Wellcare Meridian Dual Align (HMO D-SNP) offered by Meridian Health Plan of Illinois, Inc.

Annual Notice of Change for 2026

Introduction

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

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

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1 844-536-2180 (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/MeridianIL.

Additional resources

- This document is available for free in Spanish.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call 1-844-536-2180 (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.
- To make a standing request, change a standing request or make a one-time request for materials in a language other than English or in an alternate format, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2180 (TTY 711). We will document your choice. 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.

Table of Contents

A. Disclaimers

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.

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

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

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

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

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

- Medicare options in the table in **Section G2**.
- Illinois Medicaid options and services in **Section G2**.

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

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

B2. Important things to do

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

If you decide to stay with Wellcare Meridian Dual Align (HMO D-SNP)**:**	**If you decide to change plans:**
If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Wellcare Meridian Dual Align (HMO D-SNP).	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our plan name

On January 1, 2026, our plan name changes from Meridian Medicare-Medicaid Plan (MMP) to Wellcare Meridian Dual Align (HMO D-SNP).

You will get a new plan ID card in the mail. You can use this new card for both your Medicaid and Medicare benefits. From now on, any letters or messages you get from us will show this new plan name: Wellcare Meridian Dual Align (HMO D-SNP).

D. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2026.

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

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

E. Changes to benefits for next year

E1. Changes to benefits for medical services

We’re changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2025 (this year)	2026 (next year)
Prior Authorization In-Network benefits that have a change in prior authorization requirements	Prior authorization may be required for services listed below: - Dialysis Services - Cardiac and Pulmonary Rehabilitation Services - Fitness Benefit - Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)	Prior authorization **isn't** required for services listed below: - Dialysis Services - Cardiac and Pulmonary Rehabilitation Services - Fitness Benefit - Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)
Prior Authorization In-Network benefits that have a change in prior authorization requirements **This section is continued on the next page**	Prior authorization ***isn't*** required for services listed below: - Chiropractic Services - Physician Specialist Services - Mental Health Specialty Services - Podiatry Services - Other Health Care Professional Services - Diagnostic and Preventive Dental Services - Comprehensive Dental Services	Prior authorization may be required for services listed below: - Chiropractic Services - Physician Specialist Services - Mental Health Specialty Services - Podiatry Services - Other Health Care Professional Services - Diagnostic and Preventive Dental Services - Comprehensive Dental Services

	2025 (this year)	2026 (next year)
Prior Authorization In-Network benefits that have a change in prior authorization requirements	- Psychiatric Services - Opioid Treatment Program Services - Outpatient Substance Abuse Services - Medicare Dental Services - Eye Exams - Eyewear - Routine Hearing Exams - Fitting/Evaluation for Hearing Aid	- Psychiatric Services - Opioid Treatment Program Services - Outpatient Substance Abuse Services - Medicare Dental Services - Eye Exams - Eyewear - Routine Hearing Exams - Fitting/Evaluation for Hearing Aid
Referral In-Network benefits that have a change in referral requirements	A referral may be required for services listed below: - Occupational Therapy Services - Mental Health Specialty Services - Other Health Care Professional Services - Psychiatric Services - Opioid Treatment Program Services - Outpatient Substance Abuse Services - Physician Specialist	A referral **isn't** required for services listed below: - Occupational Therapy Services - Mental Health Specialty Services - Other Health Care Professional Services - Psychiatric Services - Opioid Treatment Program Services - Outpatient Substance Abuse Services - Physician Specialist

	2025 (this year)	2026 (next year)
Annual routine physical exam	Annual routine physical exam **isn't** covered.	You pay a **$0** copay for an annual routine physical exam.
Dental services – Routine dental care **This section is continued on the next page**	You pay a **$0** copay for routine dental care under your Medicaid coverage.	You pay a **$0** copay for routine dental care under your Medicaid coverage. Our plan also covers routine dental care under the Medicare coverage. You pay a **$0** copay for the following: **Preventive services:** Oral exam and cleaning – 2 every year Dental X-rays* Other diagnostic services – 1 per visit Other preventive services – 1 per tooth per 6 months **Comprehensive services (limited to $4,000 allowance every year):** Restorative services* Endodontics* Periodontics* Prosthodontics, removal and fixed* Oral and maxillofacial surgery* Adjunctive general services* *Benefit frequency limits vary based on services you receive.

