Wellcare Dual Access Sync Open (PPO D-SNP) offered by Sunflower State Health Plan, Inc.

Annual Notice of Change for 2026

You're enrolled as a member of Wellcare Dual Access Open (PPO 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, 2025, you'll stay in Wellcare Dual Access Sync Open (PPO D-SNP).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* 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/KS or call Member Services at 1-844-796-6811 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- 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 must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.

About Wellcare Dual Access Sync Open (PPO D-SNP)

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal. Our plan also has a written agreement with the Kansas Medicaid program to coordinate your Medicaid benefits.
- When this material says "we," "us," or "our," it means Sunflower State Health Plan, Inc. When it says "plan" or "our plan," it means Wellcare Dual Access Sync Open (PPO D-SNP).
- On January 1, 2026, our plan name will change from Wellcare Dual Access Open (PPO D-SNP) to Wellcare Dual Access Sync Open (PPO D-SNP). We'll send you a new member ID card with

our new name. From here on, our new name, Wellcare Dual Access Sync Open (PPO D-SNP), will be on all materials.

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Wellcare Dual Access Sync Open (PPO D-SNP)**. Starting January 1, 2026, you'll get your medical and drug coverage through Wellcare Dual Access Sync Open (PPO 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 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details. Because you get Extra Help, you do not pay a premium for this plan.	$0	**$0**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go To Section 1.2 for details.)	From network providers: $9,350 From network and out-of-network providers combined: $14,000 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.	**From network providers: $9,250** **From network and out-of-network providers combined: $13,900** **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	**In-Network** $0 copay per visit **Out-of-Network** $0 copay per visit	**In-Network** **$0 copay per visit** **Out-of-Network** **$0 copay per visit**
Specialist office visits	**In-Network** $0 copay per visit **Out-of-Network** $0 copay per visit	**In-Network** **$0 copay per visit** **Out-of-Network** **$0 copayper visit**

	2025 (this year)	2026 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	For covered admissions, per admission: **In-Network:** $0 copay for each covered hospital stay **Out-of-Network:** $0 copay, for days 1 to 90 for each covered hospital stay	**For covered admissions, per admission:** **In-Network:** **$0 copay for each covered hospital stay** **Out-of-Network:** **$0 copay for each covered hospital stay**
Part D drug coverage deductible (Go to Section 1.7 for details.)	$590 except for covered insulin products and most adult Part D vaccines. If you receive Extra Help, you pay the following amount: Deductible: $0	**$550 except for covered insulin products and most adult Part D vaccines.** **If you receive Extra Help, you pay the following amount:** **Deductible: $0**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	If you get Extra Help from Medicare, you pay your LIS cost share as shown on your 2025 LIS Rider. If you don't get Extra Help, you pay the cost shares below: Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1:	**If you get Extra Help from Medicare, you pay your LIS cost share as shown on your 2026 LIS Rider.** **If you don't get Extra Help, you pay the cost shares below**: **Copayment/Coinsurance during the Initial Coverage Stage:** **Drug Tier 1:** **Standard cost sharing:**

	2025 (this year)	2026 (next year)
	Standard cost sharing: $19 copay for a one-month (30-day) supply. Preferred cost sharing: $9 copay for a one-month (30-day) supply. Drug Tier 2: Standard cost sharing: $20 copay for a one-month (30-day) supply. Preferred cost sharing: $19 copay for a one-month (30-day) supply. Drug Tier 3: Standard cost sharing: 19% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. Preferred cost sharing: 19% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered	**$19 copay for a one-month (30-day) supply.** **Preferred cost sharing:** **$18 copay for a one-month (30-day) supply.** **Drug Tier 2:** **Standard cost sharing:** **$20 copay for a one-month (30-day) supply.** **Preferred cost sharing:** **$19 copay for a one-month (30-day) supply.** **Drug Tier 3:** **Standard cost sharing:** **25% of the total cost for a one-month (30-day) supply.** **You pay the lesser of $35 or 25% per month supply of each covered insulin product on this tier.** **Preferred cost sharing:**

