan. This program enhances the care you get from your provider. It does not replace any service. We will ask you to work with a Health Coordinator if we think you would benefit from having someone to help with your care. • To learn more, please call Member Services toll-free at 1-888-846-4262 and ask for the Health Coordination team. TTY users may call 711.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.

Frequently Asked Questions	Answers
What happens if I need a service but no one in Wellcare 'Ohana Dual Align (HMO-POS 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, Wellcare 'Ohana Dual Align (HMO-POS D-SNP) will pay for the cost of an out-of-network provider.
Where's Wellcare 'Ohana Dual Align (HMO-POS D-SNP) available?	The service area for this plan includes: Hawaii, Honolulu, Kauai, Maui Counties, Hawaii. You must live in one of these areas to join the plan.
What's prior authorization? (continued on next page)	Prior authorization means an approval from Wellcare 'Ohana Dual Align (HMO-POS D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Wellcare 'Ohana Dual Align (HMO-POS D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Wellcare 'Ohana Dual Align (HMO-POS D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Wellcare 'Ohana Dual Align (HMO-POS D-SNP) before the service is provided.

Frequently Asked Questions	Answers
What's prior authorization? (continued from previous page)	Refer to **Chapter 3** of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
Do I pay a monthly amount (also called a premium) under Wellcare 'Ohana Dual Align (HMO-POS D-SNP)?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Wellcare 'Ohana Dual Align (HMO-POS D-SNP)?	No. You don't pay deductibles in Wellcare 'Ohana Dual Align (HMO-POS D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Wellcare 'Ohana Dual Align (HMO-POS D-SNP)?	There's no cost sharing for medical services in Wellcare 'Ohana Dual Align (HMO-POS D-SNP), so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization may be required, except in an emergency.
	Outpatient hospital services, including observation	$0	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	$0	Prior authorization may be required.
	Doctor or surgeon care	$0	Prior authorization may be required.
You want a doctor	Visits to treat an injury or illness	$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	Wellness visits, such as a physical	$0	
	“Welcome to Medicare” (preventive visit one time only)	$0	
	Specialist care	$0	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	$0	Emergency room services do not require a referral or prior authorization and can be provided at an in-network or out-of-network facility. $115 copay for worldwide emergency services. You are covered up to $50,000 every year for worldwide emergency and urgent care services.
	Urgent care	$0	Urgent care services do not require a referral or prior authorization. You can get urgent care services at in-network providers or at out-of-network providers if network providers are temporarily unavailable or inaccessible. $115 copay for Worldwide emergency services. You are covered up to $50,000 every year for worldwide emergency and urgent care services.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization may be required.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings	$0	Limited to 1 exam every year. Prior authorization may be required.
	Hearing aids	$0	Our plan also covers hearing aids under your Medicare coverage for the following: Fitting/evaluation – 1 every year Hearing aids – 2 (1 per ear) every year with a maximum allowance of $500 per hearing aid Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued on next page)	Dental check-ups and preventive care	$0	For more information about your Medicaid dental benefits and providers, please visit: https://www.hawaiidentalservice.com/plans/medicaid Our plan also covers routine dental care under your Medicare benefit. You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). If you use out-of-network providers, you will pay a 25% coinsurance for covered services. Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays. Covered preventive services include: • Other diagnostic services – 1 every day to 1 plan year • Other preventive services – 1 every day to 1 year Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Restorative and emergency dental care	$0	For more information about your Medicaid dental benefits and providers, please visit: https://www.hawaiidentalservice.com/plans/medicaid Our plan also covers routine dental care under your Medicare benefit. You may use either in-network or out-of-network dentists for routine dental care (non-Medicare-covered services). If you use out-of-network providers, you will pay a 25% coinsurance for covered services. Out-of-network providers are not contracted to accept plan payment as payment in full. They might charge you more than the plan pays. This plan includes coverage up to $3,000 per plan year for all in-network and out-of-network covered routine comprehensive dental services. Covered comprehensive services include: • Restorative services* • Endodontics* • Periodontics* • Prosthodontics, removable and fixed* • Oral and maxillofacial surgery* • Adjunctive general services*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			*Benefit frequency limits vary based on services you receive. Refer to the *Evidence of Coverage* for more details. Prior authorization may be required.
You need eye care	Eye exams	$0	Prior authorization may be required.
	Glasses or contact lenses	$0	Our plan also covers eyewear under your Medicare coverage for the following: Up to $100 combined allowance towards contacts and glasses (lenses and/or frames) every year. Prior authorization may be required.
	Other vision care	$0	Vision hardware upgrades including any lens options such as tints and coatings are covered. Prior authorization may be required.
You need behavioral health services (continued on next page)	Behavioral health services	$0	Prior authorization may be required. For specialized behavioral health services, see Community Care Services (CCS) in **Section D**. CCS provides specialized behavioral health services to eligible adult Medicaid members with severe mental illness (SMI) and/or severe and persistent mental illness (SPMI).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services (continued)	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	Prior authorization may be required. For specialized behavioral health services, see Community Care Services (CCS) in **Section D**. CCS provides specialized behavioral health services to eligible adult Medicaid members with severe mental illness (SMI) and/or severe and persistent mental illness (SPMI).
You need substance use disorder services	Substance use disorder services	$0	Prior authorization may be required.
You need a place to live with people available to help you	Skilled nursing care	$0	Prior authorization may be required.
	Nursing home care	$0	
	Adult Foster Care and Group Adult Foster Care	$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization may be required.
You need help getting to health services	Ambulance services	$0	Prior authorization may be required.
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	