	2025 (this year)	2026 (next year)
Dental services – Routine dental care		Refer to the Member Handbook for more details.
Hearing services – Routine hearing exam and Hearing aid(s)	You pay a $**0** copay for routine hearing services under your Medicaid coverage.	You pay a **$0** copay for routine hearing services under your Medicaid coverage. Our plan also covers routine hearing services under the Medicare coverage. You pay a **$0** copay for the following: Hearing exam – 1 every year Fitting/evaluation – 1 every year Hearing aids – 2 (1 per ear) every year with a maximum allowance of $1,000 per hearing aid.
In-home support services	In-home support services benefit **isn't** covered.	You pay a **$0** copay for 24 visits every year. Services include cleaning, household chores and meal preparation as well as provide assistance with activities of daily living.

	2025 (this year)	2026 (next year)
Over-the-counter benefit	You pay a **$0** copay. You receive a benefit of $50 every month to spend on eligible over-the-counter (OTC) products via mail order or at participating retailers. This benefit does not carry over to the next period.	Over-the-counter items are now covered under Wellcare Spendables®. Please see the Wellcare Spendables® section in this chart for more information.
Personal emergency response system (PERS)	Personal emergency response system **isn't** covered.	You pay a **$0** copay.
Social support platform **This section is continued on the next page**	Social support platform **isn't** covered.	You pay a **$0** copay for each covered service. Unlimited social support platform services every year. Our plan provides an online social support platform to help your overall well-being. The platform offers community engagement, therapeutic activities, and plan-sponsored resources to help manage stress and anxiety. The platform makes it easy for you to participate and remain involved.

	2025 (this year)	2026 (next year)
Social support platform		It is available online 24/7, so you can use it whenever you choose. The platform includes: • Tailored Well-Being Programs • Peer and Expert Support • Personalized Digital Health Tools Please refer to Chapter 4, Section D of your Member Handbook for more details.
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. **This section is continued on the next page**	SSBCI **isn't** covered.	If you qualify for SSBCI, you may use your monthly Wellcare Spendables® allowance on the benefits shown below. The allowance is combined with your OTC, Dental, Vision, and Hearing benefit. The benefit will be available on the first of the month following when you are determined eligible. Once determined eligible these expanded benefits will be available in 7-10 business days. You pay a **$0** copay. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card.

	2025 (this year)	2026 (next year)
Special Supplemental Benefits for the Chronically Ill (SSBCI) 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 Member Handbook. **This section is continued on the next page**		**Gas pay-at-pump** If eligible, you can use your Wellcare Spendables® card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used to pump gas up to the available allowance amount. **Healthy Food** If eligible, you can use your Wellcare Spendables® card to help pay for approved healthy and nutritious foods and produce at participating retailers. Prepared meals and produce boxes are available for order via the online portal. The allowance cannot be used to buy tobacco or alcohol. Approved items include: • Meat and poultry • Fruits and vegetables • Nutritional drinks **Home Assistance and Safety Items** If eligible, you can use your card to help with the cost of home improvement items:

	2025 (this year)	2026 (next year)
Special Supplemental Benefits for the Chronically Ill (SSBCI)		• Grab bars or doorknobs and non-slip floor coverings • Safety chairs and bathroom modification aids • Portable air conditioning and air quality products • Pest and insect control supplies and in-home treatments **Utility Assistance** If eligible, you can use your Wellcare Spendables® card to help pay for plan approved utilities for your home including: • Electric, gas, sanitary / trash, and water utilities services • Landline and cell phone service • Internet service • Cable TV (excluding streaming services) • Certain petroleum expenses, such as home heating oil **Rent Assistance** If eligible, you can use your Wellcare Spendables® card to help with the cost of rent for your home.

	2025 (this year)	2026 (next year)
Telehealth – additional telehealth	Additional telehealth **isn't** covered	You pay a **$0** copay for each additional telehealth service provided by the plan's telehealth vendor. Covered services include: Home Health Services Mental Health Specialty Services (Individual Session) Mental Health Specialty Services (Group Session) Outpatient Substance Abuse (Individual Sessions) Outpatient Substance Abuse (Group Sessions) Other Health Care Professional Podiatry Services Primary Care Physician Physical Therapy and Speech-Language Pathology Services Physician Specialist Services Psychiatric Services (Individual Sessions) Psychiatric Services (Group Sessions) Occupational Therapy Services Urgently Needed Services Diabetes Self-Management Training
Transportation Services - non-emergency transportation	You pay a **$0** copay for non-emergency trips within our service area. A trip is considered one-way transportation to or from your medical appointments by taxi, bus/subway, van, or medical transport.	Non-emergency transportation **isn't** covered.

