## Wellcare Meridian Health Dual Liberty (HMO D-SNP) offered by MERIDIAN HEALTH PLAN OF MICHIGAN, INC.

# Annual Notice of Change for 2027

You're enrolled as a member of Wellcare Dual Access (HMO-POS D-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Wellcare Meridian Health Dual Liberty (HMO D-SNP).
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at go.wellcare.com/MeridianMI or call Member Services at 1-844-796-6811 (TTY users call 711) to get a copy by mail.

**More Resources**

- Call Member Services at 1-844-796-6811 (TTY users call 711) for more information. Hours are: 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. This call is free.
- We can send materials to you in a language other than English or in an alternate format (such as braille, audio, or large print). Please call Member Services if you need plan information in another format.

**About Wellcare Meridian Health Dual Liberty (HMO D-SNP)**

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, 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. Our plan also has a written agreement with the Michigan Medicaid program to coordinate your Medicaid benefits.
- When this material says "we," "us," or "our," it means MERIDIAN HEALTH PLAN OF MICHIGAN, INC. When it says "plan" or "our plan," it means Wellcare Meridian Health Dual Liberty (HMO D-SNP).
- On January 1, 2027, MERIDIAN HEALTH PLAN OF MICHIGAN, INC. will be combining Wellcare Dual Access (HMO-POS D-SNP) with one of our plans, Wellcare Meridian Health Dual Liberty (HMO D-SNP). This material tells you about the differences between your current benefits in Wellcare

Dual Access (HMO-POS D-SNP) and the benefits you'll have on January 1, 2027, as a member of Wellcare Meridian Health Dual Liberty (HMO D-SNP).

- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Wellcare Meridian Health Dual Liberty (HMO D-SNP)**. Starting January 1, 2027, you'll get your medical and drug coverage through Wellcare Meridian Health Dual Liberty (HMO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2027