Health need or concern	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 on the next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Evidence of Coverage* for more information on these drugs. Prior authorization may be required.
	Medicare Part D drugs Tier 1: (Preferred Generic) Tier 2: (Generic) Tier 3: (Preferred Brand) Tier 4:(Non-Preferred Drug) Tier 5: (Specialty Tier) Tier 6: (Select Care Drugs)	$0 copay for up to a 100-day supply at a retail pharmacy. $0 copay for a 35 to 100-day supply at a mail order pharmacy.	There may be limitations on the types of drugs covered. Please refer to Wellcare 'Ohana Dual Align (HMO-POS D-SNP)'s *List of Covered Drugs* (*Drug List*) for more information. Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply. Tier 5 drugs are limited to a 30-day supply per fill. An extended-day supply of some drugs is available through mail order and certain retail pharmacies. For more information, please refer to our *List of Covered Drugs* to view those drugs available for an extended-day supply.

Health need or concern	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)	Over-the-counter (OTC) drugs]	$0	There may be limitations on the types of drugs covered. Please refer to Wellcare 'Ohana Dual Align (HMO-POS D-SNP)'s *List of Covered Drugs* (*Drug List*) for more information. Over-the-counter items are now covered under Wellcare Spendables®. Please see the Wellcare Spendables® section in this chart for more information.
You need help getting better or have special health needs	Rehabilitation services	$0	Prior authorization may be required.
	Medical equipment for home care	$0	Prior authorization may be required.
	Dialysis services	$0	
You need foot care	Podiatry services	$0	Prior authorization may be required.
	Orthotic services	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Evidence of Coverage*.	Wheelchairs, crutches, and walkers	$0	Prior authorization may be required.
	Nebulizers	$0	Prior authorization may be required.
	Oxygen equipment and supplies	$0	Prior authorization may be required.
You need help living at home (continued on the next page)	Home health services	$0	These services are available only if your need for long-term care has been determined by The State of Hawaii Med-QUEST Division. Prior authorization may be required.
	Home maintenance such as grab bars and ramps	$0	These services are available only if your need for long-term care has been determined by The State of Hawaii Med-QUEST Division. Prior authorization required. Excluded are changes or improvements to the home that do not have a direct medical or remedial benefit to the member.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Adult day health, adult day care, or other support services	$0	These services are available only if your need for long-term care has been determined by The State of Hawaii Med-QUEST Division. Prior authorization required.
	Home delivered meals	$0	These services are available only if your need for long-term care has been determined by The State of Hawaii Med-QUEST Division. Prior authorization and level of care requirements required.
	Personal care attendant services	$0	May be covered when authorized by the Health Coordinator for members who need help with key daily activities to prevent a decline in health status and keep them in their home. Some levels of service must be provided by a home health aide (HHA), personal care aide (PCA), certified nurse aide (CNA) or nurse aide (NA) with applicable skills. Prior authorization required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on next page)	Chiropractic services	$0	Prior authorization may be required.
	Diabetes supplies and services	$0	Therapeutic shoes or inserts are covered when medically necessary. Diabetic glucometer and supplies are limited to Accu-Chek™ Guide and True Metrix™ when obtained at a Pharmacy. Other brands and continuous glucose monitoring systems are not covered unless pre-authorized. Quantity limits may apply. Prior authorization may be required.
	Prosthetic services	$0	Prior authorization may be required.