	2025 (this year)	2026 (next year)
Vision care - Routine eye exam and eyewear	You pay a **$0** copay for routine vision services under your Medicaid coverage.	You pay a **$0** copay for routine vision services under your Medicaid coverage. Our plan also covers routine vision services under the Medicare coverage. You pay a **$0** copay for the following: Eye exam – 1 every year Up to a $300 combined credit every year for contact lenses and eyeglasses (including lenses and frames).
Wellcare Spendables® **This section is continued on the next page**	Wellcare Spendables® **isn't** covered	You pay a **$0** copay. You will receive a $153 monthly allowance 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:

	2025 (this year)	2026 (next year)
Wellcare Spendables® **This section is continued on the next page**		**Over-the-Counter items (OTC**): You can use your card at participating retail locations, through the mobile app, or by logging in to your member portal to place an order for home delivery. **Dental, Vision, and Hearing** You may use your card to help reduce your out-of-pocket expenses for any dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly. Benefits mentioned below are part of SSBCI. Not all members will qualify. You must meet eligibility criteria for the following plan benefits. If you qualify, your card allowance can also be used towards: • Gas pay-at-pump • Healthy Food • Home Assistance and Safety Items • Rent Assistance • Utility Assistance • Pest Control Items and Services

	2025 (this year)	2026 (next year)
Wellcare Spendables®		See Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits.
Worldwide Emergency Coverage/Urgent Coverage	Worldwide Emergency Coverage **isn't** covered.	You pay a **$115** copay for each covered service. Up to a $50,000 allowance for worldwide emergency/urgent care coverage every year.

E2. Changes to drug coverage

Changes to our *Drug List*

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

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

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

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

- Work with your doctor (or other prescriber) to find a different drug that we cover.
    - You can call Member Services at the numbers at the bottom of the page to ask for a *List of Covered Drugs* that treat the same condition.
    - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
    - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
    - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Member Services at the numbers at the bottom of the page.
    - If you need help asking for an exception, contact Member Services. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care coordinator.
- Ask us to cover a temporary supply of the drug.
    - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
    - This temporary supply is for up to 30 days of medication at a retail pharmacy and at a long-term care pharmacy, up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
    - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

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

Changes to drug costs

We moved some of the drugs on the *Drug List* to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in the *Drug List*.

The following table shows your costs for drugs in each of our 6 drug tiers.

	2025 (this year)	*2026 (next year)*
Drugs in Tier 1 (Generic Drugs) Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy	Your **copay** for a one-month (30-day) supply is **$0**.	N/A
Drugs in Tier 1 (Preferred Generic) Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy	N/A	Your **copay** for a one-month (30-day) supply is **$0**.
Drugs in Tier 2 (Brand Drugs) Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy	Your **copay** for a one-month (30-day) supply is **$0**.	N/A
Drugs in Tier 2 (Generic) Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy	N/A	Your **copay** for a one-month (30-day) supply is **$0**.

	2025 (this year)	*2026 (next year)*
Drugs in Tier 3 (Non-Medicare Rx/OTC Drugs) Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy	Your **copay** for a one-month (30-day) supply is **$0**.	N/A
Drugs in Tier 3 (Preferred Brand) Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy	N/A	Your **copay** for a one-month (30-day) supply is **$0**.
Drugs in Tier 4 (Non-Preferred Brand Drug) Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy	N/A	Your **copay** for a one-month (30-day) supply is **$0**.
Drugs in Tier 5 (Specialty Tier) Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy	N/A	Your **copay** for a one-month (30-day) supply is **$0**.

	2025 (this year)	*2026 (next year)*
Drugs in Tier 6 (Select Care Drugs) Cost for a one-month supply of a drug in Tier 6 that's filled at a network pharmacy	N/A	Your **copay** for a one-month (30-day) supply is **$0**.