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| **Monthly plan premium*** <br>* Your premium can be higher than this amount. Go to Section 1.1 for details. <br><br> Because you get Extra Help, you do not pay a premium for this plan. | $0 | **$0** |
| **Maximum out-of-pocket amount** <br> This is the most you'll pay out of pocket for covered Part A and Part B services. <br> (Go to Section 1.2 for details.) | $9,250 <br><br> You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. | **$9,850** <br><br> **You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.** |
| **Primary care office visits** | $0 copay per visit | **$0 copay per visit** |
| **Specialist office visits** | $0 copay per visit | **$0 copay per visit** |
| **Inpatient hospital stays** <br> Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged. | For covered admissions, per admission: <br><br> $0 copay for each covered hospital stay | **For covered admissions, per admission:** <br><br> **$0 copay for each covered hospital stay** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Part D drug coverage**<br>(Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | Part D drug coverage deductible<br>$615 except for covered insulin products and most adult Part D vaccines<br>If you receive Extra Help, you pay the following amount:<br>Deductible: $0<br>Depending on your level of "Extra Help", you only have to pay the following cost-sharing amounts for your prescription drugs:<br>For generic drugs (including brand drugs treated as generic):<br>• $0 copay or<br>• $1.60 copay or<br>• $5.10 copay or<br>For all other covered drugs:<br>• $0 copay or<br>• $4.90 copay or<br>• $12.65 copay<br>If you don't get Extra Help, you pay the cost shares below: | **Part D drug coverage deductible**<br>**$700 except for covered insulin products and most adult Part D vaccines**<br>**If you receive Extra Help, you pay the following amount:**<br>**Deductible: $0**<br>**Depending on your level of "Extra Help", you only have to pay the following cost-sharing amounts for your prescription drugs:**<br>**For generic drugs (including brand drugs treated as generic):**<br>• **$0 copay or**<br>• **$1.65 copay or**<br>• **$5.80 copay or**<br>**For all other covered drugs:**<br>• **$0 copay or**<br>• **$5.00 copay or**<br>• **$14.40 copay**<br>**If you don't get Extra Help, you pay the cost shares below:** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | Copayment/Coinsurance during the Initial Coverage Stage:<br><br>Drug Tier 1:<br>Standard cost sharing: $19 copay for a one-month (30-day) supply.<br>Preferred cost sharing: $18 copay for a one-month (30-day) supply.<br>Drug Tier 2:<br>Standard cost sharing: $20 copay for a one-month (30-day) supply.<br>Preferred cost sharing: $19 copay for a one-month (30-day) supply.<br>Drug Tier 3:<br>Standard cost sharing: $47 copay for a one-month (30-day) supply.<br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br>Preferred cost sharing: | **Copayment/Coinsurance during the Initial Coverage Stage:**<br><br>**Drug Tier 1:**<br>**Standard cost sharing: $15 copay for a one-month (30-day) supply.**<br>**Preferred cost sharing: $0 copay for a one-month (30-day) supply.**<br>**Drug Tier 2:**<br>**Standard cost sharing: 25% of the total cost for a one-month (30-day) supply.**<br>**You pay no more than $35 per month supply of each covered insulin product on this tier.**<br>**Preferred cost sharing: 20% of the total cost for a one-month (30-day) supply.**<br>**You pay no more than $35 per month supply of each covered** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | $47 copay for a one-month (30-day) supply.<br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br>Drug Tier 4:<br>Standard cost sharing: 42% of the total cost for a one-month (30-day) supply.<br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br>Preferred cost sharing: 42% of the total cost for a one-month (30-day) supply.<br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br>Drug Tier 5:<br>Standard cost sharing: 25% of the total cost for a one-month (30-day) supply.<br>Preferred cost sharing: 25% of the total cost for a one-month (30-day) supply.<br>Drug Tier 6:<br>Standard cost sharing: | **insulin product on this tier.**<br>**Drug Tier 3:**<br>**Standard cost sharing: 46% of the total cost for a one-month (30-day) supply.**<br>**You pay no more than $35 per month supply of each covered insulin product on this tier.**<br>**Preferred cost sharing: 42% of the total cost for a one-month (30-day) supply.**<br>**You pay no more than $35 per month supply of each covered insulin product on this tier.**<br>**Drug Tier 4:**<br>**Standard cost sharing: 15% of the total cost for a one-month (30-day) supply.**<br>**Preferred cost sharing: 0% of the total cost for a one-month (30-day) supply.**<br>**Drug Tier 5:** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | $0 copay for a one-month (30-day) supply.<br><br>Preferred cost sharing: $0 copay for a one-month (30-day) supply.<br><br>Catastrophic Coverage Stage:<br>During this payment stage, you pay nothing for your covered Part D drugs. | **Standard cost sharing: 25% of the total cost for a one-month (30-day) supply.**<br><br>**Preferred cost sharing: 25% of the total cost for a one-month (30-day) supply.**<br>**Drug Tier 6:**<br>**Standard cost sharing: $0 copay for a one-month (30-day) supply. Preferred cost sharing: $0 copay for a one-month (30-day) supply.**<br><br>**Catastrophic Coverage Stage:**<br>**During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.** |

# SECTION 1 Changes to Benefits & Costs for Next Year

## Section 1.1 Changes to the Monthly Plan Premium

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Monthly plan premium**<br>(You must also continue to pay your Medicare Part B premium unless it's paid for you by Michigan Medicaid.)<br><br>Because you get Extra Help, you do not pay a premium for this plan. | $0 | **$0** |

## Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br>Cost-sharing paid by the beneficiary, Michigan Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Michigan Medicaid, very few members ever reach this out-of-pocket maximum.<br>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.<br>Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount.<br>Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount. | $9,250 | **$9,850**<br>**Once you've paid $9,850 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.** |

## Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider & Pharmacy Directory* go.wellcare.com/2027providerdirectories to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider & Pharmacy Directory*:

- Visit our website at go.wellcare.com/2027providerdirectories.
- Call Member Services at 1-844-796-6811 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider & Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-844-796-6811 (TTY users call 711) for help. You may have a special enrollment period if your provider

leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your Evidence of Coverage.

## Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2027 *Provider & Pharmacy Directory* go.wellcare.com/2027providerdirectories to see which pharmacies are in our network. Here's how to get an updated *Provider & Pharmacy Directory*:

- Visit our website at go.wellcare.com/2027providerdirectories.
- Call Member Services at 1-844-796-6811 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider & Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-844-796-6811 (TTY users call 711) for help.

## Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| **Prior Authorizations** | The following in-network benefits have a change in prior authorization requirements. | |
| | • Additional Telehealth Benefits do not require prior authorization. | • **Additional Telehealth Benefits may require prior authorization.** |

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| **Referrals** | The following in-network benefits have a change in referral requirements. | |
| | • Certain Medicare-covered services* do <u>not</u> require a referral. | • **Certain Medicare-covered services* may require a referral.** |
| **Routine dental services - Comprehensive dental services** | Up to a $4,000 allowance for all in-network and out-of-network covered comprehensive dental services every year. | **Up to a $5,000 allowance for all in-network covered comprehensive dental services every year.** |
| **Out-of-Network Point-of-Service (POS) Coverage: Routine dental benefits** | Out-of-network routine (non-Medicare-covered) dental services only are covered through your POS benefit. The routine dental benefit limits, if any, are combined between in-network and out-of-network providers.<br>Your out-of-pocket costs may be higher when you use out-of-network dentist. Out-of-network dental providers are not contracted to accept plan payment as payment in full. If they charge you more than what the Plan pays, you are responsible for the difference, even for services that have $0 copay. | **There is no out-of-network POS benefit.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Out-of-Network Point-of-Service (POS) Coverage: Routine diagnostic and preventive dental benefits** | **Out-of-Network**<br>You pay 25% of the total cost for covered diagnostic and preventive dental services received from an out-of-network provider. | **There is no out-of-network POS benefit.** |
| **Out-of-Network Point-of-Service (POS) Coverage: Routine comprehensive dental benefits** | **Out-of-Network**<br>You pay 25% of the total cost for covered comprehensive dental services received from an out-of-network provider. | **There is no out-of-network POS benefit.** |
| **Routine dental services - Diagnostic and preventive dental services - Other diagnostic dental services** | Limited to 1 other diagnostic service(s) every date of service to 3 plan years depending on type of service. | **Limited to 1 other diagnostic service(s) per visit.** |
| **Routine dental services - Comprehensive dental services - Periodontics** | 1 scaling and root planing per quadrant every 24 months.<br>1 removal of non-resorbable barrier per quadrant or site per consecutive 36 months.<br>8 antimicrobial site applications every 24 months billed at least 28 days after scaling and root planing.<br>Other periodontic services every 6 to 36 months. | **1 scaling and root planing per quadrant every 2 years**<br>**8 antimicrobial site applications every 2 years billed at least 28 days after scaling and root planing.**<br>**Other periodontics every 6 months to 3 years.** |