	2025 (this year)	2026 (next year)
	insulin product on this tier. Drug Tier 4: Standard cost sharing: 36% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. Preferred cost sharing: 36% of the total cost for a one-month (30-day) supply. You pay $35 per month supply of each covered insulin product on this tier. Drug Tier 5: Standard cost sharing: 25% of the total cost for a one-month (30-day) supply. Preferred cost sharing: 25% of the total cost for a one-month (30-day) supply. Drug Tier 6: Standard cost sharing: $0 copay for a one-month (30-day) supply.	**25% of the total cost for a one-month (30-day) supply.** **You pay the lesser of $35 or 25% per month supply of each covered insulin product on this tier.** **Drug Tier 4:** **Standard cost sharing: $100 copay for a one-month (30-day) supply.** **You pay the lesser of $35 or 25% per month supply of each covered insulin product on this tier.** **Preferred cost sharing: $100 copay for a one-month (30-day) supply.** **You pay the lesser of $35 or 25% per month supply of each covered insulin product on this tier.** **Drug Tier 5:** **Standard cost sharing: 25% of the total cost for a one-month (30-day) supply.**

	2025 (this year)	2026 (next year)
	Preferred cost sharing: $0 copay for a one-month (30-day) supply. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**Preferred cost sharing:** **25% of the total cost for a one-month (30-day) supply.** **Drug Tier 6:** **Standard cost sharing:** **$0 copay for a one-month (30-day) supply.** **Preferred cost sharing:** **$0 copay for a one-month (30-day) supply.** **Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by KanCare.) 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.

	2025 (this year)	**2026 (next year)**
In-network maximum out-of-pocket amount Because our members also get help from KanCare, very few members ever reach this out-of-pocket maximum. 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. Your costs for covered medical services (such as copayments) from network providers **count** toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$9,350	**$9,250** **Once you've paid $9,250 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.**

	2025 (this year)	2026 (next year)
Combined maximum out-of-pocket amount 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. Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$14,000	**$13,900** **Once you've paid $13,900 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers 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 2026 *Provider & Pharmacy Directory* go.wellcare.com/2026providerdirectories 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/2026providerdirectories.
- 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. 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 2026 *Provider & Pharmacy Directory* go.wellcare.com/2026providerdirectories 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/2026providerdirectories.
- 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.

	2025 (this year)	**2026 (next year)**
Prior Authorizations	The following in-network benefits have a change in prior authorization requirements.	
	Physician/Practitioner services, including doctor's office visits - Additional telehealth services may require prior authorization. Vision care - Medicare-covered eyewear may require prior authorization.	**Physician/Practitioner services, including doctor's office visits - Additional telehealth services do(es) not require prior authorization.** **Vision care - Medicare-covered eyewear do(es) not require prior authorization.**

	2025 (this year)	2026 (next year)
	If your benefit does or does not require a prior authorization, it may still require a referral from the plan.	**If your benefit does or does not require a prior authorization, it may still require a referral from the plan.**
Emergency services - Worldwide emergency coverage	You pay a $110 copay for each covered service. Copayment is not waived if you are admitted to the hospital.	**You pay a $115 copay for each covered service.** **Copayment is not waived if you are admitted to the hospital.**
Emergency services - Worldwide urgent coverage	You pay a $110 copay for each covered service. Copayment is not waived if you are admitted to a hospital.	**You pay a $115 copay for each covered service.** **Copayment is not waived if you are admitted to a hospital.**
Meals - Post-acute (limitations and exclusions apply)	You pay a $0 copay for post-acute meals. There is a maximum of 3 meals per day for up to 14 days for a total of 42 meals.	**You pay a $0 copay for post-acute meals.** **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.**
Personal Emergency Response System (Medical Alert)	Personal Emergency Response System is not covered.	**You pay a $0 copay.**

	2025 (this year)	**2026 (next year)**
Special Supplemental Benefits for the Chronically Ill (SSBCI) - Qualifying Conditions	The following are <u>not</u> qualified conditions: • Chronic kidney disease (CKD) • Conditions that require continued therapy services in order for individuals to maintain or retain functioning (Include Muscular Dystrophy) • Overweight, obesity, and metabolic syndrome (includes Hyperlipidemia/ Dyslipidemia) • Post-organ transplantation Please see your Evidence of Coverage for more information.	**The following are qualified conditions:** • **Chronic kidney disease (CKD)** • **Conditions that require continued therapy services in order for individuals to maintain or retain functioning (Include Muscular Dystrophy)** • **Overweight, obesity, and metabolic syndrome (includes Hyperlipidemia/ Dyslipidemia)** • **Post-organ transplantation** **Please see your Evidence of Coverage for more information.**
Special Supplemental Benefits for the Chronically Ill (SSBCI) Benefits mentioned are a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. In addition to being high-risk, you must have one or more of the following chronic conditions: cancer, cardiovascular disorders, chronic and disabling	If you qualify for SSBCI, you may use your monthly Wellcare Spendables® allowance on the benefits shown below. The allowance is combined with your over-the-counter (OTC) benefit. The benefit will be available on the first of the	**If you qualify for SSBCI, you may use your monthly Wellcare Spendables® allowance on the benefits shown below. The allowance is combined with your over-the-counter (OTC), Dental, Vision, and Hearing benefit. Once determined eligible these**