	Radiation therapy	$0	Prior authorization may be required.
	Services to help manage your disease	$0	
	General Education Development (GED) or Hawaii HiSET Exam	$0	You can take the GED® or HiSET® tests at no charge if you're age 18 or older and don't have your high school diploma. Visit our website to learn more and find help preparing for the test.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Over-the-Counter (OTC) Supplies	$0	The OTC benefit is available to each head of household. The $10 per month allowance will roll over if not used, and the funds will remain available until the end of the calendar year. You can choose from more than 200 items like diapers, pain relievers, reading glasses, dental kits, and more. The items are mailed right to your home.
(continued on next page)	Asthma Room to Breathe Program	$0	As part of our Room to Breathe Program, eligible members may get all of the following items and services to help reduce their asthma symptoms and create a safer environment when criteria is met: − Hypoallergenic Bedding: • Items include mattress and pillow casings. • Limited to $100 annually per member. • Bedding must be ordered through an ‘Ohana Care Coordinator. − Carpet Cleaning: • Provides carpet-cleaning for qualified asthmatic members. • Two carpet cleanings per plan year.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			− HEPA Filter Vacuum Cleaner: • Provides qualified asthmatic members with a vacuum cleaner with a high efficiency particulate air (HEPA) filter, which traps pollutants and may help bring allergy relief. • Limit of one. − Allergy Masks: • Provides allergy masks to protect against air pollution. − Nutritional Education Counseling
	Ambulatory Blood Pressure Monitoring	$0	Eligible members at risk for high blood pressure (also known as hypertension) can get a blood pressure cuff to check their blood pressure at home.
(continued on next page)	WeightWatchers®	$0	'Ohana will provide eligible members with two 6-month memberships to WeightWatchers®. Members should be referred by their provider. WeightWatchers® is available online, in-person, or a mix of the two. − Case Management or Disease Management approval required. − Age 18 years or older with a BMI equal or greater than 25.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Pain Management Program	$0	This program helps qualified members manage chronic pain. If criteria is met, Prior Authorization is needed. Limitations apply (a total of 20 visits per year for services listed below). − Acupuncture is a treatment in which needles are used to stimulate certain points of the body. It can help lessen pain and treat other health conditions. − Massage therapy is when a specialist works with soft body tissues (such as muscles , connective tissue, tendons, and ligaments) to help manage pain. − Chiropractic therapy is manipulation of the spine by a licensed chiropractor to treat pain.
	Caregiver Package	$0	‘Ohana provides packages to the caregivers of active members containing: − Phone numbers. − Keepsake bag. − Caregiver educational materials. − Caregiver journal. − Information regarding support groups.
(continued on next page)			

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Habilitation services	$0	Prior authorization may be required.
	Institutional services	$0	These services are part of the Long Term Services and Supports benefit. Prior authorization may be required.
	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 *Evidence of Coverage*.	$0	**If eligible,** you can use your Wellcare Spendables® allowance towards the additional benefits shown below. Once determined eligible these expanded benefits will be available in 7-10 business days. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card. Your card allowance can be used towards: • **Gas pay-at-pump** - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. • **Healthy Food** - You can use your card to pay for healthy foods and produce at participating retailers. Delivery options for eligible grocery items may be available. Prepared meals are available for order via online portal.