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| **Routine dental services - Diagnostic and preventive dental services - Fluoride treatments** | You pay a $0 copay. | **Routine dental services - Diagnostic and preventive dental services – Fluoride treatments are not covered** |
| **Routine dental services - Diagnostic and preventive dental services - Fluoride treatments** | Limited to 1 fluoride treatment(s) every year. | **Routine dental services - Diagnostic and preventive dental services – Fluoride treatments are not covered** |
| **Routine dental services - Diagnostic and preventive dental services - Prophylaxis (cleaning)** | You pay a $0 copay. | **Routine Dental services - Diagnostic and Preventive dental services - Prophylaxis (cleaning) services are not covered.** |
| **Routine dental services - Diagnostic and preventive dental services - Prophylaxis (cleaning)** | Limited to 2 prophylaxis (cleaning) service(s) every year. | **Routine Dental services - Diagnostic and Preventive dental services - Prophylaxis (cleaning) services are not covered.** |
| **Routine dental services - Diagnostic and preventive dental services - Other preventive dental services** | Limited to 1 other preventive dental service(s) every date of service to 3 plan years depending on type of service. | **Limited to 1 other preventive dental services(s) per tooth per 6 months.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Fitness benefit** | You pay a $0 copay for the fitness benefit.<br>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. | **You pay a $0 copay for the fitness benefit.**<br>**The fitness benefit offers access to a wide network of participating fitness centers including standard and premium gyms and fitness studios. Membership at standard gyms includes standard amenities and services. Fitness studios offer class-based programs such as yoga, Pilates, and strength training. You may access one or more gyms within the fitness network.**<br>**Members also have access to digital resources through virtual classes, on-demand videos and mobile app, cognitive fitness program, local health and wellness activities, and choice of a home fitness kit.** |
| **Hearing services - Routine hearing exam** | You pay a $0 copay. | **Hearing services - Routine hearing exams are <u>not</u> covered.** |
| **Hearing services - Routine hearing exam** | Limited to 1 visit(s) every year. | **Hearing services – Routine hearing exams are <u>not</u> covered.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Hearing services - Hearing Aid Fitting/Evaluation** | You pay a $0 copay. | **Hearing services - Hearing aid fitting/evaluations are not covered.** |
| **Hearing services - Hearing Aid Fitting/Evaluation** | Limited to 1 visit(s) every year. | **Hearing services - Hearing aid fitting/evaluations are not covered.** |
| **Hearing services - Hearing aids** | Up to a $1,500 allowance per ear every year for hearing aids. | **Hearing services - Hearing aids are not covered.** |
| **Hearing services - Hearing aids** | You pay a $0 copay. | **Hearing services - Hearing aids are not covered.** |
| **Hearing services - Hearing aids** | Limited to 2 hearing aid(s) every year, including a 2-year supply of batteries. | **Hearing services - Hearing aids are not covered.** |
| **Meals - Post-acute (limitations and exclusions apply)** | You pay a $0 copay for post-acute meals.<br>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. | **You pay a $0 copay for post-acute meals.**<br>**There is a maximum of 2 meals per day for 14 days for a total of 28 meals. Service must be requested within 45 days of discharge from your inpatient stay.** |
| **Personal Emergency Response System (Medical Alert)** | You pay a $0 copay. Limited to one personal emergency medical response device per lifetime and the monthly fee. | **Personal Emergency Response System is not covered.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Skilled nursing facility (SNF) care** | For Medicare-covered admission per benefit period:<br><br>Days 1-100: You pay a $0 copay for each Medicare-covered skilled nursing facility stay.<br><br>Beyond day 100: You are responsible for all costs. | **For Medicare-covered admission, per admission:**<br><br>**Days 1-100: You pay a $0 copay for each Medicare-covered skilled nursing facility stay.**<br><br>**Beyond day 100: You are responsible for all costs.** |
| **Special Supplemental Benefits for the Chronically Ill (SSBCI) - Qualifying Conditions** | The following are <u>not</u> qualified conditions:<br><br>• Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell<br>• Immunodeficiency and Immunosuppressive disorders<br><br>Please see your Evidence of Coverage for more information. | **The following are qualified conditions:**<br><br>• **Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell**<br>• **Immunodeficiency and Immunosuppressive disorders**<br><br>**Please see your Evidence of Coverage for more information.** |
| **Special Supplemental Benefits for the Chronically Ill (SSBCI)**<br><br>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 | The benefits shown below are available as part of SSBCI, if you are determined eligible.<br><br>You pay a $0 copay. You may use your Wellcare Spendables® allowance on these benefits:<br>• Gas pay-at-pump | **The benefits shown below are available as part of SSBCI, if you are determined eligible.**<br><br>**You pay a $0 copay. You may use your Wellcare Spendables® allowance on these benefits:** |

