



Wellcare Meridian Dual Align (HMO D-SNP) offered by Meridian Health Plan of Michigan, 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/MeridianMI. 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*.

Additional resources

- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call 1-844-536-2168 (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

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For more information, visit

go.wellcare.com/MeridianMI.

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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 always get this document and other material in another language or format, now and in the future, please call Member Services. This is called a “standing request”. We will document your choice. If you later want to change the language and/or format choice, please call Member Services. Find the Member Services phone number at the bottom of this page.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.



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A. Disclaimers

❖ Wellcare Meridian Dual Align (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to members. Enrollment in our plan depends on contract renewal.

❖ 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 *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.

❖ Based on a Model of Care review, Wellcare Meridian Dual Align (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2028.

B. Reviewing your Medicare and Michigan 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.

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 Michigan 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**.
- Michigan Medicaid and options and services in **Section G2**.

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

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

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

If you decide to change plans:

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

C. Changes to our plan name

On January 1, 2026, our plan name changes from MeridianComplete (Medicare-Medicaid Plan) 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.

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E. Changes to benefits for next year

E1. Changes to benefits for medical services

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

	2025 (this year)	2026 (next year)
Prior Authorization The following in-network benefits have a change in prior authorization requirements.	The below listed services do not require prior authorization: <ul style="list-style-type: none"> - Chiropractic services - Dental services - Medicare-covered - Dialysis services - Doctor office visits - Specialist - Office visits - Other healthcare professionals - Opioid treatment program services - Podiatry services - Routine dental services - Vision care - Medicare-covered eye exam 	The below listed services may require prior authorization: <ul style="list-style-type: none"> - Chiropractic services - Dental services - Medicare-covered - Dialysis services - Doctor office visits - Specialist - Office visits - Other healthcare professionals - Opioid treatment program services - Podiatry services - Routine dental services - Vision care - Medicare-covered eye exam
Prior Authorization The following in-network benefits have a change in prior authorization requirements.	The below listed services may require prior authorization: <ul style="list-style-type: none"> - Cardiac and Pulmonary Rehabilitation Services - Medicare-covered Observation Service - Nurse Advice Line 	The below listed services do not require prior authorization: <ul style="list-style-type: none"> - Cardiac and Pulmonary Rehabilitation Services - Medicare-covered Observation Service - Nurse Advice Line

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	2025 (this year)	2026 (next year)
Referrals	<p>The below listed services may require a referral:</p> <ul style="list-style-type: none"> -- Outpatient rehabilitation services - Doctor office visits - Specialist - Office visits - Other healthcare professionals - Opioid treatment program services - Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services - Hearing services 	<p>The below listed services do not require a referral:</p> <ul style="list-style-type: none"> - Outpatient rehabilitation services - Doctor office visits - Specialist - Office visits - Other healthcare professionals - Opioid treatment program services - Outpatient diagnostic tests and therapeutic services and supplies - Outpatient blood services - Hearing services
Referrals	<p>The below listed services do not require a referral:</p> <ul style="list-style-type: none"> - In-Home Support Services - Meals - Chronic (limitations and exclusions apply) - Meals - Post-acute (limitations and exclusions apply) 	<p>The below listed services may require a referral:</p> <ul style="list-style-type: none"> - In-Home Support Services - Meals - Chronic (limitations and exclusions apply) - Meals - Post-acute (limitations and exclusions apply)
Additional Telehealth (continued on the next page)	Additional Telehealth isn't covered.	<p>You pay a \$0 copay for each additional telehealth service provided by the plan's telehealth vendor. Covered services include:</p> <ul style="list-style-type: none"> - Home health agency care - Doctor office visits - Primary care provider (PCP)

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	2025 (this year)	2026 (next year)
Additional Telehealth (continued)		<ul style="list-style-type: none"> - Outpatient rehabilitation services - Occupational therapy - Doctor office visits – Specialist - Outpatient mental health care - Psychiatric services - Individual sessions - Outpatient mental health care - Psychiatric services - Group sessions - Podiatry services - Medicare-covered - Office visits - Other healthcare professionals - Outpatient mental health care - Non-psychiatric services - Individual sessions - Outpatient mental health care - Non-psychiatric services - Group sessions - Outpatient rehabilitation services - Physical therapy and speech-language pathology - Outpatient substance abuse services - Group sessions - Outpatient substance abuse services - Individual sessions - Diabetes self-management training - Urgently needed services