(continued on next page)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued) **(continued on next page)**			• **Home Assistance and Safety Items -** You can use your card to help with the cost of pest and insect control. You can also use your card for home assistance and safety items, including installation. Log in to your member portal to purchase accepted items and view eligible services. • **Rent Assistance -** You can use your card to help with the cost of rent/mortgage for your home. • **Utility Assistance -** You can use your card to help with the cost of utilities for your home. Your card can be used toward utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued) **(continued on next page)**	Wellcare Spendables®	$0	You will receive a **$120 monthly** preloaded on your Wellcare Spendables® card to spend on OTC items, Dental, Vision, and Hearing services. Your monthly allowance **rolls over to the following month if unused and expires at the end of the plan year**. Your card allowance can be used towards: **Over-the-Counter items (OTC)** - Your card can be used at participating retail locations, through the mobile app, or online through your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items and diabetic items. **Dental, Vision, and Hearing** You may use your card to help reduce your out-of-pocket expenses for eligible dental, vision, and hearing services. **Benefits mentioned below are part of SSBCI. Not all members will qualify. You must meet eligibility criteria for the following plan benefits.**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			**If you qualify**, your card allowance can also be used towards: • Gas pay-at-pump • Healthy Food • Home Assistance and Safety Items • Pest Control Items and Services • Rent Assistance • Utility Assistance Refer to Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits. For more information, limitations, and exclusions, please see your *Evidence of Coverage*.
	My Wellcare Rewards	$0	With **My Wellcare Rewards**, you can earn up to $100 by completing eligible health activities and portal activities through our member portal. Rewards will be loaded onto your Wellcare Spendables® card.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Wellcare 'Ohana Dual Align (HMO-POS D-SNP) *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Wellcare 'Ohana Dual Align (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit go.wellcare.com/OhanaHI.

D. Benefits covered outside of Wellcare 'Ohana Dual Align (HMO-POS D-SNP)

There are some services that you can get that aren't covered by Wellcare 'Ohana Dual Align (HMO-POS D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Dental services	$0
Intellectual and developmental disabilities home and community-based services Medicaid waiver program (Hawaii's Department of Health's Developmental Disabilities Division)	$0
State of Hawaii Organ and Tissue Transplant (SHOTT)	$0
Certain hospice care services covered outside of Wellcare 'Ohana Dual Align (HMO-POS D-SNP)	$0
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program for children and young adults under 21	$0

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Specialized behavioral health services by the Community Care Services (CCS) Program Specialized behavioral health services are provided by the Community Care Services (CCS) program. This program provides intensive behavioral health services, in addition to basic behavioral health services covered by Medicaid health plans, to adults diagnosed with a qualifying serious mental illness (SMI) and/or a serious and persistent mental illness (SPMI). These adults must be enrolled in a Medicaid health plan and meet CCS eligibility criteria as determined by Med-QUEST Division (MDQ).	$0

E. Services that Wellcare 'Ohana Dual Align (HMO-POS D-SNP), Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Wellcare 'Ohana Dual Align (HMO-POS D-SNP), Medicare, and Medicaid don't cover	
Services not considered "reasonable and necessary" according to standards of Medicare and Medical Assistance	Cosmetic procedures, Investigational and experimental procedures, Medical care in a foreign country for children or adults