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| disorders, chronic and disabling mental health conditions, chronic lung disorders, diabetes. There are other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us or see the plan's Evidence of Coverage. | • Healthy Food<br>• Home Assistance and Safety Items and Services<br>• Pest Control Items and Services<br>• Rent Assistance<br>• Utility Assistance<br><br>The following benefits are <u>not</u> covered:<br>• Personal Care Items<br>• Robotic Companion Pets<br><br>Please see your Evidence of Coverage for more information. | • **Gas pay-at-pump**<br>• **Healthy Food**<br>• **Personal Care Items**<br>• **Pest Control Items**<br>• **Rent Assistance**<br>• **Robotic Companion Pets**<br>• **Utility Assistance**<br><br>**The following benefits are <u>not</u> covered:**<br>• **Home Assistance and Safety Items and Services**<br>• **Pest Control Services**<br><br>**Please see your Evidence of Coverage for more information.** |

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| **Transportation services** | You pay a $0 copay for 24 non-emergency trips within our service area every year.<br>Rides (also called “trips”) are limited to 75 miles one-way. For routine care, call up to 1 month and at least 3 days in advance. Same day rides are subject to availability. A trip is considered one-way transportation by taxi, passenger car, wheelchair van or rideshare services to a healthcare location. | **Non-emergency medical transportation is not covered.** |
| **Vision care - Routine eye exam** | You pay a $0 copay. | **Vision care – Routine eye exam is not covered.** |
| **Vision care - Routine eye exam** | Limited to 1 visit(s) every year. | **Vision care – Routine eye exam is not covered.** |
| **Vision care - Routine eyewear** | Up to a $400 combined credit every year for all routine eyewear. | **Vision care – Routine eyewear is not covered.** |
| **Vision care - Routine eyewear - Contact lenses** | You pay a $0 copay. | **Vision care – Routine eyewear – Contact lenses are not covered.** |
| **Vision care - Routine eyewear - Contact lenses** | Unlimited contact lenses every year. | **Vision care – Routine eyewear – Contact lenses are not covered.** |
| **Vision care - Routine eyewear - Eyeglass frames** | You pay a $0 copay | **Vision care – Routine eyewear – Eyeglass frames are not covered.** |

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| **Vision care - Routine eyewear - Eyeglass frames** | Unlimited eyeglass frames every year. | **Vision care – Routine eyewear – Eyeglass frames are not covered.** |
| **Vision care - Routine eyewear - Eyeglass lenses** | You pay a $0 copay | **Vision care – Routine eyewear – Eyeglass lenses are not covered.** |
| **Vision care - Routine eyewear - Eyeglass lenses** | Unlimited eyeglass lenses every year. | **Vision care – Routine eyewear – Eyeglass lenses are not covered.** |
| **Vision care - Routine eyewear - Eyeglasses (lenses and frames)** | You pay a $0 copay | **Vision care – Routine eyewear – Eyeglasses (lenses and frames) are not covered.** |
| **Vision care - Routine eyewear - Eyeglasses (lenses and frames)** | Unlimited eyeglasses (lenses and frames) every year. | **Vision care – Routine eyewear – Eyeglasses (lenses and frames) are not covered** |
| **Vision care - Routine eyewear - Upgrades** | You pay a $0 copay | **Vision care – Routine eyewear – Upgrades are not covered.** |
| **Wellcare Spendables®** | You pay a $0 copay. You receive a $182 monthly allowance.<br><br>Your allowance can be used toward:<br>• Dental, vision, and hearing<br>• Over-the-counter items (OTC)<br>• SSBCI benefits (for members who qualify) | **You pay a $0 copay. You receive a $185 monthly allowance.**<br><br>**Your allowance can be used toward:**<br>• **Over-the-counter items (OTC)**<br>• **SSBCI benefits (for members who qualify)**<br><br>**Expenses for dental, vision and hearing are not covered** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | Please see your Evidence of Coverage for more information. | **under the Wellcare Spendables® benefit.**<br><br>**Please see your Evidence of Coverage for more information.** |

