



Wellcare Fidelis Dual Align (HMO D-SNP)
2026 Summary of Benefits
New Jersey
H0913 | 013

Wellcare Fidelis Dual Align (HMO D-SNP) | 2026 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Wellcare Fidelis Dual Align (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 Wellcare Fidelis Dual Align (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 Wellcare Fidelis Dual Align (HMO D-SNP) for 2026. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. You can find the *Evidence of Coverage* on our website at go.wellcare.com/FidelisNJ. To request a copy, please call 1-866-892-8340 (TTY: 711). Hours are Monday – Sunday, 8 am – 8 pm (all time zones). 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.

- ❖ 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.
- ❖ Your Part B premium is covered by Medicaid.
- ❖ This plan is available to those who have both Medicare and full Medicaid benefits.
- ❖ When joining this plan:
 - 1.) You must use in-network providers, DME (durable medical equipment) suppliers, and pharmacies.
 - 2.) You will be enrolled automatically 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.
 - 3.) You will be enrolled automatically 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.
 - 4.) You must understand and follow our plan's rules on referrals.

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.



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- ❖ 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.
 - ❖ Please contact Wellcare for details.
 - ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 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. 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 and Spanish.
 - ❖ This document is available in languages other than English. For additional information, call us at 1-866-892-8340 (TTY 711).
 - To always 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.
 - ❖ Please contact Wellcare for details.

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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.

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B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What's a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)?	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. If you join a FIDE SNP, you don't 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. 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 Wellcare Fidelis Dual Align (HMO D-SNP)'s service area are listed in Section B of this document.
Will I get the same Medicare and NJ FamilyCare benefits in Wellcare Fidelis Dual Align (HMO D-SNP) that I get now? (continued on the next page)	If you're coming to Wellcare Fidelis Dual Align (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 Wellcare Fidelis Dual Align (HMO D-SNP)

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Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and NJ FamilyCare benefits in Wellcare Fidelis Dual Align (HMO D-SNP) that I get now? (continued from previous page)	When you enroll in Wellcare Fidelis Dual Align (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 Wellcare Fidelis Dual Align (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 Wellcare Fidelis Dual Align (HMO D-SNP) to cover your drug if medically necessary.
Can I use the same health care providers I use now?	That's often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Wellcare Fidelis Dual Align (HMO D-SNP) and have a contract with us, you can keep using them. • Providers with an agreement with us are "in-network." You must use the providers in Wellcare Fidelis Dual Align (HMO D-SNP)'s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Wellcare Fidelis Dual Align (HMO D-SNP)'s network. 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 Fidelis Dual Align (HMO D-SNP)'s <i>Provider and Pharmacy Directory</i>. You can also visit our website at go.wellcare.com/FidelisNJ for the most current listing. If Wellcare Fidelis Dual Align (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.

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Frequently Asked Questions (FAQ)	Answers
What's a Care Manager?	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.
What are Managed Long Term Services and Supports (MLTSS)?	Managed Long Term Services and Supports (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.
What happens if I need a service but no one in Wellcare Fidelis Dual Align (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, Wellcare Fidelis Dual Align (HMO D-SNP) will cover services provided by an out-of-network provider.
Where's Wellcare Fidelis Dual Align (HMO D-SNP) available?	The service area for this plan includes: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren, New Jersey. You must live in one of these areas to join the plan.

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Frequently Asked Questions (FAQ)	Answers
What's prior authorization?	Prior authorization means that you must get approval from Wellcare Fidelis Dual Align (HMO D-SNP) before Wellcare Fidelis Dual Align (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. Wellcare Fidelis Dual Align (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. Wellcare Fidelis Dual Align (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from Wellcare Fidelis Dual Align (HMO D-SNP) before the service is provided. 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.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval before you can use specialists or other providers in the plan's network. If you don't get approval, Wellcare Fidelis Dual Align (HMO D-SNP) may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists. Wellcare Fidelis Dual Align (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. For more information on when a referral is needed, call Member Services at the numbers listed at the bottom of this page or refer to Chapter 3, of the <i>Evidence of Coverage</i>.
Do I pay a monthly amount (also called a premium) under Wellcare Fidelis Dual Align (HMO D-SNP)?	No. You won't pay any monthly premiums to Wellcare Fidelis Dual Align (HMO D-SNP) for your health coverage. Additionally, Medicaid will pay your Medicare Part B premium for you.