F. Your rights as a member of the plan

As a member of Wellcare 'Ohana Dual Align (HMO-POS D-SNP), you have certain rights. You can exercise these rights without being punished. You can also 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, please 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 medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care coordinator
- **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
  - 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, 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. Wellcare 'Ohana Dual Align (HMO-POS 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 health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - 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
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a complaint with Wellcare 'Ohana Dual Align (HMO-POS D-SNP) at 1-888-846-4262 (TTY: 711). The Wellcare 'Ohana Dual Align (HMO-POS D-SNP) website go.wellcare.com/OhanaHI has instructions available online.
  - Appeal certain decisions made by Wellcare 'Ohana Dual Align (HMO-POS D-SNP)
  - Ask for a State Administrative Hearing for appeals not resolved wholly in your favor
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call Wellcare 'Ohana Dual Align (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

If you have questions, please call Wellcare 'Ohana Dual Align (HMO-POS D-SNP) at 1-888-846-4262 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/OhanaHI.

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

If you have a complaint or think Wellcare 'Ohana Dual Align (HMO-POS D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call Wellcare 'Ohana Dual Align (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

Appeals for Part D (Drugs)
Attn: Pharmacy Appeals
P.O. Box 31383
Tampa, FL 33631-3383
Phone: 1-866-388-1766 (TTY: 711)

Appeals for Part C (Medical and Part B Drugs)
Wellcare
Appeals Department - Medical
P.O. Box 31368
Tampa, FL 33631-3368
Phone: 1-888-846-4262 (TTY: 711)

Grievances for Part C (Medical and Part B Drugs) and Part D (Drugs)
Wellcare
Grievance Department
P.O. Box 31395
Tampa, FL 33631-3395
Phone: 1-888-846-4262 (TTY: 711)

The State of Hawaii Office of the Ombudsman helps people enrolled in Hawaii Med-QUEST Division Program (Medicaid) with service or billing problems. They can help you file a grievance or appeal with our plan.

Office of the Ombudsman
465 South King Street, 4th Floor
Honolulu, HI 96813
Phone: 1-808-587-0770

H. 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, please contact us.

- Call us at Wellcare 'Ohana Dual Align (HMO-POS D-SNP) Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call the Medicaid Customer Service Center at 1-800-316-8005. TTY users may call 1-800-603-1201 or 711.
- 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.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Wellcare 'Ohana Dual Align (HMO-POS D-SNP) Member Services:

1-888-846-4262
Calls to this number are free. Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. If you leave a voicemail message, please include your name, and telephone number and a team member will return your call within one (1) business day.
Member Services also has free language interpreter services available for non-English speakers.
TTY: 711
Calls to this number are free. Between October 1 and March 31, representatives are available Monday–Sunday, 7:45 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 7:45 a.m. to 8 p.m.

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 Wellcare 'Ohana Dual Align (HMO-POS D-SNP)'s Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. The numbers for the plan's Nurse Advice Line are:
1-877-457-7621
Calls to this number are free. 24 hours a day, 7 days a week.
Wellcare 'Ohana Dual Align (HMO-POS D-SNP) also has free language interpreter services available for non-English speakers.
TTY: 711
Calls to this number are free. 24 hours a day, 7 days a week.

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

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-846-4262 (TTY: 711).

Iloko PALIIWEN: Adda dagiti libre a serbisio a tulong iti pagsasao. Dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti nalaka a maawatan a pormat ket libre met a magun-odan. Tawagan ti 1-888-846-4262 (TTY: 711).

Gagana Sāmoa FA'AALIGA: O lo'o avanoa fua ia te oe auaunaga fesoasoani i le gagana. E avanoa fo'i fua fesoasoani ma meafaigaluega talafeagai e tu'uina atu ai fa'amatalaga i auala faigofie ona malamalama ai. Vala'au 1-888-846-4262 (TTY: 711).