***These Medicare-covered services do not need a referral in 2026, but may need a referral in 2027:** Inpatient Hospital-Acute; Inpatient Hospital Psychiatric; Skilled Nursing Facility; Cardiac Rehabilitation Services; Intensive Cardiac Rehabilitation Services; Pulmonary Rehabilitation Services; SET for PAD Services; Partial Hospitalization; Intensive Outpatient Program Services; Home Health Services; Chiropractic Services; Occupational Therapy Services; Physician Specialist Services; Individual Sessions for Mental Health Specialty Services; Group Sessions for Mental Health Specialty Services; Podiatry Services; Other Health Care Professional; Individual Sessions for Psychiatric Services; Group Sessions for Psychiatric Services; Physical Therapy and Speech Language Pathology Therapy Services; Additional Telehealth Services; Opioid Treatment Services; Diagnostic Procedures/Tests; Lab Services; Diagnostic Radiological Services; Therapeutic Radiological Services; Outpatient X-Ray Services; Outpatient Hospital Services; Outpatient Hospital Observation Services; Ambulatory Surgical Center (ASC) Services; Individual Sessions for Outpatient Substance Abuse; Group Sessions for Outpatient Substance Abuse; Outpatient Blood Services; Dialysis Services; Kidney Disease Education Services; Glaucoma Screening; Diabetes Self-Management Training; Digital Rectal Exams; EKG following Welcome Visit.

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing 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 see if there will be 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 rules 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 your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-844-796-6811 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

**Do you get Extra Help to pay for your drug coverage costs?**

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30th, 2026, call Member Services at 1-844-796-6811 (TTY users call 711) and ask for the *LIS Rider*.

**Drug Payment Stages**

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 (Non-Preferred Drug) and Tier 5 (Specialty Tier) drugs until you reach the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You also pay nothing for excluded drugs that are covered under our enhanced benefit. You generally stay in this stage for the rest of the calendar year.

## Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| **Yearly Deductible** | If you qualify for Extra Help from Medicare:<br>$0<br>If you don't qualify for Extra Help from Medicare:<br>$615<br><br>During this stage, you pay $19 *standard cost sharing* or $18 *preferred cost sharing* for drugs on Tier 1: Preferred Generic and<br>$0 *cost sharing* for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier until you've reached the yearly deductible. | **If you qualify for Extra Help from Medicare:**<br>**$0**<br>**If you don't qualify for Extra Help from Medicare:**<br>**$700**<br><br>**During this stage, you pay $15 *standard cost sharing* or $0 *preferred cost sharing* for drugs on Tier 1: Generic, 25% *standard cost sharing* or 20% *preferred cost sharing* for drugs on Tier 2: Preferred Brand, 15% *standard cost sharing* or 0% *preferred cost sharing* for drugs on Tier 4: Injectable Drugs, and $0 *cost sharing* for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 3: Non-Preferred Drug and Tier 5: Specialty Tier until you've reached the yearly deductible.** |

### Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 2 (Preferred Brand) and Tier 3 (Non-Preferred Drug), your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2026 to 2027.

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard and preferred cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| **If you do qualify for Extra Help from Medicare to help pay for your prescription drug costs** | | |
| **For generic drugs (including brand drugs treated as generic)** | Depending on your level of "Extra Help", you only have to pay the following cost-sharing amounts for your prescription drugs:<br>• $0 copay or<br>• $1.60 copay or<br>• $5.10 copay<br><br>A one-month (30-day) mail-order prescription is not covered. | **Depending on your level of "Extra Help", you only have to pay the following cost-sharing amounts for your prescription drugs:**<br>• **$0 copay or**<br>• **$1.65 copay or**<br>• **$5.80 copay**<br><br>**A one-month (30-day) mail-order prescription is not covered.** |