	2025 (this year)	2026 (next year)
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.	month following when you are determined eligible. **Gas pay-at-pump** If eligible, you can use your Wellcare Spendables® card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used to pump gas up to the available allowance amount. **Healthy Food** If eligible, you can use your Wellcare Spendables® card to help pay for approved healthy and nutritious foods and produce at participating retailers. Prepared meals are available for order via the online portal. The allowance cannot be used to buy tobacco or alcohol. Approved items include: • Meat and poultry • Fruits and vegetables • Nutritional drinks • And more **Home Improvement and Safety Items** If eligible, you can use your	**expanded benefits will be available in 7-10 business days.** **You pay a $0 copay. See the Wellcare Spendables® benefit row in this chart for more information about the Wellcare Spendables® card.** **Gas pay-at-pump** **If eligible, you can use your Wellcare Spendables® card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used to pump gas up to the available allowance amount.** **Healthy Food** **If eligible, you can use your Wellcare Spendables® card to help pay for approved healthy and nutritious foods and produce at participating retailers. Prepared meals and produce boxes are available for order via the online portal. The allowance cannot be used to buy tobacco or alcohol. Approved items include:** • **Meat and poultry**

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

	2025 (this year)	2026 (next year)
	Rent Assistance If eligible, you can use your Wellcare Spendables® card to help with the cost of rent for your home.	• **Electric, gas, sanitary / trash, and water utilities services** • **Landline and cell phone service** • **Internet service** • **Cable TV (excluding streaming services)** • **Certain petroleum expenses, such as home heating oil** **Rent Assistance** **If eligible, you can use your Wellcare Spendables® card to help with the cost of rent for your home.**

	2025 (this year)	2026 (next year)
Transportation services	**In-Network** You pay a $0 copay for 12 non-emergency trips within our service area every year for in-network and out-of-network combined. Rides (also called “trips”) are limited to 75 miles one-way and up to 4 one-way trips per day. 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, van, or rideshare services to a healthcare location.	**In-Network** **You pay a $0 copay for 12 non-emergency trips within our service area every year for in-network and out-of-network combined.** **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.**

	2025 (this year)	2026 (next year)
Transportation services	**Out-of-Network** You pay 75% of the total cost for 12 non-emergency trips within our service area every year for in-network and out-of-network combined. Rides (also called "trips") are limited to 75 miles one-way and up to 4 one-way trips per day. 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, van, or rideshare services to a healthcare location.	**Out-of-Network** **You pay 75% of the total cost for 12 non-emergency trips within our service area every year for in-network and out-of-network combined.** **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.**
Wellcare Spendables®	You pay a $0 copay. You receive a $90 monthly allowance on your Wellcare Spendables® card. The allowance will be automatically loaded onto your Wellcare Spendables® card at the beginning of each month. Any unused allowance amount will roll over into the next month and will expire at the end of every year.	**You pay a $0 copay. You will receive a $95 monthly allowance preloaded on your Wellcare Spendables® card to spend on OTC items, Dental, Vision, and Hearing services. Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year.** **Your card allowance can be used towards:** **Over-the-Counter items**