'Ōlelo Hawai'i HO'ĀKAKA: Loa'a iā 'oe ke kōkua manuahi no ka unuhi 'ōlelo. Loa'a pū kekahi mau pono kōkua kūpono a me nā lawelawe e hā'awi ai i ka 'ike i nā 'ano 'ano hiki ke ki'i 'ia, me ka uku 'ole. Kelepona i 1-888-846-4262 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-888-846-4262 (TTY: 711).

日本語 注意：言語支援サービスを無料で提供しています。情報をアクセシビリティに対応した形式で提供する各種補助支援およびサービスも無料です。1-888-846-4262 (TTY: 711) **にお電話ください。**

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-888-846-4262（TTY：711）。

繁體中文 注意：我們爲您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-888-846-4262 (TTY：711)。

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-888-846-4262 (TTY: 711).

한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-888-846-4262 (TTY: 711)번으로 전화해 주십시오.

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Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-888-846-4262 (TTY: 711).

ไทย โปรดทราบ: **พร้อมให้บริการความช่วยเหลือทางภาษาฟรีแก่คุณ และมีความช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่ายด้วยเช่นกัน โทร** 1-888-846-4262 (TTY: 711)

ພາສາລາວ ໝາຍເຫດ: ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີສຳລັບທ່ານ ນອກຈາກນີ້ຍັງມີບໍລິການຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍເພີ່ມເຕີມ. ໂທ 1-888-846-4262 (TTY: 711).

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-888-846-4262 (TTY: 711).

Français REMARQUE : des services d’assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-846-4262 (TTY : 711).

Français cadien COMMUNIQUE: Des services d’aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-888-846-4262 (TTY : 711).

Русский ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Вы также можете бесплатно получить соответствующие вспомогательные средства и услуги, направленные на предоставление информации в доступных форматах. Позвоните по номеру 1-888-846-4262 (TTY: 711).

Português ATENÇÃO: estão disponíveis serviços de assistência gratuitos no seu idioma. Também estão disponíveis apoios auxiliares e serviços adequados que oferecem informações em formatos acessíveis e sem custos. Ligue para 1-888-846-4262 (TTY: 711).

Українська УВАГА! Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-888-846-4262 (TTY: 711).

Bisaya ATENSYON: Libreng mga serbisyo sa pagtabang sa lengguwahe ang available nimo. Available sab ang angay nga auxiliary nga mga tabang ug serbisyo nga maghatag og impormasyon sa ma-access nga mga format nga walay bayad. Tawagi ang 1-888-846-4262 (TTY: 711).

Fosun Chuuk ESINESIN: Mi wor aninisin chiakun non fosun fonu mi kawor ngonuk ese kamo. Mei pwan wor ekewe pisekin aninisin weweiti porous mi kawor an epwe awora mecheres non atouren porous ese pwan kamo. Kekeri 1-888-846-4262 (TTY: 711).

Nan Ro rej Kajin Majol LALE: Ewor jerbal in jipan kajin ko ejjelok woneen nan kwe. Ewor bar kein jipan ko rekkar im jerbal in jipan ko nan lelok melele ko ilo wawein ko remaron ilo ejjelok woneen. Kilok 1-888-846-4262 (TTY: 711).

Lea fakatonga FAKATOKANGA KI HE: ʻOku ʻata atu kiate koe ʻa e ngaahi tokoni taʻetotongi ʻi he lea fakafonua. ʻOku toe maʻu taʻetotongi foki mo e ngaahi tokoni feʻunga ke maʻu ʻaki ʻa e fakamatala ʻi ha founga ʻoku faingofua ke maʻu. Taa ki he 1-888-846-4262 (TTY: 711).

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 1-844-480-0680 (TTY 711). Hours are Sunday - Saturday, 8 am to 8 pm.

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 go.wellcare.com/OhanaHI or call 1-844-480-0680 (TTY 711) to view a copy of the EOC. Hours are Sunday - Saturday, 8 am to 8 pm.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ Benefits may change on January 1, 2027.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- ☐ 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.

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