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	2025 (this year)	2026 (next year)
Annual routine physical exam	Annual routine physical exam isn't covered under the Medicare benefit.	You pay a \$0 copay for an annual routine physical exam under the Medicare benefit
Dental services – Routine dental care (continued on the next page)	You pay a \$0 copay for routine dental care under your Medicaid coverage.	<p>You pay a \$0 copay for routine dental care under your Medicaid coverage.</p> <p>Our plan also covers routine dental care under the Medicare coverage. You pay a \$0 copay for the following:</p> <p>Diagnostic and preventive dental services: Oral exam – 2 every year Dental X-rays* Other diagnostic and preventive services*</p> <p>Comprehensive dental services (limited to \$5,000 allowance every year): Restorative services* Endodontics – 1 per tooth per lifetime Periodontics* Prosthodontics, removable and fixed* Oral and maxillofacial surgery* Adjunctive general services*</p>

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	2025 (this year)	2026 (next year)
Dental services – Routine dental care (continued)		*Benefit frequency limits vary based on services you receive. Refer to the <i>Member Handbook</i> for more details.
Fitness benefit	Fitness benefit isn't covered.	<p>You pay a \$0 copay for the fitness benefit.</p> <p>The fitness benefit offers access to participating fitness centers, provides digital resources through virtual classes, on-demand videos and a mobile app. For members who do not live near a participating fitness center or prefer to exercise at home, can choose from available at home kits to be shipped to them at no cost.</p>
Hearing services – Routine hearing exam and Hearing aid(s) (continued on the next page)	You pay a \$0 copay for routine hearing services under your Medicaid coverage.	<p>You pay a \$0 copay for routine hearing services under your Medicaid coverage.</p> <p>Our plan also covers routine hearing services under the Medicare coverage. You pay a \$0 copay for the following:</p> <p>Hearing exam – 1 every year</p> <p>Fitting/evaluation – 1 every year</p>

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	2025 (this year)	2026 (next year)
Hearing services – Routine hearing exam and Hearing aid(s) (continued)		Hearing aids – 2 (1 per ear) every year with a maximum allowance of \$1,500 per hearing aid
Home delivered meals - chronic (limitations and exclusions apply)	Home-delivered meals benefit isn't covered under the Medicare coverage.	You pay a \$0 copay for chronic meals under the Medicare benefit. There is a maximum of 3 meals per day for up to 28 days, for a maximum of 84 meals per month. The benefit may be received for up to 3 months.
Home delivered meals - post-acute (limitations and exclusions apply)	Home-delivered meals benefit isn't covered under the Medicare coverage.	You pay a \$0 copay for post-acute meals under the Medicare benefit. There is a maximum of 3 meals per day for 14 days for a total of 42 meals. Service must be requested within 45 days of discharge from your inpatient stay.
In-home support services	In-home support service isn't covered under the Medicare benefit.	You pay a \$0 copay for 12 visits every year under the Medicare benefit. Services include cleaning, household chores and meal preparation

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	2025 (this year)	2026 (next year)
Over-the-counter benefit	<p>You pay a \$0 copay. You receive a benefit of \$20 every month to spend on eligible over-the-counter (OTC) products via mail order or at participating retailers.</p> <p>This benefit does not carry over to the next period..</p>	<p>You pay a \$0 copay for over-the-counter benefits under your Medicare coverage. Please see the Wellcare Spendables® section in this chart for more information.</p>
Personal emergency response system (PERS)	PERS isn't covered under the Medicare benefit.	You pay a \$0 copay for PERS covered under the Medicare benefit.
Social support platform (continued on the next page)	Social support platform isn't covered.	<p>You pay a \$0 copay for each covered service. Unlimited social support platform services every year.</p> <p>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 to assist you in managing your behavioral health needs. It is available online 24/7, so you can use it whenever you choose.</p>