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Frequently Asked Questions (FAQ)	Answers
Do I pay a deductible as a member of Wellcare Fidelis Dual Align (HMO D-SNP)?	No. You don't pay deductibles in Wellcare Fidelis Dual Align (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Wellcare Fidelis Dual Align (HMO D-SNP)?	There's no cost sharing for medical services in Wellcare Fidelis Dual Align (HMO D-SNP), so your annual out-of-pocket costs will be \$0.

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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	Inpatient hospital care	\$0	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	Services may require prior authorization
	Ambulatory surgical center (ASC) services	\$0	Services may require prior authorization
You want to use a health care provider	Doctor visits (including visits to Primary Care Providers and specialists)	\$0	Services may require prior authorization
	Visits to treat an injury or illness	\$0	Services may require prior authorization
You want to use a health care provider	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$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 need emergency care	Emergency room services	\$0	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. Worldwide emergency and urgent care services outside the United States are covered for up to \$50,000 every year. Contact the plan for details.
	Urgently needed services	\$0	Urgently needed services aren't emergency care. You don't need prior authorization and you don't have to be in-network. Worldwide emergency and urgent care services outside the United States are covered for up to \$50,000 every year. Contact the plan for details.
You need medical tests	Lab tests, such as blood work	\$0	Services may require prior authorization
	X-rays or other pictures, such as CAT scans	\$0	Services may require prior authorization
	Screenings, such as tests to check for cancer	\$0	Services may require prior authorization

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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 hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	Services may require prior authorization
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	Services may require prior authorization
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	Services may require prior authorization
You need eye care	Vision services (including annual eye exams)	\$0	Services may require prior authorization
	Glasses or contact lenses	\$0	Services may require prior authorization
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Services may require prior authorization
You have a mental health condition (This service is 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	\$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)	Term Care Facility (STCF), or critical access hospital)		
You need mental health services	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) (Note: This isn't a complete list of the plan's expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)	\$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.

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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	Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment) (Note: This isn't a complete list of the plan's expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)	\$0	Services may require prior authorization

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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 a place to live with people available to help you	Skilled nursing care	\$0	Services may require prior authorization
	Nursing home care	\$0	
	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	Services may require prior authorization
You need help getting to health services	Ambulance services	\$0	Services may require prior authorization
	Emergency transportation	\$0	Services may require prior authorization
You need drugs to treat your illness or condition (This service is 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	Read the <i>Evidence of Coverage</i> for more information on these drugs. Services may require prior authorization

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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) (This service is continued on the next page)	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. Refer to Wellcare Fidelis Dual Align (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> at go.wellcare.com/FidelisNJ for more information. Wellcare Fidelis Dual Align (HMO D-SNP)'s may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Wellcare Fidelis Dual Align (HMO D-SNP)'s for certain drugs. You must use to 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 Drugs (Drug List)</i>, and printed materials, as well as on the Medicare Drug Plan Finder on www.medicare.gov/plan-compare.

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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)			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 <i>List of Covered Drugs</i> to view those drugs available for an extended-day supply.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Wellcare Fidelis Dual Align (HMO D-SNP)'s List of Covered Drugs (Drug List) for more information.
	Diabetes medications	\$0	
You need foot care	Podiatry services (including routine exams)	\$0	Services may require prior authorization.
	Orthotic services	\$0	Services may require prior authorization.

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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 durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This isn't a complete list of covered DME or supplies. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)	\$0	Services may require prior authorization.
You need interpreter services	Spoken language interpreter	\$0	Our plan has free interpreter services available to answer questions from non-English speaking members.
	Sign language interpreter	\$0	Our plan has free interpreter services available to answer questions from non-English speaking members.
Other covered services (This service is continued on the next page)	Acupuncture	\$0	Services may require prior authorization.

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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)	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	Services may require prior authorization.
	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 Wellcare Fidelis Dual Align (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

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D. Additional services Wellcare Fidelis Dual Align (HMO D-SNP) covers

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

Additional services Wellcare Fidelis Dual Align (HMO D-SNP) covers	Your costs
Social support platform Our plan provides an online and app-based support platform for your overall well-being. The platform offers personalized therapeutic self-guided activities and programs to help manage stress, anxiety, and support your emotional and mental health. Engage in interactive activities, meditations and games tailored to your needs. The platform also features the ability to join social communities. Available online 24/7 - you can use it whenever you choose. For more information on how to access the social support platform please see your <i>Evidence of Coverage</i>.	\$0
Special Supplemental Benefits for 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>.	\$0

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.