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| **For all other covered drugs:** | Depending on your level of "Extra Help", you only have to pay the following cost-sharing amounts for your prescription drugs:<br>• $0 copay or<br>• $4.90 copay or<br>• $12.65 copay<br><br>A one-month (30-day) mail-order prescription is not covered. | **Depending on your level of "Extra Help", you only have to pay the following cost-sharing amounts for your prescription drugs:**<br>• **$0 copay or**<br>• **$5.00 copay or**<br>• **$14.40 copay**<br><br>**A one-month (30-day) mail-order prescription is not covered.** |
| **If you do not qualify for Extra Help from Medicare to help pay for your prescription drug costs** | | |
| **2026: Drug Tier 1 - Preferred Generic:**<br>**2027: Drug Tier 1 - Generic:** | *Standard cost sharing:* You pay a $19 copay<br>A one-month (30-day) mail-order prescription is not covered.<br>*Preferred cost sharing:* You pay a $18 copay<br>A one-month (30-day) mail-order prescription is not covered. | ***Standard cost sharing:*** **You pay a $15 copay**<br>**A one-month (30-day) mail-order prescription is not covered.**<br>***Preferred cost sharing:*** **You pay a $0 copay**<br>**A one-month (30-day) mail-order prescription is not covered.** |

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| **2026: Drug Tier 2 - Generic:**<br>**2027: Drug Tier 2 - Preferred Brand:** | *Standard cost sharing:* You pay a $20 copay<br>Insulin products are not covered on this tier.<br>A one-month (30-day) mail-order prescription is not covered.<br>*Preferred cost sharing:* You pay a $19 copay<br>Insulin products are not covered on this tier.<br>A one-month (30-day) mail-order prescription is not covered. | ***Standard cost sharing:* You pay 25% of the total cost**<br>**You pay no more than $35 per month supply of each covered insulin product on this tier.**<br>**A one-month (30-day) mail-order prescription is not covered.**<br>***Preferred cost sharing:* You pay 20% of the total cost**<br>**You pay no more than $35 per month supply of each covered insulin product on this tier.**<br>**A one-month (30-day) mail-order prescription is not covered.** |

| | **2026**<br>**(this year)** | **2027**<br>**(next year)** |
|---|---|---|
| **2026: Drug Tier 3 - Preferred Brand:**<br>**2027: Drug Tier 3 - Non-Preferred Drug:** | *Standard cost sharing:* You pay a $47 copay.<br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br>A one-month (30-day) mail-order prescription is not covered.<br>*Preferred cost sharing:* You pay a $47 copay<br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br>A one-month (30-day) mail-order prescription is not covered. | ***Standard cost sharing:*** **You pay 46% of the total cost**<br>**You pay no more than $35 per month supply of each covered insulin product on this tier.**<br>**A one-month (30-day) mail-order prescription is not covered.**<br>***Preferred cost sharing:*** **You pay 42% of the total cost**<br>**You pay no more than $35 per month supply of each covered insulin product on this tier.**<br>**A one-month (30-day) mail-order prescription is not covered.** |

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| **2026: Drug Tier 4 - Non-Preferred Drug:**<br>**2027: Drug Tier 4 - Injectable Drugs:** | *Standard cost sharing:* You pay 42% of the total cost<br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br>A one-month (30-day) mail-order prescription is not covered.<br>*Preferred cost sharing:* You pay 42% of the total cost<br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br>A one-month (30-day) mail-order prescription is not covered. | ***Standard cost sharing:* You pay 15% of the total cost**<br>**Insulin products are not covered on this tier.**<br>**A one-month (30-day) mail-order prescription is not covered.**<br>***Preferred cost sharing:* You pay 0% of the total cost**<br>**Insulin products are not covered on this tier.**<br>**A one-month (30-day) mail-order prescription is not covered.** |
| **Drug Tier 5 - Specialty Tier:** | *Standard cost sharing:* You pay 25% of the total cost<br>A one-month (30-day) mail-order prescription is not covered.<br>*Preferred cost sharing:* You pay 25% of the total cost<br>A one-month (30-day) mail-order prescription is not covered. | ***Standard cost sharing:* You pay 25% of the total cost**<br>**A one-month (30-day) mail-order prescription is not covered.**<br>***Preferred cost sharing:* You pay 25% of the total cost**<br>**A one-month (30-day) mail-order prescription is not covered.** |