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	2025 (this year)	2026 (next year)
Social support platform (continued)		<p>The platform includes:</p> <ul style="list-style-type: none"> • Tailored Well-Being Programs • Peer and Expert Support • Personalized Digital Health Tools <p>Please refer to your <i>Member Handbook</i> for more details.</p>
<p>Special Supplemental Benefits for the Chronically III (SSBCI)</p> <p>Benefits mentioned are a part of Special Supplemental Benefits for the Chronically III. 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.</p> <p>(continued on the next page)</p>	SSBCI isn't covered.	<p>If you qualify for SSBCI, you may use your monthly Wellcare Spendables® allowance on the benefits shown below. The allowance is combined with your OTC, Dental, Vision, and Hearing benefit. Once determined eligible these expanded benefits will be available in 7-10 business days.</p> <p>You pay a \$0 copay. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card.</p> <p>Gas pay-at-pump If eligible, you can use your Wellcare Spendables® card to pay for gas directly at the pump. The card cannot be</p>

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	2025 (this year)	2026 (next year)
<p>Special Supplemental Benefits for the Chronically III (SSBCI) (continued)</p> <p>All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us or see the plan's <i>Member Handbook</i>.</p> <p>(continued on the next page)</p>		<p>used to pay in-person at the cash register. Your card can only be used to pump gas up to the available allowance amount.</p> <p>Healthy Food If eligible, you can use your Wellcare Spendables® card to help pay for approved healthy and nutritious foods and produce at participating retailers. Prepared meals and produce boxes are available for order via the online portal. The allowance cannot be used to buy tobacco or alcohol. Approved items include:</p> <ul style="list-style-type: none"> • Meat and poultry • Fruits and vegetables • Nutritional drinks. <p>Home Assistance and Safety Items If eligible, you can use your card to help with the cost of home assistance and safety items, including installation services for certain products. Approved items and services include:</p> <ul style="list-style-type: none"> • Grab bars or doorknobs and non-slip floor coverings • Safety chairs and bathroom modification aids • Portable air conditioning and air quality products • Pest and insect control supplies and in-home treatments

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	2025 (this year)	2026 (next year)
Special Supplemental Benefits for the Chronically III (SSBCI) (continued)		<p>Utility Assistance If eligible, you can use your Wellcare Spendables® card to help pay for plan approved utilities for your home including:</p> <ul style="list-style-type: none"> • Electric, gas, sanitary / trash, and water utilities services • Landline and cell phone service • Internet service • Cable TV (excluding streaming services) • Certain petroleum expenses, such as home heating oil <p>Rent Assistance If eligible, you can use your Wellcare Spendables® card to help with the cost of rent for your home.</p>
Wellcare Spendables® (continued on the next page)	The Wellcare Spendables® card isn't covered.	You will receive a \$229 monthly preloaded on your Wellcare Spendables® card to spend on OTC items, Dental, Vision, and Hearing services. Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year. Your card allowance can be used towards:

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

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	2025 (this year)	2026 (next year)
Wellcare Spendables® (continued)		See Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits.
Worldwide emergency/urgent coverage (outside the United States)	Worldwide emergency/urgent care isn't covered.	You pay a \$115 copay for each covered service up to \$50,000 allowance every year. Copayment is <u>not</u> waived if you are admitted to a hospital.

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/MeridianMI. 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:

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- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the numbers at the bottom of the page or contact your care coordinator 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.
- 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. 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.

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	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.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.



	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 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 .

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.



	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™ 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.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.



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 Michigan Medicaid MICH plan, 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 Michigan 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.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.



<p>1. You can change to:</p> <p>Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 855-445-4554.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call MI Options at 1-800-803-7174 (TTY: 1-888-263-5897) 8 a.m. - 7 p.m. local time, Monday - Friday (except holidays). For more information or to find a local MI Options office in your area, please visit https://www.michigan.gov/mdhhs/adult-child-serv/adults-and-seniors/acls/state-health-insurance-assistance-program. <p>OR</p> <p>Enroll in a new integrated D-SNP.</p> <p>You'll automatically be disenrolled from our plan when your new plan's coverage begins. You can also contact the plan you wish to enroll in directly.</p>
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If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.