	2025 (this year)	2026 (next year)
	Your card allowance can be used towards: **Over-the-Counter items (OTC)** You can use your Wellcare Spendables® card on plan-approved over-the-counter items. Your card can be used at participating retail locations, online or via mobile app for home delivery. **Dental, Vision and Hearing** Wellcare Spendables® card allowance cannot be used toward any dental, vision, or hearing service expenses. Benefits mentioned below are part of SSBCI. Not all members will qualify. You must meet eligibility criteria for the following plan benefits. If you qualify, your card allowance can also be used towards: • Gas pay-at-pump • Healthy Food • Home Improvement Items • Rent Assistance • Utility Assistance See Special Supplemental Benefits for the Chronically Ill	**(OTC)** **You can use your card at participating retail locations, through the mobile app, or by logging in to your member portal to place an order for home delivery.** **Dental, Vision, and Hearing** **You may use your card to help reduce your out-of-pocket expenses for qualifying dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly. Please refer to your Evidence of Coverage for more information.** **Benefits mentioned below are part of SSBCI. Not all members will qualify. You must meet eligibility criteria for the following plan benefits. If you qualify, your card allowance can also be used towards:** **• Gas pay-at-pump** **• Healthy Food** **• Home Assistance and Safety Items** **• Rent Assistance** **• Utility Assistance**

	2025 (this year)	2026 (next year)
	(SSBCI) benefit row in this chart for more information on these benefits.	• **Pest Control Items and Services** **See Special Supplemental Benefits for the Chronically Ill (SSBCI) benefit row in this chart for more information on these benefits.**

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, 2025, 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. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

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

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (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 $2,100.

- ***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 generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

The table shows your cost per prescription during this stage.

	2025 (this year)	**2026 (next year)**
Yearly Deductible	$590 During this stage, you pay $19 *standard cost sharing* or $9 *preferred cost sharing* for drugs on Tier 1: Preferred Generic and $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.	**$550** **During this stage, you pay $19 *standard cost sharing* or $18 *preferred cost sharing* for drugs on Tier 1: Preferred Generic and $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.**

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 4 - Non-Preferred Drug, your cost sharing in the Initial Coverage Stage is changing from coinsurance to a copayment. Go to the following table for the changes from 2025 to 2026.

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing 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 $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	**2026 (next year)**
Drug Tier 1 - Preferred Generic:	*Standard cost sharing:* You pay a $19 copay Your cost for a one-month (30-day) mail-order prescription is $19. *Preferred cost sharing:* You pay a $9 copay Your cost for a one-month (30-day) mail-order prescription is $9.	***Standard cost sharing:*** **You pay a $19 copay** **A one-month (30-day) mail-order prescription is <u>not</u> covered.** ***Preferred cost sharing:*** **You pay a $18 copay** **A one-month (30-day) mail-order prescription is <u>not</u> covered.**
Drug Tier 2 - Generic:	*Standard cost sharing:* You pay a $20 copay Your cost for a one-month (30-day) mail-order prescription is $20. *Preferred cost sharing:* You pay a $19 copay Your cost for a one-month (30-day) mail-order prescription is $19.	***Standard cost sharing:*** **You pay a $20 copay** **A one-month (30-day) mail-order prescription is <u>not</u> covered.** ***Preferred cost sharing:*** **You pay a $19 copay** **A one-month (30-day) mail-order prescription is <u>not</u> covered.**

	2025 (this year)	**2026 (next year)**
Drug Tier 3 - Preferred Brand:	*Standard cost sharing:* You pay 19% of the total cost You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month (30-day) mail-order prescription is 19%. *Preferred cost sharing:* You pay 19% of the total cost You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month (30-day) mail-order prescription is 19%.	***Standard cost sharing:* You pay 25% of the total cost** **You pay the lesser of $35 or 25% per month supply of each covered insulin product on this tier.** **A one-month (30-day) mail-order prescription is not covered.** ***Preferred cost sharing:* You pay 25% of the total cost** **You pay the lesser of $35 or 25% per month supply of each covered insulin product on this tier.** **A one-month (30-day) mail-order prescription is not covered.**

	2025 **(this year)**	**2026** **(next year)**
Drug Tier 4 - Non-Preferred Drug:	*Standard cost sharing:* You pay 36% of the total cost You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month (30-day) mail-order prescription is 36%. *Preferred cost sharing:* You pay 36% of the total cost You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month (30-day) mail-order prescription is 36%.	***Standard cost sharing:*****You pay a $100 copay** **You pay the lesser of $35 or 25% per month supply of each covered insulin product on this tier.** **A one-month (30-day) mail-order prescription is <u>not</u> covered.** ***Preferred cost sharing:*** **You pay a $100 copay** **You pay the lesser of $35 or 25% per month supply of each covered insulin product on this tier.** **A one-month (30-day) mail-order prescription is <u>not</u> covered.**
Drug Tier 5 - Specialty Tier:	*Standard cost sharing:* You pay 25% of the total cost Your cost for a one-month (30-day) mail-order prescription is 25%. *Preferred cost sharing:* You pay 25% of the total cost Your cost for a one-month (30-day) mail-order prescription is 25%.	***Standard cost sharing:*** **You pay 25% of the total cost** **A one-month (30-day) mail-order prescription is <u>not</u> covered.** ***Preferred cost sharing:*** **You pay 25% of the total cost** **A one-month (30-day) mail-order prescription is <u>not</u> covered.**