Additional services Wellcare Fidelis Dual Align (HMO D-SNP) covers	Your costs
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 • 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 and produce boxes are available for order via online portal. • Home Assistance and Safety Items - You can use your card to help with the cost of home assistance and safety items, including installation. You can also use your card to help with the cost of pest and insect control. 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.	

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.

Additional services Wellcare Fidelis Dual Align (HMO D-SNP) covers	Your costs
Wellcare Spendables® You will receive a \$201 monthly preloaded on your Wellcare Spendables® card to spend on OTC items. 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. Benefits mentioned below are part of SSBCI. Not all members will qualify. You must meet eligibility criteria for the following plan benefits. <u>If you qualify,</u> 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 <i>Evidence of Coverage</i>.	\$0

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.

E. Benefits covered outside of Wellcare Fidelis Dual Align (HMO D-SNP)

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other services not covered by Wellcare Fidelis Dual Align (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 Wellcare Fidelis Dual Align (HMO D-SNP) (exclusions)

The following services aren't covered by our plan. 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 not covered by Wellcare Fidelis Dual Align (HMO D-SNP) (exclusions)
Services not considered "reasonable and necessary" according to standards of Medicare and NJ FamilyCare

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.



Services not covered by Wellcare Fidelis Dual Align (HMO D-SNP) (exclusions)
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 Wellcare Fidelis Dual Align (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

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.

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- Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way Wellcare Fidelis Dual Align (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:
 - Wellcare Fidelis Dual Align (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 1-866-892-8340 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. Wellcare Fidelis Dual Align (HMO D-SNP) will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive

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.



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- **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 1-866-892-8340 if you need help with this service
 - Have your *Evidence of Coverage* and any printed materials from Wellcare Fidelis Dual Align (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 Wellcare Fidelis Dual Align (HMO D-SNP)

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.



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- 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

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 a Wellcare Fidelis Dual Align (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 Wellcare Fidelis Dual Align (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

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.



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

For more information about your rights, you can read Wellcare Fidelis Dual Align (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Wellcare Fidelis Dual Align (HMO D-SNP) Member Services at the numbers 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 Wellcare Fidelis Dual Align (HMO D-SNP) should cover something we denied, call Wellcare Fidelis Dual Align (HMO D-SNP) at 1-866-892-8340 (TTY 711). You can file a complaint or appeal our decision.

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

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 Wellcare Fidelis Dual Align (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.
- 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 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.



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- 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 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.



Wellcare Fidelis Dual Align (HMO D-SNP) | 2026 Summary of Benefits

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

1-866-892-8340

Calls to this number are free. 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. 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, 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. 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.

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 24-Hour Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the 24-Hour Nurse Advice Line are:

1-800-581-9952

Calls to this number are free. 24 hours a day, 7 days a week.

Wellcare Fidelis Dual Align (HMO D-SNP) 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. 24 hours a day, 7 days a week.

If you need immediate behavioral health care, call the NJ FamilyCare 24-Hour Behavioral Health Crisis Line:

1-888-411-6485

Calls to this number are free. 24 hours a day, 7 days a week.

Wellcare Fidelis Dual Align (HMO 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.

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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 ní fúnni ní ìrànǵwọ èdè, àwọn ìrànǵwọ arannilǵwọ àti àwọn isẹ, àwọn èròjà ìkọlètà títóbi sílẹ̀, ìtumò-èdè aláǵenusọ, àti àwọn ọ̀nà kíkọsílẹ̀ àfìrọ̀pò mìíràn láì gba owó rárá. Fún ìrànǵwọ pe 1-866-892-8340 (TTY: 711).

Se Twi ye kasa a wode twaa wo funuma a, yebetumi akyerε ase ama wo. Yede kasa ho mmoa a wontua hwee, mmoa ne nnwuma a eboa, atwerεdeε akεseε, ɔkasa mu nkyerεaseε, ne akwan afoforɔ so ma. Se wope mmoa a frε 1-866-892-8340 (TTY: 711).

O bụrụ na Igbo bụ asụsụ mbụ gị, anyị nwere ike isugharị ya maka gị. Anyị na-enye nkwado asụsụ na-akwughị ụgwọ, enyemaka na ọrụ ndị ọzọ, nnukwu ihe ọnụndèe , nsugharị okwu ọnụ, na ụdị ndị ọzọ. Maka enyemaka kpọọ 1-866-892-8340 (TTY: 711).

मी मोदती भाषा 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).

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 and benefits before you enroll. Visit go.wellcare.com/FidelisNJ 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.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.