<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare drug plan</p> <p>To apply for Medicaid, complete an application online at www.michigan.gov/mibridges.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call MI Options at 1-800-803-7174 (TTY: 1-888-263-5897) 8 a.m. - 7 p.m. local time, Monday - Friday (except holidays). For more information or to find a local MI Options office in your area, please visit https://www.michigan.gov/mdhhs/adult-child-serv/adults-and-seniors/acls/state-health-insurance-assistance-program. <p>OR</p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p>
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If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.



<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare drug plan</p> <p>To apply for Medicaid, complete an application online at www.michigan.gov/mibridges.</p> <p>NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call MI Options at 1-800-803-7174 (TTY: 1-888-263-5897) 8 a.m. - 7 p.m. local time, Monday - Friday (except holidays) or visit https://www.michigan.gov/mdhhs/adult-child-serv/adults-and-seniors/acls/state-health-insurance-assistance-program.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call MI Options at 1-800-803-7174 (TTY: 1-888-263-5897) 8 a.m. - 7 p.m. local time, Monday - Friday (except holidays). For more information or to find a local office in your area, please visit https://www.michigan.gov/mdhhs/adult-child-serv/adults-and-seniors/acls/state-health-insurance-assistance-program. <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p>
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If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.



<p>4. You can change to:</p> <p>Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section A.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 855-445-4554.</p> <p>If you need help or more information:</p> <p>Call MI Options at 1-800-803-7174 (TTY: 1-888-263-5897). In Michigan, the SHIP is called MI Options.</p> <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p>
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Your Michigan Medicaid services

For questions about how to get your Michigan Medicaid services after you leave our plan, contact the Beneficiary Help Line: 1-800-642-3195 or beneficiarysupport@michigan.gov. For more information log on to www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/beneficiaries/support. Ask how joining another plan or returning to Original Medicare affects how you get your Michigan Medicaid coverage.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.



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/MeridianMI. 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/MeridianMI. 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. MI Options

You can also call the state health insurance program (SHIP). In Michigan the SHIP is called MI Options. MI Options can help you understand your plan choices and answer questions about switching plans. MI Options isn't connected with us or with any insurance company or health plan. MI Options has trained counselors and services are free. MI Options phone number is 1-800-803-7174 (TTY: 1-888-263-5897). For more information or to find a local MI Options office in your area, please visit <https://www.michigan.gov/mdhhs/adult-child-serv/adults-and-seniors/acls/state-health-insurance-assistance-program>.

H3. The Office of Ombudsman

The Office of Ombudsman (OO) serves as an advocate and problem-solver for people enrolled in Michigan's MICH program. OO isn't connected with any insurance company or health plan and all of its services are free and it keeps all information confidential. Call the OO if you have trouble or delay with your MICH plan providing medical care, services, equipment, other benefits, or with the quality of care. OO can also help you learn about MICH and options for care in the community, including your rights. You can call OO if your MICH plan has denied medical care, services, equipment, or other benefits - including help with appeals.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.



Contact us at our toll-free hotline at: 1-888-746-6456

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. Michigan Medicaid

Michigan Medicaid is a health care program that provides comprehensive health care services to low income adults and children. Services covered by Medicaid are offered through what's called fee-for-service or through Medicaid Health Plans:

- Fee-for-service is the term for Medicaid paid services that aren't provided through a health plan. This means that Medicaid pays for the service. People under fee-for-service will use the [MIhealth](https://mihealth.michigan.gov) card to receive services.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.



- Additional information regarding MIhealth can be found by accessing the following website <https://www.michigan.gov/mdhhs/assistance-programs/healthcare/adults/quicklinks/the-mihealth-card>.
- Most people must join a [health plan](#). The health plan pays for most of the services. For people that need to join a health plan, Michigan Enrolls will send a letter with more information. After enrollment with a health plan, both the MIhealth card and the health plan card are needed to access services. For additional information regarding joining a health plan, please visit the following website https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder2/Folder14/Folder1/Folder114/MHP_Service_Area_Listing.pdf?rev=fe2f344f7c46481fb39eb034a8601cd5&hash=D59C718240AE79F1F708D4103AD823A8.