F. Administrative changes

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

	2025 (this year)	**2026 (next year)**
Preferred Part B Diabetic Products	OneTouch™ is our preferred diabetic testing supplies (glucose monitors & test strips) brand. Other brands are not covered unless medically necessary and authorized.	Accu-Chek Guide™ and True Metrix™ are our preferred diabetic testing supplies (glucose monitors & test strips). Other brands are not covered unless medically necessary and authorized.
Advance Coverage Determination Request	Members could request a Coverage Determination prior to the upcoming benefit year effective date.	Members can request a Coverage Determination on or after 1/1/2026. Any request submitted prior to this date will only be evaluated for the current benefit year.

G. Choosing a plan

G1. Staying in our plan

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

G2. Changing plans

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

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

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

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

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

Your Medicare services

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

1. You can change to:	Here is what to do:
Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.	Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For Program of All-Inclusive Care for the Elderly (PACE), to find out if you're eligible and if there's a PACE program near you, search for PACE plans in your area at www.medicare.gov/plan-compare/#/pace?year=2025&lang=en. If you need help or more information: • Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. TTY 1-888-206-1327 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. For more information or to find a local SHIP office in your area, please visit https://ilaging.illinois.gov/ship.html **OR** Enroll in a new integrated D-SNP. You'll automatically be disenrolled from our plan when your new plan's coverage begins.

2. You can change to: **Original Medicare with a separate Medicare drug plan** If you leave the Medicare-Medicaid Plan, you'll either get your Medicaid services through fee-for-service or be required to enroll in the HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services. If you aren't in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you'll get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients. If you're in a nursing facility or are enrolled in an HCBS Waiver, you'll be required to enroll in the HealthChoice Illinois MLTSS program to get your Medicaid services. To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576. Tell them you want to leave Wellcare Meridian Dual Align (HMO D-SNP) and join a HealthChoice Illinois MLTSS health plan.	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. TTY 1-888-206-1327 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. For more information or to find a local SHIP office in your area, please visit https://ilaging.illinois.gov/ship.html **OR** Enroll in a new Medicare drug plan. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576.

If you don’t pick a HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) health plan, you’ll be assigned to our company’s HealthChoice Illinois MLTSS health plan.	

3. You can change to: **Original Medicare without a separate Medicare drug plan** If you leave the Medicare-Medicaid Plan, you'll either get your Medicaid services through fee-for-service or be required to enroll in the HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services. If you aren't in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you'll get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients. If you're in a nursing facility or are enrolled in an HCBS Waiver, you'll be required to enroll in the HealthChoice Illinois MLTSS program to get your Medicaid services. To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576. Tell them you want to leave Wellcare Meridian Dual Align (HMO D-SNP) and join a HealthChoice Illinois MLTSS health plan.	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call The Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. TTY 1-888-206-1327 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. You can visit the website at https://ilaging.illinois.gov/ship.html You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576.

If you don't pick a HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) health plan, you'll be assigned to our company's HealthChoice Illinois MLTSS health plan. **NOTE**: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join. You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Senior Health Insurance Program (SHIP) at1-800-252-8966, Monday – Friday 8:30 a.m. – 5 p.m. The call is free. TTY 1-888-206-1327 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. You can visit the website at ilaging.illinois.gov/ship.html.	

4. You can change to: **Any Medicare health plan** during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section A**. If you leave the Medicare-Medicaid Plan, you'll either get your Medicaid services through fee-for-service or be required to enroll in the HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services. If you aren't in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you'll get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients. If you're in a nursing facility or are enrolled in an HCBS Waiver, you'll be required to enroll in the HealthChoice Illinois MLTSS program to get your Medicaid services. To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576. Tell them you want to leave Wellcare Meridian Dual Align (HMO D-SNP) and join a HealthChoice Illinois MLTSS health plan.	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For Program of All-Inclusive Care for the Elderly (PACE), to find out if you're eligible and if there's a PACE program near you, search for PACE plans in your area at www.medicare.gov/plan-compare/#/pace?year=2025&lang=en. If you need help or more information: Call the Senior Health Insurance Program (SHIP) at1-800-252-8966 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. TTY 1-888-206-1327 Monday – Friday 8:30 a.m. – 5 p.m. The call is free. You can visit the website at https://ilaging.illinois.gov/ship.html **OR** Enroll in a new Medicare plan. You're automatically disenrolled from our Medicare plan when your new plan's coverage begins. To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576.