	2025 (this year)	**2026 (next year)**
Drug Tier 6 - Select Care Drugs:	*Standard cost sharing:* You pay a $0 copay Your cost for a one-month (30-day) mail-order prescription is $0. *Preferred cost sharing:* You pay a $0 copay Your cost for a one-month (30-day) mail-order prescription is $0.	***Standard cost sharing:*** **You pay a $0 copay** **A one-month (30-day) mail-order prescription is <u>not</u> covered.** ***Preferred cost sharing:*** **You pay a $0 copay** **A one-month (30-day) mail-order prescription is <u>not</u> 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.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

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.

	2025 (this year)	2026 (next year)
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.**

	2025 (this year)	2026 (next year)
Level 1 Appeals	You can file a Level 1 standard appeal with us through a written request. For more details, please refer to Chapter 9 of your Evidence of Coverage.	**You can file a Level 1 standard appeal with us through a written request or by calling Member Services. For more details, please refer to Chapter 9 of your Evidence of Coverage.**
Membership disenrollment options	If you need to switch from our plan to Original Medicare or another Medicare Advantage plan, you need to send us a written request to disenroll. For more details, please refer to Chapter 10 of your Evidence of Coverage.	**If you need to switch from our plan to Original Medicare or another Medicare Advantage plan, you can send us a written request to disenroll or visit our website to disenroll online. For more details, please refer to Chapter 10 of your Evidence of Coverage.**
Preferred Part B diabetic products	OneTouch™ is our preferred diabetic testing supplies (glucose monitors & test strips) brand. Other brands are not covered unless medically necessary and authorized.	**Accu-Chek Guide™ and True Metrix™ are our preferred diabetic testing supplies (glucose monitors & test strips) brands. Other brands are not covered unless medically necessary and authorized.**
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by	**If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be**

	2025 (this year)	2026 (next year)
	spreading them across the calendar year (January-December). You may be participating in this payment option.	**automatically renewed for 2026.** **To learn more about this payment option, call us at 1-833-750-9969. (TTY users call 1-800-716-3231.) or visit www.Medicare.gov.**

SECTION 3 How to Change Plans

To stay in Wellcare Dual Access Sync Open (PPO D-SNP), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Wellcare Dual Access Sync Open (PPO D-SNP).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Wellcare Dual Access Sync Open (PPO D-SNP).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Wellcare Dual Access Sync Open (PPO 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/KS. 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. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the *Medicare & You 2026* 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, 2026, 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, 2026.

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

Because you have KanCare, 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 KanCare 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 KanCare 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 Ryan White Part B Program. 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 Ryan White Part B Program at 1-785-296-1086 (TTY 711) from 8 a.m. - 5 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. **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. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-833-750-9969 (TTY users call 1-800-716-3231) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Wellcare Dual Access Sync Open (PPO 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 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Wellcare Dual Access Sync Open (PPO 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/KS 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/KS

  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 Kansas, the SHIP is called Senior Health Insurance Counseling for Kansas (SHICK).

Call Senior Health Insurance Counseling for Kansas (SHICK) to get free personalized health insurance counseling. They can help you understand your Medicare and KanCare plan choices and answer questions about switching plans. Call Senior Health Insurance Counseling for Kansas (SHICK) at 1-800-860-5260. Learn more about Senior Health Insurance Counseling for Kansas (SHICK) by visiting (https://www.kdads.ks.gov/services-programs/aging/medicare-programs/senior-health-insurance-counseling-for-kansas-shick).

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 www.Medicare.gov**

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

- **Write to Medicare**

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

- **Visit www.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 2026***

  The *Medicare & You 2026* 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 www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from KanCare

Call KanCare at 1-800-792-4884 from 8 a.m. - 5 p.m. CT, Monday - Friday. TTY users call 1-800-792-4292 for help with KanCare enrollment or benefit questions.