Costs

Enrollees don't have to pay the full cost of covered services; however, a small amount called a co-pay may be required. People age 21 and older may have a co-pay for the services listed in the Beneficiary Co-Payment Requirements. To see a list of co-pay amounts in this chart, please visit https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder1/Folder60/WebCo-PayTable_11-02-06.pdf?rev=39dfeae1839e4434b66f503f84d63e45&hash=18CE85BF53B120E81739BD1F781CE2B8.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (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/MeridianMI.



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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 1-844-536-2168 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-844-536-2168 (TTY: 711).

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجاناً مساعدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-844-536-2168 (TTY: 711).

简体中文 注意: 我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-844-536-2168 (TTY: 711)。

繁體中文 注意: 我們為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 1-844-536-2168 (TTY: 711)。

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-844-536-2168 (TTY: 711).

አማርኛ ይነበብ:- ነጻ የቋንቋ እገዛ አገልግሎቶች ለእርስዎ ይገኛሉ። በተጨማሪም አግባብነት ያላቸው ለእርስዎ ተደራሽ በሆኑ ቅርጾች መረጃ የሚያቀርቡልዎ አጋዥ መሳሪያዎች እና አገልግሎቶችን ከክፍያ ነጻ ያገኛሉ። ወደ 1-844-536-2168 (TTY: 711) ይደውሉ።

Soomaali DIGNIIN: Adeegyada kaalmada luqadda bilaashka ah ayaa kuu diyaar ah. Sidoo kale, qalab iyo adeegyo kaabayaal ku habboon ayaa diyaar ah si macluumaadka loogu helo qaabab sahlan oo la heli karo, iyadoo aan wax kharash ah lagaaga qaadin. Wac 1-844-536-2168 (TTY: 711).

বাংলা খেয়াল করুন: আপনার জন্য বিনামূল্যে ভাষা পরিষেবার সুবিধা রয়েছে। বিনামূল্যে অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য দিতে উপযুক্ত সহায়ক উপকরণ এবং পরিষেবাও উপলব্ধ রয়েছে। এখানে কল করুন 1-844-536-2168 (TTY: 711)।

Français REMARQUE : des services d'assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-536-2168 (TTY : 711).

Français cadien COMMUNIQUE: Des services d'aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-844-536-2168 (TTY : 711).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-844-536-2168 (TTY: 711) पर कॉल करें.

한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-844-536-2168(TTY: 711)번으로 전화해 주십시오.

Polski UWAGA: usługi wsparcia językowego są dostępne nieodpłatnie. Bezpłatnie oferowane są również dodatkowe pomoce i usługi pozwalające na przekazanie informacji w formie przystępnej dla odbiorcy. Zadzwoń pod numer 1-844-536-2168 (TTY: 711).

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయదగిన ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక టూల్స్, సేవలు కూడా ఉచితంగా అందుబాటులో ఉన్నాయి. 1-844-536-2168 (TTY: 711) నంబర్ కి కాల్ చేయండి.

Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-844-536-2168 (TTY: 711).

יידיש אויפֿמערקזאַמקייט: פרייע שפראך הילף סערוויסעס זענען פֿאַר אײַך פֿאַראַן. פֿאַסיקע
הילפֿסמיטלען און סערוויסעס צו צושטעלן אינפֿאַרמאַציע אין צוגענגלעכע פֿאַרמאָטן זענען
אויך פֿאַראַן פֿריי פֿון אָפּצאָל. רופֿט 1-844-536-2168 (TTY: 711).

Pennsylvania Deitsch GEB ACHT: Schprooch Hilfe sin meeglich mitaus Koscht.
Rechtliche Auxiliary Aids un Hilfe um Information zu gewwe in helfreiche Formats sin
aa meeglich mit aus Koscht. Ruf 1-844-536-2168 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa
inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo
para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa
1-844-536-2168 (TTY: 711).