If you don't pick a HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) health plan, you'll be assigned to our company's HealthChoice Illinois MLTSS health plan.	

Your Illinois Medicaid services

For questions about how to get your Illinois Medicaid services after you leave our plan, contact the Health Benefits Hotline at 1-800-226-0768 from 8:00 am to 5:00 pm Monday through Friday. TTY users should call 1-877-204-1012. Ask how joining another plan or returning to Original Medicare affects how you get your Illinois Medicaid coverage.

H. Getting help

H1. Our plan

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

Read your *Member Handbook*

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

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

Our website

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

H2. Senior Health Insurance Program

You can also call the state health insurance program (SHIP). In Illinois the SHIP is called the Senior Health Insurance Program. SHIP can help you understand your plan choices and answer questions about switching plans. SHIP isn't connected with us or with any insurance company or health plan. SHIP has trained counselors in every county and services are free. SHIP's phone number is 1-800-252-8966 TTY 1-888-206-1327 For more information or to find a local SHIP office in your area, please visit https://ilaging.illinois.gov/ship.html.

H3. Home Care Ombudsman Program

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

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Ombudsperson Program is 1-800-252-8966.

H4. Medicare

To get information directly from Medicare:

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

Medicare's Website

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

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

Medicare & You 2026

You can read the *Medicare & You 2026* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

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

H5. Illinois Medicaid

Medicaid is a program run by the federal government and the state that helps people with limited incomes and resources pay for long-term services and supports and medical costs. It covers extra services and drugs not covered by Medicare.

Each state decides:

- what counts as income and resources,
- who qualifies,
- what services are covered, **and**
- the cost for services.

States can decide how to run their programs, as long as they follow the federal rules.

Medicare and the state of Illinois approved our plan. You can get Medicare and Medicaid services through our plan as long as:

- we choose to offer the plan, **and**
- Medicare and the state of Illinois allow us to continue to offer this plan.

Even if our plan stops operating in the future, your eligibility for Medicare and Medicaid services won't be affected.

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 1-844-536-2180 (TTY: 711).

Español **(Spanish)** 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 1-844-536-2180 (TTY: 711).

Polski **(Polish)** UWAGA: usługi wsparcia językowego są dostępne nieodpłatnie. Bezpłatnie oferowane są również dodatkowe pomoce i usługi pozwalające na przekazanie informacji w formacie przystępnym dla odbiorcy. Zadzwoń pod numer 1-844-536-2180 (TTY: 711).

简体中文 **(Chinese - Simplified)** 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 1-844-536-2180（TTY：711）。

繁體中文 **(Chinese - Traditional)** 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 1-844-536-2180 (TTY：711)。

한국어 **(Korean)** 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-844-536-2180 (TTY: 711)번으로 전화해 주십시오.

Tagalog **(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 1-844-536-2180 (TTY: 711).

العربية **(Arabic)** انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجانًا مساعِدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-844-536-2180 (TTY: 711).

Русский **(Russian)** 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 1-844-536-2180 (TTY: 711).

ગુજરાતી **(Gujarati)** ધ્યાન આપવાની જરૂર છે: તમારા માટે ભાષા સંબંધી સહાયતાની મફત સેવાઓ ઉપલબ્ધ છે. ઍક્સેસ કરી શકાય તેવાં ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-844-536-2180 (TTY: 711) પર કૉલ કરો.

اردو **(Urdu)** توجہ: زبان معاونت کی خدمات آپ کے لیے مفت دستیاب ہیں۔ معلومات کو قابلِ رسائی شکل میں فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-844-536-2180 (TTY: 711) پر کال کریں۔

Tiếng Việt **(Vietnamese)** 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 1-844-536-2180 (TTY: 711).

Italiano **(Italian)** ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili supporti e servizi ausiliari gratuiti adatti a fornire le informazioni in formati accessibili. Chiamare il numero 1-844-536-2180 (TTY: 711).

हिंदी **(Hindi)** ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फ़ॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-844-536-2180 (TTY: 711) पर कॉल करें.

Français **(French)** 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 1-844-536-2180 (TTY : 711).

Ελληνικά **(Greek)** ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται επίσης δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-844-536-2180 (TTY: 711).

Deutsch **(German)** 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: 1-844-536-2180 (TTY: 711).