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| **Drug Tier 6 - Select Care Drugs:** | *Standard cost sharing:* You pay a $0 copay<br>A one-month (30-day) mail-order prescription is not covered.<br>*Preferred cost sharing:* You pay a $0 copay<br>A one-month (30-day) mail-order prescription is not covered. | ***Standard cost sharing:*** **You pay a $0 copay**<br>**A one-month (30-day) mail-order prescription is not covered.**<br>***Preferred cost sharing:*** **You pay a $0 copay**<br>**A one-month (30-day) mail-order prescription is not covered.** |

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

## SECTION 2 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.

| | **2026 (this year)** | 2027 (next year) |
|---|---|---|
| **Covered supplemental benefits you receive from our network providers.** | Services are provided through our current network of vendors. | **Our vendor network may change in 2027. Review the 2027 *Provider & Pharmacy Directory* to see if your providers are in our network.** |
| **Deeming period change** | If you are no longer eligible for Michigan Medicaid, you may stay enrolled in the plan for **6 months** while you try to regain Medicaid eligibility. | **If you are no longer eligible for Michigan Medicaid, you may stay enrolled in the plan for 3 months while you try to regain Medicaid eligibility.** |

| | **2026 (this year)** | 2027 (next year) |
|---|---|---|
| **Wellcare Spendables®** | Items purchased in store or online may be returned following the retailers return and exchange policies. | **Items purchased online are final sale. If item is damaged or spoiled, please contact us.** |

## SECTION 3 How to Change Plans

**To stay in Wellcare Meridian Health Dual Liberty (HMO D-SNP), you don't need to do anything.**
Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Wellcare Meridian Health Dual Liberty (HMO D-SNP).
If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Wellcare Meridian Health Dual Liberty (HMO D-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Wellcare Meridian Health Dual Liberty (HMO D-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online at go.wellcare.com/MeridianMI. Call Member Services at 1-844-796-6811 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048.
- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to

Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

## Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Michigan Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Michigan Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

  - Original Medicare *with* a separate Medicare prescription drug plan,
  - Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
  - If eligible, an integrated D-SNP that provides your Medicare and most or all of your Michigan Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

# SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
- Your State Michigan Medicaid office.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through The Michigan Drug Assistance Program (MIDAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call The Michigan Drug Assistance Program (MIDAP), at 1-888-826-6565 (TTY 711) from 9:00 a.m. - 5:00 p.m. local time, Monday - Friday. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-833-750-9969 (TTY users call 1-800-716-3231) or visit Medicare.gov.

## SECTION 5 Questions?

### Get Help from Wellcare Meridian Health Dual Liberty (HMO D-SNP)

- **Call Member Services at 1-844-796-6811. (TTY users call 711.)**

  We're available for phone calls. 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. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Wellcare Meridian Health Dual Liberty (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at go.wellcare.com/MeridianMI or call Member Services at 1-844-796-6811 (TTY users call 711) to ask us to mail you a copy.

- **Visit** go.wellcare.com/MeridianMI

  Our website has the most up-to-date information about our provider network (*Provider & Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

## Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan, the SHIP is called Michigan Medicare/Medicaid Assistance Program (MMAP), Inc..

Call Michigan Medicare/Medicaid Assistance Program (MMAP), Inc. to get free personalized health insurance counseling. They can help you understand your Medicare and Michigan Medicaid plan choices and answer questions about switching plans. Call Michigan Medicare/Medicaid Assistance Program (MMAP), Inc. at 1-800-803-7174. Learn more about Michigan Medicare/Medicaid Assistance Program (MMAP), Inc. by visiting (https://www.michigan.gov/mdhhs/adult-child-serv/adults-and-seniors/acls/aging-services).

## Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## Get Help from Michigan Medicaid

Call Michigan Medicaid at 1-517-241-3740 from 8:00 a.m. - 5:00 p.m. ET, Monday - Friday. TTY users call 711 for help with Michigan Medicaid enrollment or benefit questions.